Agenda Item 3.3

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**4 September 2024**
Title:	**Vaccination Improvement**
Responsible Executive/Non-Executive:	**Tim Allison, Director of Public Health & Policy** **Pam Cremin, Chief Officer HHSCP**
Report Author:	**Tim Allison, Director of Public Health & Policy**

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					

2 Report summary

2.1 Situation

Vaccination programmes are extremely important for protecting the health of the population. This is the case at all stages of life but is especially important for

protection against childhood illness and for those people who are more vulnerable to infection. Vaccination against COVID has been a principal factor in control of the pandemic. There has been concern about the performance of the vaccination programme within Highland HSCP and performance management was escalated by Scottish Government. This paper outlines the current position and actions being taken to improve performance

2.2 Background

There have been three main approaches for improvement within Highland HSCP:

- Response to the escalation to level 2 of Scottish Government's performance framework
- Peer review from Public Health Scotland for NHS Highland, acting as a critical friend
- Development of a new delivery model within Highland HSCP with the potential for a more local service including the potential for general practice delivery

In addition to this, a serious adverse event review has been carried out in connection with pertussis (whooping cough) and vaccination. Following recognition of the incident, an incident management team was established which addressed immediate concerns and risks. This has now been stood down with continuing actions taken

2.3 Assessment

2.3.1 Public Health Scotland Peer Review

The peer review took place mainly during the week 10-14 June and several Public Health Scotland staff including their head of vaccinations Dr Sam Ghebrehewet spent the week in Inverness. The review was undertaken as a critical friend, not as performance management and comprised review of documents and confidential discussion with staff and other stakeholders. The reviewers visited vaccination clinics in Inverness and Dornoch and PHS staff also supported pertussis incident management work. The report has now been received and is attached as an appendix to this paper.

2.3.2 Management Action

A Vaccination Improvement Group has been established reporting to the Executive Directors Group which is tasked with developing and implementing an action plan to improve performance and quality and ensure a safe, effective and

efficient vaccination service. Its remit includes implementation of the recommendations from the peer review, management of performance escalation from Scottish Government and oversight of the assessment of the best delivery models for Highland HSCP.

Monthly performance meetings are also held with Scottish Government which consider an agreed set of performance metrics including childhood and adult vaccination uptake, access to tetanus vaccination, complaints and progress with consideration of new models of delivery. There are also separate monthly informal meetings with Scottish Government.

2.3.3 Current performance

Childhood vaccination rates have shown some improvement especially in terms of the reduction in delay between the time when the vaccine is due and when it is delivered. Figures for Highland HSCP are shown below.

Quarter:	Q3 2023-24 (Baseline)	Q4 2023-34 (Jan-Mar)	Q4 Relative to Baseline	Q1 2024-25 (Apr-May Available)	Q1 Relative to Baseline
Data available:	End May 2024	End May 2024	End May 2024	End Aug 2024	End Aug 2024
6-in-1 doses administered by 12 weeks	84.4%	85.5%	1.1%	92.6%	8.2%
6-in-1 doses administered by 24 weeks	95.5%	96.5%	1.0%	95.5%	0.0%
MMR 1st doses administered by 13 months	52.2%	57.7%	5.5%	67.9%	15.6%
MMR 1st doses administered by 16 months	76.9%	84.6%	7.7%	82.9%	6.0%
MMR 2nd doses administered by 3 years 5 months	37.4%	41.3%	4.0%	51.0%	13.6%
MMR 2nd doses administered by 3 years 8 months	72.2%	76.9%	4.6%	68.2%	-4.0%

Performance for overall COVID vaccination from the Spring programme was reported in July 2024. This showed an overall uptake of 63.5% for NHS Highland as against 76.4% for 2023. However, the national average for 2024 was 65.2% and there has been a considerable decline nationally in COVID uptake rates.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

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. Once the work of the Vaccination Improvement Group is progressing well, 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

The vaccination programme has been able to manage within budget last year but a major contributor to this was the difficulty in staff recruitment. There will be continued challenges with a reducing budget allocation.

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 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.

4 Recommendation

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

4.1 List of appendices

The following appendices are included with this report:

- Appendix No, 1: Peer Review Report

CONFIDENTIAL REPORT TO NHS HIGHLAND BOARD

Public Health Scotland (PHS)

Peer Review Report

PHS Vaccination and Immunisation Division

PEER REVIEW VISIT DATE: 6th June – 14th June 2024

TEAM MEMBER	TEAM MEMBER TITLE
Sam Ghebrehewet	Head of Vaccination and Immunisation Division, SRO, PHS (Peer Review Lead)
Claire Cameron	Consultant in Health Protection, Vaccination and Immunisation Division, PHS
Michelle Falconer	Nurse Consultant, Vaccination and Immunisation Division, PHS
Cheryl Gibbons	Lead Healthcare Scientist (epidemiology) Vaccination and Immunisation Division, PHS
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Acknowledgements

We would like to thank all staff within the NHS Highland area who work hard to protect the health of the population. This includes colleagues who gave their precious time for one-to-one sessions, and those who engaged with the peer review team individually or collectively, as they all provided invaluable insight and discussion points to support the peer review process achieve its objectives.

PHS acknowledges the comprehensive information and documentation provided in advance of the visit and recognises the positive contribution this made to preparation and execution of the peer review visit.

Particular thanks are due to NHS Highland Director of Public Health (DPH) and Immunisation Coordinator (IC) for the support they provided both during the pre-visit work and during the visit week including the access to information, staff, and the provision of hospitality. We would also like to thank NHS Highland Board CEO, who formally requested the peer review visit and helped to guide the peer review process through supporting the relevant professionals and stakeholders who contribute to the delivery of vaccination and immunisation service across NHS Highland Board.

Executive Summary

This peer review of vaccination and immunisation services of NHS Highland Board was officially requested by NHS Highland Board Chief Executive Officer at the beginning of May 2024. However, following a Public Health Scotland (PHS) Vaccination and Immunisation Division visit to NHS Highland Board at the end of Feb 2024 initial discussions between NHS Highland Board and PHS about the concept of a peer review process were underway.

The peer review had four key components:
1) one-to-one sessions (n=39) with NHS Board staff and key stakeholders (lasting on average 2 hours),
2) review of relevant NHS Highland Board public health (including vaccination and immunisation) and other relevant documents (>100 documents),
3) meeting with vaccination and immunisation teams [individually and collectively (n=2)], and
4) visits to immunisation clinics (one urban and one rural).

Key findings considered of high priority for attention and improvement are listed below. Further detail is within the main body of the report.

Good Practice

1. Governance: A Clinical Governance Committee is in place, and all areas are aware of incident and adverse event reporting system (Datix process).

2. Leadership: Current leadership structures for vaccination & immunisations (V&I) are in place, and progress has been made in the leadership of V&I with good examples of team leadership in some areas, particularly in operational delivery.

