AGENDA ITEM NO: 6

Report To:	**Inverclyde Joint Integration Board**	**Date:**	**25 March 2024**
Report By:	**Kate Rocks, Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJBA/8/2024/AB**
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Subject:	**Progress of the Vaccination Transformation Programme**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide an update on the current position for the Vaccination Transformation Programme (VTP) as part of the wider Primary Care Transformation Agenda and delivery through the Primary Care Improvement Plan (PCIP).

2.0 RECOMMENDATIONS

2.1 The Integration Board is asked to note the progress of the Vaccination Transformation Programme and the proposed review of model delivery as part of the ongoing delivery of Primary Care Improvement Plan (PCIP).

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 INTRODUCTION

3.1 The Vaccination Transformation Programme (VTP) is deemed one of biggest models of care transferred from General Practice to NHS Boards and HSCPs. The Vaccination element of the Primary Care Transformation is one of a complex nature from a financial, delivery and cross functional nature. For the purposes of this report there will be a specific focus on:

- Travel health advice and vaccination service
- Non-routine, also referred to as ad-hoc Vaccinations.
- Seasonal Programmes

4.0 PROGRESS ON TRAVEL VACCINATION PROGRAMME

4.1 Responsibility for delivery of Travel Health Vaccinations transferred to NHSGG&C Board on 1st April 2022. Initial guidance and travel advice is accessible through the NHS Scotland Fit for Travel website. This service is one that is created to:

- Provide a patient-centred, accessible, consistent, and comprehensive service for patients requiring travel assessment, vaccination, medicines, and advice.
- Provide access to NHS travel advice and vaccinations for all patient groups including children in order to protect patients travelling to high risk destinations.
- Be able to provide accurate and up-to-date information about travel health risks and vaccine(s) to patients.

4.2 From April 2022, contracts for the delivery of Travel Health Services in Greater Glasgow and Clyde were awarded to City Doc covering partnerships including Inverclyde.

4.3 In July 2023, CityDoc gave notice of their intent to withdraw from the contract. Subsequently, as of 31 August 2023, the provision of travel health services to the corresponding 7 of 8 geographical lots has been provided by the NHSGG&C Travel Health Contingency Service following a rapid planning and implementation response. The Contingency Service is currently being delivered from Eastbank Conference and Training Centre in Shettleston.

4.4 The objective of the Contingency Service remains to provide a patient-centred, comprehensive, consistent, and accessible travel advice and vaccination service for patients. The Service remains available to all travellers who require advice and / or vaccinations for travelling to a destination considered at risk of tropical disease and includes the provision of vaccinations to children. More generic advice on travel can be sought online at the NHS Fit for Travel website, NHS Inform or by telephoning NHS Inform.

4.5 The core aspects of the Travel Health service includes a pre-travel risk assessment and management plan; pre-travel advice, the prescription and administration of vaccines that are currently available free of charge in the NHS. Diphtheria, Polio and Tetanus, Hepatitis A, Typhoid, and Cholera. An assessment of malaria risk and provision of advice on malaria prevention is also available if needed. Travellers with complex itineraries and/or underlying health conditions that may require specialist advice may be referred to The Brownlee Pre-Travel Clinic.

4.6 The Travel Health Service play a role in signposting to non-NHS provided travel health services, including prescription of anti-malarial prophylaxis and vaccines which are not available free of charge in the NHS.

4.7 The rapid nature of the planning and implementation of the Contingency Service may present a number of unforeseen risks regarding access, inclusion, equalities and the provision of a comprehensive ‘one-stop’ travel health service. The service was selected for EQIA as it will provide a standardised and transparent method of highlighting these risks and the additional mitigating actions required as well as informing the planning and implementation of a future permanent model.

4.8 There is learning from current delivery models which will influence the future establishment of a robust, efficient, and sustainable long term vaccination programme in line with the needs of patients and the terms of the GMS 2018 contract. As such, a Small Life Working Group (SLWG) has been created for Vaccinations at Board Level with the focus on review and future considerations of adult service models.

