Care closer to communities

The Strategy Unit.

Overview

Reference: 44

Location: Birmingham & Solihull

Target Group: Multiple

Initiative type: Mobile vaccination clinic

Contact

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Top Tip

One size does not fit all. Initiatives may have a loose framework, but they require local autonomy to be successful in meeting the community's needs.

Why is this important to us?

Birmingham is ranked as the 3rd most deprived English city, with 6 out of 134 local areas within the 5% of the most deprived areas in England. Birmingham uptake of vaccines aimed at the over 65s is below the national target, with uptake lowest in more deprived communities and in some ethnic communities, particularly the African and Black Other ethnic communities followed by Pakistani and Bangladeshi communities. We wanted to address this by establishing a vaccination delivery model that would meet the needs of the community.

What are we doing?

Our local vaccination delivery model includes mass vaccination sites, hospital hubs, general practice sites, community pharmacies, and services for the housebound. We recognised the need to have vaccination sites in places that are trusted by the community. We have used several religious buildings, whose staff have facilitated the direct booking of patient appointments. Staff are multilingual and are familiar to the community, which has supported the delivery of the initiative. We have also established local GP networks, and are the first STP to implement a network of 31 PCN Health Inequalities Champions. Their role is to connect with the community and understand their needs better. We have utilised mobile vaccination units which are located close to faith and community settings, selected according to where there is low uptake in marginalised or deprived communities**.** We are also piloting vaccinating multigenerational households, by identifying patients at high-risk of COVID-19 who have not yet taken the vaccine and offering it to their whole household and wider family. We have found that communicating with families and addressing their concerns directly has been key to tackling vaccine hesitancy.

Who is involved?

This initiative has brought together the CCG, the Director of Public Health, the Community Mental Health team, pharmacies, places of worship, and community groups supporting inclusion groups, including sex workers, people experiencing homelessness, migrant and asylum seekers, and Roma and Gypsy groups.

What works for us?

The feedback we have received has been overwhelmingly positive. We have promoted feedback forms to each person vaccinated and this has been used to inform our approach. **We administered 45 doses in our first pilot session in a place of worship, followed by 100 doses in each subsequent session. The van first visited a shelter for people experiencing homelessness and vaccinated 34 patients.** Data collection is central to understanding what is working, so we collect both quantitative data on uptake, as well as qualitative feedback.