

COVID-19 Vaccine Deployment Plan 2021



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COVID-19 Vaccine Deployment Plan 2021

1. Introduction

Scotland today, like countries across the world, faces unprecedented challenges in the face of COVID-19. Addressing these require us to act early and fast to suppress the virus to the lowest possible level, particularly in light of the new strain which is significantly more infectious than we have seen in the past year. Alongside that work sits the opportunity of the new vaccines produced as a consequence of significant scientific and research work on a global scale.

This Deployment Plan sets out how we will work as fast as supplies allow to vaccinate everyone over the age of 18 and those aged 16 and 17 who are frontline health and social care workers, young carers or have underlying health conditions in Scotland – 4.5 million people. This is the largest mass vaccination programme we have ever undertaken but its importance to the future of each one of us cannot be under-estimated. This national programme requires a national effort and that is underway.

In the national programme we will have the workforce and the infrastructure to vaccinate 400,000 people each week from 1st February. Vaccination will take place in care homes, where needed into people's own homes, through GP surgeries, local vaccination clinics, community pharmacies, mobile vaccination units and mass vaccination centres. The locations used will be chosen to maximise the number we can vaccinate while making it as accessible and easy as possible for people to come to their appointment.

We will issue regular information and communication both nationally and locally so that information is available when and where people need it and through our national booking service which will be available by phone from 1st February, and on line shortly thereafter. We will start to send letters out in the last ten days of January to allow people to attend appointments from February onwards. We intend that as we contact each priority group we ensure that everyone is able to make appointments to receive their vaccine as quickly as possible. In addition we are working closely with our local NHS Boards; the armed services; Local Authority and other key organisations such as St John's Ambulance Service to ensure that the vaccine programme is supported locally and we can offer additional support to help people such as transport to the vaccination centre where that is needed.

We're very grateful for the many offers of help we've had so far – from offers of premises, volunteers to support people being vaccinated and those clinically qualified who want to sign up as vaccinators. If you want to help, please contact the central email offersofsupport.vaccine@gov.scotland . We'll make sure you're put in touch with the right person locally.

The Scottish COVID-19 Vaccination Helpline (0800 030 8013) is now open, to make sure those who are called forward for the vaccine can get the information they need.

2. How delivery is prioritised

Immunisation policy in Scotland is determined by Scottish Ministers and follows advice from the Joint Committee of Vaccination and Immunisation (JCVI) and other appropriate bodies. The JCVI:

- assesses evidence and makes recommendations for all immunisation programmes;
- advises the UK Government and the NHS in the four nations about all aspects of immunisation; and
- supports implementation of all immunisation programmes.

Before a COVID-19 vaccine is put into general use, it has to be given authorisation to supply. As part of the consideration on whether to grant authorisation to supply, the Medicines and Healthcare products Regulatory Agency (MHRA) take into account a variety of considerations, including that the manufacturers have to demonstrate its quality, safety and efficacy in preventing the particular disease for which it's intended. Once introduced, vaccines are constantly monitored so that any new side effects are quickly noticed and investigated. We have therefore been guided by the JCVI advice and our prioritisation has therefore followed their recommendation.

The JCVI has found that the risk of serious disease and death of COVID-19 increases exponentially with age and is also increased in those with a number of underlying health conditions. They have advised that as long as an available vaccine is both safe and effective in older adults, they should be a high priority for vaccination. An age-based programme will therefore capture those with clinical risk factors as the risk of death is very strongly linked with age, more so than any other factor. This is included in Table 1 below:

Table 1: population of JCVI cohorts

| JCVI Priority | Group | Estimated population |
|---------------|---|---|
| 1 | <p>Residents and workers in care homes for older people.</p> <p>Residents and those working in long-stay residential and nursing care homes or other long-stay care facilities for older adults where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This includes non-clinical ancillary staff who may have social contact with resident but are not directly involved in patient care, such as cleaners and kitchen staff.</p> | <p>30,000 residents</p> <p>45,000 staff</p> |

