Forty-Third Report of Session 2019-21

Department of Health and Social Care / Department for Business, Energy & Industrial Strategy

COVID-19: Planning for a vaccine Part 1

Introduction from the Committee

The COVID-19 vaccination programme is a cross-government effort to secure access to effective vaccines and to administer them to the population. The Department for Business, Energy & Industrial Strategy (BEIS) is responsible for securing the supply of vaccine for the UK. BEIS established a dedicated Vaccine Taskforce in April 2020 to help achieve its aims. The Department for Health & Social Care (DHSC) is ultimately responsible for planning how to deploy the vaccines in England. NHS England and NHS Improvement (NHSE&I) is responsible for designing how to deliver the vaccines and providing staff, and Public Health England (PHE) for arranging storage and distribution.

At the time of our evidence session, BEIS had signed contracts with five pharmaceutical companies to provide access to 277 million potential doses. The first vaccine against COVID-19 approved for use in the UK on 2 December 2020 was developed by Pfizer Inc and BioNTech SE. NHSE&I started to administer the vaccine in England on 8 December 2020. Further vaccines developed by the Astra Zeneca Limited—University of Oxford partnership and Moderna Inc were also approved for use by the MHRA on 30 December 2020 and 8 January 2021 respectively, a commendably fast approval.

The Joint Committee on Vaccination and Immunisation has advised nine groups should receive priority access to the vaccine. NHSE&I aims to vaccinate around 12.2 million people who make up the first four priority groups by 15 February 2021. It plans to offer a vaccine to the remaining five priority groups (17.7 million people) by the end of April, with everyone who wants one offered a vaccine by Autumn 2021.

Based on a report by the National Audit Office, the Committee took evidence, on 11 January 2021 from the Department of Health and Social Care, the Department for Business, Energy and Industrial Strategy, Public Health England and NHS England and NHS Improvement. The Committee published its report on 12 February 2021. This is the government response to the Committee's report.

Relevant reports

- NAO report: *Investigation into preparations for potential COVID-19 vaccines* – Session 2019-21 (HC 1071)
- PAC report: *COVID-19: Planning for the vaccine (part 1)* – Session 2019-21 (HC 930)

Government responses to the Committee

1: PAC conclusion: *BEIS, NHSE&I and PHE have made major and world beating progress in buying and starting to roll-out the vaccines, but a degree of uncertainty remains in key areas.*

1: PAC recommendation*: To ensure that the momentum and progress to date is not lost, by March 2021 BEIS, DHSC, NHSE&I and PHE need to have in place plans to respond to potential future developments such as: changes to the prioritisation list; an annual vaccination programme; or the discovery of new variants of the virus.*

1.1 The government agrees with the Committee's recommendation.

Recommendation Implemented

1.2 The Vaccines Deployment Programme Board, chaired by NHS England and Improvement (NHSE/I) oversees delivery of the *COVID-19 Vaccines Delivery Plan* which sets out the approach to be

taken to future developments. As health services are devolved, each of the four nations is responsible for delivery of the deployment programme in their countries and has a programme board in place to oversee this.

1.3 The government's approach to prioritisation continues to successfully protect those most at risk of severe outcomes from COVID-19. The Joint Committee on Vaccination and Immunisation (JCVI), who are the independent experts advising the government on vaccine prioritisation, have published their *interim advice* for Phase 2 (26 February), recommending an age-based approach. Final advice on Phase 2 will be published shortly

1.4 DHSC, BEIS, NHSE&I and PHE continue to work together bringing expertise from their respective organisations to remain responsive to future developments as follows:

- The UK Government's new Vaccine Update Expert Advisory Group (reporting to the Deputy Chief Medical Officer) will look at both current and potential future virus variants.
- The Vaccine Taskforce is assessing our existing vaccine portfolio against current variants and supporting manufacturers to develop variant vaccines;
- PHE is leading a *programme of surveillance* for COVID-19 vaccine effectiveness allowing detection of changes in epidemiology requiring vaccine policy amendment.
- To ensure the country is prepared for different scenarios and while further evidence is gathered, the government is planning for a potential revaccination campaign later in the year. Final decisions will be made in due course in light of expert advice.

