Royal College of General Practitioners

Increasing COVID-19 vaccination rates amongst vulnerable groups: summary advice for GPs

March 2021

1. Black, Asian and Minority Ethnic (BAME) communities including language barriers, religious beliefs and lack of trust
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Background

GPs will be aware of the disparity in uptake of the COVID-19 vaccine between different population groups; often, the groups most at risk from infection and serious illness are those least represented at vaccination centres. This is an issue that has been identified widely, including in the national media.

The RCGP's Health Inequalities Standing Group (HISG) recently put out a call to its members and other stakeholders, seeking examples of how colleagues engaged in the COVID-19 vaccination programme have approached these issues in their local area, and what impact these approaches have had to date.

The HISG will be conducting in-depth analysis of the responses over the next few weeks; this document serves to provide GPs and other HCPs with a quick summary of the responses received so far, which we hope will prove useful in a practical setting. Respondents have been anonymised to profession and locality.

We continue to collect examples, case studies or evidence on what works in addressing this issue, so please share your local initiatives with us by completing this form.

Summary of responses

1. Black, Asian and Minority Ethnic (BAME) communities including language barriers, religious beliefs and lack of trust

1 - BAME communities

Respondent: GP, London

Population: Asian community

Intervention: Talk at local mosque

We delivered a talk to the local mosque in our area, who have approx 5,000 members spread across North West London. The ethnic range is almost entirely Asian background. The talk was delivered in Gujarati mixed with English, followed by live Q&A, via Zoom and YouTube. This was to ensure senior age group engagement and relevance. The video of the talk was posted on YouTube for future reference/sharing; it currently has 1,500 views and a good level of engagement and response as shared with us by the mosque afterwards.

Outcome: No concrete data of impact, but anecdotal evidence of increased uptake and attendance at our local vaccination hub.

1 - BAME communities

Respondent: GP, Nottinghamshire

Population: Punjabi-speaking patients

Intervention: Videos in Punjabi

We have produced videos in Punjabi providing an A-Z guide about the COVID-19 vaccine, including myth-busting. We make use of social media, TV and radio to raise awareness.

Outcome: We have seen an increased uptake of vaccines in hard-to-reach ethnic minority communities who are disproportionately affected by the pandemic.

1 - BAME communities

Respondent: GP, South Yorkshire

Population: BAME community

Intervention: Pop-up clinic in local mosque

We set up a pop up clinic in a local mosque in Sheffield, targeting BAME population and those without transport.

Outcome: Too early to see clear impact, but we've seen a very positive response from community and higher attendance of BAME patients at the clinic from BAME than in local practices.

1 - BAME communities

Respondent: GP, London

Population: Jain faith

Intervention: Webinars via Zoom in Gujarati

32 community organisations collaborated under the 'OneJain' organisation to deliver several health education webinars via Zoom. The two initial webinars, delivered in Gujarati, received over 25,000 views. These were aimed at elderly Gujarati members of the community who were then invited for COVID-19 vaccination. The webinars included information on COVID-19, how to stay safe, how manage symptoms at home, how to access the right care and information on the vaccine itself. It included a mythbusting segment and a live Q&A session with a panel of GPs, hospital doctors and scientists. After the initial success, the OneJain team has supported the delivery of several more sessions by community experts including a youth and paediatrics event. The health team and community team continue to plan events that focus on the impact of COVID-19 and vaccinations on those affected by various other health conditions with a high prevalence in this community including heart disease and diabetes.

Outcome: The initial webinars reached community members all across the UK and were then shared in parts of Africa, America and India. From the initial survey, approximately 25% who weren't sure about getting the vaccination were now planning to get it, and only 1.5% said they were still uncertain. Most of the others that replied seemed to have made the decision to have it and this reinforced their decision, or they had had a dose already.

1 - BAME communities

Respondent: GP, East Yorkshire

Population: BAME communities

Intervention: BAME webinars

1) MANSAG (Medical Association of Nigerians across Great Britain) – Webinar for BAME communities titled “COVID-19 & Vaccines: Fact vs Fiction”, 27 Jan 2021. Available on YouTube.

2) Employee Network leaders : "From Vaccine to Vaccination" workshop (28.2.2021) delivered to The Network of Networks BAME | Multicultural Chapter bringing together network leaders, executive sponsors, allies, HR and D&I senior executives from a range of large corporations, partnerships and SMEs

3) Caribbean and African Health Network (CAHN). Series of COVID-19 Vaccination Webinars started on 16.1.2021 & 30.1.2021- delivered to BAME communities.

4) The Leadership Network - COVID-19 Webinar (28.1.2021) for BAME communities

5) CamDoc (Cameroonian Doctors in the UK) - Webinar titled "A COVID-19 Vaccine". Available on YouTube.

6) The African & Caribbean Health and Wellbeing Network - COVID-19 19 Vaccination webinar - 31.1.2021

7) Nigerian GPs UK (NGPUK) promotional video published on several social media platforms on 31.1.2021 increasing awareness of COVID-19 vaccinations

8) N.T.C.G. Brooks' Bar and Faith Tabernacle. Webinar titled 'COVID-19 Vaccines: your questions answered' with a faith community in Manchester, attended by Drs Jeremy Brown and Sean Bakare. Available on YouTube.

Several similar interventions planned in February and beyond. Those platforms with a more diverse representation from the community (ie pastors/faith leaders) tended to have a higher number of attendees

Outcome: For webinar #8: before the webinar, 38% indicated they were likely/very likely to accept the vaccine, 40% undecided and 22% unlikely or very unlikely (n=50). After the webinar, 61% were likely/unlikely, 34% undecided and 4% unlikely/v. unlikely (n=41).