3. Immunisation strategy: There is evidence in some areas of delivery plans and models, with milestones. Local immunisation teams have a high degree of local ownership and awareness of the need for local strategy.

4. Stakeholder engagement: Highland Immunisation Coordination Group (HICOG) is a multidisciplinary group that aims to coordinate and communicate the implementation of national immunisation policy across the board area; and there is wide representation on the group from education, midwifery, child heath, health visiting, data and digital, scheduling, nursing, pharmacy plus programme and operational management.

5. Public / Community engagement: There are opportunities for patients and the public to share their experience of the vaccination service through Care Opinion in addition to the patient feedback service.

6. Service arrangements and models of service delivery: The current service delivery model is striving to get as close to people as possible with some successes in getting appointments within reasonable distances; and there are some good examples where non-responders/attenders for immunisation are actively followed up.

7. Staffing of immunisations service (including skill mix): The Board has a committed, hardworking, dedicated, and caring vaccination workforce with relatively good skill mix utilised across all areas. One Health and Social Care Partnership (HSCP) utilises staff across Vaccination and Community Treatment and Assessment Centres (CTAC) which supports integrated service delivery and flexibility.

8. Vaccination and Immunisation (V&I) training and updates: There is good awareness of staff across NHS Highland regarding the availability of national training resources on TURAS; NHS Highland Public Health continue to provide immunisation specific educational sessions; training framework in draft, and mentorship is provided when required, often by ex-practice nurses.

9. The supply and management of vaccine stocks: There is close liaison between operational teams and pharmacy staff including the vaccination and immunisation pharmacist. There is a Standard Operating Procedure (SOP) to support stock management. Destination codes are used for the various vaccine team sites acting as a system which can be audited as and when appropriate.

10. Reporting and communication (internal and external): There are good examples of reporting on vaccination uptake and immunisation services to groups such as the Clinical Governance Committee. The relationship with local media and newspapers is good, and there are examples of good standard immunisation information published regularly in local newspapers, and there is good use of social media.

11. Monitoring vaccine uptake: There is good monitoring and reporting of vaccination uptake data at NHS Board level allowing comparison with Scotland and with other NHS Boards.

12. Local record keeping: The vaccination management tool (VMT) is used to record those vaccinations which are supported by VMT. For vaccines not on VMT, there are two recording forms (one for childhood vaccinations, and one for non-routine vaccinations). The non-routine forms are uploaded onto the individual patient record within SCI stores which is the electronic record system used by primary and secondary care. Whilst a national IT system is awaited, this process enables shared access to the patient's vaccination history for those vaccinations not held on VMT.

13. Data and digital, including call and recall: The Scottish Immunisation Recall System (SIRS) system is used across NHS Highland Board to support the delivery of the childhood immunisation programme. For seasonal programmes, the cohorts are provided by PHS. Scheduling is either undertaken at a local or national level. The local scheduling is not supported by a system such as TrakCare as of yet.

14. Quality improvement activities: Primary care quality cluster groups are in place, with some good examples of localised quality improvement activities. Within one HSCP, primary care modernisation has resulted in tests of changes that lead to service improvements over time.

Areas for Improvement

1. Governance: The current governance arrangements should be reviewed as a matter of priority to ensure representation of relevant professionals and partners, to clarify the decision-making process, and to ensure communication and monitoring of actions.

2. Leadership and decision-making: There is a need for improved relationships, cohesion and understanding of roles and responsibilities within the NHS Board leadership, vaccination and immunisation operational and clinical leadership areas. Those in leadership roles at all levels need to be empowered to act, and provided with the resources, and authority to make decisions, with clear and transparent accountability lines.

3. Immunisation Strategy: There is an urgent need to review the current position and co-develop a strategy and action plan as a collaborative process between key multi-agency stakeholders. The strategy should then be communicated and disseminated to all staff, partners, and stakeholders.

4. Model of service delivery: In remote and rural areas, a review of options for local flexibility should be undertaken as a matter of priority to enable increased primary care provision to meet vaccination and immunisation requirements and local population needs. The review should also include Post Exposure Prophylaxis (PEP) accessibility in primary care to ensure timely administration when indicated, for example tetanus. Overall, the current service delivery requirements need to be reviewed to ensure a patient-centred, efficient, and sustainable offer is provided across NHS Highland Board.

5. Staffing and capacity (including skill-mix): There needs to be a targeted focus on vaccination and immunisation staff wellbeing and development to maintain and boost staff morale, confidence, and resilience. This should include ensuring and regularly monitoring that there are sufficient numbers of trained staff with the right skill-mix available to provide safe, effective, efficient, and sustainable vaccination and immunisation programmes across NHS Highland Board.

6. Vaccination and Immunisation (V&I) training and updates: There is a need to complete the training framework (currently being drafted) with a clear implementation and oversight plan as a matter of priority; ensure relevant staff get opportunities for shadowing and exposure to practical skills after TURAS training; and increase access to local face-to-face and live webinar training to consolidate online learning.

7. Data & Digital: There is a need for improving the current feedback system to ensure non-attenders and decliners are followed up with robust documentation process; and NHS Highland Board need to review the current system in order to facilitate the process for ensuring individual vaccination records are up to date in the GP-IT system.

8. Stakeholder engagement: There is a need for sustained and meaningful multidisciplinary and multi-agency engagement at all levels to be able to bring the

required improvements; and this should be done proactively with constructive and integrated public health agendas across NHS Highland Board.

9. Public / community engagement: The Board should ensure that the public and communities are included as key stakeholders in all vaccination and immunisation engagements.

10. Quality Improvement: A culture of quality improvement should be embedded throughout NHS Highland Board vaccination and immunisation strategic and operational delivery systems, with clear and transparent accountability, and monitoring arrangements.

11. Reporting and Communication: There is an urgent need to review and improve communication of the decision-making process with staff; formal communication with all stakeholders where there are service changes, in particular substantive changes; and to maximise the strong relationships that primary care has with patients to enhance communication relating to vaccination programmes and access.

Conclusions

This peer review was undertaken at a time when the NHS in Scotland is facing a challenging financial environment. Nevertheless, it is the peer review team assessment that focusing on vaccination and immunisation services **quality improvement** activities, and reviewing the most appropriate **model of service delivery** for some remote and rural areas should be of central consideration to the NHS Highland Board.

It is also imperative that priority is given to **staff wellbeing**, **staff development**, and **stakeholders engagement** (including public and communities). The issue of clear **leadership** roles and responsibilities for vaccination and immunisation programme with transparent decision-making processes around **governance**, distributive leadership and subsidiarity with appropriate accountability should not be underestimated. All the improvement areas identified in this peer review require an overarching and robust **communication strategy** across NHS Highland Board to achieve the full impact.

