

# Community Immunity Campaign



## Overview

**Reference:** 43

**Location:** North-west  
London

**Target Group:** Local  
community

**Initiative type:** Pop-up  
clinics

## Contact

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#CommunityImmunityNWL

## Top Tip

*Get your initiative going by doing a small-scale test of change - go for it!*

### Why is this important to us?

As Neohealth PCN, we have previously seen lower uptake for childhood immunisations and screening programmes in our community. Using our whole system integrated care dataset (WSIC) which combines primary care data with local authority data, we were able to see lower uptake of the COVID-19 vaccine in areas of higher deprivation and in certain communities, which allowed us to carry out specific engagement events and offer localised vaccine pop-ups, to narrow inequalities, plus increase vaccine confidence and access.

### What are we doing?

We aim to ensure that what we do is by the community, for the community and with the community. We work collectively to build trust and long-term relationships. We have used the WHO's Behavioural and Social Drivers Working Group model to increase vaccination uptake, through increasing vaccine confidence and access. We organise community engagement sessions and vaccination pop-ups and transport. We have used WSIC data to take a population health management approach and target wards with lower uptake. We held our first community engagement webinar in Arabic, which was attended by 150 people, and followed this up with four vaccination pop-ups in a mosque. We leafleted all our sessions on the days prior to publicise the event, and allowed both pre-booked appointments and walk-ins. We have held multiple sessions at the same location to utilise the ripple effect; when one person is vaccinated they tell others, who feel more confident about coming. We collaborated with community organisations who work with undocumented migrants and people experiencing homelessness to encourage attendance, and used this opportunity to support GP registration.

### Who is involved?

We have brought together primary care, community organisations, charities, the STP, and the local authority. Agility, trust, and good governance and leadership have been key to ensuring we meet our aims. For each planned pop-up, we set up a short-life WhatsApp group which enabled us to be agile. We have used quality improvement methodology to change our approach as and when required.

### What works for us?

We use patient and volunteer feedback to inform our approach; having our hashtag on Twitter provides feedback and promotion of our work. It has also been challenging ensuring that the leadership is disseminated, so that as GPs return to 'business as usual', the initiative can continue. We are aiming to utilise the relationships that we have built to increase access to other health programs in the future, such as blood pressure checks and childhood immunisations. **So far, we have held ten pop-ups in community and religious settings and in total, we have vaccinated 522 people.**