Agenda Item

NHS Highland

Meeting:	**HHSCC**
Meeting date:	**6 May 2026**
Title:	**Vaccination Update**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, HHSCP**
Report Author:	**Sharon Hammell, Area Manager with Portfolio for Vaccinations and Adult Social Care**

Report Recommendation:

HHSCC members are asked to consider and discuss the updates on progress on the transition towards a new vaccination hybrid model and vaccination uptake performance, which are detailed in this paper.

1 Purpose

Please select one item in each section ***and delete the others***.

This is presented to the Board for:

- Awareness

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The purpose of this paper is to provide the Committee with a progress update on the development and implementation of a new vaccination hybrid model for Childhood and Adult Vaccinations and an update on vaccination uptake performance of over the past year.

2.2 Background

A new Vaccination Hybrid Model Working Group was established in December 2025 to replace the Vaccination Improvement Collaborative Group. The Vaccination Hybrid Model Working Group has been established to progress the development of the new hybrid model with the strategic aim of increasing uptake of vaccinations in the Highland population through a place-based hybrid service delivery model.

The Working Group is supported by three Sub Groups: Digital and Data Infrastructure, Communications and Staff Engagement.

Negotiations with the LMC for the specification for Childhood Vaccinations completed on 7 April 2026. Negotiations for the Adult Vaccination specification are at an earlier stage. There is ongoing work to develop the full model for Highland, including infrastructure, quality assurance, vaccination transport and delivery and meeting health inequalities.

2.3 Assessment

2.3.1 Childhood Vaccinations Update

On conclusion of the negotiation of the Childhood Vaccination Specification, GP's were directly invited to participate in the model. Although the LMC were unable to support the final specification they acknowledged the contractual elements that recognised the infrastructure and administrative elements of vaccination delivery.

Eight Highland GP Practices have accepted the offer and agreed to participate in the model. These practices cover a range of Remote, Rural and Urban locations across Highland:
Rural: Kingussie, Gergask, Tweedale
North Highland: Thurso & Halkirk
Urban: Culloden, Nairn
Remote: Aultbea & Gairloch, Lochcarron

2.3.2 Board Managed Practices:

- All 15 Board-managed practices will engage in the hybrid model; readiness varies.
- Proposed phased implementation.
- Assessed as having GP capacity now: Applecross; Glenelg; Torridon.
- Require further development/support to plan delivery through other resources (e.g., nursing): Armadale; Ballachulish; Carbost; Drumnadrochit; Mallaig/Arisaig; South Skye.
- No current resources to engage; expected to participate once capacity is sourced: Alness/Invergordon; Scourie; Kinlochbervie and Durness; Three Harbours; Tongue.
- Small Isles practice: already delivering vaccinations through RST.

2.3.3 Next Steps for the New Hybrid Model

- Issue contracts to confirmed GP practices w/c 27 April
- Portfolio Lead and Primary Care meeting (w/c 20 April) to: collate themes/questions from practices; develop and share an FAQ; confirm practice readiness and agree a phased roll-out plan.
- Map participating practice locations and vaccination team bases to optimise the hybrid model (noting some GMS practices are still to confirm participation).
- Confirm vaccination supply arrangements
- Agree and schedule systems integration testing for scheduling and reporting.
- Progress detailed implementation plan (training, SOPs, reporting requirements).
- Develop organisational change plan for the vaccinations team (with Staff-side and HR), supported by communications and engagement.

2.3.4 Vaccinations Uptake Performance 2025-2026

Please note that data for this report is provided through national reporting cycles: e.g. weekly, monthly, quarterly. This means that data points for vaccinations activity varies:

- Childhood vaccination data is current up to December 2025
- COVID-19 and influenza uptake data covers the 2025/2026 winter campaign through March 31, 2026
- Pneumococcal and shingles data reflect the ongoing 2026 campaign
- RSV data are from the 2025 campaign

There is no available data yet for RSV in 2026, as that campaign has only just started.

