



Devon

Clinical Commissioning Group

# Mass vaccination Inequalities Cell

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# An introduction to the Inequalities Cell

- **Main areas of focus:**
  - Addressing inequalities in uptake across the whole of Devon
  - Comms & engagement – insight to inform actions inc. delivery models
  - Focus on socially vulnerable groups
  - Escalations and risks
  - Regular challenge to Programme Board and Cells
- **Links to:**
  - Clinical and Operational Cell
  - Programme Board
  - Devon Ethics Group
  - New governance arrangements
  - Regional and national work



# Regional and national approach to inequalities

## National approach:

- National vaccine delivery plan – includes LA role in promoting and supporting vaccine confidence
- Prioritisation paper – based on highest risk of mortality (age highest risk factor)
- National PHE health inequalities group - have published strategy for immunisations - not specific to covid but tools to help approach
- National NHSE task and finish group has developed resources – translated, BSL, audio, easy read, guidance on consent

## Regional approach:

- SW strategy to increase uptake and equity of access:
  - systems leadership
  - supporting local action
  - comms and resources
  - data monitoring and analysis
  - supported by SW regional network and toolkit of resources
  - regional comms and engagement network

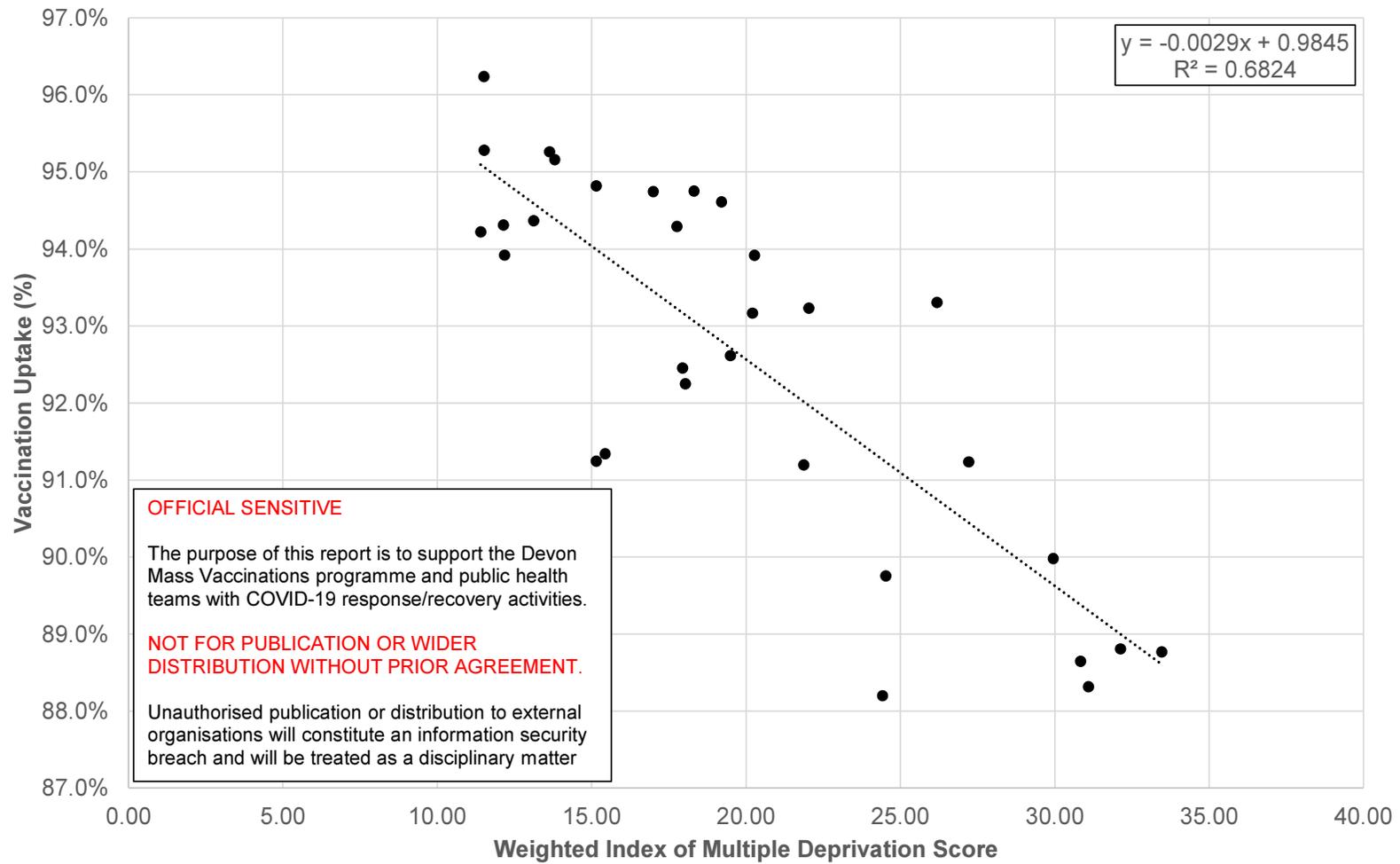


## What do we know already?

- Lower uptake evident in more deprived areas
- For cohorts 1-4 rates of unvaccinated individuals in most deprived areas two times higher
- Inequalities greater in clinical cohorts than age cohorts
- PCNs in Plymouth, Torbay and Exeter experiencing lowest uptake
- Inequalities exist within all PCNS and between population groups



Covid-19 Vaccination Uptake in Cohorts 1-4 vs Average IMD Score by PCN



## Current progress in Devon

- Support for those who do not attend/respond to invite
  - Professional toolkit, public facing website, inclusion principles & guidance, individualised support
- Vaccination site inclusion checklist & training
- Vaccine ambassador programme (media work)
- Learning Disability, Neurodiversity and Mental Illness Working Group
  - Pathway for LD, SMI, unpaid carers (support from primary care liaison nurses)
