

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group



**LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT OVERVIEW
AND SCRUTINY COMMITTEE**

5th MARCH 2021

COVID – 19 VACCINATION PROGRAMME

**REPORT OF THE EXECUTIVE DIRECTOR OF NURSING, QUALITY
AND PERFORMANCE**

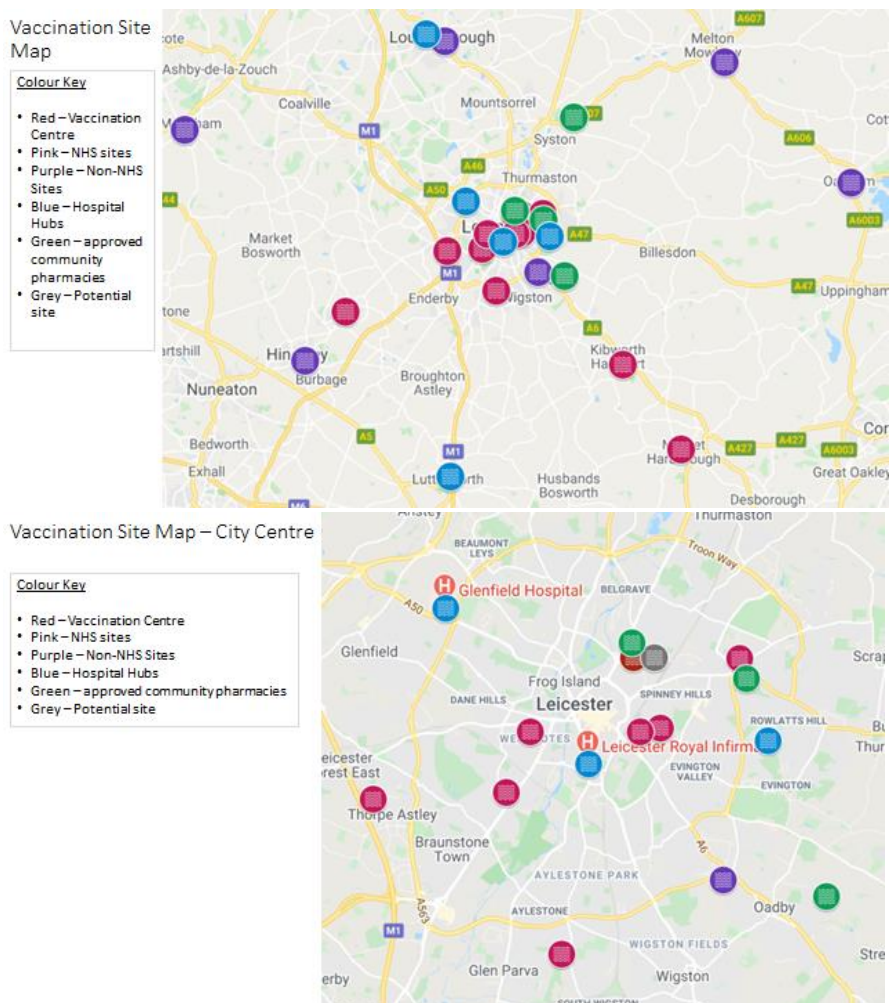
Purpose of Report

1. The purpose of this paper is to provide an update on the progress of the Covid-19 vaccination programme in Leicester, Leicestershire and Rutland (LLR).
2. Members should be aware that this is a highly dynamic programme and although the information provides an accurate description of the position of the programme at the time the report was written there will most likely be some significant changes to report at the meeting. For this reason the report is high level.

Capacity & delivery

3. We are currently providing vaccinations from the following sites across LLR:
 - 19 GP led Primary Care Network (PCN) sites. These are split between 12 NHS sites (e.g. larger GP practices) and 7 non - NHS sites (e.g. The Kube Leicester Racecourse)
 - Large Vaccination Centre – The Peepul Centre
 - 5 Hospital Hubs
 - Leicester General Hospital
 - Leicester Royal Infirmary
 - Glenfield Hospital
 - Loughborough Hospitals
 - Feilding Palmer Hospital

- 3 pharmacies
- The PCN sites, Peepul Centre and pharmacies provide vaccines to the public. The hospital hubs provide staff vaccinations. In recent weeks, however, the Leicester General Hospital, the Leicester Royal Infirmary and the Glenfield Hospital have been opened to the public to book slots. This is in response to the availability of vaccine and booking slots at these hospitals. The maps below show the location of sites.
 - A PCN site has been approved at the Prajapati Centre (Grey on the map).



