



Llywodraeth Cymru
Welsh Government



Mae Brechu yn achub bywydau
Vaccination saves lives

National Immunisation Framework for Wales

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Foreword

Vaccination has long been a critical part of NHS Wales delivery to protect our citizens and communities. The pandemic shone a spotlight on the important role of immunisation in both prevention and response to serious disease. In the Spring of 2020 we were all hoping and waiting for a COVID-19 vaccine to save lives, protect the NHS and bring us out of lockdown. The pandemic required us to think differently about the deployment of vaccination, in particular it required us to think how we could maximise uptake and ensure equity. Wales rolled out one of the most successful vaccination programmes in the world during the coronavirus pandemic and we all owe a huge debt of gratitude to everyone who was involved in that immense project which continues this winter. We must learn these lessons and apply them to our future arrangements, and it is through this National Immunisation Framework that we are seeking to do that.

The vaccination transformation programme was established to look at the provision of vaccination services to ensure arrangements are fit for the future. The success and good practice of our existing programmes have served as the foundation for the transformation process. Indeed, they provided the basis for our world-leading COVID-19 vaccination programme. And it is through the lens of the pandemic that we have assessed our priorities and expectations for the future.

Ensuring that we are all immunised against diseases is important for our personal health management and in preventing both epidemics and severe levels of illnesses which could overwhelm the NHS. Vaccinations are an essential public health tool, and we need individuals to have trust and confidence to come forward for vaccination.

This ambitious National Immunisation Framework will pave the way for vaccination transformation in Wales, enabling exemplar delivery of vaccination and immunisation programmes with uptake and equity at the core. It will protect Wales and our NHS.

A handwritten signature in black ink, which appears to read 'M. E. Morgan'.

Eluned Morgan MS

MINISTER FOR HEALTH AND
SOCIAL SERVICES



Message from Director General

I am pleased to share our National Immunisation Framework for Wales with you. I would like to begin by thanking you all for your continued hard work and support. We all understand the importance of vaccinations in health protection and prevention, keeping the people of Wales safe and protecting the NHS.

The Framework was developed by identifying and using the lessons from the pandemic with the aim of transitioning to a position of improved business as usual, through integrating all our vaccination programmes. I want this Framework to enable positive changes to delivery to improve vaccine arrangements and to increase uptake.

Our recent Winter Respiratory Vaccination Strategy integrated the COVID-19 and influenza vaccination programmes, bringing together the strategy, planning and governance of these programmes. This was the first step in our vaccination transformation journey and early indications are that this integrated approach is a positive change. It has involved a change of approach and new ways of working and I have been impressed by the commitment and dedication of everyone in making it work.

There is more to do though, and this Framework sets out our ambitions for continued vaccination transformation, with a deepening of integration, to improve service provision for everyone in Wales.

Many of you have been involved in work to design and develop these ambitions through the co-production approach we have taken. I am grateful to you for your invaluable inputs. I know you will continue to engage and work together as we move to implement this ambitious National Immunisation Framework for Wales.

A handwritten signature in black ink that reads "Judith Paget".

Judith Paget

DIRECTOR GENERAL HEALTH /
NHS CHIEF EXECUTIVE

Overview

Vaccination is a public health tool that prevents serious illness, protecting people, communities and the NHS in Wales. The World Health Organisation estimates that vaccination prevents up to 3 million deaths worldwide every year. Delivery of vital immunisation programmes continued throughout the pandemic, which shows their undoubted value in prevention and in response to disease outbreaks. Vaccination is one of the most important actions we can take for our own health and that of our children, and it's one of the most important preventative actions NHS Wales can offer to people in Wales. There is also a strong value for money element to vaccination as a health prevention mechanism. Evidence suggests, for example, the financial return on investment of the UK MMR programme was approximately 14:1.

Since vaccines were introduced in the UK, diseases like smallpox and rubella – that used to kill or disable millions of people – are either eradicated or seen very rarely. In relation to coronavirus, vaccination is our first line of defence in the ongoing pandemic; with vaccinations reducing severe disease – reducing the number of people who need healthcare and saving people from harms which can have lifelong effects – and mortality for our population.

Our aim for vaccination transformation is to **deliver world-leading outcomes in vaccine preventable disease**.