Proposed next steps

- Establish a time limited task and finish group with representation from all relevant stakeholders (including PHS) to review and consider implementation of the peer review findings.
- Develop an action plan with a clear timeline and roles and responsibilities.
- Agree procedures for monitoring vaccination and immunisation programme effectiveness, efficiency, and sustainability.

1. Background and Introduction

An independent peer review of NHS Highland Board vaccination and immunisation services was undertaken by PHS professionals and colleagues with specialist knowledge and experience on vaccination and immunisation. The peer review team employed methods that would enable identification of best practice, improvement, and development areas.

This peer review in support of NHS Highland Board took place over a ten day period from 6th – 14th June 2024, concluding with summary feedback presentation to NHS Highland Board, staff and stakeholders at the end of the visit week.

It was agreed, post visit, that this report, including proposed next steps, would be sent to NHS Highland Board CEO for factual accuracy, within 4 weeks. This draft report will be finalised by the peer review team leader and sent to the NHS Highland Board CEO to share with relevant Board members and stakeholders.

2. Aim(s) and objectives of NHS Highland Peer Review

The overall aim of NHS Highland peer review was to identify and share good practice and, equally, areas for development and improvement. It was based on mutual respect, where professionals critically appraise, systematically assess, monitor, determine strengths and weaknesses of the current vaccination and immunisation services, and review the quality of their practice.

2.1 Objectives

To provide support for NHS Highland Board to improve the delivery of current vaccination and immunisation programmes, promote and raise the quality of immunisation services by ensuring effective, efficient, and sustainable working systems and procedures are in place. The specific objectives of this peer review were to:

- improve the quality of vaccination and immunisation service delivery through engagement of staff;
- identify, recognise and share good practice;
- promote safe, effective, efficient, and sustainable models of service delivery; and
- provide added value, building on existing standards and achievements.

3. Methods

Public Health Scotland peer review team commenced the review on the 6th June 2024 and visited NHS Highland Board, 10th to 14th June 2024. Prior to the visit, NHS Highland Board provided comprehensive background information, and documentary evidence around working protocols, procedures, plans, and guidelines. Further documents were provided on request following initial review of the relevant documents. One-to-one thematic discussion points were constructed by the visiting / peer review team to address specific areas of practice such as governance, leadership, data and digital, and model of service delivery arrangements. The peer review team also undertook meetings with individual front-line staff and collective meetings that were held in immunisation clinics.

The report findings are structured around the key discussion “themes” that were constructed for one-to-one sessions. In order to contextualise the findings, the peer review team framed this report in “themes” and each “theme” categorised further into current practice / situation; good practice; and areas for improvement.

4. Findings

4.1 Governance arrangements

4.1.1 Current situation / practice

- There is a Highland Immunisation Coordination Group (HICOG) which coordinates and communicates the implementation of national immunisation policy across the NHS Highland board area to both HSCPs. This group reports to the Vaccination Programme Board.
- The Immunisation Coordinator of NHS Highland Board is the Chair of HICOG, and they will escalate and report adverse events to PHS in accordance with the PHS Vaccination Adverse Event Management Protocol. The Datix system is in use for reporting adverse events locally.
- There are operational groups for vaccination in each of the HSCPs.
- In Argyll and Bute there is a specific CTAC and vaccination quality, professional and practice standards meeting.
- Quality and Patient Safety (QPS) groups report to Highland HSCP Senior Leadership Teams (SLTs) and Argyll and Bute SLTs.
- NHS Highland Board Vaccination and Immunisation Group provides advice to both HSCPs i.e., in addition to reporting to the Vaccination Strategy Group, which reports to the Population Health Programme Board.
- The Population Health Programme Board reports to the Executive Directors Group, Clinical Governance Committee, and/or to Finance Resources and Performance Committee as appropriate. All these groups report to the NHS Highland Board.

4.1.2 Good practice

- All areas seem aware of Datix process for reporting adverse events.
- Highland Immunisation Coordinating Group (HICOG) process established.
- A Clinical Governance Committee is in place.
- Immunisation is part of the wider Primary Care Modernisation Board.
- Formal Quality and Patient Safety Structures exist.
- Clear routes of escalation were described in certain areas.

4.1.3 Areas for Improvement

- Provide clarity on the overall governance structure and ensure communication to all stakeholders, both internal and external.
- Review with the aim to simplify and streamline governance structures.
- Ensure appropriate representation of all relevant staff and stakeholders on the current Clinical Governance Committee.
- Provide clarity on roles and responsibilities of the Vaccination Programme Board.

- Provide clarity and transparency of the escalation process for all issues ensuring acknowledgement and feedback within defined timelines.
- Build stronger relationships, cohesion and understanding of roles and responsibilities between operational and health protection / clinical areas.

4.2 Leadership

4.2.1 Current situation / practice

- There is a Senior Responsible Officer (SRO) for vaccination and immunisation who is accountable for immunisation across both HSCPs.
- The Chief Officers are responsible for delivery within the HSCPs.
- There is also an Immunisation Coordinator (IC) for the Board area in addition to operational or programme managers and Professional Lead Nurses for vaccinations across both HSCPs.
- The nursing, operational managers and the IC work closely together at an operational level.
- The Immunisation Coordinator and the two lead nurses for vaccination are members of and contribute to the national Immunisation Coordinators Group and the Lead Nurses Group within SVIP respectively. This enables peer support and sharing of good practice with colleagues across the boards.
- At an operational level, in addition to the Lead Nurse for vaccination in each HSCP, there are operational leads who are senior nurses who provide leadership for their team. There is an operational lead for each team.
- Several staff feel the current leadership and decision-making process is not transparent.
- In the documents reviewed there was evidence of a sense of frustration amongst some professionals about a lack of progress and inflexibility (particularly in remote and rural areas) in developing services, and lack of clarity on leadership, accountability, and decision-making processes.
- Regular mentions of low morale amongst staff and some suggestions that people raised issues not being listened to.
- Regular mentions that perceived performance issues were unrelated to staff willingness to succeed, and it was acknowledged that staff were working incredibly hard to provide a good service.

4.2.2 Good practice

- Current leadership structures for Vaccination & Immunisation are in place.
- Progress has been made recently in the leadership of vaccination and immunisation programme.
- There are good examples of team leadership in some areas particularly in operational delivery.
- The leadership structure represents a range of relevant posts and professional groups, which indicates that there is diversity and inclusiveness in representation.
- Operational leads are committed and dedicated to the delivery of a good service and recognise the need for ongoing development.

- Many primary care leaders still wish to share their experience and expertise including to provide leadership.
- Responsibility for vaccination and immunisation delivery sits within the two HSCPs.
- Professional leadership for patient safety is delivered through the QPS.
- There are some good indicators that vaccination and immunisation leadership utilise the national support available to them.

