

# Report of Bradford District Care NHS Foundation Trust to the Bradford and Airedale Wellbeing Board

J

---

## Subject:

**Covid-19 Vaccination Programme Autumn 2023-24**

## Summary statement:

- The Covid-19 Programme needs to ensure that we are able to provide a Covid-19 offer to 100% of the eligible population maximising co-administration where possible.

## EQUALITY & DIVERSITY:

- PCNs 5 & 6 that service some of our most deprived parts of Bradford and have the lowest levels of uptake of Covid-19 vaccine have not yet opted in (at the time of writing. The deadline is 5pm 04/09/23). This places these populations at increased risk especially if the new Covid-19 variant is highly transmissible. Whilst we do have additional community pharmacy access in these areas it remains to be seen whether this will be enough to encourage people to be vaccinated.
- To mitigate this, we were planning a significant programme of community events and 'pop-ups' in these areas to encourage as many people as possible to be vaccinated, but the accelerated timeline presents a planning and delivery challenge to vaccinate as many people by the end of October.
- We have Covid-19 Access and Inequalities money at our disposal which we can use to enable (underwrite) 'pop-ups', engagement and outreach especially in those areas where PCNs have not opted in and or where we struggle with low uptake.

---

Karen Dawber and Phillipa Hubbard

**Portfolio:**

E-mail:

[Karen.Dawber@bthft.nhs.uk](mailto:Karen.Dawber@bthft.nhs.uk)

[Phillipa.Hubbard@bdct.nhs.uk](mailto:Phillipa.Hubbard@bdct.nhs.uk)

Report compiled by: Gordon Todd

[Gordon.Todd@bthft.nhs.uk](mailto:Gordon.Todd@bthft.nhs.uk)

**Overview & Scrutiny Area:**

Vaccination Programme

Rimmingtons Pharmacy will be a prime provider of vaccine and vaccination resource to support these activities.

## 1. SUMMARY

- The Covid-19 Autumn 2023 Campaign is faced with a number of challenges to ensure that we are able to provide a Covid-19 offer to 100% of the eligible population maximising co-administration where possible.
- Not all of our PCNs have opted in to this campaign, so we need to ensure that information data sharing agreements (DSAs) can be progressed at Place
- We also need to agree innovative ways to use inequalities monies to mitigate the financial risk

## 2. BACKGROUND

- On 7<sup>th</sup> August NHSE issued Enhanced Service Specifications for the forthcoming Autumn 23-24 Flu and Covid-19 campaigns, setting out:
  - I. Site requirements and contractual obligations for opting in to each programme
  - II. Eligible cohorts (Appendix 1 for Flu and Covid-19 eligible cohorts)
  - III. Payment arrangements: Item of Service (IoS) fee (payment per jab) + supplements for care homes and housebound patients
- On 10<sup>th</sup> August NHSE issued a Flu and Covid-19 system letter setting out the start dates for flu and covid-19: care homes were due to commence from 2<sup>nd</sup> October with other eligible flu and covid-19 cohorts from 7<sup>th</sup> October. Flu clinics already organised for September can also go ahead.
- The flu and covid-19 cohorts are very aligned for this Autumn to facilitate co-administration of flu and covid-19 vaccines wherever possible (Appendix 1)
- On 30<sup>th</sup> September NHSE issued a revised flu and covid-19 system letter pulling the whole programmes forward by 3 weeks including care homes and anyone booked locally from 11<sup>th</sup> Sept; and with the main campaign open to all eligible cohorts from 19<sup>th</sup> September. It also detailed campaign end dates: care homes by 22<sup>nd</sup> October, main campaign by 31<sup>st</sup> October, and community and outreach activities permitted until 31<sup>st</sup> Jan 2024. The child and schools flu programme should proceed as usual from 1<sup>st</sup> September 2023.
- The new system letter also detailed additional acceleration payments of £10 per care home resident, £200 per care home completion and £5 per vaccination for the remaining cohorts.
- The rationale for the accelerated timeframe and payments was stated as due to new covid-19 variant BA.2.86 which has 30 new mutations. This has been detected in at least 5 countries, including Scotland. The large number of mutations could lead to more severe symptoms but there is little information yet. Rather than wait until they have this data and it becomes widespread within the country, NHSE following JCVI advice, have decided to accelerate the covid-19 and flu programmes to protect as many of the most vulnerable as quickly as possible.
- The system letter of 10<sup>th</sup> August caused a lot of reluctance from the PCN community to opt-in to the Covid-19 Programme for the following main reasons:
  - IV. The Item of Service fee (IOS) had been reduced by 25% to £7.54/jab, housebound supplements remained at £10/patient with no supplement for vaccinating small-medium care homes.