We will do this by establishing this National Immunisation Framework for Wales and implementing it during 2023. Throughout the implementation period, as integration of programmes deepen, existing programmes will continue to be delivered effectively.

Our vision for the future of immunisation in Wales is high uptake of a sustainably delivered, effective vaccine, at the right time, to reduce mortality and morbidity.

We want to see vaccination services that are clear, so that citizens know what vaccinations they are eligible for and how to receive them. With high levels of uptake and equity of access and opportunity at the core of service design and provision.

The vaccination arrangements should:

- Be fit for the future with improved patient experience.
- Focused in a person and family centred way.
- Benefit from national infrastructure.
- Support a once for Wales approach that's locally designed and deployed.
- Produce value-based outcomes.
- Have appropriate and robust governance.

Pandemic preparedness will need to be planned for to ensure we can respond effectively to future local, national and international threats. We have seen how applying the learning from the coronavirus pandemic can support quick and effective deployment of vaccination in response to the Monkeypox outbreak; we will build on this through the implementation of this Framework.

During the scoping, design and development phase we have worked on a co-production basis and have used the following design principles, which will continue to be relevant and used during the implementation phase:



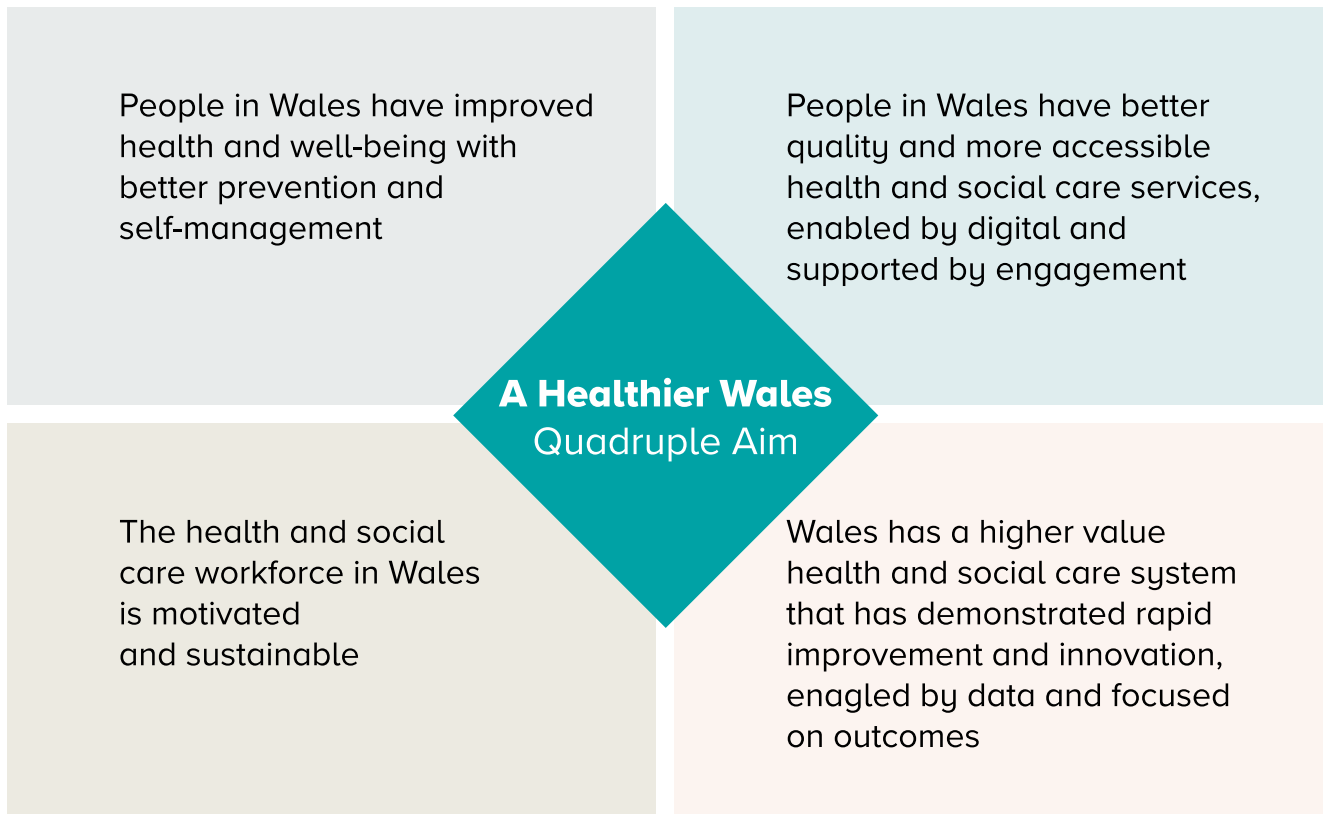
Design principles	Outcome
Person centred services	where people recognise the importance of vaccination, can access their record, know which vaccinations they are due and are able to identify ways to get vaccinated as close to home as possible
Inclusion and engagement central to service design and delivery	local and national infrastructures and systems in place to enable inclusion and engagement to be at the root of our vaccination services in Wales
Centrally developed framework delivered locally	overarching national framework with flexibility for tailored interventions at a local level to meet local population needs
Value-based approaches which provide return on investment	recognising the inherent value element of vaccination in preventing disease and ensuring value for money in the approaches deployed
Data driven and evidence-based approach	timely, accurate data and behavioural insights provided to ensure the services are person centred, innovative and effective
Partnership working	ongoing and meaningful engagement with partners to ensure person centred services that deliver outcomes and value for money
Continuous improvement	evaluation of approaches undertaken regularly to understand impact on behaviours, sharing best practice and adapting deployment models when necessary
Digital solutions to support the operation of services and improve patient experience	with digital solutions complying with industry best standards, including in terms of the Welsh language, whilst supporting access for those who are digitally excluded

