

# A two-day campaign to vaccinate the homeless in Liverpool



## Overview

**Reference:** 03

**Location:** Liverpool

**Target Group:** Homeless

**Initiative type:** Outreach

## Contact

**Email:**

[ryan.young@livgp.nhs.uk](mailto:ryan.young@livgp.nhs.uk)

**Website:**

[www.clpcn.co.uk](http://www.clpcn.co.uk)

**Twitter:**

@CentralLpoolPCN

## Top Tip

*Trust is vital to increase uptake. Make sure there are people on site who the patient trusts, can seek reassurance from and explain the benefits of the vaccine.*

### Why is this important to us?

At the start of the pandemic, we went through the health records of the homeless people in the City. We knew that around 50% had chronic health conditions which makes them vulnerable to COVID-19. Homeless people have frailty levels much higher than the rest of the population. We also know that they access services at A&E much more often and are in hospital much longer. We used our experience of using flu vaccines before and we know our homeless populations don't come to us. We have to go to them, so we took it to their door.

### What are we doing?

We made contact with all homeless services in Liverpool via the council. We were able to get lists of people in [temporary] accommodations. In Liverpool, we have a data base to track homeless people across the city which was really useful. We used an outreach approach, going to homeless hostels, hotels, drug and alcohol rehabs and patient hostels. We set up in big rooms within those spaces and then people came to us within the accommodation and vaccination was done by the team. We also went room to room to encourage vaccine uptake where uptake was low.

### Who is involved?

We set up three teams. Each team had a homeless team member, a community matron, three medical students, a GP or Nurse and then there was a GP coordinator who coordinated everything from a central location. Engagement of Central Liverpool Primary Care Network was huge, they backed us in classifying homeless people as clinically extremely vulnerable and provided us with resources which included clinicians and the vaccine.

### What works for us?

We are well supported by our network and at the start we had meetings with the council, hostel providers, emergency accommodation providers and we disseminated information mainly through support workers of the patients. The more engaged the support worker, the better the vaccine uptake. Trust was built by us knowing the patients, we know this population, so this allowed better engagement. **Over the two days we vaccinated 363 homeless individuals and I think there were 84 staff vaccinated as well. Since then, we also opportunistically vaccinated people who we have missed in the homeless clinic once a week as a follow up. We have now above 400 people who are vaccinated.** If we didn't do outreach, I don't think this would have been successful.