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HELLO AND WELCOME

This pack has been written by health professionals and staff working behind the scenes on the Covid-19 Vaccination Programme in the South East of England. Here we look back over the year 2021 and share some of the highlights where our teams have gone above and beyond to help people access a vaccination.

The NHS in the South East has worked hard to make sure there are no barriers to vaccination for anyone. Our working principles are that there should be no difference in vaccination uptake across different groups, and that people's safety is the number one priority.

We know that existing inequalities mean there is variation in health outcomes, the result of a combination of social, cultural, geographic and economic reasons. And we know that there is a risk that the Covid-19 pandemic has worsened health inequalities.

The good news is that vaccination can slow any further impact of the virus on health inequalities and help protect individuals and communities.

Indeed, we have seen the positive effects of vaccination as it has been rolled out across our populations. There is significant data to back this up in the public eye, but we wanted to explore some of the decisions made by the service providers to get to that point.

WHAT IS THE PURPOSE OF THIS PACK?

In this pack, we present some of the incredible innovation and valuable learning in the South East of England gained over the Covid-19 Vaccination Programme. You will find good practice and inspiring case studies, with tips and messages for vaccination services in the future.

We hope you enjoy this pack and find some useful ideas about where to put our energy and resources next.

Sincerely,

Shahana Ramsden
December 2021



DEDICATION

We would like to thank our colleagues across the South East who generously shared their time and knowledge to make this pack a reality.

In particular, thank you to:

Katie Summers
Sabahat Hassan
Amanda Bedzrah
Shelley Johnston
Steve Goldensmith
Andrew Hall
Jaishree Dholakia
Obi Onyiah
Sam Stevens
Lisa James
Anthony Sembatya
Laura Veal
Andrew Price
Anya Howard-Smith
Davyd Winter-Bates
Leena Sankla
Sangeeta Saran

Thank you to our front-line staff who have worked tirelessly to ensure there are no barriers to vaccination.

Thank you to our community groups, faith and community leaders, patients and members of the public, who have engaged with generosity and willingness to teach us and learn with us.

Contents

Active listening and engagement with communities	1
Collaboration with faith and community leaders	4
Workforce diversity and proactive use of translation	8
Relationships across boundaries	10
Working together to provide services	10
Prioritising access and availability	12
Vaccination at a convenient time	12
Vaccination at a convenient place	14
Sensory needs	17
Attitudes and beliefs	18
Pregnancy and fertility	18
Mistrust and misinformation	21
Conclusion	24
Next steps	25

Active listening and engagement with communities

Success comes from targeted engagement with patients and communities knowing who people trust, being accessible and available in important places, joining community forums to engage, and aligning with existing services.

A regional view: local communication

Over 2021, several healthcare systems in the South East took proactive steps to engage with Muslim communities. They focused on learning about cultural and religious requirements to make vaccination clinics a success.

The Buckinghamshire, Oxfordshire and Berkshire West system held Live Question and Answer sessions on Zoom and Facebook with a panel of clinical speakers and mosque imams. These were designed to make it easy for the community to engage, and explain how clinics could work for Muslim people. The speaker line-ups included Muslim GPs who talked from both scientific and religious perspectives.

Following these sessions, there was a rise in local uptake. This was due to extra local clinics put on in local mosques, with culturally appropriate patient flow inbuilt at the design phase, including for example a separate queue for women patients.

In the Surrey Heartlands system, a local news outlet, Surrey Live carried out a campaign with

Dorking Mosque. This resulted in several pop-up clinics at the Mosque, which was then covered as a good news story.

To anyone planning a local vaccination programme, fostering a relationship with the local press alongside community venues can have positive benefits for all parties. Our advice is to take photographs (and share, with permission) as this can capture a positive mood and be great for diversity within your publicity.



Volunteer medical staff in the mosque-turned-clinic, waiting for the first patient.



Chairman Mohammed Rahman with waiting patients at Dorking Mosque.

Our Story: Hampshire and the Isle of Wight

Weekly data analysis of vaccine take-up showed that take up for people of Chinese origin was lower than for other groups.

“Our engagement with the Chinese community highlighted that there would be concerns in the community about how people’s private information would be used, rather than hesitancy caused by safety concerns around the vaccines.

We worked with the Chinese Association of Southampton to help promote a pop-up clinic in July. Andy Lai, the Association’s Secretary, contacted his network to promote the event in the relevant languages. Our vaccinators took it upon themselves to learn the basics of greeting in Mandarin and Cantonese.

The Chinese Community invited local GP Nigel Watson to speak and promote engagement at Chinese community dinner, sharing information and providing reassurance.