1- BAME communities

Respondent: GP, London

Population: Asian community - Bengali, Urdu and Punjabi speakers

Intervention: Video campaign in different languages

The NIHR CRNs did a video campaign about COVID-19 research and vaccination in different languages :

https://bepartofresearch.nihr.ac.uk/COVID-19-and-Me-Vaccines/Asif-Tie-Your-Camel-Up/

There is more information in the NIHR North West London CRN website about how continued vaccine research is essential.

Outcome: The NIHR campaigns involved videos in different languages and from members of different communities in NWL (as in the videos and stories) and were to try and help tackle misinformation about vaccines and treatment studies like the PRINCIPLE trial. The videos anecdotally have been very well received but still awaiting to see if there is more quantitative data.

1 - BAME communities

Respondent: GP, London

Population: Asian community

Intervention: Vaccine delivery in local Mosque, with local staff and GP surgeries

We are running 6 x CV19 Vaccination sites across London. 2 x in Croydon, 1 in Lambeth, 1 in Earls Court, 1 in Islington and 1 in Tower Hamlets. Our teams consist of GPs, allied health professionals, medical assistants (i.e. reception and admin staff that we have trained to be vaccinators), management and marshals (a mix of local volunteers and admin staff). We work together with the CCG MMT where they wish to be involved.

Focusing on Tower Hamlets, we employ staff from the local community. This helps because they can speak the languages of local people and deeply understand the culture. There are many people locally who speak only Bengali or Somali as their first language. Our staff are also acutely aware of the hesitancy challenges locally, and are best placed to therefore tackle these through motivational communication with patients.

We have vaccinated over 6,000 people within 2 weeks at Cable Street Surgery in Tower Hamlets. Despite these tremendous efforts, we know we are facing a great challenge with relation to further and accelerated uptake.

In Tower Hamlets, we have seen the highest numbers of vaccine hesitancy vs other parts of London, although we are experiencing similar challenges across the board as we work in some of the most deprived areas of London. Tower Hamlets has some of the highest levels of health inequalities and depravation in the city.

According to local NHS data, residents over 80-years-old who have had first dose, by ethnicity cf East London:

Tower Hamlets

White 59%

Asian 36%

Black 28%

East London

White 65%

Asian 57%

Black 28%

Research from neighbouring Hackney Council, a similar borough to ours, shows:

- Younger age groups are more hesitant to take the vaccine.

- For example, 90% of those aged 65-74 say they will definitely have the vaccine when offered, which falls to 70% for those aged 16-24.

A recent study by the London School of Hygiene and Tropical Medicine found:

- Those exposed to misinformation about the vaccine were less likely to take it.

- Of those intending to get vaccinated, the study found there was a 6 per cent drop, following exposure to misinformation.

We know our community and have worked hard to get key public health messages to everyone through innovative ways - videos, WhatsApp groups etc. We have developed a range of public health videos to promote uptake of the vaccine in the local minority communities, together with the local council:

- Tower Hamlets, multi-messaging, BAME targeted: https://youtu.be/L71pND4m5J0

Hesitancy can stem from lack of trust but it's really important we engage with every group through channels and people they trust.

We believe that outreach into the community, in partnership with locally trusted community leaders, will help to build trust in the vaccine. On Sat 6 Feb, we stood-up a vaccination clinic at the East London Mosque with just 1 days notice.

We had good uptake for just 1 day of advertising and recalling. We have learned that local people in particular would like some time to talk with their family (parents often telling us they want to consult their children before coming forward). However, we found less hesitancy when stating that the clinic was in the Mosque, delivered by local GPs from Whitechapel Health Centre (Shah Jalal Medical Centre).

Outcome: Several patients who attended East London Mosque on 6 Feb told us that the only reason they came to be vaccinated was because the service was in the Mosque, and the knowledge that it was local GPs delivering the vaccination. We had people from all faiths and backgrounds attending, and as expected a higher concentration of people from the local Muslim Bengali community. We utilised the broadcasting mediums of the Mosque (the calls to prayer x 5 per day, the Friday sermon) to put out the message to local people, they heard that we were from Whitechapel Health Centre and working with the Mosque and this helped build confidence.

1 - BAME communities

Respondent: GP, Surrey

Population: BAME communities - Muslim and Urdu speaking populations

Intervention: Vaccination in local mosques, using previous outreach experience, use of resources in Urdu

Woking Wise 1,2,3 with the support from Dr Munira Mohamed, are working with NICS to offer COVID-19 vaccines from our local Mosque, for specific patient groups who struggle to engage

with our usual vaccination sites. Dr Munira Mohamed also arranged for the PCN board to meet with Prof Aftab Ala, last week to share his presentation, and his experience of working with the Woking Mosques previously to improve the uptake of Hepatitis Band C testing.

To help with the uptake, all Wises will publish the following link (Urdu COVID-19 Vaccination leaflet) on the practice websites:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955267/PHE_COVID-19_vaccination_guide_for_older_adults_Urdu.pdf

Outcome: Awaiting data.

1 - BAME communities

Respondent: Camden Council, London

Population: Bangladeshi community

Intervention: Outreach to local Bangladeshi community

Camden Council Leader Georgia Gould and the Bangladesh High Commissioner to the UK Her Excellency Saida Muna Tasneem hosted an online event about COVID-19 for London's Bangladeshi communities on Tuesday 2nd February. Community leaders from London's Bangladeshi community, public health experts and the NHS came together to share information and answer questions about COVID-19 and the vaccine. Topics discussed included: vaccine ingredients, potential side effects and how to make an informed choice.

The event was accessible online via zoom or via a phone, with a number to dial into the event.

