

**NHS Highland**



**Meeting:** Highland Health and Social Care Committee

**Meeting date:** 6 March 2024

**Title:** Vaccination Transformation Plan Update

**Responsible Executive/Non-Executive:** Pamela Cremin, Chief Officer Highland Health & Social Care Partnership

**Report Author:** Christopher Arnold, Senior Operations Manager, Specialist Services & Divisional Performance

## 1 Purpose

**This is presented to the Board for:**

- Awareness and Discussion

**This report relates to a:**

- Legal requirement

**This report will align to the following NHS Scotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Well Themes	X		

## 2 Report summary

### 2.1 Situation

This document provides an overview of our continued commitment and ongoing actions being taken to provide and improve the Vaccination services across

Highland Health and Social Care Partnership area of the Board, to meet the National programme expectations.

This summary follows submission of NHHSH Vaccination Service Delivery Plan, Summary and KPI dashboard in November 2023.

## 2.2 Background

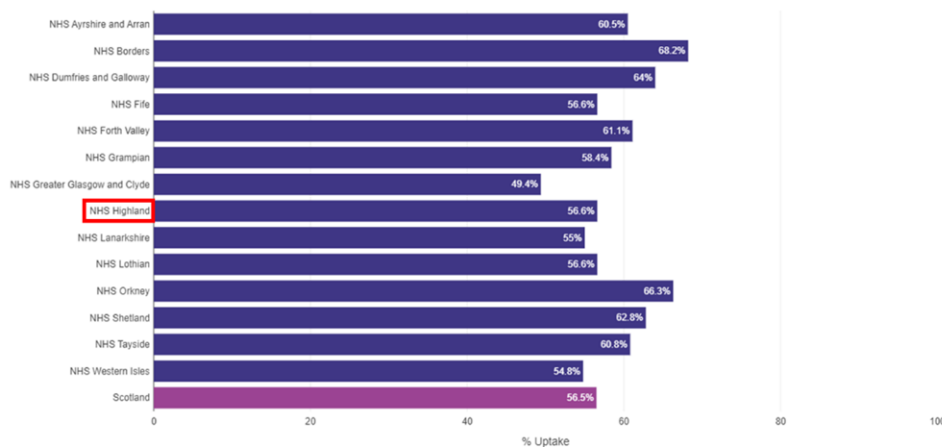
Currently, our teams are doing Shingles and Pneumococcal vaccinations, together with Covid and Flu mop-ups. All Covid and Flu mop-ups are being done in drop-in sessions. For Shingles and Pneumococcal, all eligible patients have been contacted to come forward and book a vaccination appointment. We are also offering drop ins for this as we are currently seeing low uptake.

Since January, most of our clinics have seen very low uptake. We are currently using all communication methods at our disposal, including advertising on social media and opening our clinics for drop ins.

