

Enhanced Health in Care Homes London Covid-19 Vaccination webinar to support reducing vaccine hesitancy

Hosted by NHS London and Healthy London Partnership

20 January 2021

13.30-14.30



The team hosting you today



Jane Clegg- Chair

London Joint Regional Chief Nurse
NHS England & NHS Improvement



Briony Sloper

Out of Hospital cell lead - Ageing Well, Community
Services and Discharge Pathways
London Covid-19 Response Team
NHS England & NHS Improvement



Aileen Buckton - Panel member

London ADASS



Dan Heller – Chat monitor

Programme Manager
London Out of Hospital Cell
NHS England & NHS Improvement



Ezra Kanyimo – Presenter

Enhanced Health in Care Homes Lead- London
Region
NHS England & NHS Improvement



Neena Shah- Presenter/Chat monitor

Acting Deputy Communications lead
Healthy London Partnership



Jon Winter

Head of Communications
Healthy London Partnership

Questions to the panel

1. Please type any questions in the chatbox throughout the webinar
2. Send your chat box contributions to 'all participants'
3. We welcome offers of support and advice – what's happening locally?
4. Slides will be shared after the webinar



Agenda



Timing	Discussion	Lead/ speaker
13:30	Welcome	Jane Clegg
13:35	Reducing vaccination hesitancy	Ezra Kanyimo
13:40	Local practice example 1- Havering Care	Mike Armstrong
13:50	Local practice example 2- Lennox House	Dio Giotas
14:00	Faith communities and support for vaccine uptake reflections	Yunus Dudhwala Dr. Mohammed Wajid Akhter Rev Alan Green
14:10	Communications Resources	Neena Shah
14:15	Panel Q & A	Comms team/ Chair
14:30	Closing Remarks	Chair

Reducing vaccination hesitancy



Ezra Kanyimo

Enhanced Health in Care Homes Lead- London

NHS England and Improvement

NHS England and NHS Improvement

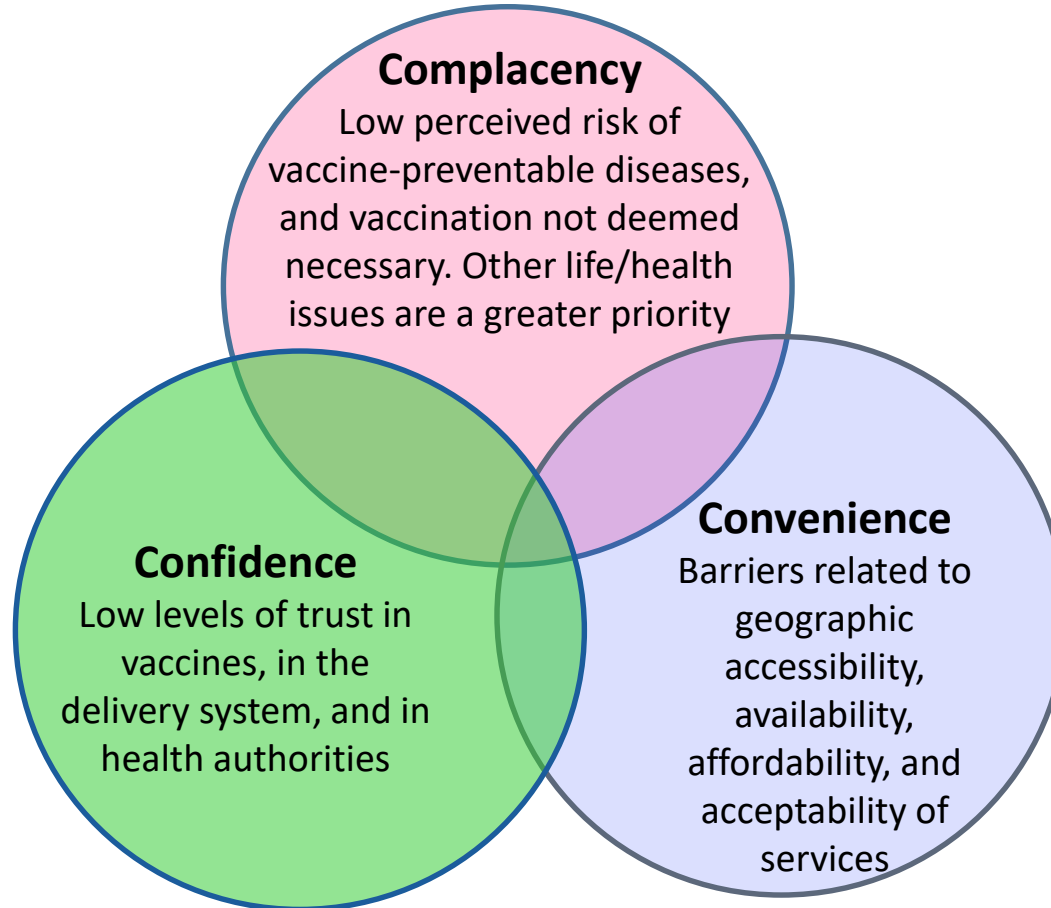


What is vaccine hesitancy?

