



Royal College of  
General Practitioners

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# Increasing COVID-19 vaccination rates amongst vulnerable groups: summary advice for GPs

February 2021



## Background

GPs will be aware of the disparity in uptake of the COVID-19 vaccine between different population groups; often, the groups most at risk from infection and serious illness are those least represented at vaccination centres. This is an issue that has been identified widely, including in the national [media](#).

The RCGP's Health Inequalities Standing Group (HISG) recently put out a call to its members and other stakeholders, seeking examples of how colleagues engaged in the COVID vaccination programme have approached these issues in their local area, and what impact these approaches have had to date.

The HISG will be conducting in-depth analysis of the responses over the next few weeks; this document serves to provide GPs and other HCPs with a quick summary of the responses received so far, which we hope will prove useful in a practical setting. Respondents have been anonymised to profession and locality.

We continue to collect examples, case studies or evidence on what works in addressing this issue, so please share your local initiatives with us by completing [this form](#).



## Summary of responses

**Respondent:** GP system leader, Nottinghamshire

**Population:** Over-80s

**Intervention:** LA contacting patients as part of well-being check

We plan to share details of over-80s patients who hadn't yet been vaccinated with the local authority. The LA will contact patients by phone to support appointment booking. If patients don't answer they are visited by an LA team as part of a well-being check, who will also support them in booking a vaccination appointment.

**Outcome:** TBC

**Respondent:** GP, Liverpool

**Population:** Inclusion health groups

**Intervention:** Vaccination outreach

A two-day campaign to vaccinate inclusion health groups in Liverpool. The campaign was carried out by Brownlow Homeless Team with support from Liverpool Central Primary Care Network. We used an outreach approach visiting 22 hostels, two probation hostels, two hotels used for emergency accommodation and two drug and alcohol rehabilitation units. Three teams worked in different sites across the two days. Each team was headed by a member of the homeless team (two outreach nurses and a GP), with a nurse prescriber and three medical students. The three teams were co-ordinated centrally by a GP with a special interest in homelessness to ensure adequate supplies and movement of the teams. In most cases the vaccinations occurred in a room within the hostel, with hostel staff bringing residents down to the vaccination point. Where uptake was poor, the vaccination team would visit rooms to collect people or vaccinate people in their room.

**Outcome:** 363 individuals experiencing homelessness or otherwise vulnerable individuals (with a drug and alcohol misuse background who were in rehabilitation) were vaccinated. In addition, 84 hostel staff were vaccinated and 30 additional people were offered the vaccine to minimise wasted vaccine. This gave an overall number of 477 people vaccinated over the weekend. All individuals experiencing homelessness were included. We feel this was appropriate given under-diagnosis, recognised frailty burden and risk in shared accommodation in this population. The overall uptake rate was 58% with a range from 21% to 100%. The best uptake was seen in smaller hostels, with lower uptake in larger hostels and hotels. Further details can be found [here](#).

**Respondent:** GP, London

**Population:** Asian community

**Intervention:** Talk at local mosque

We delivered a talk to the local mosque in our area, who have approx 5,000 members spread across North West London. The ethnic range is almost entirely Asian background. The talk was delivered in Gujarati mixed with English, followed by live Q&A, via Zoom and YouTube. This was to ensure senior age group engagement and relevance. The video of the talk was posted on [YouTube](#) for future reference/sharing; it currently has 1,500 views and a good level of engagement and response as shared with us by the mosque afterwards.

**Outcome:** No concrete data of impact, but anecdotal evidence of increased uptake and attendance at our local vaccination hub.

**Respondent:** GP, Warrington

**Population:** Patients not responding when called for vaccination

**Intervention:** Fire Service Safe and Well visit with vaccination education

For any patient we can't get hold of when booking COVID vaccines, we send just the postcode to the local Fire Service intervention team and they target that address for a Safe and Well visit. They take our leaflets with them, including large print, Braille and easy read. They chat to residents about the vaccine and assist them in booking an appointment. They also let us know if the patient needs transport and if they need a chat with a clinician.

**Outcome:** We have just started it in the last couple of weeks.

**Respondent:** GP, Nottinghamshire

**Population:** Punjabi-speaking patients

**Intervention:** Videos in Punjabi

We have produced videos in Punjabi providing an A-Z guide about the COVID vaccine, including myth-busting. We make use of social media, TV and radio to raise awareness.

