Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

COVID-19 Disease Response: Vaccination Programme

21 January 2021

NORTHERN IRELAND ASSEMBLY

Committee for Health

COVID-19 Disease Response: Vaccination Programme

21 January 2021

Members present for all or part of the proceedings:
Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Jonathan Buckley
Mr Gerry Carroll
Mr Alan Chambers
Ms Órlaithí Flynn
Ms Cara Hunter
Mr Pat Sheehan

Witnesses:
Ms Patricia Donnelly Department of Health

The Chairperson (Mr Gildernew): We are joined, by video link, by Patricia Donnelly, who will give us a presentation on the roll-out of the vaccine programme. I very much welcome you to our meeting, Patricia. I know that there is great interest in the roll-out of the vaccine programme, which is a key element of the response to COVID-19. Go ahead, Patricia, with your presentation, please.

Ms Patricia Donnelly (Department of Health): Thank you very much, Chair. I will be brief on what you have in front of you because I have previously described to you all the plans that we had for the programme. What you see in front of you today is a summary of that plan, so there is a lot of information packed into a small space.

You will see across the top of your screen the five phases of the programme. The middle piece is where we are with the phasing. Phase 1 was the priority 1 and priority 2 groups. Members will remember that we were working with the Joint Committee on Vaccination and Immunisation (JCVI) priority groups. We have got clear advice from the JCVI about which groups to take in what order. It has done that on the basis of who is at most risk.

We are just about to complete phase 1. I am delighted to tell you all that we are absolutely bang on target for the plan. We have completed virtually all care homes. There are a small number — I think that it is down to two or three — where there are outbreaks, and we expect to get to them within days. We have virtually completed our staff group. We have widened it out to the wider social care community, and that should be completed by the end of January. As you may know, vaccination of our over-80s commenced on 11 January, and we expect that to also complete in the next week.

We are ready and geared up for phase 2, which is moving to priority groups 3 to 6. You will see that February will be a very busy month, as this is a very large group. We are relying on all our teams. You

will see on the right-hand side of the screen all the delivery models that I told you about before. Our teams have become very experienced. We have vaccination centres, some of which run seven days a week and some of which do not need to run seven days a week. In the west, they have three centres, so they have distributed work amongst all those areas. We have had mobile teams who have gone out to care homes. It has been a total team effort, including an important and crucial role for pharmacy. General practice has now commenced, and that is expected to ramp up through the months of February and March.

We are starting with roving teams to deal with people who are housebound. Nobody has forgotten about them. We are starting with the over-80s. We were awaiting advice from the Medicines and Healthcare products Regulatory Agency (MHRA), which is the licensing body, around the particular controls and infection prevention controls that we need when we are taking a punctured vial from one house to another. Some of these seem simple and straightforward, but we would fail you and our community if we did not deliver a vaccine programme that was not just effective but safe. We hope to bring on community pharmacy when we have enough vaccine to do that.

Look at the bottom left-hand part of your screen. I came to you just before the Pfizer vaccine was vaccinated. We have good, healthy, steady supplies of that. I have told you about how challenging it was. The teams have really stepped up to the challenge and become expert at that. Northern Ireland's record on use of the Pfizer vaccine compares very well with elsewhere in the country and elsewhere in the world. We have been able to do that by having that team of pharmacists as well as vaccinators. We have worked closely with the MHRA to do it.

More recently, we have had approval for the AstraZeneca vaccine. Again, it is a more conventional vaccine. We are very happy to receive it. It has been used in the primary care programme. It has a longer shelf life. It is more conventional. However, it is still a multi-dose vaccine.

The Chairperson (Mr Gildernew): Patricia, sorry to interrupt, but we are getting feedback and a bit of keyboard noise. I am not sure whether it is from you or one of our members who has neglected to mute. I ask members to check that they are all on mute. Patricia, if you had access to a headset, it would be much clearer. There is a wee bit of feedback coming from your end.

Ms Donnelly: I apologise. I am not in my own office, because I could not get the system to work. Apologies; I do not have access to a headset, but I will try to have that for any future presentation. I am not touching the keyboard, so I hope that the noise is not from me.

The Chairperson (Mr Gildernew): It might even be a bit of moving noise, but, anyway, we will persevere. Just be conscious of that and, hopefully, we will get there OK. Thank you.

