

3 MARCH 2021



FRIMLEY INTEGRATED HEALTH & SOCIAL CARE SYSTEM (ICS) COVID-19 VACCINATION PROGRAMME

Introduction:

1. The purpose of this report is to update the committee on the status of the Frimley ICS COVID-19 Vaccination Programme. Frimley ICS covers populations within the Surrey Heath, North East Hampshire & Farnham, and East Berkshire Clinical Commissioning Groups' geographical areas. The areas within the Surrey County Council geography are Farnham (Waverley), Ash (Guildford) and Surrey Heath. These areas have a registered population of circa 150,000.

National Context

2. The COVID-19 vaccination programme in Frimley ICS began on 8 December 2020. Three vaccines have received emergency use authorisation and two are currently in use (produced by Pfizer/BioNTech and AstraZeneca) with reported efficacy of between 60 and 95% based on interim results of phase 3 clinical trials. On 30 December 2020 the Joint Committee of Vaccines and Immunisation (JCVI) advised that the second dose of either vaccine could be given up to 12 weeks following the first dose. A subsequent policy decision was made to delay vaccination with a second dose to 12 weeks in order to maximise the number vaccinated with a first dose. The order of priority for vaccinating the population was proposed by the JCVI and accepted by HM Government as follows (after Cohort 9 comes the remainder of the adult population):
 - Cohort 1: Residents in a care home for older adults and their carers
 - Cohort 2: All those 80 years of age and over and frontline health and social care workers
 - Cohort 3: All those 75 years of age and over
 - Cohort 4: All those 70 years of age and over and clinically extremely vulnerable individuals
 - Cohort 5: All those 65 years of age and over
 - Cohort 6: All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality

- Cohort 7: All those 60 years of age and over
- Cohort 8: All those 55 years of age and over
- Cohort 9: All those 50 years of age and over

Frimley ICS Programme Update:

Local Vaccination Centres (LVS)

3. In line with government directions, the ICS first established 'Local Vaccination Services' run by General Practice, working together in groupings of Primary Care Networks. Across the ICS, twelve such sites have been established; a mixture of NHS and licensed commercial premises. They have successfully completed the vaccination of Cohorts 1-4 by the 15 February target date; more information on this is provided in paragraph 23 below. These sites are now focusing on Cohorts 5 and 6, with Cohorts 7-9 to follow shortly thereafter; the aim is to complete all of these cohorts by 1 May 2021. Second doses for those who have already received their first dose are being administered in parallel with this work.
4. LVS sites directly invite patients from their associated General Practice registers in order of cohort priority. The service is only accessible via this invitation; there is no option for patients outside of these cohorts to volunteer themselves for vaccination, nor is there any un-booked 'walk-in' option. LVS sites can also vaccinate frontline health and social care workers (priority cohort 2), although the majority of this group are routed through the Hospital Hubs (further information on this below). There are two Frimley ICS LVS sites within the Surrey County Council boundaries: the Surrey Heath Primary Care Network (PCN) site at the Lakeside Country Club in Frimley Green, and the Farnham PCN site at the Farnham Centre for Health.

Vaccination of Care Homes (Residents and Staff)

5. Administration of vaccines to care home residents and staff, and to housebound patients, is also managed by the Primary Care Networks operating out of their LVS sites, with teams going out to care homes and the housebound to carry out this work. All care homes have been visited, with some ongoing work to vaccinate those staff who were not present on first visits. Three care homes in the Surrey Heath experienced recent COVID-19 outbreaks and for safety reasons the Surrey Director of Public Health issued a letter authorising the postponement of vaccination visits to these homes until the outbreaks had been resolved. The ICS has been able to vaccinate in one of these care homes at the time of writing. For the other two, we are monitoring the situation on a daily basis and we will offer vaccinations as soon as possible. At system level, we are working on plans for a sustainable rolling programme for all care home

residents and staff. During the pandemic, the ICS has also been providing an enhanced level of support and in-reach for care homes in relation to clinical safety and, in particular, the maintenance of appropriate standards of infection prevention and control.

Community Pharmacy

6. There is also scope within the programme for Community Pharmacies to administer vaccinations. However, only those pharmacies selected and commissioned directly by NHS England and Improvement (NHSEI) can do this. Selection is made based on areas of limited LVS coverage. In Frimley ICS, where LVS coverage is good, only one community pharmacy has been commissioned; this is outside of the Surrey area (it is situated in North East Hampshire).

Vaccination Centre (VC)

7. Another mode of delivery is via 'Vaccination Centres'. These centres are not run by General Practice and rather than inviting patients in from GP lists they receive bookings from members of the public who have received an invitation letter from the National Booking System. These national letters are being sent out in order of priority cohorts. To date, letters have been sent to all those over 65 years of age. Recipients of these letters are invited to make a booking at their local VC, unless they have already been invited in for vaccination at one of the Primary Care Network LVS sites. Vaccination Centres can also administer vaccines to frontline health and social care workers. In Frimley ICS there is one Vaccination Centre, situated at Salt Hill Activity Centre in Slough. The decision to maintain a single VC at this time was based on the extensive coverage already offered by LVS sites.