**Outcome:** We have seen an increased uptake of vaccines in hard-to-reach ethnic minority communities who are disproportionately affected by the pandemic.



**Respondent:** GP, South Yorkshire

**Population:** BAME community

**Intervention:** Pop-up clinic in local mosque

We set up a pop up clinic in a local mosque in Sheffield, targeting BAME population and those without transport.

**Outcome:** Too early to see clear impact, but we've seen a very positive response from community and higher attendance of BAME patients at the clinic from BAME than in local practices.

**Respondent:** Nurse Consultant, West Yorkshire

**Population:** Inclusion health groups

**Intervention:** Vaccination outreach

As an inclusion health APMS service, we are using our outreach services to vaccinate rough sleepers, the homeless (in hostels and hotels), newly arrived cohabiting asylum seekers, sex workers and Gypsy, Traveller and Roma communities.

**Outcome:** Uptake in these communities much better than expected. We have been using trusted partner organisations to build trust.


**Respondent:** GP, London

**Population:** BAME community

**Intervention:** Webinars via Zoom

32 community organisations collaborated under the 'OneJain' organisation to deliver several health education webinars via Zoom. The two initial webinars, delivered in Gujarati, received over 25,000 views. These were aimed at elderly Gujarati members of the community who were then invited for COVID vaccination. The webinars included information on COVID, how to stay safe, how manage symptoms at home, how to access the right care and information on the vaccine itself. It included a mythbusting segment and a live Q&A session with a panel of GPs, hospital doctors and scientists. After the initial success, the OneJain team has supported the delivery of several more sessions by community experts including a youth and paediatrics event. The health team and community team continue to plan events that focus on the impact of COVID and vaccinations on those affected by various other health conditions with a high prevalence in this community including heart disease and diabetes.

**Outcome:** The initial webinars reached community members all across the UK and were then shared in parts of Africa, America and India. From the initial survey, approximately 25% who weren't sure about getting the vaccination were now planning to get it, and only 1.5% said they



were still uncertain. Most of the others that replied seemed to have made the decision to have it and this reinforced their decision, or they had had a dose already.

**Respondent:** GP, East Yorkshire

**Population:** BAME communities

**Intervention:** BAME webinars

- 1) MANSAG (Medical Association of Nigerians across Great Britain) – Webinar for BAME communities titled “Covid & Vaccines: Fact vs Fiction”, 27 Jan 2021. Available on [YouTube](#).
- 2) Employee Network leaders : "From Vaccine to Vaccination" workshop (28.2.2021) delivered to The Network of Networks BAME | Multicultural Chapter bringing together network leaders, executive sponsors, allies, HR and D&I senior executives from a range of large corporations, partnerships and SMEs
- 3) Caribbean and African Health Network (CAHN) Series of COVID Vaccination Webinars started on [16.1.2021](#) & [30.1.2021](#)- delivered to BAME communities
- 4) The Leadership Network - COVID Webinar (28.1.2021) BAME communities
- 5) CamDoc (Cameroonian Doctors in the UK) - Webinar titled "A COVID-19 Vaccine". Available on [YouTube](#).
- 6) The African & Caribbean Health and Wellbeing Network - COVID 19 Vaccination webinar - 31.1.2021
- 7) Nigerian GPs UK (NGPUK) promotional video published on several social media platforms on 31.1.2021 increasing awareness of COVID vaccinations
- 8) N.T.C.G. Brooks' Bar and Faith Tabernacle. Webinar titled 'Covid-19 Vaccines: your questions answered' with a faith community in Manchester, attended by Drs Jeremy Brown and Sean Bakare. Available on [YouTube](#).

Several similar interventions planned in February and beyond. Those platforms with a more diverse representation from the community (ie pastors/faith leaders) tended to have a higher number of attendees

**Outcome:** For webinar #8: before the webinar, 38% indicated they were likely/very likely to accept the vaccine, 40% undecided and 22% unlikely or very unlikely (n=50). After the webinar, 61% were likely/unlikely, 34% undecided and 4% unlikely/v. unlikely (n=41).

**Respondent:** Academic GP, South Yorkshire

**Population:** Substance users with long-term conditions

**Intervention:** [Engagement with local chemists](#)

We are aiming to increase flu (and hopefully COVID) vaccination uptake amongst substance users with longterm conditions (e.g. respiratory, BBV, liver disease). These groups have poor access to primary care and usually miss out on flu and pneumovacc jabs. By normalising flu vacc (whereas previously usually excluded by poor access) we hope that they will get their COVID vaccination too. This marginalised group should be targeted through pharmacies, which they frequently attend.