| JCVI Priority | Group | Estimated population |
|-----------------|---|-----------------------|
| | <p>All those over 80 years of age and over</p> <p>Starting for logistical reasons with long-term hospital inpatients who are over 80.</p> | <p>250,000</p> |
| <p>2</p> | <p>Patient facing, frontline healthcare workers.</p> <p>Staff who have frequent face-to-face clinical contact with patients and who are directly involved in patient care in either secondary or primary care/community settings. This includes doctors, dentists, midwives and nurses, vaccinators, paramedics and ambulance drivers, pharmacists, optometrists, occupational therapists, physiotherapists, radiographers and any associated support staff of independent contractors. It should include those working in public, private, third sector and non-standard healthcare settings such as hospices, and community-based mental health or addiction services. It should include Healthcare Improvement Scotland inspectors who are required to visit premises. Temporary staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients must also be included.</p> | |
| <p>2</p> | <p>Non-clinical but patient facing staff in secondary or primary care/community healthcare settings.</p> <p>This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners.</p> | <p>230,000</p> |
| <p>2</p> | <p>Laboratory and pathology staff</p> <p>Hospital-based laboratory and mortuary staff who frequently handle SARS-CoV-2 or collect or handle potentially infected specimens, including respiratory, gastrointestinal and blood specimens should be eligible as they may also have social contact with patients. This may also include cleaners, porters, secretaries and receptionists in laboratories. Frontline funeral operatives and mortuary technicians / embalmers are both at risk of exposure and likely to spend a considerable amount of time in care homes and hospital settings where they may also expose multiple patients. However, not included here are staff working in non-hospital-based laboratory and those academic or commercial research laboratories who handle clinical specimens or potentially infected samples as they will be able to use effective protective equipment in their work and should be at low risk of exposure.</p> | |

| JCVI Priority | Group | Estimated population |
|---------------|---|--|
| | Social care staff directly involved in the care of their service users and others involved directly in delivering social care such that they and vulnerable patients/clients are at increased risk of exposure This includes, for example, workers in residential care for adults and children, supported housing, and also personal assistants and social workers who have face-to-face contact in the course of their duties including child, adult, mental health officer duties and public protection. It should include Care Inspectorate staff who are required to visit care homes and other registered services. Young people age 16-18 years, who are employed in, studying or in training for health and social care work should be offered vaccination alongside their colleagues if a suitable vaccine is available. | |
| 3 | all those 75 years of age and over | 190,000 |
| 4 | all those 70 years of age and over and clinically extremely vulnerable individuals | 280,000 over 70 110,000 clinically extremely vulnerable |
| 5 | all those 65 years of age and over | 280,000 |
| 6 | all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality and Unpaid carers* | 1,010,000 |
| 7 | all those 60 years of age and over | 280,000 |
| 8 | all those 55 years of age and over | 330,000 |
| 9 | all those 50 years of age and over | 340,000 |
| Total | All JCVI Groups | 3,375,000 |

NB These are indicative estimates, based on data available from Health Boards and the Scottish Care Home Safety Huddle Tool. Please note that people can be part of two priority groups. A 60 year old frontline health and social care worker for example will have been vaccinated as priority group 2, but will also appear in the population numbers for the 60-64 years group. Similarly carers will appear in other priority groups notably by age. Some assumptions and adjustments have been made to minimise double counting individuals who could be in more than one priority group. We recognise for some groups, such as care home residents, the population can change. Therefore ongoing review and quality assurance will take place throughout the vaccination programme to ensure the estimates reflect the latest eligible population for each priority group.

3. Vaccine Supply and Delivery

Supply forecasts are provided to the Scottish Government and NHS NSS on a weekly basis but are refined each week, which can make forward operational planning challenging. Public Health England (PHE) information on weekly batch arrival to Movianto (the distributor) is more reliable in the short term.

Beyond the immediate 4-6 week period, the Department for Business, Energy & Industrial Strategy (BEIS) forecast gives us three planning scenarios and an estimation for Scotland's share of expected batches:

- a. worst case,
- b. operational case; and
- c. best case scenario.

Within our modelling, we have been deliberately cautious and used the BEIS' worst case scenario for planning purposes.

When batches come into the Movianto base, there are the following processes to go through:

- Quality Assurance checks by MHRA; and
 - PHE put stock onto the ordering system to notify that it is available.
-
- We have a separate NHS Scotland delivery contract with Movianto
 - NHS NSS works with all health boards to ask them where they want their allocation to go to e.g. they agree x amount to their vaccine holding centre; and then variable amounts depending on what is required are sent on to health centres.
 - Next day delivery can be done from Movianto to a vaccine holding centre; and weekly to a GP practice on their set delivery day.
 - If the ordering/delivery timing is misaligned and a health centre has a clinic scheduled and not enough stock, the local board will work to resolve this with its internal stock, or work with NSS to contact Movianto to see if an order can be moved forward.
 - In addition, the lead pharmacist at NHS NSS communicates to all board vaccine delivery leads on a daily basis
 - As delivery of the larger cohorts moves to central scheduling and board delivery, the bulk of deliveries will be direct to vaccine holding centres and this will be next day delivery.

Table 2: supply of vaccine from Pfizer, AstraZeneca, and Moderna that we expect per week from Pfizer, AstraZeneca, and in due course, Moderna.

- This is anticipated, not actual (the latter is explained below the table).
- The numbers are based on our current understanding from PHE and BEIS information.
- This is subject to change.
- The area on the chart shaded green indicates the period of time for which we have reasonable certainty, the amber shaded area indicates lesser certainty of delivery dates.
- Table 2 anticipated numbers is used for planning only – to model what is possible to achieve across Scotland
- To do this a 5% waste assumption is made (in practice the waste has been found to be minimal (less than 1% in some cases) – but for planning it protects against issues such a freezer failure and loss of stock etc.)

| Week commencing | AZ | Pfizer | Moderna | Total with assumed wastage |
|-----------------|---------|---------|---------|----------------------------|
| Up to 4/1/2021 | 44,000 | 470,925 | | 489,179 |
| 11/01/2021 | 47,200 | 0 | | 44,840 |
| 18/01/2021 | 201,840 | 123,825 | | 309,382 |
| 25/01/2021 | 261,400 | 127,725 | | 369,669 |
| 01/02/2021 | 106,600 | 80,925 | | 178,149 |
| 08/02/2021 | 160,560 | 81,900 | | 230,337 |
| 15/02/2021 | 0 | 82,875 | | 78,731 |
| 22/02/2021 | 118,800 | 82,875 | | 191,591 |
| 29/02/2021 | 337,200 | 129,675 | | 443,531 |
| 07/03/2021 | 325,280 | 129,675 | | 432,207 |
| 14/03/2021 | 0 | 129,675 | | 123,191 |
| 21/03/2021 | 356,400 | 130,982 | | 463,013 |
| 28/03/2021 | 118,800 | 130,982 | | 237,293 |
| 04/04/2021 | 350,400 | 78,755 | 4,145 | 411,635 |
| 11/04/2021 | 93,680 | 78,755 | 4,145 | 167,751 |
| 18/04/2021 | 331,600 | 78,755 | 4,145 | 393,775 |
| 25/04/2021 | 331,600 | 78,755 | 4,145 | 393,775 |
| 02/05/2021 | 265,280 | 77,926 | 13,264 | 338,647 |
| 09/05/2021 | 265,280 | 77,926 | 13,264 | 338,647 |
| 16/05/2021 | 265,280 | 77,926 | 13,264 | 338,647 |
| 23/05/2021 | 265,280 | 77,926 | 13,264 | 338,647 |
| 30/05/2021 | 265,280 | 77,926 | 13,264 | 338,647 |

* The final column indicates total anticipated supply with a planning assumption of 5% wastage.

