

# COVID-19 Vaccination Strategy

*Supporting the vaccination programme in Southwark*

**DRAFT**

Health Protection Team

Southwark Public Health Division

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## GATEWAY INFORMATION

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# This strategy provides a framework for supporting the NHS-led vaccination programme in Southwark

## WE HAVE FIVE PRIORITY WORKSTREAMS

Our framework of action to support the NHS-led COVID vaccination programme in Southwark fits within the existing Southwark Immunisation Strategy, which outlines our vision and plans to improve coverage of vaccination programmes across the life course to protect population health and reduce inequalities. It will focus on five main areas for action:

- Reducing inequalities of access
- Community engagement and communications to address vaccine hesitancy
- Data and intelligence
- Vaccine programme delivery, call and recall
- Training, staff development and guidance

# Our aim is to ensure residents can access the vaccine and feel empowered to make informed choices

## WE HAVE SIX KEY AIMS

1. Residents understand the risks that COVID-19 poses to themselves, their families and their community.
2. Residents have confidence that the vaccine is safe and effective.
3. Being vaccinated is made as easy as possible for all residents.
4. Communities and residents feel empowered by engagement approaches and lead on and have participation in shaping communications about the vaccine.
5. Information gaps are filled and misinformation is corrected in an accessible way to all communities working with trusted community voices.
6. The programme reduces inequalities in vaccine coverage, particularly BAME and protected characteristics inequalities.

# There are many factors that may affect uptake and barriers that we want to address

## FACTORS AFFECTING UPTAKE

There are many potential factors affecting uptake and barriers that we want to take action to address.

<b>Population barriers</b>	<ul style="list-style-type: none"> <li>▪ High mobility in and out of London and between boroughs</li> <li>▪ High numbers of temporarily housed families</li> <li>▪ Individuals not registered with a GP</li> </ul>
<b>Lack of trust</b>	<ul style="list-style-type: none"> <li>▪ Distrust of pharmaceutical companies</li> <li>▪ Distrust of vaccines in general</li> <li>▪ Distrust of speed of production</li> <li>▪ Whether the vaccine trials been open and transparent with test subjects</li> </ul>
<b>Safety concerns and impact on other conditions</b>	<ul style="list-style-type: none"> <li>▪ Concern about unknown side effects</li> <li>▪ Impacts on other conditions such as cancer, sickle cell, COPD, asthma</li> </ul>
<b>Lack of accurate information about the vaccine (from trusted sources &amp; community leaders)</b>	<ul style="list-style-type: none"> <li>▪ Confusion about the vaccine, how it works and how long immunity will last</li> <li>▪ Is one vaccine better than the other</li> <li>▪ Protection from one dose and whether it prevents transmission</li> <li>▪ Virus mutations - will these make the vaccine ineffective</li> <li>▪ Concern about ingredients</li> </ul>
<b>Belief that vaccination is another form of control</b>	<ul style="list-style-type: none"> <li>▪ Conspiracy theories about using vaccination as a form of state control</li> <li>▪ Compulsion and feeling forced to have the vaccine or risk removal of individual freedoms</li> <li>▪ Fear of performance measures from frontline staff who chose not to have the vaccine</li> </ul>
<b>Lack of understanding of who is at risk</b>	<ul style="list-style-type: none"> <li>▪ Perception of not being at risk themselves</li> </ul>

# We will take action to address inequalities of access

## WORKSTREAM 1: REDUCING INEQUALITIES OF ACCESS

**We will address the needs of people who may be disadvantaged or suffer inequality of access to immunisation. This includes a wide range of under-served population groups in Southwark potentially less able to access immunisations, such as the homeless population, the travelling community, undocumented populations and those in insecure employment**

### **We will:**

1. Understand the prevalence, location of underserved groups in the community and how they access services.
2. Remove logistical barriers to access for those with disability or language barriers.
3. Develop and provide targeted information and interventions to under-served groups.
4. Develop peer-led approaches where people with lived experience (for example, people who have been homeless, or who are from particular BAME or cultural backgrounds) feed into our approach are working alongside their own communities.
5. Work in partnership with local organisations (for example, drug and alcohol services) and voluntary sector groups working with under-served populations (such as carers, undocumented population or people who are homeless).