  - Comms and engagement regarding primary care LD register
  - Working with DPT and Livewell regarding outpatient & inpatient offer
  - Pop up / dedicated clinics
- Homeless & Gypsy, Roma and Traveller working groups – roving model development
- Working with care provision cell to support carers, housebound, frontline staff offer
- Insight work on vaccine hesitancy in staff & promoting uptake
- Comms & engagement strategy



## Examples of cell risks and escalations

- Lack of understanding of GP non-reg population
- Data challenges preventing targeted work – data system now provides data on ethnicity and deprivation but ethnicity coding issues
- Ongoing concerns that services are accessed digitally and vaccine uptake/opportunities are promoted online/via social media
  - flagged as particular issue for Gypsy, Traveller and Roma communities nationally
- Evidence social care staff not taking up vaccine due to concerns about pregnancy/fertility although our staff uptake is generally better than other STPs
- Lack of central depository nationally for all resources to be accessed in one place



# Understanding perceptions of the COVID-19 vaccination

- CCG has sought views of more than 1,800 local people to gain insight and understanding of local perceptions and the likely uptake of the COVID-19 vaccination
- Online surveys and focus groups in November and December 2020

## Objectives

1. Prepare for the rollout of the national campaign by identifying **target groups**
2. Understand what **motivates** people to get the vaccination and what barriers there are
3. Identify trusted **sources of information** to ensure most effective channels are used
4. Identify what additional needs may be required to support uptake of the vaccine for people from **BAME communities** and those with **learning disabilities and autism**



# Key findings

## 74% of respondents (1,334) – ‘Adopters’

- Mostly female, aged 45-75 years old
- Want to play their part in combatting COVID-19 and getting back to ‘normal’

## Only 2% of respondents (42) – ‘Resistant’

- All under 65, and predominantly female
- Don’t consider themselves at risk and don’t want the vaccine
- Barriers included needing more assurance and not having enough evidence to convince them

