

Covid-19 Vaccination Programme and Lessons Learnt

To: Adults and Health Committee

Meeting Date: 22 September 2021

From: Jan Thomas Chief Executive Officer, Cambridgeshire and Peterborough Clinical Commissioning Group

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: The Committee is asked to note and comment on this report on the COVID-19 vaccination programme.

Recommendation: The Adults and Health Committee is asked to note and comment on this report on the COVID-19 vaccination programme.

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1. Background

- 1.1 The COVID-19 Mass Vaccination Programme went live in Cambridgeshire and Peterborough on 8 December 2020.

As at 29/08/21, the total vaccinations administered across Cambridgeshire and Peterborough is 1,255,896 and these have been delivered to Cohorts 1-12 with a mixed model of hospital hubs (HH), Primary Care Networks (PCNs), local vaccination sites (LVS), Vaccinate Centres (VCs) and community pharmacies (CP).

2. Main Issues

- 2.1 **The Cohorts** are the groups within the phases which dictated the order groups were being vaccinated in, such as people over 80 being one of the first cohorts that were vaccinated.

Phase 1 included all adults aged 50 years and over, and younger adults with underlying health conditions that put them at specific risk from COVID-19. **Phase 2** of the programme included vaccinated everyone age over 18. **Phase 3** is the COVID-19 booster programme. Phase 2 and phase 3 will overlap.

The opportunity to take up the vaccine will be an '**Evergreen offer**'. This means that people can take up the offer of the vaccine at any point, no-one has missed the chance to have their vaccine.

The vaccination programme has been highly successful in reducing the link between COVID-19 cases, severe COVID and hospital admissions. This has allowed removal of national restrictions without the risk of overwhelming the health service with COVID-19 cases that was seen in spring 2020 and autumn 2020.

This programme continues to evolve. The Joint Committee on Vaccination and Immunisation (JCVI) guidance on the vaccination of children was issued on 4 August 2021. All 16 to 17 year olds should be offered a first dose of Pfizer, this is in addition to the existing offer of 2 doses of vaccine to 16-17 year olds who are in at risk groups. Additionally, the JCVI's interim advice is that any potential COVID-19 booster programme should be offered in two stages from September, starting with those at most risk from serious disease. This includes care home residents, people age over 70, frontline health and social care workers, clinically extremely vulnerable adults and those who are immunosuppressed.

Children and young people aged 12 to 15 years with specific underlying health conditions and those who are household contact of immunosuppressed should be offered two doses of Pfizer with an eight-week interval.

2.2 OPERATIONAL DELIVERY

2.2.1 Primary Care Networks (PCN)/ Local Vaccination Sites

Vaccination commenced in Hospital Hubs. Those most at risk from COVID-19 were invited for vaccination first. PCNs began vaccinating in December 2020, joining the programme at

different waves up until mid-January 2021. By end of January 2021 all 21 PCNs were vaccinating their most vulnerable patients and health and social care staff from 23 designated sites.

The response from primary care for Phase 1 was strong. The national programme started PCNs in waves, which meant some of our PCN sites started a few weeks later than others which introduced a lag to our progression through the cohorts. As all cohorts are now open this lag is currently not causing delays compared to other areas.

This was Phase 1 of the programme and we had 21 PCNs vaccinating across 23 sites up until end of April 2021. At this point PCNs were given the option to opt-out of Phase 2, which involved delivering 1st and 2nd doses to patients under 50 years of age. Due to the increased demand on primary care (up 30% compared to the pre-pandemic period) 10 PCNs opted out of Phase 2, with many citing workforce issues as their reasoning for not being able to continue. It is worth noting that PCNs had vaccinated around 350,000 patients by this time.

The 11 remaining PCNs continued to vaccinate patients through Cohorts 10-12 (49-18 years) and by this time had been joined in the vaccination effort by Cambridgeshire Community Services (CCS) large-scale vaccination sites and Community Pharmacies to maintain good geographical and population coverage and a variety of options for people to book via the National Booking System (NBS).

All PCNs have contributed to vaccinating their own registered patients by invitation, care home residents and health and social care workers throughout the programme. All GPs have followed up, using several modes of contact, those who have not come forwards for vaccination. In addition, nationally produced letters have been sent to those who have not been vaccinated.