**Outcome:** For three years, the Sheffield Health & Care Trust Fitzwilliam clinic have promoted flu vaccinations by attaching slips to methadone scripts alerting the chemist and patient. All chemists dispensing methadone agreed to collect flu jab data and feedback to the commissioning PH DAAT. Flu vaccination uptake is poor amongst opioid users and SE groups, for example, less than a third in a population study for people with asthma; see [our paper](#) for more details.

**Respondent:** Communications consultant, London

**Population:** BAME community

**Intervention:** [Vaccine information leaflet and web content](#)

BME-led Shian Housing Association, in Hackney, commissioned me to produce a leaflet and web content under the heading "Coronavirus vaccines: Why we think you should say YES" on 25 Jan 2021. The project was immediately taken on by the BME London landlords - an umbrella group for 14 small BME-led housing associations in London. The aim was for them to reach out to their tenants with respectful and honest discussion of the concerns of different ethnic groups.

**Outcome:** The materials were ready for circulation by 29 Jan and we decided to spread them as widely as possible at no cost. We started with other small HAs and Waltham Forest HA immediately came back to say they would use them too. We have already had very good feedback from Hackney CCG and GPs in Tower Hamlets - so we know they are circulating in east London primary care. Also in Tower Hamlets: Citizens UK and the Maryam women's centre at Whitechapel Mosque are working out how to circulate them. Bangla HA, which has itself produced excellent COVID materials - see their website - will be translating into Bengali, while the Tamil HA will translate into Tamil. Both are BME London landlords members. The BME National landlords group, which represents 45 small BME-led HAs nationally, is saying they will circulate a version with their own logo. This is just within a few days.

**Respondent:** Academic GP, South Yorkshire

**Population:** Asylum seekers and refugees

**Intervention:** Webinars via Zoom

I am giving a series of talks via zoom in collaboration with the South Yorkshire Refugee Council to asylum seekers and refugees on information about COVID vaccines and helping to debunk myths.

**Outcome:** I don't have any data but it seemed that people were feeling more confident about taking the vaccine by the end.

**Respondent:** Nurse Practitioner, Cambridgeshire

**Population:** Gypsy, Roma and Irish Traveller communities

**Intervention:** Canvassing awareness and intentions

We are focused on people of Gypsy, Roma and Irish Traveller ethnicity. We have been canvassing the likelihood of taking up the COVID vaccine during a targeted LFT pilot; also, we've been telephoning clients within the top 4 JCVI groups to enable them to access Vaccination.

**Outcome:** This is an ongoing piece of work. A survey of 101 individuals attending a pilot project targeting this community indicated that 78.6% would accept the COVID vaccine. Of the remainder, the reasons given for not accepting the vaccine included: scared; cynical; unsure or afraid of effects; needle phobia; do not believe COVID is serious; not sure yet; not enough evidence. 57% would be happy to receive their vaccination in a community setting, 47.9% at their local GP, and only 5% at a mass vaccination centre.

**Respondent:** GP, London

**Population:** Portuguese-speaking community

**Intervention:** Multilingual videos

We have produced videos with staff (demonstrating good diversity) and featuring patients, in English and Portuguese.

**Outcome:** nil KPI measured



**Respondent:** GP, London

**Population:** Non-English speaking communities

**Intervention:** Multilingual videos

The NIHR CRNs have done a video campaign about COVID-19 research and vaccination in different languages: <https://bepartofresearch.nihr.ac.uk/COVID-and-Me-Vaccines/Asif-Tie-Your-Camel-Up/>

There is more information in the NIHR NWL CRN website about how continued vaccine research is essential.

**Outcome:** The NIHR campaigns involved videos in different languages and from members of different communities in NW London (as in the videos and stories), to try and tackle misinformation about vaccines and treatment studies. The videos anecdotally have been very well received but still awaiting to see if there is more quantitative data.

