



# NWL Vaccination Programme

Harrow Borough based plan

# Vaccination coverage in cohorts 1-9

Cohort	Current Harrow position	NWL average
Care home residents	89.7%	90.6%
Residential care workers	70.9%	68.1%
Social care staff	54.3%	53.4%
80 years and over	87.5%	83.5%
75-79 years	93.5%	88.2%
70 – 74 years	89.8%	87.3%
CEV	87.5%	83.5%
65 – 69 years	88.2%	84.2%
LD register	65.5%	54.2%
Qcovid	77.7%	70.2%
DWP Carers	62.1%	55.3%
Under 65 years with UHC	72.2%	64.1%
60 – 64 years	83.3%	84%
55-59 years	75.7%	78.5%
50 – 54 years	67%	62.2%

# Vaccination coverage in cohorts 1-9

## Key actions to move to target coverage rates

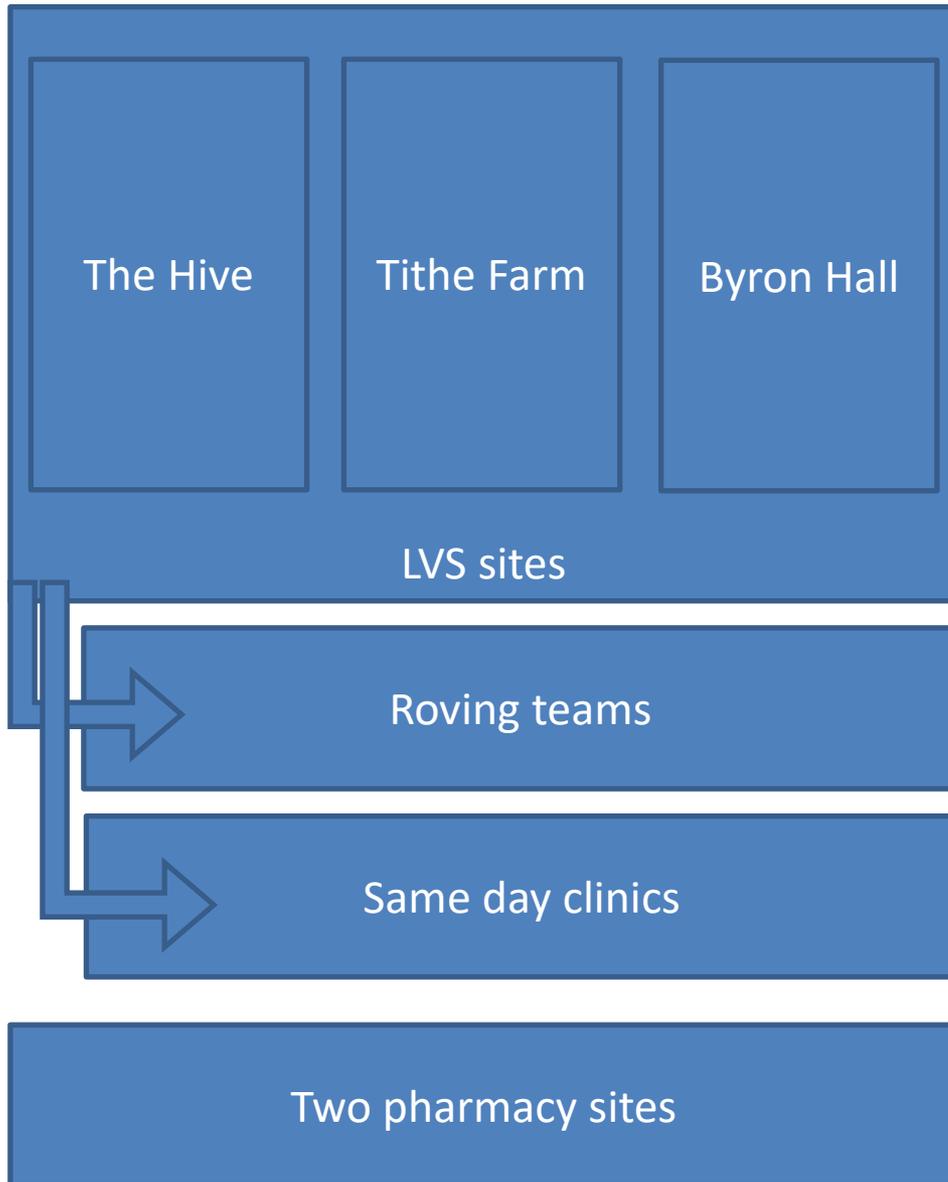
- Ongoing partnership activity with our local authority to address low vaccination uptake amongst specific groups in our community.
- Targeted action at individual Practice level. Each Practice to be provided with a list of patients outstanding, in cohorts 1-4 initially for active follow up where there has not been an active decline of the vaccine. Individual intervention to lead to one of the following outcomes:
  - Book into a vaccination centre (with transport arranged where needed). Priority booking given for those patients in cohorts 1-4
  - Same day clinics to be arranged for this cohort group with PCN / Practice
  - Home visit for vaccine arranged by roving team
- Rearrangement with care homes to confirm if there are new residents requiring vaccination
- Process to be replicated with cohorts 5-9