Ms Donnelly: Thank you. If it is any easier, we can take down that screen, because I have described what is on the slide. It is a summary of what I am going to say. If colleagues could remove that, it would be helpful.

I have provided one more slide, which is from a PowerPoint presentation. This is how we are doing. We are always a day late. I had hoped that, by this morning, I would have yesterday's figures. We get them in the early morning on the day following all the activity. We usually have a summary report provided by 12.00 noon, so you will understand that this is from the day before. You will see from this that, overall, we have vaccinated 160,000 doses and 138,000 people. The second doses have largely been in the care homes, but we have also vaccinated a few others that, for particular reasons, needed to be vaccinated at that time. I expect the figure for the over-80s to be much higher by today. You will also see that we have very little vaccine wastage.

If we take down that slide, I can answer questions. I am sure that there is a limited amount of information that you need me to just tell you about, but you might have more questions that it would be helpful for me to answer.

The Chairperson (Mr Gildernew): Thank you, Patricia. We have just taken evidence from the chief executives of three of our trusts. They reflected to us a picture of increasing hospitalisation of younger people. Is there ongoing assessment, via JCVI or whatever, of the needs of the groups that are being vaccinated to take account of that developing information? Is there an ongoing review of who gets vaccinated at what point?

Ms Donnelly: Thank you. Someone has appeared with a headset. I will continue to answer while I try to rig it.

There is ongoing review by the Joint Committee on Vaccination and Immunisation. It is meeting today. It meets very regularly to provide that assessment. It continually looks at a number of factors: for example, the effectiveness of the vaccine, the groups that need to be prioritised and what the emerging evidence is for the use of the vaccine. It keeps that under review. It meets several times a week, so it is a continuous process. Right now, it is still focusing on those early groups that are most likely to be the most affected, most likely to have the most severe symptoms and most likely to die. In the next phases of the programme, the JCVI might give further advice about who should be coming forward. Whatever the JCVI says, Chair, we will act in that way and take it forward.

The Chairperson (Mr Gildernew): OK, thank you, Patricia. I hear some concerns from GPs in relation to the roll-out of the AstraZeneca vaccine. If, for example, a GP — just to take easily used figures — has 75 over-80s on their books, they are allocated 100 doses. Another GP may have 125. The GP who has 25 doses left over when he has his cohort of over-80s done is telling me that they cannot use those doses, nor can they pass them to the GP who has a further 25 who need done. Are you aware of that issue, and is there a way to streamline that to ensure that we are getting maximum efficacy day to day?

Ms Donnelly: We are aware of this issue. They come in packs of 80 or 100. What we have tried to do is to allocate it in the most sensible way possible. It may be possible that, in the example that you have given, for someone who had 125 doses, we should now have allocated enough for him to cover that group. What we are advising from this week is that, for the GPs with vaccines left, they should start to vaccinate their over-75s. Every GP should now have enough to vaccinate their over-80s. We cannot have GPs share. That is part of the licensing of the MHRA. It does not allow GPs to become distributors of any drugs. It is a control issue, and we are acting within that legal framework.

The Chairperson (Mr Gildernew): OK, thank you. One final quick one from me, Patricia. I have been approached by numerous people, but I will give one example of a person who applied to become a vaccinator. This gentleman is a previous nurse of long years' experience who had engaged with the system but had not got an acknowledgement for a period of time. When he did get an acknowledgement, there were a series of bureaucratic hurdles placed in his way to the extent that he finally dropped out of the system. I am hearing that a lot of people have tried to become vaccinators. I am aware that this is also a problem that appears to raise its head in relation to return to practice more generally with nurses, but in order to keep our nurses on the front line, it obviously makes sense that we get more vaccinators in and not draw from that same pool. Are you aware of that issue, and is anything being done to combat that?

