

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 7 May 2025

Title: Vaccination Update

Responsible Executive/Non-Executive: Dr Tim Allison, Director of Public Health and Pamela Stott, Chief Officer

Report Author: Dr Tim Allison, Director of Public Health and Pamela Stott, Chief Officer

Report Recommendation: Members are asked to consider and discuss the issues raised in this paper.

1 Purpose

This is presented to the Committee 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 NHS Scotland 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 an update of the outcome of the options appraisal submitted to Scottish Government, the Response from the Cabinet Secretary for Health, and an outline of the plan for implementation of the option appraisal for Highland HSCP.

2.2 Background

Concern about performance of the vaccination programme within Highland HSCP led to escalation in performance management framework from Scottish Government in November 2023 for Highland HSCP. A peer review from Public Health Scotland had been planned and this was accelerated following a serious adverse event. The peer review reported on the whole of NHS Highland. Work has been progressed to assess the best delivery model for vaccination in Highland HSCP and an option appraisal for rural flexibility for primary care delivery of vaccinations was submitted to Scottish Government for consideration in November 2024, for consideration at the GMS Oversight Committee.

A response to the options appraisal was received from the Cabinet Secretary for Health and Social Care, Scottish Government at the end of January. There was support for implementation of a new system in line with the submitted appraisal and limited to Highland HSCP.

Vaccination improvement work has been reviewed and consolidated into a work plan. This plan includes actions to implement the options appraisal as well as carry on the work to address the findings from the Public Health Scotland peer review and Serious Adverse Event Report.

2.3 Assessment

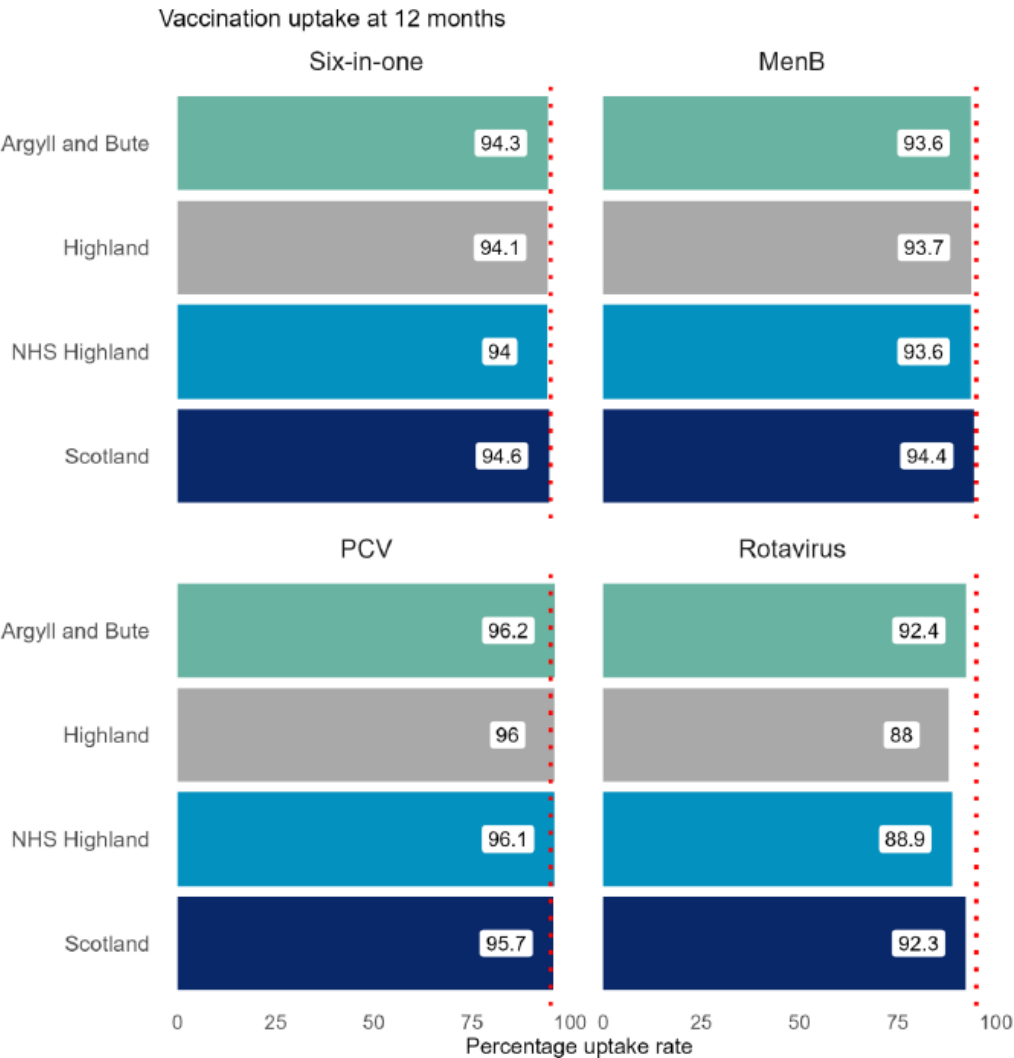
2.3.1 Vaccine Performance

Childhood Vaccination

Childhood vaccination figures have shown some improvement in uptake, especially for the first course of vaccination within Highland HSCP. However, there is still a need to improve childhood uptake figures as well as other measures of performance. The following table shows the latest available quarterly

performance in one part of the programme and there are regular reviews of performance across the different elements and localities.