# Vaccination coverage in cohorts 1-9

## Current inequalities in vaccination uptake

- Whilst our overall uptake of vaccination to date has been high, these large percentage mask inequalities in uptake that we seeing amongst our population.
- Our WSIC dashboard shows take-up as high amongst White and Asian or Asian British populations (85-90%), uptake upmost Black or Black British population is 57%, and Mixed ethnicity is 72%.
- Detailed analysis amongst our CEV population provided details of the number of patients who have actively declined the vaccines are disproportionality high in our Black and Black British population, mixed population and those with ethnicity not recorded.
- Joint action across the Local Authority, local Practices and CCG is being take to understand the concerns about vaccination amongst these population, through engagement with community leaders, faith groups and promotion of vaccination through trusted local clinicians.
- We will seek to continue to strengthen our position over the coming months.

# Current delivery model for vaccination



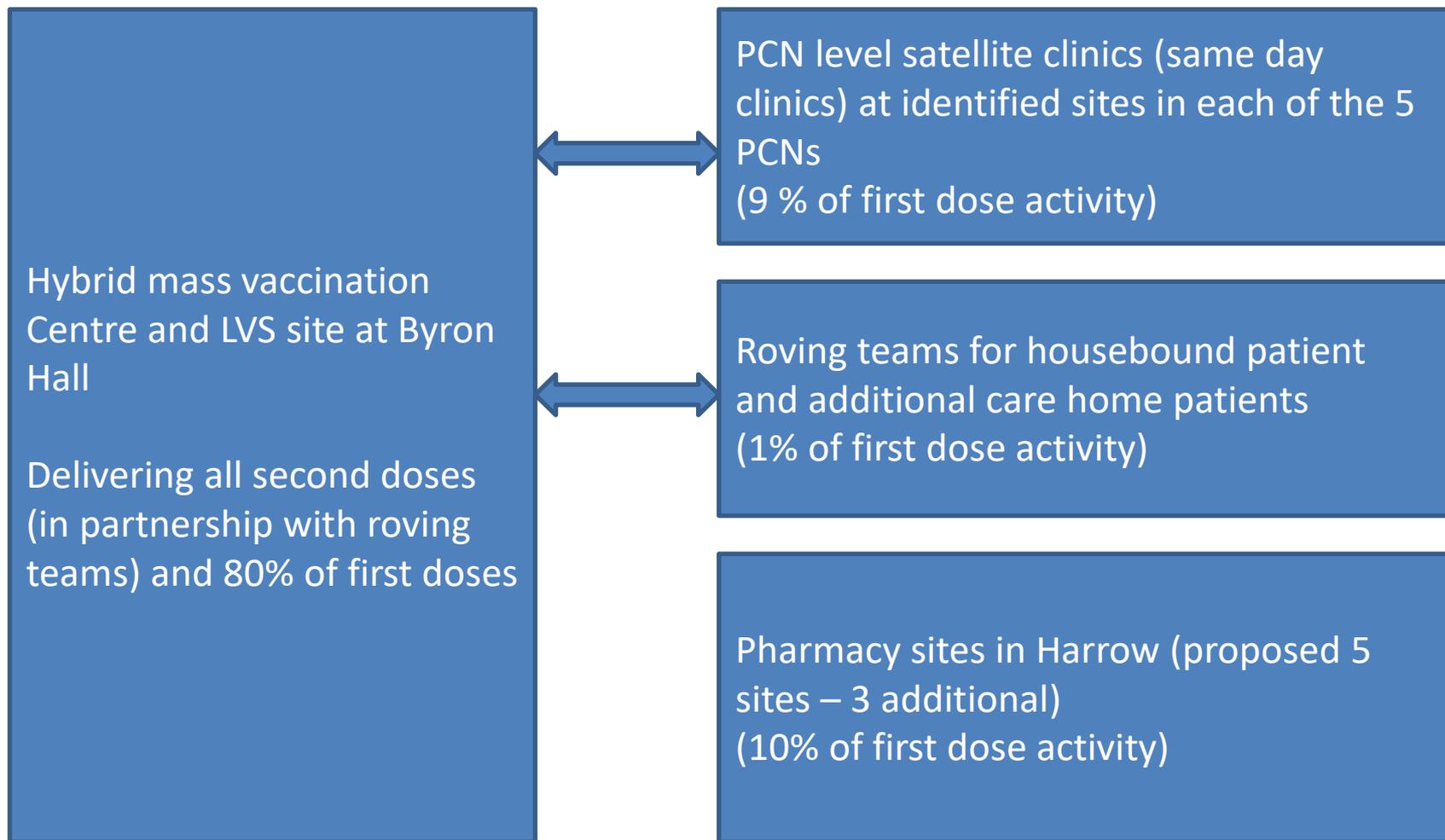
*c.95% of activity through the three LVS sites*

