February. The network of vaccination sites has been designed to fit the expected vaccine supply and ensure safe and easy access for the whole population.

There are 3 types of vaccination site:

- vaccination centres, using large-scale venues, such as football stadiums and accessed by a national booking service
- hospital hubs, using NHS trusts across the country
- local vaccination services, made up of sites led by general practice teams working together in already established primary care networks and pharmacy teams through community pharmacies

This mix will allow people in different age groups, communities and households to get a vaccine in a way that suits them and their needs.

The growing network of vaccination sites will rapidly expand in the days and weeks ahead. Currently, 96% of the population in England is within 10 miles of a vaccine service. By the end of January, everyone will live within 10 miles of a vaccination centre. In a small number of highly rural areas, the vaccination centre will be a mobile unit.

In England, by the end of January, our capacity to vaccinate several hundred thousand a day, and at least 2 million people per week will be achieved by establishing:

- 206 active hospital hub sites
- around 1,200 local vaccination service sites (including primary care networks, community pharmacy sites, and including the ability to travel to those who cannot come to a centre)
- 50 vaccination centres

The scale of this challenge is enormous, equivalent to establishing a national supermarket business in less than a month. All parts of the healthcare system will be mobilised so that we can vaccinate the highest risk individuals as rapidly as possible. The network will continue to expand and evolve as we progress the deployment in the months ahead. We will expand the programme so all adults can be vaccinated by the autumn.

Phase 1

For phase 1, the committee have advised that for both Pfizer/BioNTech and Oxford/AstraZeneca, the vaccine should first be given to residents in a care home for older adults and their carers, then to those over 80 years old as well as frontline health and social care workers, then to the rest of the at-risk population in order of age and clinical risk factors. These are set out in 9 cohorts.

The government's top priority is to ensure that everyone in cohorts 1 to 4 is offered the opportunity to receive their first dose of vaccination against COVID-19 by 15 February. It will likely take until spring to offer the first dose of vaccination to the JCVI priority groups 1 to 9, with estimated cover of around 27 million people in England and 32 million people across the UK.

It is estimated that taken together, these at-risk groups account for 99% of all deaths from COVID-19 to date.[footnote 1] It is acknowledged that people can move into a higher group at any time, for example if their medical condition or age bracket changes. When this happens, they will be brought into the process as soon as possible.

Table 2: number of people in each cohort for vaccination under JCVI priorities[footnote 2]

JCVI cohort	Priority group	England	UK	% deaths attributed to cohorts
Care home residents	1	0.3m	0.3m	-
Residential care workers	1	0.4m	0.5m	-
80+	2	2.8m	3.3m	-
Healthcare Workers	2	2.0m	2.4m	-
Social Care Workers	2	1.2m	1.4m	-
75-79	3	1.9m	2.3m	-

JCVI cohort	Priority group	England	UK	% deaths attributed to cohorts
70-74	4	2.7m	3.2m	-
Clinically Extremely Vulnerable (under 70)	4	1.0m	1.2m	-
Total priority cohorts 1 to 4	-	**~12m**	**~15m**	**88%**
65-69	5	2.4m	2.9m	-
At Risk (under 65)	6	6.1m	7.3m	-
60-64	7	1.5m	1.8m	-
55-59	8	2.0m	2.4m	-
50-54	9	2.3m	2.8m	-
Total priority cohorts 5 to 9	-	**~14m**	**~17m**	**11%**
Total priority group population	-	**~27m**	**~32m**	**99%**
Rest of adult population	-	~18m	~21m	-
Total	-	~44m	~53m	-

JCVI advised that the implementation of the COVID-19 vaccine programme should aim to achieve high vaccine uptake. While the programme seeks to achieve 100% coverage for all groups, best practice in existing programmes has achieved 75% of total population cohorts. An age-based programme will likely result in faster delivery and better uptake in those at the highest risk. Within the guide set out by the JCVI framework, implementation should also involve flexibility in vaccine deployment at a local level with due attention to:

- mitigating health inequalities
- vaccine product storage, transport and administration constraints
- exceptional individualised circumstances

time is considered to be a highly efficient strategy.

Since December, we have been taking vaccines directly to care homes. This is a joint effort between the care homes and the primary care network vaccinating teams. Not only has this provided protection from COVID-19, the vaccine has brought a huge lift in mental wellbeing for care home staff, residents and their relatives. Recognising that care home managers know their residents best, local vaccinating teams are working closely with care home managers. This has supported the consent process and helped with understanding practicalities (for example care home layouts; agreeing where to vaccinate and observe residents; and determining how to maintain the cold chain transport requirements of the Pfizer/BioNTech vaccine). Packing down the vaccine into allocations of 75 doses has enabled efficient use in large care homes with over 50 beds.

It is our ambition to offer the vaccine to all care home residents and staff in the more than 10,000 care homes in England for older people by the end of January. This has been greatly helped by the authorisation of the Oxford/Astra Zeneca vaccine. The vaccine can be stored at fridge temperatures, between 2 and 8 degrees, making it easier to distribute to care homes. Deliveries of both vaccines to large (over 50 beds), medium (25 to 49 beds) and small (under 25 beds) care homes are underway.

Social care staff work in a range of settings beyond care homes, not least in domiciliary care, which makes up a significant proportion of the sector. The diversity of the sector and its workforce has put a premium on strong local leadership and partnerships between local authorities, the NHS, social care providers and their representative bodies. Close joint working between these partners, with local authorities playing a lead role, will be essential to identifying and offering a vaccine to all eligible frontline social care workers. To give just one example, it is vital that we identify and reach directly employed personal assistants, who support people within any of the JCVI priority groups (the clinically vulnerable and adults) as part of our efforts to ensure full coverage of the priority 2 cohort.

Understanding our communities and providing them with