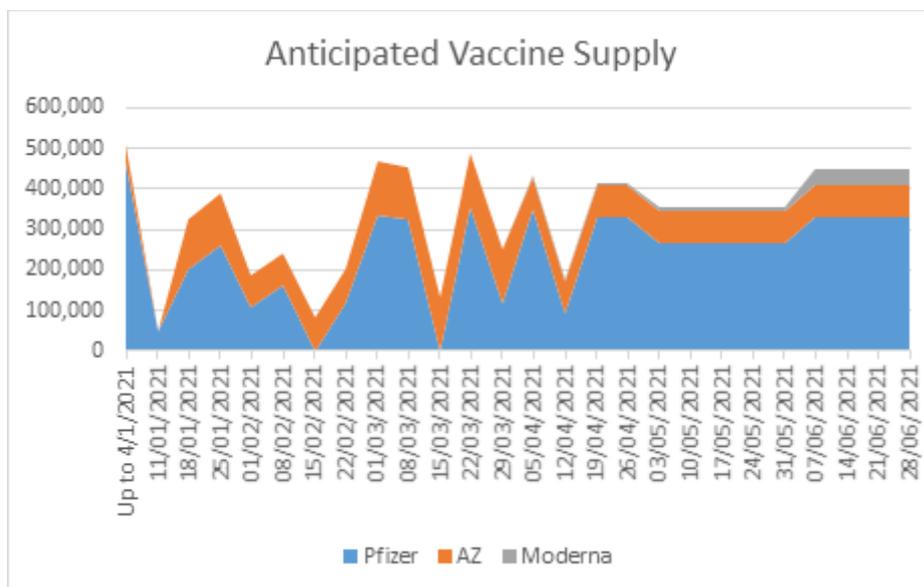
Please note, that prior to the change of MHRA advice, Scotland, like the rest of the UK instructed to hold back 50% of Pfizer available doses for second doses. As Pfizer requires very specific ultra-cold storage conditions, Boards balanced keeping their allocation at the Movianto base rather than calling up with orders to store in local freezers.

As an example of actual numbers of stock, the following example is given from data at 8.30 am on 13th of January 2021

- We have a total accumulative allocation for Scotland (since the programme started) of 562,125 doses of vaccine.
- Of this total, there has been 470,925 Pfizer; and 91,200 AstraZeneca
- Of this total allocation – 365,000 has arrived in Scottish vaccination centres (GP and Board) of which 315,900 is Pfizer and 49,100 is AZ
- There is still 155,025 doses of Pfizer and 42,100 doses of AZ that are either in transit or in storage at Movianto base for Scotland

It is clear from this table that the supply profile is not evenly distributed. This is demonstrated in chart 1 below, and will influence the number of doses that we are able to administer each week.

Chart 1: anticipated vaccine supply



As noted above, the amount of vaccine we are able to administer in any week will be driven by the vaccine available to us.

Chart 2: Cumulative number of people in the JCVI priority groups 1 to 9 target population vaccinated with dose 1 and dose 2 by date

