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Rt Hon Meg Hillier MP
Chair of Public Accounts Committee
House of Commons
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Sent via email to: pubaccom@parliament.uk

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Dear Chair

House of Commons Committee of Public Accounts Forty-Third Report of Session 2019-21, COVID-19: Planning for a Vaccine (Part 1)

I am writing to provide the Government's response to the Committee's Forty-Third Report from the Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE/I) and Public Health England (PHE) (now UKHSA). A summary of progress against the implementation of the Committee's recommendations 4, 5 and 6 from the above report is attached.

A summary of progress on recommendation 1 has been sent to the Committee separately and a summary of progress on recommendations 2 and 3 has been sent to the Committee directly from BEIS.

I hope the Committee finds this summary useful and we will continue to ensure that your recommendations are implemented in full.

Yours sincerely,

Chris Wormald

Sir Chris Wormald

Department of Health and Social Care

Summary of Progress against Recommendations 4, 5 and 6

PAC recommendation 4: By the end of February 2021 DHSC, NHSE&I and PHE should write to us with their assessment of the main challenges and risks to the ongoing deployment of the vaccine programme and a detailed plan for how these will be addressed.

The scale and complex nature of the work to deploy COVID-19 vaccines requires an effective set of organisational structures, underpinned by robust reporting and mitigation of potential risks and issues. To facilitate successful delivery, the programme has a comprehensive governance structure and a clear mission shared by all stakeholders:

Deliver the maximum available doses of vaccine, with high uptake in priority groups, to minimise morbidity and mortality as quickly and as safely as possible.

Effective information sharing, identification, anticipation and escalation of issues are supported by a regular rhythm of meetings, involving key national and regional delivery partners, to ensure joined up communication and delivery plans. These include:

- Twice daily meetings providing operational coordination at National and Regional levels to maintain effective delivery.
- A weekly Operational Planning Group who consider issues on a 4-6 week horizon, actively anticipating and working through challenges and risks to delivery, whilst sustaining robust forward planning.
- Operations group committees covering; finance, strategy, workforce and resourcing, clinical, data and modelling priorities.

NHS England's Vaccines Deployment Programme's rigorous risk management approach ensures risks or issues with the potential to impact deployment are monitored and escalated regularly. These are reviewed and discussed with the Deployment Programme Board as and when required. The Board acts as a key decision-maker with regards to all deployment activity.

Achievement of the programme mission

NHS England's Vaccine Deployment Programme priorities are aligned with the programme mission and address current main challenges and risks to the ongoing vaccination deployment.

1) Guaranteeing maximum coverage and pace

Detailed planning for future phases of the programme is essential to coverage and pace of delivery. The programme is undertaking the following:

- continuation of a comprehensive vaccination offer targeted to need, to enable successful vaccination of JCVI cohorts at the required pace to meet and where possible exceed target delivery dates;
- monitoring geographical coverage and securing base capacity in the delivery network with the ability to flex based on available supply and demand;
- exploring new and innovative delivery modes to strengthen the operating model ahead of vaccination of younger adults in JCVI Phase 2 to reach a more mobile, largely working-age population;
- developing a series of targeted campaigns and strategies to drive uptake and improve vaccine equality;
- beginning preparation for a revaccination campaign, which may be required later this year.

Maintaining continuity of supply is critical for effective vaccination coverage and pace. There is a risk that vaccine supply does not match demand or is disrupted. This could lead to a decrease in deployment efficiency or the programme missing vaccination deployment targets. Mitigating actions include close coordination with the VTF to maintain an up-to-date, forward view of supply including early sight of anticipated disruption, the maintenance of buffer stock at key points in the supply chain and smoothed distribution of supplies to maximise throughput at sites.

2) Guaranteeing maximum equity

The NHS has published data on the number of people who have been vaccinated for COVID-19, split by key population characteristics, including ethnicity and deprivation. This enables local teams to identify and act on inequalities within their region[1].

The NHS continues to make progress in encouraging all communities, especially those who may be hesitant to take up an offer of the vaccine, including in our Black, Asian and Minority Ethnic communities.

National support to enable and locally deliver community activity and engagement to support COVID-19 vaccination access and uptake, building on the Vaccine Uptake Plan was shared with Clinical Commissioning Groups (CCGs)[2], on 24 February[3]. This includes a commitment for the COVID-19 vaccine deployment programme, working with partners, to make available an additional £4.2million of funding initially, to further support and enable locally led community engagement in all areas with health inequalities.

