

Oxfordshire Health and Care System COVID-19 Update for Oxfordshire Health Overview and Scrutiny Committee meeting on 25 November 2021

1. Introduction

This paper gives an update on the:

- Oxfordshire COVID-19 Vaccination Programme
- Primary care
- NHS System Recovery Planning in Oxfordshire

Information about elective care recovery is available in a separate paper on this agenda. Up to date information about the number of COVID cases will be presented at the meeting on 25 November.

2. Oxfordshire COVID-19 Vaccination Programme

The COVID-19 pandemic has spanned 21 months now and has led to profound and far-reaching changes to the way we all work and, as patients, to the way we access healthcare.

In December 2020, the NHS and local authorities began the enormous task of rolling out the biggest ever mass vaccination programme in the UK's history. The Oxfordshire Vaccination Delivery Board was set up to oversee the programme and includes colleagues from OCCG, NHS provider Trusts, GP Clinical Leads, Public Health, county, city and district councils and the Oxfordshire Association of Care Providers. Chaired by Mark Stone, Chief Executive of South Oxfordshire and Vale of White District Councils. It has overseen the establishment of two hospital vaccination hubs, 21 GP-led local vaccination sites, a mass vaccination centre at the Kassam Stadium in Oxford, local pharmacies across the county, walk-in pop-up vaccine clinics roving clinics with the 'Health on the Move' bus and school immunisation programme.

Delivering the COVID-19 vaccination programme in Oxfordshire continues 11 months on; the first vaccine in Oxfordshire was delivered on 8 December 2020 at the Churchill Hospital in Oxford. Since that time, and with thanks to the hundreds of NHS workers, local authority staff and volunteers involved in the programme, we have delivered over 1,150,000 vaccinations to residents of Oxfordshire. We have also delivered 60.4% of booster vaccines since the programme began seven weeks ago, including to people who are clinically vulnerable, aged 50 and above, or who work in health and social care. The vaccination programme for 12 to 15-year-olds with 76.6% coverage in Oxfordshire is one of the highest rates in the country.

The most up to date data will be presented at the HOSC meeting on 25 November.

2.1. COVID-19 booster vaccinations

The number of COVID-19 infections remain high in Oxfordshire and are continuing to rise so we are working across the system to promote the importance of getting your booster vaccine.

The COVID-19 vaccine booster dose will increase the protection people have from their first two doses and give longer term protection. Like some other vaccines, levels of protection may begin to reduce over time so getting the COVID-19 booster this winter is the best way to protect individuals, their family and friends.

Those eligible for the booster are:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers
- adult household contacts of immunosuppressed individuals

Those eligible are being invited to have their booster dose 5 months (152 days) after their second dose (for an appointment after 182 days). The booster dose will help reduce the risk of needing to go to hospital due to coronavirus this winter.

Booster vaccines are being delivered by NHS providers for their staff, GP led local vaccination sites, pharmacies and the mass vaccination centre in Oxford.

2.2. First and second doses

Anyone aged 16 and over who has not already had their first or second COVID-19 vaccination can still get vaccinated at a walk-in clinic or by booking through the [NHS booking service](#) (or call 119 free of charge, anytime between 7am and 11pm seven days a week). More information [here](#).

2.3. Update on 16 and 17 year olds and boosters

On 15 November NHS England Improvement [confirmed](#) that the Government has accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) on booster vaccinations for those aged 40-49 and second dose vaccination for those aged 16-17 years.

Adults aged 40 to 49 also referred to as priority group 10 will be offered an mRNA booster COVID-19 vaccine, 6 months after their second dose. In line with the rest of the booster programme an mRNA vaccine will be given irrespective of which vaccine was given for the first and second doses.

For those ages 16 and 17 who are not in an at-risk group the JCVI advice that a second dose of the Pfizer-BioNTech (Comirnaty) COVID-19 vaccine is given 12 weeks or more following the first dose.

Work to respond to this updated advice is now underway. It is anticipated that the [National Booking Service](#) website will be enabled to make bookings the week commencing 22 November.

It should be noted that there is an expectation that the number of GP led primary care local vaccination sites will continue to reduce as general practice focuses on increasing patient access to primary care during the winter months. The vaccination programme board is working to ensure good coverage through local pharmacy sites and will look to targeted delivery through the Health on the Move van.