## 2.3 Assessment Adult Programmes

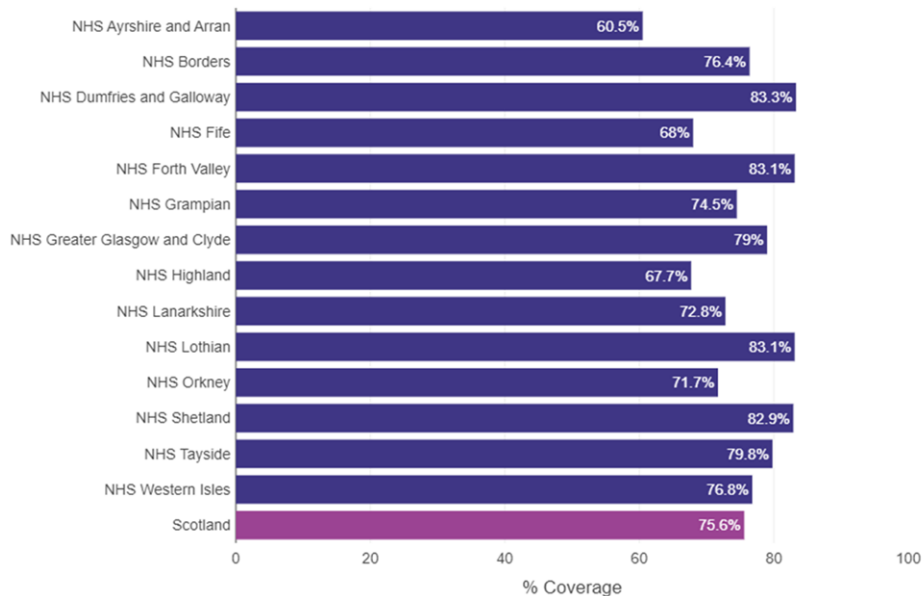
### Covid and Flu

Mop up programme with drop ins across the Highlands for all eligible citizens. We achieved 56.6% uptake of Covid vaccinations in Winter 2023, against a Scottish average of 56.5%



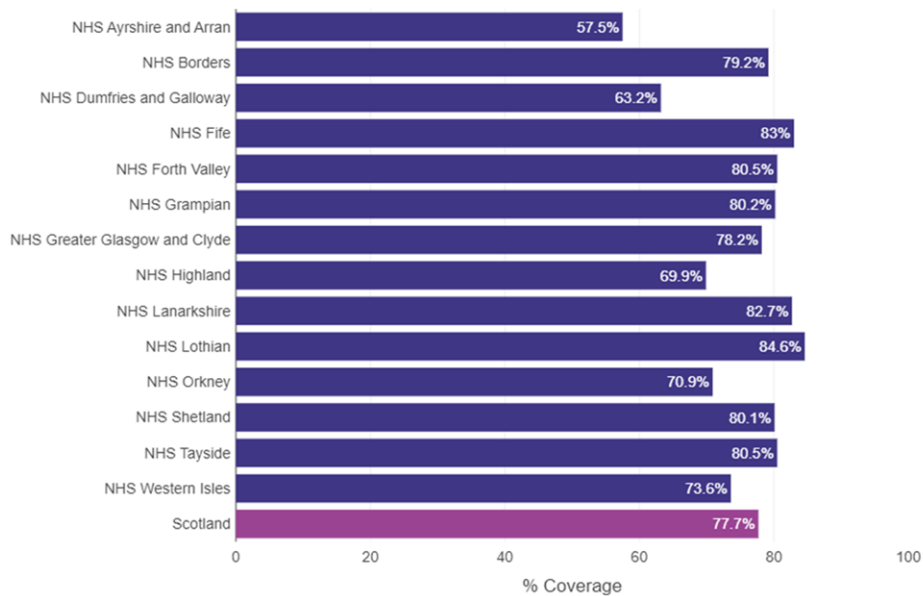
### Shingles

All eligible citizens have been contacted. All immunocompromised citizens were given the earliest opportunity with timed appointments to achieve full immunisation before April. All other cohorts received prompts to make an appointment or use a drop in opportunity. Current achievement is 67.7% against a 75.6% Scottish average.



### **Pneumococcal**

All eligible citizens have been contacted. All cohorts received prompts to make an appointment or use a drop in opportunity, unless they were for co-admin of shingles and pneumococcal. Current achievement is 69.9% against a Scottish average of 77.7%



For Shingles and Pneumococcal we are seeing very low uptake currently in the program and we are assessing options for improvement in the program.

Ongoing complexity due to a lack of electronic scheduling system, which is creating risks and delays in delivery. Awaiting eHealth support to be available to access TRAKcare for scheduling, this would also create potential financial savings.