It was promised that only the essential information would be taken from individuals for a vaccination to take place. Our July clinic was a success: overall we vaccinated 115 people. Following this event we continued our partnership working and our next clinic at the Chinese Community Centre in September was an even greater success: 140 people were vaccinated.

The lessons we can share with other systems and vaccination programmes include focusing on nurturing relationships in the community, to really understand concerns. People’s fears may not always be about the vaccine in particular, but about other issues that are easy to address with a bit of creativity and thinking outside the box.”



Our story: Kent and Medway

“As a system we looked at the numbers of patients not coming forward for vaccination. We made a plan to actively reach into the community and hold 1:1 conversations with members of the public, sharing quality-assured NHS information and answering any questions. The aim was to present clear, unbiased information and practical advice.


Rather than rely on GPs alone to call patients, we partnered with Involve Kent, a local health and wellbeing charity. Their aim is to improve health, empowering people and communities to live well and tackle the root causes of ill health including isolation, loneliness, disadvantage and frailty.

We commissioned Involve Kent to do two things. Firstly to set up a helpline to receive calls from the public, and secondly to actively call lists of patients who have not yet had two vaccinations, and encourage take-up.

The Covid Vaccination Helpline launched on 28 June 2021 and within the first six weeks had received 843 calls. Of these, at the end of the conversation, 99% of people made a positive decision to book their vaccination, and 1% remained hesitant.

In terms of outgoing calls to people not yet vaccinated, within the first six weeks we held 1862 calls, and left a further 2904 voice messages. Of the people we spoke with, 65% decided to go ahead with vaccination and 20% decided not to, with a further 15% remaining undecided.

The outcomes of this project told us we did the right thing by making these phone calls, as many people in our community do not access the internet for information. They might have otherwise missed out on getting the facts.”



Covid Vaccination Helpline

Kent & Medway

Questions, concerns or worries about vaccination?
Please call us on the number below

We can:

- Answer your questions
- Provide specific information around different health conditions
- Support on how & where to get your vaccine
- Provide information in other languages

We are friendly, impartial and non-judgemental

Telephone our low-cost number on
0330 320 4444

Or email us to book a call back
office@involvekent.org.uk

This service is provided by Involve Kent on behalf of Kent and Medway Local Clinical Commissioning Group

NHS
Kent and Medway
Clinical Commissioning Group

involve
Quality to Inspire

The Covid Vaccination Helpline information poster

Collaboration with faith and community leaders

Leaders and elders in the community can be a trusted source of messages about the importance of vaccinations. In the South East, community role models shared their stories of being vaccinated on social media and even made short films.

Setting up vaccination clinics within mosques, churches, temples and gurdwaras ensured that the spaces where vaccinations took place were familiar and welcoming. This sent a clear message that vaccinations are safe and accepted by the faith community.

Our story: Buckinghamshire, Oxfordshire and Berkshire West

Background

“It quickly became clear to healthcare staff that some BAME and faith groups in this region held concerns about the Covid-19 vaccination. These included questions about whether the vaccine contains foetal material, or whether the ingredients are halal. Some believed that the vaccine did not align with religious beliefs, and others had concerns stemming from exposure to misinformation and conspiracy theories.

People’s views of the vaccine were also shaped by seeing friends and family have the vaccine and experience side effects. For some, bad side effects from the first dose made them fearful of their second dose. Many were apprehensive about the short term and long term effects of having the vaccine. In particular, it was common for people to worry about any impact on pregnancy and fertility.”



What we did

To address this, the community engagement team worked closely with Public Health to facilitate understanding:



A still from Imam Monawar Hussain's reassurance video message.

1

Collaborating with the Muslim community was largely successful. One effective intervention was a Ramadan / vaccination communication pack. This was shared across the region's mosques and community leaders. The pack included endorsement of vaccination from the British Islamic Medical Association, confirming that being vaccinated does not invalidate fasting. The pack included videos in Nepali, Tamil, Urdu and Hindi as well as English.

2

Alongside this, videos were produced featuring faith leaders in the region. Gul Khan, the former mayor of Reading and Councillor, gave a message of assurance. Also, Imam Monawar Hussain, Muslim Chaplain at Oxford University Hospital, received his COVID-19 vaccine and provided a [reassurance video message](#). He is well known in the county and fielded questions from the community, from people wanting information. This was an opportunity to address the problem of misinformation.

Our story: Surrey

“We knew in advance that supporting the Gypsy, Roma and Traveller community to access vaccinations would require specialist knowledge about the barriers from within the community.

We worked with the Gypsy, Roma and Traveller liaison team, and offered a bespoke service to known sites across Surrey Heartlands, arranging for roving teams to undertake outreach.

