

<b>Meeting:</b>	<b>NHS Highland Board</b>
<b>Meeting date:</b>	<b>31 May 2022</b>
<b>Title:</b>	<b>Vaccination Strategy</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Tim Allison; Director Public Health</b>
<b>Report Author:</b>	<b>Tim Allison; Director Public Health</b>

## 1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Person Centred

This report relates to the following Corporate Objective(s)

<b>Clinical and Care Excellence</b> <ul style="list-style-type: none"> <li>• Improving health</li> </ul>		<b>Partners in Care</b> <ul style="list-style-type: none"> <li>• Working in partnership</li> </ul>	
<b>A Great Place to Work</b> <ul style="list-style-type: none"> <li>• Learning from experience</li> </ul>		<b>Safe and Sustainable</b> <ul style="list-style-type: none"> <li>In control</li> <li>• Well run</li> </ul>	
Other (please explain below)			

## 2 Report Summary

### 2.1 Situation

Vaccination is one of the most important ways to prevent the spread of infectious diseases. Within NHS Highland vaccination has successfully been undertaken largely by general practice and the school nursing service to date. Scottish Government policy is for

vaccination to move from general practice to NHS Board led services as part of the Vaccination Transformation Programme (VTP). The purpose of this report is to set out the strategy for implementation of the VTP within NHS Highland.

## 2.2 Background

Vaccination programmes can be divided into: pregnancy & maternity; children aged under 5; young people at school ; adults. A list of vaccinations can be found in Appendix A. In addition, NHS travel vaccination can be considered a separate area. Within NHS Highland, before the COVID pandemic, these vaccinations have almost all been undertaken in general practice or by school nursing.

NHS Highland is tasked by Scottish Government with implementing the VTP and moving vaccination to a board led service in order to free up general practice time for meeting health needs. This transition has been implemented earlier in other NHS Boards and prior to the COVID pandemic there was little provision of board led vaccination within NHS Highland aside from staff vaccination. However, during the pandemic it was necessary to start board led clinics. COVID vaccination has now moved to a position where the great majority of vaccinations are undertaken in board led clinics.

The VTP envisaged vaccinations transferring to board led services by April 2022 with additional transition time available. There is little scope for continuation of services within general practice, except where local circumstances make this the most effective route such as on islands, which has been through a stringent options appraisal and agreement. Services need to transfer to be in line with government policy. The cost of service remaining in general practice, without the agreement of Scottish Government, will increase substantially in future years.

## 2.3 Assessment

Within NHS Highland the vaccination programme is centrally supported through the Programme board, but delivery of VTP is being undertaken separately in the two council areas of Highland and Argyll and Bute. A commission document has been drawn up which sets out the specification of what needs to be delivered in localities and it is then for the locality teams to determine how best vaccination should be delivered within available resources. It is expected that local delivery will be combined with other services especially given the episodic nature of vaccination demand throughout the year.

The commission has the following aims and objectives:

The Vaccination Transformation Programme will take a 'whole of system' approach to make health and care services integrated and sustainable by:

- Focusing on quality and outcomes for people, their families and their communities.
- Ensuring that there are clinically led transformation and quality improvement programmes.
- Making services as efficient as possible whilst living within our financial envelope.
- Using data driven insight and ideas to understand needs of the population, balancing the demands on the system for patient care and wellbeing and the need for sustainable clinical services in each locality.

- Ensuring that there is an integrated approach to workforce and service planning in the development of the elective aspect of the annual operating plan.

The objective is to ensure population health by maximising levels of uptake amongst eligible population groups including hard to reach groups

- Volume targets will be calculated based on assumed level of uptake amongst the actual/forecast eligible population within an area.
- Capacity plans will need to reflect the fact that individuals may require more than one opportunity to be vaccinated.
- Coordination of vaccination activity across the NHS Highland board area is required in order to centrally administer key systems & processes for the planning of clinics and appointments, and to provide Board level reports and assurance to the National FVCV Programme.