A recording of the event is available here: https://www.youtube.com/watch?v=liqlETebsig

Outcome: It is too early to measure the impact of the event in terms of vaccine uptake, but Camden have received very positive feedback from Bangladeshi residents and the recording of the event has been streamed nearly 600 times

1 - BAME communities

Respondent: GP, London

Population: Somali community

Intervention: Outreach in Somali, by Somali GP

I have been doing a mixture of small group zoom meetings, 1 to 1's and a large well attendance webinar in Somali where I presented the Primary care/Community segment on a 2 hour webinar well attended by live by 200 Somali participants and the overspill listened via YouTube live. https://www.youtube.com/watch?v=HEECs-G55T0&t=1150s

Outcome: Overall it was known the uptake of the vaccine in the Somali community in the area was low and I requested data from the clinical effectiveness group which showed the week of 19th Jan update 26% in the Black over 80s category. In the webinar we asked people before they attended if they would take the vaccine 55% said yes and 45% said no and also afterwards where 58% said yes and 42% no. I am also working on research with Prof Lewis of LSE looking at the impact of the pandemic in the Somali community of Tower Hamlets also been working with Somaliland to increase awareness of COVID-19 through remote teaching. I have also worked on videos in Somali with NHSE improvement team and have a video coming out soon with subtitles in Somali to assist deaf patients.

1 - BAME communities

Respondent: Charity Leader, Bradford

Population: BAME and Central Eastern European communities

Intervention: Outreach in Czech, Polish, Arabic, Sylheti, Hindi, Gujarati, Punjabi and Urdu

At Race Equality Network (REN) we have been funded by Bradford Council Public Health department to lead on the COVID-19 Prevention Project for BAME and Central Eastern European communities in Bradford and District. Our aim is to ensure communities have up to date information and guidance in a range of community languages on Test and Trace, Infection Control and Outbreak Management. Through our funding, we have commissioned 27 BAME/CEE grass roots voluntary organisations to deliver COVID-19 prevention services to communities impacted by COVID-19 including culturally sensitive counselling, culturally appropriate food parcels, befriending support for the lonely and isolated elders and video messages in a range of community languages.

We have set up the REN COVID-19 Helpine which offers up to date guidance around the COVID-19, home testing, self-isolation and the vaccine in Czech, Polish, Arabic, Sylheti, Hindi, Gujarati, Punjabi and Urdu. In addition we have delivered webinars around the COVID-19 vaccine and vaccine trials through which we recruited 2000 volunteers for the Novavax vaccine trials in Bradford. We are working with Public Health to tackle conspiracy theories and dispel myths and misinformation around the vaccines.

www.raceequalitynetwork.org.uk

Outcome: As a result of our community engagement 70% of over 80's from BAME communities have had the vaccine.

1 - BAME communities

Respondent: GP, Liverpool

Population: Pakistani community

Intervention: Vaccination centre held in Pakistani community centre

Central Liverpool PCN did a pop up COVID-1919 vaccination session in the PAL (Pakistan Association Liverpool) Centre. This was suggested by local community members to reach out to ethnic minority patients in Liverpool 8. It was a test session to enable evaluation and planning of more sessions. We also offered the opportunity for patients to discuss vaccination issues with a GP.

Outcome: 40 people were vaccinated in the 2 hour session. 10 patients attended with questions about the vaccine. The session was well received by community groups and reported in the Guardian newspaper, and the article was tweeted by multiple community groups.

1 - BAME communities

Respondent: GP, Birmingham

Population: BAME communities

Intervention: Intervention programme led by dedicated CCG groups

We have stood down all the clinical leads in Birmingham and Solihull and formed a group of clinical leads leading the CCG awareness program in addition to the BAME group . We have appointed Health inequalities champions for each PCN who will be going with the clinical leads and BAME staff network leads to each practice of each PCN and having a conversation with the GPs in areas of low uptake and working out a model support template which the CCG will adopt to help increase vaccine uptake. We are all also having various meetings with our local groups - community champions and faith leaders and using the TV, media to promote the CCG's dedicated COVID-19 website, as well as having various drop-in discussions all around the city to inform people. We are now publishing our local vaccine uptake data so people are encouraged to take the vaccine when they see others have taken theirs . We have started vaccinating in venues like mosques and community centres and mobile units so people have easy access to the vaccine.

Outcome: We are just starting and so far the Midlands are leading and we only have 6 PCNs in our area below the 70% mark. Hopefully we are rolling out the personalised template next week so will increase uptake further.

1 - BAME communities

Respondent: GP, East Midlands

Population: Asian community - Hindi speakers

Intervention: Video campaign in Hindi

Leamington Spa Hindu temple asked older community members to record short videos in Hindi stating that they had received a vaccination and encouraging others to take up the offer. Videos circulated via local social media eg temple Facebook page and WhatsApp.

Outcome: Not known

1 - BAME communities

Respondent: GP, Norfolk

Population: BAME communities

Intervention: Videos of Nigerian GPs

The Nigerian GPs in the UK group put together videos of Nigerian GPs who had received their Vaccine and shared them across different platforms as a way of informing the public, especially the BAME groups who have a lot of hesitation and doubts about the authenticity of the Vaccine; so far positive reviews have been received.

Outcome: No real data was collected so unable to give accurate information on this.

1- BAME communities

Respondent: Charity Leader, North Manchester Black Health Forum

Population: BAME community

Intervention: Multilingual resources and use of social media

The intervention was delivered by North Manchester Black Health Forum (NMBHF) a registered charity work in North Manchester and are based in the community that has some of the highest rates of deprivation and poorest health outcomes in the country. In neighbourhood 1 (Cheetham and Crumpsall) of the 54,000 people living in here 64.7% identify as non-white. Has higher than average number of people with little or no English - Primary care services put this figure at over 50%. Main community languages are English, Punjabi, Urdu and Polish.