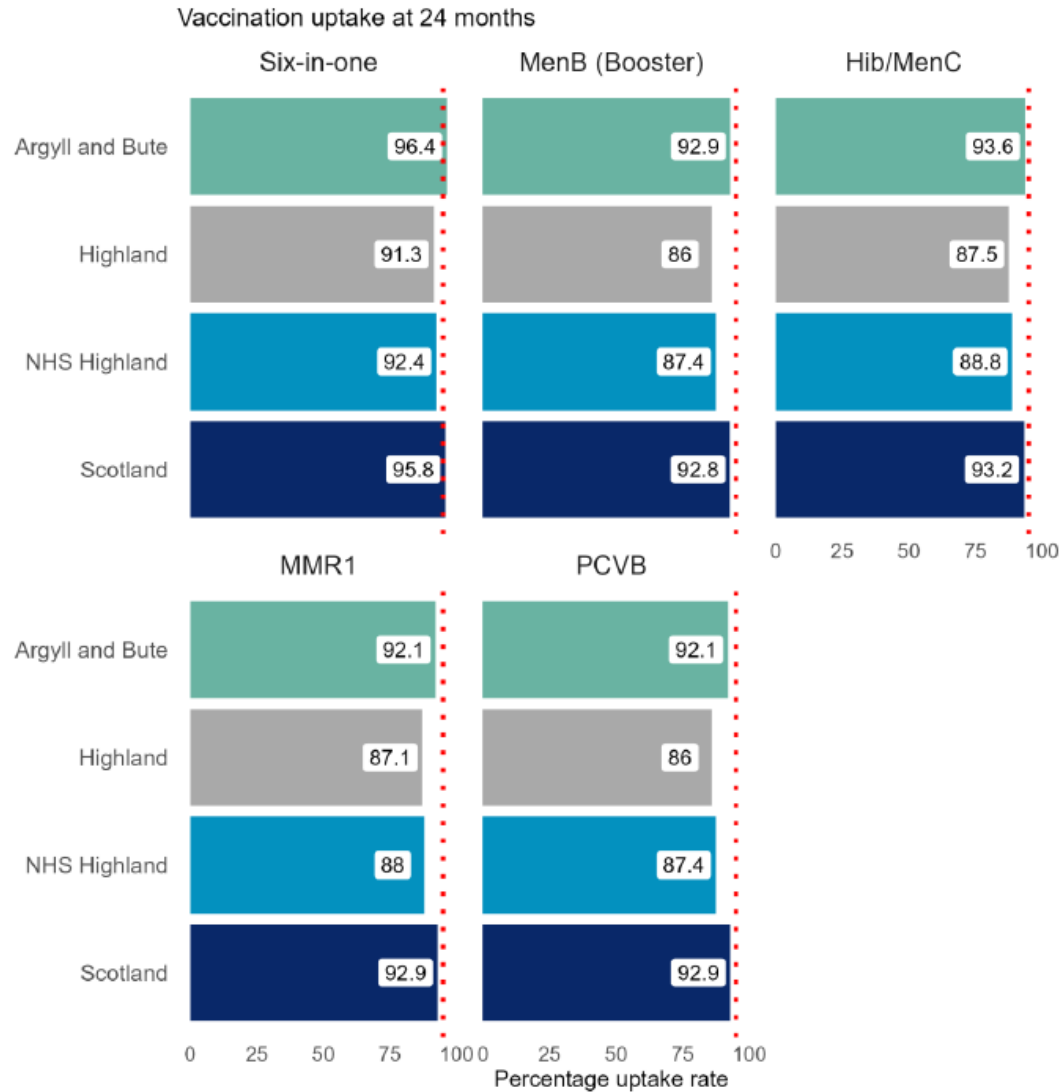
Figure 1: Primary immunisation uptake rates by 12 months of age^{1,2}
Quarter ending 31 December 2024



Childhood vaccination uptake at 12 months of age for the last quarter of 2024 showed similar figures to the previous quarter. Uptake of 6 in 1 vaccination has maintained its recovery, although it is still slightly below the WHO target figure of 95%. There is also a need to improve the timeliness of vaccinations.

The uptake of vaccines at 24 months such as MMR remains a concern with a continued decline and actions are being identified for implementation to improve coverage.

Figure 5: Primary and booster immunisation uptake rates by 24 months of age^{1,2}
Quarter ending 31 December 2024



Adult Vaccination

The autumn and winter programme of seasonal COVID and influenza vaccination has nearly closed and the great majority of uptake both locally and nationally happened before the end of 2024. The following table shows uptake within NHS Highland compared with Scotland and uptake figures for NHS Highland are similar to those nationally.

