

Transcript of Tim Root Clip

Initially we, via Justine, were invited to pitch into the development of vaccination program and this is before any vaccines were actually being given. It was also quite a challenging time because of the potential size, as it was then, of the vaccination program on a scale which we'd never seen before for the people who were brought in to plan it at high speed in a very short space of time were independent consultants with specialist experience, logistic experience, supply chain experience – quite a number of people I think with food supply chain experience – but very few with any real understanding of the NHS and even fewer with any real understanding of distributing, buying, selling, storing, distributing medicines.

Historically, pharmacy teams had never in the past been hugely involved in all things vaccines, we weren't simply talking about cold chain management, we were talking about ultra-low temperature cold chain management, so a lot of challenges about vaccines, about distribution of vaccines, about managing freezers never mind fridges.

it quickly became clear to Justine and I, not only were we the only source of pharmacy expertise at that time going into the planning of the vaccination program, but at times I think we were only one of a handful of health care professionals... there was a period of a number of weeks when we were answering questions about traffic cones, tension barriers to control queues in vaccination centres and all sorts of interesting things.

The military support, and that was one of the first areas from which there was some health care experience, there was a very significant input from the RAMC [Royal Army Medical Corps] and the Naval and the RAF medical services other than that, probably their biggest input, I think, was intralogistics but yes it was very interesting and actually there was a great deal to learn from them. We saw it in phase one because there was extensive military involvement in planning of the Nightingale hospitals – yes, I also spent, what, a couple of very happy months in London planning a 4000 bed hospital from absolutely nowhere, that was interesting in itself.

The thing which struck me is that when we in the NHS were, for instance, involved in planning for the Nightingale hospitals, we were starting from what we would normally do and then reluctantly deciding what we could do without. Whereas the military perspective was very much, “We are here, we've got potentially a very large tent and a massive open space and not a lot more. We can get A, B, C, D and E, what's the best we can do with it?” and I found that perspective was actually very, very refreshing, they had a very positive attitude of building up from nothing to something.

We had novel vaccines with characteristics we've never seen before – the ultra-low temperature storage – at the time, the data we had suggested they were physically very fragile; they couldn't be shaken around, they had to be treated lovingly etc. They were going to be used on a massive scale within a matter of a few months by a very, very heterogeneous group of staff which would vary from site to site across hundreds and hundreds of sites and we didn't, you know, in the early stages have any numbers of people, a large proportion of whom might not be healthcare professionals and would've had limited training, they were unpreserved multidose injections which of course had us pharmacists absolutely wetting ourselves at times 'cos this was way outside our comfort zone - in some ways a pharmacy team's worst nightmare I guess that was!

From most of the first year of the vaccination program I probably...75% of my time was spent on Covid vaccination and nothing else, but in the vaccination program as a whole our role really became focussed on two areas. One was providing a whole range of supporting documents and standard operating procedures and the other was providing all sorts of information to support answering of

questions. we had a range of vaccines with different characteristics so that was some help. On the other hand, they all had different characteristics, if you see what I mean, so we were initially preparing a suite of new SOP's [Standard Operating Procedures] for each vaccine because they were significantly different. And probably the single most important change over time was actually that the body of knowledge about the vaccines grew. We began to know more about the stability, so we began to be able to be a bit more flexible on...about storage arrangements – conditions, temperature monitoring, etc. Similarly, as experience grew, the number of queries about all things to do with storing, transporting, buying, moving these vaccines became easier to deal with.

I mean we knew quite a bit about monoclonal antibodies, but these were new antibodies with characteristics we didn't really understand. They were being used on a large scale. And then we also became faced with shelf life and some packaging and labelling challenges, and we initially again prepared SOP's to support safe clinical use on the sites - it wasn't quite unknown territory as the first vaccines were in the first six months, so it was a variation on the initial challenge.