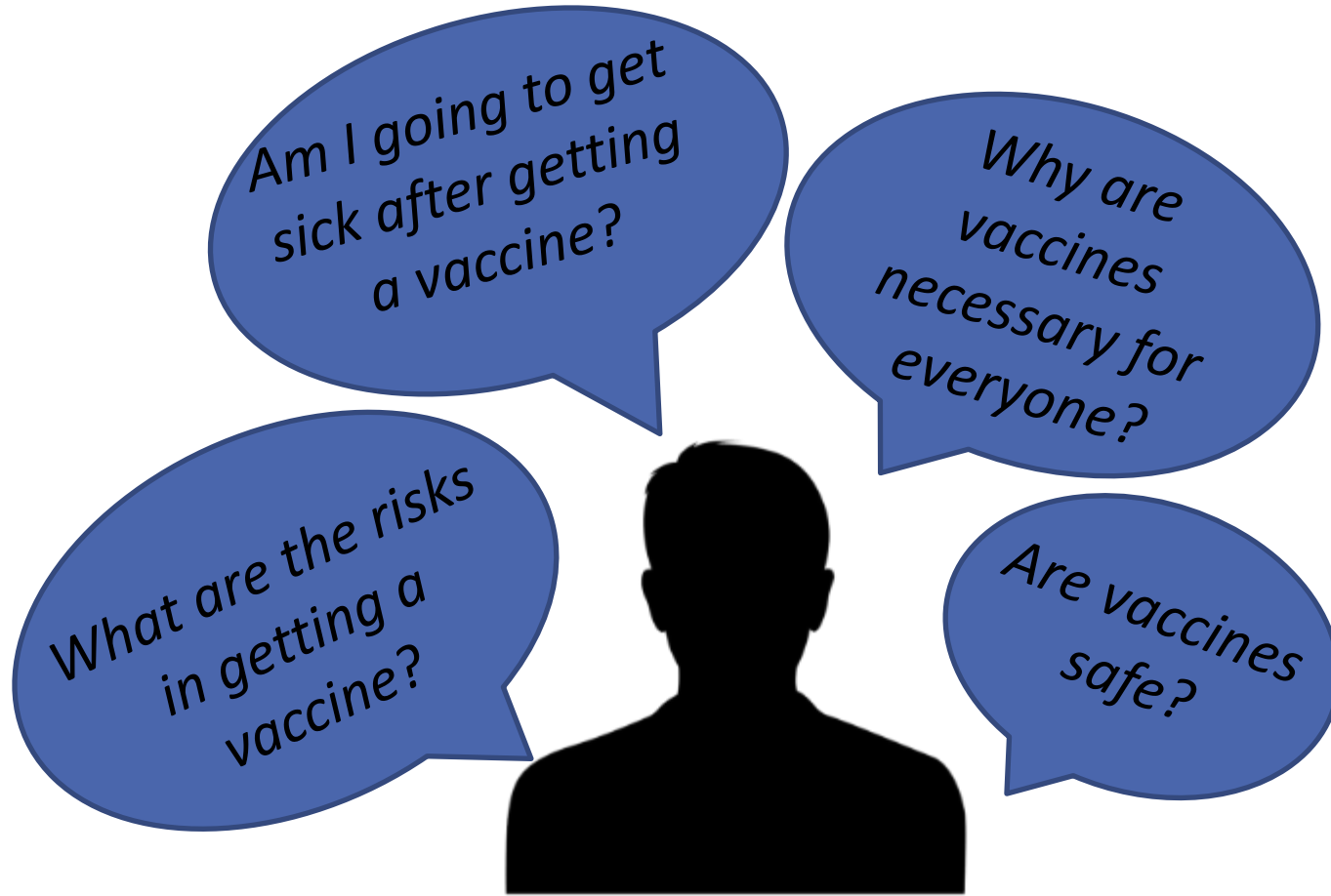


- **A delay in acceptance or refusal of vaccines,** despite availability of vaccination services
- **Complex and context** specific, varying across time, place and vaccine

Factors contributing to vaccine hesitancy **CARE** **NHS**



How is hesitancy expressed?



