

# Everything you wanted to know about vaccine allocations

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## 1. What vaccine targets have been set by the Government?

The Covid-19 Vaccine Deployment Programme has been set an ambitious target by Government of offering vaccine to Cohorts 1 to 4<sup>1</sup> by 15 February 2021, in line with the prioritisation set by the Joint Committee on Vaccination and Immunisation (JCVI).

## 2. How do you ensure there is sufficient vaccine supply to achieve this target?

It is essential to get the right vaccine stock in the right place at the right time, and to do so equitably across the country to ensure these cohorts are all invited at the right time. This is based on allocations modelling and the supply chain has had to be flexible to enable the top priority cohorts to be offered vaccine first. For example, there are substantial regional differences with the over 80s population and where they are located. It is against the prioritisation of vaccine supply we ensure cohort penetration and balance regional equitability.

As part of the challenge to hit the 15 February target date for the first four cohorts, across the three delivery models (Hospital Hubs, Vaccination Centres and Local Vaccination Services Services), we need to rebalance stock to ensure we get the balance right to support vaccination of the first four cohorts within the timescale.

## 3. How do the processes for stock movement differ between vaccine?

The processes for stock movement are very different for Pfizer and AstraZeneca.

- Pfizer is delivered to Hospital Hubs (HH) in a frozen state. It is then up to the HH to thaw the product when it is needed. AZ is controlled in a chilled state.
- For LVS locations, Pfizer is delivered initially to wholesalers in a frozen state from PHE to maximise its shelf life. When it is needed, it is thawed, picked, packed, quality control checked and then distributed. The 120 hours begins at point of thawing initiation. The thawing process takes 3 hours, and all colleagues are extensively trained to handle the product. There are extremely strict rules in place on handling requirements, such as the freezer door only being allowed to be open 60 seconds every 90 minutes to enable chill chain compliance. AstraZeneca is a chilled vaccine throughout its life (stored between 2 and 8 degrees), so is more flexible. The same controls are in place and handling compliance is also critical, but there is more flexibility as it doesn't require the additional thawing process.

## 4. Who controls the allocations process?

The allocations process is centrally controlled. The Delivery model leads work with Regional Directors of Commissioning (RDCs) to provide insight for each of the seven regions (London, South East, South East, East of England, North West, Midlands and North East & Yorkshire). This insight is used by the vaccine supply chain team to inform the decisions made at regular meetings. The allocation is then factored into the different delivery models to ensure prioritisation is given to vaccinating all of the first four cohorts across England.

If one region is slightly behind in delivering vaccine to the top priority cohorts, we cannot give another region more vaccine until the region further behind has caught up.

## 5. How is the second dose taken into account?

When the second dose was planned to be administered within three weeks, we reserved the second dose in the warehouses. When that rule changed to "up to" 12 weeks for second dose on 30th December, the policy requiring us to hold the second dose also changed, and so we began to release all the second dose volume to

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enable us to administer to more people as quickly as possible. That reserve volume has gone out over recent weeks and we now plan to distribute almost all stock each week to enable maximum vaccinations to occur. Second dose storage build up will begin in the next few weeks to prepare for larger scale second doses, which will begin in March.

## 6. What stock levels are held?

Inbound supply of vaccine, whether it is Pfizer/BioNTech or AstraZeneca, arrives in large volumes into a Public Health England (PHE) warehouse. Typical volumes on a delivery into PHE are between 500k and 1.5m. As soon as the stock arrives it is sent out: either directly from PHE for the Hospital Hubs and Vaccination Centres sites; or via our two Specialist Pharma Logistics (SPL) companies for the Local Vaccination Services sites where it is stored and delivered. One SPL covers the east of the country; the other the west. The process for doing this is tightly controlled and heavily regulated.

Estimated future vaccine volumes coming into the country change regularly. Production schedules and batch releases can affect the approval timescales.

## 7. How quickly are we getting the stock levels out

We are rolling out vaccine at the maximum rate possible, with the outbound supply to vaccination sites matched to the inbound supply. This means that we are providing vaccination sites with vaccine as soon as it is available, based on where they have population needs aligned with the priority cohort sequence.

## 8. Is this why we operating on a push model?

For LVS sites, yes. We are currently in a supply constrained environment and need to ensure the right cohorts are vaccinated in sequence, in line with JCVI guidance. It is critical that we carefully control vaccine supply to protect against potential wastage and support second dose availability, as well as regional and cohort equitability. Allowing a pull model at this stage, there is concern we won't get the right stock to the right place at the right time.

Those invited for vaccination can choose where they receive their vaccine, which means until the event we do not know which delivery model they will choose. For the supply chain, this creates addition challenge in ensuring the right stock of vaccine is available in the right place at the right time.

For Hospital Hubs and Vaccine Centres there is a slight difference, as these operate to a small degree on a pull model, as they can draw down their requirements from their allocation as they need it. However, capacities are still controlled centrally to protect availability and support cohort penetration equitably. On allocations, there is an aspiration and plan to move to a pull model where possible and applicable.

Over the next few weeks, and depending on supply, we will start to implement an ordering process which allows more input from individual sites based on their needs and capacity.

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### 9. How far in advance do sites know what their vaccine allocation will be?

We currently provide a forward looking view of allocations to the vaccination sites one week ahead. We understand that sites would prefer to have a longer-term view instead of the narrower one-week allocations schedule we currently provide. However, inbound supply can vary from one day to the next. Therefore, we are trying to balance giving enough visibility so that sites can plan, whilst not planning it too far ahead, which could mean having to change appointments and create extra work for the site teams.

### 10. When do you plan on moving from a push model to a pull model for the LVS delivery model?

We are developing the systems and tools to support a full pull model. However, in the short term we need to drive the right vaccine to the right place and pushing stock will ensure we support our drive to vaccinate the largest cohort sequenced populations in the quickest time.

As the programme progresses and we move through the cohort phases, there will be more vaccination available in the supply chain than we have at present, at which point we will potentially be able to move to a pull model with capacities set.

Please note that we will change our approach for Cohorts 5 & 6. We will update you next week, once the changes have been modelled.

#### Notes:

<sup>1</sup> Cohort criteria for cohorts 1 to 4:

1. Residents in a care home for older adults and the carers
2. All those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals

Source: <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>