4.9 Inverclyde has an average of 18 Travel risk assessments and 25 Travel vaccinations per month that is delivered through the Travel Health Service. Each HSCP has different requirements and challenges; representation from Inverclyde has drawn focus to alternative venues and delivery models to better suit local need. This is something that is out with the decision of the HSCP and lies with Public Health and NHSGG&C.

5.0 NON-ROUTINE VACCINATIONS

5.1 During Adult life other vaccines or repeated courses of vaccines are sometimes required, examples being if you have undergone or are about to undergo a transplant, chemotherapy, have been exposed to a blood borne virus or had a dog or human bite. These vaccinations are referred to as Non routine vaccinations, includes those vaccinations that are out with normal programmes of delivery.

5.2 These Vaccinations are arranged by a Consultant or GP and could also include a vaccine missed during childhood. A GP or Consultant will refer appropriate patients for any vaccinations required. Thereafter the Vaccination Service arrange for the vaccines required and contact the patient with an appointment on receipt of referral. Those population groups about to or undergoing treatment or who have been exposed to a blood borne virus will be prioritised over routine referrals.

5.3 Patients who require immunisation as part of treatment receive non routine vaccinations at the same local location as the NHSGG&C Shingles, Pneumococcal, Covid and Influenza clinics. On average there are between 20 – 25 non routine vaccination requests for Inverclyde per month. There are 20 appointment slots allocated each month locally within normal mass clinic environment this is provided as 5 appointments every week, scheduled at 10am/12pm/2pm/4pm/6pm.

5.4 To put this into context and from the data intelligence available; there were 83 referrals routed via GPs between period November 2022 to October 2023. With Secondary Care referring 87 across a shorter period between April 2023 – September 2023.

5.5 When the service experiences a large demand in requests, an additional clinic is hosted at the Glasgow Mosque. Such a backlog would mainly occur due to Autumn and Winter programmes. Anyone that was deemed urgent during Autumn and Winter campaigns would attend the local clinic during this period. The Board are currently reviewing vaccination models of delivery, of which part will be to maintain vaccination delivery locally within non routine clinics.

5.6 Non routine vaccinations for Housebound and Care Homes patients are administered by the HSCP Housebound Vaccination Team. Over period 10th January 2003 – 29th January 2024 our local team administered 283, of which 11 were to Care homes.

6.0 SEASONAL WINTER CAMPAIGN

6.1 In the broader context across both Adults and Children's winter vaccination programmes, uptake rates across patient cohorts are detailed below. The HSCP Housebound Vaccination Team are to be commended, in particular for the uptake rate of our Care Home populations for both Covid (87.6%) and Influenza vaccinations (89.4%). Also, for their contributions to the healthy uptake rates across the full range of cohorts within our housebound population.

6.2

Inverclyde HSCP - Covid -19 Uptake as at 4th February 2024				
Cohort	**Vaccinated**	**Population**	**% Uptake**	**Scotland % Uptake**
Age 75+	**6570**	**7901**	**83.20%**	**83.90%**
Age 65 – 74	**7142**	**9567**	**74.70%**	**74.40%**
Older People Care Home Residents	**486**	**555**	**87.60%**	**88.50%**
Frontline Healthcare Workers	**504**	**1776**	**28.40%**	**34.90%**
Weakened Immune System	**1270**	**2157**	**58.90%**	**59.10%**
At Risk 12 to 64	**3,249**	**12990**	**35.30%**	**37.20%**
All Social Care Workers	**599**	**3093**	**19.40%**	**20%**

6.3 It is to be positively acknowledged that Inverclyde's seasonal Covid-19 vaccination uptake rates are comparable with that of Scotland's percentage uptake.

6.4 With regards to at risk young children, this forms part of the childhood immunisation programme. It is important to highlight that the Covid-19 vaccine was only introduced in June of 2023 for at risk children between 6 months and 2 years old.

6.5 For clarification, months June to September 2023 was the initial first dose, with October to December being the second dose for this cohort. January to March 2024 is therefore classed as a Winter Booster. It is also worth noting that there is a need for a 12 week gap between each dose.