*Care home and housebound vaccination teams*

*Limited deployment in Harrow to date: 150 vaccinations delivered through this model*

*Current delivery volumes unknown*

# Proposed delivery model from May 2020: overview



# Proposed delivery model from May 2020: geographical overview



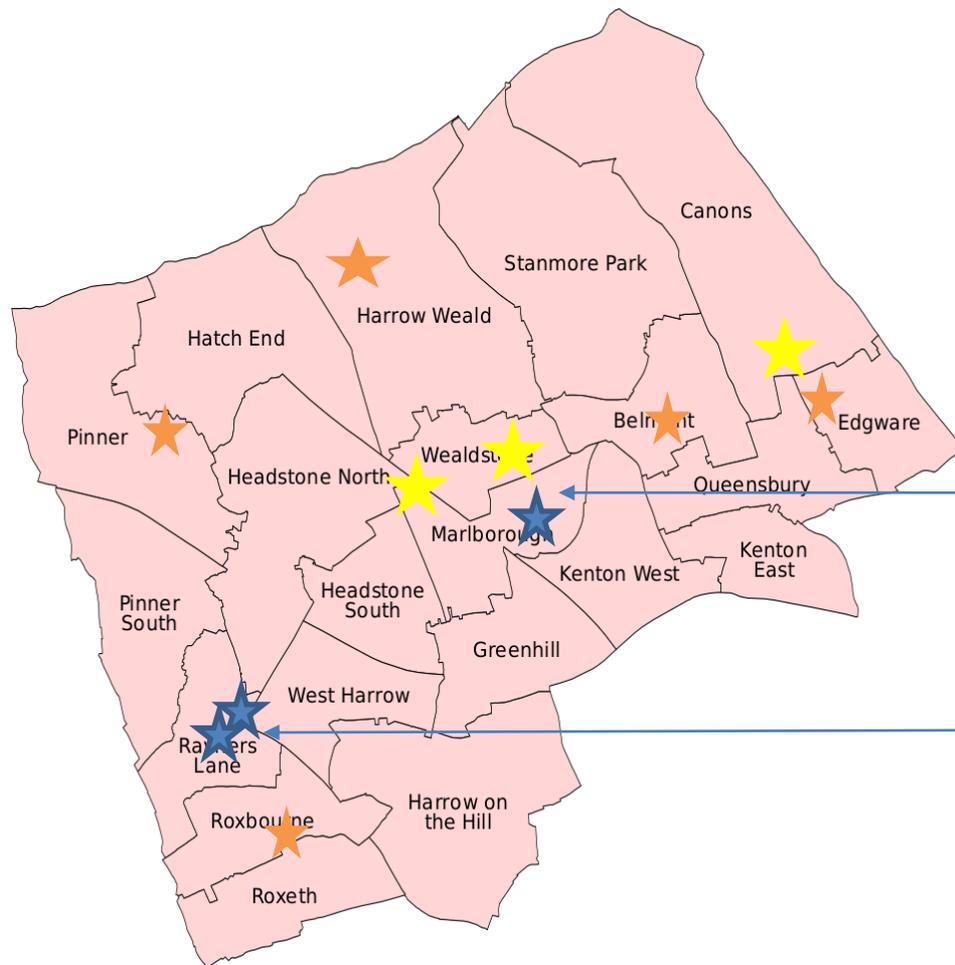
Potential locations for additional pharmacy sites