Processes are in place for those who are not registered with a GP to be vaccinated: patients can still access CCS sites via booked slots or walk-ins even if they aren't registered with a GP, they are also welcomed to attend any outreach clinics.

Initial uptake for the older population and those at greatest risk from COVID-19 was higher than anticipated. We have seen decreasing uptake of the COVID-19 vaccination for 1st doses as we have moved down the cohorts. Many PCNs in Phase 2 have held walk-ins, both at their own practices and in other venues, to make vaccination more convenient for those who have previously not come forward. This work included support from across the CCG, GP Federations, CCS, local authorities, community groups and other acute provider colleagues who have carried out joint communications with the CCG, door knocking and leafleting. Venues have also supported the promotion of events, including Peterborough United Football Club.

As of August 2021, all PCNs have been given the opportunity to join Phase 3 of the programme, which involves delivering a 3rd (booster) vaccination to eligible patients. Fifteen PCNs have opted-in to Phase 3 and are awaiting more information from NHSE on several key issues before being able to make an informed decision about whether they have the capacity to proceed.

2.2.2 Hospital Hubs

Hospital Hubs (HHs) consisted of Peterborough City Hospital (PCH), Hinchingsbrooke Hospital (HH), Cambridge University Hospital Foundation Trust (CUHFT) and Royal Papworth Hospital (RPH). They all continued to support the vaccination programme from January 2021, predominantly with vaccinating the cohort of frontline Health and Social Care Workers (HSCW).

There was exceptionally close working between the CCG, local authorities and Hospital Hubs at the start of the programme to identify, invite and transport elderly patients to hospital vaccine centres and to enable access to the HHs for care home staff requiring a vaccination. Royal Papworth Hospital have supported the community vaccination clinics.

2.2.3 Vaccinating Centres (VCs)

Vaccinating Centres, previously known as Mass Vaccination Centres, were opened to provide significant extra capacity across our area. We continue with this model of delivery through a lead provider, Cambridgeshire Community Services (CCS).

As of 2 September 2021, there are eight sites currently operational across our area.

1. Chesterton Indoor Bowls Club, Cambridge
2. Horsefair Shopping Centre, Wisbech
3. The Eatons Community Centre, Eaton Socon
4. The Grafton Centre, Cambridge
5. Peterborough City Care Centre, Thorpe Road
6. Oak Tree Centre, Huntingdon
7. East of England Showground, Peterborough
8. Cherry Hinton Village Leisure Centre, Cambridge

All the vaccination centres offer booked appointments through the National Booking System (NBS) and since July adapted to also offer walk-ins to support the vaccination of younger cohorts and those who would prefer, or are unable, to book appointments in advance.

2.2.4 Care Homes

All residents in Care Homes across the area were offered their 1st and 2nd vaccinations by the PCNs in Phase 1 as their residents were considered at greatest risk from COVID-19. Staff working in Care Homes were also offered their vaccinations by PCN vaccinators visiting the Care Homes. They were also offered the option to attend their own vaccinating PCN or one of the Hospital Hubs from the start of the vaccination programme as members of the cohort Health and Social Care Workers.

The Vaccine Hesitancy Programme ran several webinars and created information specially for this staff group to help to allay any concerns they had about the vaccine. These were for tailored to specific demographics in this staff cohort as well as general information sessions with clinicians, so they had a trusted person to speak to about concerns. Training was also offered to care home managers about how to have confident conversations with staff to allay vaccine concerns.

The current focus is to engage with homes at highest risk of business continuity issues due to loss of staff from vaccine mandation. Homes have been invited to a series of meetings with the LA Public Health Team and CCG around potential strategies. Continued training is being offered to all homes on how to have conversations with vaccine hesitant staff.

Care Home 1st Dose Daily Covid-19 Vaccinations by PCN	Cohort Total	18/08/2021 Actuals	18/08/2021 %
Care Home Staff	7399	6653	89.9%
Care Home Residents	4739	4575	96.5%

Care Home 2nd Dose Daily Covid-19 Vaccinations by PCN	Cohort Total	18/08/2021 Actuals	18/08/2021 %
Care Home Staff	7399	5949	80.4%
Care Home Residents	4739	4486	94.7%

2.2.5 Additional Activity - Pop ups/Bus/Walk Ins/Surge Booster Activity

Initially demand for vaccine was very high with a surge of bookings every time the programme was extended to a new age cohort. This meant that almost all available capacity was used.

