

LRF Covid Vaccine Programme 2020-2021

Paper Title	An Overview of the Covid Vaccination Programme in the City of Nottingham
Group Name	Nottingham City Council Health Scrutiny Committee
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1. Purpose of the paper

This paper provides an overview of the Local Resilience Forum's (LRF) Covid-19 Vaccination Programme in the city of Nottingham, including its operating approach, delivery to date, booking and take up.

2. Information and context

2.1 Management of the Covid-19 Vaccination Programme

The Covid-19 Vaccination Programme is managed by NHS England as a Level 4 Incident, with local systems operating under a command and control framework from the National Vaccination Operations Centre (NVOC). The programme implemented within NHS 'systems' (this is the Nottingham and Nottinghamshire Integrated Care System) via a defined System Vaccination Operations Centre (SVOC), via a Regional Vaccination Operations Centre (RVOC) – this is the Midlands region for Nottingham. Instructions for delivery of the programme are disseminated to systems through daily battle rhythm structures which includes cascades from and to NVOC, RVOCs and SVOCs and also through the release of instruction letters and standard operating procedures relating to specific elements of the programme.

In Nottinghamshire, the programme is overseen by the Covid-19 Vaccination Oversight Board, chaired by the joint senior responsible officers – Dr John Brewin (Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust) and Tracy Taylor (Chief Executive, Nottingham University Hospitals NHS Trust – and attended by representatives from both top tier local authorities and senior officers from the NHS.









2.2 Prioritisation of the Covid-19 Vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) advises that the first priorities for the current COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems.

Secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services. Our system is required to adhere to the JCVI cohorts, and only open access to vaccinations to those eligible under cohorts which NVOC authorise for invitation. The first nine cohorts as confirmed by JCVI on 30th December are as follows:

1. Residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

2.3 Delivery of the vaccine in Nottingham and Nottinghamshire

Type of site		National booking service	Local booking service	Locations
	Hospital Hub		✓	QMC, City Hospital, King's Mill, Duncan Macmillan House
	Vaccination Centre	✓	✓	Mansfield
	Local Vaccination Services		✓	Forest Recreation ground, Kingsmeadow (Lenton), Gamston, Richard Herrod Centre, Ashfield Health Village, Newark Showground
	Roving service		✓	Various, including care homes and housebound residents, hard to reach groups such as asylum seekers and travelling communities
	Primary Care 'pop ups'		✓	Various locations based on need
	Community pharmacy	✓		Mansfield (commissioned by NHSE – not locally determined)
	Community site pop ups		✓	Various locations based on need
	Vaccination bus		✓	Various very hard to reach groups

2.4 Booking

There are multiple ways of booking an appointment, either through a local booking service (either by a weblink or calling the booking line) or by calling the national booking line or using the national booking function. For primary care pop up clinics (which are targeted in areas where take up needs to be prioritised) patients are called and booked on to local lists. Not all cohorts have been open to both booking processes simultaneously, and this

is determined nationally.

People in eligible cohorts are invited to attend for vaccination by letter, then text and for those who do not accept the offer of vaccination, a follow up phone call is made.

A specialist transport function is available to ensure those for whom transport is a barrier to accessing vaccination are not disadvantaged.

3. Analysis

i. Progress to date

The programme is making excellent progress in delivering the vaccination programme to eligible cohorts with 278,305 first dose vaccinations now delivered (data to 21st February). This includes 94% of the over 80s population receiving their first dose and 82% of 65-69 year olds, one of the best performances in the country.

Cohort	65-69	70-74	75-79	80+
England	75.3%	94.4%	100.3%	94.3%
Nottingham and Nottinghamshire	81.9%	93.6%	100.8%	93.9%
Leicester and Leicestershire	80.7%	97.2%	103.1%	95.8%
Derby and Derbyshire	79.0%	95.3%	103.3%	95.7%

In line with the national “command and control” approach outlined above, the data around vaccination performance is published each week by NHS England/Improvement and for the week ending 21st February (published 25th February) includes data for the first time at Westminster Parliamentary Constituency level, Lower-Tier Local Authority level and also Middle-Layer Super-Output Area level.