2.4. Vaccinations for 12-15 year olds

COVID-19 appointments for 12-15 year olds became bookable at the Kassam vaccination centre for Oxfordshire's parents and young people on October 22. This was part of a nationwide offer to coincide with the half term break.

In the 12 days since then (up to Nov 4), and through a series of earlier 'catch up clinics' for those who missed their jab in school, a total of 2,548 young people has been vaccinated at the Kassam by Oxford Health NHS Foundation Trust teams.

Prior to that, vaccinations for the 12-15 cohort began in schools on September 22 and were carried out by Oxford Health's School Aged Immunisation Service (SAIS) and a supporting workforce.

Working in schools across the county, including special schools, more than 17,500 doses of Pfizer vaccination have been administered. More than 80% of those who consented were vaccinated in schools – outperforming the national average.

The in-school vaccination programme also coincided with the annual school influenza programme organised by the SAIS. A total of 17,662 young people have now received a nasal spray which will protect them from flu. The cohort has increased in 2021 to take in children from reception classes to Year 11.

Oxfordshire parents can find out more about the 12-15 programme on a special Oxford Health website page [here](#), providing information about consents as well as a range of useful FAQs.

2.5. Health on the move

Two Health on the Move (HOM) vans were procured by BOB ICS in July 2021 for use across Buckinghamshire, Oxfordshire, and Berkshire West until July 2022, with Oxford Health as the lead provider of the service. The HOM project intended to use a roving delivery model to increase access to the Covid-19 vaccination for those who had not yet engaged with the vaccination programme. This project primarily targeted seldom-heard and potentially vaccine-hesitant communities and those who had not been vaccinated due to access and convenience issues. There was an understanding that the HOM van could also be used for health promotion, oximetry, and other uses beyond the Covid-19 vaccination programme.

The project aimed to increase access and address inequality; while the mass-vaccination programme in Oxfordshire has been hugely successful. During the initial outreach stage of the project, the OCCG HOM team found that many communities, such as the Polish, Nepalese, Romany, Gypsy, Traveller, and boating communities, had already been vaccinated.

This meant that it was mainly vaccine-hesitant groups which remained, and so much of this project focused on community engagement, building relationships, and providing accurate vaccine information to be disseminated by trusted community leaders. When these interactions resulted in HOM clinics, the clinic attendees reported that it was beneficial to be able to ask the vaccinators questions and voice their concerns in a familiar environment with less time pressure than a mass or local vaccination site. The HOM project not only increased access to the vaccine, but also access to vaccine information; a vital tool for addressing vaccine hesitancy.

During phase 1 of this workstream, the HOM project team at OCCG organised 28 clinics at 13 locations throughout Oxfordshire. These clinics targeted a range of populations, including:

Population	Clinics
Homeless people and people with addiction/substance misuse problems	5 x Floyds Row/ Luther Street Medical Practice, City Centre 2 x Salvation Army, Bicester 1 x Banbury Health Centre
Shift workers/ employees from large businesses	5 x Hello Fresh, Banbury 3 x Fine Lady Bakery, Banbury 1 x Begbroke Science Park, Kidlington 1 x Milton Park, Abingdon
BAME women's groups	1 x Rose Hill Community Centre
Farm workers	2 x Rectory Farm, Waterperry
Members of the public who had yet to receive a vaccine	4 x Clarendon Building, City Centre
16–17-year-olds	2 x FitzHarrys School, Abingdon 1 x Banbury United Football Club, Banbury

There are plans for the HOM bus to continue to support the wider vaccination programme over the coming months.

2.6. Communications & engagement

Communications remains a key focus for the vaccination programme. Working across health and care we have been promoting the importance of getting a COVID-19 booster vaccination across the county through the media and social media. In Oxfordshire, an advertisement on social media targeted to all those who are over 50 and eligible for a booster has so far reached over 137,000 people and a separate 'top up your immunity' advertisement has reached more than 44,000 people. National media coverage of the Oxfordshire booster campaign included Sky News, BBC South and ITV.

There has been BBC Radio Oxford interview with representatives from across the system to promote the launch of the winter campaign and the importance of getting vaccinated for both COVID-19 and flu.