Seasonal Vaccination Uptake as of 16 February 2025

	NHS Highland	Scotland
Total COVID	49.0%	47.4%
Total Influenza	53.4%	53.1%
Care Home Residents COVID	80.9%	81.5%
Care Home Residents Influenza	82.6%	83.5%
NHS Front-Line Staff COVID	21.8%	20.7%
NHS Staff Influenza	28.8%	30.2%

Argyll and Bute HSCP tends to have slightly higher figures than Highland HSCP and the overall uptake figure for NHS Highland tends to be relatively higher than that for individual age groups given the age structure. So, the total figure for NHS Highland is higher than an age-adjusted figure would be. COVID vaccination has been available only for frontline NHS staff while influenza vaccination has been available for all NHS staff.

2.3.2 Vaccine Service Implementation for Highland HSCP and General Practice

The NHS Highland Health and Social Care Partnership (HHSCP), in collaboration with General Practice, aims to implement a collaborative vaccination service delivery model.

This hybrid model seeks to enhance immunisation coverage, improve patient access, and optimise healthcare resources through an integrated, multidisciplinary approach.

The attached report Implementation of a Collaborative Vaccination Service within Highland Health & Social Care Partnership and General Practices (APPENDIX 1) details the approach, risks, and benefits of implementing this model, with a primary focus on patient safety. It highlights collaboration with healthcare staff to ensure best practices are followed and outlines strategies to minimise barriers, making vaccinations more accessible and efficient for all.

An implementation Plan Timeline is outlined at APPENDIX 2.

Key Milestones:

Birth and Pre-school Vaccinations: Mobilisation will take place from June 2025.

Adult Vaccinations: Mobilisation will take place between September - December 2025 in line with the Winter vaccination programme.

2.3.3 Vaccine Tripartite Advisory Group

Scottish Government and Public Health Scotland have agreed to implement a working group to support the delivery of the mixed model for vaccinations. The advisory group will include representation from Highland HSCP, PHS and the Scottish Government.

The advisory group's primary purpose will be to offer external support and challenge to Highland HSCP as it develops and implements the mixed model of vaccine delivery. This will be done in the context of the Cabinet Secretary for Health and Social Care's agreement to the mixed model as per his letter of 27 January and the recommendations of PHS's peer review of NHS Highland, as well as the policy priorities represented on the group; and will:

- Provide a route for PHS to offer advice on the mixed model as it is developed and implemented.
- Support a co-ordinated and coherent communications strategy about the mixed model between the three partners.
- Allow SG to ensure Ministers are kept updated on the progress of the mixed model.
- The group will meet once per month.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<div><div></div></div>	Moderate	<div><div></div></div>
Limited	<div><div>X</div></div>	None	<div><div></div></div>

Comment on the level of assurance

Vaccine Performance: Assurance for Argyll and Bute is moderate or substantial depending on the impact of finance. Assurance is limited for Highland.

For both HSCP areas there is a need to ensure that an effective model in remote and rural areas can be sustained and that staffing challenges can be met, especially in Highland HSCP.

Once there is an agreed delivery model in place and evidence of its effect on performance, assurance may be able to increase to moderate for Highland HSCP.

3 Impact Analysis

3.1 Quality/ Patient Care

Delivering a good quality and accessible vaccination service is important. Patient and public experience and feedback needs to be a major driver of the improved service.

3.2 Workforce

Recruitment and retention of staff is continuing to be a challenge especially in Highland and further plans for delivery models need to address this, engaging with staff. It is also important to have good measures of staff satisfaction.

3.3 Financial

Financial considerations were undertaken as part of the options appraisal process but delivering existing and new vaccination programmes within the current budget is challenging.

3.4 Risk Assessment/Management

The main risks for delivery of the programme relate have been identified through consideration of the recommendations of the peer review and include risks relating to leadership, workforce, systems and service model.

3.5 Data Protection

There are no new data protection issues connected with this work.

3.6 Equality and Diversity, including health inequalities

The work to implement vaccination programmes has sought to address issues of isolation and to provide an equitable service across NHS Highland. Further work will be needed to promote uptake and reduce inequalities.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

Discussions have been undertaken with various stakeholders since the start of delivery of vaccination programmes and there is active communication with Scottish Government, GPs, staff and with politicians. Improvement in engagement is a recommendation from the peer review.

3.9 Route to the Meeting

This paper is based on discussions with NHS Highland staff, Public Health Scotland staff and Scottish Government escalation meetings.

Implementation of a Collaborative Vaccination Service within Highland Health & Social Care Partnership and General Practice

Version 6 – final version

27 March 2025

Executive Leads: Pamela Stott, Chief Officer, Highland Health & Social Care Partnership; Tim Allison, Director of Public Health & Policy

1. Introduction

The NHS Highland Health and Social Care Partnership (HHSCP), in collaboration with General Practice, aims to implement a collaborative vaccination service delivery model. This is based on an Options Appraisal compiled by a multi-disciplinary stakeholder group which was presented in December 2024, to the Scottish Government General Practice Programme Board. This hybrid model seeks to enhance immunisation coverage, improve patient access, and optimise healthcare resources through an integrated, multidisciplinary approach. This report details the approach, risks, and benefits of implementing this model, with a primary focus on patient safety. It highlights collaboration with healthcare staff to ensure best practices are followed and outlines strategies to minimise barriers, making vaccinations more accessible and efficient for all.