V. PCNs had already been planning flu clinics and did not want to reschedule to October, nor was it financially viable to run covid-19 clinics only.

VI. It extended the opt-in deadline to 4<sup>th</sup> October from 29<sup>th</sup> August.

- The combined effect of the above meant that 50% of our PCNs initially indicated they would not participate in the Covid-19 Programme, but all PCNs would deliver flu vaccinations.
- As in previous campaigns where PCNs did not opt-in we have put in place alternative provision via community pharmacies to vaccinate people in care homes and the housebound (we have the same provision lined up again). Care homes are run as 'pop-ups' but housebound vaccinations are more of a problem due to the need to share patient data (see below).
- With the changes to the programme we were encouraged to revisit those PCNs that had not opted in to explore if they would reconsider. At the time of writing, more PCNs have opted in, and 3 are yet to express their intentions. Appendix 2 shows the current PCN opt-in positions.
- Running in parallel and to a similar timescale is the community pharmacy expression of interest for existing and new sites. Whilst new sites may plug gaps where PCNs do not opt-in, we have little control over where they are; we receive no additional vaccine as vaccine is population based and it makes the 'day to day' running more complex. Appendix 3 shows the current position with regard to community pharmacy participation in Covid-19.
- The covid-19 eligible population is approximately 247,000. If uptake is the same as Autumn 2022/23 at 56%, this means we need to deliver about 138,000 vaccinations. If the main campaign lasts 10 weeks, we need to vaccinate approx. 13,800/week. The current estimate of PCN and community pharmacy capacity is approx. 35,000 vaccinations per week, so we appear to have more than enough in place. During the Autumn 2022/23 campaign, maximum weekly vaccinations peaked at just under 19,000 per week, again suggesting that our capacity can cope.
- There are 2 major concerns at the moment:
- Firstly PCNs 5 & 6 that service some of our most deprived parts of Bradford and have the lowest levels of uptake of covid-19 vaccine have opted out (at the time of writing). This places these populations at increased risk especially if the new covid-19 variant is highly transmissible. Whilst we do have additional community pharmacy access in these areas it remains to be seen whether this will be enough to encourage people to be vaccinated.
- To mitigate this, we were planning a significant programme of community events and 'pop-ups' in these areas to encourage as many people as possible to be vaccinated, but the accelerated timeline presents a planning and delivery challenge to vaccinate as many people by the end of October.
- Secondly, to vaccinate housebound people living within the PCNs that have not opted in requires patient data to be shared with the community pharmacy providers. This requires data sharing agreements (DSAs) to be in place, and data to be shared with the alternative provider which presents a significant challenge in terms of the drafting and signing agreements and the timely transfer of the data. The accelerated timescales of the programme mean this is an even greater challenge than before especially as some parts of the system are very slow to respond. We require a quicker turnaround in terms of DSAs and patient lists transfers to allow alternative provider to route plan vaccinate these patients before end October.

### **3. OTHER CONSIDERATIONS**

- None

### **4. FINANCIAL & RESOURCE APPRAISAL**

- We have £370k of Covid-19 Access and Inequalities money at our disposal which we can use to enable (underwrite) 'pop-ups', engagement and outreach especially in those areas where PCNs have not opted in and or where we struggle with low uptake. We already have some proposals for such activities, but the accelerated timeline is creating an additional complexity to provide a comprehensive plan of events. Rimmingtons Pharmacy will be a prime provider of vaccine and vaccination resource to support these activities.

### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

*If there are no significant risks arising out of the implementation of the proposed recommendations it should be stated but only on advice of the Assistant Director Finance and Procurement and the City Solicitor.*

### **6. LEGAL APPRAISAL**

*If there are no legal issues arising this should be stated, but only on advice from the City Solicitor.*

### **7. OTHER IMPLICATIONS**

- None

#### **7.1 SUSTAINABILITY IMPLICATIONS**

*Contact the Policy Officer, on Bradford 434123 or e-mail [jamie.saunders@bradford.gov.uk](mailto:jamie.saunders@bradford.gov.uk) for further guidance.*

#### **7.2 TACKLING THE CLIMATE EMERGENCY IMPLICATIONS**

*Assessment of the impact of all recommendations on the Council's own and the wider District's carbon footprint and emissions from other greenhouse gasses. Contact the Environment & Climate Change Manager on 07582 109030 for further guidance.*