Potential locations for PCN satellite clinics

Byron Hall

Existing pharmacy sites



# Principles driving our proposed delivery model

- Harrow is very proud of their success to date in vaccination uptake and the protection it has provided our local population from COVID-19. Key to this has been close working between the PCN leads, local Practices, CLCH, Local Authority, Harrow Health CIC and the CCG in delivery of the programme.
- Achieving a 60% uptake amongst our population group is relatively straightforward with patients actively responding and taking up vaccination. Achieving 60%-70% requires more work in following up non-responders and moving above 70% is the most challenging, requiring innovation in our delivery models, strong engagement with our communities and one to one conversations between the registered Practice and their patients. In our model going forward, we need to ensure that the strength of this partnership approach is not lost.
- There is wide acknowledgement of the need for General Practice to resume usual services, as well as our clinical leaders within the PCNs to engage with the broader agenda of the development of our local Integrated Care Partnership, and their role as part of the NWL ICS.
- The model we are proposing we believe can meet both objectives. We will consolidate from three sites to one, releasing our workforce back to General Practice and freeing up our clinical leads to engage in broader work programme.
- Operating Byron Hall as a hybrid model enables the partnership engagement to continue and grow, particularly in reaching all of the Harrow community through vaccination.

# Harrow Proposed delivery model: detail

## Hybrid mass vaccination site

Proposal is that starting from March 2021, a hybrid model is developed at Byron Hall, combining the PCN operations and a mass vaccination site. The site will be operating first and second dose vaccines for the whole of Harrow.

Operationally, the site will operate 4 days a week (Friday – Monday) as a PCN site, delivering all second dose vaccines for Harrow residents, in addition to up to 6,800 (average) first doses per week. The mass vaccination site will operate from Tuesday to Thursday, providing 7,000 vaccines per week. In the event that a Pfizer delivery means that the PCN site needs to deliver second doses on a Tuesday, Wednesday or Thursday, provision of an additional 8 vaccination stations will be available (these will be unused at other times). This model will be kept under review, and the number of days each centre is operating will be under regular review, particularly when vaccination moves to the under 50 year old population.

The centre will operate in a partnership model, aligned with the principles of our local ICP and further strengthening this model:

- Clinical leadership provided through the Harrow PCNs and CLCH (for their retrospective operational days)
- Vaccination teams source through the PCN bank, CLCH and the Chelsea and Westminster staff bank
- Strategic support provided through the CCG and Local Authority

The maximum capacity of the site will be 2,400 vaccines per day (16,800 per week) on an 8-8 model, although it could operate until 12pm if needed. One way traffic flow will need to be addressed as capacity increases, in collaboration with our Local Authority. Modelling and phasing of this approach is shown on the following slides.

