

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 6 November 2024

Title: Vaccination Improvement

Responsible Executive/Non-Executive: Tim Allison, Director of Public Health & Policy
 Pamela Stott, 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

A report on vaccination was submitted to the committee in September 2024. Members requested further details about the programmes, performance and development of the model for delivery including the options appraisal for delivery of vaccination within general practice. This paper is intended to provide an update and further information.

2.2 Background

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

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

2.3 Assessment

2.3.1 Vaccination Improvement Group

Following the peer review from Public Health Scotland and the Incident Management Team set up in connection with the serious adverse event, a Vaccination Improvement Group was convened. It now meets fortnightly chaired by Pamela Stott and reports to the Executive Directors Group. A detailed action plan has been drawn up with the support of Planning and Performance and this is reviewed at each meeting. In addition, individual meetings have been held with each of the main action leads to review performance.

Implementation of the action plan is progressing well in most areas, although some actions relating to appointment systems are on hold and need to wait for a decision to be made on the delivery model, since different systems would be in use with board delivery or practice delivery. In addition, there is one action that remains red rated, although some progress is being made:

Action 1.10: Appropriate access for tetanus delivered in general practice.

2.3.2 Scottish Government Escalation

Vaccination Performance was escalated to level 2 of the Scottish Government framework from November 2023. There have been monthly formal meetings and more frequent informal meetings, and a performance plan has been implemented.

There has been positive progress with the overall approach to performance and the number of complaints has decreased. Some issues which are also highlighted elsewhere still require improvement including MMR vaccination uptake and arrangements for tetanus. A pathway for de-escalation of performance has been set out.

2.3.3 Delivery Model and Options Appraisal

Considerable work has been undertaken to develop an options appraisal for the most effective delivery of vaccination within the Highland HSCP area. A short life working group was convened, and general practices were surveyed to gather information on their position on delivering vaccination. A population survey was undertaken, and current board delivery was reviewed. A paper was taken to Executive Directors Group on 28 October and recommendations have been developed for submission to Scottish Government. An indicative timetable for implementation is shown below, but this is subject to change.

October 2024	<ul style="list-style-type: none"> • Vaccination Programme – GP Flexibility (October 2024) paper presented to EDG meeting 28 October 2024
November 2024	<ul style="list-style-type: none"> • Paper submitted to Scottish Government Primary Care Division for discussion at GMS Oversight Group in December 2024 (date to be confirmed) • Draft implementation plan to be developed
December 2024	<ul style="list-style-type: none"> • GMS Oversight Group feedback received • EDG confirmation of direction of travel and sign-off of implementation plan
January 2025	<ul style="list-style-type: none"> • Childhood Vaccination implementation to commence • Organisational change plan developed for oversight group detailing any proposed staffing changes
February 2025	<ul style="list-style-type: none"> • Adult vaccination implementation plan to be developed for phased implementation from April 2025 and full implementation by Winter 2025
April 2025	<ul style="list-style-type: none"> • Phased implementation of adult vaccination programme

2.3.4 Current Performance

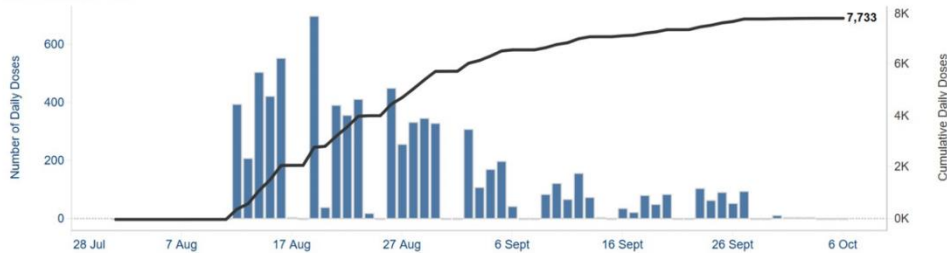
Charts showing recent vaccination performance are presented below both as a means of reporting on performance and to give assurance of the level of reporting that is being fed into the Vaccination Improvement Group and Vaccination Strategy Group. Childhood vaccination figures remain a cause for concern and uptake for Respiratory Syncytial Virus vaccine was lower than for the rest of Scotland. However, early performance for COVID and Influenza vaccination is

more positive and changes in the programme as a result of the improvement plan should result in improved performance.