As a system we developed appropriate, tailored communications. This included the need to provide assurance to the Gypsy, Roma and Traveller community that they can attend any of our vaccination sites regardless of whether they are registered with a local GP practice.

We supported the production of a [video](#) that was produced by Romany journalist and film maker Jake Bowers, providing clear and easy-to-follow information and answering questions on rumours to provide reassurance.

One of our key challenges was that many members of this community were not registered with a GP, so accounting for them was difficult. However we made use of good relationships with trusted community leaders, and close communication to reach as many people as we could.”



A still from the video: Gypsies, Roma, Travellers and Showmen unite to Give COVID the Jab.

“Our sisters and brothers in the Gypsy, Roma and Traveller Communities are among those being hardest hit by the pandemic. Insecure accommodation and employment will leave many people particularly vulnerable... These communities are at the heart of our Church.

I urge all those in the Gypsy, Roma and Traveller Communities to keep yourselves safe by using the guidance available from the Traveller Movement. As a Church we also call on the Government to ensure that no one is excluded from the emergency support being made available.”

- Father Dan Mason, National Chaplain for Irish Travellers

Learning points on building relationships from across the South East region

1

Develop your plan for each target health equality group, including a stakeholder map of key partners and agencies. Channel energy into building up any gaps, and make the most of existing connections.

2

Take the time to nurture relationships, talk, and learn about different views within communities.

3

Find ways of building trust, noting that not all community and faith groups start from the same place in terms of trust in the NHS or in government strategies.

4

Draw on tacit intelligence from within your organisation and proactively engage with staff of diverse backgrounds, who can help grow mutually beneficial relationships with communities.

5

Ensure publicity reflects familiar faces and members of local communities as experience has shown that people are more likely to respond to this approach. Strong, inclusive images of frontline staff and patients who are recognisably from specific communities, identities and ethnic backgrounds has helped to improve NHS credibility, and boost vaccination uptake.

6

Learn from unsuccessful experiences or encounters. Perhaps there are opportunities to reinvest your reflections back into your team for future planning, or into wider networks so other professionals can learn from these experiences.



Workforce diversity and proactive use of translation

Varying levels of literacy, language barriers and cultural misunderstandings are factors underlying lower uptake of the vaccination across some groups.

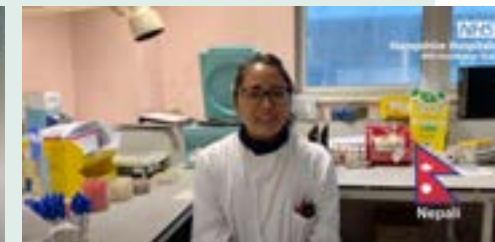
Healthcare systems in the South East region have found ways of bringing together voices of NHS staff and community members, often reminding us that these groups are one and the same.

“Top-down initiatives have not worked. We have focused on relationship building, collaboration, and listening. Reaching out to respected role models in the community such as clinical and community leaders with influence. One GP managed to vaccinate over 20 staff in one session just by talking to them. It helped that the GP was representative of the community she was serving. She spoke the same language and understood concerns from a cultural perspective as well as from a clinical perspective.”

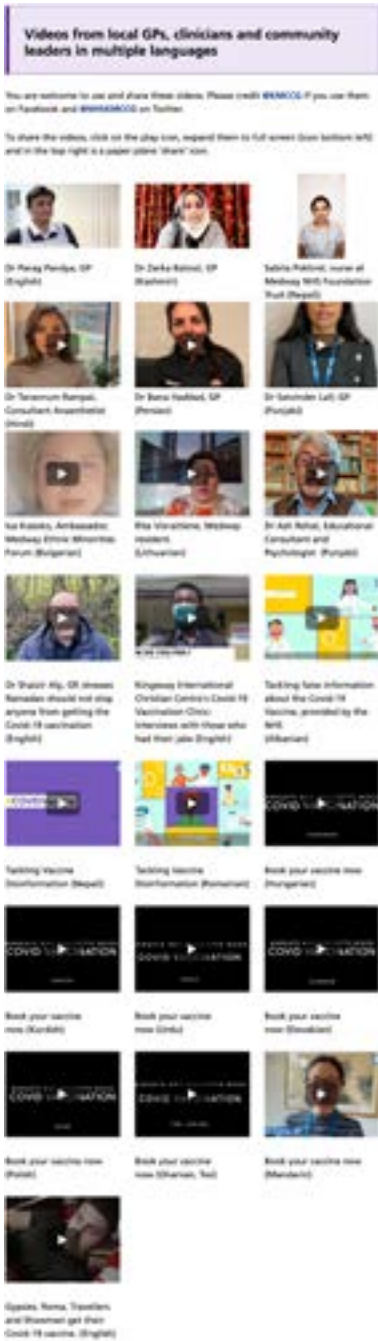
This was particularly useful as some of the women were experiencing pressure at home not to have the vaccine. This success was promoted to other care homes. By the end of April, we had been to eight care homes and vaccinated about 100 care home staff at their workplace alongside residents.”

