All-Party Parliamentary Group on Vulnerable Groups to Pandemics

COVID-19 Vaccination Prioritisation for Vulnerable Groups

Minutes of the meeting held on 9 December 2020, 10:00 – 11:30

Attendees

Lord Lansley, Bob Blackman MP, Baroness Masham, Professor Robert Read (JCVI), Richard Vautrey (British Medical Association GP), Adam Lloyd (Sickle Cell Society), Andrew Blackie (patient representative), Andy Gregory (Vertex Pharmaceuticals), Angela Brook (Pseudomyxoma Survivor), Bridgit Sam Bailey (Positive Ageing in London), Farida Hashem, Fay Sandler (CNWL), Fiona Loud (Kidney Care UK), Gemma Hopkins (British Medical Association), George Appleton (Care England), Georgie Couling (patient partner), Helga Mangion (National Pharmacy Association), Jack Ashby, Jamie White (Cystic Fibrosis Trust), Jess Eagelton (Asthma UK), Keith Brownlee (Cystic Fibrosis Trust), Laura Catchpole (Methodists HA), Libby Webb (Age UK), Louisa Collyer-Hamlin (Care England), Louise Wright (Action for Pulmonary Fibrosis), Lydia Makaroff (Fight Bladder Cancer), Margit Physant (Wise AGE), Nav Singh (MSD), Neil Bhayani (National Pharmacy Association), Nick York (Leukaemia Care), Nikki Joule (Diabetes UK), Rob Burley (Muscular Dystrophy UK), Roger Greer (NHS Digital), Rosemary Shapcott, Ross Coron (Blood Cancer UK), Susan Walsh (PID UK), Gideon Hymas (RPP), Gaelan Komen (RPP), Martyna Giedrojc (RPP), Charles Waller (RPP).

Patient groups
Kidney Care UK, Asthma UK, Sickle Cell Society, Diabetes UK, Age UK, Fight Bladder Cancer, Wise AGE, Action for Pulmonary Fibrosis, Muscular Dystrophy UK, Blood Cancer UK, PID UK, Leukaemia Care, Cystic Fibrosis Trust, Pseudomyxoma Survivor, Positive Ageing in London.

Organisations
Joint Committee on Vaccination and Immunisation, British Medical Association, NHS Digital, National Pharmacy Association, Healthwatch CNWL, Care England, Methodists Housing Association.

Agenda
- Welcome: Lord Lansley
- Vaccination prioritisation: Professor Robert Read, Joint Committee on Vaccination and Immunisation
- Roll-out: Dr Richard Vautrey, British Medical Association GP Committee Chair
- Patient testimony: Andrew Blackie

Event report
Lord Lansley, Vice-Chair of the APPG on Vulnerable Groups to Pandemics, hosted the APPG meeting on COVID-19 Vaccination Prioritisation for Vulnerable Groups to discuss issues in the prioritisation and delivery of vaccines and tandem health measures to vulnerable groups through COVID-19 and future pandemics. Parliamentarians, medical organisations, patient groups and patient representatives shared valuable insights on the practicalities of vaccinating vulnerable groups through pandemics.

Lord Lansley opened discussions welcoming the activity of the APPG secretariat since the inaugural meeting in September to advise the Government on shielding guidance and support for vulnerable groups. Lord Lansley introduced the running order of speaker for the evening

and noted some of the key issues to be discussed, such as the variability in risk within vulnerable groups, and welcomed Professor Robert Read of the Joint Committee on Vaccination and Immunisation to share insights on the prioritisation of COVID-19 vaccination.

Professor Read noted JCVI advice to the Government remains dynamic and reactive to the constant influx of data from the UK's "world-leading" epidemiology, through the joined-up information service from GPs and other healthcare deliverers, on morbidity and mortality through the pandemic. Professor Read noted age has been the "chief single influencer" of mortality, and that men are slightly more at-risk than women. Data from past influenza and pneumonia programmes showed disease groups including those with cardiopulmonary and immune system conditions were more vulnerable, and an estimate of risk with varying risk factors was made.
The JCVI also identified a simpler, age-based programme would be quicker and easier to deliver with GPs equipped to administer age-based inoculation programmes, and that 70 percent population coverage with a highly effective vaccine is needed to stop transmission. The first phase of the JCVI's proposed vaccination programme, comprising nine bands of priority, from care home residents to all those age 50 and over, covers 99% of preventable mortality.
Data from QCOVID showed a higher risk of mortality among clinically extremely vulnerable (CEV) groups, leading to their prioritisation in band 4, but that the absolute risk of those aged 65+ is higher than the "bulk" of people with underlying conditions.
Data on the Pfizer vaccine showed its efficacy in preventing death; the JCVI thus primarily aimed to prevent mortality, and by derivation hospitalisation. The JCVI continues to examine data on whether the Pfizer vaccine may prevent transmission, though limited data on the AstraZeneca vaccine suggests it has some utility in reducing infectivity and transmission.
Through the initial vaccination phase, the JCVI will monitor uptake, with a focus on inequalities; monitor safety and efficacy, and the impact on transmission; and consider options for the next phase, including occupational vaccination, further reduction in hospitalisation, and the wider vaccination of the population.