# Harrow population in cohorts 1-9

Cohort	Vaccinations	HARROW COLLABORATIVE PCN	HARROW EAST PCN	HEALTH ALLIANCE PCN	HEALTH-SENSE PCN	SPHERE PCN	Total
All cohorts	Vaccinated	8,697	6,123	10,544	18,571	13,023	56,958
	Not Vaccinated	5,860	3,236	6,351	9,722	7,860	33,029
All cohorts as at 21/02/2021		14,557	9,359	16,895	28,293	20,883	89,987

# Harrow Proposed delivery model: phasing

March	April	May	June
<p>Three LVS sites operating in Harrow and second doses commence (capacity for 19,320 vaccinations per week)</p> <p>Mass vaccination site to start to operationalise from mid March increasing capacity by additional 7,000 per week</p> <p>Additional pharmacy sites identified</p>	<p>Three LVS sites operate through April. Just under 50% of this available capacity will for second doses.</p> <p>Mass vaccination centre operating in the hybrid model.</p> <p>A more structured and planned approach taken to Practice satellite clinics, to address areas of low uptake.</p> <p>Total vaccination weekly capacity in Harrow 27,730. Based on averages, 9746 of these will be for second doses – hence 17,000 available for first doses per week.</p>	<p>Tithe Farm and the Hive close on 30<sup>th</sup> April.</p> <p>All vaccination provision consolidated to Byron Hall with satellite same day clinics operating at PCN level.</p> <p>PCN site operating from Byron Friday – Monday, Mass Vaccination site operating Tuesday – Thursday.</p> <p>Second dose and first dose operating.</p> <p>Average of 10,500 first dose appointments available per week.</p>	<p>Cohorts 1-9 completed.</p> <p>National invitation system becomes operational as we move to patients aged 49 years and under.</p> <p>PCN operation continue at Byron Hall for second doses and to act as a base for satellite clinics to continue to achieve 100% uptake in cohorts 1-9</p>

# Joint working with our Local Authority

- The strength of the partnership across health services and the Local Authority has been key to success to date. In taking forward our plan, we will build on this strong foundation to deliver the programme, which is coordinated through our joint operational delivery group.
- Harrow Council play a central role in the vaccination programme in a number of areas, including:
  - Leading the work on vaccination hesitancy and providing strategic advice based on community engagement work to the operational running of the programme. As this work develops we will be ensuring full alignment to Primary Care Networks and our GP community;
  - Communication to our local community through a range of media channels;
  - Incorporating the provision vaccine advice and signposting into the Council's contact centre. This information access point is promoted through our local Practices and Council services. There is option to build clinical resource into this in future, or more specific GP led interventions, if needed – based on a service review;
  - Tactical and logistical support to the vaccination sites in a range of areas including traffic control, Member engagement and estates support. This will continue and grow as service develop further from Byron Hall.

# Summary of proposed activity levels from May 2021 for cohorts -1-9

Mode of delivery	Total capacity	Percentage of delivery	TOTAL actual numbers for 1st doses to achieve 1-9 population coverage
Hybrid mass vaccination and PCN site	16,800 per week 10,500 per week for first doses (7,000 of which to be carried out by mass vaccination site)	80% of first doses 95% of second doses	26,400
PCN level satellite sites	As needed	9% of first dose activity (second doses where needed)	2,970
Roving teams	As needed	1% of activity (second doses where needed)	330
Pharmacy sites	Unknown	10% of activity (second doses where needed)	3,300

**Note these figures are based on figures at 26/2. Many of these patients will have been vaccinated in advance of this model operating.**

# Site Plan: The Hive

The Hive

1st Dose - wc		07/12/2020	14/12/2020	21/12/2020	28/12/2020		04/01/2021	11/01/2021	18/01/2021	25/01/2021	01/02/2021	08/02/2021	15/02/2021	22/02/2021
1st Dose administered	AZ	0	0	0	0		449	482	772	1,597	2,113	2,452	1,087	0
	Pfizer	0	2,574	423	606		1,059	2,069	2,322	2,268	1,137	1,156	1,167	0
	<b>Total</b>	<b>0</b>	<b>2,574</b>	<b>423</b>	<b>606</b>		<b>1,508</b>	<b>2,551</b>	<b>3,094</b>	<b>3,865</b>	<b>3,250</b>	<b>3,608</b>	<b>2,254</b>	<b>0</b>
Days between Dose		21	21	70	70		77	77	77	77	77	77	77	77
2nd Dose - wc		28/12/2020	04/01/2021	01/03/2021	08/03/2021	15/03/2021	22/03/2021	29/03/2021	05/04/2021	12/04/2021	19/04/2021	26/04/2021	03/05/2021	10/05/2021
2nd Dose administered	AZ	0	0	1	0		0	0	0	0	0	0	0	0
	Pfizer	0	2,352	506	7		3	4	6	3	0	0	0	0
2nd Doses to deliver	AZ	0	0	0	0		449	482	772	1,597	2,113	2,452	0	0
	Pfizer	0	222	-83	599		1,056	2,065	2,316	2,265	1,137	1,156	0	0
	<b>Total</b>	<b>0</b>	<b>222</b>	<b>-83</b>	<b>599</b>		<b>1,505</b>	<b>2,547</b>	<b>3,088</b>	<b>3,862</b>	<b>3,250</b>	<b>3,608</b>	<b>0</b>	<b>0</b>
Weekly Capacity								<b>6,020</b>	<b>6,020</b>	<b>6,020</b>	<b>6,020</b>	<b>6,020</b>	<b>0</b>	<b>0</b>
Spare Weekly Capacity								<b>3,473</b>	<b>2,932</b>	<b>2,158</b>	<b>2,770</b>	<b>2,412</b>	<b>0</b>	<b>0</b>