90% of NMBHF services are delivered to and by BAME community who are historically affected by diabetes, hypertension, obesity & respiratory conditions living in deprived inner-city areas thus, have been greatly impacted by COVID-19. Are predisposed to misinformation causing anxiety & fear. Encounter disparities in accessing public services, information & support due to multiple barriers, language and economy being the main barriers.

We started promoting the COVID-19 vaccination from early Dec 2020 through our friendship and care calls, outreach volunteers to elevate fears and answer any questions in main community languages. We learnt that at the beginning people were fearful of content of the vaccination and later the side effects. We sent information re the content and as soon as someone had the vaccination, they knew we told everyone (with their permission off course). We also found that the families are gate keeping as if they believe it is not safe, they discourage or prevent the elders being vaccinated.

It is matter of trust and ongoing reassurance from people that community know and trust and has links with and having information to counteract the false information and social media anti vaccination propaganda. It is not easy, but it is working for us.

Outcome: Since December 2020, NMBHF has been instrumental in promoting and take up of the COVID-19 vaccination in BAME communities, elevating fears, scepticism, and misinformation through conversations and giving our correct information about the vaccination in our community through our phone call services, WhatsApp groups and sending information in Urdu, Punjabi, and English. We uploaded photos of people on social media having the vaccination, voice & video messages of experience and any side effect of lack of it. As a result, 98% of all our 65 + participants as well as current frontline staff and volunteer have been vaccinated.

1 - BAME communities

Respondent: GP, Maidstone and Tunbridge Wells NHS Trust

Population: Rough sleepers and people experiencing homelessness

Intervention: Multilingual video resource encouraging vaccine take up

United Professionals Against COVID-19 high resolution video on YouTube - includes colleagues from organisations Maidstone and Tunbridge Wells NHS Trust, Moorfields Eye Hospital NHS Foundation Trust, University Hospital Southampton NHS Foundation Trust, Faith Ministries UK Churches and Wisdom Sanctuary UK - All BAME groups targeted.

https://www.youtube.com/watch?v=1b0og6NovX0

Outcome: Unknown

1 - BAME communities

Respondent: GP, Leeds

Population: BAME

Intervention: Multi-lingual outreach

Our practice serves a population of 3500, about 95% patients from Ethnically diverse backgrounds. This practice is designated as one of the most deprived area in the City, may be in the country. We were aware of patient's hesitancy and apathy in up taking COVID-19 vaccination. The underlying issues were mistrust in the NHS, misinformation about the vaccines and the vaccination program, inappropriate and undeliverable approaches from the NHS team, ignorance and reluctance, language barrier, lack of transport and social and cultural barriers and stigma.

The targeted groups included, but not exclusive, Ethnically diverse group of patients, People with Learning Disability, Homeless and Refugees.

The practice actions for enhanced up take of vaccination was -

1. To train multi-lingual practice staffs including the health ambassadors to contact the patients over telephone providing information into the vaccination and to offer bookings

2. We organised multilingual practice staffs to be present at the GP vaccination hub when necessary to provide language support our patients

3. We, the two GP partners, were actively involved to contact the patients encouraging them to accept vaccination; both of the GP partners are multi-lingual and being a small practice, a good number of patients are very well known and trusted

4. Our practice manager and GP worked as a volunteer at the Vaccination centre and their presence was considered as an reassurance to our practice population

5. A number of personal and recorded messages were communicated to the wider local and practice population in their languages to help de-mystifying vaccination myths and mis-information; our local CCG also supported this program

6. A number of interviews and messages were published in the local newspaper (Yorkshire Post) from a practice GP which further helped improving patient trust and confidence in vaccination

7. Our practice GP initiated communication and information dissemination project with the local community and religious leaders to encourage the patients to seek necessary information and to consider accepting vaccination

8.The practice started to engage the younger generation from the ethnically diverse communities who have access to the social media and digital technology to help proving information and factual messages to their family, friends and the community

Outcome: Our active and continued endeavour to provide factual messages and information, we could manage our target population to be more interested and receptive of the vaccination program. There are lots of calls from the patients and their family and friends asking number of questions about vaccines and we are pleased to note that there are more and more people requesting booking for vaccination.

We started vaccinating (Pfizer vaccine) the top priority group (>80 years old) on the 14th December 2020 and within that 5 days period we could vaccinate 7 out of 44 patients. With our persistent efforts and encouragement, today the vaccinated number of that group is 33.

The data is crude as there are number of issues in data collection and processing.

1 - BAME communities

Respondent: GP, London

Population: BAME communities

Intervention: Set up of PCN led satellite clinics

Our locality K/W Brent acknowledged there was a need for satellite clinics. Despite all efforts with Vaccine Sites and Home visits there was a need for PCN led clinics to provide vaccinations to patients who could not travel to sites or were reluctant to have the vaccine at a centre- either health beliefs or trust.

Outcome: There was an increased uptake and patients who initially were declining however were happy attend the health centre.

1 - BAME communities

Respondent: GP, North Staffordshire

Population: BAME - Muslim communities

Intervention: Vaccination in local mosques

We are a local group of BAME GPs in North Staffordshire . We have noticed lower uptake of vaccinations in local BAME groups especially the local Muslim population.

We have approached our local CCGs with a view to setting up a roving vaccination service at the local mosques in order to engage with this group . We are still awaiting permission from our CCGs to goahead with this.

Outcome: TBC

1 - BAME communities

Respondent: Communications consultant, London

Population: BAME community

Intervention: Vaccine information leaflet and web content

BME-led Shian Housing Association, in Hackney, commissioned me to produce a leaflet and web content under the heading "Coronavirus vaccines: Why we think you should say YES" on 25 Jan 2021. The project was immediately taken on by the BME London landlords - an umbrella group for 14 small BME-led housing associations in London. The aim was for them to reach out to their tenants with respectful and honest discussion of the concerns of different ethnic groups.