Willingness to be vaccinated

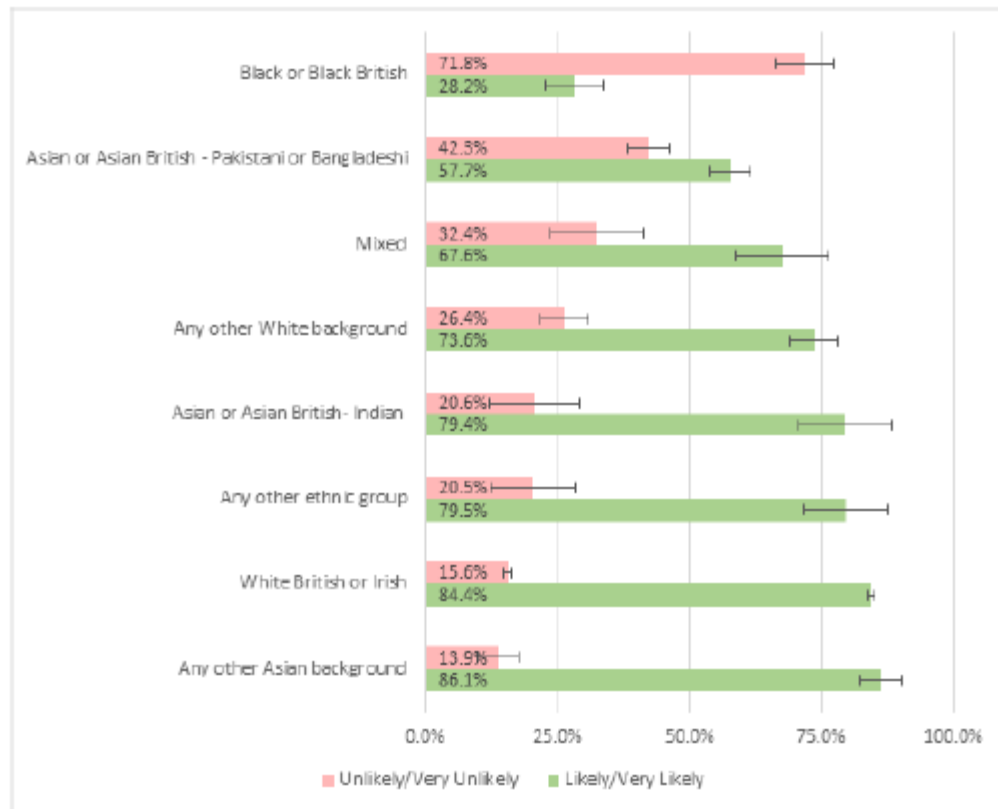


Figure 1. Willingness to be vaccinated in the UK Household Longitudinal Study by ethnic group

Vaccine hesitancy themes



- Misinformation – Staff have raised concerns based on the misinformation shared on social media. This includes concern re. changes to DNA, fertility and microchips
- Family and friends pressure – Staff may be open to the vaccine having seen the impact of Covid-19 first hand but are under pressure from within their family and networks not to have the vaccine
- Fear and mistrust – made worse by the sense that frontline staff have been chosen to go first. This was articulated powerfully as “Why are black people suddenly at the forefront, when did the government start caring?”
- Importance of talking to staff as part of their community e.g. webinars in Punjabi or Gujrati, staff could then join these with their families
- Concern regarding the Pfizer vaccine “big pharma has not been so clean in the past”. This seems to particularly be an issue for people from black West African backgrounds
- There has been advice from some African nations not to take the vaccine, staff are concerned about this mixed messaging

- **Safety concerns** – this includes worries over side effects, the general safety of vaccines, and the ingredients used. Your organisation can help in this by sharing the content developed by PHE and NHS England (linked to later in this pack) and others on your social media channels, and ensuring patient-facing staff are equipped with the information they need to reassure patients of the safety of the vaccine.
- **Not being first** - some people who are unsure say they want to wait until others have had the vaccine first. Vaccinating organisations can help in this by sharing the stories of those who have already been vaccinated on social media and promoting these in local media too.
- **Don't need it** – a small number of people don't think coronavirus poses enough of a risk to them, and so they don't need a vaccine. Vaccinating organisations can help in this by being clear in invitations why the individual in question is in a priority group.
- **It won't work** – a smaller number of people are not convinced that the vaccine will be effective. As above, all organisations can help in this by sharing the content developed by PHE and NHS England (linked to later in this pack) and others on your social media channels, and ensuring patient-facing staff are equipped with the information they need to reassure patients of the high level of efficacy of the vaccine.

Vaccinating the workforce



Mike Armstrong

Managing Director

Havering Care Homes Ltd

NHS England and NHS Improvement





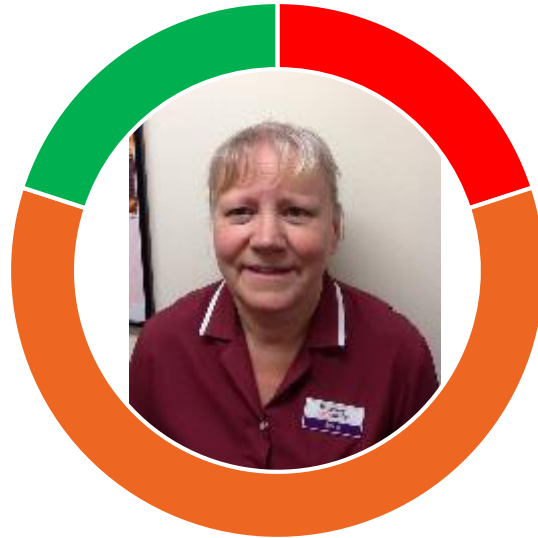
Mike Armstrong

Managing Director Havering Care Homes

Upminster Nursing Home
Part of Havering Care Homes Ltd

Vaccinating the workforce

Change Management adoption



■ Unlikely Adopters ■ To be one over ■ Early Adopters

The principle



20% Early
adoption

60% With
information
and peer
pressure

20%
Unlikely to
agree to the
Vaccine

Low hanging fruit

1

- Text staff asking which members of staff wanted the vaccination, who did not want it.