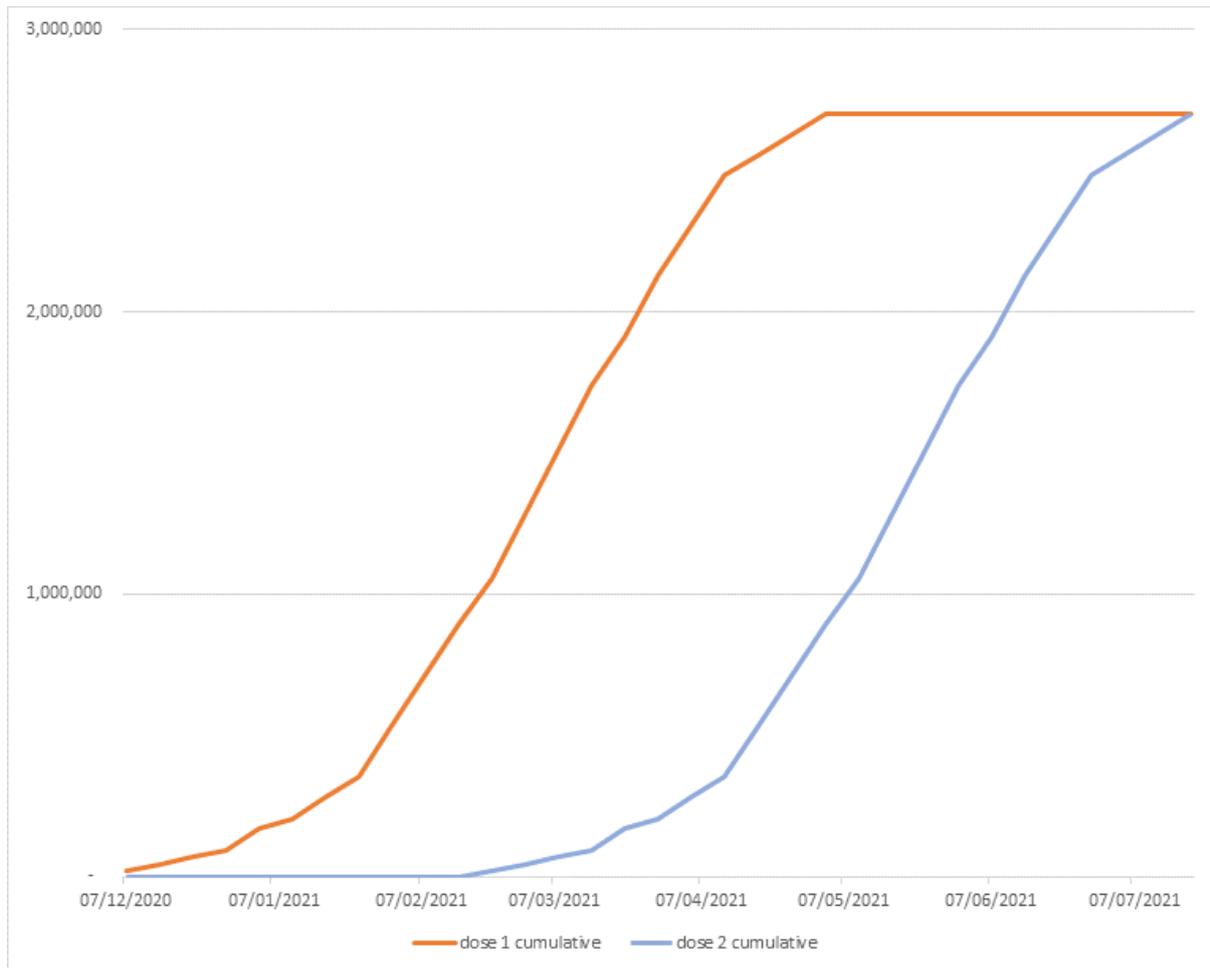
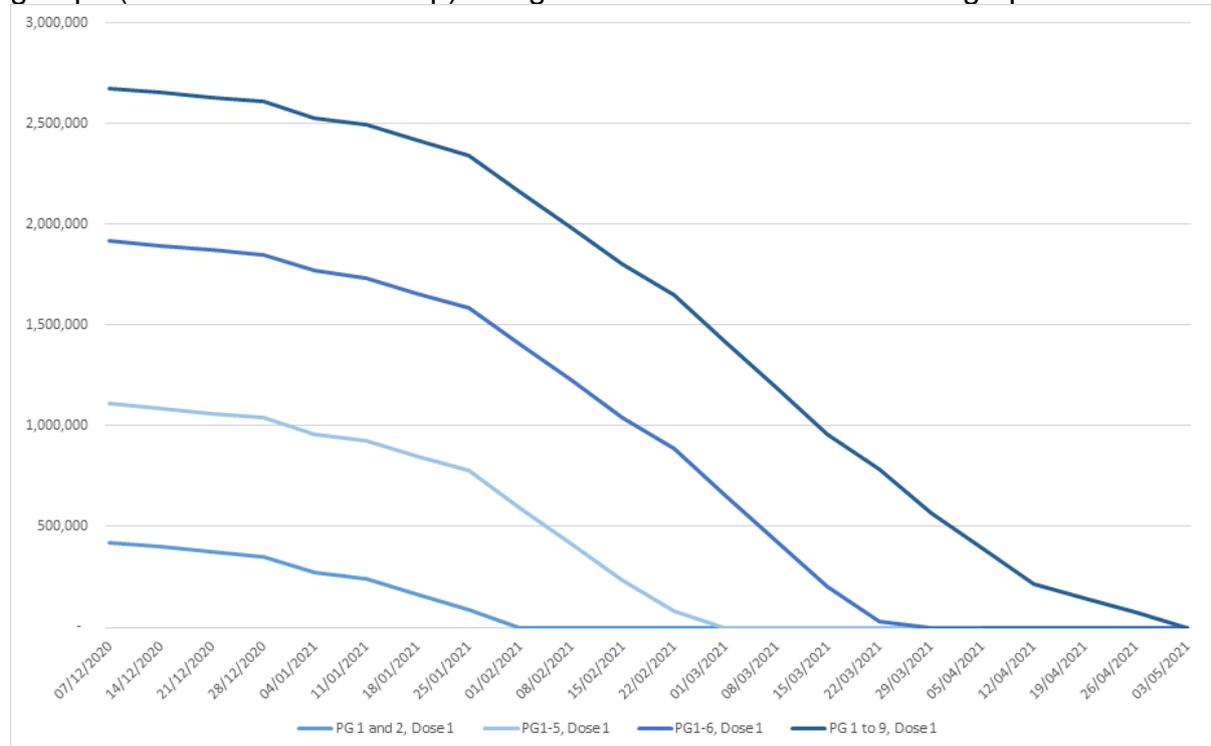