Ms Donnelly: Yes, thank you, Chair. We are aware of the issue, and we have a team working through the Public Health Agency (PHA) who are working actively on this. There are a number of steps. I fully understand that an individual returning to practice will feel that they have had years of experience. However, there are requirements around the safe administration of vaccines and the understanding that, for some people, there may be an allergic reaction. Therefore, they need to understand and identify that. They need to be able to deal with an anaphylactic reaction. Therefore, their resuscitation training needs to be up to date, even at a basic level. There are some things that, even for experienced individuals, they need to be able to do. The team at the PHA have worked through and had a lot of people who have stepped forward and they have managed to screen and interview them. Quite a few of those are now coming forward into the vaccination programme and, importantly, starting to support the GP programme as it rolls out. I am very disappointed at the experience of that individual. I know that it is frustrating, but we do ask that people be patient. We will get through these. People should not give up. I understand from a briefing yesterday that the very elaborate training that was required for an individual to return to this kind of practice has now been reduced to one day. That should be reassuring. For those who have done that, I appeal to them to try again; they may find that it is a bit more straightforward for them.

The Chairperson (Mr Gildernew): Just to be clear, Patricia, I used the individual as an example. I am hearing that from across the North and from a number of individuals who have tried to go the same route. It clearly is a more systemic problem.

OK. I will move on, because I am conscious of time. I ask members to ask a key question first of all; we will do one round of key questions. If members can try to pick up on the fact that, if other people have answered their question or query relating to their specific topic, maybe they can go with

something additional or different. I will quickly go across to Gerry Carroll. Sorry, I will go to the Deputy Chair, Pam, first; then Gerry; and then Cara. Thank you.

Mrs Cameron: Thank you, Chair. Thank you again, Patricia, for your attendance. It is very important to have you with us. Well done on the progress so far. It is wonderful to see the roll-out happening. I have a list of questions, but I know that I cannot ask them all. I will go with GP communication initially. GPs are doing their absolute best to be organised and have the right people in place in time for the vaccinations. However, there is concern that, if they do not have enough notice of when they will receive their supplies of the vaccine, it will be difficult for them to actually organise that and have people ready to get that jab in their arm. Is more being done to ensure that GPs get enough timely communication to allow them to organise their patients in the right place to get the vaccine?

On the back of that question, is it safe to assume and put the message out that, if someone is eligible for the flu vaccine, they will be communicated with, probably in a similar fashion, and brought forward for the COVID vaccine?

Ms Donnelly: I will take those questions in order. On the first one, we try to work very closely with GPs, GP colleagues in the royal college, the British Medical Association and the GP advisers at the Health and Social Care Board. We meet several times a week. I think that there is a webinar for a wider group of GPs today. I have spoken at it previously.

We get an indicative delivery schedule of the vaccine supply itself. However, the closer it gets to it, the more it changes. We would dearly like to be able to advise people as far in advance as possible. However, sometimes we will give them that kind of information just in time. What happens is that, when we get absolute confirmation of the next delivery coming up, which is what happened this week — we had a delivery yesterday— we then allocate a quota to GPs so that they can then order against that. However, they will not actually get it until it arrives, and it might then be a day or two later.

This is not like the flu programme. When the flu programme is operating, people are able to get a good stock of preloaded vials. They know exactly who they are going to vaccinate. It is all very rational. This is a more agile programme — I think that that is how I described it. I really mean that we are on our tiptoes all the time around it. We are having to react very quickly. We are having to be responsive. It is frustrating for GP colleagues; I fully appreciate that. We are doing absolutely everything that we can to get it to them as quickly as possible. It goes out as quickly as it comes in. We do not hang around. We are not storing lots of vaccine. It is important that we work closely with them and that we help them to understand the situation, but that we also help them to manage their frustrations and do all that we possibly can to avert those frustrations. That is all that we can do at this moment in time: try to keep that communication open.

On your second question, which was about who would be eligible, the JCVI largely aligns with that eligibility group. However, we are calling people slightly out of sequence. What GPs normally do is look at that whole group. That is around 450,000 people, so it is not small. They have achieved that significantly. It is offered to that number of people every year. I am not saying that it is taken up by all those people every year, but we are finding the uptake of this vaccine much higher than that. The challenge for GPs — and I appreciate that it is a difficult one, because, if they were running a clinic, they could call in lots of people and do it all very efficiently — is that this time they are having to call in over-80s, then over-75s, and then over-70s, because that is how the vaccine is coming in and that is the way the risk is for those individual groups. Therefore, we are trying to move them group by group. We are trying as much as possible. To people who would normally get the flu vaccine, we say. "The programme will get round to you. You are on a list." As I said at the start, we are moving on those very large groups in priority 3 to priority 6, which is moving down the age ranges now from 79 years of age right down to 65 years of age, and all the clinically vulnerable and their carers. We will get to those groups and move our way through them. The more the vaccine supplies become available, the quicker we will do it.

