

**RCN Scotland response to Public Health Scotland (PHS)
consultation on:**

**A five year vaccination and immunisation strategy
and delivery plan**

Introduction

The Royal College of Nursing (RCN) is the world's largest nursing union and professional body. It is the leading national and international authority in representing the nursing profession. We represent over half a million nurses, student nurses, midwives, nursing associates and nursing support workers in the UK and internationally.

The RCN has 49,500 members in Scotland. We campaign on issues of concern to nursing staff and patients, influence health policy development and implementation, and promote excellence in nursing practice.

Background

The Scottish Vaccination and Immunisation Programme (SVIP), part of Public Health Scotland (PHS) is consulting on a draft 5-year Vaccination and Immunisation Strategy and Delivery Plan, which sets out the vision and priorities that will seek to enable delivery of a successful programme, focussing efforts to maximise the health benefits of vaccination and reduce health inequalities.

RCN Scotland, as a key stakeholder representing nursing staff involved in vaccinations, has been asked to comment on version 5 of the draft plan. A final version of the plan is due to be published in September 2024.

Consultation questions

We are keen to receive comments on all aspects of the strategy and delivery plan and would welcome specific views on ambition within the mission statement 'Our mission is to deliver a world-class, person-centred and public-health led vaccination and immunisation service'

General comments

RCN Scotland welcomes the publication of a new vaccination and immunisation plan and would agree that the mission statement outlined above appears appropriate. It is a laudable to seek to deliver a service which is both person-centred and public-health led, but we would note that sometimes, these two aims may not align. For example, compulsory vaccinations while of benefit from a public-health point of view, would not necessarily be person-centred.

During the Covid-19 pandemic, RCN Scotland was supportive, in principle, of all health and social care staff being vaccinated when the vaccine was available, however we did not support the principle of compulsory vaccination. Throughout, we made the case for clear, easy to access guidance for nursing staff as the systems developed and evolved. The plan may benefit from some acknowledgement of this conflict between public health versus person centred and an indication of where PHS believes the balance lies.

Much of the detail in the plan is left to the two Appendices. While we understand the desire to keep the main body of the plan accessible and readable, we would suggest that some of the detail in the appendices should be replicated in the plan. We expand on this further below.

The majority of vaccines in the UK are given by nursing teams. There are differences across the UK on how these routine services are arranged. It is however the RCNs view that all vaccinators must have appropriate education and training, with a period of supervision and competency assessment to fulfil this role and ongoing opportunities for continuing professional development to update knowledge and skills.

During the Covid-19 pandemic, health and social care staff, who are already under huge pressure and working way beyond their capacity, were being asked and expected to step up to support the increased vaccination programme. This reduced the availability of staff with the knock-on effect of increasing the demand on direct clinical care in both health and social care settings. Any future requirements to rapidly increase capacity must learn from this experience.

Finally, RCN Scotland would also like to point out that, as part of the wider population, health and social care staff themselves are users of vaccination services. As the Covid pandemic showed, they are often at higher risk of exposure to VPDs and as such may require enhanced access and additional considerations to be sufficiently protected. For example, measures such as workplace vaccinations were shown to be more effective in terms of uptake than requiring staff to attend clinics. RCN Scotland welcomes the acknowledgement of this point in the draft plan.

Specific comments

RCN Scotland has significant concerns around the proposal under Priority 3 in Appendix A to further develop the vaccinator HCSW role. The RCN recognises that nursing teams are key to the safe and effective administration of large numbers of vaccinations to those who need them. However, the overriding principle must be that anyone involved in the prescribing or administration of vaccines are suitably competent and have the knowledge as well as the skills to ensure patient safety, and public trust in immunisation is maintained. HCSWs

have a role to play in administering some vaccinations and contributed to the Covid-19 roll out as an extreme case. However, vaccines should generally be delivered by registered healthcare professionals who have the necessary training and skills, including the skills to assess informed consent. Considerations in relation to delegation, risk assessments, competency, supervision are important in relation to HCSWs being involved in administering vaccines.

RCN Scotland does not currently see a clear justification to support the expansion of HCSW vaccinator rolls. We also strongly oppose the expansion of vaccinator rolls to new staff groups such as vets as outlined in the plan. This would not be appropriate or safe for patients and we would suggest that reference be deleted.

On a similar note, RCN Scotland is concerned that the commitment to explore “Effective and efficiency[sic] use of resources” in Appendix B must not come at the expense of patient safety.

On priority area 3, RCN Scotland agrees that strengthening capacity to ensure resources can be used flexibly to meet changing requirements is necessary. However, as the experience of the Covid-19 pandemic shows and as outlined above, a need to meet significant additional requirements inevitably results in resources being directed away from other services. This must be a consideration in any future planning and the negative effects of quickly increasing capacity on other services considered.

We also note that none of the enabling actions outlined in para 4.3, appear to outline how this priority will be supported, beyond a reference to using “available resources more effectively.” RCN Scotland would suggest that an enabling action which included steps to improve training and workforce planning to both allow for increased capacity as well as improvements in the skills of the existing workforce, are both necessary. We note that workforce planning is a commitment under Priority 3 in the Appendix, which is welcome, but would suggest that this issue needs to be given greater prominence in the body of the main report.

As alluded to in the plan, significant work was done during the pandemic looking at under vaccinated and low uptake groups. The plan rightly identifies this as an issue but in order to deliver on this commitment, further work will be necessary to identify the reasons behind and take measures to tackle low uptake. A lot of the detail of this is left to Appendix A and much of this, most notably building up local infrastructure and delivering bespoke outreach services will require significant additional resources, which are not currently in the gift of PHS to provide. We are therefore unclear how this will be achieved (beyond PHS “advocating for” additional resources). Without the financial resources required, much of the plan will be unachievable.

