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If the NHS falls short on boosters, it won't be for want of trying

The booster rollout is happening at a time when the NHS is already under huge pressures, and NHS trust leaders are warning of big challenges, particularly workforce shortages, writes Chris Hopson

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With the rise of the omicron variant of SARS-CoV-2, and the ongoing threat of covid-19 more widely, the NHS has been set the challenge of expanding and accelerating its vaccination programme by offering everyone eligible a booster jab by the end of the year. This an incredibly stretching and ambitious target, and a huge logistical challenge—but an extremely important one to ensure that as many people are protected against covid-19, as quickly as possible.

Emerging evidence is showing that omicron is spreading much faster than the delta variant, quickly overtaking the latter as the dominant variant in England. So far, the science indicates that the booster dose, on top of the initial two vaccines, provides much greater protection than just being double jabbed. And while the picture is still emerging about how severe symptoms from omicron might be, the NHS is expecting many hospitalised patients, as even a small percentage of people needing hospital care from many thousands of infections is still a large number.

That's why every extra booster jab administered before omicron takes hold is vital. A hugely impressive mass mobilisation is underway in the NHS to deliver this mission, with local government being a key co-leader and partner in this effort. Also working on this are the armed forces, third sector, and public service partners. National and local leaders are working together: national leaders are setting frameworks, running the national booking service, ensuring there are ample supplies of vaccines and wider kits, recruiting the workforce needed to get jabs in arms, and setting clinical standards and managing contracts. Local leaders are planning and delivering capacity expansion by working with their local communities, and utilising their staff, facilities, and public health directors and links to social care. Systems are working at pace to make the best plans possible—asking questions like “is it better to create new sites including pop ups, or grow existing ones?,” “what's the best geographical coverage?,” “what pattern best maximises take up, tackles inequalities, and matches staff availability?”

Meanwhile, vaccine sites are extending their opening hours, which involves creating new staff rosters and ensuring third party buildings remain open to allow for this, as well as considering how to work around bank holidays over the festive period. There are also considerations to be made around physical capacity in existing sites as we head into the colder, wetter, winter months to ensure that any people queuing find themselves in suitable conditions. For new centres, there is a drive to find the staff with the right clinical skills, and to ensure the IT works as needed,

as well as making sure appropriate marshalling arrangements are in place.

The NHS is also identifying which staff can be reassigned from current work to the vaccination effort, which involves making difficult clinical prioritisation decisions on what work can be stood down for now and creating interim arrangements to reduce the impact on patients. The police, fire service, local government, and other public service colleagues are also being re-deployed into the programme. There is also the need to enhance training arrangements for new staff, including for volunteers, before they can begin work.

Meanwhile, there is incredibly complex logistical work around how to identify people to get their vaccinations, prioritising those residing and working in care homes, health and care staff, those who are housebound, and severely immunosuppressed. The NHS is working with partners to run communications campaigns so that communities know where and when they can get jabbed.

These incredible efforts are happening at a time when the NHS is already under huge pressures and continuing to provide care to all those who need it. For example, GPs and community pharmacies are balancing their normal tasks of looking after their local communities with their vaccination workloads.

However, while much of the mobilisation is underway, trust leaders have told us over the past few days that there are three big challenges to overcome to achieve this target. The first is the workforce issue, with the NHS now heavily reliant on volunteers, and concerns that omicron could lead to staff absences, due to sickness and self-isolation, despite infection control measures. Secondly, the speed with which capacity needs to be built to vaccinate new cohorts of people is a challenge. There are only a few days left until the end of December, so while there are record numbers of booster jabs being delivered, there is also concern that the target won't be met despite best efforts as it takes time to build and expand hubs. Lastly, the scale of the increase in capacity needed to deliver the target. To reach the target, the NHS will need to not only regain its March 2021 record vaccination day of over 800 000 vaccinations, but it will also have to consistently go beyond it every day. We also need to remember that all of this also relies on people coming forward for boosters.

The question of whether the NHS can meet the target is one that has been asked many times over the past few days. The thing with the NHS is that it continuously does the impossible. For example, the

idea of creating 34 000 beds for coronavirus patients at the start of the pandemic felt unachievable, as did the idea of coping with 40 000 simultaneously hospitalised covid-19 patients across the UK in January. However, the NHS did both. So, going back to the current target on vaccinations—the ambition is incredibly stretching and is the biggest challenge the NHS has faced so far. But if the NHS falls short, it won't be for want of trying.

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