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**Subject:** Readout: Vaccine Update [OFFICIAL]

Thank you very much for the meeting this evening on the details of the NHS's plan to ramp up vaccine deployment. We're particularly grateful for responding to this at short notice.

(Key stats / data at end)

The PM met with the Health Secretary, Simon Stevens, Emily Lawson, Brig. Phil Prosser, CMO, CSA, the Minister for Vaccine Deployment, James Bowler and others to understand in greater detail how the vaccine programme will ramp up over the coming weeks. He stated that the government needed to demonstrate to the public how we will deliver as there is some scepticism at present, and current performance does not give confidence that a significant ramp up is deliverable. He asked for this additional smaller meeting so that the NHS could provide a candid assessment of the programme and set out any problems which he could help solve.

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very positive see the armed forces visibly deployed in comms across the UK, as it would give the public confidence that all levers necessary are being deployed to support the effort, and re-enforce the UK-wide nature of the campaign.

Emily Lawson explained the different types of site which will be used and their characteristics. The PM questioned whether enough was being done through community pharmacies, and Emily / Simon Stevens explained that the NHS had chosen to only use those pharmacies which could commit to distributing over 1,000 vaccines per week. He noted that the average pharmacy injects c. 260 flu vaccines per year, and that average pharmacies would therefore be far less efficient compared to the other sites being stood up (which have capacity to do 500-1000 jabs a day). In further discussion, when the CSA highlighted that BAME communities are likely to be left behind, it was explained that community pharmacies will be critical for reaching harder to access communities, and that these would be switched on as necessary as those communities were identified. The PM noted his concern about uptake rates amongst disproportionately impacted groups, and that we should be doing everything possible to maximise uptake amongst such groups. [Note: We will return to this for a further discussion]

Linked to this, there was a discussion about the use of local authorities, and it was noted that they will also be critical to ensuring access to disproportionately impacted groups. Emily Lawson explained that LAs are fully included in the deployment programme, including frequent calls with the LGA. Emily also explained that regional disparities would be mitigated by sharing of best-practice across regions and the deployment of 'hit squads' to improve performance in particular areas.

Emily Lawson explained that average throughput of vaccination sites so far was around 250 injections / day, but that this had been driven, in part, by the distribution of vaccines to sites in this initially period, when roughly one box per week has been distributed (and so sites phase these over the week). More vaccines are now being distributed, and 1.129m will be distributed to the Primary Care Network this week. An additional c. 300k are stored in hospital hub freezers and should be injected this week.

The group discussed care home vaccinations, and Emily Lawson explained that by 15 Jan 221,800 residents will have been visited by a PCN / vaccinator once. By the end of week commencing 25<sup>th</sup> Jan, all care homes vaccinations should be complete and the NHS are targeting 100% uptake in this group.

Emily Lawson and Simon Stevens explained the belt and braces approach to patient communications and recording patient contacts / offers. This includes a significant mail post on 8 Jan inviting eligible patients, central data collection to identify who has been offered a jab, and a further scan of all records at start of February to re-issue invites to anyone who has not been for a jab.

On data, the Health Secretary explained what data would be available to the PM. As discussed separately, starting from today, the NHS will share breakdowns by region and cohort, and further detail will be added over time. On external publication, the PM was very clear that regional publication should be further considered as it may help spur performance across regions. It was explained that this would not be helpful in the short-term, as it will reflect patchy ramp-ups, but it should happen over time. [We should return to this when we have seen initial regional data].

The groups again discussed prioritisation, how we should move between cohorts, and how many frontline workers should be vaccinated. As previously commissioned, by close of play today we are expecting a clear cohort table broken down by sub-cohorts (ie., explicitly stating how many frontline workers are targeted. There have been further conversations on this, so please could you also provide, alongside this, the definition of frontline worker that is being operationalised by the NHS. DHSC should also be considering how we will move down cohorts – we still need to agree the mechanism / materials for this decision, but please could DHSC ensure that a proposal is ready for by Tuesday morning.

In closing, the PM thanked Emily Lawson, Brig Prosser, and Simon Stevens for the detailed overview and asked that we meet again in a similar group – we will schedule this for early next week.

Other key points: