

K&M Covid & Flu Vaccination Programme

Programme Status

26th April 2022



Covid-19 Vaccination Booster Programme



Kent and Medway
Clinical Commissioning Group

Programme Status as of 26th April 2022

- ❑ 3,930,600 all doses to date
- ❑ 93% of cohorts 1-9 and 78% of eligible people
- ❑ 83% of potential boosters completed

Model	Opening balance 25/04/2022	First dose	Second dose	Boosters	All doses (Actuals)	All Doses (Planned)
Hospital Hubs	240,169	127,460	93,938	18,797	240,195	240,275
Vaccination Centres	587,089	285,814	260,291	40,984	587,089	587,089
LVS	3,101,166	1,011,826	982,374	1,109,090	3,103,290	3,103,617
PCN	2,365,585	802,038	758,513	805,970	2,366,521	2,367,039
Community Pharmacy	729,221	206,682	221,730	301,997	730,409	730,218
Detained	6,360	3,106	2,131	1,123	6,360	6,360
Grand total	3,928,424	1,425,100	1,336,603	1,168,871	3,930,574	3,930,981

Cohort Penetration	1 st Dose	2 nd Dose	Booster
Cohort 1: CH res & Res CWs	98%	90%	78%
Cohort 2: 80+ & H&SCWs	98%	98%	89%
Cohort 3: 75-79	97%	99%	96%
Cohort 4: 70-74 & CEV	95%	99%	93%
Cohort 1-4	97%	98%	91%
Cohort 5: 65-69	94%	99%	95%
Cohort 6: At risk	87%	96%	83%
Cohort 7: 60-64	92%	99%	94%
Cohort 8: 55-59	91%	99%	91%
Cohort 9: 50-54	89%	98%	89%
Cohort 1-9	93%	98%	90%
Cohort 10: 40-49	83%	97%	81%
Cohort 11: 30-39	73%	95%	69%
Cohort 12: 18-29	73%	92%	59%
Cohort 10-12	76%	95%	70%
Cohort 13 - '12-15 At Risk	65%	65%	22%
Cohort 14 - 12-17 H'hold cont	64%	67%	20%
Cohort 15 - 16-17	70%	75%	31%
Cohort 16 - '12-15	59%	61%	
Cohort 17 - 5-11 At Risk	10%	0%	
Cohort 18 - 5-11	5%	0%	
Cohort 13-18	32%	60%	30%
All cohorts	78%	94%	83%

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National Insights

Cohort	National Average	Kent & Medway
Spring Booster	40.9%	39.7%
5 - 11 years old "At Risk"	9.8%	9.8%
Healthy 5 - 11 years old	4.5%	4.96%
Severely Immunosuppressed Booster	60.6%	62%
Severely Immunosuppressed 3rd Dose	86.7%	88%
12-15 years old	59.3%	62.6%

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Key Achievements

- Developed plans for spring boosters ensuring sufficient capacity and coverage for all HCPs
- Healthy 5-11 year old programme started with demand higher than anticipated
- New VC site at Sittingbourne Memorial Hospital and started the site assurance process. Investigating provision in the interim using pop up clinics and/or vaccination bus
- 5 Weeks homeless programme was very successful and will be repeated in the Autumn
- Administered 117 vaccinations at Napier Barracks , migrant centre. Due to high turnover of people we have agreed that pop up clinics will happen fortnightly
- 22% of all care homes have been visited and there are plans in place for a further 32%.
- Workforce planning to support future place based strategy
- Commenced Make Every Contact Count pilots in Malling PCN and Rochester PCN

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Forthcoming Priorities

- Continue to work with HCPs to further develop place based delivery structure and function
- Development of CVP team structure to support place based delivery
- SAIS team will be completing a scoping exercise in schools with high absence rates during initial visits to ensure all children have access to vaccination.
- Continuing to attend local prisons vaccinating inmates at 2 prisons. Working with public health team to address vaccine hesitancy
- Working closely with PCNs to ensure plans are in place to vaccinate all eligible housebound patients by 1st June
- Working with PCNs to ensure there are plans in place to vaccinate all care home residents. Where PCNs are unable to vaccinate care home residents, we are ensuring that there is coverage by neighbouring PCNs or CPs and these will be completed by 1st June
- Assurance for delivery models who have indicated they can support the children's programme but are not yet assured
- To have sufficient vaccine supply for the 5-11 years programme. Ensuring there is not an excessive amount which could lead to vaccine wastage.
- Working with KCHFT to discuss how they will support health inequality activities
- Increase number of sites administering Moderna in line with regional directive

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Equalities & Diversity Programme

- Family Centred Approach in Luton, Medway (pilot) - Vaccine Ambassadors are reaching out to the Eastern European population to discuss cultural barriers, benefits to vaccination in all age groups of the family and addressing any concerns. KCHFT are working in the Central Chatham area where the largest secondary school only has a 23% uptake together with a pop-up clinic roving bus Lessons learnt will be used to repeat this approach in other areas of K&M
- Homeless/ rough sleepers and sheltered accommodation – collaborative work with PHE, Local Council and homeless organisation. Clinics have been arranged in the local church in Chatham at the time when the Soup Kitchens are being held to offer vaccinations to these adults and their children. 97 Doses administered, 25% of which were first doses

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Programme Risks

Description	Mitigation	RAG
There is a risk that the lack of clarity on the role of the lead provider will impact on the inequalities and outreach work	On going discussion with lead employer. System wide conversation required if necessary	A
There is a risk that some of the non-NHS estates currently in use will not meet value for money	Working with region to review estates current estates and identify NHS estates where possible	A