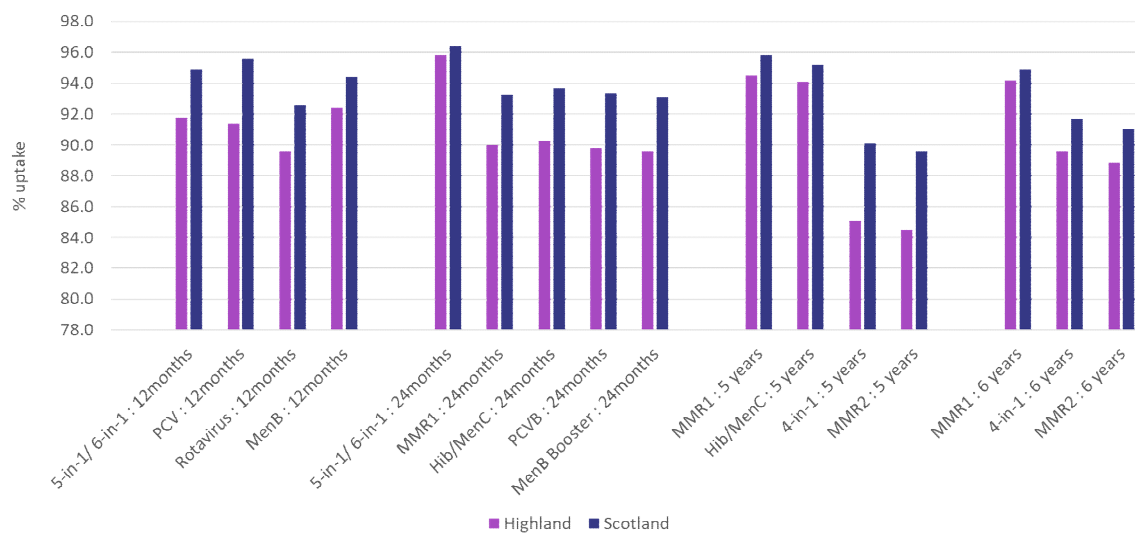
### **MMR**

Through a referral and appointing system. Appointing is required to allow medical review of records to ensure eligibility. This is in line with all ad-hoc vaccinations. We are looking at a project of work with PHS to increase uptake of the offer given the current concerns regarding measles outbreaks in the UK.

### **Travel vaccinations**

Provided by local community pharmacies across the region, we now have improved coverage with increasing number of pharmacies joining the program.

## **Childhood Programmes & MMR**



Overall rates are below national target and average, review of the delivery model is underway to consider how an improvement can be achieved, alongside a range of associated actions considered through the Highland Immunisation Coordination Group supported by a consortium of subject matter experts.

### **Preschool**

Vaccinations offered through times appointments in line with national guidance. Uptake sitting just below target level looking at locations of delivery and information provision to families regarding the importance of vaccinations. Additional issue is the inability to transfer data back to primary care systems from SIRS without manual entry requirements, so GPs have a lack data on current immunisation status of patients in their care.

### **School age**

Vaccinations continue to be provided in schools during term times as per pre-VTP. All schools now vaccinated by the community vaccination service following transfer of work from the Council School nursing teams.

### **HPV**

Ongoing due for completion at the end of February.

### **MMR**

Decision to complete S1 – S3 catch up in schools with additional community clinic capacity for all other years through an appointing system. Appointing is required to allow medical review of records to ensure eligibility.

### Approach to Post Exposure Prophylaxis (PEP)

The protocol for tetanus and other PEPs remains unchanged. Out of hours this follows the longstanding need to access emergency or injury facilities open out of hours. In hours there is also the option to use these facilities. If, however, someone is seen within primary care an appointment is arranged through the Health Protection Team for them to have a vaccination through community services vaccination or at another facility. Plans are in place for practices to be able to offer vaccination in hours, but these still require final discussion with LMC prior to consideration by individual practices regarding provision.

### Distance Travelled Data for COVID and Influenza

#### Highland only

Distance Category	Total	Percentage
Less than 1 mile	11433	27%
Less than 5 miles	16120	38%
Less than 10 miles	6758	16%
Less than 20 miles	6087	14%
Over 20 miles	1168	3%
Over 30 Miles	832	2%
Unknown	166	0%
Total	42564	100%

#### For the 832 people who travelled over 30 Miles (Highland only)

Distance Category	Total	Percentage
30 to 34 Miles	269	32%
35 to 39 Miles	175	21%
40 to 44 Miles	49	6%
45 to 49 Miles	42	5%
50 to 59 Miles	85	10%
60 to 69 Miles	55	7%
70 to 79 Miles	47	6%
80 to 89 Miles	27	3%
90 to 99 Miles	33	4%
100 Miles Plus	50	6%
Total	832	100%

***Long distance travellers are associated with citizen choice.***

We continue to review travel information where this is available to assess for clinical location improvements but are restricted by the availability of suitable clinically capable venues across North Highland.