- Sangeeta Saran, Director of Operations for Slough at Frimley CCG

To publicise positive messages about the vaccine, Hampshire Hospitals NHS Foundation Trust created a [video](#) with their own diverse healthcare staff encouraging members of their communities to have the vaccination, each in their own native language.



Stills from the video: International & BAME staff at Hampshire Hospitals - “I’ve had my COVID-19 vaccine!”



Screenshot of online videos by GPs, clinicians and community leaders.

The Kent and Medway system created simple [talking-head style videos](#) with local GPs, clinicians and community leaders in multiple languages. These are featured on Kent and Medway CCG website: [Supporting Vaccine Uptake in Our Communities](#).

“Effective communication is key to dispelling fears, addressing concerns and promoting acceptance of vaccination.”

- Vaccine hesitancy: A growing challenge for immunization programmes. World Health Organisation.

Lessons and advice from across the South East on utilising cultural diversity

- 1 Translate information as this sends a message to people that their heritage is respected and valued, which in turn can break down cultural barriers.
- 2 Engage specialist communications companies to aid translation of key messages and materials.
- 3 Tap into your workforce diversity and consider ways of engaging staff of specific ethnicities or cultural backgrounds.
- 4 Liaise with families and communities. Several systems learned through experience that encouraging people to get vaccinated by word of mouth through their own communities can be extremely effective in breaking down barriers. However, it can be a resource-intensive method.
- 5 Be prepared to factor the resources required to do this into your action plan, if it is part of your strategy to provide intensive support for specific groups.



Relationships across boundaries

No single service can solve the more complex problems of vaccine hesitancy or low uptake alone. Having effective relationships across boundaries is a critical building block, geographically and in terms of cross-agency and partnership working. It also serves the goal of sustainability and longer-term improvement of health outcomes in local communities.

Working together to provide services

For some groups, a lack of transport is a significant barrier and a complex issue to solve. Underlying inequalities include geographical isolation, economic disadvantage, and social exclusion. Several systems tackled this issue by forming partnerships with local councils and other organisations to ensure people could get to an appointment.

Healthcare staff in Surrey worked in partnership with Streetlight, a frontline support and outreach project that works with women at risk or involved in prostitution. They developed an outreach model to target sex workers, including booking taxis to get to vaccination sites and providing a discrete booking service.



Our story: Sussex

Sussex Health and Care Partnership utilised cross-working partnerships to set up a dedicated arrangement to provide free transport to help people obtain their vaccination. The Sussex Vaccine Transport Scheme was highly successful particularly in areas of higher deprivation.

“Sussex Clinical Commissioning Group and partners across health, local authorities and community and voluntary sector pinpointed transport access as a key barrier to residents getting their COVID-19 vaccine back in January 2021.

With the expectation that patients travel such a distance, and a desire to ensure everyone has access to a vaccination, the Sussex Health and Care Partnership has a responsibility to support patients who do not have the means to travel.

Reaching out to established Sussex transport providers, from community transport to local taxi firms was crucial as they had local knowledge of running successful transport service. Each transport provider signed an agreement about how they keeping their staff and the person they are transporting safe.

A crucial element was forming travel coordinators across Sussex. This scheme was a great success. Between 26 March and 6 August 2021, a total of 713 journeys were undertaken by individuals to get vaccinated, who may not have otherwise taken up the offer.”



The map above visualises the scope of the vaccine transport scheme, mapping all journeys made between 2 March and 6 August 2021.

Sussex transport journeys map: Yellow – Mass Vaccination Sites; Orange – GP-led Vaccination Sites; Blue – home postcodes of resident taking part in transport scheme.

Advice and learning from the first phase of the Sussex Vaccine Transport Scheme

1 Some residents need to cross borders (for example East Sussex to Brighton Centre for Moderna vaccine) to attend a vaccine site. Having one transport coordinator with one consistent phone number, email address (and potentially a Whatsapp group for younger cohorts) would be clear and user friendly. This also eliminates duplicating communication and social media posts with different contact details across Sussex.

2 Embed a robust and clear safeguarding policy and process which all transport providers and coordinator teams incorporate and sign before launch.

Prioritising access and availability

We know from experience and from research that people are much more likely to get vaccinated if it is easy to get done. Good access and availability of vaccinations are vital.