4.2.3 Areas for Improvement

- Those in leadership roles should be empowered to act with clear accountability for decision making to ensure action.
- Increased clarity is required around roles across HSCPs, Health Protection Team(s), professional clinical staff, and vaccination workforce.
- Develop constructive engagement with primary care leadership to support delivery of effective vaccination programmes.
- Strengthen the understanding of the local geographical challenges by all stakeholders across vaccination.
- There is a need for improved relationships, cohesion and understanding of roles and responsibilities within NHS Board leadership, vaccination and immunisation operational and clinical leadership areas.
- Strengthen executive leadership around vaccination and immunisation.
- Develop the critical role of GPs, child health and other professional groups in promoting vaccination and signposting for advice and services, as appropriate.

4.3 Immunisation strategy

4.3.1 Current situation / practice

- From the documents reviewed and one-to-one sessions, the key issues around local immunisation strategy relate to the Vaccination Transformation Programme (VTP) and the perception is that this led to a single model of NHS Highland Board led service delivery irrespective of the differing impact in urban and rural areas.
- There were several mentions (both in the documents reviewed and one-to-one sessions) which suggested that the previous model of GP led service delivery had been meeting population needs and the VTP had no local strategy on how to achieve the perceived aims and objectives.
- There was no NHS Board wide immunisation strategy to deliver VTP. However, this is not to say that attempts were not being made to take a strategic approach to immunisation delivery. The peer review team understanding is that a draft document for Highland HSCP was shared with the SRO and Chief Officer in the Autumn of 2023 for consideration.

4.3.2 Good practice

- There is evidence in some areas of delivery plans and models, with milestones.
- Vaccination and Immunisation Teams have a high degree of local ownership and awareness of the need for a local plan and strategy, and as such they continue to demonstrate commitment to deliver an effective and efficient vaccination and immunisation service to their communities.

4.3.3 Areas for Improvement

- The lack of a strategy is hampering the development of a workforce plan and the need to focus on inequalities. Therefore, there is a need to:
- review and co-develop a strategy and action plan for vaccination and immunisation as a collaborative process between key multi-agency stakeholders;
- develop a greater emphasis on strategic planning and delivery which will reduce the need for reactive problem solving; and
    - enable leadership to operationalise strategy and ensure measures of success are included in the strategy.
- The strategy should have a focus on improving uptake in all groups and communities and on tackling inequalities.
- The strategy should be communicated and disseminated to all staff, key stakeholders and the public.

4.4 Stakeholder engagement

4.4.1 Current situation / practice

- HICOG, which is a multidisciplinary group, aims to coordinate and communicate the implementation of national immunisation policy across the Board area; and there is wide representation on the group from education, midwifery, child health, health visiting, data and digital, scheduling, nursing, pharmacy plus programme and operational management.
- The peer review team understands that there has been some collaborative working with primary care. For example, the Chair of GP subcommittee is a member of the vaccination programme board which is chaired by the SRO for vaccination. The Deputy Medical Director for Primary Care also sits on the vaccination programme board, but it is acknowledged that representation at the relevant meeting is different to pro-active engagement by the Board across the whole of primary care.
- There was little evidence presented to the peer review team on engagement with primary care following the transition to VTP. However, this is not to say that there has not been ongoing communication on a reactive basis in relation to queries and also proactive communication in relation to acute situations such as the increased incidence of measles and pertussis and changes to vaccination programmes such as the extended shingles programme.
- Although no specific issues were identified regarding engagement with health visiting services, there was no clear collaborative working that demonstrates effective engagement.
- No significant engagement issues were identified with secondary care, midwifery services, or educational establishments.

4.4.2 Good practice

- There were several examples of good communication with GPs and primary care in the run up to transition from GP to Board led delivery (VTP). There were two FAQ documents produced to address questions and issues raised by GP practices – this appeared to be an example of good communication.

- One HSCP produced a document to brief all stakeholders ahead of vaccination campaigns.
- The work undertaken within one HSCP to engage GPs through options appraisal and local flexibility has helped build relationships.
- One HSCP team lead holds GP/PM meetings monthly to discuss vaccination programme and issues in different parts of the HSCP area.
- There are structures that include primary care representation, both employed clinical leads and independent contractors, and there is professional willingness to engage in vaccination and immunisation across NHS Highland Board.
- There is a weekly NHSH bulletin to communicate with staff, and good use of social media for raising awareness on vaccination and immunisation issues.

4.4.3 Areas for Improvement

- There is a need for:
    - a consistent and transparent understanding of stakeholder engagement with clear agreements on how to move forward; and
    - proactive, constructive, and integrated multidisciplinary and multi-agency engagement at all levels to be able to bring about improvements including:
        - primary care,
        - midwifery services,
        - health visiting & school nursing,
        - secondary care,
        - education, and
        - other professionals working with patient to ensure “make every contact count” is implemented across all settings.
    - Use the weekly NHS Highland E- Bulletin to include key communications on vaccination and immunisation.

4.5 Patient / public engagement

4.5.1 Current situation / practice

- There was little detail in the documents reviewed or one-to-one sessions on the approach of NHS Highland Board on patient and public engagement regarding VTP.
- There are, however, opportunities for patients and the public to share their experience of the vaccination service through Care Opinion in addition to the patient feedback service.

4.5.2 Good practice

- There are examples of good social media use in local areas to share information on vaccination and immunisation.
- There is also a good relationship with local media to promote vaccination and immunisation on a regular basis through printed press and other media outlets.

4.5.3 Areas for Improvement

- There is a need for NHS Highland Board to:

- ensure the public and communities are included as stakeholders in all vaccination and immunisation engagement;
- utilise patient lived experiences of vaccination and immunisation to develop and inform the operational delivery model; and
- develop a public engagement strategy for vaccination and immunisation.

4.6 Service arrangements and models of service delivery

4.6.1 Current situation / practice

- There are two HSCPs within NHS Highland Board area, Highland HSCP and Argyll & Bute HSCP.
- Highland HSCP incorporates nine districts. Within Highland HSCP, the transfer of vaccination delivery from primary care to NHS Highland Board led delivery occurred on 1st March 2023.
- A single NHS Highland Board led model has been progressed within the partnership with delivery largely supported through four operational teams (South and Mid; Caithness and Sutherland; Lochaber and Skye, Lochalsh and Wester Ross).
- A recurring theme was concerns about the feasibility of the centralised model of service delivery. These concerns centred around issues related to staffing clinics, especially in remote and rural areas.
- Concerns were expressed about staff travel time and impact of adverse road conditions due to weather conditions.
- There were several instances where the documents, one-to-one discussions, clinic visits and meetings with staff highlighted that in remote and rural areas there were relatively small numbers of children requiring vaccination and a sense that the centralised model was inefficient, with the previous GP practice model having delivered a good patient centred service.