Whilst the delivery of the routine immunisation programme will be a collaborative hybrid model which will be led principally by general practices and vaccination teams, it is recognised that other services and teams have an integral role in the delivery of the programme (i.e. the role of midwifery within the maternal programme, the role of community pharmacy in the delivery of the travel health service and the seasonal campaigns and the role of occupational health in the delivery of staff vaccinations, for example). Further detail regarding the programme is incorporated within the NHS Highland Strategy for Vaccination and Immunisation.

2. Vision

To ensure our communities are protected from vaccine preventable diseases and that the risk of outbreaks is minimised, and health inequalities are reduced through the delivery of an effective, safe, person-centred accessible vaccination service.

3. Aims and Objectives

The overall aim of the HHSCP immunisation programme is to protect the population from vaccine preventable diseases and reduce the associated morbidity and mortality and minimise the risk of outbreaks.

To achieve this aim, we would be seeking to deliver a population-wide programme which delivers against the following objectives:

- Identifies the eligible population and ensures effective timely delivery which enables the highest possible uptake rates within the eligible population and reduces the risk of outbreaks of vaccine-preventable diseases
- Is patient-centred and is delivered as close to home as reasonably practicable with at least an equivalent level of access compared to pre-VTP
- Is safe, effective, of a high quality and is independently monitored
- Is efficient, cost-effective and sustainable
- Is targeted to support increased uptake across hard-to-reach groups and underserved populations to address existing health inequalities
- Is delivered and supported collaboratively by suitably trained, competent and qualified staff who participate in recognised ongoing training and development and who are respected and feel valued
- Supports opportunistic catch up as part of holistic care
- Delivers, manages and stores vaccine in accordance with national guidance
- Supported by regular and accurate data collection using the appropriate recording mechanisms which provides information at a local, regional and national level
- Is supported and informed by regular public and professional stakeholder engagement and communication
- There is strong leadership and effective governance across local vaccination delivery

4. Approach to Implementation

The project will be underpinned by a comprehensive change management plan that includes a clear, detailed timeline for all phases of the implementation process. This timeline will span from planning to full rollout, incorporating key milestones, deadlines, and checkpoints to ensure that the service model is delivered on time and within scope. An implementation group will be accountable for progress, ensuring that any obstacles are addressed swiftly, milestones are completed on time and risk managed accordingly if delays anticipated and regular updates will be communicated to all stakeholders. The timeline will be finalised by the end of March 2025, ensuring a coordinated and structured implementation process.

As aforementioned, the NHS Highland vaccination programme is expansive, therefore not all areas of the programme are in scope of this work.

Areas of scope have been summarised below:

Birth and Pre-school Vaccinations

Our delivery model will be aligned to the strategic intent to best meet the needs of Scotland's immunisation programme. As part of this collaborative approach, general practice will deliver birth and pre-school immunisations, and vaccination teams will be critical in the delivery of outreach and targeted work to address inequalities in childhood vaccinations.

The initial focus of delivery within General Practice will be birth and pre-school vaccinations. Significant improvement work has been required to improve the uptake and safe delivery of birth and pre-school vaccinations. To ensure sustained improvement and quality assurance, all GP practices, irrespective of rural classification, will be provided with the option of delivering birth and pre-school vaccinations for their registered population. This will be through a local enhanced service specification (birth and pre-school vaccinations) aligned to payment mechanisms outlined in PCA2022-M-07. For those practices who do not take up this offer, NHS Highland vaccination team will continue to deliver this service. Mobilisation will take place from June 2025.

Adult Vaccinations

The delivery of adult vaccinations will be through both GP practices and vaccination teams with the respective teams leading on different parts of the adult programme. Additional opportunistic vaccination will be supported by both primary care and vaccination teams.

Once the first phase of vaccination delivery (birth and pre-school vaccinations) has been tested and rolled out in full, a detailed implementation plan will be defined for the delivery of adult vaccinations. The plan will take into consideration the total cohort number of patients eligible for vaccination as the volume of vaccination activity has increased significantly since 2023 when vaccinations transferred out of General Practice under VTP. Local discussions will be undertaken with GP Practices as to the capacity that can be offered and a hybrid delivery plan put in place. This will be through a local enhanced service specification (adult vaccinations) aligned to payment mechanisms outlined in PCA2022-M-07. For those practices who do not take up this offer, NHS Highland vaccination teams will continue to deliver this service. Mobilisation will take place between September - December 2025 in line with the Winter vaccination programme.

The implementation of the collaborative vaccination service model will be guided by the following key components:

4.1 Stakeholder Communications and Engagement

- Establishing an Implementation Group comprising operational and professional leads from HHSCP and General Practice (i.e. nurses, practice managers, GPs), pharmacists, public health and immunisation specialists, finance, strategy & transformation and child health professionals who deliver vaccinations.
- Conducting stakeholder meetings to define roles, responsibilities, and service expectations.
- Implementing a comprehensive communication and engagement strategy to support the lifecycle of the project, including public engagement for information dissemination, workforce engagement to support collaborative efforts, and intra-project engagement to facilitate assurance and accountability mechanisms required to implement the model safely.