Outcome: The materials were ready for circulation by 29 Jan and we decided to spread them as widely as possible at no cost. We started with other small HAs and Waltham Forest HA immediately came back to say they would use them too. We have already had very good feedback from Hackney CCG and GPs in Tower Hamlets - so we know they are circulating in east London primary care. Also in Tower Hamlets: Citizens UK and the Maryam women's centre at Whitechapel Mosque are working out how to circulate them. Bangla HA, which has itself

produced excellent COVID-19 materials - see their website - will be translating into Bengali, while the Tamil HA will translate into Tamil. Both are BME London landlords members. The BME National landlords group, which represents 45 small BME-led HAs nationally, is saying they will circulate a version with their own logo. This is just within a few days.

2. Asylum seekers and refugees

2 - Asylum seekers and refugees

Respondent: Academic GP, South Yorkshire

Population: Asylum seekers and refugees

Intervention: Webinars via Zoom

I am giving a series of talks via zoom in collaboration with the South Yorkshire Refugee Council to asylum seekers and refugees on information about COVID-19 vaccines and helping to debunk myths.

Outcome: I don't have any data but it seemed that people were feeling more confident about taking the vaccine by the end.

2 - Asylum seekers and refugees

Respondent: GP, Ireland

Population: Asylum seekers and refugees in Ireland

Intervention: Multilingual video resources shared via WhatsApp migrant groups

We are producing video messages in multiple languages (35) presented by healthcare workers. There are separate videos for people living in congregated centres for asylum seekers. We in the process of production now (Ireland a few weeks behind UK in vaccine rollout) but have done videos on many other topics relating to COVID-19 and other health topics (eg cervical screening). We are in Ireland. Videos are shared on social media and WhatsApp by migrant groups. Content is approved by Irish College of GPs and / or HSE (Health Service Executive). I am a GP, we started as a voluntary group but now funded as a social enterprise to make it sustainable but cost effective. Videos have the benefit of being friendly, culturally appropriate in style and overcome literacy issues.

Outcome: We are still undertaking this work and it will be difficult to measure impact directly.

2 - Asylum seekers and refugees

Respondent: GP, Cheshire

Population: Asylum seekers and refugees

Intervention: Outreach at initial accommodation centre

Currently working with our care co-ordinators, council and local community leaders to support asylum seekers at initial accommodation centre and prepare for vaccine (targeting cohort 6 initially and whole site as culture change)

Outcome: This is in progress, we are not able to order our doses yet for cohort 6 so we are doing groundwork now.

3. People experiencing homelessness

3 - People experiencing homelessness

Respondent: GP, Liverpool

Population: Inclusion health groups

Intervention: Vaccination outreach

A two-day campaign to vaccinate inclusion health groups in Liverpool. The campaign was carried out by Brownlow Homeless Team with support from Liverpool Central Primary Care Network. We used an outreach approach visiting 22 hostels, two probation hostels, two hotels used for emergency accommodation and two drug and alcohol rehabilitation units. Three teams worked in different sites across the two days. Each team was headed by a member of the homeless team (two outreach nurses and a GP), with a nurse prescriber and three medical students. The three teams were co-ordinated centrally by a GP with a special interest in homelessness to ensure adequate supplies and movement of the teams. In most cases the vaccinations occurred in a room within the hostel, with hostel staff bringing residents down to the vaccination point. Where uptake was poor, the vaccination team would visit rooms to collect people or vaccinate people in their room.

Outcome: 363 individuals experiencing homelessness or otherwise vulnerable individuals (with a drug and alcohol misuse background who were in rehabilitation) were vaccinated. In addition, 84 hostel staff were vaccinated and 30 additional people were offered the vaccine to minimise wasted vaccine. This gave an overall number of 477 people vaccinated over the weekend. All individuals experiencing homelessness were included. We feel this was appropriate given under-diagnosis, recognised frailty burden and risk in shared accommodation in this population. The overall uptake rate was 58% with a range from 21% to 100%. The best uptake was seen in smaller hostels, with lower uptake in larger hostels and hotels. Further details can be found here.

3 - People experiencing homelessness

Respondent: GP, Hull

Population: Rough sleepers and homeless

Intervention: Vaccination of homeless population via PCN groups

Hull homeless population- vaccination of the homeless. Led by PCN group modality in collaboration with CHCP. Supported by CCG. Homeless pathway team didn't vaccinate but supported the programme.

Outcome: TBC

3 - People experiencing homelessness

Respondent: GP, Hull

Population: Rough sleepers and homeless

Intervention: Vaccination of homeless population via PCN groups

Hull homeless population- vaccination of the homeless. Led by PCN group modality in collaboration with CHCP. Supported by CCG. Homeless pathway team didn't vaccinate but supported the programme.

Outcome: TBC

3 - People experiencing homelessness

Respondent: GP, East Sussex

Population: Homeless and rough sleepers

Intervention: Vaccinating teams visiting rough sleepers and homeless accommodation

We have set up a mobile vaccine outreach team to vaccinate vulnerable people rough sleeping and in homeless accommodation in Brighton and Hove.

Outcome: We have only done 1 day so far, we are planning to be out 3 days a week for 8 weeks. On the first day over we had over 50% up take in one hostel (54/96). It is an example of great partnership working between health and accommodation providers to communicate positive messages to this vulnerable group and provide vaccines in an accessible way.

3 - People experiencing homelessness

Respondent: GP, Bradford

Population: Rough sleepers and people experiencing homelessness

Intervention: Multi-agency partnership to reach rough sleepers and homeless; recruitment of COVID-19 nurse

MDT approach using the street health outreach vehicle and the Salvation Army outreach vehicle. Multi agency partnership working with support workers and clinical staff, visiting temporary accommodation, hostels, hotels and the street. COVID-19 nurse recruited full time with funding from PH and LA, this has been instrumental in coordination and delivery of the service. This post has also increased testing and accurate information given to patients with regards to the positive effects of having the vaccination.