This is the first National Immunisation Framework to be issued for Wales and its development has been on a co-production basis. With Welsh Government and the NHS working as One Team to identify and use the lessons from the pandemic to transition to a position of improved business as usual for all vaccination programmes. Included within this is integrating our world-leading COVID-19 vaccination programme and our pre-pandemic vaccination arrangements.

Health board accountability will remain unchanged, with boards assessing local need, commissioning, performance managing and evaluating provision in line with the national strategic direction. Our intention is to support that, enable improvements and maximise uptake. We will establish appropriate governance arrangements to support the implementation of this Framework. This will be worked through in the context of the developing NHS Executive mandate and functions.

This Framework aligns with the Well-being of Future Generations (Wales) Act and the well-being goals. It makes an important contribution to A Healthier Wales and A Resilient Wales, with vaccine as a preventative measure which citizens can choose to take up as part of active health management.

The National Immunisation Framework embodies and delivers on the Healthier Wales Quadruple Aim. The Framework will fit within the existing planning and performance arrangements, for example the [NHS Performance Framework 2022-2023](#) and the forthcoming Planning Framework for NHS Wales. The National Immunisation Framework draws on that strategic context to set out our vision for future ways of working for the NHS in immunisations.



Broader plans being drawn up will include supporting implementation of the National Immunisation Framework and aligning resource to support the new ways of working.

Publication of this Framework moves us into the next phase of vaccination transformation; completing the design and development phase and starting to deliver it together. All parts of the NHS in Wales will have a role to play in implementation.

At the core of this Framework is a focus on reducing inequities and improving health outcomes. The pandemic taught us that some communities will be affected by ill-health and certain conditions more than others. The inverse care law, whereby those that need the most interventions often are those that receive the least, must be addressed if we are to see improvements in our nation's health. The pandemic also taught us that with the right approaches, these communities can be engaged and included. We have a once in a generation opportunity to deliver lasting change in terms of our vaccination system. Therefore, this Framework also sets out principles for health boards to follow when developing vaccine equity strategies to contribute towards *A More Equal Wales*.

Progress

The vaccination transformation journey has already begun. In July, we published the Winter Respiratory Vaccination Strategy, bringing the strategy, planning, delivery and governance of COVID-19 and influenza vaccines together. This paved the way for an integrated COVID-19 and influenza programme this year through the Winter Respiratory Vaccination Programme, which launched on 1 September.