A transition delivery plan is required outlining the transfer of activity to the new model over the year 2022/23, including significant milestones relating to stakeholder management, recruitment and other significant risks. A fully costed Target Operating Model for vaccinations across the NHS Highland board area is also required, taking into account the flexibility for local variation as set out in the aims and objectives. Documentation of new standard operating processes, performance objectives and reporting tools is needed.

It is important to note the progress in board led vaccination during the pandemic where NHS Highland moved from having done very few community vaccinations to a comprehensive board delivered programme with high uptake rates. This has not been without difficulties and setbacks, and it did require considerable assistance from partners in general practice, Scottish Ambulance Service, volunteers and the military. However, it does offer a degree of assurance about what service can be delivered.

### **Progress in Implementation**

Travel vaccines for the whole of Highland will be delivered by Community Pharmacy and the transition is currently in progress with delivery expected to complete in Q1 2022/23.

Maternity & Neonatal vaccines will continue to be delivered through maternity teams across NHS Highland

#### **Argyll & Bute**

The delivery model within Argyll & Bute will include the transition of CTAC (Community Treatment and Care) services to Board-led activity. Delivery of this model will be phased from Q1 2022/23 to Q3 in Mid Argyll and Kintyre where local planning is in progress.

Adult vaccinations will commence in Q1 2022/23 except for Mid Argyll, Kintyre, Mull and Oban/Lorn which will commence in Q3. These areas will prioritise childhood and infant vaccinations in Q2. School age and young people will be vaccinated via local school teams.

#### **North Highland**

It is expected that capacity will be available for future COVID and flu cohorts to be vaccinated in board-led clinics, but staffing is not yet in place, and there may be a requirement to commission GPs in harder to reach areas. For other vaccinations the board led arrangements are still being planned and delivery remains with general practice.

Childhood and school vaccinations are expected to have completed transition by April 2023.

Further details of arrangements for delivery are included in Appendix B. These are still being developed and so are for noting rather than for approval.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

Delivery of vaccination within general practice has been successful and has been well regarded. It is important that quality of service delivery is maintained following transition and that there is a person-centred approach to the programme that is sympathetic to local needs. Recent issues with the location of vaccination clinics have highlighted the importance of access and patient focus.

### 3.2 Workforce

Recruitment of a vaccination workforce is one of the most significant challenges for the VTP in NHS Highland. Recruitment of staff in general can be a challenge and it is important to try to avoid simply recruiting staff from one hard-pressed area to move elsewhere. Variation in activity across the year is a challenge. A workforce plan has been submitted to Scottish Government, but further work will be needed including work to finalise the delivery model in each area and set out how the vaccination workforce will work to deliver other elements of service.

### 3.3 Financial

The finance available for vaccination within 2022/23 has yet to be confirmed, although an indication has been produced. Money will be provided for the COVID programme and there is also money available as part of primary care transformation. Current estimates for workforce costs submitted to Scottish Government exceed the expected financial allocation and further work is under way to ensure that the service can be delivered within available resources. Therefore this remains a significant risk for effective delivery of the programme.

### 3.4 Risk Assessment/Management

A risk register has been drawn up. Principal risks include recruitment, finance and communications.

**3.5 Equality and Diversity, including health inequalities**

COVID vaccination addressed the needs of minority communities, and this approach needs to be continued and strengthened.

**3.6 Other impacts**

None

**3.7 Communication, involvement, engagement and consultation**

Implementation of VTP is a Scottish Government policy. During COVID vaccination programmes there has been considerable communication about the transition from general practice to board led clinics. Vaccination has been a major communication and engagement topic given both its priority and some communication failures.

**3.8 Route to the Meeting**

The work outlined in this report has been considered at EDG. The report has been received at the Vaccination Programme Board and a previous version has been to the Clinical Governance Committee.

**4 Recommendation**

- **Approval** – Members are asked to approve the strategic direction for vaccination and note progress made.

## Appendix A: Scope of Vaccination

The Vaccination Transformation Programme has within its scope the delivery of ALL vaccinations within the NHS Highland board area as set out by the JCVI.