Chart 3: People left to vaccinate dose 1

People left to vaccinate dose 1 in target population by groups, cumulative, once a line hits zero this shows completion of group. Based on the anticipated profile of delivery and administration of vaccine set out we would expect to complete priority groups (based on 80% take up) along the timescales set out in the graph below:



4. Delivery Models - How We Will Vaccinate Different Groups of the Population

JCVI priority groups 1 & 2 - We aim to complete first doses by 5th February 2021

Care home residents

- Health board nursing vaccination teams scheduled visited to care homes and administered vaccines to all residents who were consenting directly, or who were covered by section 47 incapacity legislation.
- For care homes, where there is an outbreak of any level of COVID-19 – the local health protection team will advise of risk and infection control issues to decide locally if some vaccination can be administered to non-affected residents or staff.
- The scheduling of the second doses is organised again between the health board and the nursing home.

Care home staff

- Staff were offered the vaccine on the day of the resident vaccinations (with staff knowing in advance).
- In addition, as all staff would not be on duty at the same day as residents' session, they could also go to the wider health and social care booked sessions at the local vaccination holding centre.

- In some areas of Scotland, there have been higher refusal numbers, and there is an ongoing need to tailor communications and key messages by employers, health boards and SG to ensure that this is promoted as actively as possible.
- In addition, if staff decide at a later date they wish vaccination, they will have all the wider community offerings that come online as we go through the cohorts.

Frontline Health and Social Care Staff (working in direct face to face settings regularly with patients)

- In occupational health settings – the health boards have local booking systems via occupational health, phone bookings, and online bookings.

Over 80 year olds

- Those currently in long-stay secondary care or community hospitals (i.e. in-patients) will be offered the vaccine in hospital provided they are well enough to receive it. If not, they will be followed up on discharge.
- For all other over 80s living in their own home, GP surgeries will be contacting their patients by letter or by phone offering them the vaccine (i.e. not via the national scheduling system).
- The majority of appointments will be at the health centre.
- For those who are housebound, there will be domiciliary visits (either by the community nursing team attached to the health centre or a community vaccination team).

JCVI priority groups 3, 4 & 5 - We aim to complete the first dose for these cohorts 3 & 4 by mid-February and the first dose for cohort 5 by early March 2021.

People will be invited to a number of settings for their vaccination appointment.

JCVI priority groups 6,7,8,9 - We expect to start these cohorts in March and aim to complete first doses by early May 2021