4.6.2 Good practice

- Current delivery model strives to get as close to people as possible with successes in getting appointments within reasonable distances in most circumstances.
- There are good practice examples where flexible teams provide opportunistic vaccination when possible.
- The flexibility offered within one HCSP for primary care provision in some remote and rural areas is perceived as an example of a good hybrid-model of service delivery.
- There is some evidence of NHS Board service provision offering flexibility, for example with the option of families calling for appointments for childhood immunisations.
- There are some good examples where non-responders/attenders for immunisation are actively followed up by NHS Board vaccination teams.
- The NHS Board vaccination centre in Inverness demonstrated a good model of vaccine delivery for an urban area.

4.6.3 Areas for Improvement

- NHS Highland Board needs to review:

    - Service delivery requirements to ensure a patient-centred efficient offer, based on performance and feedback, finance, feasibility, and sustainability.
- Options for local flexibility in remote and rural areas to enable increased primary care provision to meet vaccination and immunisation requirements and local population needs.
    - PEP accessibility in primary care in order to ensure timely administration of appropriate intervention, for example tetanus PEP when indicated.
- Implementation of robust system across NHS Highland to follow up non-attenders (children and adult immunisations), and feedback any information, as appropriate to relevant team e.g., child health.
- Undertake a review of childhood immunisation appointment scheduling system options to identify if current method is appropriate (currently method 5).
- Seek improvement in efficiency of delivery for instance by considering appropriate balance of clinic proximity versus frequency.
- There needs to be a review of the NHS Highland Service Delivery Centre (SDC) to ensure that processes are fit for purpose, that call handlers have appropriate knowledge of vaccinations/the vaccination schedule and local geography, they have access to relevant systems, and the service is adequately funded.
- Develop Standard Operating Procedures to address variability in practice whilst still enabling local flexibility when required.
- Review NHS Highland digital systems used for scheduling of adult vaccinations to ensure they meet requirements and are utilised effectively.

4.7 Staffing of immunisations service (including skill mix)

4.7.1 Current situation / practice

- There was limited or no detail in the documents reviewed and in the one-to-one sessions on vaccination and immunisation workforce plan.
- Issues relating to recruitment and retention were frequently mentioned throughout the documents. This often included concerns in relation to uncertainty regarding funding, and the challenges related to recruitment and retention of staff in the rural and remote areas.
- The limited number of vaccinators and nursing capacity was frequently raised as a concern throughout the one-to-one sessions and in the documents reviewed, and this was particularly acute in remote and rural areas, and this is not helped by all health services depending on the same pool of health professionals.
- There were several mentions where staffing issues resulted in the cancellation of clinics and individuals not being vaccinated. This was said to be compounded by staff having to travel long distances and often impacted by adverse weather conditions.

4.7.2 Good practice

- The vaccination and immunisation workforce of NHS Highland Board at all levels, including partner and stakeholder organisations staff demonstrated passion, commitment, dedication, and caring for their patients, communities and their colleagues.

- One HSCP utilises staff across Vaccination and CTAC to support integrated service delivery with greater flexibility.
- NHS Board vaccination and immunisation teams have relatively good skill mix utilised across all areas, but it could be further optimised; and operational leads have good knowledge of their localities.

4.7.3 Areas for Improvement

- Staff wellbeing and development should be a key focus going forward to strengthen staff morale, confidence, retention, and resilience across the system.
- Ensure staff are supported and their needs are met by avoiding silo working and promoting integrated service delivery to maximise efficiency and support wider healthcare provision resilience.
- In line with the review of service delivery requirements, scope efficiencies of skill mix and capacity to provide a resilient and effective service.
- Consider use of Health Care Support Workers (HCSWs) in the future to support vaccination and immunisation programme.
- Need to develop capacity and capability within vaccination and immunisation workforce to ensure staff have time to spend on vaccine promotion within the wider community.
- Roles and responsibilities of different professional groups with vaccination and immunisation teams should be better communicated and understood.

4.8 Vaccination and Immunisation (V&I) training and updates

4.8.1 Current situation / practice

- One senior health protection nurse holds the lead role for workforce education and training and provides representation for NHS Highland on the National Workforce Education Leads forum.
- There is a draft education and training plan for vaccinators across NHS Highland. This has been in place since the transition to Vaccination Transformation Programme (VTP) with several updates taking place over the last 15 months.
- There is also a draft competencies document which has been drafted by the lead nurse for vaccinations; and a Vaccination and Immunisation education strategy for NHS Highland is planned.
- An education matrix has been developed for the service outlining all mandatory, vaccination specific and additional training. This is held on TEAMs and is used by the Operational Leads to record staff training completion dates.
- In advance of the transition a programme of shadowing and observed practice was undertaken for each vaccinator but this was compressed due to the tight time-frames for the transition to VTP.
- In general, training for vaccination and immunisation staff is provided via completion of TURAS online modules.
- With respect to updates and dedicated education events, there is a monthly vaccination forum which includes an educational component. Any links to national webinars are circulated to teams to promote attendance. Any key updates are also communicated to teams.

- Little mention of immunisation training provided to health and social care and other partners in the documents reviewed and one-to-one sessions.
- No evidence presented on the approach to staff training other than staff were required to have mandatory basic life support and that national workforce education resources were used.

4.8.2 Good practice

- Awareness across NHS Highland is high regarding the availability of national training resources (TURAS), all vaccinators undertake Promoting Effective Immunisation Practice (PEIP) initially then attend webinars when there are changes or new vaccines.
- NHS Highland Public Health continue to provide on-going immunisation specific education sessions.
- Regular 'huddles' take place in some teams that include updates on changes in programmes, and this helps staff to reflect on practice and learn from each other's experiences.
- Mentorship is provided when required often by ex-practice nurses.
- Recognition that training can also include elements such as PGD and Green Book update review.
- With respect to updates and dedicated education events, there is a monthly vaccination forum which includes an educational component.
- There have been workshops and education sessions provided since the beginning of 2023; and these have been accessible to both HSCPs and have been recorded to ensure they are available to vaccinators not able to attend. The recordings are stored in the TEAMs channel so they are accessible to all vaccinators.

4.8.3 Areas for Improvement

- Training framework requires completion and comprehensive implementation and oversight.
- Develop consistent access to opportunities for shadowing and exposure opportunities for practical skills after TURAS training.
- Increase access to local face-to-face and live webinar training to consolidate online learning and highlight and discuss local nuances and issues.

4.9 The supply and management of vaccine stocks

4.9.1 Current situation / practice

- There is very close liaison between operational teams and pharmacy staff including the vaccination and immunisation pharmacist.
- There is an SOP to support the management of vaccine stock. Stock is ordered in from suppliers and kept to a minimum level based on activity/ordering by team leads.
- The hospital stock is controlled by a system called CMM which records current stock holding and where stock is sent to.
- Vaccination Transformation Programme (VTP) destination codes are used for the various vaccine team sites acting as a system which can be audited if required.

- One of the teams uses a stock management spreadsheet and there is an aim to replicate this across the teams.
- NHS Highland is part of the North of Scotland Patient Group Direction (PGD) group. Several medical, nursing and pharmacy staff contribute to this process as reviewers. NHS Highland also have a process in place for the provision of Patient Specific Directions (PSDs) where needed.

