

Delivering the COVID-19 Vaccine Across London

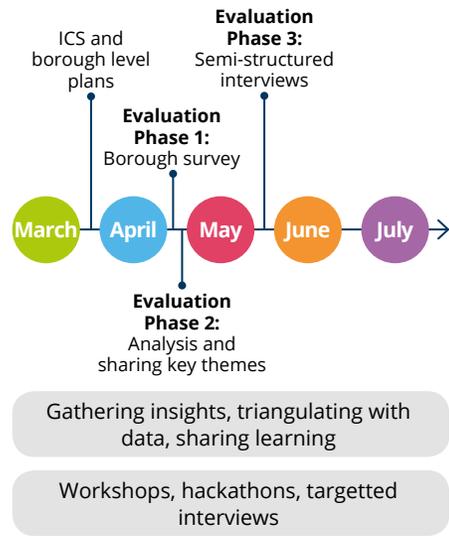


Background

Successful rollout of the COVID-19 vaccination programme has been critical to the UK response to the pandemic. The London programme – delivered through partnerships at a London, ICS, borough, locality and hyperlocal level – adopted a learning health system methodology, taking an agile approach to gathering and sharing insights as they emerged, so that decisions could be made, and actions implemented as appropriate within the rapidly changing context and environment. This page provides a high level summary of the report.

Programme Learning Activities

Evaluation and programme activities from March to July 2021



Findings

Barriers to the uptake of the vaccine

Uptake

misinformation via social media
safety
fertility
side effects want to watch and wait
speed of vaccine development
Loss of income to take time out to get the vaccine / recover

Access

unfamiliar setting language
navigating booking system
travel to the clinic
 booking without NHS number

Legacy learning for the future

“...monitor uptake... change your programmes to address barriers...”
 Local authority

Infrastructure

- Local approach
- Reuse assets

“Maintain the army of volunteers...”
 ICS

Partnership

- System wide
- Common purpose

“...[working with the community] co-creating solutions/approaches to vaccinating certain populations.”
 Regional

Inequalities

- Data
- Community dialogue
- Inclusion health

“...whatever you do, the offer needs to be hyper local!”
 Local authority

Workforce

- Widen the workforce
- Staff as the door to the community
- Building trust with staff

“The shared common goal, has brought people together.”
 ICS

Community Engagement

- Community Champions
- Two-way dialogue

Activities to increase demand



Community Champions

Individuals from the local community who enable deep engagement to:

- Enable a two-way dialogue with health and council colleagues
- Generate relationships based on trust
- Create less formal communications channels

1:1 conversations and motivational interviews

Giving people access to conversations with individuals from similar cultural and community contexts to allow space to discuss deep rooted concerns in a safe space.



This was particularly valuable for staff groups, but extended across all cohorts. Staff members, council teams, community champions were among the groups trained in motivational interviewing to improve confidence and quality of conversations.

Activities to increase access

Hyper local vaccination centres

- People want to get the vaccine from a centre they know and a centre which addresses their practical concerns.

Outreach models

- Community clinics, pop ups and vaccine bus. These reached people who otherwise would not have been vaccinated.

Recommendations

For regional decision makers

- **Widen the insights** that are used to inform decision making, including community and staff voices
- Sustain **partnership working** with a joined up, coordinated approach and enabling flexibility for local solutions
- Consider **implications on inequalities** from the outset
- Ensure **clear two-way communication channels** between national and regional NHS leaders and the wider delivery system

For Integrated Care Systems

- Reflect on **where to locate services** including “hyper local” offerings
- Distinguish activities between **creating demand** for a service and improving access to the service
- **Collaborate with local community** groups and outreach teams

For Local Authorities

- Create capacity, e.g., sustaining community champions, to maintain a **two-way dialogue with the community**

For healthcare providers

- Consider **co-location of activities** to improve patient experience and efficiency
- Empower staff to have autonomy and **build local solutions** to build trust and agility

For GPs

- **Widen the workforce**, providing opportunities for volunteers and community teams that can create capacity for clinical staff