This shows that of the 278,305 first dose vaccines that have been delivered in Nottingham and Nottinghamshire, 60,145 have been delivered in Nottingham City, as follows;

Cohort	Under 70	70-74	75-79	80+
Nottingham	35,624	8,776	6,294	9,451
Nottingham East	16,657	2,427	1,633	2,294
Nottingham North	9,872	3,398	2,506	3,373
Nottingham South	12,479	2,951	2,155	3,784

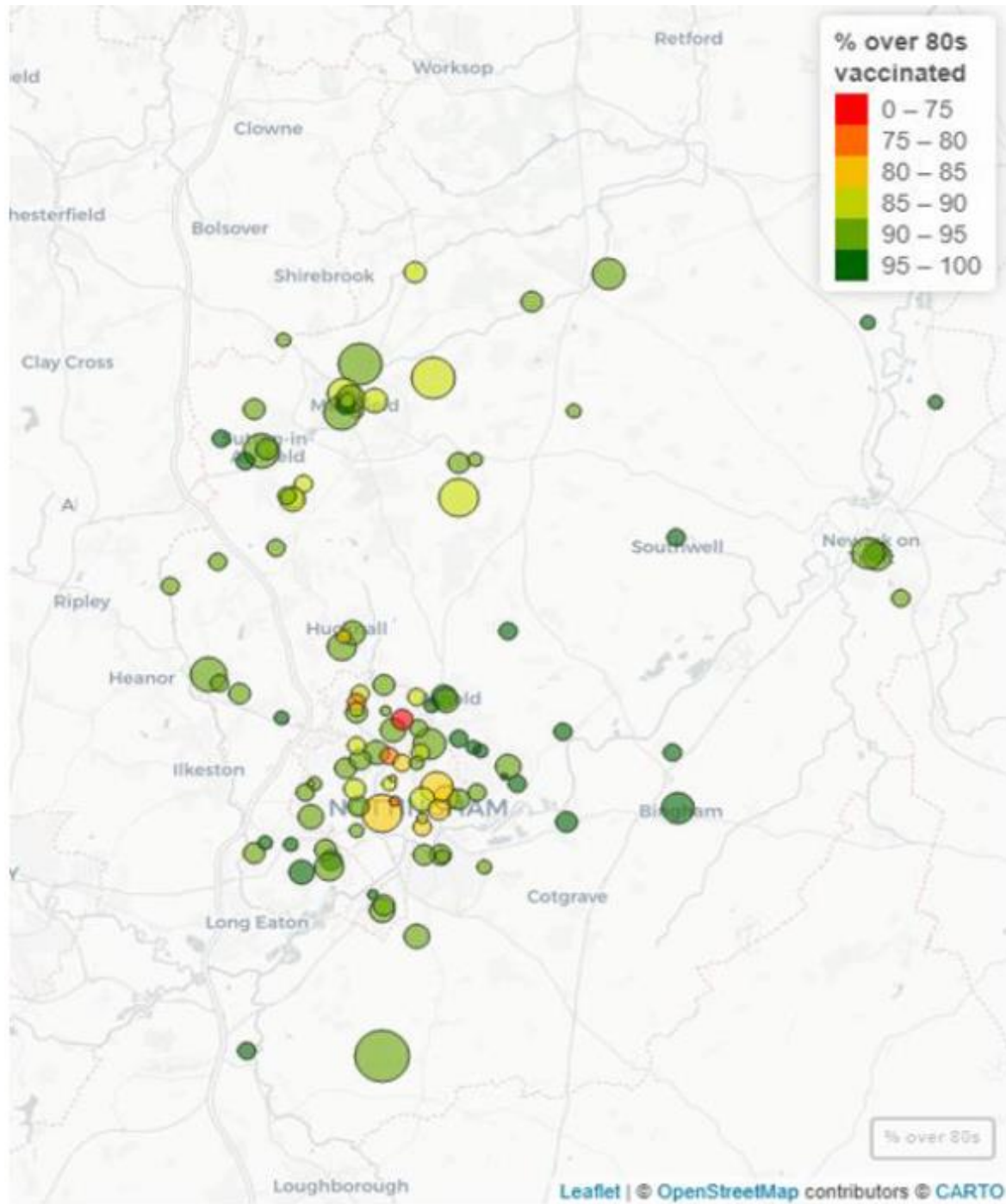
NB – data does not tally between City total and the three Constituencies due to differences in home address location and GP practice location.