4.9.2 Good practice

- Extensive stock management systems in place with valued pharmacy involvement and input.
- There is good awareness of staff on stock and cold chain management, and Datix processes are used when required e.g. when vaccination errors occur.
- NHS Highland Board use North of Scotland PGDs, and there is clear cascade process for authorised PGDs via public health.
- In order to provide a streamlined approach by all teams working within the vaccine service a number of SOPs have been developed including on recording refrigerator temperatures, receipt of cold chain product, transportation of vaccine to schools, outlying clinics and domiciliary visits etc.

4.9.3 Areas for Improvement

- Ensure continual assessment of vaccine programme cohort denominators to optimise vaccine requirement estimates to reduce excess stock and potential vaccine wastage.
- Review storage capacity ahead of vaccine delivery for Winter programmes.
- Review SOPs for Vaccine transportation to ensure these meet JCVI, MHRA and other national recommendations and consider audits to ensure they are being followed.
- Strengthen the process of dissemination of authorised PGDs to immunisation workforce to maximise timely receipt by immunisation workforce.
- Consider how vaccine fridges across the NHS Highland estate could be used more effectively and ensure oversight by appropriate services e.g. Estates Service
- Review processes for stock management and transport to clinics to try to minimise waste whilst ensuring appropriate stock available to vaccinate, including enabling possibility of opportunistic vaccination.
- Ensure all relevant areas aware of local and national processes to escalate adverse events including situations where vaccines have been held outwith specified temperature ranges.

4.10 Reporting and communication (internal and external)

4.10.1 Current situation / practice

- Within both HSCPs there are operational vaccination groups which should feed up to HICOG and vice versa. The operational vaccination groups have representation from all of the teams involved in delivery.
- HICOG reports to the NHS Highland Vaccination Programme Board on matters relevant to vaccination and immunisation including the VTP.

- Any concerns identified within HICOG, in addition to proposed solutions, were regularly escalated to the Vaccination Programme Board by the Chair and other members.
- The NHS Highland Vaccination Programme Board reports to the Executive Team and also feeds into the Clinical Governance Group.
- There are good examples of reporting on vaccination uptake and immunisation services to groups such as Clinical Governance Committee. Reports acknowledged issues and challenges across delivery but there was no evidence presented on the actions agreed at the groups reviewing the data which is a gap.
- Within NHS Highland there is a heavy dependence on social media due to geography.
- Several examples were given regarding emergent structures and new initiatives for reporting immunisation and vaccine related issues.
- There are issues related to internal communication centred around a sense that professional and operational concerns were not being addressed as quickly as required. A sense of dissatisfaction was noted in some elements of internal communication with a lack of progress and inflexibility.
- With regard to the reporting of adverse events and near misses at a local level, internal NHS Highland processes are followed, but this is not specific to vaccination.
- From a national perspective, NHS Highland Board follow the PHS Adverse Event protocol in relation to external reporting of adverse events. This protocol has been communicated to vaccinators and vaccination support staff so that everyone is aware of the process and the need for escalation in addition to Datix reporting which includes escalation to QPS.
- There is also reporting to each of the Health and Social Care Partnerships by the respective Chief Officers.
- There has also been considerable escalation from a range of staff in relation to concerns about the delivery of the programme and the potential implications for patient care and staff wellbeing. This has been verbal and written.
- Immunisation information is disseminated internally to vaccinators and vaccination staff about vaccination programmes and updates through HICOG; information is also cascaded by the operational leads in addition to communication through their TEAMs channel.
- There is also a staff vaccination group which covers both HSCPs. This group would lead on the communication to staff in relation to staff vaccination programmes.
- With respect to external communication, the nationally produced materials for promoting vaccination are shared through social media.

4.10.2 Good practice

- There is good relationship with local media, especially print press.
- There are good examples of communication with staff and wider partners and stakeholders e.g. weekly internal newsletter to NHS Highland, and primary care newsletter to GPs.
- Datix is well understood by most if not all relevant staff and is integrated into wider QPS governance structures.

- NHS Highland is part of the North of Scotland PGD group. There is a local distribution group for PGDs.

4.10.3 Areas for Improvement

- There is a need for improving formal communication:
    - with internal staff on decision-making processes at all levels; and
    - with all stakeholders where there are service changes, in particular substantive changes.
- There is a need to maximise the strong relationships that primary care has with patients to enhance communication relating to vaccination programmes and access.
- Improve communication with public as to who to contact and where to find information in addition to website information.
- There is a need to:
- Support and empower staff to answer queries in as timely a manner as possible, as appropriate to their roles and responsibilities, within a clear accountability framework.
- Ensure information coming from PHS is repackaged or adapted in a way that fits NHS Highland systems and operation delivery approaches to facilitate wider dissemination.
    - Review processes around supporting training and learning and communication of lessons learned following review of Datix submissions.
- Rationalise the dependence on complex spreadsheets, currently used for scheduling, into a more secure system.

4.11 Monitoring vaccine uptake

4.11.1 Current situation / practice

- The one-to-one sessions and documents reviewed provide assurance that vaccine uptake monitoring was undertaken and reported regularly to a variety of groups.
- There was good evidence of monitoring and reporting across localities in the two health and social care partnerships in NHS Highland.
- Some of the documents containing reports on vaccine uptake also noted that uptake was falling, and that action locally and nationally was required.
- The documents reviewed indicated that NHS Highland team were aware of comparative performance issues in vaccine uptake.

4.11.2 Good practice

- Monitoring and reporting at NHS board level occurs regularly allowing comparison with Scotland and with other NHS boards.
- Timely uptake data available at strategic level for vaccination data from VMT.
- There is good awareness and use of national data for management information provided on the Discovery platform by PHS.

4.11.3 Areas for Improvement

- Ensure that there is appropriate access to data and data systems for staff to carry out their role.

- Capability should be expanded for resilience around vaccine uptake and monitoring work with protected resources within NHS Highland.
- There should be clear local responsibility for monitoring local vaccine uptake, with information readily available for smaller geographical areas and population groups to ensure timely decision making and proactive action is taken when required.
- Regular extracts of school denominator data from the Scottish Education Management Information System (SEEMIS) should be shared with child health and vaccination services to enable monitoring uptake and allow targeting intervention.
- Vaccination service should have access to SIRS system, where appropriate, for vaccination monitoring and service delivery.
- Ensure timely sharing of localised vaccination uptake data with local teams (or access where appropriate) to support improvements and actions.
- Ensure better understanding of a range of metrics at senior and executive levels to enable effective decision making.