Mrs Cameron: OK. Can I come back in there quickly, Chair?

The Chairperson (Mr Gildernew): Yes. Quickly, please, Pam.

Mrs Cameron: Thank you for that, Patricia. Obviously, the vaccine is not available to children and certainly not to the under-16s. However, a certain number of under-16s are clinically extremely vulnerable. Do you know if that is being looked at to see whether the vaccine could be made available

to the immediate household or carers and maybe to special educational needs teachers and school staff who surround clinically extremely vulnerable children by way of a protective bubble?

Ms Donnelly: Yes. Carers will come into priority group 6. We should get to them some time later, although not immediately. Anyone in a caring role will get the vaccine. Whether children will get it is being kept under review. Anyone who is extremely clinically vulnerable and is under the age of 16 will be individually assessed as to whether they should have the vaccine. We will wait for further advice from JCVI about that.

You asked about those who are working with those vulnerable populations. Anyone who is involved where there might be aspirating procedures will already have been offered the vaccine. We are awaiting advice as to whether we can go ahead and vaccinate the wider group of people who have contact with those populations, such as teachers and others. Once we get that advice and approval from JCVI, we will call them forward for vaccination.

Mrs Cameron: That is excellent; thank you.

The Chairperson (Mr Gildernew): We are still hearing a wee pinging match going on there, Patricia. Perhaps you could mute your email or turn it off, because I think everyone else is on mute. We hear a beep there frequently.

Mr Carroll: My question is about delay in the second dose of the Pfizer vaccine. I have raised the issue consistently and, at the very least, I believe that medical advice is split on it. I am concerned that we might be forcibly going along with the Tory approach to it. I note that Israel, a country that has disgracefully denied vaccines to Palestinians, has expressed serious concerns about the delay in the second dose and the efficacy of that. How confident are you in that process and that the delay in the second dose of the Pfizer vaccine is safe and is the correct approach?

Ms Donnelly: Thank you, Gerry. I am aware of the media reports about the experience in Israel. As I understand it, the Joint Committee on Vaccination and Immunisation is considering that evidence and has been in direct contact with the Israeli authorities to understand what that evidence will be. As is the normal process, JCVI will review that evidence and may or may not issue further advice to us. Our responsibility in the vaccine programme is to act on that advice. None of us feel that we are the competent authority to say what the best approach is. The opportunity that the delay in the second dose has given — I did a calculation four or five days ago, and I think we had vaccinated an extra 48,000 people whom we could not have vaccinated had we been doing second doses at this point. However, whatever the scientific advice that comes forward, we will follow it in the vaccination programme. I want people to have confidence that we will do the very best that we can and we will act as quickly as possible under that advice.

Mr Carroll: Thanks, Patricia; I just want to follow up on that quickly. It may well be safe, as you said, but many medical organisations have raised concerns about the matter, and I am concerned that we are blindly following the pattern of the approach in London, which could — I emphasise "could" — have long-term effects, not solely on the spread of the virus. It could serve to speed up some of the warped and untrue comments from vaccine deniers. It is serious stuff.

Finally, I wanted to ask about the teachers and education workers who are affected. I appreciate that you are waiting for direction from JCVI, but those people need clarity as soon as possible on where and when they will be vaccinated, especially as SEN schools are still open and there may be further news on other schools. That needs to be made a priority as soon as possible.

The Chairperson (Mr Gildernew): Thanks, Gerry. Members, the Minister will join our meeting on 11 February. That will be another opportunity to pick up on issues.

Patricia, I am sure that, if there are outstanding questions after the meeting, we can feed those through to you via the Committee and we will get a response. Those are other avenues as well.

Mr Sheehan: Thank you, Chair and thanks, Patricia, for coming in this morning. The vaccination programme was obviously very welcome, but serious concerns have been raised that, given the high rate of transmission of this virus in the community, the greater the chance of a mutation that becomes resistant to the vaccine. Have there been any discussions with you around that possibility and what

are the contingency plans? Secondly, do you see this vaccination programme as part of an integrated strategy? If you do, what are the other elements of that strategy for the six to 12 months ahead?