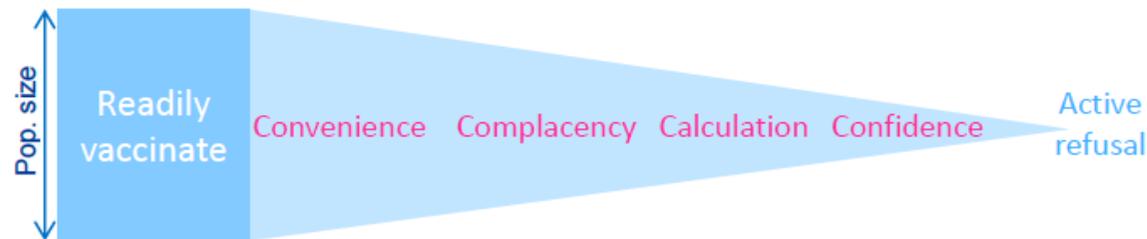
# We will engage with our community to provide culturally appropriate information to address vaccine hesitancy

## WORKSTREAM 2: COMMUNITY ENGAGEMENT & COMMUNICATIONS TO ADDRESS VACCINE HESITANCY

The vaccine hesitant can be divided into 4 main categories:

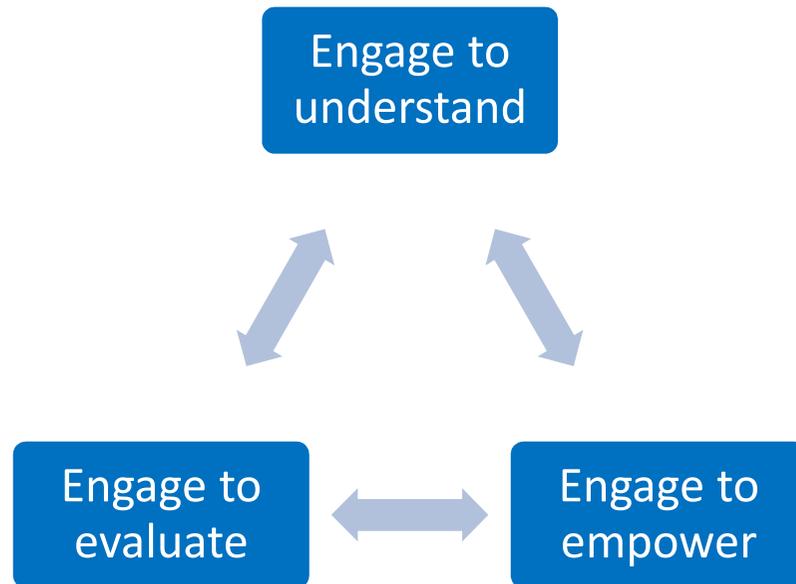
- **The unconcerned** consider immunisation a low priority and see no real perceived risk of vaccine-preventable diseases.
- **The underserved** have limited or difficult access to services, related to social exclusion, poverty and, in the case of more integrated and affluent populations, factors related to convenience (convenience)
- **The hesitant** have concerns about perceived safety issues and are unsure about needs, procedures, and timings for immunising.
- **The active resisters** have personal, cultural, or religious beliefs which discourage them from vaccinating.

(Fournet et al. 2018)



# We will engage with our community to provide culturally appropriate information to address vaccine hesitancy

## PRINCIPLES OF COMMUNITY ENGAGEMENT FOR VACCINE HESITANCY



### We will:

1. Engage with communities to understand their needs, values, and beliefs, and identify trusted sources of information.
2. Empower communities to co-produce culturally competent materials and resources with key communities influencers.
3. Engage with communities to evaluate if communication strategies are effective, adapting as needed.

# We will work with our partners to improve data quality and data sharing

## WORKSTREAM 3: DATA AND INTELLIGENCE

An understanding of the flow of information through the system that captures data on the vaccination programme is key to knowing what is happening, how to intervene and whether interventions are successful.

### We will:

1. Develop local reporting and monitoring partnerships regarding COVID-19 vaccination, to ensure the Council, NHS and partners have access to accurate and timely information and monitor local coverage data and make recommendations for action.
2. Work with NHS partners improve the collection and sharing of data on COVID-19 vaccination, particularly in relation to equality monitoring and ethnicity.
3. Collaborate with partners to establish local intelligence and evidence regarding vaccine hesitancy in Southwark.
4. Provide assurance to the Director of Public Health of local immunisation programme quality.