4.12 Local record keeping

4.12.1 Current situation / practice

- The one-to-one sessions identified a lack of data sharing regarding childhood immunisation records with primary care which is reported as a barrier to engagement and promoting vaccination programme.
- For vaccines not on the VMT, there are two recording forms (one for childhood vaccinations and one for non-routine vaccinations). Non-routine forms are uploaded onto the individual patient record within SCI stores which is the electronic record system used by primary and secondary care allowing the records to be viewed.
- Whilst a national IT system is awaited, the above process enables shared access to the patient's vaccination history for those vaccinations not held on VMT. This system is also shared across the NHS Boards which means the record is viewable across boards and can also be transferred with the patient if they move NHS Boards.
- There is a decision outstanding in relation to whether the completed childhood vaccination SIRS sheets are sent to GP practices for practices to input the data or whether the practices enable access for NHS Board vaccination support staff to input the data.
- The adult vaccination data for vaccines that are recorded on VMT is directly transferred to GPIT.
- Vaccinations administered in pregnancy are recorded on Badgernet and VMT.
- All queries pertaining to vaccination received by the health protection team are stored on HPZone. (HPZone is the electronic system used within health protection teams for all enquiry, case and outbreak management). From a governance perspective, this ensures that every event and correspondence associated with a referral is recorded electronically. It also enables actions to be set to monitor the management of the query.

4.12.2 Good practice

- In some areas general workarounds were in place to enable GPs to see records from individual childhood immunisation appointments and detail of do not attends (DNAs).
- The new pupil questionnaire has a section on vaccination status, and this will be expected to have positive impact on improving uptake.
- There is good practice with the maternal vaccination programme, as midwives provide a continuous offer of vaccine even if previously declined.

4.12.3 Areas for Improvement

- Scoping of alternative options where manual processes and paper-based systems are in place is required e.g., childhood and school programmes.
- Consideration should be given to design systems to improve on the current manual process for scheduling adult vaccinations, including consideration of having dedicated scheduling software.
- Develop standardised processes for recording DNA or Did not respond to invite especially for cohort-based childhood programmes.
- Ensure those that need access to data and data systems have appropriate access to enable them to effectively do their role.
- There should be shared learning between maternity and vaccination services to understand and improve record keeping and reporting across both areas.

4.13 Data and digital including call and recall

4.13.1 Current situation / practice

- With respect to the childhood programme, the SIRS system aims to ensure that children under the age of six years receive the appropriate immunisations in accordance with the UK childhood immunisation schedule. This is undertaken through the automation of call and recall of children for scheduled immunisations and allows the recording of data on immunisations given.
- For seasonal programmes, the vaccination cohorts are provided by PHS. Scheduling is either undertaken at a local or national level. The local scheduling is not supported by a system such as TrakCare as yet, although this has been requested.
- With respect to non-routine vaccinations, the referral route is via the health protection team. This enables a central, single point of contact which supports a coordinated clinical approach to the management of the pathway.
- The one-to-one sessions identified lack of data sharing regarding childhood immunisation records with primary care which is reported as a barrier to engagement and promoting vaccination programme.

4.13.2 Good practice

- There is an acknowledgment that this area is currently under review nationally and work underway to consider new digital systems.
- There is currently accurate and efficient vaccination record keeping.
- VMT is utilised effectively across the Board, with an overall positive experience.

4.13.3 Areas for Improvement

- NHS Highland Board need to facilitate the process for ensuring individual vaccination records are up to date in the GP-IT system.
- There should be a feedback system to ensure non-attenders and decliners are followed up and processes for documenting appropriately is in place.
- Ensure those that need access to data and data systems have appropriate access to enable them to effectively do their role.
- There is a need to increase the use of the full range of available data to be able to identify areas of particular challenge, e.g., within certain geographical areas or population groups.
- Review internet access issues for all venues to ensure timely inputting of vaccination records.
- Ensure vaccination programme has access to updated school lists to better understand school children with outstanding vaccinations.
- Use of SIRS /CHIS scheduling to full potential and to standardise where possible potentially including electronic transfer of info if only by email.
- Dedicated digital systems should be utilised for scheduling and recording of vaccinations where there is currently dependence on spreadsheets and manual processes.

4.14 Quality improvement activities

4.14.1 Current situation / practice

- No / limited systematic area-wide quality improvement activities were shared with the peer review team since VTP was introduced. However, this does not mean that there are no quality improvement activities across NHS Highland Board, as a few SBARs were shared with the peer review team that would be considered as good quality improvement activities if implemented.
- There were relatively few mentions of issues related to specific and detailed quality improvement activities in the documents reviewed. However, NHS Highland Board works closely with other boards as part of SVIP and try to both share learning and also benefit from learning elsewhere.
- The lead nurses for vaccination have been liaising with other Boards in relation to the delivery of the school programme and to learn from other areas and support improvement. This has resulted in the development of a SOP for the school programme.
- There has also been a pilot of the locally arranged appointments for the second and third primary immunisations in order to reduce DNAs in one of the teams.
- There is also on-going work within the HPT for the reconciliation of records for children new to area from the UK or elsewhere abroad to ensure they are up-to-date with all necessary vaccinations.
- Work is also on-going to support improvement in delivery of non-routine vaccinations and to ensure safe and effective processes were in place locally.
- From a pharmacy perspective, there are also quality improvement activities e.g., audit of electronic temperature recording devices; the use of logtags in porters for the childhood nasal flu vaccine; and activities to reduce vaccine wastage.

- There is appreciation that quality improvement is required and good practice, but challenge in establishing this. There was some evidence that reflection occurs on programme delivery at an operational level and suggestions for improvement however there are no formal improvement mechanisms in place which some responders felt would be helpful.

4.14.2 Good practice

- Primary care quality cluster groups are in place.
- In one HSCP, there is a group focussed on CTAC and vaccinations quality, professional and practice standards.
- Within one HSCP, primary care modernisation has resulted in tests of changes that result in service improvements over time.

4.14.3 Areas for Improvement

- There requires to be a joint understanding of quality improvement approaches with appropriate senior leadership.
- There is a need to support staff training on quality improvement to ensure understanding of the concept, language and processes, as there are some quality improvement activities that are not formally labelled as such.
- A culture of quality improvement should be embedded throughout the vaccination and immunisation programme and systems, with clear mechanisms and accountability, and linked to operational delivery.
- Integrated service planning should be linked to quality improvement with a focus on reducing inequalities.
- Learning from quality improvement approaches in other areas of service provision, such as screening could be considered.
- There is a need for more staff with the right background and interest participating in national fora where quality improvement activities are discussed and shared.
- Identify and implement recommendations from national reports that may be appropriate for local implementation.

5. Discussion: Peer review team assessment, observations, and comments

We cannot emphasis enough the passion, dedication, and commitment that was demonstrated by staff, partners, and stakeholders. All our assessments, observations and comments discussed below need to be taken within this context, and the hard work, and unwavering devotion of all those involved in vaccination and immunisation service to deliver patient-centred service across NHS Highland Board.