4.2 Service Integration and Delivery Model

- Implementing a hybrid, collaborative and strategically aligned model, ensuring patients have the flexibility to receive immunisations at their general practice where possible. Where the use of GP practices is not possible, the priority is to deliver in health board venues such as community hospitals and clinics.
- Utilising shared IT systems across HHSCP and GP for patient scheduling/appointing, data recording and reporting in line with the expectations of the Scottish Vaccination and Immunisation Programme (SVIP).
- Optimising timely vaccination uptake through ensuring consistent, standardised approaches to service delivery processes from supply chain through to service delivery.

4.3. Workforce Development

- Two Staff-Side representatives have been identified to support General Practice and HHSCP vaccination teams through workforce development processes entailed with the implementation of a collaborative model; both representatives attend the Implementation Group.
- Recognising that effective training is key to a smooth transition to a collaborative vaccination service, a tailored training plan will be developed for general practice and HHSCP vaccination teams utilising the national resources provided through SVIP where appropriate. This will cover the necessary clinical protocols, digital systems, patient communication and vaccine administration procedures. The training plan will include both initial and regular training sessions to address evolving needs, ensuring all staff are confident and competent in their roles. The training plan will also involve

support for new staff and refresher courses for existing teams, with an emphasis on maintaining consistent standards across the service, including all participating General Practices. A pre-audit process will be undertaken in advance of the service commencing in General Practice and will capture personnel delivering the service and details of training undertaken.

- Understanding whether additional capacity will be required to safely sustain vaccination service delivery through a collaborative approach; The service is required to adapt to changing incidence, emergent infections and outbreaks whilst responding to the development of new programmes or declining uptake rates.
- Developing a collaborative, hybrid model will require a review of the configuration and remits of NHS Highland Vaccination Team. Once the totality of GP flexibility is defined through acceptance of a local enhanced service for respective patient cohorts, a piece of work will be undertaken to review the staffing requirements and components of the existing programme.

4.4. Digital and Operational Infrastructure

- Use of existing IT systems to support seamless record-keeping and reporting across HHSCP and GPs in line with SVIP expectations.
- Clear data entry protocols will be established, and regular audits will ensure compliance. The enabling digital infrastructure will be identified and implemented early in the process, with data-sharing systems that comply with regulations and a robust security framework to protect patient information. This ensures real-time monitoring of vaccination coverage and enables the continued efficient reporting to the Board and PHS.

4.5. Community Outreach and Targeted Work to Address Inequalities

- Running targeted approaches to support increased uptake across our hard-to-reach groups and underserved populations in order to address existing health inequalities.
- Running targeted vaccination campaigns for priority groups (e.g., elderly, immunocompromised, and children).
- Ensuring public awareness of a dually operational GP and HHSCP vaccination delivery model.

4.6. Ensuring the Service Continuously Improves Once Mobilised

- The strategic plan will set out how the vision will be met through the objectives. Local objectives align with the goals set out within Scotland's 5-year vaccination and immunisation framework and the vaccination standards set for NHS Boards as part of the Annual Delivery Plan. A robust performance

and quality assurance framework will be established monitor and evaluate the service's performance throughout its rollout in keeping with the expectations of SVIP

- A measurement plan will be set to ensure service quality is consistently met across all localities and services in keeping with the expectations of SVIP and as set out within the NHHSH vaccination strategy.
- Feedback loops will be incorporated to address any gaps in service provision, with rapid adjustments made based on data and evaluations, ensuring continuous improvement and equitable service delivery.

5. Implementation Summary

The implementation of a collaborative approach to vaccination service delivery within the HHSCP vaccination teams and general practice aims to streamline the process of vaccine administration, enhance patient access, and leverage the expertise of both HHSCP vaccination teams and general practice. This collaborative approach ensures the efficient use of resources, with clear governance, communication, and support frameworks throughout the entire process.

Phase 0: Project Initiation

In Phase 0, the first critical steps include the approval of the proposal to deliver a collaborative vaccination service delivery model by relevant stakeholders, such as the Scottish Government, and the formal closure of the Vaccination Implementation Group (VIG). This phase lays the groundwork for the project by ensuring that all necessary planning documents, such as the milestone plan, are in place to guide future actions. A multi-disciplinary project implementation group is established, including representatives from various sectors, such as general practice, public health, and eHealth. This collaborative group ensures that all perspectives are considered when defining the project's scope, goals, and governance structure. It also ensures that clear lines of communication are established, and roles and responsibilities are defined. This phase focuses on setting up a framework for the vaccination programme that ensures alignment with best practices and facilitates a structured, coordinated approach to transformation.

