Rapid evaluation of targeted work to increase COVID-19 vaccination uptake in Wirral

November 2021 to August 2022

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Executive Summary

The roll out of the Covid-19 vaccine programme has been a breakthrough and minimised the health, social and economic impact of the pandemic achieved through high levels of vaccination. Differences in health outcomes, between groups and communities, is an enduring challenge. To minimise these differences in the Covid-19 vaccine programme the Covid-19 Vaccination Health Inequalities Group was set up in April 2021 to drive forward a range of targeted interventions to address this variation.

The interventions were informed by epidemiology, surveillance data, evidence and local intelligence and the methods used were outreach delivery, communication and engagement and direct follow up.

The purpose of this evaluation report is to present the outcomes of subsequent interventions, delivered between November 2021 and August 2022, that continued to address the differences in vaccine uptake.

The evaluation of these interventions provided strong evidence that targeted work did have an impact on increasing vaccination take up in the most deprived wards and it is recommended that work should continue to engage our most vulnerable communities with healthcare through a variety of ways including educational materials, drop in healthcare in familiar environments and bringing healthcare services to them.

Tailoring communications at cohorts increasingly important and effective way of encouraging take up.

Tackling inequalities needs to be business as usual. Utilising the learning from this work should inform programme planning and other vaccination programmes to enable optimal uptake**.**

Introduction and Context

The Covid-19 pandemic has affected our whole population. However, it has disproportionately impacted those populations who are more vulnerable resulting in widening existing health inequalities. The roll out of the Covid-19 vaccine programme has been a breakthrough and minimised the health, social and economic impact of the pandemic achieved through high levels of vaccination.

However, there have been differences in take up of the vaccine reflecting existing patterns of health inequalities both across the UK and in Wirral and thereby maintaining the disproportionate effect of the pandemic in some parts of the population.

In April 2021 the Vaccination Health Inequalities Group was established. The aim of the group was to support the roll-out of the COVID-19 vaccine programme, identifying and tackling inequalities in vaccine coverage. The group has representation from Public Health, Business Intelligence, Wirral Clinical Commissioning Group, Primary Care and Healthwatch.

A range of interventions were deployed to address this variation targeting communities and groups using outreach delivery, communications and engagement and direct follow up. The interventions were informed by epidemiology, surveillance data, evidence and local intelligence.

The evaluation of these interventions provided strong evidence that targeted work did have an impact on increasing vaccination take up in the most deprived wards and it was recommended that work should continue to engage our most vulnerable communities with healthcare through a variety of ways including educational materials, drop in healthcare in familiar environments and bringing healthcare services to them.

The purpose of this evaluation report is to present the subsequent work, delivered between November 2021 and August 2022, to address differences in vaccine uptake. The methods used were outreach delivery, communication and engagement and direct follow up.

This report does not include the following information:

- The cost benefit of interventions to increase vaccine take up in targeted cohorts.

Reducing Health Inequalities in Vaccine Uptake – Programme Scope

Intelligence and evidence base

A local dashboard utilising the CIPHA[1] data was developed by Wirral Public Health Intelligence team in April 2021. The dashboard showed the variation in uptake since the implementation of the vaccine programme with deprivation being the prevailing variable.

In Wirral, Birkenhead and Tranmere; Bidston St James; Seacombe; Rock Ferry and Liscard wards have the highest levels of deprivation and the highest numbers of unvaccinated residents. These wards were targeted with an outreach/flexible offer that complemented 'fixed' vaccination site locations.

Risk and Outcomes of Covid-19 in Wirral (Update to June 2021)

In December 2021, Wirral Public Health Intelligence Service produced a data review on the differences in risk and outcomes from Covid-19 in Wirral during the first 18 months of the pandemic (01/03/2020-30/06/2021).

This comprehensive review identified the groups that were strongly associated with poor health outcomes from COVID-19 **(see table 1).** The more groups an individual fell into, for example, aged over 65, living in an area of deprivation, from an ethnic background, worked in a frontline role and had underlying health conditions the more likely they were to experience poorer health outcomes.

[1] CIPHA Combined Intelligence for Population Health Action https://www.cipha.nhs.uk/

Table 1: Cohorts which are strongly associated with the risk of poor health outcomes or death from Covid-19 (source: Wirral Public Health Intelligence Service)

Age and gender	Having an older population means increased risk in dying from COVID-19
Geography	Living in an urban area impacts on the speed at which COVID-19 can spread resulting in higher diagnosis rates
Deprivation	High diagnosis rates may be due to geographic proximity to infections or a high proportion of workers in occupations that are more likely to be exposed.
Ethnicity	National evidence shows ethnicity is significantly associated with higher diagnosis, hospitalisation, and mortality rates from COVID-19
Occupation	People working in 'frontline' roles face higher risk of possible exposure to covid-19 than those who are able to work from home throughout the pandemic
Care Homes	Care homes for elderly people with co morbidities means significant mortality risk to this group
Comorbidities	People with underlying health conditions (or comorbidities), can be at a higher risk of poor outcomes from COVID-19 than people without underlying conditions
Clinically extremely vulnerable	People with more serious underlying health conditions are at a higher risk of poor outcomes from COVID-19

Source: Wirral Public Health Intelligence Service (2022)

Targeted data analysis on unvaccinated cohorts aged 50+ (data sources: CIPHA and Wirral Care Record, December 2021)

In December 2021, Wirral Public Health Intelligence Service analysed unvaccinated cohorts aged 50+. The headline findings are summarised as follows:

- 9,624 people aged 50+ still unvaccinated.
- Of these people 926 (9.6%) have diabetes, 807 (8.4%) are obese, 617 (6.4%) have asthma and 583 (6.0%) have COPD.
- 4,356 (45.3%) have at least 1 long term health condition, 2,300 (23.9%) have at least 2 and 1,250 (13.0%) have at least 3.
- 4,336 (45.1%) live in the 20% most deprived areas of Wirral.
- 516 (5.4%) are classed as severely frail by the electronic frailty index (efi) score, 642 (6.7%) are classed as moderately frail and 733 (7.7%) are classed as mildly frail.

There are several characteristics in the analysis i.e. (long term) health condition, living in areas of deprivation, older age group (50+) that marry up to the proxy indicators for poor health outcomes

as reported in Wirral Public Health Intelligence Service's Risk & Outcomes of COVID-19 in Wirral[2] report.

Audit on Covid 19 vaccination coverage

In March 2022, an audit was carried out using data extracted from GP database EMIS and CIPHA[1] to understand vaccine coverage across population groups that were most at risk of adverse health outcomes as a result of Covid-19 infection. These population groups were:

- Those with protected characteristics i.e., age, disability, gender reassignment, marriage and civil partnership, pregnancy & maternity, race/ethnicity, religion & belief, sex or gender, sexual orientation
- Cohorts:
    - Aged 70+ and/or Clinically Extremely Vulnerable (CEV)
    - Aged 75+
    - Aged 80+ and frontline health and care workers
    - Health and social care staff

The key themes identified by the audit reflect the cohorts listed in table 1. Deprivation is a consistent factor and is evident across all population groups for first dose uptake. Vaccination uptake in the younger age groups (aged under 65 years old) is approximately 20% greater in the least deprived compared to the most deprived areas. The audit identified a gap in vaccine coverage for the cohort aged 70+ and/or CEV.

Data is not available, nationally nor locally, delineating all protected characteristic groups. Data is not available for disability, gender reassignment, marriage and civil partnership, religion and beliefs and sexual orientation. From the information that is available approx. 25% of this cohort remain unvaccinated.

There is also a lack routine local data recording for those who are severely profound Learning Disabilities & Autism and/or have Down's Syndrome and therefore do not provide an accurate indication of take up. This is the same for Asylum seekers & refugees; sex workers; homeless and rough sleepers.

The results from the audit were used to inform some of the targeted vaccination interventions and provided the evidence base to advocate for action with relevant stakeholders where gaps in provision were identified.

Community Insights

Insights from local communities and groups was collected throughout the rapidly evolving Covid-19 vaccine programme. The purpose of the insights was to identify enablers and barriers to vaccination uptake. Local data determined which groups to prioritise in terms of vaccination uptake and coverage.

A number of methods were used to collect the insights. These methods ranged from vaccination surveys sent out by local stakeholders to door-to-door engagement and targeted telephone calls. It was critical to this approach to work with trusted peers, community leaders and health professionals/key workers especially when engaging with 'at-risk' groups i.e., homeless, offenders, asylum seekers, looked after children.

Hesitancy in vaccine take up was a common barrier identified through the insights.

[2] Risk & Outcomes of COVID-19 in Wirral: Update to June 2021

The infographic below summarises the key points raised through insight work carried out with health and social care staff in 2021 but these key themes continued to resonate across other population groups.

Source: Wirral Covid Engagement Team, March 2021

This intelligence and insight influenced the development of tailored communications campaigns that specifically targeted those who were eligible and had not presented for vaccination or have partial vaccination based on known health inequalities.

The communication methods used included are listed below and promoted Covid-19 safe behaviours, reminding people to get their vaccinations and current risks relating to Covid-19 and other infectious diseases.

Communication methods:

- Outdoor advertising
- Keep Wirral Well Social media channels including Facebook and Twitter
- Digital ads
- Printed newspaper ads
- Pop up banners
- Video stories
- Toolkits (e.g., young people and vaccinations toolkit)

Further detail on these initiatives and resources can be requested from wirralintelligenceservice@wirral.gov.uk

Methods, Initiatives and Outcomes

Several initiatives have been employed to increase uptake, reflecting the various and differing needs of key cohorts and communities. The methods and approaches of each initiative and the outcomes are summarised in **Table 2**. For further details regarding each initiative please contact wirralintelligenceservice@wirral.gov.uk

Table 2: Summary of Initiatives: Methods and Outcomes

Initiative	Provider	Method/s	Outcomes	Recommendations
Follow up of residents 250+days since first vaccination.	Social Prescribing Link Workers, hosted by Wirral CAB.	Data extracted from CIPHA. Person centred telephone call. Referral to GP/Clatterbridge Pharmacy team for clinical queries/support.	N=87 booked in for their second dose of which N=24 lived in most deprived wards. N=30 had underlying health conditions of which N=10 were classed as CEV.	Ensure there are opportunities to listen to and discuss hesitancy. Personalise the options available. Provide accessible/alternative vaccination locations.
Community outreach pop up clinics.	PCN/Community Pharmacy/Wirral University Teaching Hospital	Targeted top 5 wards with lowest vaccination uptake Pop up clinics, no appointment required. Comms and engagement activity.	N=1,616 vaccinated. N= 295 (18%) first doses. N=422 (26%) second doses. N=899 (54%) boosters. N=739 (46%) lived in the most deprived wards (Deprivation Quintile 1). Ethnicity recording remains poor.	Continue to engage our most vulnerable communities with healthcare through a variety of ways and bring healthcare services to them. Ensure all patient records are up to date in terms of ethnicity and protected characteristics.
Hostel/rough sleepers vaccination drop ins.	PCN GP/Specialist homeless nurse (CGL)	Briefing sessions for hostel staff/key workers (Comms and engagement activity). C19 vaccination offer added to existing drop in clinics plus additional drop ins clinics provided across hostel sites. £10 incentive for vaccination take up (ASDA voucher).	N=56 homeless/rough sleepers/hostel residents vaccinated. N=45 first doses. N=43 aged over 25YOs. Lower uptake in younger age groups.	Embed targeted in-reach support for high-risk groups – homeless, SMI, young people, seldom reached communities. Incentives for our most vulnerable communities to promote future healthcare incentives including vaccination clinics.
Follow up of unvaccinated residents aged 65+.	Contact Tracers, Wirral Outbreak Hub	Data extracted from CIPHA and prioritised via a cumulative risk approach. Person centred telephone call. Referral to GP/Clatterbridge Pharmacy team for clinical queries/support.	N=14 appointments booked by the contact tracers for first doses. N=40 unvaccinated residents said that would book themselves in for their first dose. N=7 booked in for 'other dose'. N=14 requested home visit, N=9 received vaccination at home. N=24 requested further information on the vaccine.	Ensure there are opportunities to listen to and discuss hesitancy. Personalise the options available. Provide accessible/alternative vaccination locations.

Initiative	Provider	Method/s	Outcomes	Recommendations
Follow up of residents aged 50-64.	Contact Tracers, Wirral Outbreak Hub	Data extracted from CIPHA and prioritised via a cumulative risk. Person centred telephone call. Referral to GP/Clatterbridge Pharmacy team for clinical queries/support.	N=34 appointments booked by the contact tracers for first doses. N=43 unvaccinated residents said that would book themselves in for their first dose. N=3 booked in for 'other dose'. N=8 requested home visit. N=21 requested further information on the vaccine.	Ensure there are opportunities to listen to and discuss hesitancy. Personalise the options available. Provide accessible/alternative vaccination locations.
Follow up of residents aged 40-49	Contact Tracers, Wirral Outbreak Hub	Data extracted from CIPHA and prioritised via a cumulative risk. Person centred telephone call. Referral to GP/Clatterbridge Pharmacy team for clinical queries/support.	N=55 appointments booked by the contact tracers for first doses. N=60 unvaccinated residents said that would book themselves in for their first dose. N=13 booked in for 'other dose'. N=3 requested home visit. N=18 requested further information on the vaccine.	Ensure there are opportunities to listen to and discuss hesitancy. Personalise the options available. Provide accessible/alternative vaccination locations.
Follow up of residents aged 30-39 (*work still ongoing)*	Contact Tracers, Wirral Outbreak Hub	Data extracted from CIPHA and prioritised via a cumulative risk. Person centred telephone call. Referral to GP/Clatterbridge Pharmacy team for clinical queries/support.	Outcomes not yet available as work is still ongoing.	Ensure there are opportunities to listen to and discuss hesitancy. Personalise the options available. Provide accessible/alternative vaccination locations.
Roving vaccination offer for local supported housing schemes	Cheshire and Wirral Partnership (CWP)	Comms and engagement activity. Roving vaccination and health checks offer.	N =23 vaccinations. N=11 first doses. N=3 second doses. N=9 boosters. N=59 individual screening tests under health checks. N=4 referrals to Primary Care. N=52 themed wellbeing discussions.	Embed targeted in-reach support for high-risk groups – homeless, SMI, young people, seldom reached communities.

Implementing learning into local programme delivery – next steps

The learning from this work has identified several key points to inform the ongoing development and roll out of the Covid-19 vaccine programme. These include:

- Joint working between NHS, Local Authority and the 3rd sector has been the hallmark of the success of this targeted programme roll out. A universal service is not enough, this work took the vaccination service to places the NHS would not normally go.

- Ensure all patient records are up to date in terms of ethnicity (high risk cohort for targeted vaccination) and other protected characteristics (i.e., age, disability, gender reassignment, marriage and civil partnership, pregnancy & maternity, race/ethnicity, religion & belief, sex or gender, sexual orientation)

- Advocate for the definition of a national decline code and standardise this locally.

- Continue to engage our most vulnerable communities with healthcare through a variety of ways including educational materials, drop in healthcare in familiar environments and bringing healthcare services to them[3]. Build on existing local intelligence and insight and continue to explore barriers facing those with different ethnic backgrounds and communities.

- Embed targeted in-reach support for high-risk groups – homeless, SMI, young people, seldom reached communities.

- Continue to provide targeted outreach to target cohorts and communities with lower uptake.

- Consider incentives for our most vulnerable communities to promote future healthcare incentives including vaccination clinics.

- Continue to promote COVID-19 and flu vaccines to our most deprived communities through pop-ups, community connectors and other community projects.

- Explore peer support opportunities in encouraging (or discouraging) healthcare engagement and vaccine uptake.

- Utilise the learning from this work to inform programme planning and other vaccination programmes to enable optimal uptake.

- Tackling inequalities needs to be business as usual. The NHS Core20PLUS population offers an opportunity to measure the impact of action on targeted cohorts and should be used to support the ongoing implementation of the Covid-19 vaccination programme.

- Continually reassess the balance between need and correct use of clinical resources.

- Promote training opportunities, with a personalised care focus, for staff handling difficult calls.

- Encourage a holistic approach to protecting health making every contact count across the health and care workforce.

[3] Menu of Reasonable Adjustments (MoRA) https://gmprimarycarecareers.org.uk/wp-content/uploads/Menu-of-Reasonable-Adjustments_110421_V2.pdf

Recommendation

Disseminate the key learnings from this report across the local health and care system and agree an approach on how this can be mainstreamed into programme delivery.

Contact details

For further details please contact:

- Wirral Intelligence Service at wirralintelligenceservice@wirral.gov.uk

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