GP teams work together with members of health inequality groups to expand their COVID-19 vaccine equity project

Note: Some sections of this case study refer to clinical commissioning groups (CCGs). On 1st July 2022, integrated care systems (ICSs) took over statutory commissioning responsibilities in England, and CCGs were closed down. You can learn more about integrated care systems (ICSs) here (https://www.england.nhs.uk/integratedcare/).

Case study summary

In December 2020, GP federation, Alliance for Better Care (ABC), was tasked with running the COVID-19 vaccination programme across Crawley, East Surrey and Mid-Sussex. Its leadership team was also keen to find new ways to assist the local clinical commissioning groups (CCG) in reaching out to vulnerable groups to come forward for the COVID-19 vaccination.

The ABC team set up 10 vaccination sites across their primary care networks (PCNs), as well as creating roving teams and launching a mobile vaccination unit.

In July 2021, Jeredyne Stanley and Eva Bangova joined the team, becoming ABC's first ever vaccine equity co-ordinators, with the aim of supporting vulnerable local people, including Gypsy Roma Travellers (GRT), minority ethnic groups, people experiencing homelessness, asylum seekers, refugees and those on low income and/or receiving benefits.

Jeredyne has a wealth of experience with community engagement and is founder of the Rivers Learning Community Project (Rivers LCP), a charity that supports women who are socially excluded, not able to find assistance from other organisations or who need help without the involvement of formal authorities. Rivers LCP's existing relationships allowed easy access to ethnic minority groups. Eva is a member of the Roma community and is able to provide a wealth of knowledge and experience about the GRT community in England and their relationship (or lack of relationship) with health services.

While the initial scope was to improve the uptake of COVID-19 vaccinations, ABC used this project as a vehicle to earn the trust of the people they were trying to reach – and the legacy of this programme is the biggest achievement. The team has already managed to also contribute to early intervention in a number of areas, including advice on housing and benefits, access to GPs and dentists, form filling and much more with direct help from ABC's social prescribers.

How the vaccine equity co-ordinators worked

The two vaccine equity co-ordinators worked with data from local public health, CCGs and primary care to identify areas where uptake of the COVID-19 vaccine was low. They built connections with communities, finding out what led to hesitancy about the vaccination and collaborated with the communities to design the most suitable interventions, such as creating promotional materials in a range of languages or setting up vaccine 'pop up' clinics.

Together, after many hours of engagement exercises, the GP federation introduced 17 outreach clinics at churches, mosques, temples, community centres, homeless shelters and sheltered housing sites. Roving teams visited 80 GRT sites, homeless hostels, refuges, prisons and asylum seeker/refugee hotels, allowing vaccinations to take place in safe and familiar settings. The roving teams were adapted according to the needs of the community. As well as vaccinators and administrators, the teams sometimes included First Community Health Inclusion GRT nurses, a Mental Health Outreach & Engagement Officer and an GRT Advice and Guidance Officer.

Programme results

The uptake in some refuges slowly increased as the equity co-ordinators became more familiar to the residents. At one refuge eight patients were vaccinated on the first visit; by the fifth visit 49 out of 66 had received their first dose.

More than 1,100 patients received vaccinations at pop-up sites across East Surrey, including more than 150 homeless patients, 400 asylum seekers and 350 members of the GRT community.

There has been significant increase in uptake among some communities e.g. a 26% increase in vaccine uptake since August 2021 within the Asian/British Asian community in parts of Crawley.

To date, the 10 vaccination sites, roving team and mobile vaccination unit have administered more than 720,000 vaccinations.

It soon became clear that this work also offered an opportunity for ABC to drive forward equity of access to healthcare and remove any unintentional barriers.

Jeredyne said: “The conversation quickly evolved from ‘’Let me tell you about the vaccine’’ to ‘’I am here to listen, tell me how you feel and what you need”. This approach gave a voice to marginalised communities across Sussex and Surrey and has created a true and lasting legacy for the vaccination programme.”

Eva added: “We have been working with Public Health to bring the voices of our community back and untangle some of the barriers. Our approach has allowed us to provide free Uber taxis, for example, and we’ve created a welcoming atmosphere by hosting hot meals and free health checks with vaccinations available alongside.”

Lessons learned

The co-ordinators offered an opportunity for ABC to drive equity of access to healthcare amongst populations who have historically felt overlooked by health services and remove any unintentional barriers.

Local councils were integral to the programme with established channels of engagement with many of the communities the team hoped to reach. Voluntary partners included Renewed Hope, the YMCA, Reigate and Banstead Women’s Alliance and Crawley Open House.

Local partnerships with small voluntary sector organisations and charities proved important as they brought crucial insight to the programme that was not accessible to NHS providers. They helped shift the approach and ABC soon moved from expecting everyone to access the vaccination service, to working with the people who they have not previously engaged with to co-design the solutions.

The equity co-ordinators' work – and their shared learnings – have led to ABC becoming a trusted partner of choice for many local organisations, as they recognise the team's frequent presence and trusted status within the community.

Sharing the learning

The learning on how to effectively bridge the gaps between healthcare and communities has been shared with other community outreach workers and colleagues. Jeredyne is part of several working groups where she is able to share any lessons learnt and best practice with other GP teams. The equity co-ordinators also held an online masterclass, open to NHS colleagues and partners, focused on addressing health inequalities. By feeding back directly to Vaccination Public Health, the team ensure an effective response in reducing healthcare barriers across Surrey for vulnerable cohorts. The team are also involved in the operational design of the vaccine equalities strategy.