Hospital Hub

8. The final mode of delivery is via hospital hubs. There is one such hub in Frimley ICS, located at Wexham Park Hospital in Slough. However, there are also hubs in neighbouring systems (notably at the Royal Surrey County Hospital, Basingstoke Hospital, and Ashford & St Peter's Hospitals NHS Foundation Trust) which give another option for health and social care workers who live near those hubs, even though they may be employed in the Frimley ICS geographical area. The hub initially focused on administering vaccines opportunistically to hospital patients within the priority cohorts, and to frontline health and social care workers (the latter comprising the majority of their work). This offer was then broadened to all frontline health and social care workers. These workers were identified and contacted through outreach by the Clinical Commissioning Groups, working in liaison with Local Authorities and service providers. The hub is now focusing on administration of second doses and

covering people at very high risk of anaphylaxis for whom vaccination in a hospital setting would be a safer environment. There are currently challenges with the disaggregation of vaccination event data to accurately identify the numbers and designations of workers who have received vaccinations, not least because, as mentioned above, some who work within the Frimley ICS geography are resident outside of this area and will have accessed vaccinations in neighbouring systems. The data analysis is being worked on within the system and in liaison with NHSEI.

Health and Safety

9. All of our sites have been through health and safety risk assessments to ensure accessibility and safety for staff and visitors. The programme maintains close links with local resilience forums to support this.

Communications, Public Information and Uptake Equity

10. All sites are asked to inform patients once they have been vaccinated that they must stick to the national lockdown restrictions including infection prevention and control (IPC) measures. Regular stakeholder updates are shared where the message is clear that until the virus is under control, even those who have received a vaccine still need to follow all the guidance including social distancing, wearing face coverings and handwashing. On social media, these messages are shared regularly. Communication colleagues across local authorities within the Frimley Health and Care ICS receive these updates with requests to share these messages via their own channels.
11. While patient information is available at all sites, and each patient is given the post vaccination leaflet, all local vaccination services and the vaccination centre are asked to verbally reconfirm to patients about the 15-minute post-vaccination observation period for the Pfizer vaccine, and to caution against driving in the 15 minute period immediately after vaccination regardless of the vaccine type.
12. Sites are also asked to make clear to attendees what the process will be for scheduling their second doses. This differs slightly depending on the type of site attended. At the Hospital Hub and the Salt Hill Vaccination Centre, second dose appointments are scheduled at the time of the first dose, and attendees are informed of their second date. At Local Vaccination Centres, attendees are put on a list which schedules the week when their second dose is due; the appointment is not actually made at the time of the first dose but individuals will be contacted near the time and an appointment for the appropriate week confirmed. Our LVS sites also advise patients that if after receiving their first dose at an LVS site they subsequently receive a national letter inviting them to book into a (non-LVS) Vaccination Centre, they should ignore it and wait to be called by the LVS for their second dose appointment. LVS sites have tightly

managed procedures for ensuring that second dose recalls are made at the right times.

13. To support equity of uptake, we have taken different approaches tailored to different groups based on insight conversations, working with community and religious leaders to reach out to different groups and discuss their concerns, answer questions, and to identify group-specific solutions. An example is co-ordinating vaccinations with the forthcoming Ramadan period.
14. Crucial to our vaccination campaign is the understanding that people have a right to ask questions and we want to be there to help provide accurate answers, based on what the scientific advice tells us. There is an interest in understanding how vaccines work and people want reassurances that there is no evidence that the vaccine can cause fertility issues for example. These are genuine questions.
15. GPs and other local influencers are reiterating that they have been vaccinated because they know how important it is to be protected against the coronavirus using messages such as “I took up the vaccine offer as I know the vaccine is safe and effective.”
16. Locally, we are using national materials and where needed, local content is generated across a range of mainstream and social media, in text and video, including myth-busting content, leading with the truth. An example is a video entitled “What you need to know about COVID-19 vaccinations, fertility and pregnancy,” addressing fertility concerns. We have used trusted individuals as exemplars in our communications.
17. We are reinforcing the message that it is not too late for people to change their minds – the offer of vaccination remains open to all in those cohorts already reached.
18. In Surrey Heath, the PCN has set up a session in a local village hall, led by GPs, to discuss vaccinations with the Gypsy, Traveller and Roma communities and encourage uptake. This will include discussion on moral questions about using vaccines developed with the aid of stem cell research.
19. We are treating all homeless people as clinically vulnerable and expediting outreach.
20. Another example is the setting up of special clinics to vaccinate the remainder of the Clinically Extremely Vulnerable group, allowing more time in clinic and fewer other people present to assuage any concerns about viral transmission in the clinic environment. This is being done at the Lakeside site in Surrey Heath.
21. We are working with communications teams in health and local authorities to tap into appropriate community influencers and local GPs are calling their

patients to invite them for vaccination building on existing relationships with their patients.

