



T: 0300 244 4000  
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Presiding Officer  
All MSPs  
SPICe

January 2021

Dear

I am writing to provide you with a further update on the development of the COVID-19 Vaccination programme. The first weeks of 2021 have presented us with renewed challenges regarding the severity this virus brings. This is why it is absolutely vital that I continue to provide you with the information on the work that is underway to ensure people of Scotland are vaccinated and that we significantly reduce the mortality rate from the dreadful virus.

### **COVID-19 Vaccines**

I am delighted that the Moderna vaccine has become the third COVID -19 vaccine approved by the UK regulator on 8 January. The UK Vaccines Taskforce has already secured 7 million doses. Scotland will receive a population proportionate share of this. This new vaccine will be incorporated in our rollout plans and in line with advice from the Joint committee on Vaccine and Immunisation (JCVI).

The AstraZeneca vaccine was approved by the JCVI on the 30 December and vaccinations commenced on 4 January in the settings in which we have already been delivering COVID -19 vaccinations. This week we will see this expanded into additional GP and community settings.

### **Number of vaccines available in Scotland plus those anticipated in the near future**

**Awaiting update**

From next week, more than 1,100 vaccination sites will be operational across Scotland. These sites will mainly be GP practices and community vaccination centres. The number of vaccination sites will grow further as our supplies of the vaccine increase, and as pharmacies and mass vaccination centres start being used to provide the vaccine. This programme will be

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the largest of its kind ever undertaken. NHS Boards will identify locations for mass vaccination and local access, and manage local vaccination clinics.

However, significant progress has already been made in vaccinating people over 80 years old, all residents in care homes for older adults, and care home staff. As of Sunday 3 January, 113,459 individuals have received their first vaccination of the Pfizer vaccine. [note we will update these on Wed]

We have given vaccinations to:

- More than 70% of care home residents
- Almost 50% of care home staff
- Almost 45% of frontline HSCWs
- Around 1% of over 80s

We anticipate people over 80 years old, all residents in care homes for older adults and care home staff in these settings as well as frontline health and social care workers to be vaccinated with their first dose within the next three weeks.

With the level of vaccine stock we know we have now and projected deliveries over the next few weeks and months we are planning to have given the first dose of the vaccine to those people in the age bracket 65 – 79 years old, and those that are clinically extremely vulnerable, by [TBC]. This brings together a number of the JCVI priority groups so that we can vaccinate more people more quickly.

We know that the JCVI priority list represents 99% of the preventable mortality from COVID-19 and throughout the delivery of the vaccination programme we will be guided by the clinical expertise of the JCVI, the Medicines and Healthcare Products Regulatory Agency (MHRA), and our own senior clinical advisers.

### **Move in timeline for the second vaccine to up to 12 weeks for Pfizer BioNTech and AstraZeneca COVID-19 vaccines**

I explained to you in my letter on the 31 December that the four UK Chief Medical Officers (CMOs) agree with the JCVI recommendation that, at this stage of the pandemic, prioritising the first dose of Pfizer BioNTech and AstraZeneca COVID-19 vaccines for as many people as possible on the JCVI priority list (whilst ensuring that all receive a second dose within 12 weeks of the first) will protect the greatest number of at risk people overall in the shortest possible time. It will also have the greatest impact on reducing mortality, severe disease and hospitalisations from COVID, and protect the NHS and equivalent health services.

I do hope you found the follow up letter from the Chief Medical Officer on 8 January helpful in providing further information around the dosing interval between the first and second doses.

### **Key Workers**

I am aware that a number of Union representatives and Employers are keen to have their workforce and membership prioritised to be vaccinated earlier and this is a matter that I am taking very seriously. However, in the meantime we will continue to follow the JCVI prioritisation list which clearly recognises that age is the greatest risk of serious illness and death from COVID-19.

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## **Vaccination Workforce**

The ever-changing picture around vaccine supply also clearly has implications for our workforce planning. In preparing for the programme, we felt it prudent to build contingency into our workforce assumptions, allowing the system to flex in response to any and all eventualities.

While the approval of the Oxford AstraZeneca vaccine was always accounted for in our planning, the recent change in dosing regimen recommended by the JCVI was perhaps more difficult to predict. Despite this, we are confident that sufficient capacity exists across Health Boards to proceed with roll-out of the vaccine at a pace which reflects the scale of the challenge we face including that posed by this new strain of the virus.

I have previously indicated to Parliament that we expect a daily whole time equivalent vaccination workforce in excess of 2,000 by the end of January and this remains the position, with continuing ramp-up between now and then. We are in close dialogue with Boards about the recruitment and deployment that is underway locally and, based on those conversations, understand they are well on the way to meeting the target we have set.

There are also other measures which help us to understand the workforce capacity which currently exists: there are now more than 3,500 individuals registered on our national Vaccination Management Tool; over 4,000 people participated in national training on administering the Pfizer vaccine and over 4,700 people attended events last week on the Oxford AstraZeneca vaccine.

With GPs playing a more active role in delivering the programme, the workforce being deployed is now more varied, pooling the collective strength of the system. We'll continue to build on this, ensuring that other professions such as optometry, pharmacy and dentistry can fully play their part in the weeks to come.

I am grateful for the many offers of support we've received from across Scotland to support vaccine rollout. We now have a dedicated contact address for these offers ([offersofsupport.vaccine@gov.scot](mailto:offersofsupport.vaccine@gov.scot)) and I would encourage you to share this new contact address with your constituents and anyone contacting you with offers to assist.

## **Ongoing Restrictions**

I am pleased that we have the vaccination programme underway and we know that these vaccines play a significant role in reducing mortality. However, it is still imperative that we continue with the restrictions that we have in place. We do not yet know the extent to which vaccination prevents transmission of the virus and we cannot be sure that, just because someone has had the vaccine, they cannot pass the disease on to someone else.

The Covid situation is extremely serious, and further action is necessary to minimise further spread of the virus. For the duration of January, people should stay at home except for essential purposes. Staying at home is the single best way of staying safe and it will only be permissible to leave home for an essential purpose. Working from home – if it is possible to do so – is now a legal requirement in mainland Scotland and Skye. It is now also illegal for anyone to travel to or from Scotland – unless it's for an essential reason.

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I will continue to provide further updates to you as the programme continues and following the successful update and open question and answer session with MSPs on Monday 4 January, I will consider when might be the appropriate time to arrange a follow up session.

**«Signature»**

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Tom Keith Roach  
President AstraZeneca UK

14 January 2021

Dear Tom

### **Sharing of Commercially Sensitive Information in Vaccine Deployment Plan**

I am writing to you following publication of the Scottish Government's vaccine deployment plan on our website on 13 January, following my statement to Parliament earlier that day setting out our plans for the coming weeks.

The Deployment Plan included information about projected supply of COVID-19 vaccine doses for the coming months, including details of our anticipated supply of the AstraZeneca vaccine. This was a genuine attempt to be open and transparent and to give some confidence about the timelines for delivery, which are aligned with those announced by others. However this commercially sensitive information had been shared with us on a confidential basis and that caveat was missed when it was included in the draft plan which was therefore cleared for publication.

As soon as I was alerted to this issue, the plan was immediately removed from the Scottish Government website, and a revised plan will soon be placed on the website with this information removed.

I want to express my heartfelt apologies for this error. It should not have happened and we have now reviewed our processes to ensure this does not occur again. I appreciate you may well have concerns arising from this error and would welcome a discussion on this with you, if this would be helpful.

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I remain extremely grateful for AstraZeneca's efforts in developing and delivering COVID-19 vaccination at pace. This has allowed us to become one of the first countries in the world to be in a position to take this proactive action to protect the people of Scotland during this pandemic. The vaccine is critical in enabling us to offer immunisation in community settings across Scotland.

Once again, please accept my apologies for this error. If a further discussion would be helpful, my office can make arrangements to set up a meeting.



**JEANE FREEMAN**

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Ben Osborn  
Managing Director and Country Manager  
Pfizer

CC:  
Darius Hughes – UK Head of Vaccines  
Berkeley Phillips, UK Medical Director

14 January 2021

Dear Ben

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Presiding Officer  
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13 January 2021

Dear Colleagues,

Following my Statement in Parliament earlier today, I am writing to provide you with a copy of the Vaccine Deployment Plan we published this afternoon on the Scottish Government website, further detail on the 'Green Book' description of who is covered by the terms frontline healthcare worker and social care worker, together with a recent FAQ we produced which you may find useful.

