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Presiding Officer
Members of the Scottish Parliament
SPICe

22nd January 2021

Dear Colleagues

COVID-19 VACCINATION PROGRAMME

Following my statement to Parliament last week and my now weekly letter to you, I wanted to provide further detail on the progress that is being made. I am pleased to say that we are well on track to vaccinate JCVI priority cohorts 1 & 2 by early February.

The latest published figures show we have now vaccinated a total of 358,454 people with their first dose and 4,689 with their second dose. Over 90% of residents in care homes for older adults, over 70% of staff in those care homes and over 70% of frontline health and social care workers have received their first dose.

As part of our planning and preparation for the next phase of delivery, we have commissioned detailed plans for the vaccination of JCVI cohorts 3, 4 and 5 from all of our Health Boards and we are assessing these to ensure they are aligned to our national delivery framework. This will include a full list of locations and I would be happy to share this with you as soon as I can.

As you may be aware, last week we agreed a new Military Aid for Civilian Authorities (MACA) to provide additional assistance to Health Boards, to both identify and set up local vaccination centres. From Monday 18th January, 11 multidisciplinary teams were deployed to support this work drawing on experts from the Royal Army Medical Corps and the Royal Scots Dragoon Guards who will harness their substantial logistical expertise. This equates to 98 soldiers and I am very grateful to the armed forces for their support to help us meet the significant logistical challenges involved in the vaccine rollout.

The JCVI cohorts, 3, 4 and 5 will be delivered using mainly a mixed model of mass settings, which is anything larger than a GP practice, together, with GP delivery, to suit local geography and particular group requirements such as those who are clinically extremely vulnerable and those who may be housebound. A small number of Health Boards are using

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mainly mass settings, for example NHS Lanarkshire, while NHS Highland will mainly work through GP practices.

We continue to be in regular contact with Health Boards to ensure GPs have the most up to date information on when supply is available and what our expectations are for them. Our Chief Pharmaceutical Officer is in the process of writing to GPs to further detail the process of ordering and distribution of the vaccines. Today I held one of my regular meetings with Dr Andrew Buist, Chair BMA GPs where we discussed immediate actions we have in hand to further smooth distribution to GP practices, within the continued and expected fluidity of overall supply across the 4 Nations. I recognise that GPs have a critical and significant role in supporting the rollout of the vaccine, including where appropriate for future groups within the JCVI priority list and I am grateful for their hard work and continued support. As of 17 January, 24,177 individuals have been vaccinated through GP practices and this pace will continue to increase with planned weekend clinics meaning we remain on target for providing those 80 and over living in the community with their first dose by the end of the first week in February. Vaccinations at GP practices are included in the headline figures reported and work is underway to incorporate data from GP IT systems into the Vaccination Management Tool (VMT) and with Dr Buist's support ensure the timely entry of this data into the GP IT system and from that to national reporting.

For those living in harder to access communities, such as the smaller islands, a process has been agreed for NHS Boards to provide a degree of flexibility in working through the JCVI cohorts, reducing the need for multiple visits and therefore the risk of additional wastage when visiting these communities.

In the coming weeks, six Health Boards will start to use our recently developed national scheduling system. This has been delivered at pace and I intend to provide more details on this next week.

As you are aware, this is the biggest mass vaccination programme we have ever delivered and we are grateful for all those who have come forward to offer their support. We are keen to ensure it is as straightforward as possible for those who wish to support the programme as a vaccinator and have published further information about how they can participate on our website, [Coronavirus \(COVID-19\): guidance on offering support - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-policies/covid-19/covid-19-offering-support/), which in turn links with local NHS recruitment.

As part of our ongoing efforts to increase capacity, I have approved a national protocol for each vaccine which will prove critical in ensuring we support Health Boards by enabling them to use non-registered professionals to administer vaccines. This supports those who cannot operate under Patient Group Directions (PGDs) and allows our vaccinator workforce to continue to expand and increase our delivery of the programme. The National Protocols will be made available online via Public Health Scotland and the Scottish Government.

Additionally, we are working to support unpaid volunteers who wish to play their part. We have commissioned the British Red Cross to coordinate offers for unpaid volunteering, whether coming from voluntary and community sector organisations or individuals willing to support the vaccinations programme. The offer is designed to augment and support existing local volunteers' structures rather than replace local Health Board volunteer banks.

I recognise that the British Red Cross have a strong track record and significant connections with local volunteer networks and have vast experience in co-ordinating volunteer efforts for

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a range of programmes and projects. Volunteers will be given full training and support by the Red Cross for the role that they undertake. The following list, although not definitive, gives an outline of how we anticipate that volunteers can help in this endeavour:

- Light touch 'marshalling' of queues at mass vaccination centres;
- Helping with patient flow / mask wearing reminders / practical assistance;
- Assisting anyone presenting with additional support needs, disabled, or anxious;
- Wheelchairs can be provided to assist with mobility;
- Providing general re-assurance or offering practical advice; and
- Basic admin roles / checking appointment details

All Health Boards in Scotland will have a single point of contact within the Red Cross. These contacts will link with and use established local volunteer partnerships to ensure that the volunteer effort is used most effectively to help the vaccination programme. There is a Scotland wide e-mail which will be monitored daily

COVID_19ResponseScotland@redcross.org.uk.

I hope that you find this information helpful.



JEANE FREEMAN

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