Across the South East, many areas organised clinics at popular sites at popular times, building on their understanding of the barriers and challenges facing different groups.

Vaccination at a convenient time

“The degree to which vaccination services are delivered at a time and place and in a cultural context that is convenient and comfortable affect the decision to be vaccinated.”

- Vaccine hesitancy: Definition, scope and determinants by Noni E MacDonald and the SAGE Working Group on Vaccine Hesitancy

For carers, the Hampshire and the Isle of Wight system provided an offer of vaccination at multiple sites and times of day, with volunteer support (sitting services) to free up carers to get vaccinated.

Healthcare staff in Surrey did work to increase vaccine uptake in Black and Minority Ethnic hospital staff, following the need to accommodate the large number of people who work night shifts. As a result, having continually reviewed Trust data, a number of ‘twilight hour’ vaccination clinics were established to provide staff access to mobile vaccination sites going to and from night shifts. Further scoping is underway to see if this model can be rolled out to other hospitals and care homes.



This poster was used to advertise BAME Twilight session, with the times of evening clinics clearly stated. (Surrey)

Our Story: Frimley

“The Four Seasons Hotel is a historic estate on 500 acres of ground in the Frimley region. Staff from the Four Seasons were not getting their vaccine when they were being invited as staff were finding it difficult to access vaccination slots for various reasons: shift patterns, long commute times meaning staff couldn’t get to vaccine clinics, and long waiting times at larger national sites.

Close working between HR staff at the hotel and vaccination staff helped to streamline administration:

- 1** Relevant paperwork prepared for each staff member to ensure no hold up when staff arrive for vaccination. This enabled the vaccinator to quickly find the patient on the system and process, so ensuring that other patients with booked appointments are not delayed.
- 2** Four Season staff asked to make themselves known to marshals on arrival for vaccination.
- 3** Marshals briefed at each shift change to prioritise Four Seasons staff in vaccination queue.
- 4** All internal ‘hub’ marshals briefed on process to prioritise Four Seasons staff and are trained in use of separate paperwork and the recording of staff attendance.

The pilot scheme was a success and over 50 hotel staff were vaccinated. The region then went on to roll out the same improvements with a Royal Airforce base and a local estate agents, having further successes.”

Learning from across the South East

Do your research about community group needs, and use different methods to find out what the barriers are. Localised approaches, tailored surveys, conversations with leaders and an open-minded listening mindset will help you learn how to break down specific barriers.



Vaccination at a convenient place

A regional view: supporting transient populations

The average age of death for a homeless person is 47 years for men and 43 for women. A homeless person has the frailty of an 81-year-old. So, it was very important that a specific response was developed for this group and later adopted for vulnerable migrants who share similar poor health outcomes.

In four cities in the South East, there are specialist primary care teams for homeless people who vaccinated the people under their care.

In addition to this, healthcare systems put in place bespoke vaccination clinics across the region. For example: a local Primary Care Network in Winchester, Hampshire followed up all the higher risk vulnerably housed adults that they were aware of and the Buckinghamshire system held a vaccination clinic through collaboration between Wycombe Homeless Connection and a local GP with a pop-up clinic in a supported housing setting in Aylesbury.

There were also roving and mobile vaccination clinics. For example: In Portsmouth, the Primary Care Network partnered with Hampshire Fire and Rescue Service to provide the COVID-19 vaccine to rough sleepers and hostel residents in the city. The Health on the Move bus, staffed by vaccine teams from Oxford Health NHS Foundation Trust, was arranged through partnership working between health and local authorities across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. A similar bus operated in Crawley in Sussex and was set up by a group of 44 GP services called the Alliance for Better Care (ABC).



The Crawley mobile vaccination unit, image courtesy of Alliance for Better Care



Our story: Multi-generation households in Frimley

“We held a pilot in Slough as local GPs and services had witnessed relatively high rates of Covid-19 transmissions within multi-generation households, due to dense household occupancy.

Frimley CCG commissioned Solutions 4 Health, which have worked locally for 15 years. Six nurses were deployed in a Wellness on Wheels mobile unit to deliver vaccinations, with additional capacity to provide lateral flow testing.

The team focused on identifying multi-generational households with an individual over 65 not yet vaccinated.

Those aged 18-29 could not be vaccinated, given national guidance at the time.

The team approached 82 individuals. On the doorstep they encountered both vaccine hesitancy and a clear desire for the vaccine.

Within people’s homes, the team saw areas of concern such as poor body and hand hygiene, no face coverings or distancing.

Some people were keen to be vaccinated but had been unable to travel due to health issues, and fears about going to public vaccination centres.”