The Hive will continue administrating first and second doses until the end of April 2021. Around 40% of their total capacity will still be available for administrating first doses.

Vaccine stock to all be targeted towards roving teams and same day clinics to improve vaccination coverage.

After the end of April, also second dose activity will be undertaken in the consolidated site Byron Hall

# Site Plan: Tithe Farm

Tithe Farm

		07/12/2020	14/12/2020	21/12/2020	28/12/2020		04/01/2021	11/01/2021	18/01/2021	25/01/2021	01/02/2021	08/02/2021	15/02/2021	22/02/2021
<b>1st Dose administered</b>	<b>1st Dose - wc</b>													
	AZ	0	0	0	0		247	234	1,073	3,203	1,700	2,701	839	0
	Pfizer	0	1	0	0		803	1,341	2,266	0	1,161	1,161	1,155	0
	<b>Total</b>	0	1	0	0		1,050	1,575	3,339	3,203	2,861	3,862	1,994	0
Days between Dose		21	21	70	70		77	77	77	77	77	77	77	77
		28/12/2020	04/01/2021	01/03/2021	08/03/2021	15/03/2021	22/03/2021	29/03/2021	05/04/2021	12/04/2021	19/04/2021	26/04/2021	03/05/2021	10/05/2021
<b>2nd Dose administered</b>	<b>2nd Dose - wc</b>													
	AZ	0	0	0	0		0	0	2	0	0	0	0	0
	Pfizer	0	3	3	3		0	4	5	3	0	0	0	0
<b>2nd Dose to be delivered</b>	AZ	0	0	0	0		247	234	1,071	3,203	1,700	2,701	0	0
	Pfizer	0	-2	-3	-3		803	1,337	2,261	-3	1,161	1,161	0	0
	<b>Total</b>	0	-2	-3	-3		1,050	1,571	3,332	3,200	2,861	3,862	0	0
<b>Weekly Capacity</b>								<b>4,900</b>	<b>4,900</b>	<b>4,900</b>	<b>4,900</b>	<b>4,900</b>	<b>0</b>	<b>0</b>
<b>Spare Weekly Capacity</b>								<b>3,329</b>	<b>1,568</b>	<b>1,700</b>	<b>2,039</b>	<b>1,038</b>	<b>0</b>	<b>0</b>

Tithe Farm will continue to provide first and second doses until the end of April 2021.

Around 75% of their capacity will be for administering second doses, the remaining capacity will be for first doses.