Vaccination Cohorts

- As Members will be aware, priority cohorts have been set and the vaccination programme must adhere to these, ensuring vaccinations are only given in the order set by the Joint Committee on Vaccinations and Immunisations (JCVI). The cohorts for phase 1 of the vaccination programme are:

1. Residents in a care home for older adults and their carers
 2. all those 80 years of age and over and frontline health and social care workers
 3. all those 75 years of age and over
 4. all those 70 years of age and over and clinically extremely vulnerable individuals
 5. all those 65 years of age and over
 6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
 7. all those 60 years of age and over
 8. all those 55 years of age and over
 9. all those 50 years of age and over
6. It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19. Cohorts 1 – 4 were completed by 15 February in line with the Government's target. At this point we were confident that all eligible people in cohorts 1-4 had been offered a vaccine.
7. We are currently vaccinating people in cohorts 5 and 6. Cohort 6 has been expanded to include approximately 20,000 people identified following a national assessment of population risk as clinically extremely vulnerable. Adult carers are also included within these current cohorts.

Progress on vaccinations

8. The number of vaccinations is reported each week by NHSE. Figures are provided below on the number of vaccines given as at 14 February. This is the latest date for publication of the statistics at the time this report was compiled. We will provide an update at the meeting. The level of detail provided is being increased gradually. Currently the following information is available:
- Vaccinations by Region and Age;
 - Vaccinations by Integrated Care System (ICS)/Sustainability and Transformation Partnership (STP) and Age;
 - Vaccinations by Clinical Commissioning Group (CCG) and Age;
 - Vaccinations by Ethnicity (nationally);
 - Vaccinations by Ethnicity and Region;
 - Vaccinations by Ethnicity and Integrated Care System (ICS)/Sustainability and Transformation Partnership (STP);
 - Vaccinations of Residents in Older Adult Care Homes;

- Vaccinations of Trust Health Care Workers;
- Vaccinations of the Clinically Extremely Vulnerable Cohort (CEV);
- Population estimates.

9. The latest set of figures will be published on Thursday 25 February and can be viewed here: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

Headline statistics on vaccinations are below:

Number of doses at STP Level at 14 February 2021

ICS/STP of Residence	1st dose				2nd dose				Cumulative Doses to Date
	Under 70	70-74	75-79	80+	Under 70	70-74	75-79	80+	
Leicester, Leicestershire and Rutland	110,262	50,637	37,364	50,073	2,027	90	785	3,704	254,942

Housebound

10. Delivering house bound vaccinations is logistically challenging: the GP practice has to plan these carefully. Once they take a vial (8-10 doses in a vial) out they need to ensure that they are able to utilise this within 6 hours whilst maintaining cold chain. So in order to minimise wastage there is careful planning that needs to take place:

- Identifying enough patients within a geographical location to vaccinate
- Ensuring that the patients are at home and are well enough
- Booking these visits in
- Cold chain management
- Ensuring PPE and consumables required to safely deliver

11. Over 70% of housebound patients have received vaccinations at home.

Vaccine Supply

12. Vaccine supply has generally increased since the programme commenced. We are using two vaccines, Pfizer and AstraZeneca/Oxford. As well as increasing levels of vaccine the AstraZeneca provides greater flexibility and has helped for example with the delivery of the housebound vaccinations.
13. We are operating on a 'push model' with supplies determined based on proposed activity regionally. Nationally the aim is to ensure the country moves through the cohorts at a similar pace so supplies are issued on a 'fair share' basis.
14. All vaccinations sites should have arrangements in place for creating reserve lists of people who can be called at short notice to avoid any vaccine being wasted if there is likely to be excess vaccine due to 'no shows' for example. We are also in discussions with NHSE about the inclusion of other workers within the cohorts.
15. As the programme has developed spare appointment slots are becoming available at the UHL hospital sites. We have therefore opened up the hospital sites to the public. We ensure the public is aware that they must be in an eligible cohort to be given a vaccine at the hospital site. Unfortunately there has been 'fake messaging' relating to this which we try and deal with as soon as possible.