“We had calls from our GP to get the vaccine but due to working 7 days a week we have been unable to get them done. We are doing a great service and we appreciate you helping everyone out.”

- Vaccine recipient at the Wellness on Wheels bus

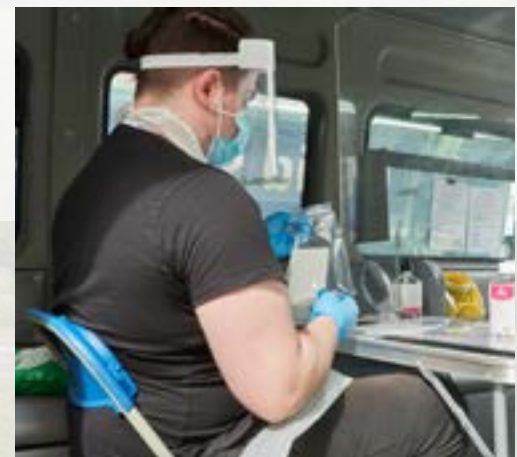
Overall the wider national team reviewing regional multi-generational household pilots reflected that considerable resources to identify and vaccinate these individuals may have been better utilised on addressing more general issues of complacency, confidence and convenience present in local areas.

However, the national review acknowledged, “the local approach has helped reach and encourage more individuals to engage with the health system and public health interventions.”

The unforeseen benefits in Slough included:

- **Individuals registering with their local GP practice for the first time**
- **Asylum seekers/refugees walking up to the mobile unit seeking vaccinations**
- **Groups of vulnerable of women asking for support**
- **Through strengthened links with the local council, building trust with the Traveller community, with a subsequent welcome onto a community site, leading to a further 32 vaccinations.**

Right: Photos of Wellness on Wheels bus on site in Slough - courtesy Leena Sankla, Solutions 4 Health.



Sensory needs

Many areas tailored the vaccination environment and materials with accessibility in mind. Clinics stepped up levels of support for sensory and neuro-diverse needs across different ages and health groups.

To make vaccination uptake a success with people with a learning disability, autism or both, dementia and needle phobia, many areas focused on

1

Surrey held 'Quiet time' clinics which included fast-tracking patients with a learning disability or autism. Bex's social story campaign aimed to encourage other autistic people to get the vaccine. Superheroes volunteered at a Reigate vaccination centre, as part of the Autism All Stars charity, which is dedicated to creating a happier, more inclusive world for autistic people.

2

In the Buckinghamshire, Oxfordshire and Berkshire West system, the main challenges were fear of the unknown/ people not knowing what to expect; requiring physical support on site; requiring a family member to accompany them during appointment (for emotional support) and sensory triggers in the environment. To address some of this, walk-through videos of mass vaccination sites were produced, and also clinics were held in familiar GP settings.

3

The Kent and Medway system organised a dedicated clinic allowing reasonable adjustments at every appointment including extra time and specialised learning disability nurses.

4

"Quiet" vaccination sessions were arranged for Sussex residents with Learning Disabilities, Dementia or Alzheimer's, who are autistic, anxious, and/or needle phobic. We worked closely with Voluntary Community and Social Enterprise networks as appropriate to cascade information and respond to questions. The logistics of these sessions were sometimes challenging to organise: judging the capacity required, arranging publicity, and having personal contact with those booking. The organisation paid off and the sessions were a success, giving many more ideas for future sessions.

accessibility in a holistic way. Examples from across the region on how these support needs were tackled are included here:



"We were delighted to welcome the Autism All Stars team and not only raise awareness of their work but also put a smile on the faces of a few of our patients today. Ahead of National Superhero Day this week we felt this was a fitting tribute to all our NHS heroes."

-Dr Jonathan Leung, Clinical Lead for the Reigate site.



Softened lighting and face shields proved accessible at the first Quiet COVID-19 Vaccination Session on 17 April, 2021. (Sussex)

Attitudes and beliefs

People showing hesitancy or resistance hold a wide variety of beliefs about the COVID-19 vaccine. It is vital to understand the specifics of underlying beliefs and the concerns of each group or community, without stereotyping or generalising.

Pregnancy and fertility

A regional perspective: supporting pregnant people

Across all six healthcare systems in the South East, some pregnant people and people looking to get pregnant have expressed fears about the safety of vaccines.

Research shows a low uptake of vaccination amongst pregnant people. This poses health risks including a rise of in-patient hospital admissions which can lead to poor health outcomes to both the pregnant people and unborn babies.

From an equality perspective, pregnant people and babies from Black and Minority Ethnic communities, and people from socio-economically deprived communities are more likely to be impacted by COVID-19.