2

- Build baseline data

3

- Information on the vaccine and link to booking.

Those waiting to be convinced

1

- Carry out Survey and respond to questions with FAQ's.

2

- Vaccinate workforce and residents in the home.

3

- 1-2-1 meeting with staff

Those dug in

1

- Announce £100 staff thank you payment.

2

- Peer Pressure & time to see what happens other.

3

- Offer the vaccine again

Home Example

- Upminster Nursing Home
 - 44 staff
 - 10 on first 3 days the vaccination centre was open in the hospital(23%)
 - 14 Were vaccinated when the GP visited the home to vaccinate the residents (32%)
 - Further 8 staff want the vaccine (4 want the Oxford, 4 waiting to finish isolation) (17%)
 - 12 – All to play for!
-
- 10 of the 12 staff (83.33%) refusing the vaccine are from BAME groups.
 - This is about hearts and minds not Arms!

Covid-19 Vaccine uptake strategy



Dio Giotas

Deputy Manager

Lennox House Care Home, Care UK



LENNOX HOUSE CARE HOME COVID-19 VACCINE UPTAKE STRATEGY

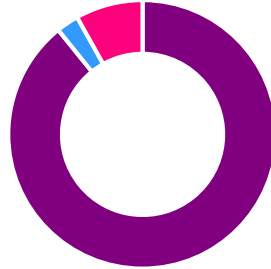


By Dio Giotas, Deputy Manager

Lennox House - Residents' Vaccination Rates

(as at 18 Jan 2021)

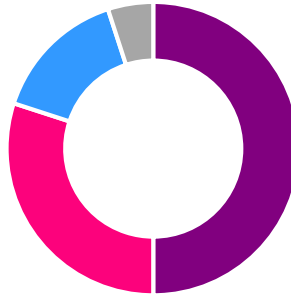
- Vaccinated (89%)
- Unfit on the day (3%)



Lennox House - Staff Vaccination Rates

(as at 18 Jan 2021)

- Vaccinated (50%)
- Currently Booked (30%)
- Declining (15%)



Vaccination Strategy

- Lead by example
- Multiple comms channels
- Understand each individual
- Generate and sustain momentum (from flu campaign)
- Work with opinion formers
- COVID awareness activities

Critical Success Factors

- Know your audience / staff
- Own the campaign
- Engage all stakeholders
- Repetition & Consistency
- Genuine empathy
- Make time to listen

KNOW YOUR AUDIENCE – STAFF

- Education background
- Cultural background
- Religious boundaries
- Family circumstances
- Friendships at work
- Life experience



OWN THE CAMPAIGN

- See the COVID-19 management (testing, vaccinations) as if all your success, ambitions, goals depend on that
- Generate and sustain momentum (from Flu Campaign)
- Spend time reading about the available vaccines, know every little detail around this matter and fact-check your sources
- Be up-to-date with every aspect and novelty around vaccines and testing



Tweet



Tina J (Nurse, Midwife, Queen's Nur...
@JegadeTina

Fantastic news!!! well done Joe & Dio
@DioGiotas & Team Lennox @careuk
for being the first care home in
Islington to reach 83% 'Gold Award'
for staff flu vaccination. Others are not
far behind @Joanamartins_Jo
@JonesDRussell @janey513

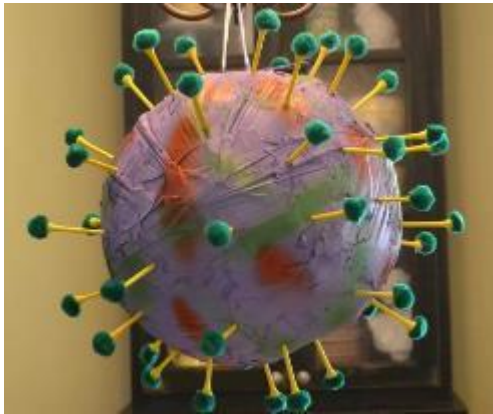


BE A HUMAN AMONG HUMANS THAT SPEAKS REASON, NOT A BOSS AMONG STAFF GIVING ORDERS

- Show genuine empathy and understanding; people may forget what you told them but they'll never forget how made them feel
- Use quick opportunities to have an 1:1 chat with your staff
- Nominate champions who will spread awareness for you; they surely know more about your staff than you do
- Use 10@10 meetings as reminders for heads of departments to bring you more volunteers for the vaccine
- Buy them a Costa coffee and have group discussion over the vaccine. They appreciate the gesture and bring out their fears in a get-together opportunity
- Help understand the scale of how many they'll save with just vaccinating themselves in an analogy of how many they would infect if they were covid-19 positive
- Use role models and examples: The Queen and Prince Phillip had the vaccine, the Pope stated publicly "it's an ethical obligation to have the vaccine", Israel is leading ahead with the covid-19 vaccine uptake in the country.
- Remind staff they may not be able to travel abroad (including trips within UK) if they don't have the immunity passport.