**Respondent:** Anon

**Population:** Patients with limited transport capacity; high risk patient groups

**Intervention:** Vaccine clinic siting; patient coding and data capture

I asked our health board to move the vaccine site to either somewhere in walking distance or a centre that had public transport links, after we saw low uptake of flu vaccination in a site without public transport links. Patient either arrived in taxis which they said they could ill afford or DNA altogether. We also did a search on patients with high weight and no BMI coded to try to code as many BMIs > 40 as we could, to increase the number of at-risk people who would get the vaccine. We have also attempted to improve our capture of new (and ever-changing) mobile numbers to help with use of the MJog facility for reminders. We have stretched to the limit our capability to immunise in our own practice.

**Outcome:** Don't know yet, thus far only immunised older people for COVID who have been grateful and 100% attendance

**Respondent:** GP, West Yorkshire

**Population:** Hard to reach patient groups in diverse population

**Intervention:** Use of health coaches from the voluntary and charitable sector

We seconded 28 health coaches from the local voluntary and charitable sector into our 90,000 patient PCN, which has a diverse population ranging from very high levels of deprivation and ethnic diversity to rural and more affluent groups. The health coaches are given lists of patients every week who we have either been unable to contact, who need support deciding about vaccination or accessing our clinics, or who have initially declined vaccination. The coaches are also promoting vaccines within their communities and working with local people / community leaders to address concerns and myths about vaccination. Our temporary VCS colleagues come from larger charities and small grassroots community organisations. In parallel we are working with community groups and religious centres, including our local mosques, to set up pop up vaccination clinics. As of next week we should have LSOA level data on vaccination uptake and coverage to target specific communities and ensure equitable vaccination.

**Outcome:** As of yesterday, our PCN has achieved high levels of uptake in all age ranges. We don't have deprivation / ethnicity data yet, but this is coming (either via internal reporting processes or our work with Bradford Connected Communities / Institute of Health Sciences). However, practices with IMD scores over 30 are achieving 80% uptake in the over 80s (v 90% in those with IMD scores of less than 30). More granular LSOA data may reveal high levels of inequity.

**Respondent:** GP, Norfolk

**Population:** BAME communities

**Intervention:** Videos of Nigerian GPs

The Nigerian GPs in the UK group put together videos of Nigerian GPs who had received their Vaccine and shared them across different platforms as a way of informing the public, especially the BAME groups who have a lot of hesitation and doubts about the authenticity of the Vaccine; so far positive reviews have been received.

**Outcome:** No real data was collected so unable to give accurate information on this.



**Respondent:** Anon

**Population:** BAME communities

**Intervention:** Intervention programme led by dedicated CCG groups

We have stood down all the clinical leads in Birmingham and Solihull and formed a group of clinical leads leading the CCG awareness program in addition to the BAME group . We have appointed Health inequalities champions for each PCN who will be going with the clinical leads and BAME staff network leads to each practice of each PCN and having a conversation with the GPs in areas of low uptake and working out a model support template which the CCG will adopt to help increase vaccine uptake. We are all also having various meetings with our local groups - community champions and faith leaders and using the TV, media to promote the CCG's dedicated COVID website, as well as having various drop-in discussions all around the city to inform people. We are now publishing our local vaccine uptake data so people are encouraged to take the vaccine when they see others have taken theirs . We have started vaccinating in venues like mosques and community centres and mobile units so people have easy access to the vaccine.

**Outcome:** We are just starting and so far the Midlands are leading and we only have 6 PCNs in our area below the 70% mark. Hopefully we are rolling out the personalised template next week so will increase uptake further.



## GP social media groups

We have also reviewed relevant comments in GP social media groups. As it may not be appropriate to use direct quotes without permission, we have summarised the main themes and suggestions here:

- Giving patients who may be hesitant more time to think can lead to an increase in uptake. It may be worth calling back after 1-2 weeks.
  - Having a nominated member of staff with the skills and knowledge to provide information and reassurance to call patients who refuse the vaccine or are unsure, can be very effective.
  - Multi-agency working requires project management skills/time to pull activities together, along with clinical leadership. This may require specific funding.
  - Build a sequence of engagement activities rather than a one-off, linked to outreach activities (e.g., pop-up clinics).
  - Make use of trusted community leaders. Partner organisations and venues should be appropriately funded and supported.
  - Make use of both hard data on IMD/ethnicity but also softer intelligence gained from community feedback and patients' own stories. Allow yourself time to reflect on the most helpful next steps.
  - There is real value in cross-PCN and cross-CCG networks providing support for communities which straddle these boundaries.
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