We know from recent data [published by NHS England](#) that a disproportionately high number of critically ill COVID-19 patients are unvaccinated pregnant women. Therefore it is clear that vaccination of women in pregnancy can reduce the risk of hospital admissions and protect the health of both the mother and child.



A number of local initiatives were devised to target people who hold these apprehensions:

1 In partnership with the Oxfordshire Clinical Commissioning Group and Oxford University Hospital, videos were created to address concerns around vaccine safety during pregnancy and uploaded to YouTube. Additionally, live webinars by Obstetrics & Gynaecology consultants were arranged to answer questions and provide a forum for discussion.



A still from the video addressing concerns around vaccine safety during pregnancy.

“Many pregnant individuals have come into hospital having caught the live virus due to not being vaccinated, as they are concerned that the vaccine is not safe for the unborn child. Additionally some young women of child bearing age have also expressed concerns around fertility.” – Frimley system.

2 The Sussex system produced a video '[Fertility, pregnancy and vaccination](#)', featuring an Associate Director of Midwifery explaining the importance of the vaccine for anyone considering getting pregnant. This video explains research and the recommendations from the Royal College of Midwives, the NHS and the Royal College of Gynaecologists.



A still from the video 'Fertility, pregnancy and vaccination.'

South East Maternity Champions

As of January 2022, Maternity Champions will be placed in acute Trusts in ante natal clinics and in-patient units. These are individuals trained in the scientific basis of the vaccines and an understanding of the different concerns people hold in relation to pregnancy and fertility.

Maternity Champions will be available to engage in 1:1 conversations to answer questions about vaccinations and signpost pregnant people and new mothers to book vaccinations.

Building on and complementing each system's targeted approach, this will be a region-wide programme to help address people's concerns in a systematic way. Combined, both local and regional level initiatives will make the evidence base and practical information more easy to find, understand and access.

Innovative models are in development to ensure localised intervention and are being finalised in partnership with systems and local maternity services.



Posters in Arabic and English, two examples of resources produced by Hampshire and Isle of Wight.

“There is absolutely no evidence that the COVID-19 vaccines affect fertility. Working in a hospital, I’ve seen how devastating COVID-19 can be. Getting vaccinated is the best way to protect ourselves.”

- Emma Chambers, Associate Director of Midwifery, East Sussex Healthcare Foundation Trust



Mistrust and misinformation

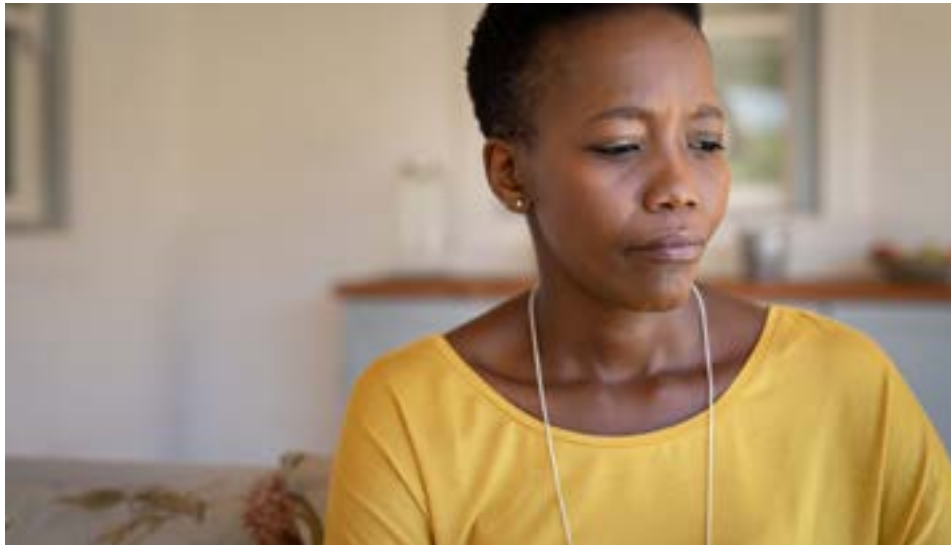
Wider influences can be harder to tackle, especially misinformation and mistrust. Our staff try to deal with this problem in a wide range of ways, however there are clearly no quick or simple solutions.

At the extreme end, security challenges and propaganda from anti-vax individuals and groups at some events or clinics was a recurring theme across the South East, and unfortunately this remains the case.



“Vaccine hesitancy is far more common than outright vaccine refusal/“anti-vax” beliefs. Mistrust and concerns around safety of the vaccine (e.g. due to speed of development) are the greatest drivers of vaccine hesitancy...past adverse experiences of healthcare add to fears for some groups. These factors will also increase propensity to believe misinformation.”