6.6 Although early data is provided below, it is relevant to note that this data set is mixture of both first and second doses. At risk status can vary and the data is based on this status and record being amended and updated. For example, a child may be a risk at one point of their childhood and then no longer deemed within the at risk category and until the record is updated this child would remain within this category.

6.7

Covid-19				
Cohort	**Vaccinated**	**Population**	**%Uptake**	**Scotland % Uptake**
At Risk 5 to 11	**29**	**487**	**6%**	**6.9%**
At Risk 6 months to 2 years	**0**	**93**	**0.0%**	**5%**

6.8 The 7th February brought confirmation of a Spring 2024 Covid 19 Booster. The Joint Committee on Vaccination and Immunisation (JCVI) advises that a COVID-19 vaccine should be offered to:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 6 months and over who are immunosuppressed (as defined in tables 3 or 4 in the COVID-19 chapter of the Green Book)

6.9 This should be offered around 6 months after the last vaccine dose, although operational flexibility around the timing of the spring dose in relation to the last vaccine dose is considered appropriate (with a minimum interval of 3 months between doses). More information on operational flexibility will be provided in the COVID-19 chapter of the Green Book

6.10 The current status of flu vaccinations are noted as follows.

Inverclyde HSCP – Influenza Uptake as at 4th February 2024				
Cohort	**Vaccinated**	**Population**	**% Uptake**	**Scotland % Uptake**
Age 75+	6600	7901	83.50%	84.50%
Age 65 - 74	7307	9567	76.40%	75.50%
Age 50 - 64	7292	18900	38.60%	42.50%
Older People Care Home Residents	499	555	89.90%	89.20%
Weakened Immune System	1374	2134	64.40%	63.70%
All Health Care Workers	1061	2842	37.30%	42%
At Risk age 18-64	5638	14535	38.80%	42.50%
All Social Care Workers	763	3091	24.70%	25.70%

6.11 Once again, it is to be acknowledged that Inverclyde's seasonal Influenza vaccination uptake rates are comparable with that of Scotland's percentage uptake. There is a recognition that there is still room for improvement in specific age cohorts and across our health and social care workforce. This is an area of focus for future campaigns both at a local and NHSGGC level.

7.0 FUTURE ADULT VACCINATION DELIVERY MODEL

7.1 Vaccination models are under review across NHSGG&C, moving from a pandemic developed model to one that is:

- Flexible but consistent
- Sustainable and patient centred
- Focused on workforce, finance, resources, and sustainability.

There are 3 areas identified for focus:

1) **Maximise vaccination uptake/coverage:**
   - Overall uptake/coverage
   - Equality of uptake/coverage

2) **Maximise quality of service:**
   - Access e.g. convenience, travel times, appointment availability, outreach
   - Clinical quality e.g. adherence to quality standards and NICE guidelines
   - Patient experience e.g. satisfaction levels

3) **Maximise efficiency of delivery:**
   - Procurement and supply, e.g. wastage
   - Venue costs
   - Staffing Model

Any proposed changes across NHSGG&C will be shared with Integration Joint Board members and through normal structures including the Adult Vaccination Group, GP & PCIP Oversight Group and Primary Care Programme Board.

8.0 SUMMARY

8.1 Transfer of vaccinations has seen the largest General Practice workload shift, however feasibility in local delivery models needs further scoping as part of a NHSGG&C Board review. We are therefore drawing awareness to the following highlights:

- It is to be acknowledged that there is a contingency model in place for delivery of Travel Vaccinations and advice.
- It is worth noting that current models of delivery and access points are being reviewed as part of future delivery models through the NHSGG&C Travel Vaccination Short Life Working Group.
- With regards to non routine vaccinations, this will be incorporated into the wider review of models across the Adult Vaccination Programme.

8.2 The HSCP and supporting Primary Care Team continue to strive in successful delivery of the new GP Contract and create accessible and equitable care for our local population. They will continue to contribute to the development and adaption of any existing NHSGG&C future planning models.