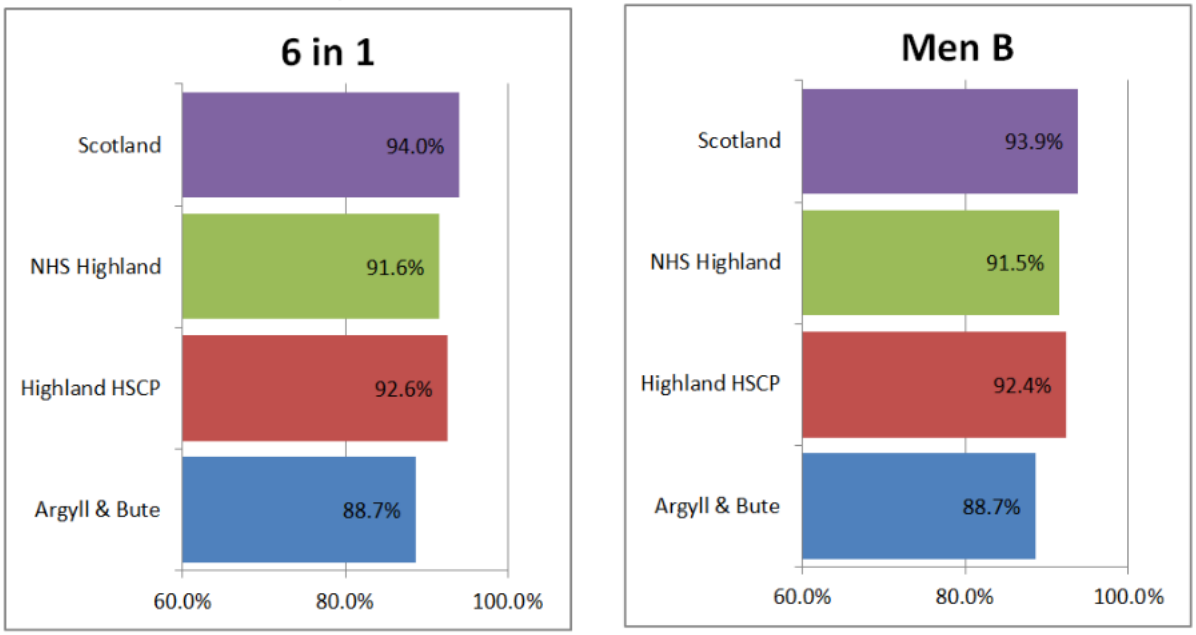
2.3.5 Vaccine Uptake Performance

Childhood Vaccinations

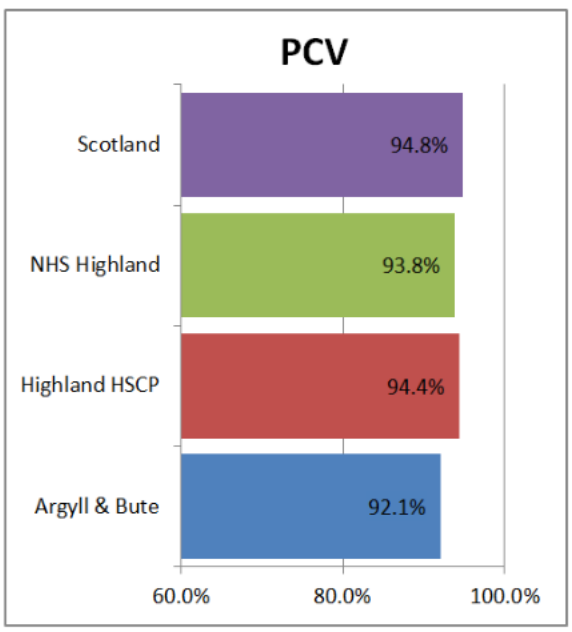
Childhood vaccination **uptake at 12 months of age** within Highland HSCP declined at the beginning of 2025; however, performance has shown a consistent improvement over the last two quarters. Despite these recent improvements, uptake across all four childhood vaccinations at 12 months of age remains below the World Health Organization (WHO) target of 95%.