## Locality Breakdowns

### Overall Vaccination rates at 16/02/24

Area	COVID Vacc %	Flu Vacc %	Pneumo Vacc %	Shingles Vacc %
HHSCP	60.48%	54.37%	65.13%	58.72%
Badenoch and Strathspey	<b>62.43%</b>	<b>55.54%</b>	<b>66.51%</b>	<b>59.55%</b>
Caithness	<b>60.03%</b>	<b>54.42%</b>	<b>54.75%</b>	<b>55.50%</b>
East Ross	<b>54.62%</b>	<b>49.38%</b>	<b>65.01%</b>	<b>52.44%</b>
Inverness	<b>58.92%</b>	<b>54.18%</b>	<b>68.17%</b>	<b>63.45%</b>
Lochaber	<b>58.02%</b>	<b>50.61%</b>	<b>57.65%</b>	<b>52.04%</b>
Mid Ross	<b>62.59%</b>	<b>57.83%</b>	<b>71.06%</b>	<b>60.79%</b>
Nairn	<b>65.40%</b>	<b>57.53%</b>	<b>60.99%</b>	<b>58.96%</b>
SLWR	<b>61.05%</b>	<b>53.92%</b>	<b>68.13%</b>	<b>60.34%</b>
Sutherland	<b>61.62%</b>	<b>55.46%</b>	<b>65.53%</b>	<b>55.09%</b>

## Complaints

Overview of themes and numbers for recent complaints received and comparison to last year.

Count of ID	Column Labels		
	2022	2023	Grand Total
Row Labels			
HHSCP	97	72	169
Compliment	1		1
Concern	36	23	59
Concern - Covid-19	28	1	29
Covid Vaccination Team - Appointment	1		1
Covid Vaccination Team - MSP Enquiry	1		1
MP/MSP Enquiry	12	15	27
Stage 1	15	25	40
Stage 2	3	7	10
Stage 2 (MPMSP)		1	1
Grand Total	97	72	169

2023 Stage 1 complaints were a variety of issues but with themes around booking processes and portal access, as well as available facilities at clinics.

2023 concerns were theme around information regarding vaccines and eligibility.

So far during 2024 there have been 2 stage 1 complaints, both relating to Shingles vaccination letters.

## Improvements Update

### Delivery model

Review of the current operational model is underway to ascertain the options for more localised delivery and District alignment. Opportunities to benefit from localised

knowledge, lost in the current centralised operational model, may provide improvement in uptake and reduced barriers to administration.

### **Staffing**

Stabilised staffing across teams with a reduced number of vacancies for vaccinators. This is particularly apparent in Skye with significant reductions in locum usage.

### **Childrens vaccinations**

we have completed the transfer of schools-based vaccinations to the NHSH teams with ongoing assessment.

### **Peripatetic Team**

developed for the winter program provided school-based program and stabilised geographical support requirements.

Approaching 1 year anniversary of VTP transfer and seeing a much more stable provision of geographical clinical capabilities which is allowing us to consider further improvements.

## **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"/>

### **Comment on the level of assurance**

Overall, we are providing most vaccination programs in line with national average uptake rates. However, we had expected to see reductions in pre-school uptake associated with the vaccination transition program, this was seen across all boards at the time of transition. Other boards have recovered uptake rates in the years following the transition and operationally we are looking to achieve the same through review of the operational model and focusing on the barriers to uptake in the Highland region. Significant changes continue to occur in the national delivery plans and the financial support for vaccination services, these present significant risks to the program as they provide uncertainty as to future delivery requirements as we look toward more organisational change.