- Rishi Patel, Public Health Specialty Registrar and Paula Jackson, Screening & Immunisation Lead, NHS England and NHS Improvement



A regional perspective: BAME communities and mistrust in the vaccine

In several South East systems, healthcare staff engaged with Black African and Black Caribbean faith and community leaders to strengthen relationships and ensure support to outreach services in mosques and communities.

However, building relationships was not always enough to lead to a rise in vaccine uptake. For example, a pop up vaccination clinic for an African/Caribbean community event attracted less people than expected for a variety of reasons. These included concerns around fertility (male/female), mistrust of vaccine and authorities promoting vaccine. Local staff heard how there is a distrust of the NHS and the government.

This is consistent with wider research undertaken at the national level. In January 2021, HOPE Not Hate Charitable Trust commissioned FocalData to carry out a poll of 1,014 BAME British people to better understand vaccine hesitancy among BAME Britons, and what can be done to address it.

“While those who will refuse a vaccine are a small minority, there is a high degree of vaccine hesitancy within BAME communities”

“Misinformation is playing a role in feeding vaccine hesitancy among BAME communities, but it is not in itself the driving force. Safety and mistrust are greater drivers than conspiracy theories, while past bad experiences of healthcare add to fear.”

“While challenging misinformation is important, the legacy of medical racism also needs to be addressed. Building trust with marginalised communities, challenging structural racism within the healthcare system, and putting the needs of those most impacted by coronavirus first, must be central as part of the government’s ongoing response to the crisis, and the vaccination programme.”

- [Vaccine Hesitancy Among Black and Minority Ethnic Britons, report](#) by Hope Not Hate Charitable Trust, February 2021

Learning from across the South East to address attitudinal barriers:

- 1** Above all, stay safe and follow national guidance where there is significant resistance.
- 2** Take stock of the many different reasons why people may lack confidence in vaccines, from concerns about safety and effectiveness through to beliefs that may not be based in scientific evidence.
- 3** Always take a compassionate approach and respect people's choices, while providing them with clear and accessible information relevant to their situation.
- 4** Reaching through to vaccine-hesitant individuals at a personal level is often effective to provide information and reassurance. It can be time consuming however, especially for high profile and highly trusted staff like GPs and practice nurses. It can be worthwhile taking this approach, but look for balance by combining the personal touch with a more systematic or strategic approach.
- 5** Make use of national offers. In the South East for example, NHS Vaccine Voices provided some systems with a 90-minute, free, virtual training session to people living and working in our regions who have confidence in the COVID-19 vaccine. The training empowers attendees to support those in their community who are unsure about the COVID-19 vaccine through opportunistic conversation by providing information about the vaccine and conversational tools. In this way, attendees can go on to support friends, family and colleagues in their vaccine decision-making process in an empathetic, informed way.



“I thought I would be frowned upon for my views of being hesitant. This wasn't the case; the staff felt comfortable to ask questions that they may not normally ask a patient from my community. There was a level of respect but also it was just great to focus on the issue and not dance around it.

It was a breath of fresh air to see NHS England staff take the time to speak to people at grass roots from the black community. It felt very important and informative, I felt like I was giving something back in order to shape the approach to the pandemic. It wasn't a tokenistic approach. We were defining a programme in order to gather evidence and insight into vaccine hesitancy.”

- A patient from the Black British community who was involved in a vaccine hesitancy project, NHS England and Improvement South East Region

Conclusion

Delivery of the vaccine programme has occurred rapidly over a period of 12 months with little room for error. The last year has been an enormous challenge, but we have also enhanced our approach to co-producing solutions with our communities.

It has been clear from the stories and the successes that systems in the South East demonstrate the highest commitment to safety, effectiveness and breaking down barriers to vaccinations across our communities. This has been in the interests of equality and improving health outcomes for all.

The systems responsible for vaccinations have deployed imagination, creativity and expertise, engaging with patients and the public through a wide variety of methods and formats for delivery.

The learning gathered in this pack lays out some of the thought processes behind the collaborations, partnerships and initiatives, making clear the actions and strategies that lead to positive outcomes, and others where we have seen room for improvement or unexpected benefits.

We hope you find this pack useful, a celebration as much as a rich resource as we look forwards to the next cohorts of the COVID-19 Vaccination Programme and other vaccination schemes.





Next steps

We invite our readers to share this pack across your teams and networks, to help communicate the good practice and lessons learned for vaccination programmes.

We also invite you to consider the stories and examples that stand out for you, and talk to your families and loved ones about the efforts outlined.

This moment in history offers an opportunity to reflect on some positive encounters between the NHS and its partners and the wider population it serves, a chance to share good news and learn from our recent past.

Thank you!