I have attached a copy of my Statement and the link to the Vaccine Deployment Plan can be accessed via the link here: [Coronavirus \(COVID-19\): vaccine deployment plan 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/Coronavirus_COVID-19_vaccine_deployment_plan_2021)

For ease, the Scottish COVID-19 Vaccination Helpline is 0800 030 8013 and the central email address for all offers of help is [offersofsupport.vaccine@gov.scot](mailto:offersofsupport.vaccine@gov.scot)

As I said earlier, the most recent 7 day rate of COVID-19 cases is 262 per 100,000 with a test positivity rate of 10.1%. The new virus strain is accounting for a growing number of positive cases and as we know, is significantly more infectious. All of this presents us with significant challenges and our NHS is facing greater pressure than at any point in the pandemic. But the approval of two vaccines and most recently, a third offer us all real hope. As we vaccinate more and more of our fellow citizens that hope becomes more real.

Between December 8<sup>th</sup> when we began the national vaccination programme and the 12<sup>th</sup> January we have given the first dose vaccination to:

- Just over 80% of care home residents and 55% of care home staff
- Just under 52% of frontline NHS and social care staff and in the 8 days since the 4<sup>th</sup> of January,
- Just over 2% of those aged 80 or over living in the community – a programme that is scaling up rapidly from the 11<sup>th</sup>. By the first week in February we will complete 100% first dose vaccination for those groups

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Based on vaccine supply confirmed to date, the milestones to come are:

- By the first week in February, we will have given first dose vaccination to all JCVI Priority 1 and 2. That's all residents and staff in care homes for older adults; all frontline health and social care staff and those aged 80 and over living in the community;
- By mid-February we will have offered first vaccine dose to those aged 70 and over and those who are clinically vulnerable and
- By early March, all those aged 65 and over.

This covers JCVI priority groups 1 to 5, a total of just over 1.4million people offered first dose vaccination and from the end of February, we will begin second dose vaccination. Our current modelling on required supply to run these two vaccination streams in parallel indicates that we will be delivering around 400,000 vaccinations a week from the end of February.

From next week, more vaccination sites will be operational across Scotland– community pharmacies, mobile vaccination clinics, small scale mass vaccination centres and large vaccination centres capable of delivering in excess of 20,000 vaccinations a week in a single location. Some of these have already been secured – P+J Live at The Event Complex Aberdeen (TECA), Ravenscraig Sports Facility in Motherwell, QMU in Musselburgh and the EICC. Right now the NHS Louisa Jordan is, amongst other work, also acting as a vaccination centre but rapid work is underway to secure more sites across the Greater Glasgow and Clyde area and in the weeks ahead. This programme will be the largest of its kind ever undertaken. NHS Boards will identify locations for mass vaccination and local access, and manage local vaccination clinics.

The intention to vaccinate 400,000 a week requires a daily workforce of 1700 whole time equivalent vaccinations and 950 WTE support staff. To achieve that number, we are likely to need up to 3400 vaccinators depending on the proportion of parttime to full time staff.

There are currently around 5,500 individual vaccinators registered on our national Vaccination Management Tool and this will not include all participating GPs, many of whom will use their own local systems. Over 4,000 people have participated in national training on administering the Pfizer vaccine and around 4,700 people have received training on the Oxford AstraZeneca vaccine. This is in addition to training delivered within individual Health Boards.

Additionally, arrangements have been made to supplement the core vaccination workforce involved in delivering our seasonal flu programme with professionals from the fields of general practice, pharmacy, dentistry and optometry. A new National Protocol will also enhance the role that Healthcare Support Workers can play. We have directed NHS Education for Scotland to refer all applicants remaining on the Health and Social Care Accelerated Recruitment Portal to territorial Health Boards for consideration and we have written to Regulatory bodies including the GMC and NMC regarding the deployment of those on emergency registers as we work to deliver the biggest vaccination programme ever seen in Scotland.

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We are working with the voluntary and third sector to set up a centralised volunteer coordination hub to make good use of the locally offered support and in particular for deployment at mass vaccination clinics and to help people who need assistance to access local clinics. Of course as I made clear, individuals who are unable to leave their own home will receive their vaccination at home.