We have seen the power of greater integration in our other immunisation programmes recently. For example, developing plans for an MMR catch-up programme, the agility we have shown in our early response to the polio outbreak and the speed at which we were able to mobilise our response on Monkeypox, including using our pandemic governance structures and vaccination teams in order to kick start our strategy and deployment. This has demonstrated the effectiveness of greater integration and through this National Immunisation Framework we want to embed and build upon this.

Another key development has been the recently expanded role of the NHS Wales Delivery Unit. The role the Delivery Unit played, alongside the clinical leadership of Public Health Wales, in the COVID-19 programme was critical. We want to apply this approach to all our vaccination campaigns so that all our campaigns can benefit from this guiding hand – through planning, delivery oversight and performance management – to maximise the impact of our vaccination programmes. We have taken the first step to expand the role of the Delivery Unit, by commissioning the team to support this year's Winter Respiratory Vaccination Programme, thus extending the role of the team to include influenza. We will extend this role further in line with implementation of this Framework, ensuring it has the resources to perform this broader ask. In 2023, the Delivery Unit will become part of the NHS Executive, so it will perform these functions as part of the Executive going forward, as it takes more shape. This will reflect the positive change and priority of support provided to the health system.

National Immunisation Framework Priorities

We have identified six areas of focus around which the National Immunisation Framework has been built to design arrangements that are fit for the future, these are:

1. Vaccination Equity
2. Digitally Enabled Vaccination
3. Eligibility
4. Public Vaccination Literacy
5. Deployment
6. Governance

1. Vaccination Equity

Vaccination equity is at the core of Wales' vaccination approach. Through the COVID-19 programme we have seen unprecedented levels of public engagement and inclusion, built on the premise that everyone should have fair access and fair opportunity to take up the offer of vaccination, including through our 'nobody left behind' principle. This approach has been extended to influenza via the Winter Respiratory Vaccination Strategy and will be a strengthened feature of all our vaccination campaigns going forward. Many other aspects of this Framework drive towards ensuring a more equitable approach to vaccination across our campaigns. For example, the planned digital improvements and broad and targeted deployment approaches improving accessibility, and proactive and robust public information and communications serving to improve levels of understanding and acceptability.

We know the health harms from COVID-19 have not affected people in Wales equally and surveys have shown that vaccination acceptance is not equal across all of society. To this end, tailored support has been needed to enable and encourage under-served groups to take-up the offer of the vaccination. We have also seen through our COVID-19 experiences that harder to reach communities will come forward for vaccination, which points to *accessibility* rather than *acceptability* being the key barrier to inclusion and uptake. This has to be a key learning point for us in the future design and deployment of campaigns.

Equitable uptake of vaccination is needed across all sections of society within Wales so that individuals, families, and their communities are protected from the harms of vaccine preventable disease. This requires a proactive approach to ensure that:

- Everyone eligible for a vaccination is appropriately offered an appointment (and recalled when necessary) and can access a vaccination.
- Everyone is supported with the information that they need to make an informed decision on vaccination based upon reliable sources.

The approach to addressing vaccine inequity should be based on evidence and best practice, including to avoid unnecessary variation across Wales. But should then be locally-led to engage and empower communities to understand the benefits of vaccination and support and motivate others in their communities to be vaccinated.

This engagement work will then be matched by a commitment to community level provision and targeted approaches to ensure accessibility. In particular, in areas of low uptake.

Health boards should develop a Vaccine Equity Strategy and programme of work with dedicated public health input. The following principles should be treated as a checklist for health boards when developing their strategies:

Vaccination Equity Strategy Principles checklist

Provision for identifying groups with low vaccination uptake	Provision for determining barriers to uptake	Partnership working and meaningful engagement with community champions, trusted voices and third sector organisations	Co-production of tailored interventions	Evaluation of actions and interventions
✓	✓	✓	✓	✓

The Vaccine Equity Committee, using data and behavioural insights, will continue to advise on bespoke interventions to engage with under-served communities, and will continue to monitor uptake and trends and take appropriate action.

2. Digitally Enabled Vaccination

Digital technology has an important part to play in delivering high-quality health and social care services and supporting people to live well. Accurate recording of vaccinations and knowing a person's vaccination history is vital in ensuring our population is up to date on all vaccines. We know there are different recording systems for different vaccines administered, dependent on the vaccine provider. Many of these systems have clear scope for improvement on their own, as part of the wider vaccination infrastructure and to make best use of data to design and manage vaccine delivery.