Outcome: A coordinated MDT approach definitely has made an impact. Helped with engagement and data collection. Important to note that food/chocolate was crucial as part of the offer to patients who are rough sleeping and homeless. Interesting to note that when one or two

took up the offer, others followed. Peer support at times was more effective than a professional. Leaflets/written communication had a poor uptake due to literacy levels and language. Talking and smiling was the key.

4. Gypsy, Roma and Traveller communities

4 - Gypsy, Roma and Traveller communities

Respondent: Nurse Practitioner, Cambridgeshire

Population: Gypsy and Traveller communities

Intervention: Canvassing awareness and intentions

We are focused on people of Gypsy and Irish Traveller ethnicity. We have been canvassing the likelihood of taking up the COVID-19 vaccine during a targeted LFT pilot; also, we've been telephoning clients within the top 4 JCVI groups to enable them to access Vaccination.

Outcome: This is an ongoing piece of work. Our canvassing indicated that 75% would accept the vaccine.

5. Learning disability

5 - Learning disability

Respondent: Charity, Bradford

Population: Patients with learning disabilities

Intervention: Contacting known populations with learning disabilities

As a community voluntary sector organisation delivering care through increasing access to exercise, International Mixed Ability Sports (IMAS) were invited by the local authority to invite our care workers to be vaccinated. We prioritised our volunteers and coaches with disabilities, including learning disabilities. This involved sharing resources and contacting our volunteers to ensure capacity and consent issues were addressed. We also helped our coaches overcome barriers such as access to transport to get to the vaccination centre.

Outcome: All IMAS coaches with learning disabilities, apart from one who is awaiting allergy advice from his own GP, took up the offer and were vaccinated.

5 - Learning disability

Respondent: GP, Liverpool

Population: Patients with learning disabilities

Intervention: Specific vaccination clinic for patients with learning disabilities

The Central Liverpool PCN targeted our patients with a learning disability by hosting a specific clinic for this cohort of patients and combining the delivery of the COVID-19 vaccine with completing an Annual Health Check.

The clinic was a collaborative effort between the Network and local Learning disability team. We trained our medical students to perform the Annual Health Checks and give vaccines, supervised by 3 GP's. We also used the opportunity to perform phlebotomy where needed and screen urine.

Outcome: 78 patients with a learning disability vaccinated. 19 carers vaccinated. We managed to vaccinate 31% of our LD population, and offered health checks to 12% (30 patients). As a pilot, this went extremely well and we will look to run it again over a weekend using learning from this session to shape the next clinics.

The clinic allowed us to vaccinate both LD patients and their careers, whilst also assessing patient's general health and well-being. We picked up multiple unmet health need during the session, ranging from rectal bleeding and haematuria, to uncontrolled hypertension and a safeguarding concern. This was fed back promptly to named GPs for action. As the target for LD health checks has dropped to 50%, and with PCNs heavily focused on vaccine delivery, we may have not had time to prioritise the AHCs and missed opportunities to support and assess this

very vulnerable cohort. However, the combined clinic allowed for thorough assessment alongside vaccination, ensuring optimal holistic heath care for LD patients.

5 - Learning disability

Respondent: Charity Leader, Nationwide

Population: Down's Syndrome patients and families/carers

Intervention: Development of Down Syndrome specific advice, resources and webinars

The Down's Syndrome Association provides an information and advocacy service for anyone who has an interest in Down's syndrome, predominately family-carers contact us for information, advice and support.

From the beginning of the pandemic in early spring 2020 we experienced a huge upswing in calls to our helpline, mostly connected to families seeking information about COVID-19.

We developed a COVID-19 specific area on our website, where all of the latest information is shared, including Easy Read Information.

When adults who have Down's syndrome were added to the Clinically Extremely Vulnerable list in Oct 2020, we again experienced a significant increase in calls for information and advice. We had been working with a team of international researchers looking at global experiences of COVID-19 for people who have Down's syndrome and have been disseminating their research findings, as soon as we receive updates.

In the Autumn we joined fortnightly briefings with DoHSC and Public Health England and have helped develop information materials about vaccine roll-out, including Easy Read.

We have developed our own Easy Read materials on What is COVID-19, Supporting Me To Make A Decision Making and The COVID-19 Vaccine (what to expect).

For the last few months we have been holding free weekly COVID-19 webinars for families every Friday. These have been very well attended, with some attracting over 500 registrations. We always include adults who have Down's syndrome in these sessions and have included films of people who have had a vaccine. One of our WorkFit employment project employees accessed a vaccine very early on in the roll out as she was a keyworker based in a hospital, we shared her story.

One of our members conducted an interview with Roger Banks, Head of Learning Disability Strategy at NHS England, which we widely shared.

Over the past few weeks we have been sent many photos / personal stories of people who have Down's syndrome having their vaccine, which we have posted on our social media and website.

To address many questions we were receiving from families of children under 16, who were confused about vaccination, we held a very popular webinar, specially addressing these issues, where members of The Down's Syndrome Medical Interest Group took questions.

We have fielded many questions from families:

1. Asking about where they sit in vaccine priority lists
2. How to be added to the CEV, if they have been missed off
3. Reasonable adjustments at vaccine centres
4. How to prepare an individual, especially if needle phobic
5. Potential side effects (we share DoHSC / NHS agreed statements on this)
6. We have answered parent questions about safety and reactions to the vaccine through our referral arrangement with DSMIG

Outcome: Generally we find our population group are only too eager to access a vaccine. There is considerable interest in accessing a vaccine at priority group 6 for families carers of those who are disabled and should a vaccine become available for children under 16, we know many families would be also be keen to access this on behalf of their child (we know this is currently unlikely).