Governance arrangements including structural hierarchy and reporting systems are clearly articulated on paper and most if not, all staff are aware of the leadership team(s) at all levels. However, what was consistently reported to the peer review team was a perception by staff that they are raising issues and concerns repeatedly, which are not acknowledged/responded to and there was no clarity about the decision-making process and who ultimately is expected to make decisions. This is supported by the documents we reviewed, as there are examples of reporting into governance

structures, where there was limited evidence of consequent action. Reviewing current processes and addressing these issues may take some time and understanding from staff will be expected if a new way of working with a transparent process is to be established.

In relation to leadership of the vaccination and immunisation programme, again most staff and partners are aware of the two HSCP leadership responsibilities for the operational delivery of the programme supported by the wider NHS Highland leadership including the Immunisation Coordinator, Director of Public Health, and other NHS Highland Board senior leadership team members. There is wider acknowledgement across the Board that staff are working incredibly hard to provide a good service, and the lack of progress in resolving long-standing issues is in some situations impacting on this. Addressing the roles and responsibilities of those in leadership roles, at all levels, and supporting them to make day-to-day operational decisions with clear escalation routes and expectations for a response within a reasonable timeframe will help to build staff confidence and boost staff morale.

In 2017, as part of the commitment to reduce GP workload, the Scottish Government and Scottish General Practitioners Committee (SGPC) agreed vaccinations would progressively move away from a model based on GP delivery to one based on NHS Board delivery through dedicated teams. In addition to reducing GP workload, the other potential benefits of VTP included standardisation of delivery across geographical areas, economies of scale, increased scheduling flexibility (both regarding timings and venues), better handle on queues/waiting lists if any, and adopting one strategy for dealing with DNAs. Some of the draw backs of VTP were acknowledged during its introduction, and these include lack of opportunistic vaccinations by GP practices, possible additional journeys for some patients and parents, losing the experience of GP practices including the risk that some GPs will no longer see immunisation discussions or referrals within their responsibilities, and some safety concerns (from parents) about venues other than GP practices. However, this is not to say that the above are the only benefits and drawbacks of VTP, as local professionals have shared with us more benefits and drawbacks. However, the most consistent concern amongst professionals across NHS Highland Board is the lack of flexibility in service delivery model in some remote and rural areas. A substantial number of documents that we reviewed also outlined the concerns raised around this issue and the escalation process that followed, indicating that this is still an acute issue in some remote and rural areas of NHS Highland Board.

It is clear from our one-to-one sessions that the introduction of the VTP was extremely challenging, particularly for NHS Highland Board. A recurring theme across our one-to-one sessions and the documents reviewed was concerns about the feasibility of a centralised model of service delivery in remote and rural areas. This included concerns centred around issues related to staffing clinics, recruitment, and retention, especially in remote and rural areas. There were several instances where staff reported in the one-to-one sessions that in remote and rural areas, where relatively small numbers of children required vaccination, that the centralised model was inefficient. The previous GP practice model had delivered a good patient centred service. The documents we reviewed emphasised these issues and our own observations and discussions corroborated these views. There were also concerns about the timely delivery of post exposure prophylaxis when needed.

Therefore, taking into account all the information collated from the different sources, it is the peer review team's independent assessment that the service delivery model across NHS Highland Board needs to be reviewed as a matter of priority.

It is the peer review team's overall assessment that the option of having increased flexibility in the delivery model for some remote and rural areas could be the start for improving the wider engagement with primary care in general, and GPs in particular.

Apart from some isolated examples in some areas, stakeholder engagement, particularly with primary care services including GPs, should be improved. The peer review team would like to emphasise that meaningful engagement all key stakeholders would require further structural review of current governance arrangements to enable acceptable participation and engagement of all relevant professionals.

The emergence of the COVID-19 pandemic impacted not only the VTP implementation timeline but also communication with professionals, patients, and members of the public. There is a perception amongst professionals that VTP was implemented with extremely short deadline (March 2023) across NHS Highland Board following a long gap / absence of information and engagement. This amongst other factors has resulted in resistance and sometimes a hostile atmosphere for vaccination and immunisation teams to implement the programme effectively and efficiently. To our knowledge, there were not many examples of patient / public engagement prior to VTP implementation, and there was little detail in the documents reviewed on the approach NHS Highland Board has taken on patient and public engagement other than data from a survey undertaken in one GP cluster.

It is the peer review team assessment that there is a need for NHS Highland Board to develop a robust communication strategy (internal and external) that would facilitate proactive staff, partners/stakeholders, and public/patient engagement.

6. Conclusion

This peer review was undertaken at a time when the NHS in Scotland is facing a challenging financial environment. Nevertheless, it is the peer review team's assessment that by focusing on vaccination and immunisation service **quality improvement** activities, and reviewing the most appropriate **model of service delivery** for some remote and rural areas should be of central consideration for NHS Highland Board.

It is also imperative that priority is given to **staff wellbeing**, staff development, and **stakeholders engagement** (including patient and public). The impact of clear **leadership** roles and responsibilities for vaccination and immunisation programme with transparent decision-making processes around **governance**, distributive leadership and subsidiarity with appropriate accountability should not be underestimated. All the improvement areas identified in this peer review require an overarching and robust **communication strategy** across NHS Highland Board to achieve the full impact.

This peer review demonstrated that support provided to NHS Highland Board staff and stakeholders could be not only effective but valued and welcomed by staff. The positive verbal feedback from those who had one-to-one sessions during the visit or virtually is testimony to this, as one member of staff summarised the personal impact, it "…helped me to focus, it was not the way I was thinking, and I now feel that I am listened to…".

The peer review team are confident, that given the optimism expressed by a number of staff, that solutions could be found to develop and deliver an improved vaccination service with all key stakeholders working together across NHS Highland Board, given the multiple areas of good practice already identified, and the willingness demonstrated by the dedicated workforce.

7. Limitations

The preparation time for the peer review was short and the number of staff coming forward for one-to-one sessions outstripped the peer review team capacity. Therefore, it is possible that there will be some staff who may feel their points of view were not considered. However, the peer review team encouraged all staff, especially those who did not get the chance to have a one-to-one session to provide written statement and some did. We also reviewed over 100 documents that were submitted by NHS Highland Board. Furthermore, there was consensus among participants, particularly those who have had one-to-one sessions, that all main areas were covered in the themes reviewed.

8. Proposed next steps

- As outlined in the executive summary, the peer review team proposes NHS Highland Board establish a time limited multiagency task and finish group with representation from all vaccination and immunisation stakeholders to ensure meaningful engagement and co-produce / develop an action plan with a clear timeline and responsible professionals (including PHS).

- The action plan will need to be monitored and reviewed in collaboration with relevant partners and stakeholders by NHS Highland Board.

- Going forward, PHS Vaccination and Immunisation Division will provide relevant input during monitoring and review of the action plan. This will ensure the collation of good practice, learning from the key themes and trends shared wider beyond NHS Highland.