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# J Robert Sneyd: Covid-19 vaccine rollout is missing any real sense of urgency

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*The urgent and efficient deployment of a covid-19 vaccine should be the country's highest priority*

It all started so well. Back in March, I contacted the General Medical Council (GMC) to enquire about re-registering to help out in the NHS during the covid-19 pandemic. The regulator quickly re-registered my wife, a retired GP, and me, a retired clinical academic, and even managed to send a personal response to an individual query.

I was picked up by Health Education England (HEE) for a video-interview, I had an updated check with the Disclosure and Barring Service (DBS), and I worked my way through some e-learning modules. The hospital (my old stamping ground, University Hospitals Plymouth) asked me to help out in the occupational health team. I worked with them from April until July, supporting staff who were shielding, self-isolating, or struggling with the complex interplay between their work, family responsibilities, personal health, and that of their family members.

I learned to use Microsoft teams and a lot about -ab drugs, immunosuppressants, life after transplants. I experienced the incredible enthusiasm of NHS staff for serving the public. I was particularly impressed by the passion and competence of middle managers both clinical and nonclinical who willingly adjusted and where necessary readjusted the duties and postings of staff members where appropriate.

While I did this for several months part-time from home, my wife was met with persistent silence when she offered to return. This turned out to be just as well as our household was now expanded by our daughter and her family joining a household bubble with us.

Second time around, it could not be more different. On 20 November we were emailed by "NHS Bring Back Staff" asking if we could help with the covid-19 vaccination programme. The message was signed in person by NHS chief people officer, Prerana Issar.

We followed the links and set about applying. Or rather, we tried to. The NHS professionals covid-19 application portal is cunningly configured so you can't actually apply until you have completed, been assessed on, and passed an eye watering list of e-learning packages.

Undeterred, we knuckled down and ploughed our way through them. Information governance, radicalisation, and even two levels of child protection which seemed only distantly relevant to emergency vaccination rollout, but we didn't complain.

Other modules on the vaccines and anaphylaxis made more sense. Duly certificated and uploaded we then encountered radio silence. Nothing, a silence akin to that of interstellar space. The contrast with the efficient proceedings of last spring could not

be greater. Many days later, one of us now has a holding e-mail "...we really appreciate your patience..."

I have a forgiving nature and my wife doubly so. I don't mind doing unnecessary e-learning modules if that is what it takes to get things going. It took a few hours of our time, that's all.

Some of the moaning is reminiscent of retired doctors complaining about losing prescribing rights after revalidation. The NHS and the public it serves can reasonably expect their staff (even in emergencies) to be identifiable, qualified, trained, and safe. We don't need ex-doctors prescribing themselves sleeping pills and antibiotics, and we don't need well meaning, but undertrained/out-of-date wannabe immunisers prowling around the vaccination centres.

So where are we now? As citizens we have a right to expect our government to do everything possible to combat the pandemic. Vaccination appears to be our best chance and its urgent and efficient deployment is the country's highest priority. What does it take? To deliver a vaccination we need to bring together a patient, a vaccination team, a supply of the vaccine, and a suitable venue.

We should reasonably expect vaccine products to be used pretty much as quickly as they can be delivered. Clearly the Pfizer/BioNTech vaccine poses particular challenges as it needs to be kept at -70 degrees centigrade, and is therefore more challenging to deliver in general practice and care homes, but can be rolled out through medium sized and large hospitals. The AstraZeneca product will be easier to distribute and is better presented for patient administration.

What we are missing is any real sense of urgency. There is a complete lack of transparency from the government about the critical path. Is the vaccine stuck in the factory? Awaiting ampoules? Delayed by quality assurance safety concerns? When each (current) vaccination centre closes for the day are they doing so because there is no more vaccine to inject? No more patients? What's the hold up? Where is the sense of urgency?

Others seem able to do better. It's time for politicians to get a grip and to be transparent. What are the choke-points in the critical path for vaccine delivery? What is being done about them? I'm currently not confident "everything possible" is actually being done and, even worse, I fear there will be a long delay before it is.

***J Robert Sneyd*** is emeritus professor at the University of Plymouth, where he previously led the medical and dental schools.

***Competing interests:*** I have applied to be a NHS vaccinator. I worked for ICI Pharmaceuticals for less than two years in the 1980's and consequently am a member of the AstraZeneca pension scheme.