

Dame Meg Hillier DBE MP
Chair of the Public Accounts Committee
House of Commons
London
SW1A 0AAengland.ce@nhs.net

31 October 2022

Dear Chair,

House of Commons Committee of Public Accounts Eleventh Report of Sessions 2022-2023: The rollout of the COVID-19 vaccine programme in England. Update on assurance of local plans process and outcomes

I am writing further to recommendation 3a of the above report, to set out an update on the results of the local plan assurance process undertaken since the publication of the Committee's report on 13 July 2022.

3: PAC conclusion: NHS England has started planning for a reduction in vaccine sites and staffing for the rest of 2022 in anticipation of lower overall demand, but it is not yet clear how its strategy will strike the right balance between maintaining high levels of vaccination uptake and ensuring that demands on healthcare staff are sustainable.

3a: PAC recommendation: By the end of October 2022, NHS England should write to the Committee with the results of its assurance of local plans – particularly with regard to whether these provide an efficient and effective basis for the programme to achieve its aims, while safeguarding staff welfare and aligning with other demands on the NHS. It should also set out any further central actions it will take to address areas of deficiency in the plans.

Achieving the aims of the COVID-19 Vaccine Deployment Programme

For the 2022 autumn booster programme the Joint Committee on Vaccination and Immunisation (JCVI) advised that:

“...the following groups should be offered a COVID-19 booster vaccine:

- residents in a care home for older adults and staff working in care homes for older adults
- frontline health and social care workers
- all adults aged 50 years and over
- persons aged 5 to 49 years in a clinical risk group, as set out in the [Green Book, chapter 14a, tables 3 and 4](#)
- persons aged 5 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers, as set out in the [Green Book, chapter 14a, table 3](#)

In order to optimise protection over the winter months, the autumn programme should aim to complete vaccinations by the start of December 2022. Operational flexibility will apply in relation to vaccine supply, promotion of vaccine uptake and prioritisation for vaccination according to underlying risk of severe COVID-19.”¹

The Covid-19 Vaccine Deployment Programme’s aim is to offer Covid-19 vaccination to over 26 million people and complete vaccinations by winter 2022. In developing plans for the autumn/winter campaign, NHS England developed a collaborative local assurance process with regions and local health systems to align governmental aims as outlined in the [COVID-19 Response: Living with Covid-19 strategy](#), and in the NHS England letter [Autumn COVID-19 booster and flu vaccine programme](#) taking into account wider current workforce challenges.

Planning for delivery this autumn

The planning process was an iterative process, in which local system plans were developed by all 42 Integrated Care Boards to ensure the most efficient and effective approach to local delivery. Evaluation was informed by the SHAPE tool (“Strategic Health Asset Planning and Evaluation”), a web-based mapping application, which was used to assess capacity, coverage and convenience of access in regions and systems to ensure that the delivery model provided sufficient capacity to meet expected demand within the stated eligibility and timeframes.

A key criterion for these local plans was delivery with minimal impact on wider health services. As an example, the selection of community pharmacy sites to deliver vaccines was undertaken on the basis that they should access additional workforce capacity needed to deliver without an impact on other essential services and ongoing service delivery. Additionally, for General Practice, Primary Care Network (PCN) groupings were invited to deliver the autumn/winter COVID-19 vaccination programme on the basis of an enhanced service specification². A prerequisite for participation set out in the contract was to ensure there would be no adverse impact on core primary care services. Assurance of these approaches were undertaken by local commissioners, who are best placed to lead discussions around service delivery with a holistic view of services and impact in a local area.

We have monitored the impact of this approach and supported the utilisation of non-NHS estate since the programme commenced. The staffing structure across sites delivering vaccines this autumn includes additional trained (clinical and non-clinical) staff, and also volunteers who are being deployed from NHS Volunteer Responders, delivered through the Royal Voluntary Service and St John Ambulance. They have collectively delivered over 118,000 volunteer hours since the start of September 2022.

Additionally, the plans focussed on approaches to reduce health inequalities and address underserved community uptake. This included, for each local plan, a clearly articulated strategy to target areas/communities of historically low uptake and a defined approach to systematic engagement with underserved communities, building on previous experience of what has worked within their local communities and ensuring partnership working.

¹ [JCVI statement on the COVID-19 booster vaccination programme for autumn 2022: update 3 September 2022 - GOV.UK \(www.gov.uk\)](#)

² [Coronavirus » COVID-19 Enhanced Service Vaccination Collaboration Agreement: Phase 5 \(england.nhs.uk\)](#)

Local plans also outlined an approach, in case of any future advice from JCVI, to increase the scope of eligibility or pace of Covid-19 vaccination, with no significant deficiencies.

Readiness to deliver

The autumn/winter programme has started strongly from September 2022, achieving a planned trajectory to average 2 million vaccinations per week since week commencing 26 September to 21 October inclusive. The local plan assurance process has allowed the NHS to rapidly increase vaccination site capacity from the summer, ensuring any deficiencies across the key planning principles were addressed prior to 'go live' of the autumn campaign. We continue to review and assure the overall programme performance, utilising local plans as a basis for these discussions, to ensure that we achieve the objectives as outlined by the JCVI.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'A. Pritchard', written in a cursive style.

Amanda Pritchard
Chief Executive
NHS England