I am grateful for the support of the armed forces and pleased that we are now able to expand that support particularly around larger vaccination sites to ensure fast and assured site preparation and facilities. I am also very grateful indeed to the many individual, business and organisations who have offered support and I hope the centralised contact point noted at the start to this letter is useful to you should any offers of support be made to you.

I'd be grateful if you could assist us by making sure your constituents know that they will be contacted by letter or phone when it is their turn to be vaccinated. I know that very many people are anxious to be vaccinated and I greatly appreciate their patience as we vaccinate first those at the greatest risk of serious illness or death from COVID-19.

Finally can I remind you that from 11 January daily statistics on numbers vaccinated is published on the Scottish Government website and PHS will publish weekly statistics each Wednesday, from today also broken down by numbers vaccinated in each JCVI group and by geography.

I will continue to provide further updates to you as the programme continues. I found the briefing session we had on 4<sup>th</sup> January very helpful and will look to arrange another towards the end of January.

I hope you find this update helpful and the information it contains continues to keep you informed. Please contact [cabsechs@gov.scot](mailto:cabsechs@gov.scot) should you have any concerns.

Kind regards,



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**JEANE FREEMAN**

## ANNEX A

### Definitions – Green Book

#### Frontline Healthcare workers

Patient facing, frontline healthcare workers. Staff who have frequent face-to-face clinical contact with patients and who are directly involved in patient care in either secondary or primary care/community settings. This includes doctors, dentists, midwives and nurses, vaccinators, paramedics and ambulance drivers, pharmacists, optometrists, occupational therapists, physiotherapists, radiographers and any associated support staff of independent contractors. It should include those working in public, private, third sector and non-standard healthcare settings such as hospices, and communitybased mental health or addiction services. It should include Healthcare Improvement Scotland inspectors who are required to visit premises. Temporary staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients must also be included.

#### Social care worker

Social care staff directly involved in the care of their service users and others involved directly in delivering social care such that they and vulnerable patients/clients are at increased risk of exposure. This includes, for example, workers in residential care for adults and children, supported housing, and also personal assistants and social workers who have face-to-face contact in the course of their duties including child, adult, mental health officer duties and public protection. It should include Care Inspectorate staff who are required to visit care homes and other registered services. Young people age 16-18 years, who are employed in, studying or in training for health and social care work should be offered vaccination alongside their colleagues if a suitable vaccine is available.

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Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care

By email

9 January 2021

Dear Matt,

Thank you for the opportunity to consider and review the draft UK Vaccine Strategy. As I made clear to you yesterday, the absence of any reasonable advance notice that this strategy was being considered and the exceptionally short timeline offered means that regrettably, I cannot clear the content today.

Given this, this cannot at this point be considered or presented as a UK wide strategy. We need also of course to remember that the delivery of the COVID-19 vaccine programme rests with each of the 4 nations and governments of the UK. Consequently the detail on governance and delivery is for each devolved government to set out and should not be assumed, presented or implied as determined at UK level but rather a shared approach where we seek to align as far as we can - as indeed we have to date with respect to, for example, start dates for delivery.

I would be reluctant to lose the cooperation we have secured and maintained so far. Consequently I believe we should reach a shared view on the overall strategy if we can but that requires each of the 4 nations contributing to that. We are agreed on following JCVI advice, on the overall purpose here is to save lives, on delivery as fast as we can alongside actions to suppress the virus and on active promotion of access and importance of being vaccinated. But we should also, I believe, capture more on legacy and a recognition that this may well not be a single event but rather there is potential for this to be a recurring activity even if it's not for the whole population overtime. The ultimate driver here is to save lives which means we need to ensure that people are at the heart of the strategy. There is a passing reference to diversity with some narrative about a diverse workforce but the document is silent on how the strategy aims to reach those hardest to reach groups and there appears to be no overarching communications strategy referenced as a branch off of this strategy. It would be helpful to understand how these could be woven into the narrative.

I hope you find my response helpful. If we are to agree and present a 4 nations strategy then there must be more time to develop that together. This need not be a slow process at all and I recognise the value in moving in this way but it does need to be genuinely collaborative.

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My officials will be happy to work with yours and our colleagues in Wales and Northern Ireland over the coming week on the basis that your publication plans are paused and the timeline extended.

I am copying this response to Vaughan Gething, Minister for Health and Social Services and Robin Swann, Minister for Health.



**JEANE FREEMAN**

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