2: PAC conclusion: ***Despite BEIS's confidence, concerns remain over the vaccine supply chain.***

2: PAC recommendation*: BEIS should, by the end of February 2021, write to the Committee with its assessment of the risks within the vaccine supply chain and a plan to proactively address these to ensure sufficient doses of vaccine are available through to Autumn 2021.*

2.1 The government agrees with the Committee's recommendation.

Recommendation implemented

2.2 As requested, the government *wrote to the Committee* on 26 February 2021 to outline its assessment of the key risks within the vaccine supply chain and our mitigations in place to address them. The key risks identified within the supply chain are the maintenance of the cold supply for RNA-based vaccines, the recent EU export measures, and security risks.

2.3 The ultra-cold supply chain has not caused problems in distribution of Pfizer/BioNTech's vaccine due to the specially developed packaging and storage innovations and the government is confident this will continue to make no difference to deployment speed.

2.4 The EU Commission has a temporary requirement for authorisation of export of vaccine products from the EU in place until 31 March 2021 with no confirmation whether this is to be extended. As the measures are time limited, the government do not expect any vaccines beyond Oxford/AstraZeneca and Pfizer/BioNTech to be impacted.

2.5 The COVID Vaccination Security (CVS) Programme has been established for assuring the security of UK vaccination and manufacturing sites. Vulnerability assessments are being undertaken to support potential uplift in active and passive security measures.

2.6 To ensure effective information sharing, the Vaccine Taskforce, now a joint BEIS-DHSC unit, hold weekly meetings with national and regional delivery partners to ensure visibility of supply.

3: PAC conclusion: ***BEIS has worked quickly to secure access to vaccines but could have been more transparent about how decisions have been made.***

3: PAC recommendation*: BEIS should, by the end of March 2021, review its decisions about how to invest taxpayers' money and its appointments processes to identify what it would repeat and what it will change in future. As part of this, BEIS should examine its experience of using the Taskforce model to inform its own and government's future skills requirements and to ensure accountability arrangements are robust. BEIS should, by the end of April 2021, lay out its learning so the rest of government can improve the robustness of the cross-government emergency response. It should also assess how it will deal with indemnities for future vaccines and be clear about the benefits and risks.*

3.1 The government agrees with the Committee's recommendation.

Target implementation date: April 2021

3.2 BEIS has considered its decision-making processes in relation to investing taxpayers' money and its appointments process and responded to the Committee in March 2021.

3.3 The Chair of the Taskforce was appointed for 6 months by a direct ministerial appointment process and was unpaid. The government often appoints industry experts into senior leadership roles as this allows us to access a vast range of skill sets and expertise, which may not always exist within the Civil Service. The government assesses each such appointment on a case-by-case basis; if it is appropriate and there is scope to follow the standard recruitment process, then it does so.

3.4 As the Committee is aware, a new Senior Responsible Owner (SRO) was recently appointed to the Taskforce, taking over from the previous SRO who has left the civil service. An SRO appointment letter is already in place, confirming the SRO's accountabilities including to Parliament.

3.5 As the Committee recognises in its report, it was important for the Taskforce to be able to move quickly to secure vaccines on behalf of the UK population. All decisions regarding government spending were made through the established approval routes. However, to provide enhanced flexibility and agility, a number of process innovations were put in place for approvals relating to the Taskforce's work. The department has considered these process innovations and believes that they continue to ensure appropriate due diligence, assurance to the Accounting Officer in a delegated funding environment and accountability across the portfolio. The department therefore intends to continue with these improvements to the approvals process in relation to the Taskforce's work, which range from simple changes such as ensuring the timing of departmental approvals Committee meetings could be flexed at short notice to accommodate developments in the Taskforce's commercial negotiations, to an increase in the department's spending and commercial delegations from HM Treasury and the Cabinet Office. A cross-departmental ministerial panel was also set up in agreement with HM Treasury and other departments and brings together Ministers from relevant departments to take the final decisions on major investments made by the programme.