6. Communities of higher deprivation and poverty (including remote communities)

6 - Communities of higher deprivation and poverty

Respondent: GP system leader, Nottinghamshire

Population: Over-80s

Intervention: Local Authority (LA) contacting patients as part of well-being check

We plan to share details of over-80s patients who hadn't yet been vaccinated with the local authority. The LA will contact patients by phone to support appointment booking. If patients don't answer they are visited by an LA team as part of a well-being check, who will also support them in booking a vaccination appointment.

Outcome: TBC

6 - communities of higher deprivation and poverty

Respondent: Anon

Population: Patients with limited transport capacity; high risk patient groups

Intervention: Vaccine clinic siting; patient coding and data capture

I asked our health board to move the vaccine site to either somewhere in walking distance or a centre that had public transport links, after we saw low uptake of flu vaccination in a site without public transport links. Patient either arrived in taxis which they said they could ill afford or DNA altogether. We also did a search on patients with high weight and no BMI coded to try to code as many BMIs > 40 as we could, to increase the number of at-risk people who would get the vaccine. We have also attempted to improve our capture of new (and ever-changing) mobile numbers to help with use of the MJog facility for reminders. We have stretched to the limit our capability to immunise in our own practice.

Outcome: Don't know yet, thus far only immunised older people for COVID-19 who have been grateful and 100% attendance.

6 - Communities of higher deprivation (including remote communities)

Respondent: GP, Derbyshire

Population: Elderly

Intervention: Using community transport infrastructure to transport elderly patients to site

Use of community transport bus to get elderly patients in rural Derbyshire Dales to a central vaccination site. Use of local volunteers from mountain rescue teams and community first

responders to supplement national volunteers who have been slow to come through at a local level.

Outcome: A number of cohort 2 and 3 patients were able to get timely access to a local vaccination site.

6 - Communities of higher deprivation and poverty (including remote communities)

Respondent: GP, Derbyshire

Population: Physically disabled

Intervention: Using community transport infrastructure to transport physically disabled patients to site

Use of community transport bus to get physically disabled patients in Derbyshire to a central vaccination site. Use of local volunteers from mountain rescue teams and community first responders to supplement national volunteers who have been slow to come through at a local level.

Outcome: Improved vaccination rates, no data available.

7. People with addiction or substance misuse problems

7 - people with addiction or substance misuse problems

Respondent: Academic GP, South Yorkshire

Population: Substance users with long-term conditions

Intervention: Engagement with local chemists

We are aiming to increase flu (and hopefully COVID-19) vaccination uptake amongst substance users with longterm conditions (e.g. respiratory, BBV, liver disease). These groups have poor access to primary care and usually miss out on flu and pneumovacc jabs. By normalising flu vaccination (whereas previously usually excluded by poor access) we hope that they will get their COVID-19 vaccination too. This marginalised group should be targeted through pharmacies, which they frequently attend.

Outcome: For three years, the Sheffield Health & Care Trust Fitzwilliam clinic have promoted flu vaccinations by attaching slips to methadone scripts alerting the chemist and patient. All chemists dispensing methadone agreed to collect flu jab data and feedback to the commissioning PH DAAT. Flu vaccination uptake is poor amongst opioid users and SE groups, for example, less than a third in a population study for people with asthma; see our paper for more details.

8. Prison

8 - Prison

Respondent: GP, HMP Bedford

Population: Prison population

Intervention: Pictoral story-based resource for prisoners re COVID-19 and vaccination

Co-created (with Books Beyond Words Charity - Prof Shiela Hollins, professor of LD psychiatry) and Michael Emmett, former prisoner) pictorial story-based resource about the changes in prisons during COVID-19 - updated version includes vaccination in the story. The resource has had a voiceover read by Michael which brings in his experience of being in prison, to create peer-led buy in). This resource will be shown on prison TV. We also plan to record interviews between Michael and chaplaincy staff and between Michael and other former prisoners to transmit on National Prison Radio - we are working with HMPPS to facilitate this - RCGP, PHE, NHSE, HMPPS all endorse the resource.

Outcome: At present, the vaccination is VERY limited in prisons (more so than in the community). We are in the process of launching the new version because we agreed, in collaboration with HMPPS that it would be unhelpful/lose impact if we rolled out the resource before the majority of residents were eligible to have the vaccine.

9. Mixed groups

9 - Mixed groups

Respondent: GP, West Yorkshire

Population: Hard to reach patient groups in diverse population

Intervention: Use of health coaches from the voluntary and charitable sector

We seconded 28 health coaches from the local voluntary and charitable sector into our 90,000 patient PCN, which has a diverse population ranging from very high levels of deprivation and ethnic diversity to rural and more affluent groups. The health coaches are given lists of patients every week who we have either been unable to contact, who need support deciding about vaccination or accessing our clinics, or who have initially declined vaccination. The coaches are also promoting vaccines within their communities and working with local people / community leaders to address concerns and myths about vaccination. Our temporary VCS colleagues come from larger charities and small grassroots community organisations. In parallel we are working with community groups and religious centres, including our local mosques, to set up pop up vaccination clinics. As of next week we should have LSOA level data on vaccination uptake and coverage to target specific communities and ensure equitable vaccination.

Outcome: As of yesterday, our PCN has achieved high levels of uptake in all age ranges. We don't have deprivation / ethnicity data yet, but this is coming (either via internal reporting processes or our work with Bradford Connected Communities / Institute of Health Sciences). However, practices with IMD scores over 30 are achieving 80% uptake in the over 80s (v 90% in in those with IMD scores of less than 30). More granular LSOA data may reveal high levels of inequity.

