Helen Salisbury: Covid booster chaos

Helen Salisbury GP

If you spot your local GP with even bigger bags under their eyes than usual or their practice manager missing clumps of hair, this is probably due to this autumn’s vaccination campaign. Starting each September, surgeries run flu clinics—generally on weekends, as we’re busy and our buildings are full during the week. Organising these clinics isn’t straightforward, as there are different vaccines for children and for adults under and over 65, so we invite the various age groups separately to avoid people getting the wrong vaccine. This has recently been further complicated by the fact that we’re also giving covid vaccinations, and the eligibility groups for these vaccines aren’t the same.

In early August NHS England announced that it would be reducing the amount paid for each covid vaccine by 25%, which led to some practices deciding that it wasn’t economically viable to deliver this vaccination programme. Less than a week later on 9 August, practices were instructed by NHS England not to start flu vaccinations until October, and this came with the threat that they wouldn’t be paid for vaccines given before then. The stated expectation was that covid boosters would be given at the same time as the flu jabs, and the reason for the delay was that later vaccinations would provide better protection from flu and covid through the winter months.

This caused considerable upset, as some practices had already booked clinics, engaged staff, and invited patients. To add to the chaos, a hastily arranged webinar on 30 August we were instructed to rearrange things again and to now start our covid vaccination clinics as soon as possible after 11 September. The tariff for each vaccine has gone up, but only if it’s given within a seven week period. Practices and primary care networks that had decided not to take part in the covid booster programme were asked to reconsider, for the sake of their patients.

The reason for this sudden volte-face seems to be the emergence of a new, highly mutated SARS-CoV-2 variant: BA.2.86, named “Pirola.” As I understand it, vaccines were being developed for a different omicron variant (XBB.1.5) and it was hoped that, by delaying the programme until October, vaccines for this new version would be available and would be effective against the dominant strain. Now it seems that Pirola may be the variant we should be most worried about, against which the newer vaccine would be no better than the old, meaning that there’s no point in waiting.

The level of threat from this new variant, its transmissibility and pathogenicity, and indeed how effective the vaccines we already have will be, are all unknowns. Since the Office for National Statistics’ covid surveillance programme was abandoned back in March this year, it’s difficult to know what variants are out there and how quickly they’re spreading. Clearly, it would be sensible to get the “best guess” vaccine into as many arms as possible, beginning with the most vulnerable patients. GPs will do our best, but don’t be surprised if we’re a bit short tempered about it. The repeated changes to dates and payments make it clear that our colleagues at NHS England have little idea of the logistical challenges involved in providing these clinics.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors

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