

# Leicester, Leicestershire & Rutland CCG's – Vaccination of multi-generational households

The  
Strategy  
Unit.



**NHS**  
Leicester City  
Clinical Commissioning Group

## Overview

**Reference:** 50

**Location:** Leicester

**Target Group:** Multi-generational households

**Initiative type:**

Engagement

## Contact

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## Top Tip

*Use the data more intelligently and talk to the communities to get the right outcomes for patients.*

### Why is this important to us?

Leicester has a diverse population with varied levels of deprivation. We looked specifically at areas where people are not coming forward for vaccination and noted the COVID-19 impact on those communities. A local survey with 4,500 responses showed that vaccine hesitancy centred on confidence issues, convenience issues and complacency issues. The government priority cohorts did not necessarily match the infection rate in our local areas. We learnt that a lot of people are informal carers, living with vulnerable individuals. Multi-generational households are particularly common within our Asian communities, as well as our Somali and Eastern European communities. A lot of those were also in high contact jobs, which increases the risk of COVID-19.

### What are we doing?

80% of our vaccinations are delivered at local vaccination centres run by PCNs who have knowledge about their populations, including patient households and carers. We have used the clinical flexibility of GPs to vaccinate multi-generational households. PCN's were told to invite the whole household for vaccination at the same time when one person is a vaccination priority. Our hesitancy work has shown that if we can get one person in the family vaccinated, then the rest come through as well. Our most successful initiative has been GP phone calls to people who declined the vaccination, which have had a 69% conversion rate. We have linked these phone calls to our multi-generational work to target families who are more likely to be declining the vaccine. We've been using community intelligence through our GPs to target the right people.

### Who is involved?

We have a strong partnership with Public Health for local data sharing. Often these communities are labelled as 'hard to reach' – we quickly concluded that we have been the ones that are hard to reach. A lot of our work has been to build on those relationships with communities and improve future access. We have used community radio stations and local voluntary sector groups for engagement and partnered with them in our initiative design.

### What works for us?

We have evidence that vaccination uptake is much higher in our under 50s population than other areas in the country with comparable populations. We have been successful in vaccine equity through targeting multiple groups with tailored initiatives. We have promoted 100 webinars as a wider health and care system, hosted multiple pop-up clinics and a mobile clinic. **Our pop-up clinic in a mosque in partnership with Somali Health Association resulted in 750 vaccinations in one day.** Our assessment found that 40% would not have gone somewhere else if the service hadn't been available in that community. We've been receiving qualitative feedback to shape how we work in the future. We have recognised the much bigger disease burden in the city and are currently planning a pop-up for Deliveroo and Uber Eats drivers, to target this high contact population.

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