Digital solutions can improve patient experience, but we must be mindful of ensuring inclusion and accessibility for citizens. Last year we saw the NHS COVID Pass enabling citizens to digitally evidence their COVID-19 vaccinations for hospitality and travel purposes. We have also introduced our first national online rebooking service for COVID-19 vaccinations, giving citizens more flexible service provision. We will learn from and build on these innovations through the vaccination transformation programme.

There are existing digital improvement schemes we will link with where appropriate, for example:

- The Digital Medicines Transformation Portfolio will make medicines services easier, safer, more efficient, and more effective. A single record of medicines for every person in Wales will make it easier to share information with all those who need to make decisions about care and treatment.
- The National Data Resource is a strategic, 10-year initiative to transform health and care in Wales through a more connected and collaborative use of data.

- The Digital Services for Patients and the Public programme is another ongoing example of technology and data being used to transform health and care services. The programme is developing digital applications that can help people monitor health conditions more easily, share and receive important health information and take an active part in their own health and well-being. This includes the development of the NHS Wales App, which will help people to book appointments, see their test results and order prescriptions using a smartphone or tablet.

We will develop a person-centred digital vaccination journey including: an integrated vaccination record; digital consent; and improved booking, communication and recording functionality. This will help NHS staff in delivery and support citizens.

We have commissioned Digital Health and Care Wales to review all vaccination systems and conduct technical discovery into enabling greater interoperability between existing systems, as well as developing to meet the changing needs of health and social care staff and citizens.

While thinking long-term about digital solutions to support a fit for the future national vaccination approach, we will also seek to deal with shorter term fixes and improvements that will make a difference to services now.

3. Eligibility

We are guided by advice from the Joint Committee on Vaccination and Immunisation (JCVI), which is an independent, expert advisory committee. Vaccination and immunisation deployment in Wales is in line with their advice and guidance after consideration and acceptance by the Minister for Health and Social Services in Wales.

We know that receiving timely strategy, policy and clinical advice is crucial to planning vaccination campaigns. This has been difficult at the height of the pandemic due to the pace of developments. However, as we look forward to operating on a more sustainable, business as usual footing for all our programmes, we are working to provide longer term strategy where possible, allowing more time for deployment planning. However, even with normally stable programmes, there will be times where an emergency response is required at pace. As we have learned from recent experience with our co-ordinated Monkeypox response and current Polio catch-up programme for young children.

It is important for us to identify lessons learned and keep what has worked from our pandemic and other recent experience. So, where sufficient lead time is not possible, planning assumptions will be provided. As we did in spring 2022 in preparation for the autumn COVID-19 booster campaign, which included planning for surge scenarios.

We will provide timely strategy and policy, including planning scenarios to support planning where final decisions are not yet possible.

There can be peaks and troughs of vaccination activity; it is recognised that this makes workforce planning more challenging. Central vaccination teams within health boards will play an important role in managing resources in this respect.

We will review all vaccination programmes and their timing and provide advice to support local planning and decision making to help manage resources and ensure value is added.

4. Public Vaccination Literacy

We want everyone in Wales to recognise the importance of vaccination and have fair access and opportunity to take up the offer of vaccination.

Clear information and robust communications are essential in enabling the public to understand the importance of vaccination. Communications strategies should be informed by insights and reflect the views of the broadest range of voices in order to maximise impact.

We expect patient information materials to be co-produced with citizens, third sector and relevant NHS bodies. To ensure the material informs citizens of the clinical facts of disease and vaccination against it but are accessible and recognise factors that may impact on accessibility for different groups or communities.

It is crucial that our NHS workforce recognises the importance of vaccination, and their role in both encouraging and role-modelling take up. **Awareness raising training on vaccination is key to this.** Further scoping will be undertaken to establish the professional groups that currently educate, inform, and vaccinate across all vaccination campaigns, including the use of mandatory e-learning modules.

Training arrangements will continue to be kept under regular review to ensure they are appropriate and streamlined wherever possible. As part of this, there is an expectation that consideration is given to how trusted voices can support vaccination programmes through informing and raising awareness amongst under-served and vulnerable groups about vaccination.