Additionally, detailed service specifications for birth and pre-school and adult vaccination delivery will be developed, ensuring alignment with best practice guidelines. These specifications will outline costing methodologies, role delineations between general practice and HHSCP vaccination teams, IT system requirements, and vaccine delivery responsibilities. The Local Enhanced Service (LES) specification for adult vaccinations will be aligned with the payment mechanisms outlined in PCA2022-M-07 with annual uplifts applied.

To support digital and operational infrastructure, a framework for eHealth and IT systems will be determined to facilitate seamless service delivery. A Short-Life

Working Group (SLWG) will also be established to develop an approach to planned childhood vaccination schedule changes. This approach will undergo review by the Implementation Group before final approval by the vaccination governance structure, ensuring readiness for transition and long-term sustainability.

Phase 1: Planning – Birth and Pre-school and Adult Vaccinations in a Collaborative Model

Phase 1 focuses on assessing preparedness of all general practices and vaccination teams for the implementation of the collaborative vaccination service model. A detailed service specification will be shared with GP Sub Committee and Highland Local Medical Committee (LMC).

A key action in this phase is conducting a pre-audit to gauge each practice's capacity and ability to meet the requirements of the new service delivery model, as articulated in the service specification. The timeline for rollout is established, and training programmes are designed to ensure that all relevant staff are well-prepared for the transition. This phase ensures that all necessary resources, such as staffing, technology, and infrastructure, are identified, reviewed and planned for on a practice-by-practice basis. Additionally, the eHealth systems required to manage patient scheduling and reporting are implemented, ensuring data management complies with privacy and security regulations. Effective communication with all stakeholders, including those within general practice, is crucial at this stage to ensure everyone is aligned and ready for the upcoming phases.

The pre-audit data collated from General Practice will provide an assessment of the requirements for the Board delivery aspect under a hybrid model and identify any associated workforce issues that may need to be addressed through an organisational change process. A task and finish group will be established in partnership with staff side to plan this.

Phase 2: Implementation of a Collaborative Vaccination Service Delivery Model

Phase 2 involves the three-phase expansion of the birth and pre-school vaccination service and full mobilisation of the adult vaccination service across all participating GP practices. During this phase, the service model for birth and pre-school and adult vaccinations is implemented methodically at pace with each GP practice receiving comprehensive training and support. A clear communication plan ensures that both staff and patients are informed about vaccination availability, booking procedures and any changes in the process for accessing vaccination. The planned phased rollout allows for careful monitoring of childhood vaccination uptake and timeliness of delivery, patient management and process efficiency. Data collection is critical in this phase to monitor key performance indicators track vaccination rates, monitor the accuracy of reporting and ensure that any issues are addressed in a timely manner. Support systems are in place to assist GP practices and vaccination teams throughout the process, ensuring that any operational challenges are quickly

resolved. By the end of this phase, the service model for birth and pre-school and adult vaccinations should be fully operational across all teams and participating practices, with continuous oversight to ensure quality standards are maintained in line with clinical guidelines and in accordance with the SVIP standards.

Phase 3: Evaluation, Continuous Improvement and Stabilisation

Phase 3 is focused on ensuring the long-term sustainability of the vaccination service model. In this phase, data from the implementation across the service all general practices is analysed to identify areas for improvement in service delivery, efficiency and staff/patient satisfaction. Coupled with this, a needs assessment is utilised to inform of future opportunities to improve and sustain service delivery within a collaborative vaccination service model. A post-rollout survey is conducted to gather feedback from both staff and patients and wider stakeholders, which will help refine the service model and improve future vaccination efforts. Regular evaluations, in line with NHS Highland clinical governance practices, track progress against key performance indicators, such as vaccination uptake rates and timeliness of vaccination, patient feedback, and the accuracy of data reporting. Any challenges or barriers identified during Phase 2 are addressed through continuous improvement initiatives, ensuring that the system remains flexible and responsive to changing needs. As the service stabilises, the focus shifts to ensuring its sustainability, with processes in place to maintain the quality and efficiency of the vaccination service over time, and to adapt as necessary for future population needs and the implementation of new programmes.

A robust evaluation programme will be established to assess the effectiveness, impact, and sustainability of the collaborative vaccination service model compared with the previous delivery model. This evaluation will focus on indicators such as vaccination uptake, patient satisfaction, cost-effectiveness and overall service quality and will reflect the key performance indicators developed to support the SVIP standards. This evaluation will take place as part of project closure once the service is stabilised.

6. Risks to Implementation and Mitigation Strategies

The risks associated with implementing a collaborative vaccination service model are systematically addressed through task-based mitigation strategies within the implementation plan and accompanying documents, such as the communications and engagement plan. A summary of the highest impact (high likelihood and consequence) risks is noted below, however it is noted that this not a complete list of all the risks entailed with this work.