Ms Donnelly: Thank you very much, Pat. If I take the first question, which was around the efficacy of this vaccine, as far as we are aware, and as I have been advised, this vaccine is effective against the variants at the moment. That is not to say that a variant might not emerge for which it would be less effective. However, although I am not directly advised on this, I believe that the companies are aware of that and will develop the appropriate amendments to the vaccine.

This is a continuous process. The pandemic has been a learning process, and the vaccine, as it is deployed, is a learning process. We are aware that manufacturers do amend, change and revise, as indeed happens every year with the flu vaccine, where they have to change it for the strains each year, so I will be confident that, whatever comes, the speed at which they have been able to do this could meet our requirements.

The second question was about an integrated strategy. Clearly it is part of a bigger picture. I indicated at the very beginning that this is a five-phase plan. The fifth phase is continuous, with an expectation that there would be an ongoing vaccination programme, in the same way as the flu vaccine is delivered each year. We are not quite sure what the interval might be for this COVID-19 vaccine. It may be a booster at some other interval. We expect that, as this rolls out and as they do the antibody testing and follow up individuals and look at the impact of who gets ill and how ill they get, they may give us advice on the type of vaccine that should be targeted to an individual group or a particular vulnerable group. That will inform the annualised programme, whatever that will be. You are quite right that it needs to be part of a continuous process.

Mr Sheehan: It is not so much continuous, and I understand that in regard to vaccination. However, I am concerned that if a mutation develops resistance to the vaccine and the manufacturers have to tweak or revamp the vaccine, that might take time and to have that whole new vaccine rolled out might take time. In the meantime, we need to have other measures apart from vaccination. I would be very concerned if we were just putting all our eggs in the vaccination basket. What are the other elements of the integrated strategy?

Ms Donnelly: I do not think that I am the person to ask on that, and I am sure that, when you have an opportunity to talk to the Minister and the Chief Medical Officer (CMO), they will be able to advise you on that. What I should say to you, Pat, is that the advice given to anyone who gets the vaccine is that they continue to socially distance, wash their hands, wear a mask or face protection and still take those protective measures because it takes a while for immunity to build up. It will not be effective with every single person, although we hope that anyone who is affected is much less affected than they would have been prior to the vaccine. They have to take all those protective measures. What will make a difference is reduction in community transmission. That is the big thing that will make a difference. The vaccination will protect *[Inaudible]* but those are wider questions.

Mr Sheehan: OK, thank you.

Ms Hunter: Patricia, thank you, again, for being here today. I spoke with you on Tuesday, and you provided great clarity around a lot of the issues that I was curious about. To make a comment on Gerry's comments from earlier, I absolutely agree, and I think that it is crucial that we seek more clarity around the reports from Israel this morning. I think that access to data will help us to efficiently scrutinise and support the Department of Health in tackling this virus.

Patricia, I spoke with a mental health charity earlier in the week, and their mental health councillors were curious around what considerations have been given to staff who are providing mental health support and who are not in the grouping for Health and Social Care (HSC) staff. Has any consideration been given to them? I ask because they are working and engaging face to face, but they are not included in that group. Thank you.

Ms Donnelly: Thank you, Cara. We have moved beyond HSC staff, which we did some weeks ago, to groups that provide services on behalf of the trust, on behalf of the Public Health Agency or the board. Most of those are in the voluntary and community sector, so that will include Praxis Care and other charitable organisations. Some should have been called forward for that already, so maybe the individual is not aware of that. We have worked very closely with the Northern Ireland Social Care Council (NISCC), which is the registrant body for a lot of those social care workers, to make sure that

they are aware that they can come forward for vaccination. Therefore, people should already have had a notification of that.

Ms Hunter: Fantastic. I can go back to them with that. Thank you, Patricia.

Mr Buckley: Thank you, Patricia. I am not here to be critical whatsoever of the programme; in fact, I congratulate Patricia and the team for the efficient way in which you have started out this programme. It has clear from all of the league tables that Northern Ireland is performing very well. I congratulate you on your leadership, and I congratulate the rest of your team. With that being said, it would be remiss of me not to take the opportunity to push for as quick and as safe and efficient a programme, as we see the debate move from supply to distribution, and that is widely accepted across the United Kingdom.