5. Deployment

There are many existing vaccination programmes across the life course of citizens. These vary in scope from routine, targeted, selective and travel programmes. Public Health Wales has collated a **routine immunisation schedule**, which outlines who is eligible for which vaccine and broadly when each vaccine should be given.

We have learned to expect the unexpected, with additional vaccination programmes being required such as COVID-19 and Monkeypox; changes of approved vaccine type or schedule in existing routine programmes and catch-up programmes to address dips in uptake, for example in our childhood immunisation programme.

Given the variation in vaccines and eligible groups, we understand that flexible deployment options support operational delivery, enable effective decision making and can be key to enabling a person centred, accessible model. Person centred, accessible deployment options are critical to maximising uptake and so will continue to form a central element of deployment planning and delivery. We know that bringing vaccines as close to individuals as possible improves uptake – that is why delivery through primary care, including community pharmacy, and our school-based programmes, will continue to play an important part in future arrangements. As outlined above we will seek to provide early sight of policy and strategy, and offer planning scenarios where that is not possible, in order to inform deployment planning.

Vaccine Ordering

We have learned from the COVID-19 vaccination programme that a national approach to ordering vaccine enables a health protection approach, whereby uptake is maximised through a focus on groups where uptake could be higher, and innovative and targeted deployment models are used to reach into harder to reach communities. We have seen the benefit a range of person-centred options can have in maximising uptake, for example the positioning of primary care within communities supported by out-reach and in-reach via pop-up clinics, weekend working and mobile units. **We want to apply these deployment approaches across our vaccination campaigns which may require a national approach to vaccine ordering.**

To achieve this more concentrated focus on health protection for Influenza, we recognise that the risk must be borne at the national level. We cannot expect primary care providers to carry the risk of ordering more vaccine to achieve this ambition in the absence of certainty around uptake. **That is why we are exploring how we can move to a model of national procurement for the Influenza vaccine.**

This will have some benefit in releasing primary care providers from the processes involved in ordering vaccine direct from manufacturers, meaning that this administrative time saved can be redirected at practice and pharmacy level.

Given the lead time in ordering Influenza vaccine and the scale of the change, the current arrangements will be retained until at least 2024.

We recognise that this will be a significant change for the operation of the Influenza campaign and have financial implications. **Therefore, we will work closely with all those involved on the implementation of the changes, with a specific workstream continuing during the implementation phase of this Framework.**

We expect primary care providers to continue to play a key role in the deployment of Influenza vaccine beyond 2024. These changes are about the ordering of vaccine to enable health boards, primary care providers and communities to determine appropriate local deployment models.

Best practice

Maximising accessibility and acceptability of vaccination through patient centred services is fundamental to achieving high and equitable levels of vaccine uptake across Wales, and thereby improving health and well-being and protection from preventable harm for the current and future generations in Wales. **A whole system approach is needed to engage in a culture of improvement.** In line with the principles of prudent healthcare, it is essential to promote systematic efforts to reduce inappropriate variation, by using evidence-based practices consistently and transparently.

Service improvements are a constant feature of local delivery. To support consistent and transparent decision making based on evidence, improvement and innovation needs to be underpinned by robust evaluation of the impact to be able to demonstrate the value and allow improvements to become adopted, where appropriate, as standard practice across services. There is a wealth of evidence globally about interventions and approaches which can improve vaccine uptake in a range of groups. It is important that this evidence can be reviewed, and recommendations formed to drive further innovation and improvement in our approaches here in Wales.

The following actions, with the support of Public Health Wales and partners, will enable us to systematically create knowledge and evidence on best practice and enable its adoption:

Facilitating a systematic programme of evidence gathering from across the world, and synthesising recommendations for Wales.

Proactively supporting local vaccination teams and services with technical advice, resources and expertise to embed a culture of robust evaluation to accompany local innovation in relation to vaccines.

Collaboratively identifying evidence gaps and key questions which impact on vaccine uptake in Wales, and work in partnership with all sectors in Wales to fill gaps through research and evaluation.

To effectively disseminate knowledge and propagate best practice, evidence on best practice must be readily available, alongside provision of advice and expertise to support its implementation locally. This should include support for publication of evidence through peer reviewed journals alongside making dedicated space available to support signposting to key evidence and publishing reports and evaluation tools.

