



**WIRRAL  
INTELLIGENCE  
SERVICE**

# **Rapid evaluation of targeted work to increase covid-19 vaccination uptake in Wirral**

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**Public Health Wirral**

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**April 2021 to September 2021**

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

For further information please contact:

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## Introduction

This evaluation report outlines targeted vaccination activities that have taken place in Wirral since April 2021, driven by the COVID-19 Vaccination Health Inequalities subgroup, and investigates the outcomes of these initiatives as well as any additional, unanticipated outcomes.

The COVID-19 Vaccination Health Inequalities subgroup was set up in April 2021 to address health inequalities in the uptake of the vaccine. The aim of the group is 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 local dashboard has been developed, by the Public Health Intelligence team utilising the CIPHA dashboard, to support this work. The data has shown variation in uptake since the implementation of the vaccine programme with deprivation being the prevailing variable, evident in all workstreams of the programme.

In response to this the COVID-19 Vaccination Health Inequalities subgroup has developed a range of interventions to increase confidence, improve convenience and tackle complacency to drive uptake of the vaccination in targeted population groups and localities ([NHS England 2021](#)). The interventions were informed by epidemiology, surveillance data, evidence and local intelligence and are described in section 2 of this report.

It is important to note that the population eligible for the vaccine has evolved significantly since the start of the programme in December 2020. Data included in this report therefore reflects the changing eligible, denominator population.

This report does not cover the evaluation of communication campaigns.

## Background

As of 29/06/2021 80.9% of eligible population (aged 18+ years old) in Wirral had received one vaccine dose and 64% were fully vaccinated (2 doses).

As of 17/11/2021 81.9% of the eligible population (aged 18+ years old) in Wirral had received one dose and 75.9% were fully vaccinated (2 doses).

There is a linear relationship between vaccine uptake and income deprivation (IMD) with the lowest rates of vaccine uptake in the areas with highest deprivation; approximately 65% of eligible people have received two vaccine doses in the most deprived areas, compared to 87% in the least deprived areas.

**Table 1 (on page 5)** is the summary of the vaccine dashboard as at 17<sup>th</sup> November 2021. The wards are ordered by percentage of fully vaccinated from the lowest to the highest. As the dashboard shows it is the wards in the most deprived areas that have the lowest vaccination uptake (and lowest testing rates).

## Table 1. Vaccination Dashboard 17 November 2021

### Wirral COVID-19 Vaccine Rollout – 17 November 2021 (Data source: CIPHA)

This table summarises the number 'eligible' people who have been vaccinated by Wirral ward

Ward Name	Population	Yet to Be Vaccinated	Yet to Be Vaccinated % (eligible)	At Least 1 Dose	At Least 1 Dose % (eligible)	Fully Vaccinated	Fully Vaccinated % (eligible)	Fully Vaccinated + Booster	Fully Vaccinated + Booster % (eligible)	IMD Rank Wards (2019)	BAME population (%)	7 day case rate (per 100k)	7 day testing rate (per 100k)
Birkenhead and Tranmere	14,645	4,506	30.8%	10,139	69.2%	9,010	61.5%	2,261	15.4%	1	10.60%	206.8	8,359.9
Seacombe	13,825	4,003	29.0%	9,822	71.0%	8,804	63.7%	2,872	20.8%	2	5.50%	313.9	9,776.4
Bidston and St James	14,558	4,290	29.5%	10,268	70.5%	9,283	63.8%	2,954	20.3%	3	5.30%	264.5	10,168.6
Rock Ferry	13,704	3,764	27.5%	9,940	72.5%	8,999	65.7%	2,682	19.6%	4	5.80%	264.4	10,697.6
Liscard	14,232	3,211	22.6%	11,021	77.4%	10,158	71.4%	3,835	26.9%	5	4.90%	236.2	10,866.6
Leasowe and Moreton East	13,764	2,947	21.4%	10,817	78.6%	9,932	72.2%	3,344	24.3%	6	4.40%	351.3	10,373.9
Upton	14,986	2,963	19.8%	12,023	80.2%	11,062	73.8%	4,119	27.5%	8	4.70%	378.2	10,801.2
Clughton	13,919	2,663	19.1%	11,256	80.9%	10,391	74.7%	3,776	27.1%	10	5.90%	359.1	13,689.2
Bromborough	14,399	2,746	19.1%	11,653	80.9%	10,761	74.7%	3,301	22.9%	9	4.40%	420.0	12,010.7
Prenton	12,966	2,338	18.0%	10,628	82.0%	9,868	76.1%	3,297	25.4%	11	4.00%	365.2	10,807.5
New Brighton	13,604	2,476	18.2%	11,128	81.8%	10,450	76.8%	4,139	30.4%	7	6.20%	316.6	12,082.8
Oxton	12,507	1,915	15.3%	10,592	84.7%	9,918	79.3%	3,827	30.6%	13	5.90%	312.0	12,507.3
Eastham	12,723	1,804	14.2%	10,919	85.8%	10,129	79.6%	3,490	27.4%	15	3.00%	436.8	12,081.7
Moreton West and Saughall Massie	12,375	1,801	14.6%	10,574	85.4%	9,897	80.0%	3,682	29.8%	12	3.40%	300.9	11,491.6
Bebington	13,856	1,903	13.7%	11,953	86.3%	11,127	80.3%	4,250	30.7%	14	4.40%	446.7	13,057.6
Wallasey	13,634	1,953	14.3%	11,681	85.7%	11,023	80.8%	4,808	35.3%	16	3.90%	279.7	11,775.1
West Kirby and Thurstaston	11,758	1,426	12.1%	10,332	87.9%	9,610	81.7%	4,245	36.1%	19	6.00%	183.4	13,202.6
Hoylake and Meols	12,445	1,481	11.9%	10,964	88.1%	10,263	82.5%	4,256	34.2%	18	5.40%	178.4	14,214.6
Pensby and Thingwall	12,066	1,435	11.9%	10,631	88.1%	10,043	83.2%	4,733	39.2%	17	3.50%	391.6	13,705.5
Greasby, Frankby and Irby	12,893	1,332	10.3%	11,561	89.7%	10,906	84.6%	4,858	37.7%	21	3.00%	422.5	13,658.2
Clatterbridge	12,427	1,226	9.9%	11,201	90.1%	10,574	85.1%	4,397	35.4%	20	3.50%	429.0	14,879.2
Heswall	12,027	1,048	8.7%	10,979	91.3%	10,334	85.9%	5,357	44.5%	22	4.90%	373.3	13,378.0
<b>TOTAL</b>	<b>293,313</b>	<b>53,231</b>	<b>18.1%</b>	<b>240,082</b>	<b>81.9%</b>	<b>222,542</b>	<b>75.9%</b>	<b>84,483</b>	<b>28.8%</b>	<b>-</b>	<b>-</b>	<b>331.1</b>	<b>11,994.4</b>

\*Wards now ordered by fully vaccinated % from worst to best performing

There is a linear relationship between age and vaccine uptake in Wirral. Residents aged over 50 have met the 85% threshold for two vaccine doses compared to 15.4% of those eligible aged 16 – 17 years.

Vaccination plays an important part in efforts to contain the pandemic. Highest rates of COVID-19 infection have been seen in the areas of highest deprivation where vaccine uptake has been lowest.

Data from 2020 shows that the highest death rates from COVID-19 in the Wirral were in deprivation quintile 1 (when confounding data from Care Homes was removed) which is in line with national figures. Wirral does not have data on deaths in BAME population as ethnicity was not recorded on patient records in many cases.

## Methods and Initiatives

### Initiative 1: Health and Social care staff support/engagement (April -May 2021)

An online survey was sent out to all health and social care staff in April 2021 to explore vaccine hesitancy and identify any support. 100 people responded. Fertility, side effects, false information/fake news and social media influence were reported as the main issues.

On 12th May 2021 Public Health facilitated a virtual Q&A session for health and social care staff with a clinical panel of two GPs, a pharmacist, and the deputy head of midwifery to explore further the key issues that were identified in the survey. 21 staff attended the session. Pregnancy and fertility issues, vaccine side effects related to specific medical conditions and fake news were discussed.

## **Initiative 2: Social Prescribing Link Workers (SPLW) targeted work with Clinically Extremely Vulnerable (CEV) (April to May 2021)**

Wirral Social Prescribing Scheme was actioned in April 2021 to carry out targeted work to increase the uptake in COVID-19 vaccination in the CEV Wirral population. The purpose of the targeted work was, using a person-centred approach, to understand the needs of those declining vaccination in this group supporting informed decision making and ultimately uptake. The work also provided the opportunity to improve data quality across patients' records.

A line list of 144 housebound and 58 severely frail CEV patients, who were recorded as declining vaccination, was extracted from The Wirral Care Record. SPLWs used a general wellbeing approach when calling patients in which they enquired about vaccination status.

## **Initiative 3: Enhanced support offer for Primary Care (June 2021)**

A suite of resources was presented to the vaccination tactical group (PCN Clinical Directors) in June 2021. These resources were designed to support enhanced contact for all eligible individuals who are recorded as not receiving their first dose and/overdue their second dose.

The proposal was based on primary care feedback that highlighted primary care staff capacity issues and the challenges/time required when faced with vaccine hesitancy. The components of the enhanced support offer are detailed below:

### **Coaching conversation training for practice administration staff (current workforce)**

Provision of two half day training sessions that ran in July and September 2021 designed to support a person-centred conversation by enhancing basic coaching conversation and motivational interviewing skills. These skills would then be used to directly follow up patients that had not presented for vaccine via phone. In total 16 front of house primary care staff attended the training (e.g., receptionists, admin etc). A financial offer was provided to enable backfill practice staff time so they could attend the training and to also fund staff to take time out of their working day to contact patients. Only one PCN took up the financial support.

### **Vaccine 'Plus' centres**

An allocated 'safe space' within a vaccination site that enables those who are hesitant/unsure about getting the vaccine to seek further advice and guidance with a clinician. The enhanced offer would cover the cost of onsite clinical sessions. Onsite support from the social prescribing link workers was also offered. This offer was not taken up by any PCN.

## **Initiative 4: Mobile units/community outreach vaccination offer (June 2021 to Sept 2021)**

Pop-up clinics at fixed community sites and Mersey's vaccination bus (herein referred to as mobile units) were deployed from 26th June 2021 offering predominantly first-dose COVID-19 vaccinations to those that have not received a vaccine. The clinical support was provided by Arno and North Coast Alliance Primary Care Network (PCN) team. Wirral University Teaching Hospital provided clinical support for one pop up site (Wirral Care Leavers). Vaccines were offered on a drop-in basis with no appointment needed.

The aim of these mobile vaccination units was to increase overall vaccine uptake and reduce inequalities in vaccine uptake therefore targeting locations and communities where uptake was lowest. This included Birkenhead and Tranmere, Bidston St. James, Seacombe, Rock Ferry and Liscard. The schedule for the mobile units can be found in Appendix 1.

In the week prior to the mobile unit arriving significant community engagement took place in each area, to encourage residents to get their vaccination and to discuss concerns, utilising existing community networks such as community connectors, community champions, BAME link workers, social prescribing link workers, the Humanitarian network and partner organisations. Prior to this work starting, Arno and North Coast Alliance PCN had already provided pop up clinics from February at Wirral Change and Wirral Multicultural Organisation.

## Outcomes

It is not possible to say if **Initiative 1** had a direct impact on vaccination uptake on the staff that attended the Q&A session. Subsequent work has continued with Adult Social Care and various communications detailing advice and support have been shared with this sector. Recent legislative changes now require this workforce to be fully vaccinated.

### **Initiative 2: Social Prescribing Link Workers targeted work with CEV.**

This targeted work was carried out over a relatively short period of time (April to May 2021) and did increase engagement with vulnerable individuals.

- Overall, the SPLW team were unable to and/or did not contact 15% patients due to reasons including vaccine exemption, already received the vaccine and decline. Efficacy, safety, and short roll out/development time were cited as reasons for decline.
- 8 patients actively accepted the vaccine of which 50% requested a home visit.
- Data quality issues were a challenge at that time and many of the patient records were not up to date. Ethnicity recording was also raised as an issue.

The rapid evaluation report on this initiative can be found in Appendix 2.

### **Initiative 3 Coaching conversations training for practice administration staff.**

In total 16 practice staff attended the training delivered by Undivided Training. Healthier West and Wallasey Wellbeing PCNs staff did not take up this training offer. There has been little feedback from those trained in terms of how they have been able to use the training in their workplace and the outcome in terms of vaccination take up. One PCN did complete the evaluation monitoring form and reported that out of the 13 telephone calls made to patients all refused to take up their vaccination.

### **Initiative 4 Mobile units/community outreach vaccination offer.**

Local data was collected onsite by the clinical team from 26th June 2021. To assess impact the closest date that the CIPHA dataset could be aligned to was 1st July 2021.

## Ward Analysis

**Table 2 (on page 8)** presents the summary of the ward analysis and shows the vaccination rate after the introduction of the mobile vaccination units.

- The wards with lower uptake generally had larger numbers of vaccines delivered by mobile vaccination units and had larger percentages of total vaccines delivered by mobile units.
- A quarter of Seacombe residents first dose was given at the pop-up clinic at Seacombe Children's Centre.
- 21% (n=154) of Liscard residents received their first dose at the pop-up clinic in the Heart of Egremont Community centre.
- 21% (n=170) Birkenhead and Tranmere residents received their first doses on the Mersey vaccination bus.
- Rock Ferry ward saw the lowest uptake at the pop-up clinic that was run out of the Salvation Army site. Community leaders had requested the pop-up clinic to run after the autumn school term commenced so they could engage parents/carers/grandparents on the 'school run.' Due to the capacity of the clinical team, it was decided that the pop-up clinic would run on 2nd September 2021 the week before schools opened.

### Table 2. Ward Analysis

Uptake Difference between 1st July 2021 and 17th September 2021

Ward Name	1st Doses Difference			2nd Doses Difference			Total Difference		
	All Settings (N)	1st Doses by Mobile Site (N)	1st Doses by Mobile Site (%)	All Settings (N)	2nd Doses by Mobile Site (N)	2nd Doses by Mobile Site (%)	All Settings (N)	Total by Mobile Site (N)	Total by Mobile Site (%)
Birkenhead and Tranmere	807	170	21.1%	1,820	118	6.5%	2,627	288	11.0%
Bidston and St James	693	82	11.8%	1,785	65	3.6%	2,478	147	5.9%
Seacombe	726	184	25.3%	1,808	150	8.3%	2,534	334	13.2%
Rock Ferry	736	111	15.1%	1,959	95	4.8%	2,695	206	7.6%
Liscard	702	154	21.9%	1,956	145	7.4%	2,658	299	11.2%
Leasowe and Moreton East	569	76	13.4%	2,006	72	3.6%	2,575	148	5.7%
Upton	611	42	6.9%	2,108	39	1.9%	2,719	81	3.0%
Bromborough	668	31	4.6%	2,531	39	1.5%	3,199	70	2.2%
Cloughton	637	94	14.8%	1,839	62	3.4%	2,476	156	6.3%
New Brighton	550	93	16.9%	1,803	85	4.7%	2,353	178	7.6%
Prenton	559	68	12.2%	1,780	74	4.2%	2,339	142	6.1%
Oxton	541	86	15.9%	1,668	78	4.7%	2,209	164	7.4%
Moreton West and Saughall Massie	525	39	7.4%	1,899	23	1.2%	2,424	62	2.6%
Eastham	545	14	2.6%	2,039	18	0.9%	2,584	32	1.2%
Wallasey	544	71	13.1%	1,843	63	3.4%	2,387	134	5.6%
Bebington	621	35	5.6%	2,089	50	2.4%	2,710	85	3.1%
Hoylake and Meols	447	17	3.8%	1,778	26	1.5%	2,225	43	1.9%
Pensby and Thingwall	433	12	2.8%	1,736	18	1.0%	2,169	30	1.4%
West Kirby and Thurstaston	422	16	3.8%	1,656	19	1.1%	2,078	35	1.7%
Greasby, Frankby and Irby	437	12	2.7%	1,945	22	1.1%	2,382	34	1.4%
Clatterbridge	458	11	2.4%	2,009	18	0.9%	2,467	29	1.2%
Heswall	407	7	1.7%	1,551	9	0.6%	1,958	16	0.8%
<b>Wirral Total</b>	<b>12,638</b>	<b>1,425</b>	<b>11.3%</b>	<b>41,608</b>	<b>1,288</b>	<b>3.1%</b>	<b>54,246</b>	<b>2,713</b>	<b>5.0%</b>

From the time when the mobile vaccination units were mobilised the vaccination rates increased in those targeted wards compared to the rest of Wirral where additional outreach was not offered.

## IMD Analysis

**Table 3** provides analysis of IMD (Indices of Deprivation)<sup>1</sup>, comparing the impact on vaccination uptake between the most and the least deprived IMD quintiles. For the most deprived IMD (quintile 1), 22.5% of the total vaccinations were administered at mobile vaccinations sites

<sup>1</sup> (IMD) The Indices of Deprivation are a unique measure of relative deprivation at a small local area level.

between July 1st and September 17<sup>th</sup>. This means that 885 residents living in IMD quintile 1 received their 1<sup>st</sup> dose at a mobile vaccination site.

**Table 3. IMD Analysis**

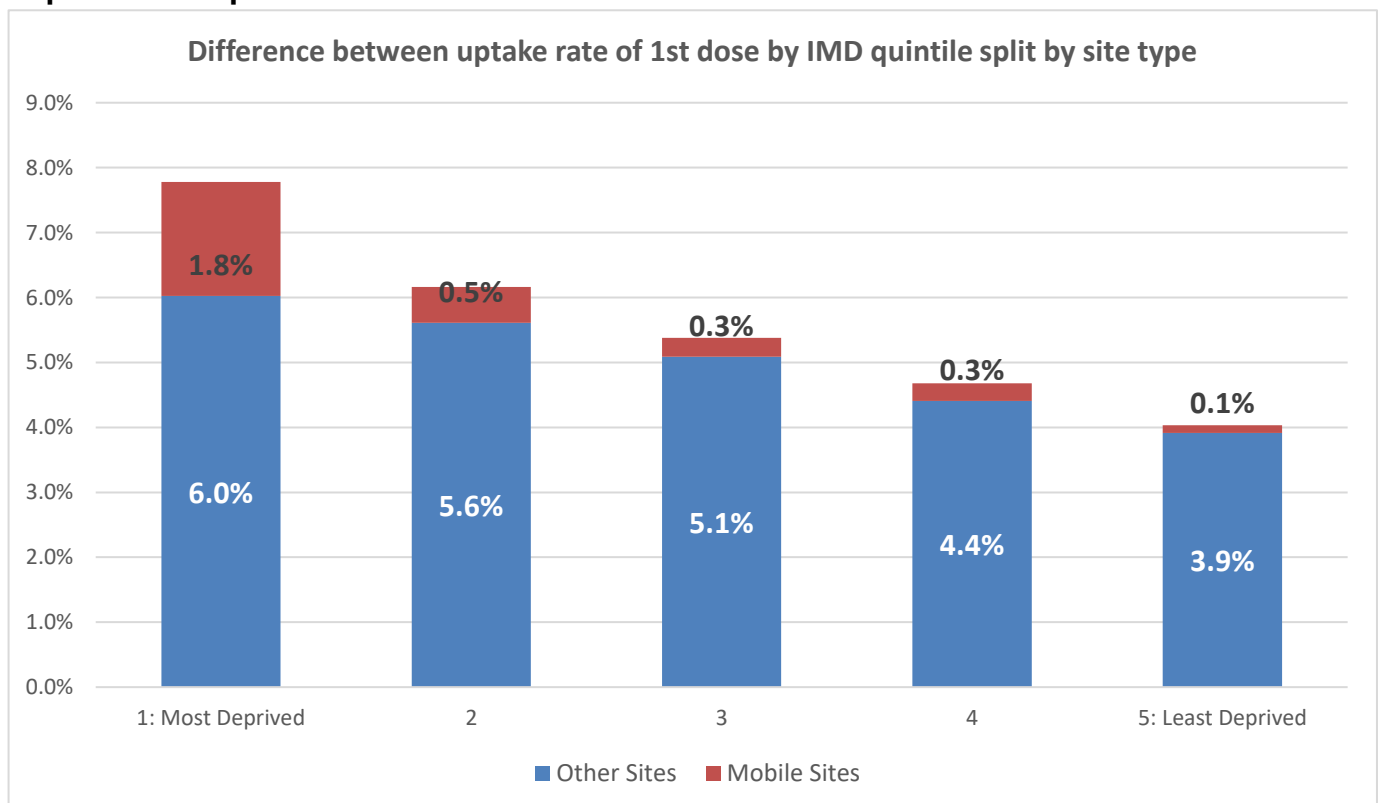
**Uptake Difference between 1st July 2021 and 17th September 2021**

Ward Name	1st Doses Difference			2nd Doses Difference			Total Difference		
	All Settings (N)	1st Doses	1st Doses	All Settings (N)	2nd Doses	2nd Doses	All Settings (N)	Total by	Total by
		by Mobile Site (N)	by Mobile Site (%)		by Mobile Site (N)	by Mobile Site (%)		Mobile Site (N)	Mobile Site (%)
1: Most Deprived	3,931	885	22.5%	10,408	720	6.9%	14,339	1,605	11.2%
2	2,616	233	8.9%	8,612	228	2.6%	11,228	461	4.1%
3	2,560	139	5.4%	8,747	123	1.4%	11,307	262	2.3%
4	2,291	132	5.8%	8,707	151	1.7%	10,998	283	2.6%
5: Least Deprived	1,240	36	2.9%	5,134	66	1.3%	6,374	102	1.6%
Wirral Total	12,638	1,425	11.3%	41,608	1,288	3.1%	54,246	2,713	5.0%

**Chart 1 (on page 9)** shows the actual difference between the uptake rate between the most deprived and the least deprived IMD quintile by site type (i.e., fixed vaccination sites and mobile vaccination units).

For quintile 1 the overall impact of the mobile vaccination units was a 1.8% increase in the uptake of 1st dose vaccine compared to 0.1% in the least deprived quintile. This shows that the mobile offer increases vaccination uptake among communities/demographics where vaccine uptake is low.

**Chart 1. Comparison of uptake rate of first vaccine dose between most deprived and least deprived IMD quintile**





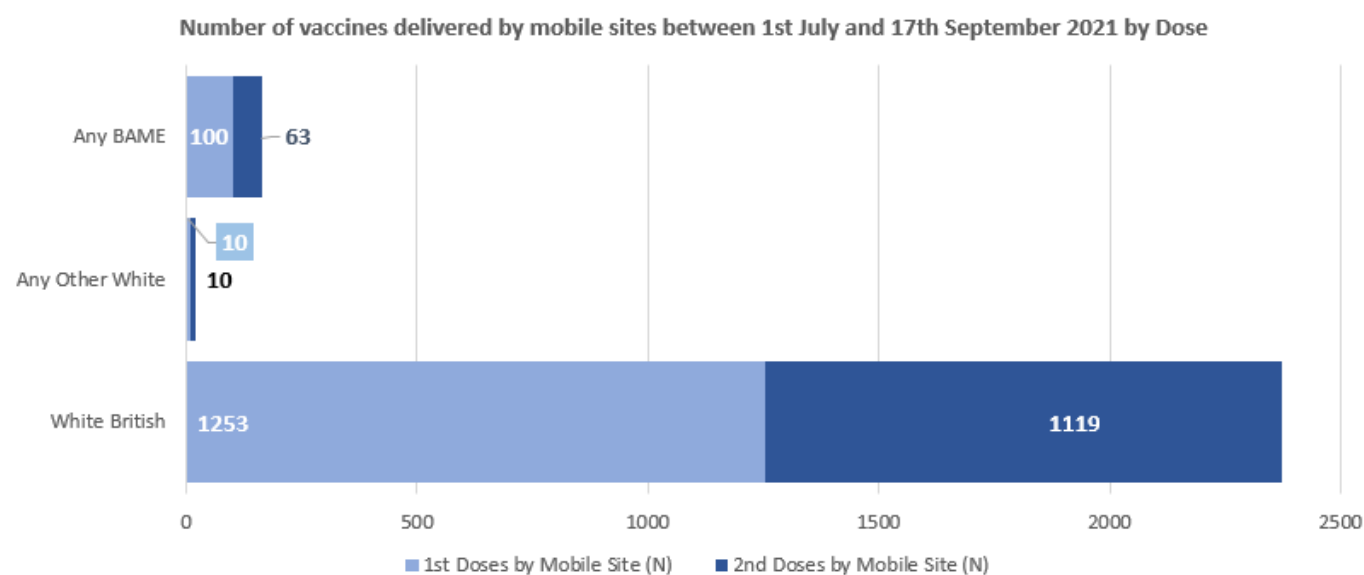
Subgroup analysis by deprivation, ethnicity and age indicates, higher impact of the mobile vaccination unit on the vaccination rate for the most deprived areas and a higher impact on the younger age bands:

- Younger age bands generally had larger numbers of vaccines delivered by the mobile units and had larger percentages of total vaccines delivered by mobile units. It is however important to acknowledge that the implementation of mobile outreach locally occurred at the same time as the expansion of the COVID-19 vaccine programme to younger age groups.
- Targeted comms and engagement led by some of the young people sites, i.e., Wirral Met and Birkenhead Sixth Form Colleges saw an uptick in students/young people taking up the vaccination.
- Wirral Carer Leaver service arranged transport to and from their site for their cohort of young people.

## Ethnicity Analysis

Analysis of ethnicity (see **Chart 2 on Page 10**) by those accessing vaccinations at the mobile vaccination units shows that it was predominantly ‘White British’ residents that accessed the mobile vaccination units.

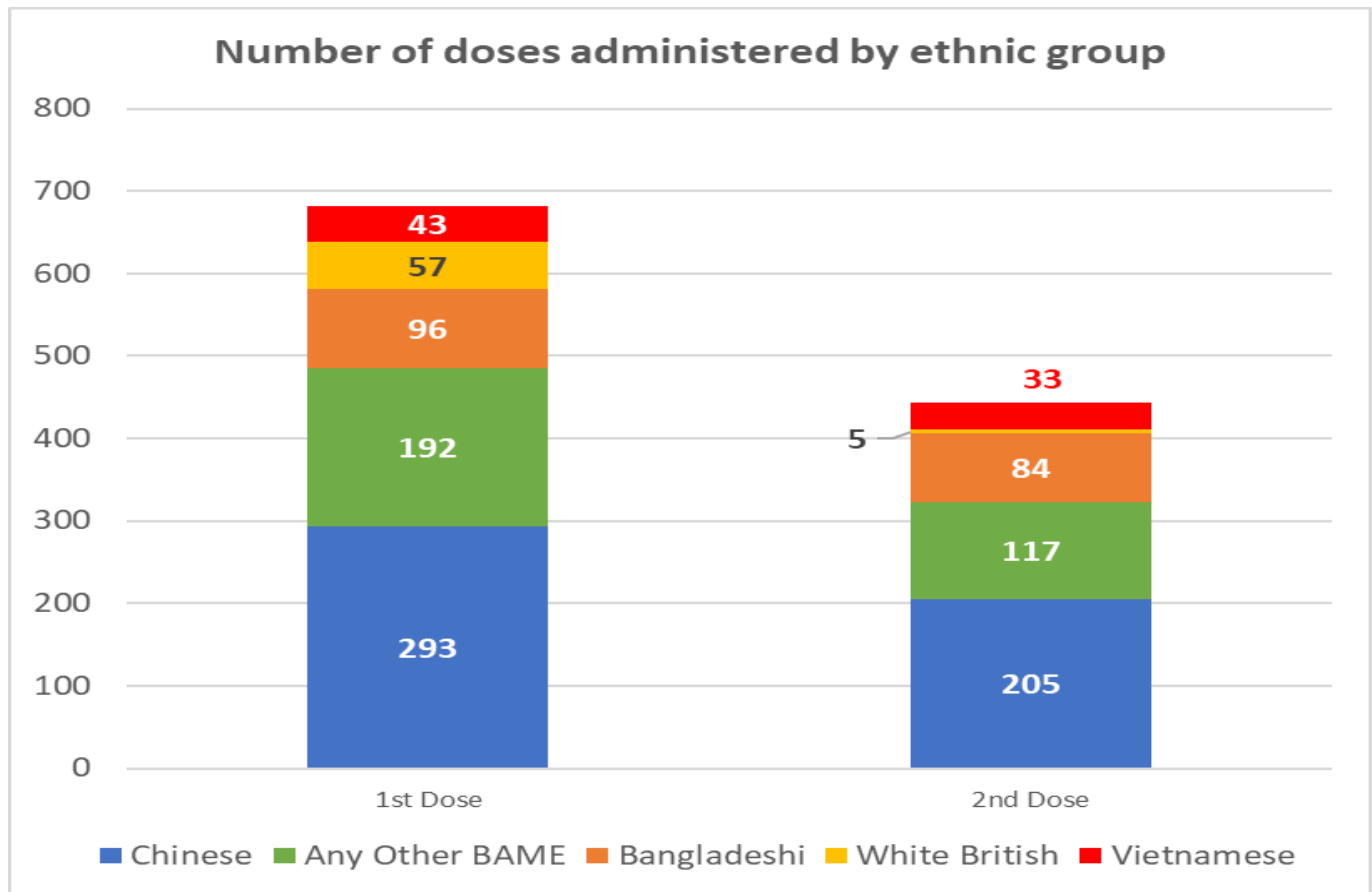
### Chart 2. Breakdown of ethnicity



From February 2021 to July 2021 Arno and North Coast Alliance PCN provided pop ups at Wirral Multicultural Organisation (WMO), Wirral Change and Tomorrow’s Women Wirral. These pop ups are not included in the main dataset analysis as they were delivered in an early part of the vaccination implementation.

**Chart 3** is a snapshot of the partial dataset analysis for 1,125 first and second vaccine doses delivered across the three sites. The total number of vaccinations delivered across these sites was 2,154 and further analysis is in train. Ethnicity reporting at these sites was 100% complete.

**Chart 3. Number of vaccine doses administered by ethnic group at WMO, Wirral Change and Tomorrow's Women Wirral**



## Implementing Learning into Local Programme Delivery – Next Steps

- Long term programme delivery plan embeds health inequalities into its approach.
- Targeted in reach support for all Wirral PCNs, using Social Prescribing Link Worker resource, to contact those individuals who have not had their second vaccine dose.
- Use this learning to provide local input into Regional Health Inequalities Action Plan.
- Refresh local Communications and Engagement Plan.

## Recommendations

- Ensure all patient records are up to date in terms of ethnicity (high risk cohort for targeted vaccination).
- Continue with mobile vaccination units (pop-up clinics and vaccination bus) in Wirral as it increases vaccine uptake.

- Use mobile vaccination units in a highly targeted manner in community settings, especially amongst communities or demographics with low vaccine uptake, to maximise vaccine uptake.
- Maximise engagement with target communities, in the lead up to the mobile vaccination unit arrival, using social media platforms, community leaders, and word-of-mouth to address vaccination concerns and enhance awareness.
- Consider how this approach can be mainstreamed into the programme delivery.
- Utilise the learning from this work to inform programme planning and other vaccination programmes to enable optimal uptake.

## Appendix

### Appendix 1

#### Mobile vaccination units schedule

### COVID-19 Vaccine Pop-up Clinics – September 2021

Date	Location	Clinic Type	Clinical Support	Number of vacs given	Return date (2 <sup>nd</sup> doses)
Thu 2 <sup>nd</sup> September Time TBC	Salvation Army, Rock Ferry	Pop-up – community site	Arno and North Coast Alliance PCN		TBC
Mon 6 <sup>th</sup> September 09:30-18:00	Victoria Park, <u>Tranmere</u>	Pop-up – vaccination bus (2 <sup>nd</sup> dose visit)	Arno and North Coast Alliance PCN		N/A
Tue 7 <sup>th</sup> September 09:30-17:00 <b>Wirral Met students only</b>	12 Quays Campus, Wirral Met College	Pop-up – vaccination bus	Arno and North Coast Alliance PCN		N/A
Wed 8 <sup>th</sup> September 09:30-18:00	Turner Street car park <u>Tranmere</u>	Pop-up – vaccination bus (2 <sup>nd</sup> dose visit)	Arno and North Coast Alliance PCN		N/A
Wed 8 <sup>th</sup> September Time TBC <b>Wirral Care Leavers Service only</b>	Wirral Care Leavers Service Birkenhead	Pop-up – care leavers centre (2 <sup>nd</sup> dose visit)	WUTH		N/A
Thu 9 <sup>th</sup> September 09:30-18:00 <b>Wirral Met students only</b>	Price Street car park, Birkenhead (Conway Park Campus, Wirral Met College)	Pop-up – vaccination bus	Arno and North Coast Alliance PCN		N/A
Fri 10 <sup>th</sup> September 09:00-16:00 <b>BSFC students only</b>	Birkenhead Sixth Form College, <u>Cloughton</u>	Pop-up – college	Arno and North Coast Alliance PCN		N/A
Mon 13 <sup>th</sup> September Time TBC	Heart of <u>Egremont</u>	Pop-up – community centre (2 <sup>nd</sup> dose visit)	Arno and North Coast Alliance PCN		N/A
Tue 14 <sup>th</sup> September Time TBC	Pilgrim's Pride Ltd <u>Bromborough / Leasowe Leisure Centre</u>	Pop-up – vaccination bus	Arno and North Coast Alliance PCN		N/A
Fri 17 <sup>th</sup> September Time TBC	<u>Seacombe Children's Centre Seacombe</u>	Pop-up – community centre (2 <sup>nd</sup> dose visit)	Arno and North Coast Alliance PCN		N/A

## COVID-19 Vaccine Pop-up Clinics – August 2021

Date	Location	Clinic Type	Clinical Support	Number of vacs given	Return date (2 <sup>nd</sup> doses)
Mon 16 <sup>th</sup> August 10:00-18:00	Birkenhead Park Visitors Centre, Birkenhead	Pop-up – vaccination bus	Arno and North Coast Alliance PCN	237	TBC
Tue 17 <sup>th</sup> August 10:00-18:00	Central Park Walled Garden, Wallasey	Pop-up – vaccination bus	Arno and North Coast Alliance PCN	309	TBC
Wed 18 <sup>th</sup> August 10:00-18:00	Fort Perch Rock, New Brighton	Pop-up – vaccination bus	Arno and North Coast Alliance PCN	260	TBC
Sat 21 <sup>st</sup> August 10:00-13:30	The Little Centre, <u>Beechwood</u>	Pop-up – community centre	Arno and North Coast Alliance PCN	73	N/A
Tue 24 <sup>th</sup> August 17:00-20:30	CGL – Wirral Ways, Birkenhead	Pop-up – CGL Wirral Ways office	Arno and North Coast Alliance PCN		TBC
Wed 25 <sup>th</sup> August 10:00-18:00	Ridgeway High School (car park), <u>Noctorum</u>	Pop-up – vaccination bus	Arno and North Coast Alliance PCN		TBC

## COVID-19 Vaccine Pop-up Clinics – June / July 2021

Date	Location	Clinic Type	Clinical Support	Number of vacs given	Return date (2 <sup>nd</sup> doses)
Sat 26 <sup>th</sup> June 10:00-13:30	The Little Centre <u>Beechwood</u>	Pop-up – community centre	Arno and North Coast Alliance PCN	48	Sat 21 <sup>st</sup> August
Mon 12 <sup>th</sup> - Tue 13 <sup>th</sup> July 09:30-18:00	Victoria Park <u>Tranmere</u> / Rock Ferry	Pop-up – vaccination bus	Arno and North Coast Alliance PCN	230 190	Mon 6 <sup>th</sup> – Tue 7 <sup>th</sup> September
Wed 14 <sup>th</sup> - Thu 15 <sup>th</sup> July 09:30-18:00	Turner Street car park <u>Tranmere</u>	Pop-up – vaccination bus	Arno and North Coast Alliance PCN	213 230	Wed 8 <sup>th</sup> and Thu 9 <sup>th</sup> September
Wed 14 <sup>th</sup> July 10:00-18:00	Wirral Care Leavers Service Birkenhead	Pop-up – care leavers centre	WUTH	41	Wed 8 <sup>th</sup> September
Mon 19 <sup>th</sup> July 09:00-14:00	Heart of <u>Egremont</u>	Pop-up – community centre	Arno and North Coast Alliance PCN	120	Mon 13 <sup>th</sup> September
Thu 22 <sup>nd</sup> July 10:00-11:00	Pilgrim's Pride Ltd <u>Bromborough</u>	Pop-up – business space / vaccination bus	Arno and North Coast Alliance PCN	33	Thu 16 <sup>th</sup> September
Thu 22 <sup>nd</sup> July 13:00-18:00	<u>Leasowe</u> Leisure Centre	Pop-up – vaccination bus	Arno and North Coast Alliance PCN	98	Thu 16 <sup>th</sup> September
Fri 23 <sup>rd</sup> July 09:00-14:00	<u>Seacombe</u> Children's Centre <u>Seacombe</u>	Pop-up – community centre	Arno and North Coast Alliance PCN	152	Friday 17 <sup>th</sup> September
Sun 25 <sup>th</sup> July 12:00-16:00	<u>Tranmere</u> Rovers Football Club	Pop-up – football ground / SJA vaccination vehicle	Arno and North Coast Alliance PCN / SJA	52	N/A – 2nd doses will be offered at a LVS site

### Rapid evaluation of targeted COVID-19 vaccination uptake in clinically extremely vulnerable, April to May 2021

#### 1 Introduction

This evaluation report outlines activity associated with the social prescribers targeted work between April and May 2021 and investigates the outcomes of this initiative, and any additional, unanticipated outcomes. Wirral Social Prescribing Scheme was actioned in April 2021 to carry out targeted work to increase the uptake in COVID-19 vaccination in the Clinically Extremely Vulnerable (CEV) Wirral population. The purpose of the targeted work was to address the low uptake of the vaccination in the CEV and understand why there are so many decliners using a person-centred approach. The work also provided the opportunity to address data quality across patients' records.

Social prescribing helps to address the wider impacts of social inequality and can significantly improve people's health and wellbeing. Link workers practically help Primary Care Networks (PCN) to create a culture that embeds the principles of equality, diversity and inclusion is fundamental to delivering high-quality personalised care approaches.

Social prescribing link workers are one of ten additional roles being funded within primary care, to bring additional capacity into the multi-disciplinary team, under the Network Contract DES 2020/21.

One in five GP appointments focus on wider social needs<sup>2</sup>, rather than acute medical issues. In areas of high deprivation, many GPs report that they spend significant amounts of time dealing with the consequences of poor housing, debt, stress, and loneliness. Social prescribing and community-based support is part of the NHS Long Term Plan's commitment to make personalised care business as usual across the health and care system and to bring additional capacity into the multi-disciplinary team. This approach aims to reduce pressure on clinicians, improve people's lives through improved and timely access to health services and strengthen community resilience, meeting the needs of our local communities.

In Wirral, there are two social prescribing teams; one is employed by Primary Care Wirral (PCW) and based in GP practices the other is employed by Wirral Social Prescribing Scheme, hosted by Citizens Advice-Wirral, and currently work remotely. Each team works across different PCNs:

Wirral Social Prescribing Scheme PCN	Primary Care Wirral PCN
Healthier West	Healthier South
Moreton and Meols	
Arno Primary Care Alliance	Brighter Birkenhead
North Coast Alliance	Wallasey Wellbeing

The proposal for this work was taken to the Vaccination Tactical meeting on 15th April 2021. Healthier South, Brighter Birkenhead, Wallasey Wellbeing PCNs opted out. Wirral Social

<sup>2</sup> Citizens Advice policy briefing (2015), A very general practice: How much time do GPs spend on issues other than health?

Prescribing Team (CAB) worked with Healthier West, Moreton and Meols, Arno Primary Care and North Coast Alliance PCNs. 12 social prescribing link workers delivered this project.

## 2 Methods

### 2.1 Output 1

Considering data from the first wave in the UK, the risk of mortality for CEV younger adults was estimated to be the same risk to persons aged 70 to 74 years. In December 2020 CEV adults were informed of their eligibility to receive a COVID-19 vaccination as part of Cohort 4, except for pregnant women with heart disease and children<sup>3</sup>. Analysis was undertaken by the Public Health Intelligence Team, utilising the CIPHA dashboard (see Table 1) and the Wirral Care Record to monitor the impact of the targeted work pre and post initiative.

**Table 1: The number of 'eligible' people who have received a vaccination for COVID-19 in Wirral, by PCN, to 1 April 2021**

CCG > PCN > GP Practice	Eligible registered population size	0 doses received N (eligible)	0 doses received % (eligible)	1st dose received N (eligible)	1st dose received % (eligible)	2nd dose received N (eligible)	2nd dose received % (eligible)
<b>NHS WIRRAL CCG</b>	<b>268,916</b>	<b>226,244</b>	<b>84.13%</b>	<b>42,672</b>	<b>15.87%</b>	<b>36,986</b>	<b>13.75%</b>
HEALTHIER SOUTH WIRRAL	38,928	33,659	86.46%	5,269	13.54%	4,309	11.07%
WALLASEY PCN	51,721	44,535	86.11%	7,186	13.89%	5,820	11.25%
HEALTHIER WEST WIRRAL PCN	57,631	48,924	84.89%	8,707	15.11%	8,015	13.91%
BIRKENHEAD PCN	96,247	79,814	82.93%	16,433	17.07%	14,203	14.76%
MORETON AND MEOLS PCN	24,389	19,312	79.18%	5,077	20.82%	4,639	19.02%
<b>Total</b>	<b>268,916</b>	<b>226,244</b>	<b>84.13%</b>	<b>42,672</b>	<b>15.87%</b>	<b>36,986</b>	<b>13.75%</b>

Source: CIPHA dashboard

Note: The CIPHA dashboard does not break down the different JCVI cohorts by PCN and practices. The above includes 'eligible' cohorts as of 1 April 2021, that is, all eligible CEV and 70+ year olds.

### 2.2 Output 2

A line list of 144 housebound and 58 severely frail CEV patients was extracted from The Wirral Care Record. These individuals were recorded as not yet having had the COVID19 vaccination with flags to indicate if they had not taken up an offer of vaccine (not yet vaccinated) or had declined the vaccine (declined). It must be noted that because of the different ways in which GP practices are recording 'declined' this may not be actively declined but may reflect uncertainty around the vaccination process or perhaps even an inability to make contact.

The Wirral Social Prescribing Team undertook an initial data cleansing exercise and cross referenced the line listed data with the data on EMIS to understand what conversations had already taken place.

Most of the cases were coded as declined on EMIS. If reasons for decline were capacity, End of Life or specific religious reasons patients were not contacted or where EMIS showed patients

<sup>3</sup> <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>

were partially or fully vaccinated (17 patients showing as fully/partially vaccinated). The social prescribing link workers (SPLW) called each patient using a general wellbeing call in which they enquired about vaccination status.

### 3 Outcomes (Results)

#### 3.1 Outcome 1 – Increase in uptake in the CEV targeted practices/sites.

It was difficult to glean any meaningful results from the CIPHA dashboard given the social prescribers targeted work was carried out over a relatively short period of time (April to May 2021).

Table 2 below shows the latest uptake for ‘ALL’ eligible cohorts, including CEV as at 22 June 2021. There is still a level of unvaccinated cohorts within the PCN areas, with further variation across the practices within each of the PCNs.

- 1<sup>st</sup> dose received, ranges from 63.4% to 88.8%
- 2<sup>nd</sup> dose received, ranges from 48.2% to 72.9%

**Table 2: The number of ‘eligible’ people who have received a vaccination for COVID-19 in Wirral, by PCN, to 22 June 2021**

CCG > PCN > GP Practice	Eligible registered population size	0 doses received N (eligible)	0 doses received % (eligible)	1st dose received N (eligible)	1st dose received % (eligible)	2nd dose received N (eligible)	2nd dose received % (eligible)
<b>NHS WIRRAL CCG</b>	<b>268,916</b>	<b>55,489</b>	<b>20.63%</b>	<b>213,427</b>	<b>79.37%</b>	<b>167,894</b>	<b>62.43%</b>
BIRKENHEAD PCN	96,247	24,133	25.07%	72,114	74.93%	56,773	58.99%
WALLASEY PCN	51,721	12,115	23.42%	39,606	76.58%	31,133	60.19%
HEALTHIER SOUTH WIRRAL PCN	38,928	7,386	18.97%	31,542	81.03%	23,985	61.61%
MORETON AND MEOLS PCN	24,389	4,053	16.62%	20,336	83.38%	15,913	65.25%
HEALTHIER WEST WIRRAL PCN	57,631	7,802	13.54%	49,829	86.46%	40,090	69.56%
<b>Total</b>	<b>268,916</b>	<b>55,489</b>	<b>20.63%</b>	<b>213,427</b>	<b>79.37%</b>	<b>167,894</b>	<b>62.43%</b>

Source: CIPHA dashboard

Note: The CIPHA dashboard does not break down the different JCVI cohorts by PCN and practices. The above includes ‘eligible’ cohorts as at 22 June 2021, that is, all eligible CEV and 18+ year olds

#### 3.2 Outcome 2 – Social Prescribers Outcomes

Overall, the SPLW team were unable to and/or did not contact 15% patients.

- 12% patients had already received their vaccination and an additional 8% needing some additional support to receive or a consultation with a clinician
- 37% of contacts explicitly declined the vaccine with 15% of these citing trust issues and 9% religions reasons for declining
- 20% of contacts had medical reasons for not having been vaccinated with a significant number of persons having capacity issues (45% of this cohort).

The outcomes of the social prescribing link workers interventions are provided in Table 3 below.

**Table 3: social prescribing link workers outcomes per PCN**

PCN	SPLW outcomes
Healthy West Wirral	2 clinician calls requested 1 patient flagged as overdue <b>3 patients actively accepted the vaccine</b> 1 referral into SPLW team
Moreton and Meols	<b>1 patient</b> home from hospital <b>actively accepted vaccine.</b>
North Coast Alliance	<b>2 patients actively wanted vaccine and requested home visit.</b> Added to Home Visit list
Arno	<b>2 patients actively accepted the vaccine and requested home visit.</b> Added to Home Visit list 1 referral into SPLW team

## Interventions

A couple of patients actively wanted the vaccine and were waiting for a home visit. SPLW was able to contact GP surgery and request and/or check that patients were on the home visit lists. Patient has broken her wrist, YES to vaccine but she does have allergic reactions and is a little anxious about this. Would like to wait to have the vaccine after the plaster is off her wrist in approximately 2 weeks' time.

**Reasons for decline** are themed as below:

- Efficacy
- Safety: mistrust and/or fear of the vaccination. Wanting to delay taking up vaccination until they know it is safe
- Short development time and roll out time
- Multiple medications: On enough different meds already and "does not want anything else putting into their body".

## 3.3 Other Outcomes

### Increased engagement with vulnerable individuals

This was a great opportunity to engage people in conversation with a Link Worker and although actual referrals into the team were minimal, patients are now aware of the presence of the team. As a next step the team are planning to go out and door knock in PCNs where they feel this would be useful.

### Data quality/issues

- 2 children were included on this list age 11 and 13 therefore no contact was made
- % of patients were care home residents. This was not recorded or coded in the patient notes in EMIS
- Patients on palliative/EoL
- Capacity issues
- Patients already vaccinated - not recorded and/or delay in EMIS record updating

## 3.4 Case Study

Client R has not used a taxi, transport, or public transport in some time due to her heightened anxiety and has no friends/family who could have taken her.



Client R had booked her vaccine twice before with Earlston/Miriam (she is in the high-risk group) but last minute she called them to cancel as the thought of getting a taxi was too much on top of the anxiety of going to the covid clinic.

Wirral Social Prescribing Scheme (WSPS) spoke to Client R about this and asked if she would like me to email her GP surgery explaining how she feels and that the distance/her anxiety is the reason she is not getting the vaccine, rather than declining the vaccine altogether.

WSPS asked GP if she could be vaccinated closer to home at all.

Client R received a phone call from the surgery to say they would knock and vaccinate her at home - and that is what they did! **She was very thankful.**

#### **4 Impact of targeted work (Recommendations)**

- a) Primary care to record contraindications for each patient to avoid duplication/unnecessary contact
- b) Create/utilise a range of SNOMED codes that capture more detail in terms of non-take up of vaccination, for example unsuccessful in contacting patient; patient is undecided on taking up vaccination. This will determine the appropriate intervention for each individual
- c) Utilise the social prescribing link workers strength-based approach to increase patient confidence to take control of their health and wellbeing
- d) BAME Link Workers to access patient data to enable targeted work across ethnic groups
- e) Ensure all patient records are up to date in terms of ethnicity (high risk cohort for targeted vaccination).

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