Staff vaccinations

10. Across LLR we are currently at around 75% uptake for frontline staff for a cohort of around 66,400 people across 800 organisations. We are working on an action plan to improve this, in particular to understand and respond to hesitancy. Fear of the vaccine causing infertility for example has been raised as a significant reason for hesitancy. We are also aware from feedback that some staff find practical difficulties in the booking process and we are working on putting place arrangements to support staff.
11. Work is being undertaken in conjunction with the public health teams in Leicester City and Leicestershire County Council to develop an approach to conversations about vaccines and responding to often personal reasons for reluctance to have the vaccine.

Homeless

12. Homeless people have been classed as Clinically Extremely Vulnerable or Clinically Vulnerable so are within the current groups. Inclusion Health practice health team has visited hostels and ran a very successful drop – in clinic from a gazebo in a car park.
13. There are plans to offer the vaccine to more of those in hostels, rough sleepers, those in Houses of Multiple Occupancy, and asylum seekers in large scale accommodation sites such as hotels.

Inequalities & vaccine hesitancy

14. The programme is working closely with public health colleagues on the response to the Equalities Impact Assessment (EIA). A detailed report on actions taken and how the delivery model should adapt to ensure the programme meets statutory duties on equality are integrated within our programme.
15. This work will involve a detailed response on how we will ensure the programme pays due regard to the impact on each protected group.
16. The inequalities work will focus particularly on vaccine hesitancy. This will influence our approach to engagement in particular where we know particular groups may be hesitant about being vaccinated.
17. We are also considering direct calls by GPs to their patients when the vaccination hasn't been accepted.

Communications and engagement

18. There is a detailed communications and engagement plan which aims to co-ordinate a range of activities across partners in LLR, including local authorities and the voluntary and community sector.
19. In summary, our strategic approach is based around providing simple messages in a wide range of languages and formats, easily shareable where possible, that target misinformation and encourage take-up. The delivery of messages includes utilisation of trusted voices, such as local health workers and others including faith and community leaders.

20. The plan is particularly focussed on:

- Understanding the data to support targeted communications and engagement work, as well as undertaking local research to understand opinions towards the vaccine and generate insights that can be used to modify the communications approach;
- Information provided in other languages e.g. GP and other healthcare worker videos which can be shared organically through social networks such as WhatsApp;
- GPs and other clinicians taking part in community conversations and focus groups in conjunction with faith and community leaders as well as other representatives of the voluntary and community sector to tackle myths or barriers to vaccine hesitancy based on evidence and insight;
- Extensive radio advertising in a range of languages across community and cultural specific radio stations such as Sabras, Koh-i-noor, EAVA and others;
- Information video in various languages produced in partnership with the Together in Hope Near Neighbour Project;
- Social media advertising targeted at users of different backgrounds based on browsing data, with messages delivered in relevant languages;
- Development and sharing of relevant and appropriate messages in 'toolkit' format for use by a wide range of stakeholders that can be shared quickly and easily with communities and networks;
- Opportunities for discussion through public webinars (the first one attracted over 1000 people) and this has been followed by a Facebook Live on 28 February;
- Leaflet to be distributed with council tax information in Leicester City. Exploration taking place as to whether this can be replicated across district councils;
- In Leicester City a Covid vaccination factsheet is to be distributed by a door to door testing team as well as at testing centres and local food banks;

- Linking in with initiatives such as Covid Health Champions in the Leicestershire County Council area;
21. Through our communications and engagement we will aim to promote confidence in the vaccination and the programme. Ensuring people have the right information on vaccines and information on the programme itself is core to our approach.

Next Steps

22. It is aimed to complete cohorts 1-9 by April. The Government has stated that all doses in the first 1-9 cohorts are to be completed by 31 July.
23. We are working beginning second doses – around 660,000 doses will be needed.
24. We are also working on our plans for Phase 2 which is the next cohorts after 1-9 have been completed. There is also a third phase to cover boosters.
25. We are also in discussions about ensuring our model for delivery remains fit for purpose.

Officer to contact

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