#### **7.3 COMMUNITY SAFETY IMPLICATIONS**

*Contact the Safer Communities Delivery Co-ordinator on (01274) 431364 for further guidance.*

#### **7.4 HUMAN RIGHTS ACT**

*Refer to the guidance contained in: 'Deciding Rights - Applying the Human Rights Act to Good Practice in Local Authority Decision-Making' published by the Local Government Association (<https://www.local.gov.uk>).*

*Consult the lawyer who normally offers advice in relation to the matters covered in the*

*report.*

## **7.5 TRADE UNION**

*The Director of Human Resources may advise on this aspect.*

## **7.6 WARD IMPLICATIONS**

- None

## **7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)**

*Include details of contribution to priorities within the Area Committee's Action Plan. For further guidance contact the relevant Area Co-ordinator.*

## **7.8 IMPLICATIONS FOR CORPORATE PARENTING**

*Refer to the guidance contained in the Report Guide.*

## **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

Undertake a Privacy Impact Assessment to determine whether you need to deal with data protection and information security matters arising from the proposal/decision.

## **8. NOT FOR PUBLICATION DOCUMENTS**

- None

## **9. OPTIONS**

**N/A**

## **10. RECOMMENDATIONS**

The views of the Executive on the points set out in this report are requested.

### **The PLE is asked to:**

- Note the current position and issues raised.
- Consider how we can ensure that we are able to provide a Covid-19 offer to 100% of the eligible population maximising co-administration where possible
- Ensure that data sharing agreements (DSAs) are progressed at Place
- Consider innovative ways to use the inequalities monies to mitigate the financial risk

## 11. APPENDICES

1. Flu and Covid-19 Eligible Cohort Alignment
2. PCN Opt In / Opt Out (as at 01/09/23)
3. Community Pharmacy Participating Sites (as at 01/09/23)
4. Covid-19 performance data Autumn 22/23 and Spring 23

### Appendix 1: Flu and Covid-19 Eligible Cohort Alignment

Eligible Cohort	Flu	Covid-19
<ul style="list-style-type: none"> <li>• those in long-stay residential care homes (flu)/ residents in a care home for older adults (Covid-19)</li> </ul>	Yes	Yes
<ul style="list-style-type: none"> <li>• all adults aged 65 years and over</li> </ul>	Yes	Yes
<ul style="list-style-type: none"> <li>• those aged 6 months to under 65 years in clinical risk groups (as defined by the <a href="#">Green Book, chapter 19 (Influenza)</a>)</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>• persons aged 6 months to 64 years in a clinical risk group, as laid out in the <a href="#">Immunisation Green Book</a>, COVID-19 chapter (Green Book)</li> </ul>		Yes
<ul style="list-style-type: none"> <li>• pregnant women</li> </ul>	Yes	Yes
<ul style="list-style-type: none"> <li>• frontline health and social care workers</li> </ul>	Yes	Yes
<ul style="list-style-type: none"> <li>• carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person (Flu)</li> <li>• persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults</li> </ul>	Yes	Yes
<ul style="list-style-type: none"> <li>• close contacts of immunocompromised individuals (Flu) /</li> <li>• persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression (Covid-19)</li> </ul>	Yes	Yes
<ul style="list-style-type: none"> <li>• Children aged 6 months to 4 years considered at risk according to the <a href="#">Immunisation Green Book</a>, COVID-19 chapter (Green Book)</li> </ul>	N/A	Yes
<ul style="list-style-type: none"> <li>• all children aged 2 or 3 years on 31 August 2023</li> </ul>	Yes	N/A
<ul style="list-style-type: none"> <li>• primary school aged children (from Reception to Year 6)</li> </ul>	Yes	N/A
<ul style="list-style-type: none"> <li>• frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants.</li> </ul>	Yes	Yes (include above)

**Appendix 2: PCN Opt-in/Opt Out as at 1<sup>st</sup> Sept 2023**

PCN	Flu: Opt-in	Covid: Opt-in	Comments
Affinity	Yes	Yes	
BD4+	Yes	Yes	Now all in
5 Parks	Yes	Yes	
5 Lane Ends	Yes	Probably	Awaiting response on Monday 4 <sup>th</sup> Sept
North Bfd (WISSH)	Yes	Yes	
PCN4	Yes	Yes	
PCN5	Yes	No	Alternative arrangements needed for care homes and housebound
PCN6	Yes	No	Alternative arrangements needed for care homes and housebound
Modality	Yes	Yes	Subcontract housebound to Oxenhope Pharmacy
WACA	Yes	Yes	All practices are in except 1. Ilkley Moor will need to sub-contract their care homes and Housebound
Bfd NorthWest	Yes	Yes	
Bingley Bubble	Yes	No	Alternative arrangements needed for care homes and housebound