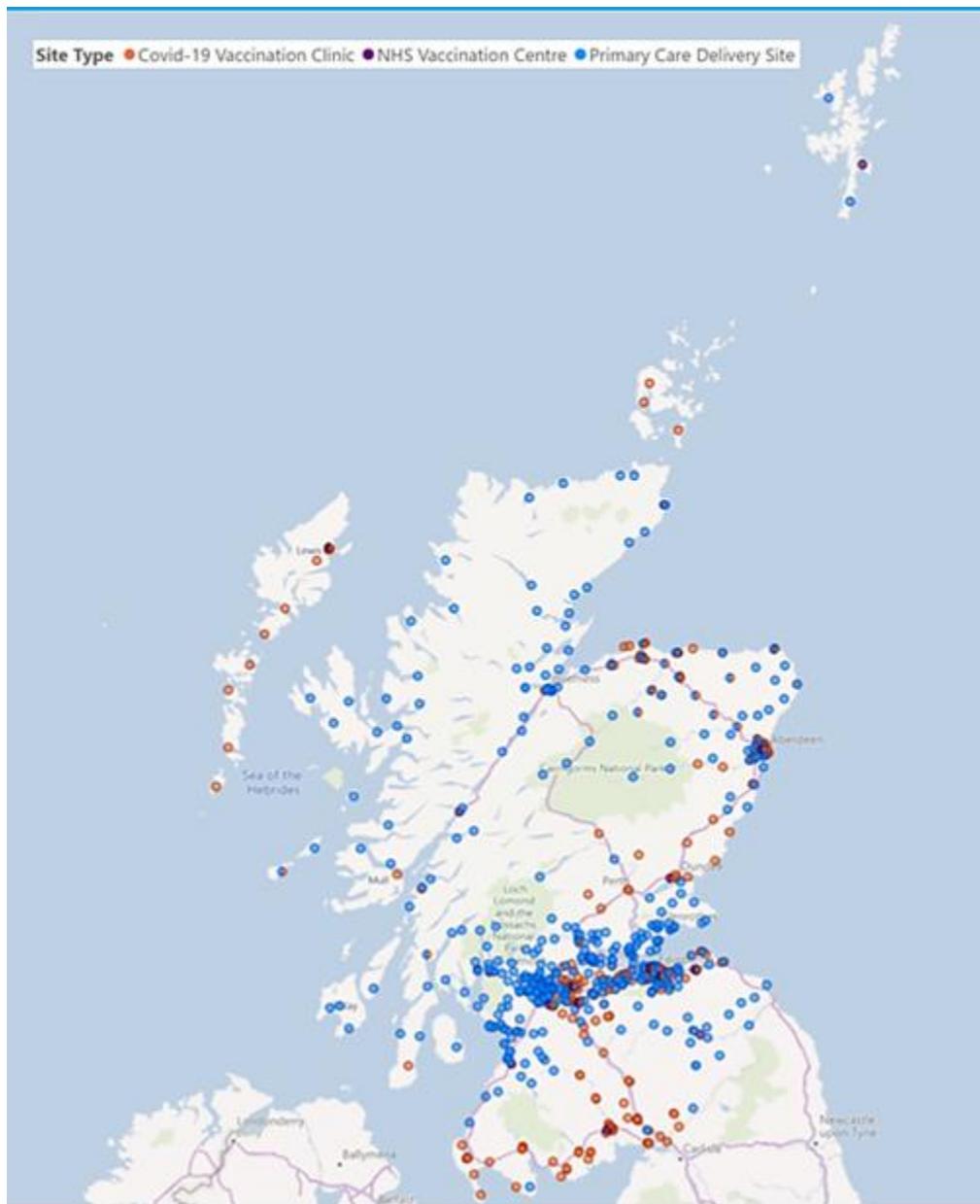
The national scheduling system will send out letters of people's appointments.

Current plans for mass vaccination settings, capable of administering in excess of 20,000 vaccinations per week each include:

- NHS Louisa Jordan, Glasgow
- Edinburgh International Conference Centre
- Pyramids Business Park (Bathgate)
- Queen Margaret University (Musselburgh)
- P&J Live at TECA (Aberdeen)
- Ravenscraig Sports Facility in Motherwell

We're working with the armed forces and Boards to secure more mass vaccination sites, particularly in the Greater Glasgow and Clyde area.

The map below shows geographically the locations from which we are delivering vaccinations from in January. This will be updated as vaccination commences in more locations.



5. Workforce

We are continuing to work closely with Health Boards to assess likely available vaccine supply and associated implications for the vaccination workforce. The capacity required which we have calculated as c. 1,700 Whole Time Equivalent (WTE) of vaccinators per day to carry out 400,000 per week, means that everyone working in the programme would be deployed full-time. Of course we know that that is not the case and that therefore there will be more people working as vaccinators in this programme. This maybe twice the number expressed in WTE, i.e. 3,400 people, dependent on the proportion of full-time staff versus part-time staff. We may not have sufficient vaccine supply to utilise this level of workforce every week, but we will staff up to this capacity.