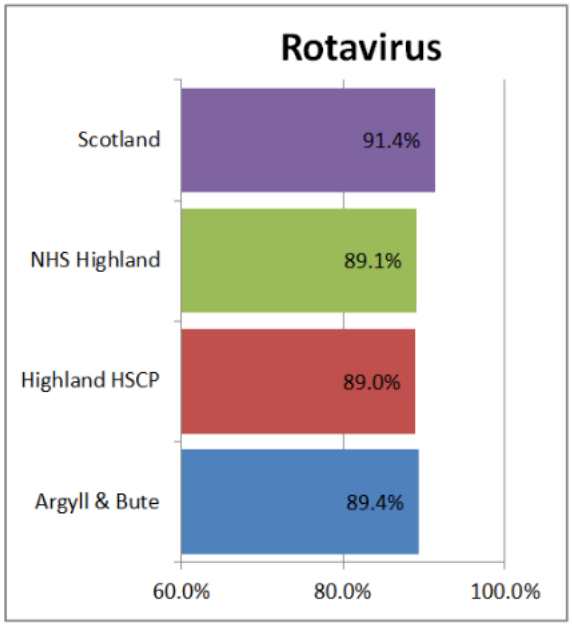
A revised and strengthened patient recall process, implemented during 2025, has contributed positively to recent improvements in uptake. This process has enhanced the timely identification and follow-up of children who have missed scheduled vaccinations and is expected to support continued recovery in performance.

Vaccination uptake at 12 Months, quarter ending Dec 2025



Vaccination uptake at 12 Months, quarter ending Dec 2025



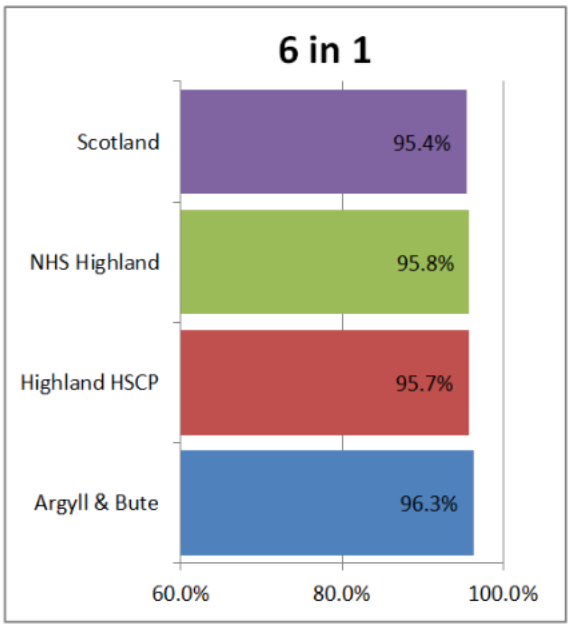


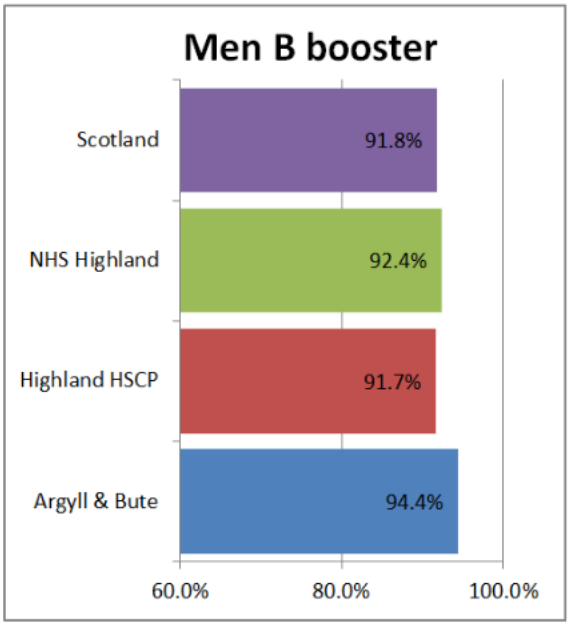
For the quarter ending December 2025, **uptake at 12 months of age** was:

- 6-in-1 vaccine: 92.6%
- MenB vaccine: 92.4%
- PCV vaccine: 94.4%
- Rotavirus vaccine: 89.0%

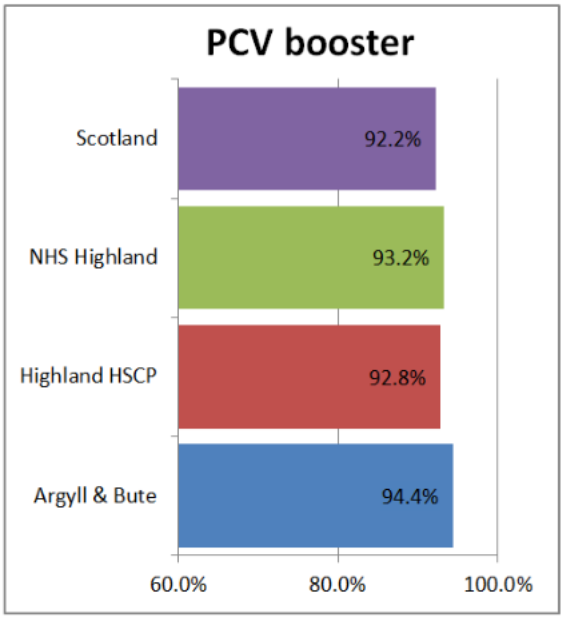
Uptake at 24 months of age demonstrates a more positive position overall, with improvement observed across all indicators. Notably, uptake of the 6-in-1 vaccine has exceeded the WHO target.

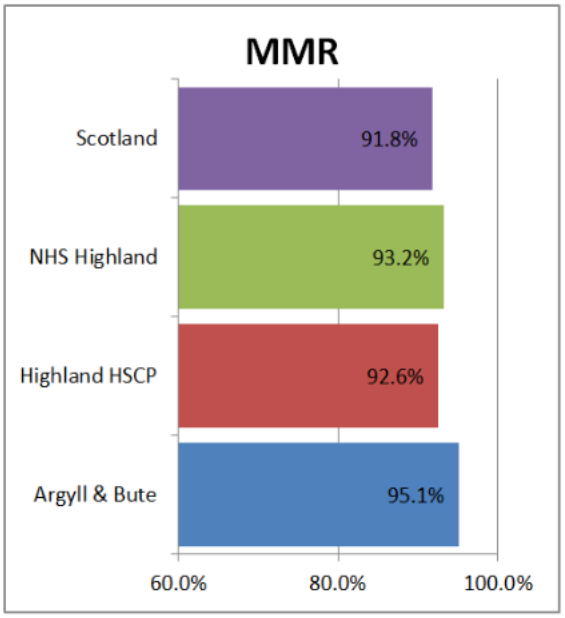
Vaccination uptake at 24 Months, quarter ending Dec 2025