ii. Inequalities and the local response

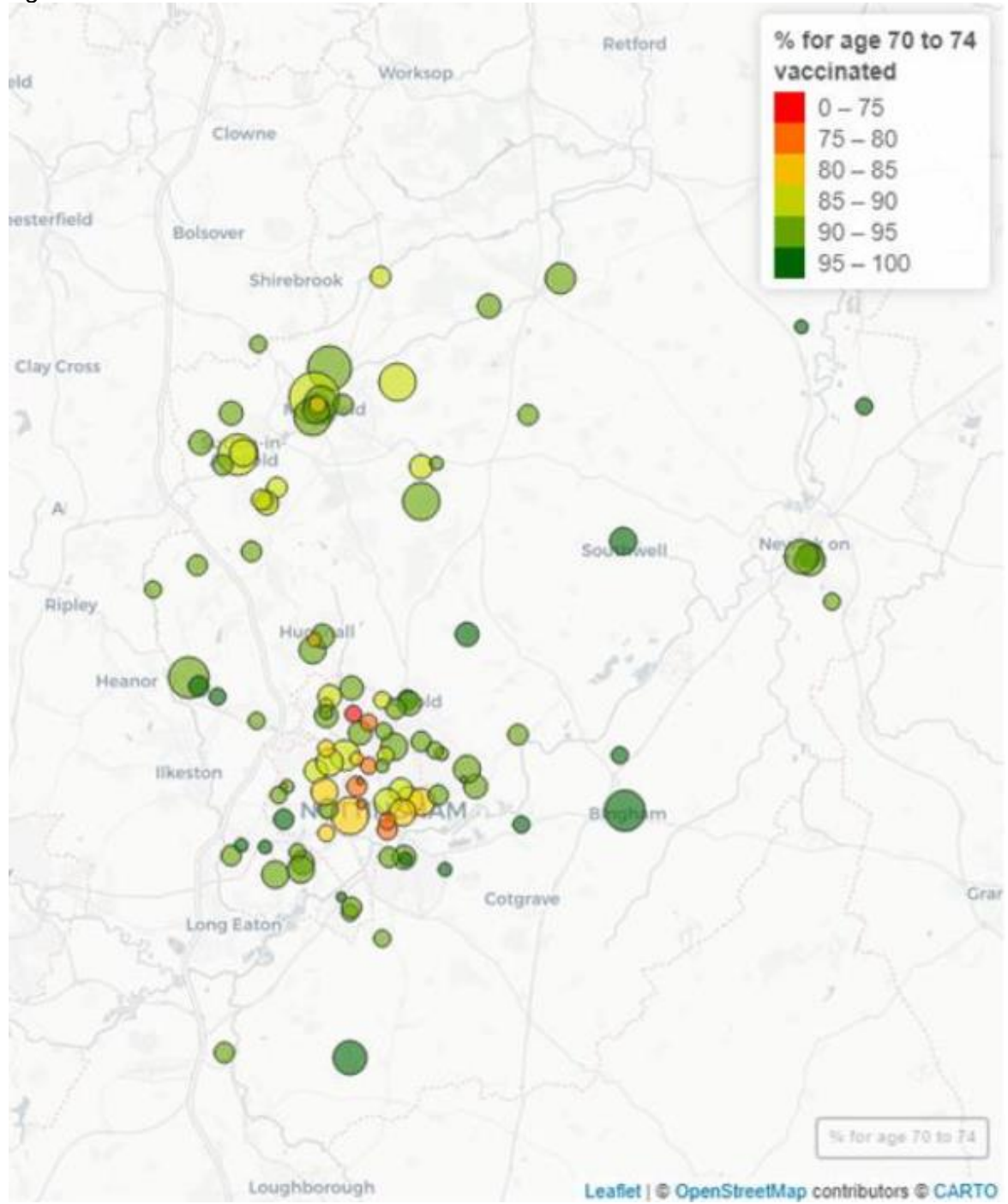
In order to support the targeted work to ensure equitable uptake of the vaccine, local data analysis has enabled us to produce the following ‘heatmaps’. We have mapped the vaccination uptake percentages and the number of individuals left to be vaccinated for each GP practice. The size of the bubbles is the number of people who still need to be vaccinated. The colour of the bubbles represents the % of each cohort who have been

vaccinated. This data represents the very latest position at 1st March 2021.

