

16-May-2022
Implementation of covid-19 vaccination in the United Kingdom
BMJ-2022-070344

Dear Prof. Majeed,

When you resubmit, please also provide:

Thank you for submitting your paper to The BMJ. We discussed your paper at an editorial meeting that was attended by Kara Hanson, Martin McKee, Juliet Dobson, Tom Moberly, James Ross, and Kamran Abbasi.

1 First, an apology for the delay in responding to you. We wanted to review all the papers together with reviewers' comments, and therefore we've ended up holding on to some papers longer than others.

2 We would like to publish a revised version of your submission as a paper in The BMJ's covid-19 inquiry collection.

3 We're reminding all author groups that the overall focus of The BMJ's covid-19 inquiry collection is to consider what we can learn from how scientific advice was incorporated into pandemic policy in the UK. We want to know what you would tell a public inquiry. What further questions do you believe that a public inquiry must address? We're also asking all author groups to revise their paper so that it explicitly sets out to do this.

4 We are sending you a number of reviewers' comments. The status of the reviewers' comments is advisory only. You should consider all comments but only act on those that you believe will make your paper stronger in its ambition to achieve the aims stated above.

5 We appreciate that journals regularly ask authors to take on board comments at revision stage and stick to a particular word limit. Although our target length for each paper in The BMJ's covid-19 inquiry collection is 2000-3000 words, we are willing to be flexible where appropriate.

6 You should pay particular attention to the committee's comments. If anything is unclear in the committee's comments, or in the reviewers' comments, please do not hesitate to contact us. We will all work closely with you and support you through the revision process.

7 Our intention is to publish the collection of papers by the end of June. We'd like your revision back by the end of May, or earlier if at all convenient, but if this causes any problems please let us know and we will do what we can to accommodate.

8 All papers will also need to be tweaked so that they do not read as if they are out of date.

9 We admire your upbeat tone, but vaccination policy was highly controversial and frequently criticised. Your piece should reflect this contentious debate. Did vaccination policy follow the science? How robust were the structures to deliver vaccination at unprecedented levels? What was the role of politicians and what impact did it have on vaccination policy?

10 Overall, the focus of the piece should be on UK vaccination policy and how it related to the evidence and practice elsewhere. One of the issues that needs to come out more clearly is that the vaccine work led by Kate Bigham was deemed a success, attracted criticism for the amount of vaccine doses it secured, but lost momentum after she left.

11 In addition, JCVI seemed to be a shambles. NHS stepped up, but even that lost momentum. We think a thorough description of events would be useful.

12 We'd like more the debate in relation to vaccination of children. We wonder if the JCVI's hesitation, here and in other instances. itself led to vaccine hesitancy?

(a) A cover letter outlining how you have responded, or not responded and why, the editors' comments [as well as those of the reviewers]

(b) A word count (excluding the references and words in boxes and tables). You should aim to keep this count below or very close to 2000 to 3000 words.

(c) Please check that all the information required in the manuscript (see note below) is included in the revised manuscript.

All accepted Analysis articles are published on bmj.com, the canonical version of the journal. Some accepted Analysis articles will also be published in print. The BMJ might choose to shorten content or replace or re-size images for the print issue.

Please click this link to start the resubmission process: *** PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. ***

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IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

I hope you will find the comments useful and thank you for your continued time and effort on this paper,

Best wishes,

Kamran Abbasi
Editor in chief, The BMJ

kabbasi@bmj.com

INFORMATION TO INCLUDE IN REVISION

Please would you also check that you have provided the following information:

- Competing interest statement (in the style explained at <http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests>; click on "Research" and please see "Examples competing interest statements")

- Contributorship statement + guarantor
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- Signed patient consent form(s), if the article gives enough personal information about any patient(s)
(http://resources.bmj.com/bmj/authors/editorial-policies/copy_of_patient-confidentiality)

Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

This is a clearly written, authoritative and generally balanced overview of the rollout of Covid-19 vaccinations in England. It has a useful role in providing an accessible overview of key events and summary of issues to reflect on for the future.

I'll choose to highlight three points where I thought the paper raised more questions than it answered:

* the delay of the second dose. I'm puzzled by the remarks that "there were some benefits for individuals in delaying the second vaccine dose" - surely the point of the delay was not to benefit individuals but to get first doses into as many people as possible as the first dose conveys more than 50% of the protection? I'd welcome a statement on whether the authors think this was a risky departure from the evidence which by good fortune had no problematic consequences or a great example of British creativity in a sticky situation.

* using GPs for vaccine delivery. Are GPs really the most efficient and cost-effective way to deliver vaccination at scale? GP practices have a range of competencies and one of their strengths is the range of services they can provide. Surely having more specialised staff and high throughput facilities is the best way to provide high levels of vaccination quickly and cheaply? And in any case do GPs really have the capacity for delivering vaccines in addition to the full range of business as usual once service utilisation is back to normal levels?

* more publicity/ transparency for JCVI. Given the emotive nature of vaccines surely there are risks and downsides to greater transparency, from chilling frank exchange of views to increasing the costs on and perhaps risks to the experts who participate. Are there international good practice exemplars of how to make decisions about vaccination in an open and transparent way? How does one balance the need for transparency with the attract and fully utilise the best available talent?

Alec Morton
University of Strathclyde

Additional Questions:

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Please confirm that you understand and consent to the above terms and conditions.
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Please enter your name: Alec Morton

Job Title: Professor of Management Science

Institution: University of Strathclyde

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

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