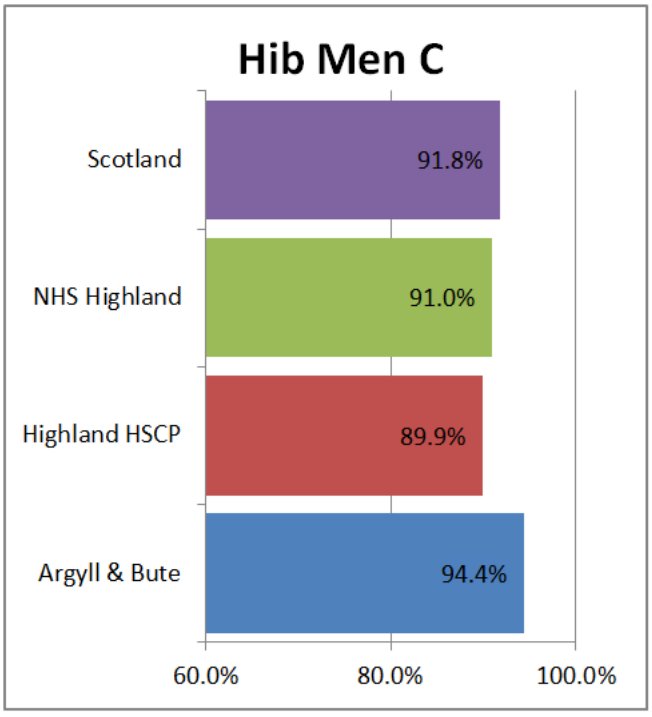


Vaccination uptake at 24 Months, quarter ending Dec 2025





Vaccination uptake at 24 Months, quarter ending Dec 2025



For the quarter ending December 2025, **uptake at 24 months of age** was:

- 6-in-1 vaccine: 95.7% (above WHO target)
- MenB booster: 91.7%
- Hib/MenC: 89.9%
- MMR (first dose): 92.6%
- PCV booster: 92.8%

While performance at 24 months remains below the WHO target for several vaccines, the overall upward trajectory reflects the impact of improved recall and follow-up processes.

Adult Vaccinations

The Autumn and Winter 2025 seasonal vaccination programme for COVID-19 and influenza has now concluded.

Within Highland HSCP, uptake for the programme was:

- COVID-19: 62.3%
- Influenza: 55.0%

This compares with national uptake rates of:

- COVID-19: 65.4%
- Influenza: 55.5%

Although uptake within Highland was marginally below the national average for COVID-19, influenza uptake was broadly in line with Scotland overall. Detailed breakdowns by clinical risk group and age cohort are presented in the tables below, which benchmark NHS Highland performance against the Scotland average.

Cohort	HHSCP	A&B	NHSH	Scotland
COVID Total	62.3%	65.2%	63.1%	65.4%
Flu Total	55.0%	57.5%	55.7%	55.5%
COVID Care Homes	78.8%	80.2%	79.1%	80.0%
Flu Care Homes	81.7%	82.1%	81.8%	82.6%
Flu Health Care Workers	37.7%	39.8%	38.1%	36.2%

Ongoing learning from the delivery of the Autumn/Winter programme will inform planning for future vaccination campaigns, with continued emphasis on accessibility, targeted engagement with eligible groups, including those in areas of deprivation and efficient delivery models.

The Respiratory Syncytial Virus (RSV) vaccination campaign for older adults began in July and was completed in August. HHSCP had slightly higher vaccination rates than the Scottish average. The Age 75 to 79 group (that were also eligible the previous year) had a particularly good turnout. We are currently planning for the 2026 RSV campaign; noting that there is a much larger RSV cohort this year.

RSV (2025)	HHSCP	A&B	NHSH	Scotland
All Cohorts	38.8%	37.0%	38.1%	38.3%
Turning 75	68.2%	64.8%	66.9%	68.8%
Aged 75 to 79	26.3%	24.7%	25.7%	15.9%

HHSCP Shingles and Pneumococcal vaccination programmes are ongoing; the figures shown below are the latest available (to February 2026).