I have a couple of questions. Can we have an outline of the likely quantities of the vaccine that will be arriving in Northern Ireland over the next four weeks? In total, how many vaccinators do we have at present? Before you came to the Committee, I raised the issue of pressures that GP's services are facing and the desire to try to get them back to face-to-face consultations with patients, if that is possible. Therefore, the need for additional vaccinators is there. We welcome, for example, the deployment of certain MOD officials in Northern Ireland to help with the COVID-19 battle, so, given their logistical expertise, has anything been looked at with regard to a vaccination programme and MOD support? Also, community pharmacists are already playing a crucial role with regard to the flu vaccine programme — we welcome that — but it is my understanding, from having spoken to pharmacists, that there is a keen desire to help with the COVID-19 vaccination programme. They are well equipped to do so, and I encourage you to engage with them — I take it that you already have. I have been faced with kickback on that, in that they are helping with the flu vaccinations, therefore, they are not needed at this time to deliver COVID-19 vaccinations. I think that that is something that needs further exploration, and as we move from supply to distribution, then those parts of the supply chain will be crucial to getting as many people vaccinated as quickly as possible.

Ms Donnelly: Thank you, Jonathan. You asked a number of questions, so I will start with the last one first. We have engaged at all levels with community pharmacies; there are not enough vaccines for them to begin the important role that they have, but we are working on a programme whereby they can try to develop some use of the Pfizer vaccine, which is the more difficult vaccine. That is because we have more supplies of that coming in the month ahead. When there are larger supplies of the AstraZeneca vaccine, which is a very adaptable vaccine, it can be used within the pharmacy environment. However, our priority right now, as we are working through the large trust vaccination centres, the mobile teams and GP practices, is to focus the vaccine in those directions because they are dealing with those priority populations. We are accepting of and enthusiastic about the pharmacy input to the vaccine programme. Our pharmacy colleagues at the board and in the Department are working with leadership among that group.

We get indicative delivery schedules for the month ahead. We find that the closer it gets, the more it changes. Sometimes, it goes slightly up or slightly down, and they batch some delivery schedules together.

We have two streams. One is the AstraZeneca stream. As it comes forward, we understand that we will have enough to vaccinate the over-75s by the end of January and enough to start working on those in groups 3 to 6. It would be misleading for me to give you detailed information, because it may be commercially sensitive for the distributors or vaccine manufacturers, but the other principal issue is that it may not be exactly as I would set it out today.

We also have steady supplies of vaccine coming from Pfizer. That was licensed in December and therefore has a well-established manufacturing roll-out. AstraZeneca was established more recently, so we have had only two deliveries from AstraZeneca so far, which has allowed us to vaccinate those important over-80s, and then start on the over-75s. We believe that we are going to get a steady supply. I cannot be exact with you about that. In answer to part of an earlier question, the art as well as the science of working with GPs is that we will not know exactly until, potentially, a week before. Although we have that indicative schedule, that is the way it is. However, we are using the vaccine as fast as we are engaging with it.

We have within the trusts programme 550 vaccinators in vaccination centres. We have up to 800 available to us, who we are rotating in and out of the programme. There will be vaccinators in 321 GP

practices, although I do not have to hand the detail of how many vaccinators. We have an additional regional pool, with up to 100 people who are through and ready, and many more in the process.

We have no shortage of vaccinators; that is not what is holding us back. Any restrictions will be on the vaccine itself. The key issue for us will not be running 24-hour centres. We do not need assistance from outside. We do not need additional vaccinators. We need more vaccine.

Mr Buckley: If supply does increase in the way that you anticipate, I think it would be imperative for the Committee to be told, at the earliest opportunity, the quantity supplied so that we can properly scrutinise the programme as it is developed. If it ever did get to a point where supply was so good that 24/7 vaccination centres were appropriate, that should be pressed upon. That has happened in other countries. The desire of all of us, and, I am sure, yours principally, is to deliver a programme as quickly and as safely as possible to allow society to return to some normality.

The Chairperson (Mr Gildernew): Thank you, Jonathan. I will take that as a comment, and, Patricia, if you want to say something about it, you can. For now, though, I will bring in Órlaithí Flynn.

Ms Flynn: Thanks very much, Patricia. I want to follow up on a point that Jonathan made about community pharmacists helping out with the vaccination programme. That will be a beneficial addition to the programme that you are rolling out.