## **3 Impact Analysis**

### **3.1 Quality/ Patient Care**

Vaccination is an important part of both quality and patient care. NHS systems and processes are all affected by the complex topic of Vaccination and members will want to consider how to “do the Right Thing”.

### **3.2 Workforce**

From a preventative perspective the main workforce recommendation is about increasing awareness of Vaccination

### **3.3 Financial**

There are no direct financial implications from the paper. A focus on prevention, for example, would incur costs, but net savings are possible from NHS budgets for many prevention initiatives. Some could also be cash releasing.

### **3.4 Risk Assessment/Management**

Risks are managed in line with NHS Highland's policy.

### **3.5 Data Protection**

No personally identifiable information is involved.

### **3.6 Equality and Diversity, including health inequalities**

### **3.7 Other impacts**

No other impacts to note.

### **3.8 Communication, involvement, engagement and consultation**

None

### **3.9 Route to the Meeting**

This report will be reviewed at the Health and Social Care Committee.

## **4 Recommendation**

The Highland Health and Social Care Committee is asked to note and discuss the content of the report

### **4.1 List of appendices**

Vaccination Communication Strategy

VTP KPIs

2024 vaccination capacity plan



# Vaccination Transformation Programme

## Key Performance Indicators

Lived  
Experience

Finance

Capacity  
Planning

Vaccination  
Coverage

Workforce

Vaccine Stock

Systems &  
Infrastructure

# Lived Experience

Metric	Current Performance	Baseline	Target	Status/Comment	RAG
Delivery location	Monthly & Annual: X% vaccinations administered in OWN HOME X% vaccinations administered in CARE HOME X% vaccinations administered in GP Practice X% vaccinations administered in HB clinic X% vaccinations administered in Hospital (in-patient) X% vaccinations administered in 'other'	Data available from BI	Publish to address citizen concerns	New	
Communications and Engagement Plan in place					
Vaccination citizen mileage	Monthly & Annual: For Highland registered addresses 65% vaccination administered <5 miles from home address (Highland) 81% vaccination administered <10 miles from home address (Highland) 0% vaccination administered out with Highland	Data available from BI	Address public concerns that travel barriers are an access issue to uptake	81% within 10 miles of hoem and 95% within 20 miles of home. We do still citizens making a choice to travel further to fit with personal circumstances. No new complaints received in the past quarter align to this issue.	
Town data		Data from BI	Population awareness raising	New  Data is available on the reporting catalogue by district and by GP - - achieving this by town would be very difficult as we would need to assign every possible post code to a town	
Citizen Survey	New	Spring/Summer campaign 2023 Autumn/winter campaign 2023/24 Spring/summer campaign 2024	Improve public engagement and communication	To be developed  Proposal to use Care opinion for an ongoing process of feedback	
Complaints/Compliments			Thematic analysis to Improve citizen satisfaction		

# Finance

Metric	Current Performance	Baseline	Target	Status/Comment	RAG
Pay spend		Scottish Government funding PCIF funding	Programme to remain within financial constraints	Within financial envelope mainly due to recruitment challenges	
Non-pay spend		Scottish Government funding PCIF funding	Programme to remain within financial constrains	Within financial envelope	