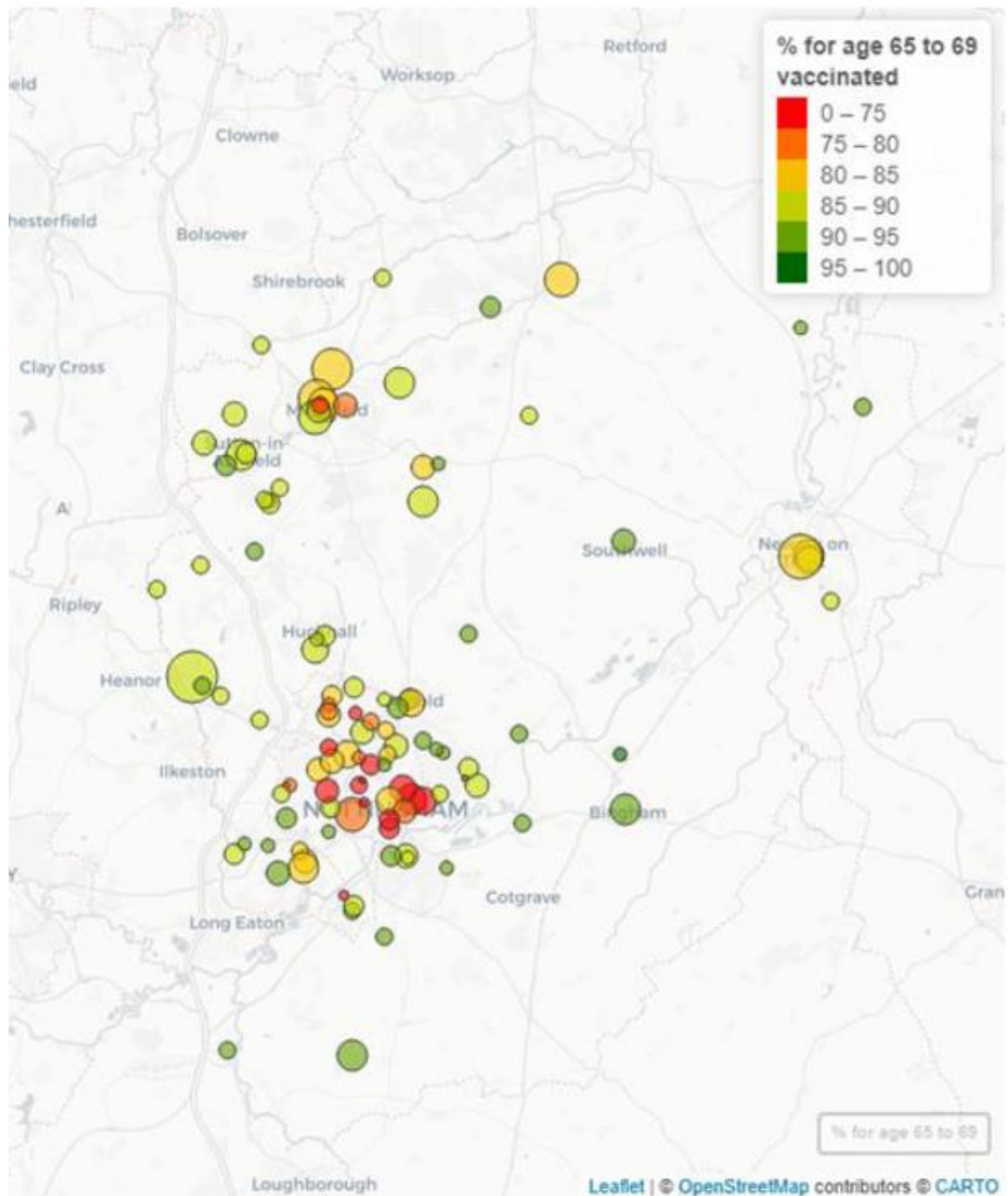
Over 80s



Ages 70-74



Ages 65-69



Reducing inequalities in access and take up of the vaccine has been managed both proactively and reactively by the vaccination programme. Using local joint strategic needs assessment (JSNA) data, the programme identified a potential risk of inequality for particular groups including those in rural areas, without transport, those facing severe and multiple disadvantage, disabled people, BAME and deprived households. To mitigate these risks the following are some of the actions taken from the outset of the programme:

- Sites which met the national criteria were identified to promote accessibility, with plans to provide 'pop clinics' with primary care to target at neighbourhood level
- Transport support was put in place

- Volunteers were sourced for all sites to provide support to vulnerable patients
- Translation of letters and services was put in place
- A roving service was created to take the vaccine to people where this was required.
- Proactive telephoning from both GP practices and the Local Authorities to residents known not to have yet taken up their offer of a vaccine

Take up of specialist transport has been highest in the city.



In response to emerging insights about inequity in vaccination take-up, further actions are instigated on a rolling basis. Examples of these actions include:

- Supporting Integrated Care Partnerships (ICPs) to use very local knowledge and relationships to engage communities and target interventions
- Specialist communications, including social media, designed by and targeted at communities where take up is lower
- Pop up clinics, working with primary care, in two city mosques and other communities where take up was lower.
- Identifying subject matter experts to define the approach taken for identified cohorts, such as the homeless, those with learning disabilities, dementia, severe mental illness and the clinical vulnerable.

There remains more to do to close the gap and partners from across the LRF are working together to continue to learn, listen and respond to potential barriers to take up.

4. Recommendations

The Committee are asked to:

- i. Note the performance to date in delivering the vaccination programme to Nottingham residents
- ii. Note the framework and actions that are in place to tackle potential inequalities that may exist within uptake
- iii. Contribute further suggestions for how these inequalities might be tackled.