These vaccinations are grouped and listed below as the present recommended schedule:

### Pregnancy/Maternity

Vaccination	Eligible Cohort
Whooping cough vaccine	Pregnant women (all) from week 16 of their pregnancy
MMR	Only for women who have not had 2 doses of MMR - given before or after pregnancy
BCG (babies)	Only babies at risk
Hepatitis B	Only babies at risk

### Less than 5 years

Vaccination	Eligible Cohort
6-in 1 (DTaP/IPV/Hib/HepB)	Babies (all) at 2 months
MenB	Babies (all) at 2 months
Rotavirus	Babies (all) at 2 months
Pneumococcal (babies)	Babies (all) at 3 months
6-in-1 (DTaP/IPV/Hib/HepB)	Babies (all) at 3 months
Rotavirus	Babies (all) at 3 months
Men B	Babies (all) at 4 months
6-in-1 (DTaP/IPV/Hib/HepB)	Babies (all) at 4 months
Hib/MenC	Babies (all) at 12 to 13 months
MMR1	Babies (all) at 12 to 13 months
MenB	Babies (all) at 12 to 13 months
Pneumococcal (babies)	Babies (all) at 12 to 13 months
4-in-1 (DTaP/IPV)	Children (all) - given from 3 years 4 mths old
MMR2	Children (all) - given from 3 years 4 mths old
Flu Vaccine	Children aged 6 months or older with eligible health conditions
Flu Vaccine	Children (all) aged 2-5 years and not yet at school

### Young People (5-18yrs)

Vaccination	Eligible Cohort
Flu vaccine	Secondary School children (including those with eligible health conditions aged 16 to 17 who have left school) Secondary 3 pupils (all)
Td/IPV	Secondary 3 pupils (all)
Meningitis ACWY (MenACWY)	Secondary 3 pupils (all) and S4-S6 pupils who have missed vaccination
MMR1&2	Only children who didn't get 2 doses of MMR in childhood programme - given with other routine immunisations at school at least 4 weeks apart
HPV	Secondary 1 (all) and Secondary 2 pupils (all)
Coronavirus (COVID-19) vaccine	Young people aged 12 to 17 years of age
Coronavirus (COVID-19) vaccine	Young people aged 12 years and over with a severely weakened immune system (3 <sup>rd</sup> primary dose)
Coronavirus (COVID-19) vaccine	Young people aged 12 to 17 years with a severely weakened immune system (booster)

Coronavirus (COVID-19) vaccine	Young people aged 12 to 15 years who are at increased due to underlying health conditions (booster)
Coronavirus (COVID-19) vaccine	Young people aged 12 to 15 years who live with someone with a weakened immune system (booster)
Travel (diphtheria, polio and tetanus (combined booster), hepatitis A, typhoid and cholera are free in NHS Scotland)	To be delivered by Community Pharmacy under SLA agreement
HPV for MSM	Men who have sex with men (MSM) under 15 years of age