You said that you were working on a programme for the Pfizer vaccine and that maybe community pharmacists could help with that. Did I catch you right that that may be rolled out with community pharmacy support next month, or do you have firm details of when you will start to bring in community pharmacists to give you a hand?

Ms Donnelly: Thank you very much. Following on from the previous comment, if there are any ideas on ways that would get the vaccine out quicker, we will take them. We will use them; we will think of everything. We are happy to be pressed, happy to have suggestions made and happy to look at what works anywhere. I mentioned community pharmacy by way of example. It is a difficult vaccine; it comes in very large packs, so it would not be suitable for a lot of local community pharmacists to use, maybe only the larger companies. I think that some discussion is under way in that regard. There would probably be a four- to six-week lead-in before they could get the systems in place because of the technical challenges in doing that and to be able to collect the good data on who to call, how to call and how to record that.

We do not expect the other, easier vaccines to be more available in February; we expect, from our indicative delivery schedules, that we will have enough to do only the programme as it is running. We do not expect the other vaccines to be available before March. If anything happens to improve our supply or opportunities, we will pull things forward. We are happy to do that.

Ms Flynn: My final point — something that Gerry touched on — is on special educational needs teachers, who, to be fair to them, are, in a similar vein, working on the front line with children with complex needs. Obviously, there is an ongoing review of who is being vaccinated and when. I have been contacted by some special educational needs teachers who are a wee bit frustrated because they have not yet received the vaccine, yet some staff who are working exclusively from home have received vaccinations. Has any of that feedback been fed in to your review group?

Ms Donnelly: Thank you, Órlaithí. We get information, comments and questions all the time, so we are aware of those kinds of issues. JCVI is considering teachers as an entire cohort. It is aware of the issues around special schools. We are waiting for further advice on that. It is always difficult when individuals think that they are a higher priority than others who have received the vaccine; it can be very frustrating for them when that is the case, considering the job that they do. Some of the people working from home who have been vaccinated might be part of an important supply line in health and social care; they could have a crucial role, without which the service could not be delivered. It is not always easy to understand why other people have a priority, but there will be a very good reason. That is not to say that mistakes are not made; of course there are, but we hope that those are marginal. We do not want to create a sense of unfairness or unhappiness. We have tried as rigorously as possible to make sure that we stick to those priority groups. That makes it fair for everybody.

Ms Flynn: That is helpful. Thank you, Patricia.

The Chairperson (Mr Gildernew): We now go to Alan in the Senate Chamber. Alan, there is good volume from the Chamber, but it is picking up everything, so just be careful of hand movements or whatever; they will feed in to the system.

Mr Chambers: Thank you, Patricia, for your attendance this morning. I realise that this is a massive and totally unprecedented undertaking. Congratulations to you and all involved, right down to those who are applying the injections, on a job well done to date. I am sure that there will be frustrations along the way, but I am confident that we will get there in the end.

This morning a constituent drew my attention to the case of his mother, who is 83 years of age. She has just been released from hospital and cannot get out of her home to one of the vaccination clinics or the GP surgery to get vaccinated. He drew my attention to the fact that roving groups of vaccinators have been created. Can I have an update on that? How would someone avail themselves of that service? Do they have to contact their GP, or is there another point of contact?

Do you anticipate any short-term interruption to the pace of the programme due to vaccine supply issues?

Ms Donnelly: Thank you very much. I understand your constituent's concern about getting their vulnerable family member vaccinated. People living at home will be vaccinated through the GP programme, either by a GP or a district nurse. I suppose that "roving teams" is a rather fanciful term. They are, in fact, the individuals who will be travelling around to vaccinate people. They have not been able to do that up to this point. I mentioned earlier that we needed to take advice on how, under infection prevention and control measures, punctured vials can be safely transported and kept within the cold chain. That advice is now available, so GPs and district nurses should now be in a position to contact those individuals. The individual does not need to raise it. The practice will be aware of the individual, and a GP or nurse will get out to them. I hope that that will happen within the next week, and that individual should feel much safer.

I would be a very foolish woman if I were to say that there are no issues with vaccine supply; there will, potentially, always be issues with it. We keep an eye on it. We continually revise and update our plans on the basis of supply. At this moment, I am cautiously optimistic, but I always have an eye on whether there are any potential problems. We are always looking at contingency plans, should that be the case. We will keep you apprised of any problems that we see. We are at a steady stage here, rather than accelerating through lots of available vaccine. It is steady rather than anything else at the moment.