Discovery Level 1 SVIP Respiratory Syncytial Virus (RSV) Programme
 Summary
 Latest Data: 06/10/2024

Health Board: HSCP Location: Highland
 Trend: Total / JCVI Group Administered (Eligible) JCVI Priority Group Total
 Daily Doses Cumulative Daily Doses

Cumulative & Daily Number of Vaccinations 01 August 2024 to 06 October 2024: Highland
 JCVI Group: Total

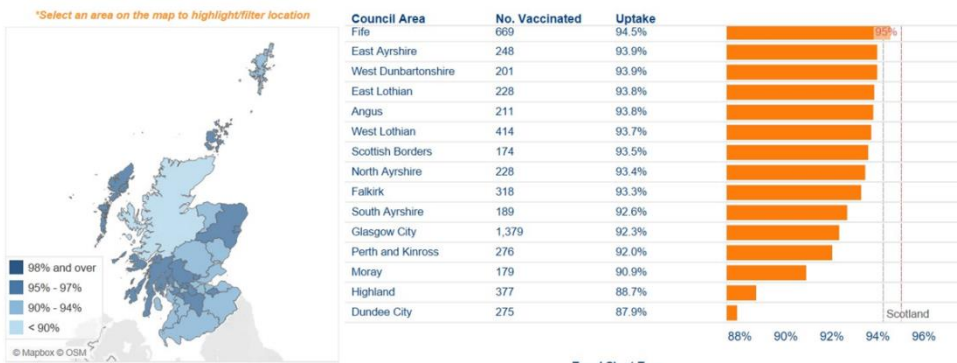


Uptake from 1st August 2024 by HSCP		Show Care Home Residents		Uptake from 1st August 2024 by JCVI Group			
All Patients		All Patients		Highland: All Patients			
File	66.8%			JCVI Priority Group	Vaccinations	Eligible Population	% Uptake
Aberdeen City	65.4%			Total	7,733	15,970	48.4%
Dundee City	64.3%			Older Adults Total	7,557	15,283	49.4%
East Ayrshire	63.4%			Aged 75 to 79	6,230	12,497	49.9%
North Ayrshire	63.3%			Turning Age 75	1,327	2,786	47.6%
South Lanarkshire	60.7%			Pregnancy	176	687	25.6%
Western Isles	60.7%			Pregnancy - 28+	77	477	16.1%
Glasgow City	59.1%						
North Lanarkshire	54.9%						
Scottish Borders	49.7%						
Argyll and Bute	48.4%						
Highland	48.4%						

Discovery Level 1 Childhood Immunisations
 Immunisation Uptake by Health Board/Local Authority of Residence by Quarter

Geography: Local Authority Date From: Quarter ending Jun 24 Date To: Quarter ending Jun 24 Age: 12 months Immunisation: 6 in 1
 *Data only available from June 2022

Immunisation Uptake for 6 in 1 vaccine for children aged 12 months between dates Quarter ending Jun 24 & Quarter ending Jun 24 by Local Authority



Vaccination Assurance Process (HHSCP)