# Workforce

Metric	Current Performance	Baseline	Target	Status/Comment	RAG
Vaccinators high level resource spread based on employer status	Employment status of vaccinator – of monthly/annual cumulative % Vaccinators contracted in via NHS Staff Bank % Vaccinators employed as NHS Highland Staff 0% Vaccinators employed in GP Practices % Vaccinators employed in Community Pharmacy 0% Vaccinators employed by Local Authority % Vaccinators employed by SAS	Monthly and cumulative % from BI	Aim to show diminishing number of GP vaccinators.	Business view to display % of vaccination activity broken down by staff cost allocations.  Operationally vaccine data for all vaccines is not held in one place. There is variation by cohorts and vaccine this measure would not capture. No vaccines are now provided by GP or LA. The other groups will vary by which vaccine and cohort we refer to.	
VMT joiners/leavers	Monthly and Annual cumulative Vaccinator Role Joiners/Leavers for VMT system:  % by Board employed VMT Users % by Staff Bank VMT Users % by GP employed VMT Users % by CP employed VMT Users % by SAS employed VMT Users % by Local Authority employed VMT Users			VMT turnover rates to predict training demand.	
Staff Satisfaction	Bi-annual staff survey to include; Job factors – workload, routine, variety Organisational factors – empowerment, conditions, teamwork, training & development, communication ,leadership Cultural factors Individual factors		Aim to develop job satisfaction and identify areas of concern ; improve recruitment and retention	To be developed  would this not be covered by the organisationally led iMatters process? What is used for any other specific staff group?	
Vacancy Rate	No of vacancies No. Days/week post vacant Turnover rate	Workforce date /eESS		Job families for vaccinators is currently mixed up with pandemic response, data would be available in future following integration of services.	
Absence Rates	No of days absence Reason for absence	Workforce data/eESS			

# Capacity Planning

Metric	Current Performance	Baseline	Target	Status/Comment	RAG
Independent Contractor Capacity (GP and CP)	Available clinic slots +1mth GP Available clinic slots +2mth GP Available clinic slots +3mth GP Available clinic slots +1mth CP Available clinic slots +2mth CP Available clinic slots +3mth CP				
DNA rate					

# Vaccination Coverage

Metric	Current Performance	Baseline	Target	Status/Comment	RAG												
<p>Covid 19 Vaccination programme</p> <p>Autumn/Winter 2023/24</p>	<p>Uptake 45.4% (all cohorts) against national average of 45.1%</p>	<p>Meeting schedule for first cohort doses</p> <p>Discovery Level 1 Seasonal Vaccination Programme data</p>	<p>To meet Scottish Government schedule for completion of vaccination cohort by 12 December 23</p>	<p>Estimated position at end of Dec:</p> <table border="1"> <thead> <tr> <th>Primary Cohort</th> <th>Estimated Final %</th> </tr> </thead> <tbody> <tr> <td>AGE_12_TO_64_COVID_AT_RISK</td> <td>34.72%</td> </tr> <tr> <td>AGE_6_MONTHS_TO_74_WEAKENED_IMMUNE_SYSTEM</td> <td>74.22%</td> </tr> <tr> <td>AGE_65_TO_74</td> <td>70.04%</td> </tr> <tr> <td>AGE_75_AND_OVER</td> <td>82.44%</td> </tr> <tr> <td><b>All Cohorts</b></td> <td><b>60.65%</b></td> </tr> </tbody> </table>	Primary Cohort	Estimated Final %	AGE_12_TO_64_COVID_AT_RISK	34.72%	AGE_6_MONTHS_TO_74_WEAKENED_IMMUNE_SYSTEM	74.22%	AGE_65_TO_74	70.04%	AGE_75_AND_OVER	82.44%	<b>All Cohorts</b>	<b>60.65%</b>	Amber
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<p>Flu Vaccination Programme</p> <p>Autumn/Winter 2023/24</p>	<p>Adults 18+ = 42.6% uptake against national average of 43.4%</p> <p>All Healthcare Workers = 27.5% uptake against national average of 25.9%</p> <p>All Social Care Workers = 9.8% uptake against national average of 8.8%</p>	<p>Discovery Level 1 Seasonal Vaccination Programme data -</p>		<p>Estimated position at end of Dec:</p> <table border="1"> <tbody> <tr> <td>AGE_18_TO_49_FLU_AT_RISK</td> <td>27.78%</td> </tr> <tr> <td>AGE_50_TO_64</td> <td>37.80%</td> </tr> <tr> <td>AGE_6_MONTHS_TO_74_WEAKENED_IMMUNE_SYSTEM</td> <td>70.77%</td> </tr> <tr> <td>AGE_65_TO_74</td> <td>70.59%</td> </tr> <tr> <td>AGE_75_AND_OVER</td> <td>81.99%</td> </tr> </tbody> </table>	AGE_18_TO_49_FLU_AT_RISK	27.78%	AGE_50_TO_64	37.80%	AGE_6_MONTHS_TO_74_WEAKENED_IMMUNE_SYSTEM	70.77%	AGE_65_TO_74	70.59%	AGE_75_AND_OVER	81.99%	Amber		
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<p>Performance against other Boards</p>																	