There are currently almost 5,500 individual vaccinators registered on our national Vaccination Management Tool and this will not include all participating GPs, many of whom will use their own local systems. Over 4,000 people have participated in national training on administering the Pfizer vaccine and around 4,700 people have received training on the AstraZeneca vaccine. This is in addition to training delivered within individual Health Boards.

We continue to work on building additional capacity in the workforce including community healthcare practitioners such as pharmacists, dentists and optometrists to supplement the role played by GPs. A number of these professions are already playing an important role in our efforts.

We are working with the voluntary and community sector to set up a centralised volunteer coordination hub for deployment at mass vaccination clinics. Linked in with existing volunteer frameworks and local resilience partnerships, the hub will be designed to make use of the locally offered support most effectively.

6. Monitoring Progress

Overall a total of 191,965 people have received their first dose of the COVID-19 vaccination and 2,990 have received their second dose. This is based on the latest management information as at 8:30 am on Wednesday 13 January 2021. We have now given first dose vaccination to:

- Just over 80% of residents and over half of staff in 'older adult' care homes.
- Around half of frontline NHS and social care staff.
- Just over 2% of those aged 80 or over living in the community (that excludes care home residents) – a programme that is scaling up rapidly from the 11 January.

The Scottish Government now publishes daily updates of the cumulative number of people receiving their vaccination. <https://www.gov.scot/publications/coronavirus-covid-19-daily-data-for-scotland/>

Weekly updates are published by Public Health Scotland providing more detailed breakdowns by groups vaccinated and geography.

<https://publichealthscotland.scot/our-areas-of-work/covid-19/covid-19-data-and-intelligence/covid-19-weekly-report-for-scotland/>

Flexibility

As outlined, this is the biggest and most complex population-based immunisation programme ever delivered. It is therefore essential that we remain flexible and responsive given this is a highly fluid and dynamic environment. Our planning is designed to achieve this.

Our planning is also predicated on ensuring everyone that receives the first dose will be able to receive their second dose in 12 weeks from the first dose. Both doses will be the same vaccine.

7. Information and Communication

We've sent every household initial information on the national programme and will repeat that with additional detail in March. We will also publish regular statistics and provide factual information to local press and radio and to national media outlets.

A national marketing campaign begins on 21 January.

In the meantime, you can find additional information on NHS Inform [NHS inform - Scottish health information you can trust | NHS inform](#) .

If you have been called forward for a vaccine and you would like additional help, please call the Scottish COVID-19 Vaccination Helpline (0800 030 8013).

If you would like to offer help, please email: offersofsupport.vaccine@gov.scotland.

ANNEX: FAQ

Q: How will I hear about my appointment?

A: If you are in JCVI priority groups 1 and 2 you will be contacted by your local NHS Board, your employer, or your local GP to be advised about your appointment.

If you are in one of the other JCVI priority groups you will be contacted by letter or by telephone. We are also putting in place arrangements to allow you to reschedule your appointment on line, or over the telephone if the date and/or time you're given doesn't suit you.

The national scheduling system will send out letters of people's appointments (or in some health boards, where GPs are doing some of these groups, they may organise the appointments locally).

Q: Where will I be vaccinated?

A: People will be invited to a number of settings for their vaccination appointment:

- GP practices;
- Local, and relatively small-scale vaccination centres (e.g. community centres, sports centres);
- Home visits for those who are clinically extremely vulnerable or have other special requirements; and
- Mobile units for our more remote and rural communities
- Mass vaccination centre.

Q: What if I need to change my appointment?

A: To reschedule, people can go to the website, and access the patient portal. You can then change to a new date and time online. If you cannot or don't want to use the website, you can call the phone line on 0800 030 8013 (open 8 am to 8 pm every day) and someone will help you change the appointment date and time.

The patient portal will go live in February, and the phone line will be the single place to reschedule beforehand.