Lord Lansley introduced Richard Vautrey, a GP in Leeds and current Chair of the British Medical Association's GP Committee. Vautrey noted from Tuesday (15 December), GPs will deliver vaccines from over 200 GP sites, with more to be integrated into the UK vaccination programme over the following weeks – dependent on vaccine availability. CCGs have prioritised delivery according to GPs' readiness to deliver vaccines and regions with deprivation and poor health profiles. Vaccinees will be contacted by GPs once vaccines are in vaccine hubs; once in refrigeration in hubs, GPs will have 3.5 days to use vaccines, and will have 975 vaccines to administer in that time.

Vaccinees will be encouraged to make an appointment for the second dose of the vaccine 21 days later. GPs in initial groups of 7 or 8 will deliver vaccines in one centre; once the appropriate cold supply chains are rolled out, administration should be expanded to individual practice delivery, and GPs will aim to vaccinate care home residents in their domicile as soon as logistics allow. Non-vaccination primary care services will be reprioritised as GPs work on rotation on vaccine delivery.

Lord Lansley then introduced Andrew Blackie, a patient representative with Hodgkin's Lymphoma. Blackie highlighted the initial confusion among CEV patients around the JCVI's prioritisation, and noted he remains personally reliant on ongoing research around public health guidance to know whether to continue shielding. Blackie emphasised the difficulties other patients may face in attaining a vaccine in healthcare settings.

Lord Lansley then opened the discussion following the presentations by discussing the varying efficacies of the vaccines under development. Robert Read noted the JCVI continues to examine evidence on the Pfizer vaccine's effect on transmissibility, and may reprioritise contacts of vulnerable groups if the vaccine reduces infectivity. Read noted limited data indicates the AstraZeneca vaccine has some effect on transmission – if this initial finding is corroborated, vaccinating people around vulnerable groups would become a "cogent strategy" for protecting vulnerable groups.

Read noted because there was a higher signal for mortality in healthcare workers, it seemed "equitable" to include healthcare workers in the "initial tranche of vaccinees"; the main reason to inoculate healthcare workers was to maintain the integrity of the health and social care system. Read noted understanding the efficacy of a vaccine in certain groups is to some extent constrained by the regulatory authority, and that the JCVI has not advised the vaccination of children or pregnant women. Read further noted as the Pfizer vaccine is deployed it becomes incrementally more difficult to test other vaccines, but plans remain to test various permutations of vaccine regimens. The JCVI has recommended the deployment of the AstraZeneca vaccine in the medium term; Read emphasised it will be key in the rapid vaccination of the population as the cold supply chain goes "straight to the GP surgery". Neil Bhayani noted pharmacies buck the inverse care law – pharmacies are more common in areas of deprivation, and could be key centres to deliver COVID-19 vaccines.

Vautrey and Blackie agreed there is a "real task" to be done on public messaging to encourage vulnerable groups to access the vaccine, the delivery of which Bhayani emphasised pharmacies could prove key. Lord Lansley emphasised the importance of consistent public health guidance irrespective of whether individuals are vaccinated, and Vautrey suggested inoculated groups should continue to abide by public health guidance given the uncertainty around transmission.

On protecting fragile and highly vulnerable groups, Read noted the phenomenon of immunes in essence, and that there is no reason a vaccine will definitely not work in the elderly and very frail. On protecting immunosuppressed people, Vautrey noted "specialist input" will support people unable to receive a vaccine. Lord Lansley noted there is little evidence on how long therapeutic alternatives such as plasma-derived therapies last and are not currently reasonable alternatives to the vaccination programme. Read finally outlined "antibody cocktails" used in immunosuppressed people provide passive immunity as antibodies persist for a long time after injection, and that some companies are manufacturing monoclonal antibodies to this end that may serve as alternatives to a pure vaccination programme.