The NHS is supporting the work of local vaccination services to offer accessible services to all, such as temporary vaccination clinics in for example places of worship and mobile delivery modes for those who are housebound. The NHS will pay GPs an additional £10 for every COVID vaccination they deliver to someone who is housebound and £12.58 per vaccination delivered at a temporary vaccination clinic as part of the drive to protect the most vulnerable people as swiftly as possible[4].

PAC recommendation 5: NHSE&I and DHSC need to immediately set out in detail what they are planning to achieve so the public has a better understanding of what the daily progress reports mean in practice. It should clearly set out: the definition of 'vaccinated' and 'offered a vaccination'; and expected take up rates across both doses and across different cohorts, for example by age and ethnicity. Progress should also be reported at local, regional, devolved and UK levels in a consistent and comparable way.

The Government set out on 11 January 2021 its COVID-19 Vaccines Delivery Plan[5]. The Government met its target of offering a first dose of the COVID19 vaccine to everyone in the top four Joint Committee on Vaccination and Immunisation (JCVI) priority groups by 15 February. We are on track to meet targets to offer a first dose to everyone in JCVI priority groups 1-9 by 15 April and all adults by the end of July.

As health services are devolved across the UK, vaccination deployment is managed by the NHS in each nation: NHS E/I, NHS Wales, NHS Scotland, and Health and Social Care Northern Ireland. The

[1] https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/
[2] https://www.gov.uk/government/publications/covid-19-vaccination-uptake-plan
[3] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/02/C1158-supporting-ccgs-to-address-vaccine-inequalities.pdf
[4] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/02/C1157-Further-opportunities-for-PCN-Community-Pharmacy-vaccination-sites-to-partner-with-community-venues-to-d.pdf
[5] https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan/uk-covid-19-vaccines-delivery-plan

UK government is working closely with the Devolved Administrations to ensure an aligned approach to COVID-19 vaccine deployment across the UK.

Data is reported in a consistent and comparable way for the UK and by nation on the Government's COVID-19 Dashboard[6]. These data include daily and weekly publications of numbers of people who have received a vaccination (first and second dose) for UK total, England, Scotland, Wales and Northern Ireland.

For England, NHSE/I publish weekly data of people given their first and second doses of the COVID-19 vaccine covering:

- Age band
- Dose
- NHS Region of residence
- Integrated Care Systems /Sustainability and Transformation Partnerships of residence
- Clinical Commissioning Groups of residence
- Ethnicity
- Middle Layer Super Output Area, Lower Tier Local Authority and Parliamentary Constituency of residence
- Residents and staff in older adult care homes
- Other social care staff including in younger adult care homes, domiciliary care providers and non-CQC registered providers
- NHS Trust Healthcare workers (from the Electronic Staff Record)
- Clinically Extremely Vulnerable cohort

This data enables local teams to identify and act on inequalities within their region[7]. All data presented have been collected through the National Immunisation Management Service unless otherwise specified. This data system draws on local data sources in near real time, such as those used in hospitals and GP Practices.

PAC recommendation 6: NHSE&I and DHSC need to immediately develop clear and straightforward communication, including comprehensive FAQs, to help the public navigate the constantly changing situation. This should be publicised to the public and those who can help inform the public such as GPs, Clinical Commissioning Groups and MPs, as well as setting up a unit to quickly rebut false claims about the vaccines.

DHSC and NHS E/I work collaboratively to deliver clear and straightforward information for the public as described below.

Information for the public

Public information about the vaccine programme, the vaccines themselves, and relevant topics such as ingredients and side effects are available on NHS.UK and GOV.UK in a simple question and answer format. NHS.UK and GOV.UK are trusted sources of health information for the public[8][9].

This content is supplemented by a programme of proactive communications to keep the public informed using media, partners, professionals and creative content with DHSC and NHSE/I communicating regularly to the public through different communications mechanisms. Since the beginning of December, DHSC and NHSE/I national communications teams have issued proactive

[6] https://www.coronavirus.data.gov.uk/details/vaccinations
[7] https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/
[8] https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/
[9] https://www.gov.uk/coronavirus

press releases related to the vaccine and facilitated broadcast and other media opportunities to promote the vaccine and convey information on eligibility and access to the public. This has been replicated by regional NHSE/I teams as well as local NHS organisations. The same proactive approach has also been taken through DHSC and NHSE/I social media channels, and through partnership work with patient and stakeholder groups to amplify these messages with key target audiences.