Progress and Multi-Agency Co-ordination

22. Progress on the delivery of the programme in Frimley ICS has been excellent, with many good news stories shared via major media outlets and via the government's daily television briefings.
23. As of 11 February 2021, per government statistics published at <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>, the Frimley ICS programme had administered a total of 126,268 vaccinations. Since this publication, the total has risen to 161,736 (local data at 18th February 2021). Vaccination of Cohorts 1-4 was completed by the target date of 15th February 2021, with the offer of vaccination made to everyone in these groups, and an overall uptake percentage of 85.4%. As discussed above, it is never too late for those in Cohorts 1-4 to access vaccination and we continue to push the message that anyone within these cohorts who has not taken up the offer can still come forward. Work has now started on the vaccination of Cohorts 5 and 6, with 7 to 9 to follow. The aim is to have completed all of Cohorts 1-9 by 1 May 2021.
24. There continues to be excellent interface and co-ordination between organisations within the area, both at strategic and operational levels. This is in large part thanks to partners in the county and borough councils, and the voluntary sector. For example in Surrey Heath, NHS and Surrey Heath Borough Council colleagues meet weekly to discuss COVID plans and to solve problems. Borough Council colleagues have helped with workforce to support operations at Lakeside, including addressing transport issues and call centre handling of queries relating to operations at that site. (Similar liaison and co-ordination has been continuing in the Farnham area). Elected members have directly raised issues including COVID communication scams which have helped to raise awareness of potential fraudulent activity affecting our populations. During recent periods of adverse weather conditions, Surrey County Council has excelled at keeping roads and access to vaccination sites clear. For example, after heavy snowfall on Sunday 24th January, despite the weather conditions, Lakeside LVS still managed to vaccinate over 1,000 individuals in one day. The voluntary sector has been very active in providing support to vaccination centres and in the delivery and collection of pulse oximeters (a diagnostic tool that can help with early identification of respiratory distress, and thus a potential early warning of severe COVID infection) among the most vulnerable members of our communities.

Future Strategy

25. The ICS strategy can be summarised as follows (please see Appendix 1 for more detail):

- Maximise and sustain local and equitable provision. Part of this involves identifying and engaging with higher risk and harder-to-reach groups within the cohorts including, but not limited to, minority ethnic members of the population, and homeless people. A great deal of work has already been undertaken to engage with and encourage uptake among minority ethnic groups and we continue to analyse our data on uptake for all sub-cohorts to evaluate any uptake or accessibility issues.
- Evolve Primary Care Network delivery (via existing LVS sites and potential new modes of delivery) to continue with the programme in the medium and longer term.
- Maintain the Vaccination Centre at Slough in the medium term.
- Assess the viable operational longevity of the Hospital Hub once priority health and social care workers (and any other key worker groups subsequently identified as priorities by the government) have been vaccinated.
- Refine delivery modelling to ensure that the pace of the programme is in line with available vaccine supplies and government strategy.

Conclusions:

26. Frimley ICS, like neighbouring systems, has invested a huge amount of work and resource into operationalising the vaccination programme within tight timescales and with significant logistical challenges. The response by all parts of the system has been excellent and we are delighted with the progress made to date. The strategy now is to move the programme onto a sustainable footing in the medium and longer term so that consistent local and equitable provision is given to our population as we move through the priority cohorts and on to the wider population. This includes building in sustainability for the likelihood of the programme becoming a recurrent annual requirement.

Recommendations:

27. The committee is asked to note this report.

Next steps:

28. The ICS will continue to work in partnership with local authorities, health and social care service providers, and the general public to ensure that the programme is achieving its aim to deliver vaccinations to the whole of the adult

population via equitable and accessible service provision. Strategic aims as outlined above will be progressed.

Report contact

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Contact details

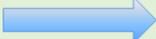
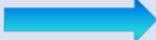
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Sources/background papers

NHS England statistics on vaccination activity sourced from <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

Appendix 1: Frimley ICS COVID-19 Vaccination Programme Strategy

Frimley ICS ICS Strategy

FRIMLEY ICS VACCINATION PROGRAMME – STRATEGY					
MAXIMISE AND SUSTAIN LOCAL AND EQUITABLE PROVISION • EVOLVE PCN DELIVERY • MAINTAIN VACCINATION CENTRE • REFINE MODELLING					
	LOCAL VACCINATION CENTRES (LVCs) 	Maximising and sustaining local provision via PCN LVCs, continuing on to lower JCVI cohorts	Ensuring vaccine allocations are mapped to population cohorts and activity	Exploring alternative sustainable modes of provision e.g. drive-through	Analysing workforce usage to establish a sustainable model
	VACCINATION CENTRE (VC) 	Sustaining our Salt Hill VC resource	Focus on patient cohorts while the hospital hub continues with key workers	Maintain flexibility to deliver to a mixture of population and key workers per demand	Ensuring vaccine allocations are mapped to demand and activity
	HOSPITAL HUB (HH) 	Pushing through remainder of Health & Social Care Workforce	Expecting demand to for HSCWs to diminish in February	Maintaining the operation to cater for likely imminent key worker priorities e.g. teaching staff	Scoping a wind-down of operations once these priorities have been met
	EVOLVING MODES OF DELIVERY 	Risk assessing longevity of commercial sites	Scoping move to drive through delivery		
	REFINE MODELLING 	Optimising vaccine supply and usage	Understanding HSCW coverage via neighbouring areas		

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