9 - Mixed groups

Respondent: Camden Council, London

Population: All Council residents

Intervention: 'Making Every Contact Count' - using each contact with the Council as an opportunity to discuss the vaccine

Camden Council are taking a 'Making Every Contact Count' approach to increasing uptake of vaccinations in the borough. This harnesses conversations between frontline staff and local residents that already happen regularly and trusted relationships that are already in place. The process proceeds as follows:

1. A resident contacts a frontline team, such as Contact Camden, a housing officer, an early years practitioner, or a member of adult social care staff

2. The trusted person/member of staff asks the resident in the course of their conversation how they feel about the vaccine and whether they have any concerns

3. The trusted person/member of staff draws on a script that has been devised by our Communications team in collaboration with NHS partners, VCS organisations, and faith leaders to answer common questions, address concerns, and provide reassurance about the efficacy and safety of the vaccine

4. The trusted person/member of staff uses a decision tree to decide where to signpost the resident to. Options include the Council and NHS websites for more information, local community forums that are equipped to provide specific guidance (e.g. faith-based), and the local PCN booking line so that they can book a vaccination appointment straight away

This approach aims to increase vaccination uptake in communities who are known to be more hesitant and who may gain reassurance through conversations with trusted and relatable figures. In Camden, the vaccination rates for Black and Asian people are significantly lower than for White British people, and vaccination rates in more deprived areas are lower than in more affluent areas. Delivery of key reassurance messages by our diverse staff within communities will be a critical success factor.

Outcome: Intervention just launching.

9 - Mixed groups

Respondent: Camden Council, London

Population: Adult Social Care staff

Intervention: Outreach to Adult Social Care staff

Camden Council's Adult Social Care service has been working with care homes and home care providers to increase vaccine uptake among ASC staff in two ways: 1) a weekly phone call with all providers, 2) work with North Central London boroughs to issue communications, host webinars on the vaccine, use the Proud to Care portal to promote the vaccine and share information about it, and issuing a managers' guide and toolkit to support service managers to promote take-up. The webinars in particular have been found to be helpful, even with lower numbers of people participating over time. All of this activity has been coordinated across the five NCL boroughs and has been augmented by local activity. The service is finding that conversations are being effective in driving higher take-up, albeit slowly. Activity will continue until we hit 100% take-up. There are early indications from staff that there may be more willingness to have the vaccine once second doses start in care homes for residents.

Outcome: 40% of all bed-based care staff in Camden have received at least one dose of the vaccine, up from 35% a week ago

9 - Mixed groups

Respondent: Anon

Population: All

Intervention: Using interventions as opportunity to register with GPs

Sutton PCN led, in partnership with SWLCCG, LA, Encompass and Voluntary Sector. Targeting homeless, travelers, sex workers, asylum seekers, illegal immigrants. Also trying to use the opportunity to register people with GP's.

Outcome: TBC.

9 - Mixed groups

Respondent: GP, Warrington

Population: Patients not responding when called for vaccination

Intervention: Fire Service Safe and Well visit with vaccination education

For any patient we can't get hold of when booking COVID-19 vaccines, we send just the postcode to the local Fire Service intervention team and they target that address for a Safe and Well visit. They take our leaflets with them, including large print, Braille and easy read. They chat to residents about the vaccine and assist them in booking an appointment. They also let us know if the patient needs transport and if they need a chat with a clinician.

Outcome: We have just started it in the last couple of weeks.

9 - Mixed groups

Respondent: Nurse Consultant, West Yorkshire

Population: Inclusion health groups

Intervention: Vaccination outreach

As an inclusion health APMS service, we are using our outreach services to vaccinate rough sleepers, the homeless (in hostels and hotels), newly arrived cohabiting asylum seekers, sex workers and Gypsy, Traveller and Roma communities.

Outcome: Uptake in these communities much better than expected. We have been using trusted partner organisations to build trust.

9 - Mixed groups

Respondent: Local Authority, London

Population: All

Intervention: Weekly engagement with VCO organisations for information dissemination

We are holding weekly Keeping up with the Data Information Sessions to keep front line organisations up to date with the transmission rates, trends on COVID-19 and the awareness of the vaccination programme in Kingston upon Thames. This enables the voluntary sector to communicate key messages to their vulnerable users. This also builds on the funding we provided to front line VCO organisations who have users facing communication difficulties. These front line organisations understand the needs of their users and can develop bespoke communication methods to ensure messages are from a trusted sources and are understood.

Outcome: Across 19 groups funded, we believe these interventions have reached over 9000 members of the community who are vulnerable around Test and Trace guidelines. We do not have the data yet for vaccine awareness/uptake as we are in the second round of funding organisations and this includes increasing awareness of vaccinations messaging in Kingston.

9 - Mixed groups

Respondent: GP, London

Population: Portuguese-speaking community

Intervention: Multilingual videos

We have produced videos with staff (demonstrating good diversity) and featuring patients, in English and Portuguese.

Outcome: nil KPI measured

GP social media groups

We have also reviewed relevant comments in GP social media groups. As it may not be appropriate to use direct quotes without permission, we have summarised the main themes and suggestions here:

- Giving patients who may be hesitant more time to think can lead to an increase in uptake. It may be worth calling back after 1-2 weeks.
- Having a nominated member of staff with the skills and knowledge to provide information and reassurance to call patients who refuse the vaccine or are unsure, can be very effective.
- Multi-agency working requires project management skills/time to pull activities together, along with clinical leadership. This may require specific funding.
- Build a sequence of engagement activities rather than a one-off, linked to outreach activities (e.g., pop-up clinics).
- Make use of trusted community leaders. Partner organisations and venues should be appropriately funded and supported.
- Make use of both hard data on IMD/ethnicity but also softer intelligence gained from community feedback and patients' own stories. Allow yourself time to reflect on the most helpful next steps.
- There is real value in cross-PCN and cross-CCG networks providing support for communities which straddle these boundaries.