Resources available to support clear and straightforward communications with the public include:

- COVID-19 vaccine programme communications pack outlining a series of regular updates on priorities and messaging to assist NHS organisations and communications teams in achieving COVID-19 vaccination priorities
- Additional resources for GPs on the Covid-19 Vaccination Booking Service and Vaccination Centres
- Primary Care specific patient communications pack
- Communications Toolkit: pull-out guide for care homes
- DHSC Vaccination Communications pack
- Engaging with diverse audiences communications pack
- Patient COVID-19 vaccination guide

The programme is committed to promoting and delivering equitable access to vaccination, ensuring health inequalities are prevented and addressed. To enable this, a series of accessible resources (produced in collaboration with people with lived experience) are available to support communication about vaccination with people with a learning disability and their family carers and for women who might get pregnant, who are pregnant or are breastfeeding their baby:

- COVID-19 vaccine film produced in collaboration with Skills for People and Learning Disability England[10].
- PHE easy read COVID vaccination leaflets[11].
- PHE easy read adult consent form[12].

COVID-19 vaccine materials in community languages are also published to help ensure messages about the importance of getting a COVID-19 vaccine reach all[13].

Information for the NHS

NHS England's Vaccine Deployment Programme utilises a range of communication mechanisms and formats to capture different audiences in the NHS, to ensure clear and consistent communications on the COVID-19 vaccination programme. This includes:

- Primary Care Bulletin – provides resources on health policy and practice, in particular focusing on key COVID-19 related information for teams across general practice, dentistry, community pharmacy and optometry. Throughout the pandemic the bulletin has been circulated at least twice a week.
- Webinars for primary care to communicate the latest COVID-19 vaccination information.
- A Digest for medical directors from Professor Stephen Powis, NHSE/I's National Medical Director.
- A Healthcare Leaders Update Bulletin.

[10] https://www.youtube.com/watch?v=e3_uVzexkBU&feature=emb_logo
[11] https://www.gov.uk/government/publications/covid-19-vaccination-easy-read-resources
[12] https://www.gov.uk/government/publications/covid-19-vaccination-consent-form-and-letter-for-adults
[13] https://www.england.nhs.uk/london/our-work/covid-19-vaccine-communication-materials/

To help NHS organisations and communications teams with rolling out a COVID-19 vaccine campaign, there is also a range of free print, digital and social campaign materials available on Public Health England's Campaign Resource Centre[14].

Information for Members of Houses of Parliament

Information has also been regularly provided to Members of Parliament (MPs) and peers throughout the rollout of the vaccination programme. This has included weekly briefing sessions for MPs hosted by the Minister for COVID Vaccine Deployment with attendance from national officials from the vaccine programme; as well as separate briefings for regional groups of MPs hosted by NHSE/I regional directors. The regional briefings were attended by more than 200 MPs. NHSE/I has distributed a toolkit for MPs on challenging vaccine hesitancy and through the early stage of the rollout provided weekly written briefings with comprehensive FAQs for constituents.

Tackling disinformation

There is cross Government work in place through the Department for Culture, Media and Sport (DCMS) Counter-Disinformation Unit, the Cabinet Office's Rapid Rebuttal Unit and DHSC working with partners across the health family to ensure accurate information is in circulation to tackle myths and misinformation.

This is part of our system wide communication strategy, in support of the Vaccine Deployment Programme, aimed at providing information and advice at every possible opportunity for all those eligible for vaccination and anyone who has questions about COVID-19 vaccines.

The DCMS Counter-Disinformation Unit works to tackle disinformation and misinformation relating to COVID-19, collaborating with social media platforms to help them identify and take action to remove incorrect claims about coronavirus, and to promote authoritative advice and information.

The Government published the Full Government Response to the Online Harms White Paper consultation in December 2020, which sets out new expectations on companies to keep their users safe online. The new laws will have robust and proportionate measures to deal with disinformation that could cause significant physical or psychological harm to an individual, such as false information about Covid-19 and COVID-19 vaccines.

We have developed the SHARE checklist which aims to increase audience resilience by educating and empowering those who see, inadvertently share and are affected by false and misleading information. The checklist provides the public with five easy steps to identify false content, encouraging users to stop and think before they share content online.

We have also partnered with the University of Cambridge to create a game called "Go Viral!". Our aim is to build the public's resilience to false information, mitigating the risk of undermining the uptake of Covid-19 vaccines, treatments and diagnostics.

[14] https://www.campaignresources.phe.gov.uk/resources/campaigns