Risk Description	Mitigation
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<p>Digital and Data Infrastructure - Inadequate and inconsistent IT infrastructure could hinder the efficient and safe management of patient scheduling, reporting and tracking of vaccinations.</p>	<p>Digital option review commissioned by Implementation Group to identify gaps in current system and propose options for consideration and decision for implementation as part of a collaborative, integrated vaccination service delivery model. It is currently undetermined whether an IT solution will require funding to address.</p>
<p>Communications and Engagement – staff and public – Unclear communication with staff and the public could lead to confusion, misinformation and low participation in the vaccination programme.</p>	<p>Develop a clear and consistent communications plan that includes messaging for both staff and the public, with regular updates at key milestones.</p> <p>Use multiple channels (e.g., email, internal portals, social media, posters, newsletters, websites) to communicate with different audiences, ensuring the information is accessible and understandable.</p> <p>Provide detailed training for staff on key vaccination programme components, including timelines, processes, and frequently asked questions (FAQs).</p> <p>Launch a public awareness campaign using various platforms to inform patients about vaccination availability, the importance of getting vaccinated, and how to access the service.</p> <p>Implement feedback mechanisms (e.g., surveys, focus groups, digital platforms such as CareOpinion) to gather input from both staff and patients to continuously improve service delivery process and identify opportunities to improve communications.</p>
<p>GP Contractual Arrangements - GP practices may be unwilling or hesitant to engage in the collaborative vaccination service due to concerns about contractual obligations, remuneration, or changes in workload.</p>	<p>Engage with GPs early in the planning process to discuss contractual terms, expectations, and the benefits of participating in the vaccination programme.</p> <p>Ensure that the service specification clearly outlines the roles, responsibilities, and remuneration models for GP practices, ensuring these are fair and in line with policy.</p> <p>Consult with the Highland Local Medical Committee (LMC) to ensure that the contractual arrangements are acceptable and feasible for all involved parties.</p> <p>Offer flexibility in the implementation to allow GP practices to scale their participation based on their available capacity.</p> <p>Develop a clear process for contract negotiation that addresses any concerns or issues raised by GP practices.</p>

<p>GP Interest and Involvement - The number of GPs committing to delivering vaccinations may be smaller than originally surveyed through the options appraisal (August 2024) and rural GPs may opt-out which would not address inequalities</p>	<p>Offer dedicated support and training to help GP practices implement the new service model efficiently.</p> <p>Facilitate peer discussions and forums where GP practices that have successfully implemented the model can share best practices and lessons learned with others.</p> <p>Identify and address concerns early, ensuring that GPs feel their concerns are being heard and addressed by the implementation group.</p>
<p>Alignment to National Plan for Vaccinations - Misalignment between the collaborative vaccination service delivery model and the broader national vaccination strategy could lead to inefficiencies, waste or gaps in service delivery.</p>	<p>Ensure that the service specification and implementation plan are aligned with national immunisation guidelines and objectives, including age groups, vaccine types, and schedules.</p> <p>Regularly consult with national public health agencies (e.g., Public Health Scotland) to ensure that the local programme is in sync with national priorities and best practices.</p> <p>Incorporate feedback from national immunisation experts into the design and delivery of the programme to ensure consistency with broader policy.</p> <p>Ensure continued involvement with the Scottish Vaccination and Immunisation Programme (SVIP).</p> <p>Monitor and benchmark the implementation against national vaccination targets and peer Boards, ensuring that the delivery model contributes effectively to achieving vaccination coverage goals and standards set for vaccination.</p> <p>Regularly review and update the vaccination protocols to ensure that changes in the national strategy are reflected in the local service delivery.</p>
<p>Clear Governance and Accountability Structure</p>	<p>Establish a clear governance structure that includes a steering group with defined roles and responsibilities for all stakeholders, such as HHSCP teams, general practices, public health teams, and eHealth services.</p> <p>Define accountability and reporting mechanisms to ensure that all parties are aware of their responsibilities and completion timelines.</p> <p>Regularly review progress against KPIs ensure that the project is on track and any issues are quickly identified and addressed.</p> <p>Provide clear decision-making protocols, ensuring that issues can be escalated promptly</p>

	<p>to the appropriate level within the agreed governance structure.</p> <p>Foster transparent communication between teams and the Implementation Group to ensure that all parties are informed and can contribute to decision-making processes.</p> <p>Ensure ongoing engagement through regular meetings and updates, which will help maintain accountability and alignment throughout the project.</p>
Readiness of new child health system (for call and recall), which is dependent on a provisional National go-live date of 23 rd June 2025	Legacy system can be utilised in the current form, however the new system will be different and contingency arrangements may be required as part of detailing IT requirements in the service specification.
Risk to overall logistical cold chain due to challenges in stock management, including inconsistent pharmacy communication, increased distribution demands across multiple sites and potential transport pressures from local stock movement	<p>Ensure regular communication methods used across practices, using learnings from A&B vaccination supply chain model.</p> <p>Ensure procurement/pharmaceutical/logistical model sufficiently staffed.</p>

7. Benefits to the Health Board and Highland Population

A collaborative vaccination service leverages a more inclusive, patient-centred healthcare system, where the benefits of timely immunisation are accessible to all, leading to improved public health outcomes and stronger community resilience. A summary of the relevant benefits and impacts associated with the project has been provided below.