However, we are now in a phase where there are more vaccination opportunities at our many sites than there are people coming forwards for vaccination. We know that, particularly in our cities, vaccination rates are lower, and this puts us at potential risk of increased severe COVID-19 cases. This is a pattern reflected across the country.

To maximise opportunities for vaccination, especially for the vaccine hesitant and harder to reach groups, since 19 June 2021 the team has been working with all providers to host a variety of clinics which are above our baseline activity. Target areas/cohorts have been based on the prioritisation criteria agreed by Public Health colleagues who base their priority decisions on the latest data. Public Health colleagues suggest any changes in terms of prioritisation areas/cohorts through the Vaccine Confidence Steering Group which runs weekly co-chaired by the CCG and Peterborough City Council and Cambridgeshire County Council.

There have been a wide range of vaccine offerings to the Cambridgeshire and Peterborough population because of this collaborative working. These have included large-scale weekend walk ins; blended models where existing sites have added walk-in capacity alongside bookable slots and smaller community pop-ups.

- Peterborough United Football Ground
- The Meadows Community Centre, Cambridge
- King's College, Cambridge
- Cambridge Central Mosque
- Guildhall, Cambridge

Data shows that this approach is successful in reaching those residents in areas of lower

uptake, particularly when supported by community engagement on the day or in the preceding days.

2.2.6 Roving Model

A roving model was implemented from 20 July in the form of a St John's Ambulance Mobile Treatment Vehicle which was subsequently replaced with the CCG's vaccination 'tour bus'.

Processes have been agreed with the Local Authority County Council and District colleagues based on their local intel about areas/locations which require site visits covering both community and corporate sites/workplaces. Early in the process it was recognised that pre-engagement work with the community and corporate sites was essential to make visits a success as we are working to reach individuals and groups who are presenting as extremely vaccine hesitant. We have worked very closely with community engagement teams, particularly in Cambridge City and Peterborough to promote and support events and developed a forward plan of sites two to three weeks in advance to ensure maximum site engagement and visits.

As mentioned above, CCS was able to get access to a St Johns Ambulance (SJA) Mobile Treatment Unit and from mid-July we have been utilising the mobile vehicle at community and corporate sites.

From the 6 August 2021, CCS became the provider working on our CCG Vaccinator Bus which can be utilised four days per week.

To date (2 September), the SJA vehicle/CCG bus have been to sites including:

- Cambourne Hub, South Cambridgeshire
- Faizan-e-Madina Masjid Mosque, Peterborough
- Gladstone Community Centre, Peterborough
- Arbury Shopping Precinct, Cambridge
- Hilton Food Group, Huntingdon
- Von Stomp Farm, South Cambridgeshire
- Amazon UK, Peterborough
- Soham Library
- Serpentine Green Shopping Centre, Peterborough
- Safari Play, Peterborough
- Ortongate Shopping Centre, Peterborough
- Central Park Music Festival, Peterborough
- Peterborough PRIDE

2.2.7 Bus learning

Feedback from the bus is that regular/multiple visits yield effective results with the number of vaccines administered increasing with each visit and confidence grows in the local communities/workplaces.

We are scheduling in follow up visits eight weeks post first visits, to accommodate second dose requirements and to support the Evergreen offer.

2.2.8 Walk-ins

Many of our baseline activity sites (VCs, LVS, CPs) have held frequent walk-in sessions which have either run alongside their booked appointments, with additional slots made available for walk-ins; or they have extended their clinic times to have dedicated walk-in times.

We continue to work closely with community engagement and communication colleagues to promote the events; leaflet drops, targeted social media activities, created translated materials where required, on the day 'walk abouts' and providing information sessions. Our council colleagues have been invaluable in providing wrap-around community engagement activities to support all of these models, particularly in areas where we know there is low vaccine uptake.

Engagement with the universities in Cambridge and Peterborough and some sixth form colleges has taken place with planned activity scheduled for September.

We found that larger scale walk-ins did not generate the numbers anticipated although smaller LVS/PCN walk-ins were more successful. We therefore reviewed our plan and targeting and made the decision to focus on smaller pop up/walk-ins and worked hard to get the CCG Vaccination Bus on the road.