USE FUN TO SPREAD AWARENESS ABOUT COVID-19

- Make an event out of every opportunity: Lennox's example with Shielding Booth, Flu Vaccine Uptake
- Recognise and celebrate those staff who had the vaccine
- PIÑATA: Beat the virus



COMMS & PRESS (Part A)

- Send out constant and consistent messages to your staff: reminders to comply with Hands-Face-Space, Covid-19 Stats in the area and Tier updates
- Use Social Media such as Whatsapp to share pictures, memes, articles, news around COVID-19, carry out gallops (eg who among you would have the vaccine if it were available right here right now?) to test the waters
- Use platforms such as YouTube to spread the word and make sharing of your media easier
- Reach out to those who CAN do something to help you: Care Home GP to speak in the staff meeting, CCG to provide you with awareness leaflets, Local Authority and Press to promote your good news



COMMS & PRESS (Part B)

- Use your Activities Coordinators to reach out to relatives and families and reassure them, share pictures of residents and staff having the vaccine, task them to organise fun events about covid-19 see Pinata example
- Know who are the faith leaders of your staff and reach out to them to explore possible collaboration
- Make statistics simple for your staff: *“1 in 5 Londoners have COVID-19 today, in other words a bus ride! Use the bus and avoid covid, get the vaccine instead!”*
- People who fear, understand emotions; sympathise with them and help them feel that you were one of them until you got your jab and beat your fears. Talk to them through your fears and hesitations, ride the vaccine rollercoaster with them and lead them to the relief of safety.

LEAD BY EXAMPLE

- Be pragmatic and take the vaccine first; use this opportunity to promote it
- Be confident & humble: people trust those who know what they talk about and feel comfortable in their skin
- Use self-validation: Lennox's example – no covid-19 cases – appeal to your success and use it to reassure your staff and inspire trust among them as “there might be something you’re doing right to keep the Home covid-

free’



REFLECT

- Have a vision: Visualise your success
- Measure your performance before others do it for you
- Evaluate your achievements and draw a line across your “little successes” to see the bigger picture
- Be realistic: know what you can do and reach out timely for help for the things you can’t do alone
- Focus on strategy and proactivity, not on fire-fighting; you’re a manager, not a fireman
- Build trusted relationships with your staff; be for them what you wish your manager could be for you.



Faith communities and support for vaccine uptake reflections



Yunus Dudhwala



Dr Mohammed Wajid Akhter



Rev Alan Green

Head of Chaplaincy and Bereavement services

Barts Health NHS Trust

Vice President, British Islamic Medical
Association

NHS England and NHS Improvement

Tower Hamlets Deanery



- The vaccine is safe, and we have a religious duty to protect life, so it's a religious duty to have the vaccine
- The vaccine is Halal and Kosher – it contains no porcine product, or any other animal derivatives
- If people don't want to get the vaccine because they believe that prayer and God will protect them, prayer and God have helped us to get us a vaccine, so we should take that
- Faith alone won't protect us. We need a partnership between faith and science

Communications resources



Neena Shah

Acting Deputy Communications lead

Healthy London Partnership



- The following resources can be passed to staff to help provide information around any concerns they may have about the vaccine
- Following on from the webinar, the resources below will be emailed to you as a PDF pack so you can easily email to staff
- Please use the links to access further resources such as posters for your care home to encourage staff and residents to have the vaccine

- Ensure message is delivered in an authentic, relatable way through a raft of credible and relatable influencers.
- Ensure message is culturally appropriate and is in the right tone and/or language.
- Engage with groups that know your audience and work with them to co-create messages and content. i.e. staff networks (BAME, Muslim etc), community organisations, religious groups, voluntary groups etc

Following extensive trials, two safe and effective vaccines for COVID-19 are now available. Healthcare workers are in a priority group to receive the vaccine because of their heightened risk of exposure to the virus.

Strict approval processes mean that all approved vaccines are safe and are our best defence against the virus.

Getting vaccinated means protecting yourself from the virus so you can be there for your family, friends and patients.

The vaccine cannot give you COVID-19 infection, and will reduce your chance of becoming seriously ill.

Getting vaccinated only protects you from the virus, so you will still need to follow the IPC and testing measures in your workplace, and follow general advice at work, at home and when you are out and about

The free vaccine will protect you against COVID-19 so you can keep protecting others.

Truth about the vaccine

The vaccine only has what it needs to produce the fighting cells and thing to make it safe, able to be delivered and able to be stored. Nothing goes into a vaccine unless it is absolutely needed

The vaccine only gets you to produce an immune response – the virus fighters

Vaccines are developed by taking parts of the vaccine itself. The parts of the virus in the vaccine cannot reproduce in your body and cannot give you COVID-19

The Pfizer/BioNTech vaccine trials were in the United States, Europe, Turkey, South Africa, and South America.

The Oxford/AstraZeneca vaccine trials were in the UK, Brazil and South Africa

42% of the trial participants were from a diverse background

Care home residents and staff are high priority to receive the vaccine due to the risk they have of COVID-19

Key questions



How was the vaccine developed so quickly?

Medicines, including vaccines, are highly regulated – and that is no different for the approved COVID-19 vaccine.