OCCG sponsored the main Bonfire & Firework Night in South Park, Oxford by promoting getting vaccinated with adverts running throughout the day for the last month on Jack FM, through their digital channels in the leadup to the event and at the event on 6 November that 24,000 people attended.

There was significant promotion to raise aware of 12-15 year olds to get vaccinated at the Kassam Stadium during half term through the schools through the local authority, social media and the media. Coverage includes [Oxford Mail](#), BBC Radio Oxford, BBC Oxford TV and Sky News

2.7. New rules for COVID-19 vaccinations for care home work

New government regulations come into force on 11 November 2021, so that anyone who enters a care home as part of their professional responsibilities will need to show proof of vaccination unless they are exempt. This includes care home staff and anyone visiting the home for work including GPs, other clinicians and contractors.

This applies to all Care Quality Commission (CQC) regulated care homes providing nursing or personal care in England and means all healthcare professionals and social care workers must be fully jabbed (dose one and two). The regulations do not include booster vaccinations.

2.8. New guidance for COVID-19 vaccinations for NHS staff

On November 10 NHS England Improvement [communicated](#) a policy announcement made by the Department of Health and Care on 9 November. This sets out that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care.

This means that unvaccinated individuals will need to have had their first dose by 3 February 2022, in order to have received their second dose by the 1 April 2022 deadline. NHS partners will work together to manage the impact of this policy change in good time.

3. NHS System Recovery Planning in Oxfordshire

It is known by members that NHS secondary care waiting times have been impacted significantly by the COVID-19 pandemic. However, the NHS prioritisation process making best use of our intensive care units and using the national categorisation of P1 – 4¹, has ensured that essential and cancer surgery was continued but left a tail of waiting list work. A paper elsewhere on the agenda describes the work being undertaken to recover waiting times. Workforce remains a major constraint to care delivery.

In line with national trends there has been enormous strain on urgent care services. All areas from NHS 111, ambulances, primary care, community staffing through to all hospitals are feeling significant increases in demand with activity rising between 10% to 30% in most places. Additionally, we are aware of the significant mental health impacts of the COVID-19 pandemic and are working closely to use mental health investments to prioritise on those services feeling greatest pressure. Good partnerships between with our NHS Trusts are further evolving mental health pathways for patients in crisis.

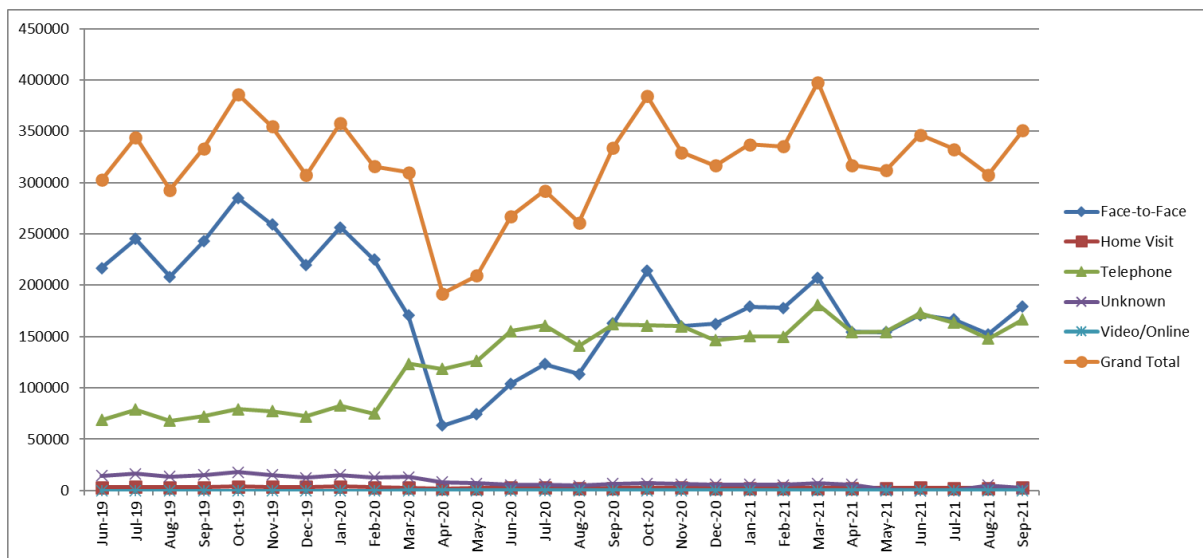
¹ In response to COVID-19 the Royal College of Surgeons developed a guide for surgical prioritisation during the pandemic. Patients requiring surgery during the COVID-19 crisis were classified in the following Priority groups (P1-P4)