## Adults (18yrs+)

Vaccination	Eligible Cohort
Flu vaccine	Adults (all) aged 70 years or over
Flu vaccine	Adults (all) aged 50 to 69 years old
Flu vaccine	Adults (16-64) with an eligible health condition at risk of flu
Flu vaccine	Healthcare workers
Flu vaccine	Household contacts aged 16+ of immunosuppressed individuals
Flu vaccine	Adult unpaid carers
Flu vaccine	NHS Independent Contractors
Flu vaccine	Social Care Workers
Flu vaccine	Adults aged 16+ who live with someone with a severely weakened immune system
Flu vaccine	Teachers, Nursery Teachers and support staff
Flu vaccine	Prison populations and prison staff
Pneumococcal	65yrs and over
Pneumococcal	Under 65 yrs. with 'at risk' conditions - give at GPs discretion
Shingles	Adults aged between 70 and 79
Coronavirus (COVID-19) vaccine	Adults (all) aged 18 years and over
Coronavirus (COVID-19) vaccine	Adults (all) aged 18 years and over with a severely weakened immune system
HPV for MSM	Men who have sex with men (MSM) 15 year of age up to and including 45 years of age
Flu Vaccine	Older people in care homes
MMR	Adults who have not yet been vaccinated or who have no record and undergoing infertility treatment
HPV up to 25 <sup>th</sup> Birthday	Children and young adults who have not yet been vaccinated through the school programme
Rabies	<p>Pre-exposure (prophylactic) immunisation for those within the UK, i.e. laboratory staff routinely working with rabies virus, workers at Defra- authorised quarantine premises and carriers, those who regularly handle bats, including on a voluntary basis, in the UK and veterinary and technical staff who, by reason of their employment, encounter enhanced risk.</p> <p>Treatment and immunisation after a possible rabies exposure will depend on the circumstances of the exposure.</p> <p>Detail <a href="http://www.hps.scot.nhs.uk/giz/resourcedetail.aspx?id=934">http://www.hps.scot.nhs.uk/giz/resourcedetail.aspx?id=934</a></p> <p>Pre-exposure (prophylactic) immunisation for those travelling outside the UK (not covered by NHS CP Travel Health service although available privately)</p>
Tetanus	For travellers to areas where medical attention may not be accessible and whose last dose of a tetanus-containing vaccine was more than ten years previously, a booster dose should be given prior to travelling, even if the individual has received five doses of vaccine previously. (Covered in NHS CP Travel Health Service)
Typhoid	Travellers visiting typhoid-endemic areas whose planned activities put them at higher risk. Those at increased risk include travellers visiting friends and relatives, frequent or long-stay travellers to areas where

	sanitation and food hygiene are likely to be poor. (Covered in NHS CP Travel Health Service) Laboratory personnel who may handle <i>S. typhi</i> in the course of their work
<b>Hep A</b>	Close contacts of someone with hepatitis A. People with any type of long-term (chronic) liver disease, men who have sex with other men, people who inject illegal drugs. People who may be exposed to hepatitis A through their job – this includes sewage workers, staff of institutions where levels of personal hygiene may be poor (such as a homeless shelter) and people working with monkeys, apes and gorillas. People planning to travel to or live in parts of the world where hepatitis A is widespread, particularly if levels of sanitation and food hygiene are expected to be poor. (Covered in NHS CP Travel health Service)
<b>Anthrax</b>	Minimum of four doses at appropriate intervals for individuals at risk of occupational exposure.
<b>MenACWY for asplenic adults</b>	Additional vaccination against meningococcal groups A, C, W, Y and B should be offered to patients with absent or dysfunctional spleens, at appropriate opportunities.



## Appendix B: Delivery Plans

### North Highland

It is not expected that GP involvement will be required for future flu and Covid cohorts, however staffing for the Board led service is not yet in place in all areas and there may be a requirement to carry out a full options appraisal and submit this to SG for approval for GPs in harder to reach areas, but at this present time it is not expected to be required. Transfer of all other vaccinations will not yet move to NHS Highland, requiring transition payments to GPs as agreed with SG to extend beyond June 2022, with the anticipation that arrangements will be in place to transfer this service before April 2023.

Childhood and school vaccinations are expected to transfer by April 2023 and school vaccination will be undertaken during term times at schools. This will maintain the current high level of uptake by maximising convenience and use of resources. The timelines will continue to use those previously employed by the Highland Council.

Travel vaccines will be delivered by Community Pharmacy under a service level arrangement with a start date of summer 2022. Maternity and neonatal vaccines will continue to be delivered through maternity teams.

The North Highland plan will utilise a mixed modality model of provision across the district teams and geography of the Highlands. Recognising the complicated nature of delivery across a rural and remote geography as well as the documented barriers to vaccinations the strategy will deploy at least 3 central modes:

- Regional Hubs which will function throughout the year to support logistics for vaccinations, surge requirements and flu/covid vaccination campaigns. They also provide a potential position for CTAC services.
- School based delivery for school aged boosters and vaccinations – including any extended flu campaigns
- Home delivery for those unable to travel to hubs for flu or covid vaccinations and vaccinations of children pre-school age
- Additional teams and locations would be deployed based on local assessment of regional needs, in particular in consideration of individuals and communities at higher risk of not engaging.

Each locality will provide at least 1 fixed daily clinic at a hub location, 7 days a week, supported by a minimum of 1 outreach clinic within the locality area, which will be rotated to meet community needs.