# Site Plan: Byron

	1st Dose - wc	07/12/2020	14/12/2020	21/12/2020	28/12/2020		04/01/2021	11/01/2021	18/01/2021	25/01/2021	01/02/2021	08/02/2021	15/02/2021	22/02/2021
1st Dose administered	AZ	0	0	0	0		1	292	1,079	1,683	3,157	1,444	604	0
	Pfizer	0	0	0	0		0	1,146	2,272	1,148	0	1,158	1,155	0
	Total	0	0	0	0		1	1,438	3,351	2,831	3,157	2,602	1,759	0
Days between Dose		21	21	70	70		77	77	77	77	77	77	77	77
	2nd Dose - wc	28/12/2020	04/01/2021	01/03/2021	08/03/2021	15/03/2021	22/03/2021	29/03/2021	05/04/2021	12/04/2021	19/04/2021	26/04/2021	03/05/2021	10/05/2021
2nd Doses to deliver	AZ	0	0	0	0		1	292	1,078	1,682	3,157	1,444	2,530	0
	Pfizer	0	0	-5	-2		-6	1,146	2,259	1,143	0	1,158	3,477	0
	Total	0	0	-5	-2		-5	1,438	3,337	2,825	3,157	2,602	6,007	0
Weekly Capacity PCN site (at 4 days per week)								9,600	9,600	9,600	9,600	9,600	9,600	9,600
Weekly Capacity mass vacs site (at 3 days per week)								7,200	7,200	7,200	7,200	7,200	7,200	7,200
Spare Weekly Capacity after second doses given								15,362	13,463	13,975	13,643	14,198	10,793	16,800
At PCN site								8,162	6,263	6,775	6,443	6,998	3,593	9,600
At Mass Vaccs site								7,200	7,200	7,200	7,200	7,200	7,200	7,200

Assuming The Hive closes at the end of April - 381 AZ and 737 Pfizer patients will be redirected to Byron Hall on Week Commencing 3rd May.

Assumes mass vaccination suite operational from 29/3

Daily capacity at Byron Hall is currently 1,200 appointments as a PCN site only. This will be extended to 2,400 per day through the additional vaccination stations. This will extend provision to 9,600 vaccines per week.

The above modelling is completed on this basis on the mass vaccination centre operating 3 days per week and PCN site operating 4 days per week – at the same levels of daily capacity. Figures are based on the Hive and Tithe Farm closing and all second doses being delivered from Byron from the first week of May.

# Delivery risks

- There is agreement between parties for the proposed operational model at Byron Hall. Operational detail is currently being worked through.
- The additional pharmacy sites to be secured to ensure good geographical access for the Harrow population.
- We need to ensure that pharmacy sites become part of our local partnership arrangements so that all modes of delivery in Harrow are focused on vaccination for our entire population, not just the low hanging fruit.

# Ensuring equity of uptake (1)

Comprehensive borough plan in development and being implemented concurrently. Key elements include:

- **Use of Robust Links with Communities and Local Knowledge** – The early phase of the Covid-19 pandemic and the engagement work carried out by the council has further strengthened strong community links with numerous target groups in the borough. Future vaccine-related community engagement is well-placed to use these intensified links to ensure that key messages are transmitted in community languages, through the appropriate channels specific to the needs of each community group.
- **Targeted approach** –community engagement work highly targeted, reaching the most vulnerable groups as a priority, including those with language barriers. This will ensure that resources are used optimally, delivering the greatest public health impact. Communities that have less economic and social vulnerability and have higher resilience and inbuilt capacity (social capital), frees up the council to work with them through universal communications to produce the same outcomes as some of the more vulnerable groups. The use of Covid related funds from sources like MHCLG could be used to deliver targeted work with at risk BAME community groups in the form of a Covid-19 Awareness Fund. This will leverage community infrastructure, use existing trusted networks, and allow multiple projects with numerous community groups to progress efficiently.

# Ensuring equity of uptake (2)

- **Combating vaccine hesitancy** - It is undoubted that the key thrust of the community engagement in this phase should be around combating the misinformation and distrust that is prevalent in relation to the Covid-19 vaccines. As studies from the World Bank have shown in relation to the Ebola vaccine, “knowledge does not equal trust”.. Combating this will involve specialised work which can address the issues raised by newer research and polling showing higher rates of vaccine hesitancy among Black and Asian groups.
- **Identifying and creating local advocacy** - The involvement of leaders from local communities, trusted professionals, community members etc is critical to producing trust and community buy-in. An important strand of this work will be to work with faith communities to debunk some of the myths such as the products used in Covid vaccines containing substances like porcine gelatine, as is common in some flu vaccinations.
- **Vaccine Webinar followed by intensive engagement** –Because of the urgency of reaching out to community groups, Harrow has organised a large-scale Covid-19 vaccine webinar to reach out to as many members of the community as possible in the first instance. From this, the council will be commencing subsequent targeted work with communities that have higher linguistic and socio-economic needs.