Areas of focus include:

- Primary care pressures are very significant, and we are working to offer additional resources and support (see section 3.1 & 3.1.1)
- We are exploring NHS 111 pathways where they direct people into emergency care and making sure these are appropriate destinations
- We are further enhancing our access to key services such as same day emergency care and clinical assessment out of hours to support the urgent care pathway and are strengthening our coordinated points of access
- Patients are presenting at our Emergency Departments (ED) at the John Radcliffe and Horton General Hospitals, where we have survey evidence that we could manage their care in a more appropriate minor illness type setting. As such we are looking at pathways to support people appropriately from the front doors of our EDs to alternate local care
- Our over 21-day length of stay in beds needs to be addressed with driving factors of repatriation of patients receiving specialist care, out of area patients who need to be placed in their local area and patients who are medically optimised for discharge

3.1. Primary Care

Appointment data for general practices (see below graph) continues to show high volumes of appointments in general practice. General practice continues to deliver at pre-pandemic levels of performance across Oxfordshire.



Graph 1 Oxfordshire General Practice appointments by mode June 2019-September 2021

The graph demonstrates that practices in Oxfordshire have been delivering appointments at pre-pandemic levels since September 2020. The variation in appointment levels through the year have followed the expected seasonal trends since that time.

Overall General Practice is delivering an increased number of appointments. The data in Graph 1 does not include the GP led COVID 19 vaccination appointments.

Year	Total general practice appointments			COVID-19 Vaccination	Grand total
	April - September	November - March	Full year		
2019/20	1,913,382	2,031,835	3,945,217		3,945,217
2020/21	1,556,001	2,100,639	3,656,640	281,142	3,937,782
2021/22	1,966,244	-	-	437,613	

Table 1 summary of total appointments and vaccinations delivered by general practice

Table 1, above, sets out the total appointments in general practice by financial year. Of note is the significant increase in appointments in the November to March period in the 2020/21 year. Comparing the period April to September from 2019 to the same period in 2021, more appointments have been provided in general practice.

The number of vaccinations delivered by general practice in that same period was 354,131. This would make the total number of appointments just over 2.4m. This is nearly half a million more appointments than the same period in 2019, with infection prevention and control measures in place.

3.1.1. Primary Care Winter Access Fund

HOSC has previously highlighted concerns at the ability of patients to access general practice with examples of challenges getting through on the phone and accessing face to face appointments. The CCG continues to follow up concerns raised and is working with practices to support improvements in both access and understanding of how and when patients can access practice staff face to face.

Nationally £250m has been made available for the remainder of the 2021/22 financial year to provide support to improve and increase access to primary care through the Winter period.

This funding has been allocated to each of the Integrated Care Systems and there is an expectation that the funding will result in additional appointments and improvements in the numbers of face-to-face appointments. For the Buckinghamshire, Oxfordshire and Berkshire West ICS funding amounts to just over £7.4m.

All practices have been contacted outlining the approach that will be taken across BOB to seek to use the Winter access funding to best support primary care through the winter months. The approach taken is one of “proportionate universalism” - that is to say all practices will benefit from the funding, but some practices and geographical areas will have enhanced support in direct response to the challenges faced by those areas or by the communities that they serve.

A series of principles have been developed – in line with the national requirements of the funding. As an Integrated Care System we should be able to demonstrate additionality as a result of this funding. Our investments should therefore seek to

- Increase the total number of appointments
- Increase the number / proportion of face-to-face appointments
- Provide benefits to primary care, the wider system and / or patient access through Winter

Some investments will be made at scale, for the benefit of many practices and / or the wider system. Others will be more local or targeted. At the time of writing this report proposals are being reviewed and prioritised at local level. A BOB wide review will lead to confirmed funding.

Progress and improvements will be measured and reported during the coming months.