1. The different phases of the clinical trial were delivered to overlap instead of running sequentially which sped up the clinical process;
2. There was a rolling assessment of data packages as soon as they were available so experts at the MHRA could review as the trial was being delivered, ask questions along the way and request extra information as needed – as opposed to getting all information at the end of a trial;
3. Clinical trials managed to recruit people very quickly as a global effort meant thousands of people were willing to volunteer.

What is the evidence to show the vaccine is safe for BAME communities?

The Public Assessment Reports contain all the scientific information about the trials and information on trial participants.

For the Pfizer trial, participants included 9.6% black/African, 26.1% Hispanic/Latino and 3.4% Asian.

For the Oxford/AstraZeneca vaccine 10.1% of trial recipients were Black and 3.5% Asian.

There is no evidence either of the vaccines will work differently in different ethnic groups.

Is the vaccine vegan/vegetarian friendly?

There is no material of foetal or animal origin, including eggs, in either vaccine. All ingredients are published in healthcare information on the MHRA's website.

Can the vaccine alter your genetic material?

There is no evidence to suggest that individual genetic material will undergo an alteration after receiving the vaccine

Key questions

Are there any known or anticipated side effects?

These are important details which the MHRA always consider when assessing candidate vaccines for use.

For these vaccines, like lots of others, they have identified that some people might feel slightly unwell, but they report that no significant side effects have been observed in the tens of thousands of people involved in trials.

Very common side effects include:

- having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1-2 days after the vaccine
- feeling tired
- headache
- general aches, or mild flu like symptoms
- Although feeling feverish is not uncommon for 2 to 3 days, a high temperature is unusual and may indicate you have COVID-19 or another infection.
- You can take the normal dose of paracetamol (follow the advice in the packaging) and rest to help you feel better. Do not exceed the normal dose.

How will you monitor safety? Are we using the yellow card system?

What about the allergic reactions that have been reported?



As will all vaccinations and medicines, patient safety is the NHS number one priority. Public Health England have robust systems in place to monitor surveillance and will be following incident reporting protocols in the usual way.

These vaccines are safe and effective for the vast majority of people – they have been tested on tens of thousands of people and assessed by experts.

Any person with a history of immediate-onset anaphylaxis to the ingredients contained in the vaccines should not receive them. A second dose of the Pfizer/BioNTech vaccine should not be given to those who have experienced anaphylaxis to the first dose of Pfizer/BioNTech vaccination.

Everybody will also be screened for potential allergic reactions before getting vaccinated. All vaccinators will have the training they need to deal with any rare cases of adverse reactions, and all venues will be equipped to care for people who need it – just like with any other vaccine.

Since the beginning of the vaccine rollout organisations involved have created and shared excellent content across social media platforms, and we would encourage you to continue doing this. Below is a summary of what we recommend you prioritise in terms of content:

Vaccine confidence and ‘the NHS will contact you when it’s your turn to be vaccinated’ messaging

Images of patients before/after receiving their jab, supported with quotes

To help shape quotes, you may wish to ask them: *What does it mean to you to receive your vaccination?*

Highlight they were contacted by the NHS to get their vaccine

Message to staff involved in the vaccination programme i.e. share their thanks

The other thing that people can do is to update their facebook profile picture to include a “I’ve had my Covid vaccination” sticker.

There are no meat derivatives or porcine products, including gelatine, in the Pfizer BioNtech or AstraZeneca COVID-19 vaccines.

NHS



It is important colleagues from BAME backgrounds get vaccinated. This will help reduce the disproportionate impact of COVID-19 on our BAME colleagues.

NHS



Having the COVID-19 vaccine is a way of protecting ourselves, our colleagues and NHS services for people throughout winter and beyond.

NHS



The phase 3 study of Pfizer BioNTech COVID-19 vaccine demonstrated a vaccine efficacy of 95%, with consistent efficacy across age, gender and ethnicity.

NHS

95%
efficacy

The COVID-19 vaccine is available to all colleagues, whether directly employed by the NHS, bank or agency staff.