# Vaccine Stock

Metric	Current Performance	Baseline	Target	Status/Comment	RAG
Stock delivery times/distances					
Available stock levels					
No. Of vaccines required by seasonal variation					
No of vaccines required by usage					

# Systems & Infrastructure

Metric	Current Performance	Baseline	Target	Status/Comment	RAG
DQ Errors VMT	Monthly and Annual cululative DQ errors % by Board employed VMT Users % by Staff Bank VMT Users % by GP employed VMT Users % by CP employed VMT Users % by SAS employed VMT Users % by Local Authority employed VMT Users			On going problem with DQ errors – much needed metric to target staff training and any bottlenecks for vaccination upstream systems and recalls	
Recall invites	Monthly and Annual cumulative Invitation Letters by Highland Town			Dashboard metric to track invites and also for comms to show coverage hotspots for invites	
Vaccination Venues with WIFI access					



# OASIS Plan Vaccination Transformation Programme



# Campaign objectives

- to ensure consistent and clear messaging on the changes in the Vaccination Programme from GPs to Health Board
- to ensure everyone is clear on who delivers vaccination
- to avoid calls to GPs about vaccination

# Audience insight

- **NHS Highland population – to ensure all know how any vaccinations they, or their children, will be delivered from now on**
- **GPs – for info as, while at a minimum, they may get calls**

# Strategy

- Consistent information
  - Online on NHS website
  - Via patient communication – letters
  - Newspaper advertising
  - Local radio advertising – MFR, Skye, Lochaber, Caithness
  - Vehicle advertising
  - Social Media
  - Email to key groups
  - GPs

# Implementation

- Press releases – general information about the change from GP to Board vaccination. To be shared with the press and on our social media.
- Website – Update the website with the relevant changes and keep this updated as and when appropriate
- HN Media column– Director of Public Health column advising of the changes and what people should expect and when
- NHSH Social Media – locally produced assets shared periodically advising of the change from GP to Board vaccination and where to get more information. This can also be shared to local community groups
- Vehicle imagery – using NHS Highland vehicle (proposed one to begin with) that travels across Highland to advertise the change and direct people to the website for more information
- GPs – keep practices up-to-date on info for when members of the public contact them
- Local community groups – share clinic info with our contacts
- Paid advertising – advertising in HN Media (covers a wide area and range of titles, Lochaber and Skye papers about the change for those who don't access social media – Can also use local radio (Inverness, Skye, Lochaber and Caithness, B&S)

# Evaluation

Inputs	Outputs	Outtakes	Outcomes	Organisational Impact
Develop press and social media messaging	Assets produced	Increase awareness of programme and timetable	Patients aware of changes	Maintain / increase vaccination
Develop content for website	Website updated – clinic info, FAQs	Increase awareness of programme and timetable	Patients aware of changes	Maintain / increase vaccination
Develop vehicle livery	NHSH van has VTP design	Increase awareness and where to go for more information	Patients aware of changes	Maintain / increase vaccination
Develop advertising with local papers	Adverts across the local area	Increase awareness and where to go for more information	Patients aware of changes	Maintain / increase vaccination

# Timeline of activity

Timing	
February	Initial article about the changes (WRU, press release, GP newsletter – will also be shared on social media) Website updated – detail on the changes on vaccination for the population Stakeholder update
March	HN Media column from Tim Allison explaining the changes Mini social media column reminding of the changes and directing people to website / press release Radio Advertising Print Advertising
April	Vehicle livery – advertise on an NHS Highland van that vaccination delivery has changed – direct to website for more information Social media reminders – in case you missed it reminder Radio Advertising
May	Release / social media reminders – photos from pharmacies / clinics to help highlight changes