3.6 The department believes that these process improvements played an important role in enabling robust decision-making at pace while ensuring taxpayer value was protected, and will consider whether these improvements should be replicated in other areas of the department's work and share experiences and lessons learned with other Whitehall departments.

3.7 The department will write again to the Committee by the end of April 2021 on its lessons learned for the cross-government emergency response.

4: PAC conclusion: *DHSC, NHSE&I and PHE will continue to face significant challenges in making sure they can get the vaccine to the right people at the right time.*

4: PAC recommendation*: 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.*

4.1 The government agrees with the Committee's recommendation.

Recommendation implemented

4.2 The scale and complex nature of the work to deploy COVID-19 vaccines means there is a comprehensive governance structure and a clear programme 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.

4.3 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.

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

5: PAC conclusion: ***There is a risk that NHSE&I and DHSC's plans for the vaccine programme will not meet public expectations.***

5: PAC recommendation***: 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.***

5.1 The government agrees with the Committee's recommendation.

Recommendation implemented

5.2 In January, the government set out its *Covid-19 Vaccine Delivery Plan*. The vaccine deployment programme aims to achieve maximum uptake of a COVID-19 vaccination offer and met the government's objective of offering a first dose of vaccination to everyone in the top four Joint Committee on Vaccination and Immunisation (JCVI) priority groups by 15 February 2021. The department and NHSE/I are continually adapting our delivery plan and approach, building on what has worked well and are on track to meet future delivery targets: 15 April 2021 for adults 50 and over; 31 July 2021 for all adults. The government is aiming for the highest possible uptake in all groups; and report vaccination figures. It offers vaccinations through a number of routes and have asked people to come forward if they have not yet been contacted but should have been as part of the priority cohorts being invited for their vaccination.

5.3 The deployment programme has been designed to encourage uptake across all groups, including for example offering appointments in a number of different ways. The government published the *COVID-19 Vaccine Uptake Plan* on 13 February 2021.

5.4 The vaccination programme publishes clear and simple updates on progress. Since 24 December, the government has published consistent and comparable daily data on the total number of vaccinations across the UK and in each of the 4 countries - *Vaccinations | Coronavirus in the UK (data.gov.uk)*.

5.5 For England, NHSE/I *publishes weekly data* of people given their first and second doses of the COVID-19 vaccine covering a range of characteristics, including age, region, ethnicity and cohort.

6: PAC conclusion: ***Public confidence in the vaccine programme is crucial to its success yet some members of the public and health professionals were confused by the messaging about when and how people can access a vaccine.***

6: PAC recommendation***: 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.***

6.1 The government agrees with the Committee's recommendation.

Recommendation implemented

6.2 The government has worked closely with NHS E/I, PHE, the MHRA and JCVI to communicate clearly to the public about the development and rollout of the authorised vaccines.

6.3 Public information about the vaccine programme, the vaccines themselves, and relevant topics such as ingredients and side effects are available on both NHS.UK and GOV.UK websites, this content is supplemented by a sustained programme of proactive communications to keep the public informed using media, partners, professionals and creative content.

6.4 Using regular research and polling, the government has developed an understanding of the needs and concerns of groups who are more vaccine hesitant and produced compelling vaccine positive information to address these. The communications campaign seeks to increase uptake within those groups who are or will soon be eligible to get the vaccine. Information, advice and FAQs are regularly shared with partners, local areas and community leaders, to enable clear and accurate information to reach the public from trusted and relevant messengers.

6.5 There is cross government work in place through the Department of Culture, Media and Sport Disinformation Unit, the Cabinet Office's Rapid Rebuttal Unit and the DHSC working with partners across the health family to ensure accurate information is in circulation to tackle myths and misinformation.