# We will work closely with the NHS to embed good practice in the vaccination programme delivery

## WORKSTREAM 4: VACCINATION PROGRAMME DELIVERY

**It is important to embed good practice in the vaccination programme:**

- Systematic multicomponent call/recall (including call, text messages, letters and email).
- Tailoring invitations for immunisation and reminders when someone does not attend appointments.
- Improving access to immunisation services by extending clinic times and evening and weekend services in primary care and pharmacy.
- Targeted strategic work with practices with lower than average coverage.
- Ensuring patients know how to access immunisation services.
- Providing multiple opportunities and routes for eligible people to have their vaccinations.
- Proactive call / recall to underserved communities.
- Commissioners raising awareness among providers about financial remuneration linked to vaccination.

# Optimising service delivery and call/recall key components in improving coverage and reducing inequalities

## VACCINATION PROGRAMME DELIVERY

### We will:

1. Identify a number of sites across the borough which deliver access for our populations in line with the vaccine requirements and staff capacity.
2. Provide vaccine centres which will provide enough capacity to vaccinate the populations against local and national targets.
3. Work closely with GP practices to enable all eligible registered patients to be identified and called/recalled into the vaccine centres at the right time.
4. Identify patient groups who may not be registered e.g. homeless, asylum seekers and ensure vaccination
5. Develop and distribute a recommended call/recall structure which identifies underserved patients and patients who may have vaccine hesitancy
6. Identification and vaccination of patients who can't or won't attend a vaccination centre in a place comfort e.g. housebound, accommodation, homeless, asylum seekers & undocumented migrants
7. Enable frontline eligible staff to access the vaccination through the SEL CCG process.

# **We will develop guidance and train our frontline staff to enable them to understand and address hesitancy**

## **WORKSTREAM 5: TRAINING, STAFF DEVELOPMENT AND GUIDANCE**

**Our frontline staff are important influencers in their daily contact with residents, clients and colleagues. They need to have access to concise, accurate information to enable them to make decisions about their own vaccine as well as making the most of opportunities for raising awareness.**

### **We will:**

1. Ensure all staff involved in immunisation services are appropriately trained around the knowledge and communications skills needed to handle challenging questions
2. Ensure health professionals who deliver vaccinations have received training that complies national minimum standards for immunisation training.
3. Assign dedicated staff to increase immunisation awareness and uptake.
4. Train peers to vaccinate their co-workers.
5. Make every contact count (MECC) – making the most of opportunities for raising awareness and offering vaccination.
6. Through our Public Health Acute Response Team (ART), we will continue to provide a reactive service to staff and settings who have enquiries about the vaccine and other COVID related health protection enquiries

# It is important that we support frontline staff to have skilled, culturally competent discussions



Readily accept vaccination	Vaccine hesitant	Active refusal
<p><b>Offer positive encouragement:</b> <i>“That is great!”</i></p> <p><b>Administer the vaccine</b></p> <p><b>Explain when next appointment is</b></p>	<p>A conversation guided by the MOTIVATIONAL INTERVIEWING method</p> <p>Collaborative patient centered conversation with specific objective which follows 5 clear steps:</p> <ol style="list-style-type: none"> <li>1) Open ended question</li> <li>2) Reflect and respond</li> <li>3) Affirm benefits, validate concerns</li> <li>4) Deeper exploration using ask, confirm, verify framework</li> <li>5) Summarise and determine action</li> </ol>	<ul style="list-style-type: none"> <li>• Do not <b>dismiss from the clinic</b></li> <li>• <b>Not a debate</b> - focus on <b>their concerns</b></li> <li>• <b>Leave space</b> discussion</li> <li>• Offer <b>to refer to other health professionals or community leader</b> who can discuss further</li> <li>• Explain <b>their responsibilities</b> if not accepting vaccination, e.g. not protected and to watch for signs and symptoms of diseases in the community.</li> </ul> <p>Do not say:</p> <ul style="list-style-type: none"> <li>- <i>“Vaccines are good for you. You must get them.”</i> <b>(Directive)</b></li> <li>- <i>“You are wrong. Research supports vaccines.”</i> <b>(Argumentative)</b></li> </ul>

**Find out more at**  
**[southwark.gov.uk/publichealth](https://southwark.gov.uk/publichealth)**

Southwark Public Health Division

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