COVID-19 VDP Transformation

The Challenge

COVID-19 has been the most challenging public health emergency in the history of the NHS. The challenge and scale was unprecedented - to design, procure, deliver and manage a national vaccination programme requiring agile planning in a highly uncertain environment with an unknown financial cost.

The initial emergency programme of population vaccination was followed by a move towards a more predictable planning cycle as the effects of COVID-19 have become embedded in daily life, with a need to reduce cost and impact on other services.

The Programme

The VDP was created as a DHSC programme within NHSE, with no established reporting, governance or standard ways of working. People and teams were brought together from a wide range of organisations to begin to develop a plan that would enable deployment and administration when a vaccine became available.

IHS was commissioned early in the development of NHSE's COVID-19 Vaccination Deployment Programme (VDP) to provide teams to support and lead end-to-end planning, delivery and administration across a range of areas including finance and modelling.

This involved working alongside key strategic partners including NHSEI, Department of Health and Social Care (DHSC), Her Majesty's Treasury (HMT), Local Authorities, the military and CSUs.

Approach and Methodology

To establish the programme we worked as part of an integrated team across the VDP to ensure that JCVI guidance was reflected accurately in the latest modelling assumptions, to enable associated funding options to be developed and the impact on funding envelopes clearly understood; we secured funding of £4.0bn from HMT.

The initial operational approach focused on a rapid assessment of need in the absence of established governance and processes. We quickly established the requirement for a safe financial framework that would enable NHSE to procure goods and services not part of its normal commissioning responsibilities. We also needed to support the costs of a rapid deployment, sourcing and paying for workforce, premises, alternative providers etc.

Modelling needed to pull on a wide range of data sources to ensure that population need could be quickly and accurately identified, enabling us to estimate need, resources, costs, and ensuring that there would be sufficient capacity to vaccinate all those within the JCVI priority cohorts.

Work of this kind had never previously been done in NHS England at this scale and pace.

Latterly we have developed mechanisms to morph the initial arrangements into standard processes, working with teams across the VDP to create simpler, safer processes that offer better value and require less intervention to manage. In moving to this phase, we worked with central and regional teams to explore opportunities to redesign and develop delivery models, seeking better value in areas that did not adversely impact or actively increased capacity and capability.

Impact

From an initial position of no set processes or governance, we delivered a financially safe, well governed programme which played a significant role in the successful delivery of COVID-19 vaccinations to the population of England. Our team was able to create a sound financial framework which enabled rapid planning and deployment across national and regional teams through to very local implementation, and allowed clear visibility of spend and value across all our partner organisations.

The NAO report on the VDP issued in February 2022 concluded that the programme was value for money and did not identify any financial concerns in their review. Also no audit issues have been raised from the statutory audit.

Following the initial emergency phase of the VDP, we have:

- worked with a wide range of stakeholders to redesign delivery models to achieve better value for money
- standardized and aligned processes with standard commissioning arrangements
- maintained excellent visibility of spend and reporting standards throughout the programme
- supported development of a vaccination and immunization strategy, including an approved financial framework.

Conclusion

The UK has run a very successful, globally leading COVID-19 vaccination and booster programme. It was the first country to grant regulatory emergency approval to a COVID-19 vaccine and amongst the first to roll out COVID-19 vaccination in December 2020.

We are extremely proud of the roles we have played in this historical programme over the past 3 years. We helped establish the VDP, rapidly creating a financial governance structure that successfully met all national and statutory audit requirements; we subsequently supported the move from a £4bn emergency programme to an embedded programme expected to cost circa £500k in 23/24, including development of a vaccination and immunization strategy which draws from the success of the COVID-19 vaccination deployment.