## Proposed North Highland Plan

Group	North Highland Plan				
	South and Mid	North	Skye and Lochalsh	Wester Ross	Lochaber
COVID	Delivery by vaccination team	Delivery by vaccination team (mass vacs) and DNs (housebound)	Delivery by vaccination team (mass vacs) and DNs (housebound)	Delivery by vaccination team (mass vacs) and DNs (housebound)	Delivery by vaccination team (mass vacs) and DNs (housebound)
Flu	Vaccination team will deliver Autumn 2022. Community pharmacies being asked for expressions of interest.	Vaccination team will deliver Autumn 2022. Community pharmacies being asked for expressions of interest	Vaccination team will deliver Autumn 2022. Community pharmacies being asked for expressions of interest	Vaccination team will deliver Autumn 2022. Community pharmacies being asked for expressions of interest	Vaccination team will deliver Autumn 2022. Community pharmacies being asked for expressions of interest
Childhood & Infant	Planning for April 2023 1st planning meeting 07/04/2022	Planning for April 2023 1st planning meeting 07/04/2022	Planning for April 2023 First planning meeting 07/04/2022	Planning for April 2023 First planning meeting 07/04/2022	Planning for April 2023 first planning meeting 07/04/2022
Adult Vaccination	GP delivery to continue 22/23. Phased transition to be identified, opportunities for pneumococcal and shingles transition likely to be first within 2022/23	GP delivery to continue 22/23. Phased transition to be identified, opportunities for pneumococcal and shingles transition likely to be first within 2022/23	GP delivery to continue 22/23. Phased transition to be identified, opportunities for pneumococcal and shingles transition likely to be first within 2022/23	GP delivery to continue 22/23. Phased transition to be identified, opportunities for pneumococcal and shingles transition likely to be first within 2022/23	GP delivery to continue 22/23. Phased transition to be identified, opportunities for pneumococcal and shingles transition likely to be first within 2022/23
Maternity & Neo-Natal	Delivery by maternity teams.	Delivery by maternity teams.	Delivery by maternity teams.	Delivery by maternity teams.	Delivery by maternity teams.
School age/young people	Planning for April 2023 beginning 07/04/2022	Planning for April 2023 beginning 07/04/2022	Planning for April 2023 beginning 07/04/2022	Planning for April 2023 beginning 07/04/2022	Planning for April 2023 beginning 07/04/2022
Travel	Expressions of interest are with community pharmacies. Expect community pharmacy delivery April 2022	Expressions of interest are with community pharmacies. Expect community pharmacy delivery April 2022	Expressions of interest are with community pharmacies. Expect community pharmacy delivery April 2022	Expressions of interest are with community pharmacies. Expect community pharmacy delivery April 2022	Expressions of interest are with community pharmacies. Expect community pharmacy delivery April 2022

## Argyll and Bute

The delivery model within Argyll & Bute will include the transition of CTAC (Community Treatment and Care) services to Board-led activity. Delivery of this model will be phased from Q1 2022 to Q3 in Mid Argyll and Kintyre where local planning is in progress.

Adult vaccinations will commence in Q1 2022/23 with the exception of Mid Argyll, Kintyre, Mull and Oban/Lorn which will commence in Q3. These areas will prioritise childhood and infant vaccinations in Q2.

School age and young people will be at school during term times. This strategy is to maintain the current high level of uptake by maximising convenience and use resources. Travel vaccines will be delivered by Community Pharmacy under an SLA arrangement with a start date of summer 2022. Maternity & Neonatal vaccines will continue to be delivered through maternity teams pan Highland.