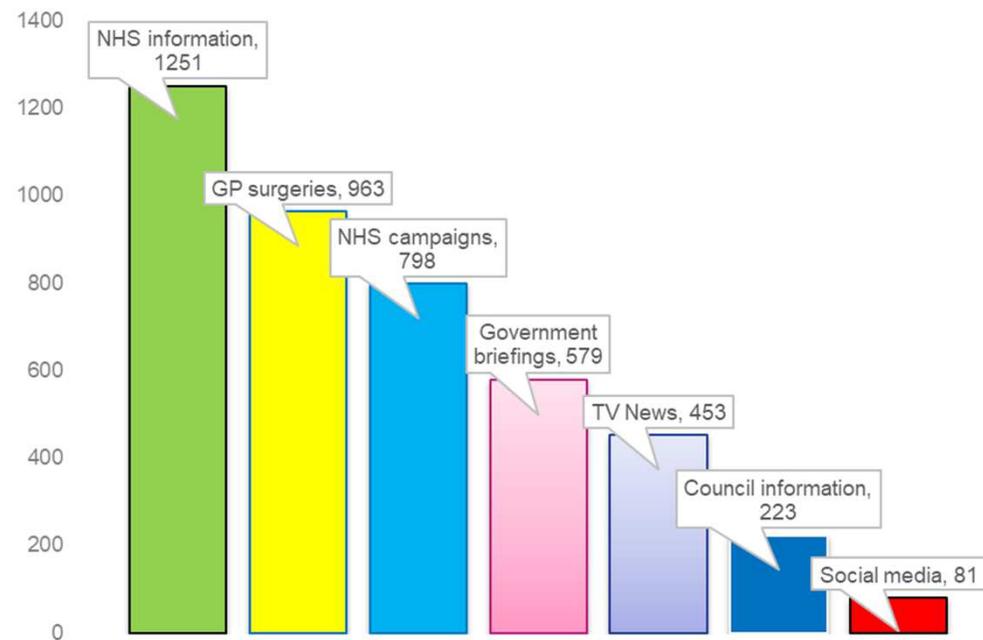
## 19% of respondents (350) – ‘Hesitant’

- Mostly female, aged 46-65 years old
- Hesitation related to personal health conditions and what impact vaccination could have on these
- Some concerns around pregnancy, family planning and breast feeding and long-term effects

## Less than 2% of respondents (31) – ‘Rejectors’

- Age ranges from 26-85 and mix of male and female
  - Opposed to vaccinations in general
  - Personal experiences, lack of belief in vaccinations or trust due to vaccine development speed
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# Trusted information sources



# Focus group findings

## Autism and learning difficulties

- Generally, people feel positive about the vaccine
- Information about what to expect at the vaccination appointment would help allay anxieties
- Delivering vaccinations in safe and familiar environments would support vaccine uptake
- Clear information in accessible formats (e.g. easy read) are required.



# Focus group findings

## Black Asian and Minority Ethnic communities

- Generally, people are keen to receive the vaccine
- Some concerns around vaccine safety and the testing/development process
- Hesitancy stems from a lack of trust in the system and the drug companies and potential unknown long-term side effects on their children
- Recognition that community champions would support increased uptake of the vaccine



## Recommendations

1. **Promote national vaccination uptake campaign** – focus on ‘getting back to normal’ and ‘combatting COVID-19’
2. **Utilise trusted sources of information** e.g. Devon vaccination briefing
3. **Support for those with learning disabilities** – produce tailored materials to reassure individuals and carers
4. **Support uptake amongst the BAME community** – engage with communities to understand anxieties, develop ‘vaccine champions’ and identify clinical leaders from BAME communities



# What now?

## Implementing the recommendations

Promote national vaccination uptake campaign	Utilise trusted sources of information	Support for those with learning disabilities	Support uptake within BAME communities
Social media campaign	NHS website and social media campaign	Easy Read information about the vaccine	Ensuring access to translated materials
Marketing campaign	NHS Newspaper	A film about what to expect when you have your vaccine	Outreach work, engaging with local faith groups and community leaders
National and local resources	Weekly Vaccination Bulletin and webinars		Developing Vaccine champions, specifically from diverse communities - 5 with more people coming forward
			Working with media to encourage people to come forward for vaccination