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GP practices (via Primary Care Leads)
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22 January 2021

Dear colleague

COVID-19 VACCINATION PROGRAMME – PRIMARY CARE - GP PRACTICES

I would like to thank all GP practice staff for the significant role you are playing in helping us to deliver the COVID-19 vaccination programme while still providing vital frontline services for your patients. I am aware that there have been some delays in supplies of vaccines reaching some practices during this early stage and the disruption that this will have caused for practice teams and their patients. I want to reassure you that we are working with all the key stakeholders to resolve this. I thought it might be useful to set out the current supply and deployment arrangements.

Background

On 11 January the COVID-19 programme commenced in GP practices, using the recently authorised Oxford/AstraZeneca (AZ) vaccine. A COVID-19 Vaccination Directed Enhanced Service (DES) set out in ([PCA\(M\)\(2020\)17](#)) and a set of supporting [Directions](#) have been agreed with the BMA Scottish GP Committee (SGPC). The target groups have been detailed in the [CMO letter](#). It also contains clinical arrangements for the COVID-19 Vaccination Programme. A significant number of GP practices are able to support the programme by providing vaccinations by agreement and capturing and updating data in a timely manner.

Vaccine supply arrangements

The single rate limiting step in the early stages of the COVID-19 vaccination programme is the supply of vaccines. The AZ COVID-19 vaccine is most suitable for delivery to primary care locations as it can be stored at +2 to +8 °C. The vaccines are currently being distributed to most GP practices weekly, based on available supplies under a storage and distribution contract with Movianto. This contract is managed by NHS National Procurement (NP).

Public Health England (PHE) advise NP of the estimated number of packs in incoming shipments and NP calculate a Health Board level allocation based on population size. NP communicate the indicative allocation to Health Boards who then provide NP with preferences for site level allocations (e.g. how many packs from each shipment should go to which locations). NP also calculate the appropriate number of combined needles and syringes (CNS) that need to be provided along with the order (for example for the 10 dose multi-dose vials, sufficient CNS are provided to administer 11 doses from each vial).



Movianto input primary care orders, as provided to NP by Health Boards, on to the Movianto ordering system. Once the order has been placed, GP Practices will receive an automated email from the Movianto system providing an indication of the delivery day.

Vaccines are delivered to GP practices on a weekly delivery schedule. This is the same service that is used each year for flu vaccine distribution. Every primary care location has a weekly order cut-off time and a weekly delivery day. Where there is any spare vehicle capacity, the opportunity will be taken to bring forward deliveries to a date earlier than the practices standard weekly delivery day; the practice will be notified. In a small number of Boards, a different arrangement is in place with vaccines directly distributed to practices from the Health Board Vaccine Holding Centre.

Health Boards have targeted initial supplies to GP practices based on local practice populations. However, the relatively limited order quantities over the first few weeks of the programme and the large number of delivery points, have meant that some GP practices may not have yet received any vaccine supplies. The volume of available supply of the AZ vaccine is growing week by week and this should provide the necessary assurances to GP practices that they can plan for clinics with confidence. .

GP practices should link with relevant contacts at their Health Boards (see Annex A) for queries on stock availability and allocations of stock. For operational delivery queries such as confirming the delivery date for an order that has been centrally placed, contact Flu.Scotland@Movianto.com.

Scheduling vaccine clinics

Given the public health priority to vaccinate the most vulnerable groups, in the case of GP practices the over 80 year olds in the first instance, practices are urged to organise vaccine appointments/clinics as soon as they have a confirmed delivery date from Movianto, as opposed to waiting until the delivery is received, with the aim of offering the vaccine as soon as it is received in the practice. I appreciate that the extent to which GP practices comply with this is dependent on confidence in delivery arrangements and we are working to further provide assurances on this. Vaccine efficacy has been demonstrated to be 73%, 22 days after the first dose.

Scheduling second doses

Given the level of protection afforded by the first dose and current limited supply of the vaccines, models suggest that initially vaccinating a greater number of people with a single dose will prevent more deaths and hospitalisations than vaccinating a smaller number of people with two doses in the same timeframe. The Joint Committee on Vaccination and Immunisation (JCVI) also advised that the second dose is still important to provide longer lasting protection and is expected to be as or more effective when delivered at an interval of 12 weeks from the first dose. The JCVI statement can be found [here](#).

Avoiding vaccine wastage

GP practices are encouraged to avoid any vaccine wastage by ensuring any unused vaccine is used within six hours of the multi-dose vial being punctured. Please plan vaccination clinic appointment numbers with this in mind in order to make maximum use of available vaccine.

There is also the potential for additional doses to be drawn up from the AZ vaccine vial. On 7 January 2021, the Medicines and Healthcare Products Regulatory Agency (MHRA) updated their published [information to Healthcare Professionals](#) to indicate that there may be sufficient vaccine remaining for additional doses. Please note that the wording refers to an additional dose and not numbers of doses since there are two manufacturers for this vaccine, one contains at least 10 full doses and the other at least 8 full doses. Drawing up an additional dose should be subject to an individual healthcare professional's judgement, on a case-by-case basis.

In the event, where a GP practice has completed first doses for all the over 80 year olds in their practice and still has vaccine remaining, a recent change to the Human Medicines Regulations enables the GP practice to make a supply of any surplus COVID-19 vaccine to another GP practice. The provision is limited to sharing stock where it was received with the intention to be administered at the original receiving site. A part-pack can be supplied as long as the vaccine is in the packaging that it was originally received in. **Maintaining the cold-chain during the transfer of stock is critical.**

Reporting arrangements

Apart from monitoring uptake for payment purposes, it is important that GP practices provide timely data in the interest of patient safety, particularly in situations where vaccinations may be offered in more than one setting. Health Boards will require all necessary data from practices to support the delivery of the programme. GP practices are encouraged to use the Vaccination Management Tool to record vaccinations data to support more rapid capture of data for planning purposes. However, the option of using their own GP IT systems is still available. Further information on this is detailed in [PCA\(M\)\(2020\)17](#).

Future enhancements

I recently met with representatives from the Scottish General Practice Committee and the Royal College of General Practitioners and we discussed options to further enhance the vaccine supply arrangements. In the main this will be dependent on vaccine supplies, but I have agreed to explore what is possible to further assist you in delivering the programme in full acknowledgement of the difficulties that GP practices will face if supply issues result in delays to vaccinating priority cohorts, particularly if other parts of local systems move on to other cohorts. I would like to reassure you that we are all determined to avoid that happening.

I hope this information is helpful to you.

Yours sincerely



Professor Alison Strath
Interim Chief Pharmaceutical Officer

Health Board Contacts on COVID-19 Vaccine Supply Queries

Health Board	Contact Email Address
Ayrshire & Arran	Claire.McCamon@aapct.scot.nhs.uk
Borders	holly.hamiltonglover@borders.scot.nhs.uk
Dumfries & Galloway	shirley.campbell@nhs.scot / melanie.bryan2@nhs.scot
Fife	fife.covid19-pmo@nhs.scot
Forth Valley	stuart.cumming@nhs.scot
Grampian	gram.cvd19imms@nhs.scot
Greater Glasgow & Clyde	gms.contractteam@ggc.scot.nhs.uk or gp.pcs@ggc.scot.nhs.uk
Highland	Findlay.Hickey2@nhs.scot
Lanarkshire	Ian.Nicol@lanarkshire.scot.nhs.uk
Lothian	gms.contract@nhslothian.scot.nhs.uk
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