We want to build on current relationships with partners, including the World Health Organisation, and the existing international reputation of Public Health Wales to position Wales as a global leader in addressing vaccine equity. This ambition will best place NHS Wales and stakeholders across Wales to attract funding for research and evaluation into interventions which can improve vaccine equity nationally and globally.

Clinical Support

Effective clinical support is a critical element of an effective vaccination campaign. This clinical support operates at a number of levels:

1. Local clinical support for vaccinators, often provided by health board immunisation co-ordinators.
2. National support provided by Public Health Wales and other national bodies, such as the Welsh Medicines Information Service, when local issues are escalated for additional support. The range of support is extensive.
3. National clinical advice and decision support, including, for example, the preparation of template Patient Group Directions.



We have learned a lot through the pandemic about our clinical and pharmaceutical capacity and capability in Wales and we are keen to make permanent and mainstream what has worked well across our vaccination campaigns.

This will require appropriate resources, including within health boards, Public Health Wales and other organisations providing support across NHS Wales, and will also require a robust governance framework.

The need for appropriate resourcing and governance can, of course, be applied more broadly across the priorities outlined in this Framework. The approach, with inputs from different organisations operating at different levels and junctures, can also be applied more broadly and is being considered as part of the ongoing work discussed in the Governance theme below.

Our vaccination workforce

As referenced in [Improving health and social care \(COVID-19 looking forward\)](#) the way we have worked during the pandemic has reinforced the 'one workforce approach', with non-registrants playing a vital role in the pandemic response, including in our vaccination campaigns. This is one of the lessons we will build on from our COVID-19 experience. We recognise the value of developing an increased, sustainable, expert core vaccination team resource, maximising skill mix, and centrally co-ordinated within health boards.

We will build a central immunisation resource within health boards, which includes a core team of specialist immunisation nurses, who will provide a robust, local commissioning function.

This team will work to improve uptake rates and equity across Wales, by providing in-reach, outreach, targeted intervention, outbreak management and expert advice and support. Led by a management triumvirate of nursing, management and public health. The size and structure of this team will be determined locally and scaled according to local activity, population needs and geographical implications.

We will expect health boards to implement and maintain this as a core immunisation resource.

While this team can be utilised to support with other functions in times of low immunisation activity, it will be crucial to protect this team's function as immunisation centric.

It is also important that the relevant functions and roles within these teams work in partnership with Public Health Wales and the NHS Wales Delivery Unit.

We commit to ensuring the system is appropriately resourced to develop this provision locally.

Community level provision

We will maximise community level provision of immunisation, increase uptake and improve vaccine equity by working collaboratively to advise and support local decision making around efficient use of vaccination venues to increase accessibility, uptake and visibility.

To enable this, health boards should continue to look to use no-cost and low-cost community sites to bolster delivery of vaccination campaigns (for example, school halls and partner buildings). Where vaccination is provided at a community level, opportunities should be sought to use venues for wider health protection, social care and other related local services.

We will explore providing a flexible fleet of mobile units, supplemented by robust hire arrangements with temporary structure provided to allow adaptable and responsive provision of vaccination across Wales. There would be equitable distribution and management of this provision, in timely response to local vaccination campaigns and need.

6. Governance

Clear governance arrangements are required to underpin our future vaccination arrangements, supported by a robust performance management framework and clear commissioning and reporting arrangements. These arrangements will sit within the existing NHS Wales performance governance framework, with NHS organisations reporting on their vaccination performance through Integrated Quality, Planning, and Delivery meetings (IQPDs).

As part of the development of this Framework a mapping exercise of all existing national vaccination governance arrangements and system roles and responsibilities has been undertaken.

Currently, there are separate governance arrangements in place for our Winter Respiratory Vaccination Programme, via the Vaccination Programme Board, and for all other immunisations (minus COVID-19 and Influenza), via the Welsh Immunisation Group. These separate arrangements need to be integrated during the implementation period of this Framework so there is a single structure overseeing the planning, delivery and performance management of all our campaigns.

We will do this by establishing a NHS-led Vaccination Delivery Board, which we expect will report to a Vaccination Oversight Group, chaired by Welsh Government and reporting both to Welsh Ministers and the NHS Leadership Board.