**Appendix 3: Community Pharmacy as at 1<sup>st</sup> Sept 2023: 53 Community Pharmacies with existing sites highlighted**

<b>Pharmacy</b>	<b>Postcode</b>	<b>Pharmacy</b>	<b>Postcode</b>
Kirkgate Pharmacy	BD1 1TQ	Steeton Pharmacy	BD20 6NU
Browgate Pharmacy Ltd	BD17 6BP	Bingley Road Pharmacy	BD18 4RS
Medichem Pharmacy - Wibsey Bradford	BD6 1TD	Highfield Pharmacy	BD4 9QA
Oxenhope Pharmacy	BD22 9JJ	Sahara Pharmacy	BD95HB
Swift Buttershaw Pharmacy	BD6 3LX	Rowlands Pharmacy Five Lanes End	BD10 8EW
Pool Pharmacy	BD23 2JB	Well Keighley - Scott Street	BD21 2JH
EXEL CHEMIST - BRADFORD	BD10 0BU	Cohens Chemist - Keighley	BD20 7LG
Abrar Rehman Pharmacy	BD8 9DP	Cohens Chemist - Little Horton Lane	BD5 0NX
Chelmsford Rd Pharmacy	BD3 8QN	Cohens Chemist - Mayfield Medical Centre	BD14 6NF
Holmewood Pharmacy	BD4 9EJ	Cohens Chemist - Queensbury	BD13 2GD
Leylands Lane Pharmacy	BD9 5PZ	Cohens Chemist - Rooley Lane	BD4 7SS
Station Road Pharmacy	BD14 6AN	Bierley Pharmacy	BD4 6AX
The Ridge Pharmacy	BD7 3JX	Idle Pharmacy	BD10 9PT
Skipton Pharmacy	BD23 1DA	Tyersal Pharmacy	BD4 8ET
Rockwell - Pharmacy Plus Health	BD10 8DP	oakenshaw pharmacy	BD12 7DT
Rimington Pharmacy	BD1 1RX	Ramzy's Pharmacy, Eldwick, Bingley	BD16 3PA
Allerton Pharmacy	BD15 7WA	Towngate Pharmacy	BD10 8RU
Precinct Pharmacy	BD15 7BN	Raj's Chemist	BD8 0QB
Harden Pharmacy	BD16 1JP	Felkris Ltd	BD12 8AD
Wilsden Pharmacy	BD15 0NJ	Park Road	BD5 0SG
Kamsons Pharmacy-Eccleshill	BD10 0JE	Curries Chemist (Wyke) LTD	BD12 9JQ
Fagley Pharmacy	BD2 3LS	Harden Pharmacy - Bingley, West Yorkshire	BD16 1JP
Girlington Pharmacy	BD8 9NS	Kamsons Pharmacy-Eccleshill	BD10 0JE
Robertsons Pharmacy	BD3 0HX	Silsden Pharmacy	BD20 0PA
Pharmacy Care Direct	BD18 1AX		
Manningham Pharmacy	BD8 7RS		

## Appendix 4: Covid-19 performance data Autumn 22/23 and Spring 23

The following table shows the uptake of Covid-19 vaccine during the autumn 22/23 and spring 23 campaigns.

Please note that the stats for Autumn 22/23 should be regarded as our baseline for the forthcoming Autumn campaign as it was the first Covid-19 campaign where life has essentially reverted back to normal after the lifting of restrictions earlier in the year and Covid-19 was hardly being mentioned in mainstream media.

Cohort	Autumn 22-23 uptake	Spring 2023 uptake
Overall	55.7%	60.4%
Care Home Residents	84.8%	75.6%
Age 75+	N/A	68.9%
Age 65+	79.6%	N/A
Age 50-64*	51.3%	N/A
At Risk	36.3%	N/A
HSC workers	42.5%	N/A
Immunosuppressed	N/A	27.8%

\*People age 50-64 are no longer eligible for a Covid-19 booster in the Autumn 23/24 campaign

The following graph shows the number and % of Covid-19 unvaccinated eligible PCN registered patients at the end of the Autumn 22/23 campaign.

The performance of PCNs is relatively consistent across campaigns so those that have poor uptake in one campaign have poor uptake in other campaigns. The performance below for Covid-19 in Autumn 22/23 was also mirrored for Flu uptake in Autumn 22/23.

Bars show number of Covid-19 unvaccinated, circles show % Covid-19 unvaccinated.