Quarter:	Q3 2023-24 (Baseline)	Q4 2023-34 (Jan-Mar)	Q4 Relative to Baseline	Q1 2024-25 (Apr-Jun)	Q1 Relative to Baseline	Q2 2024-25 (Jul only)	Q2 Relative to Baseline
Data available:	End May 2024	End May 2024	End May 2024	End Aug 2024	End Aug 2024	End Nov 2024	End Nov 2024
6-in-1 doses administered by 12 weeks	84.4%	85.5%	1.1%	92.6%	8.2%	89.8%	5.4%
6-in-1 doses administered by 24 weeks	95.5%	96.5%	1.0%	95.5%	0.0%	94.2%	-1.3%
MMR 1st doses administered by 13 months	52.2%	57.7%	5.5%	67.9%	15.7%	73.4%	21.2%
MMR 1st doses administered by 16 months	76.9%	84.6%	7.7%	82.9%	6.0%	82.5%	5.6%
MMR 2nd doses administered by 3 years 5 months	37.4%	41.3%	4.0%	51.0%	13.6%	53.2%	15.8%
MMR 2nd doses administered by 3 years 8 months	72.2%	76.9%	4.6%	68.2%	-4.0%	72.1%	-0.1%

Area (Please note these figures are based on Jul 2024)	6in1 24w	MMR 1 16m	MMR2 3y8m
HHCSP Badenoch and Strathspey	80%	92%	75%
HHCSP Caithness	100%	90%	64%
HHCSP East Ross	100%	64%	79%
HHCSP Inverness	92%	84%	71%
HHCSP Lochaber	100%	50%	78%
HHCSP Mid Ross	90%	78%	63%
HHCSP Nairn	100%	100%	60%
HHCSP SLWR	88%	90%	92%
HHCSP Sutherland	100%	100%	80%
HHCSP Total	94%	82%	72%



Discovery Level 1 SVIP COVID-19 & Flu Programme
Uptake: Winter 2024
Latest Data: 06-Oct-2024

Season
Winter 2024

Programme
COVID-19



Programme: **COVID-19**
Selected Location: **Highland**
Priority Group: **Total**
Methodology: **Performance**
View: **Health & Social Care Partnership**

View
Health & Social Care Partnership

JCVI Priority Group
Total

Methodology
Performance

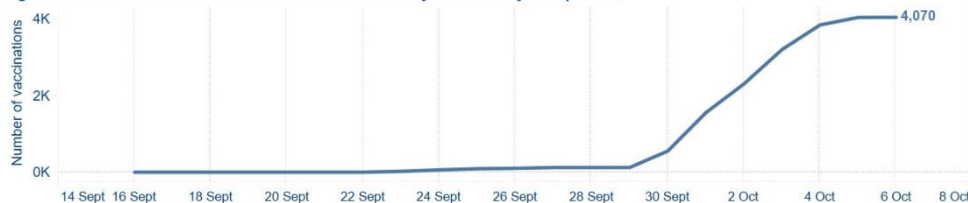
Percentage Uptake by Health & Social Care Partnership

[Click to filter](#)



	Vaccinated	Eligible Population	% Uptake	% of Future Appointments	Percentage unvaccinated with no future appointment	
					Never had an Appointment	Incomplete Appointment
Scotland	93,144	2,240,299	4.2%	46.2%	47.6%	2.0%
Highland	4,070	104,252	3.9%	47.5%	46.0%	2.7%

Highland: Cumulative Number of COVID-19 vaccinations by JCVI Priority Group: Total



Notes

For seasonal methodology and cohort sources please see the [supporting metadata](#).
Vaccination data are extracted from the National Clinical Data Store (NCDS). Vaccination uptake is based on the current living Scottish population.
Health Board breakdowns are based on the individual's residential address, not where the vaccination was delivered.
The denominator is based on the eligible populations that Public Health Scotland hold accurate data for. For some populations such as unpaid carers there is no national data source available. Therefore, the denominator used in estimating uptake % will not match the overall total administered vaccines.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

There remains a need to ensure that a robust model for vaccination delivery is in place. While progress is being made, there will need to be further assurance that the level of performance is improving before moderate assurance can be reached.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

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

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

Discussions have been undertaken with various stakeholders since the start of delivery of vaccination programmes and there is active communication with Scottish Government, GPs and with politicians

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.