Mr Chambers: Thank you.

Ms Bradshaw: Good afternoon. Thank you, Patricia, for your contribution this morning. I purposely went last because I have a long list of issues, and, thankfully you have covered everything, apart from two questions, for me. The first one picks up on the issue of carers, which Pam raised. This morning is the first time that I heard that the carers of clinically extremely vulnerable under-16s will be included. Many of my constituents have contacted me to say that, when they contact their GP surgery, the surgery is not even aware that they will be under priority group 6. There is a still a question over whether care partners will be included. Many other carers, who, as you know, are very vulnerable and isolated, are looking for answers, and they are not getting to speak to their GPs, who are, obviously, very overworked. Is there any chance that you could pull together a single leaflet to outline for carers how and when they and their loved ones will be vaccinated? They have had 11 months of pure stress and anxiety, so such a leaflet would be very welcome.

Ms Donnelly: Thank you, Paula. I made some statements yesterday specifically about carers, because I had become aware that that was an emerging issue. GPs are focused now on those aged 80 and above, and they are starting to consider the over-75s and the over-74s. They would not be quite as well aware of all the other parts of the programme, given that we are only staring to work through those. We will work with our social care colleagues to look at that wider group of carers. We are looking at those who have a carers' allowance, those who are care partners and those for whom care assessments have been made. We are carefully working our way through that. We except, as advised by the JCVI, that they will be part of priority group 6. We are looking to assess the size of that population. We may need to supplement the GP programme to enable that to be delivered effectively at the right time. Your advice about a specific leaflet for carers is very welcome. We have not yet done that, but we will certainly take that advice.

Ms Bradshaw: Thank you very much. My second question is about the people who work in COVID testing centres. I am not sure whether this is the case for those at every COVID testing centre, but I am aware that the people operating at one centre have not been vaccinated. Given that they are, obviously, a very vulnerable group, when will they be vaccinated? Thank you.

Ms Donnelly: That is one of the groups of staff that either has just been called forward or is about to be called forward. As you can imagine, we started with front-line staff in hospitals and have worked our way steadily through the others. We have vaccinated nearly 100,000 people in that cohort, so we are just about to get to them. So, they are on the list, and we will get to them if we have not already started to do so.

Ms Bradshaw: Thank you so much, Patricia; that is great.

The Chairperson (Mr Gildernew): OK. Thank you, Patricia; that was a very useful update on the programme. I concur with members' comments on the significant success to date and the significant effort that has gone into that. Indeed, your regular engagement with the Committee has been welcome, and I thank you for that.

I have a quick final question. Is there work ongoing with community settings in the expectation that we may get further availability of supply? Is there contingency work that can be done in preparing community groups so that, when the supply becomes available, we will not be only starting the training or looking at providing freezers in strategic locations that might accommodate the additional roll out? Is that work ongoing?

Ms Donnelly: We always keep it under review. We work with the support of our community colleagues, and we have members of the councils and the leads in Northern Ireland who sit on quite a number of our groups. They are aware of our planning, are always making good suggestions, are aware of the potential that we will open other centres and are working very closely with us. We are looking at how the volunteer sector can provide support, because there are roles other than vaccinators. If you are bringing in a large number of people, you have to make sure that they are socially distanced, that they park safely and all of those things. So, we are always keeping that under consideration. It will probably be beyond February, but we are looking to when there might be more vaccine available, which is when we will ramp up. We are preparing for that.

The Chairperson (Mr Gildernew): Thank you; I appreciate that. There are sporting organisations, such as GAA clubs, involved in testing across the North. Many of them have contacted me to say that they would be delighted to help out with the vaccination programme. It improves the whole community buy-in and sense of social solidarity when you are doing it on a community level like that. I would welcome any developments in that regard.

Thank you for that, Patricia, and good luck in the time ahead with your important work. A significant element of the reaction, along with the find, test and trace measures and all the other measures, remain key elements, along with the vaccine, until such times as we have eliminated the virus. Thank you for that and thank you for attending our Committee this morning. All the best.

Ms Donnelly: Apologies for the sound quality; I will try to fix that for the future. Thank you.

The Chairperson (Mr Gildernew): OK. Thank you, Patricia.