Pneumococcal (Uptake 25/26 ongoing)	HHSCP	A&B	NHSH	Scotland
All Cohorts	12.5%	15.6%	13.0%	17.0%
2 to 64 At Risk	6.6%	11.8%	7.5%	12.0%
Aged 65 +	16.5%	18.1%	16.5%	20.7%
Every five years	8.1%	10.5%	8.5%	8.0%

Shingles (Uptake 25/26 ongoing)	HHSCP	A&B	NHSH	Scotland
All Cohorts	22.2%	20.2%	21.6%	27.4%
Aged 65	52.3%	47.6%	50.9%	50.0%
Aged 70	61.5%	59.8%	61.0%	63.8%
Age 71-79	1.8%	3.0%	2.1%	6.6%
Age 50 + Immunosuppressed	12.5%	11.3%	12.1%	20.7%
Age 18 to 49 Immunosuppressed	18.4%	14.8%	17.5%	23.9%
Age 66 to 67	1.8%	3.2%	2.2%	5.7%

We have seen relatively good uptake in the newly eligible groups (Aged 65 and Aged 70) for Shingles. However, there are a fairly large group of citizens (in the Age 71 to 79 Shingles cohort, or the Aged 65 + cohort for Pneumococcal) that have been previously invited to attend for vaccination, but have not come forward. We have recently updated our communications message to encourage these groups to come forward, and in the upcoming Spring COVID campaign, vaccination staff will be actively promoting Shingles and Pneumococcal vaccination to those who are eligible.

Overall Position

Adult programmes are relatively stable and around the Scottish average, with some notable successes (e.g. RSV and Healthcare Worker Flu vaccinations), and some ongoing areas of concern (lower than expected uptake for Shingles and Pneumococcal this year).

Child vaccination performance across Highland HSCP shows clear evidence of stabilisation and recent improvement, particularly within childhood programmes at 24 months of age. While uptake remains below national and international targets in several areas, the introduction of strengthened recall processes and ongoing service improvement provides a strong foundation for further progress.

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

NHS Highland remains in an escalated position in relation to Vaccination Uptake. We are working in close partnership with Public Health Scotland and Scottish Government colleagues to ensure clear metrics to enable de-escalation.

Assurance is expected to move from limited to substantial as the new hybrid model for Childhood and Adult Vaccinations is implemented, with anticipated increases in vaccination uptake, including increases in uptake in underserved communities where uptake is traditionally low.

3 Impact Analysis

3.1 Quality/ Patient Care

More people in communities across Highland are more likely to be vaccinated through the strategic aim of the new hybrid model.

3.2 Workforce

The new hybrid model will drive organisational change. The work of the Communications and the Staff Engagement Sub Groups will to ensure that the change is implemented in line with the Staff Governance Standard and is compliant with Organisational Change Policy.

3.3 Financial

The Vaccinations budget continues to be pressured, particularly in relation to the running costs of the Eastgate Centre in Inverness. This venue will be reviewed as part of the transition programme towards a hybrid model.

3.4 Risk Assessment/Management

The Hybrid Model Working Group has identified and regularly reviews risks and mitigations relating to the implementation of the new model. The highest risks relate to data and Digital integration, vaccine supply arrangements and procurement or technical enablement.

3.5 Data Protection

NHS Highland's data protection Officer is a member of the Digital and Data Sub Group, which supports the Working Group.

3.6 Equality and Diversity, including health inequalities

The strategic aim of the new hybrid model is to reduce health inequalities though a place-based model, which will enable focus on improving uptake in areas with lower coverage, including areas of deprivation.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

A comprehensive communications is in place to support the programme, covering staff, public and stakeholder audiences.

Regular engagement is taking place with stakeholders, including the Scottish Government, PHS and LMC. Updates from the Working Group are provided to staff, with a Pulse Survey now live. The feedback will be reviewed by the Hybrid Model Working Group, with a focus on listening to staff and responding where action is needed. The survey will be repeated as the programme progresses to understand how staff experience is changing and to help ensure the transition to the new Hybrid Model feels collaborative, supported and manageable.

3.9 Route to the Meeting

N/A

4.1 List of appendices

N/A