We will transition to the new structure in a planned and careful way during 2023.

A separate National Immunisation Framework Implementation Board is expected to be established to oversee the implementation of this Framework. This will be a temporary NHS-led structure that will exist until all workstreams to implement this Framework have been completed.

The Vaccination Prioritisation and Clinical Advisory Panel (VCAP) was established within the COVID-19 Vaccination Programme to advise on and interpret clinical and prioritisation advice to facilitate decision making within the programme. Often, this meant the interpretation of the advice of the JCVI in order to operationalise it within our programme in Wales. This was an essential element of our processes, with VCAP reporting to the Vaccination Programme Board. **Under the new arrangements, the role of VCAP will be extended to include all vaccination campaigns and will be a key component of our future governance arrangements.** Consideration will be given to extending the role and membership of VCAP to provide a wider spectrum of clinical oversight, including the provision of clinical advice on the development of Patient Group Directions. We expect VCAP will become a sub-group of the Vaccination Delivery Board in the new arrangements.

To support the integration of Influenza and COVID-19 vaccinations under the Winter Respiratory Vaccination Programme **we expanded the remit of the Vaccine Equity Committee (VEC) to include Influenza.**

To facilitate a regular focus on uptake data and potential barriers to vaccination to support our aim of ensuring every eligible person has fair access and fair opportunity to take up the offer of vaccination in Wales. Like VCAP, VEC will likely become a sub-group of the Vaccination Delivery Board and its remit and membership will be reviewed and extended to cover all vaccination campaigns.

It is critical to get our future governance arrangements right, this includes our governance architecture as outlined above, and the functions of key organisations. Work is ongoing to map, assess and describe the roles and responsibilities of all those organisations involved in vaccination delivery. The landscape has changed significantly over the last 2 years, with much greater profile and therefore strategic input and oversight than was the case before the pandemic.

This work will continue during the early stages of the implementation period and be kept under close review when we move into business as usual.

In line with revised future governance arrangements, funding and financial arrangements will need to be adapted to support the implementation and operation of this Framework. This work is ongoing, including in the context of the Welsh Government's budget planning preparations for 2023-24, and further information will be provided as soon as is it possible.

Immunisation Data Set

We will develop performance management data for vaccination to enable behavioural change in terms of uptake, enable surveillance and support delivery and performance management, ensuring that effective data systems are in place to support the effective operation of this Framework. The data set will support our design principles at strategic, tactical and operational levels. This will be in addition to the continued importance of and need for robust public health surveillance.

We commit to developing a Wales-wide Performance Management Data Set, that includes data on Immunisation Activity, Financial Monitoring and Quality & Safety Monitoring and NHS Staff Immunisation Information, that can be narrowed in detail for tactical and operational purposes.

The data set developed will contribute to a national data dashboard for immunisation across Wales that provides live data and can be narrowed and scrutinised for specific learning.

This data will be supported by robust local commissioning arrangements and will be aligned to the Quadruple Aim.

Looking ahead

Publishing this National Immunisation Framework marks a move into the implementation phase of vaccination transformation, with a process of transition to the new arrangements expected during 2023 and 2024. This is an ambitious timeline given the scope of change included in this Framework.

Our transformation programme is how we will make the changes happen and establish the new arrangements. Implementation will be overseen by the NHS Wales Delivery Unit, with Welsh Government moving into an oversight role while retaining the lead on key workstreams that enable transformation.

The commitment to co-production will continue during the implementation phase. As implementation progresses, we expect to ask for help and support periodically, including through multi-agency working groups and engagement with citizens and representative groups on key areas. This is how we will continue to work together effectively to make sure changes are fit for purpose and improve current arrangements for both citizens and the NHS.

Some transformation workstreams will continue during the implementation period to deliver on the expectations and commitments outlined in this Framework. We will learn more about our arrangements and will test out the changes we are making during the implementation period. There will also be developments in clinical advice and vaccine technology that we will need to reflect upon. **Therefore, we will publish an update to this National Immunisation Framework in 2023 to share progress toward the transformational change and ambitions we have set and provide you with the latest position ahead of the implementation period drawing to a close.**