### Proposed A&B Delivery Plan

Group	Helensburgh & Lomond	Cowal	Bute	Mid Argyll	Kintyre	Islay	Mull	Oban/Lorn	4 x Islands
COVID	Complete. Delivery by vaccination team (mass vacs) and DNs (housebound)	Complete. Delivery by vaccination team (mass vacs) and DNs (housebound)	Practice Delivery until further notice, as per rural options appraisal.	Complete. Delivery by vaccination team (mass vacs) and DNs (housebound)	Complete. Delivery by vaccination team (mass vacs) and DNs (housebound)	Practice Delivery until further notice, as per rural options appraisal.	Complete. Delivery by vaccination team (mass vacs) and DNs (housebound)	Complete. Delivery by vaccination team (mass vacs) and DNs (housebound)	Practice delivery as per rural options appraisal
Flu	On track: Assume vaccination team will deliver Autumn 2022	On track: Assume vaccination team will deliver Autumn 2022	Practice Delivery until further notice, as per rural options appraisal.	On track: Assume vaccination team will deliver Autumn 2022	On track: Assume vaccination team will deliver Autumn 2022	Practice Delivery until further notice, as per rural options appraisal.	On track: Assume vaccination team will deliver Autumn 2022	On track: Assume vaccination team will deliver Autumn 2022	Practice delivery as per rural options appraisal
Childhood & Infant	Complete. Delivery by vaccination team	Complete. Delivery by vaccination team	Practice Delivery until further notice, as per rural options appraisal.	Recruitment underway. Assume vaccination team will deliver Q2 2022/23	Recruitment underway. Assume vaccination team will deliver Q2 2022/23	Practice Delivery until further notice, as per rural options appraisal.	Planning underway. Assume enhanced district nursing team will deliver Q2 2022/23	Recruitment underway. Assume vaccination team will deliver Q2 2022/23	Practice delivery as per rural options appraisal
Adult Vaccination	In planning. Extend existing vaccination team to include adults, Q1 2022/23	In planning. Extend existing vaccination team to include adults, Q1 2022/23	Practice Delivery until further notice, as per rural options appraisal.	Planning prioritised around childhood. Aim for review Q3 2022/23	Planning prioritised around childhood. Aim for review Q3 2022/23	Practice Delivery until further notice, as per rural options appraisal.	Planning prioritised around childhood. Aim for review Q3 2022/23	Planning prioritised around childhood. Aim for review Q3 2022/23	Practice delivery as per rural options appraisal
Maternity & Neonatal	Delivery by maternity teams.	Delivery by maternity teams.	Delivery by maternity teams.	Delivery by maternity teams.	Delivery by maternity teams.	Delivery by maternity teams.	Delivery by maternity teams.	Delivery by maternity teams.	Practice delivery as per rural options appraisal
School age/young people	Delivery by schools team.	Delivery by schools team.	Delivery by schools team.	Delivery by schools team.	Delivery by schools team.	Delivery by schools team.	Delivery by schools team.	Delivery by schools team.	Practice delivery as per rural options appraisal

Travel	On track: SLA with community pharmacy in progress. Assume operationalisation Q1 2022/23	On track: SLA with community pharmacy in progress. Assume operationalisation Q1 2022/24	On track: SLA with community pharmacy in progress. Assume operationalisation Q1 2022/25	On track: SLA with community pharmacy in progress. Assume operationalisation Q1 2022/26	On track: SLA with community pharmacy in progress. Assume operationalisation Q1 2022/27	On track: SLA with community pharmacy in progress. Assume operationalisation Q1 2022/28	On track: SLA with community pharmacy in progress. Assume operationalisation Q1 2022/29	On track: SLA with community pharmacy in progress. Assume operationalisation Q1 2022/30	On track: SLA with community pharmacy in progress. Assume operationalisation Q1 2022/31
CTAC	Primary Care Treatment room partially operational. Requirement to extend to rural Lomond, and include additional primary care tasks. Q1 2022/23	Primary Care Treatment Room operational.	Practice delivery at present. Practice included in rural options appraisal, with discussions ongoing around a model. Annual update to SG Q4 2022/23	Local planning underway. Q3 2022/23	Local planning underway. Q3 2022/23	Practice delivery at present. Practice included in rural options appraisal, with discussions ongoing around a model. Annual update to SG Q4 2022/23	Planning underway. Assume enhanced district nursing team will deliver Q2 2022/23	Partial delivery to Port Appin and Lorn Medical Practice. Recruitment underway. Q1 2022/23	Practice delivery as per rural options appraisal