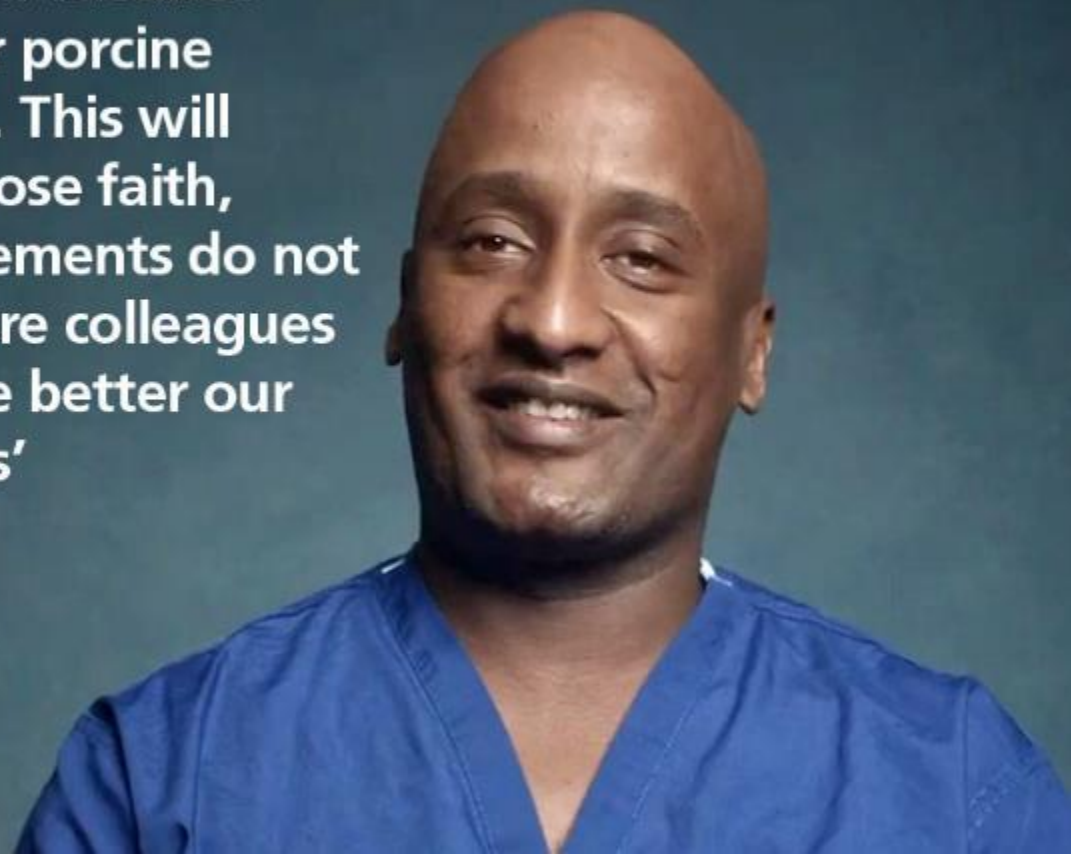
NHS



'It is great that the approved vaccines have no meat derivatives or porcine products including gelatine. This will assure many colleagues whose faith, allergies and dietary requirements do not allow such content. The more colleagues who can get vaccinated, the better our chances of beating the virus'

Yusuf Yousuf

Healthcare Support Worker, Theatres,
The Whittington Hospital NHS Trust



'As health professionals, everyone us of has an opportunity to set an example to our communities by taking up the vaccine as soon as we are asked and answering any questions or concerns they might have.

'Encouraging this uptake will be an important factor in reducing the impact of this virus and bringing the end of the pandemic even closer'

Professor Kevin Fenton

London Regional Director for Public Health England



GP getting the vaccine:

- Youtube <https://youtu.be/TDNs1xbDYNg>
- Twitter <https://twitter.com/nhslambethccg/status/1347505880871395332>
- Facebook <https://www.facebook.com/1224412451009525/videos/739418750314840>

Head of Chaplaincy getting the vaccine:

<https://twitter.com/NHSBartsHealth/status/1351515004797906944?s=20>

General media vaccine coverage

- <https://www.youtube.com/watch?v=EA1orJaT-ss>
- <https://www.youtube.com/watch?v=112ZrBLaspk>
- <https://www.youtube.com/watch?v=oZSYySMFdqQ>
- <https://www.youtube.com/watch?v=YrEfcoV-yhA>

Care home staff getting the vaccine: <https://www.youtube.com/watch?v=yl8pbEe3q8M>

Croydon BME Forum & Dr Agnelo Fernandes:

<https://www.youtube.com/watch?v=IDyZcWM2bn4&feature=youtu.be>

Leaflets, posters and immunisation resources on the COVID-19 vaccine are also available to download and use. This includes:

- Adult leaflet
- Healthcare workers leaflet
- Social care workers leaflet
- What to expect after your COVID-19 vaccination leaflet
- Record card

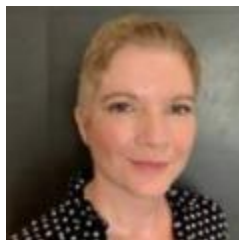
These resources are available for download [here](#).

Q & A panel



Jane Clegg- Chair

London Joint Regional Chief Nurse
NHS England & NHS Improvement



Dr Helene Brown

Medical Director- (Systems Improvement and
Professional Standards) -London
NHS England & NHS Improvement



Briony Sloper

Out of Hospital cell lead - Ageing Well, Community
Services and Discharge Pathways
London Covid-19 Response Team
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Aileen Buckton - Panel member

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Dr Liz Henderson

Deputy Medical Director- (Systems Improvement and
Professional Standards) - London
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Revd Alan Green

Tower Hamlets Deanery



Yunus Dudhwala

Head of Chaplaincy and Bereavement services
Barts Health NHS Trust

Colleagues can use the campaign resource centre to access assets and messaging to promote this. <https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/>

Information on vaccination guides including other languages
<https://www.healthpublications.gov.uk/ArticleSearch.html?sp=St-1310&sp=Sreset>

NEL STP- Covid explained in your language
<https://www.eastlondonhcp.nhs.uk/ourplans/covid-explained-in-your-language.htm>