2.2.9 Community Pharmacies

Community Pharmacies began vaccinating in February 2021, we have six pharmacies live across the Cambridgeshire and Peterborough area:

1. Halls – Orton Wistow – Peterborough
2. Boots – Queensgate
3. Boots - Huntingdon
4. Superdrug – Sidney Street, Cambridge
5. Wards of Warboys
6. Mi Pharmacy – Park Rd, Peterborough

Pharmacies were invited to join the programme in different waves to support the potential inequalities in some areas and continue to provide easy access to patients in central locations. Community Pharmacy offer bookable appointments via NBS, although Halls Pharmacy has worked with us to adapt to dual pre-bookable and walk-in models and supported Pop-Up events where appropriate, targeting hard-to-reach groups.

Between 4 February 2021 and 1 September 2021 Community Pharmacies have delivered 66,412 vaccines utilising all three vaccine types. (Moderna, Pfizer and AstraZeneca)

Community Pharmacy has supported population coverage through Phase 2 of the vaccine programme, and we will look to increase the Community Pharmacy involvement in Phase 3 giving our patients greater options for accessing both COVID-19 and flu vaccinations.

2.2.10 Lessons learnt:

The large scale 'super weekend' walk-ins did not always have the anticipated numbers, but still manage to vaccinate hundreds of people; we saw a decrease in numbers across the

weekends that we did as the number of people eligible to have their vaccinations reduced. The reasons for this were not easily identifiable given that there had been significant advance marketing and engagement work.

Significant community engagement was carried out with the local authority at the large-scale walk-ins, feedback particularly from the Cambridge City focus seemed to suggest that people approached during 'walk abouts' were reporting to have already been vaccinated or keen to have their second dose early.

We have been working closely with the Vaccine Confidence Steering Group and community engagement colleagues around where the 'best' locations could be to pop up community-based sessions; either through walk in opportunities or utilising the mobile vehicle unit. We are constantly modifying our approach as the characteristics of those remaining vaccine hesitant groups becomes clearer.

Processes have been developed with both the Community Engagement Officers and Environmental Health Officers to support the engagement with sites and workplaces. Leaflet drops, posters, social media advertising, videos, posters, a brand new 'Vaccinators on tour' website are all being used as tools to advertise and promote planned sessions.

Baseline priorities were agreed on 6 July with Public Health Colleagues; these are reviewed at the Vaccine Confidence Group to ensure that we are still working towards the correct priorities based on data related to positive cases and vaccine uptake rates.

Feedback, particularly from corporate sites, has identified some key vaccine hesitancy issues which are being addressed; these include:

- Concerns around not having an NHS number/not being registered with a GP - people not aware they are eligible for vaccine or have not felt invited.
- Apprehension around the vaccine/lack of trust: suggestion the vaccine can 'track' you, also wanting to wait for more research
- Concerns over side effects of the vaccine and potentially needing to take time off work.

At the start of the programme there was caution on vaccinating pregnant women as the products were new. However, evidence has mounted that the COVID-19 vaccination is not only safe in pregnancy but protects mothers and babies against the adverse effects of covid that are increasingly being recognised in pregnancy. Work is ongoing with the midwifery teams to maximise vaccination in pregnant women.

2.3 REDUCING INEQUALITIES

2.3.1 We are continuing to work collaboratively with partners across the system to identify and address inequalities in vaccine uptake. Inequality data is reviewed at each Strategic COVID Vaccination Programme Board.

The establishment of a system-wide Vaccination Confidence Steering Group in February 2021, and supporting a Vaccine Confidence Engagement Group, jointly chaired by the Local Authority and CCG, has enabled the system to monitor vaccination uptake rates particularly by ethnicity and deprivation and prioritise efforts in a more targeted way to help address inequalities. These groups are fully collaborative with representatives from all of

our county, city and district council engagement and community teams to support vaccine confidence amongst our communities. Both groups use Public Health and CCG data as well as soft intelligence gathered from our communities to determine where the vaccine hesitancy is in our population and devise effective methods for overcoming this.

As a result of these targeted and flexible approaches, which include the use of a mobile vaccination vehicle, facilitating walk-in events, and establishing smaller pop-up vaccination sites across the system, as well as developing information videos in community languages from community and faith leaders, door-to-door engagement in priority locations, leaflet distribution, and information webinars in a range of languages for specific communities, with a targeted focus, and for specific groups of staff, we have seen an increase in uptake amongst our priority minority ethnic groups.