7.1 Enhanced Accessibility through Multiple Service Points, Increasing Immunisation Rates

- Benefit:** By establishing locally accessible vaccination services, patients can access vaccination services in a more convenient, opportunistic and timely manner. This geographic and logistical flexibility makes it easier for individuals from all demographics (especially those in rural or underserved areas) to get vaccinated.
- Impact:** Increased accessibility lowers the barriers to vaccination, particularly for vulnerable populations such as the elderly, children, and individuals with mobility challenges. This will support increased uptake of timely vaccination,

contributing to herd immunity and reducing the overall prevalence of vaccine-preventable diseases within the community and improving health outcomes for the population.

7.2 Reduced Burden on Health Services Due to a Lower Incidence of Vaccine-Preventable Diseases

- **Benefit:** A robust vaccination program directly impacts the incidence of preventable diseases such as influenza, pneumococcal disease and measles, which in turn reduces healthcare presentations, hospital admissions and the need for intensive care services.
- **Impact:** By preventing diseases that can otherwise lead to healthcare presentations and hospitalisations, there is less strain on healthcare resources. This allows hospitals and healthcare facilities to allocate resources more efficiently to non-preventable conditions, thereby improving overall health system performance. Additionally, reducing preventable diseases means fewer long-term complications, decreasing the burden on both primary and secondary care services.

7.3 Improved Workforce Utilisation by Involving Multiple Healthcare Professionals in Service Delivery

- **Benefit:** The involvement of a diverse group of healthcare professionals, including trained HHSCP staff and GPs, maximises the use of the existing workforce to support service delivery. Each healthcare professional can contribute according to their expertise and role, allowing for a more efficient and coordinated service delivery model which aims to fulfil all of the objectives of the vaccination programme.
- **Impact:** This approach ensures that staff are deployed where they are most needed, reducing bottlenecks and improving overall efficiency in service delivery. This will also enable further capacity for addressing health inequalities which has been a significant challenge within the current model.

7.4 Financial Value Through Shared Infrastructure and Reduced Duplication of Efforts

- **Benefit:** Collaborating between GP practices and vaccination teams allows for the sharing of infrastructure, such as vaccination clinics, technology platforms for scheduling and reporting, and logistical resources like vaccine storage and transportation. This collaborative infrastructure significantly reduces the need for separate venues, systems, equipment, and training, which can be costly to duplicate.
- **Impact:** The pooling of resources and collective purchasing power can lead to cost efficiencies. Moreover, centralised data reporting systems ensure that resources are deployed more effectively, preventing wastage or underutilisation of vaccines.

7.5 Increased Patient Trust and Confidence in Vaccination Programmes Through Better Communication and Accessibility

- **Benefit:** A well-delivered vaccination programme that is easily accessible and supported by transparent communication fosters greater trust in the vaccination process. When patients have clear, consistent information about the benefits and safety of vaccines, and can easily access them at convenient locations and times, they are more likely to engage in vaccination programmes.
- **Impact:** Higher patient confidence translates into improved immunisation uptake, which is essential for achieving herd immunity. Over time, this increases the public's general acceptance of vaccines and helps combat vaccine hesitancy, ultimately leading to better overall health outcomes for the community. Effective communication, including addressing concerns and educating patients, empowers individuals to make informed decisions about their health.

7.6 Strengthened Public Health Response & Resilience

- **Benefit:** A collaborative vaccination service delivery model enables a rapid, coordinated response to vaccine-preventable outbreaks and better supports pandemic preparedness. In times of crisis, the established infrastructure can be swiftly scaled up to reach large numbers of people efficiently, ensuring that immunisation efforts are timely and comprehensive.
- **Impact:** By having a more responsive delivery model which can adapt to emergent infections and outbreaks, responses to public health emergencies can be more agile and precise. This helps support outbreak management and prevention of transmission which in turn can support a reduction in morbidity and mortality. Additionally, rapid deployment of vaccines can prevent further strain on healthcare systems during pandemics or seasonal outbreaks.

7.7 Real-Time Monitoring and Reporting for Evidence-Based Decision-Making

- **Benefit:** With a strong digital infrastructure aligned with the Vaccine Management Tool and integrated reporting systems, which is a key requirement as part of this service model, vaccination uptake and outcomes can be monitored consistently across general practices and vaccination teams. This data provides valuable insights into the effectiveness of vaccination campaigns, patient demographics, geographic coverage and any areas requiring additional focus.
- **Impact:** Data that is readily available allows for proactive decision-making and adjustments to the vaccination programme. For example, if certain regions are experiencing low uptake, targeted interventions can be deployed to address barriers or gaps. Additionally, this evidence can be used to inform future public health strategies, ensuring that the vaccination programme evolves in response to changing needs and conditions. This data-driven approach strengthens the overall resilience of the healthcare system, making it more responsive to emerging public health challenges.

8. Conclusion

The successful implementation of the vision for a collaborative vaccination service delivery model requires careful planning, time resource, stakeholder engagement, robust governance and effective communication. Through the strategic phases outlined in this plan, and through careful adherence to risk mitigation strategies, the collaboration between HHSCP vaccination teams and GP practices will provide a streamlined, efficient, and accessible vaccination service that meets both local and national health objectives.