9.0 IMPLICATIONS

The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial	x	
Legal/Risk		x
Human Resources	x	
Strategic Plan Priorities	x	
Equalities	x	
Clinical or Care Governance	x	
National Wellbeing Outcomes	x	
Children & Young People's Rights & Wellbeing		x
Environmental & Sustainability		x
Data Protection		x

9.1 Legal/Risk

There are no legal issues raised in this report.

9.2 Human Resources

Workforce remains a significant challenge in the delivery of vaccinations across NHSGG&C.

9.3 Strategic Plan Priorities

Relates to HSCP Strategic Plan, Big Action 4:

- Key Deliverable: Access 4.13:
- By 2022 we will have implemented the Primary Care Improvement Plan (PCIP) delivering the expanded MDT to offer a wider range of choice for support to both acute and chronic illness.

9.4 **Equalities**

(a) This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

x	YES – Assessed as relevant and an EqIA is required and has as such been completed at NHSGG&C Board Level.
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function, or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	The rapid nature of the planning and implementation of the Contingency Service for Vaccinations may present a number of unforeseen risks regarding access, inclusion, equalities and the provision of a comprehensive 'one-stop' travel health service. Future planning models should be build on maximising vaccination uptake/coverage and Equality of uptake/coverage
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	NHSGGC current contingency service for Travel Vaccinations has an EQIA in place which provides a standardised and transparent method of highlighting these risks and the additional mitigating actions required as well as informing the planning and implementation of a future permanent NHSGGC Travel Health Service.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	The current contingency service has an EQIA in place to ensure that approaches are inclusive of our resettled communities.

9.5 **Clinical or Care Governance**

Clinical and Care Governance implications arising from this report is managed through a number of strands at a NHSGG&C Board level and at a HSCP level.

9.6 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Immunisation and vaccinations are critical to the prevention and control of infectious disease outbreaks. Maximising vaccination uptake and coverage is of vital importance for the health and wellbeing of our population delivered through a focus on Overall uptake and Equality of uptake and coverage.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The current contingency service has an EQIA in place to ensure that vaccination approaches are inclusive of protected characteristics.
People who use health & social care services have positive experiences of those services, and have their dignity respected.	Maximise quality of vaccination service to ensure that our population have positive experiences through area of focusing including Access, Clinical quality and Patient experience
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Maximise quality of vaccination service to ensure that our population are supported to maintain or improve quality of life through area of focusing including Access, Clinical quality and Patient experience.
Health and social care services contribute to reducing health inequalities.	Immunisation and vaccinations are critical to the prevention and control of infectious disease outbreaks. Maximise vaccination uptake and coverage is of vital importance for the health and wellbeing of our population. This is also the case for addressing health inequalities in relation to vaccination access and update.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Any review of vaccinations model will focus on maximising the efficiency of delivery including: Procurement and supply, e.g. wastage Venue costs and Staffing Models.

9.7 **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

9.8 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.
Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

9.9 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

10.0 DIRECTIONS

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

11.0 CONSULTATION

This report has been prepared by the Head of Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP) under the direction of the Primary Care Transformation Group. Engagement has been inclusive ensuring our key stakeholders are engaged in the development and shaping of our services. As part of the review of current Vaccination delivery models engagement will form part of this process.

12.0 CONCLUSIONS

12.1 The Primary Care Implementation Plan was developed within the available funding, focusing on those areas most closely linked to contractual commitments. The overall delivery of Vaccinations sits within the remit of NHSGG&C Public Health Directorate, complemented by HSCP models for delivery of vaccinations to residents in care homes, and those requiring home visit care. It is currently out with the scope of any one. HSCP to adjust existing models. Individual HSCPs can however contribute and play a key role in future planning models of Vaccination across NHSGG&C.

12.2 Inverclyde HSCP continues to contribute to the ongoing development and reshaping of NHSGG&C Vaccination model and local HSCP Housebound Model; in order to bring an equitable and sustainable service delivery model to the community. There are positive steps moving forward, working in partnership with the NHSGGC Public Health Directorate to deliver effective, efficient and equitable vaccination services to populations across NHSGGC.