That said, as a system, the uptake rates amongst the White (other) ethnic group remains low and further work is now being carried out to understand the barriers that exist and to address these rates, including further targeted interventions at large employer sites and sites employing large numbers of seasonal workers. In addition, we are building on the success of the Making Every Contact Count training that has been launched by Cambridgeshire County Council and Peterborough City Council and rolling this out to employers to enable them to confidently have conversations with their employees about the vaccines.

The Think Communities Team within the local authority has recently recruited 12 new community connectors to help increase confidence amongst local communities and to build upon the information sessions and videos already developed in conjunction with community and faith leaders talking about the safety of the vaccine. Community engagement leads continue to feedback information and soft intelligence on a weekly basis about disadvantaged and health inclusion groups to help inform planning decisions. For example, targeted interventions are being planned for those experiencing homelessness or rough sleeping due to lower uptake rates of second doses amongst this group.

The Vaccine Confidence Steering Group and the Vaccine Confidence Engagement Group have been a vital resource in identifying possible sites for the vaccine bus and pop-up sites within the community.

2.4 COMMUNICATIONS

2.4.1 The Vaccinators on Tour

We launched a new campaign focused on the younger age groups to encourage vaccination uptake called 'The Vaccinators on Tour'. The campaign has been supported by £10,000 of NHSE funding and has included the creation of a website (in-house), branded marketing materials, targeted online advertising, leaflets, posters, short videos, branded wristbands, banners, flags and t-shirts. The new vaccination bus has also been branded using the distinctive 'The Vaccinators on Tour' branding.

To date The Vaccinators website (www.thevaccinators.co.uk) has attracted nearly 41,000 visitors and has received positive feedback from a range of partners and individuals. The website brings together all walk-in and pop-up clinic information, as well as details of our 'permanent residencies'.

All partners have signed up to using The Vaccinators branding, ensuring a clear and consistent brand image across all system channels. This has included creation of leaflets to support door drop and community outreach activities carried out by local authorities and social media branding for walk-ins at our large vaccination sites (run by CCS).

Our social media campaign (non-pay) has achieved 623,463 organic impressions and 20,222 organic engagements. Whilst our targeted online advertising campaign (paid) has generated over one million impressions via Snapchat; more than 176,000 impressions through YouTube; and over 50,000 impressions via Spotify.

We have achieved traditional media coverage in a range of local newspapers, on the radio and secured multiple features on local TV news.

We have created a significant amount of the resources, including the brand and all social media materials and videos, in-house to allow us to focus the budget on external marketing and site marketing materials. These have included production of Frequently Asked Question resources that have been printed and translated into different languages by partners.

Wider engagement and promotional work directed at members of our local community who have not yet had either their first or second jabs has also continued through the Vaccine Confidence Steering and Engagement Groups. The CCG website continues to host the latest frequently asked questions (FAQs), and all translated materials, alongside close working with the local authorities to reach these groups and provide the materials and information they need to enable these conversations to take place.

2.5 PHASE 3, BOOSTER VACCINE AND FLU

2.5.1 Phase 2 and Phase 3 of the programme will overlap.

New JCVI guidance issued on 1 September has said that some individuals who are immunosuppressed due to underlying health conditions or medical treatment may not mount a full immune response to COVID-19 vaccination. JCVI advises that a third primary dose be offered to individuals aged 12 years and over with severe immunosuppression in proximity of their first or second COVID-19 vaccine doses in the primary schedule. More details can be found [here](#).

Phase 3 is the collective name of the booster, and the programme is planned to run between September 2021 and end December 2021. It is the planned 3rd dose booster vaccine, six months after receiving their 2nd dose. We are awaiting confirmation nationally as to whether we will be able to co-administer the Flu vaccination alongside the COVID-19 booster for eligible priority cohorts. However, this would be dependent on national guidance and the timings of the two vaccination programmes.

Delivery mix. We plan to follow a tried and tested model of delivery that has been refined from Phase 1 and 2 of the vaccine programme. Changes have been made given the operational pressures various system partners are currently or expected to experience over the duration of the programme.

2.6 GOVERNANCE

The programme continues to run as incident response with a Bronze, Silver, and Gold command structure (operational - tactical – strategic). The Delivery Team are structured in to four pillars of subject matter experts. Pillar 1 - Operational planning and delivery, Pillar 2 - Community Outreach, Pillar 3 – Reports, returns and situational awareness and Pillar 4 - VACPROG/SVOC functions.