Information for all women of childbearing age, those currently pregnant or breastfeeding is here
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951758/PHE_COVID-19_vaccination_guide_on_pregnancy_English_v2.pdf

Other resources available for care homes

Care Homes Covid-19 vaccination information pack version 2

Care Homes Covid-19 FAQs

	Question	Answer
1	Do any of the speakers have concerns about the vaccine? Do they all plan to get the vaccine when offered, or have they already had their first dose?	All of the speakers reiterated their belief, backed up by the science, that the vaccine is safe, and if they have not already had it, plan to get it when offered.
2	Do people who are shielding still need to shield after their vaccination?	Yes – “Even if you have had both doses of the vaccine, you should continue to follow this shielding advice, until further notice as we continue to assess the impact of vaccination among all groups. The people you live with should continue to follow the public health rules and guidance as long as they are in place, including if you have received the vaccine and also if they have received the vaccine.”
3	Do we need to do weekly testing after vaccination?	Currently the advice is that we should continue to test and monitor even after having the vaccine, so weekly testing should continue.
4	Does the vaccine impact fertility or pregnancy for women of child bearing age?	Government advice is currently that pregnant women should not get the vaccine, whilst further tests are carried out. For those of child bearing age hoping or planning to get pregnant in the near future, the advice is that they should get the vaccine before this. See here more for information.
5	Are there any animal products in the vaccine?	No. There is no material of foetal or animal origin in either vaccine. All ingredients are published in healthcare information on the MHRA's website. For the Pfizer/BioNTech vaccine information is available here: https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19 For the Oxford/AstraZeneca vaccine information is available here: https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca
6	How can we help alleviate staff concerns about possible long term effects of the vaccine? Would support be put in place for those suffering serious side effects?	Most side effects of the COVID-19 vaccine are mild and should not last longer than a week, such as: a sore arm where the needle went in, feeling tired, a headache, feeling achy, feeling or being sick. If you are worried about your symptoms, call 111, who will ensure that you get the clinical support that you need.
7	Who is taking responsibility on carrying out mental capacity assessments on clients who cannot consent for the vaccine? Is there an agreed protocol to speed up the process?	Please see here for more information on Mental Capacity and consent, as well as a webinar recording addressing the subject.
8	By getting the vaccine, are we injecting virus or outside objects into our body?	The vaccines contain safe dosages of virus in order to help your body's immune system defend itself against any further virus. All the ingredients in the vaccines are completely safe.

	Question	Answer
9	What is the difference between the Pfizer, the AstraZeneca and the Moderna vaccines?	<p>There are a few differences about the way that they are stored, the way that the vaccines work as they attack the virus differently, but most importantly, all three are reported to be around 90% effective after 2 doses. You can read more about the differences between them here.</p> <p>Despite their differences, the medical advice is that if you are offered any vaccine, take it regardless of which one it is, as they are all safe and effective.</p>
10	Does the same vaccine need to be given for both doses?	Yes, the same vaccine needs to be given for both doses. You cannot have one dose of one vaccine, and one dose of another.
11	Should we respect the choices of staff who choose not to get the vaccine, even after discussion and education?	The vaccine is not compulsory, and we cannot force people to get it, so we should treat all our colleagues with respect regardless of their decisions regarding the vaccine.
12	How can we help people with needle phobias to get the vaccine?	All Covid-19 vaccines need to be given by injection. This link contains helpful information about overcoming needle phobias.
13	What can we say to staff who are worried about the extended time of 12 weeks between the first and second dose of the vaccine?	The decision to spread out the doses of the vaccine was taken based on the scientific evidence that showed it was both safe, and the best way to spread immunity the furthest in the population.
14	What should staff or residents who missed a scheduled visit or appointment to get the vaccine do if they still want to get it?	Care home and PCN managers should be in touch in case a second visit by a vaccination team is required. Staff can also get the vaccination off-site any time, and this should be coordinated by the care home management, local authority, and hospital hub.
15	When are service users and staff living and working in supported living services be informed of when they will be having the vaccine?	Staff working in supported living services are social care staff and as such should be getting contacted to get the vaccine as of now. The Joint Committee on Vaccination and Immunisation has updated advice on prioritisation of patient groups, which can service users in supported living will be informed once its their priority group's turn. Given the likely high risk of exposure in these settings, where a high proportion of the population would be considered eligible, vaccination of the whole resident population is recommended.
16	For Homecare/ Housebound patients: How should domiciliary care staff or carers help frail or housebound clients to book their vaccine? Are home vaccination visits possible?	<p>Instructions of how to book for the vaccine will come with the invitation letter. In some circumstances, it may be possible to arrange for the patient to visit the PCN site, with support from community teams, family and carers. Where this is not possible, PCNs will arrange to visit the patient at their own home. More information can be found in the standard operating procedure describes the operating model and design requirements for safe delivery of COVID-19 vaccines in the community</p> <p>https://www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-covid-19-local-vaccination-services-deployment-in-community-settings/</p>

Thank you for joining!

If you have any further questions, please don't hesitate to contact the NHS London EHCH team at:

england.londonehchprogramme@nhs.net