

# Maximising uptake of the Covid-19 vaccine amongst home care staff across London

Hosted by London ADASS

04 February 2021

11:45 – 12:45

# The team hosting you today



**Dawn Wakeling**

Executive Director, Adults and Health  
Adults and Health Directorate  
London Borough of Barnet



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



**Neena Shah**

Acting Deputy Communications lead  
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
11:45	<b>Welcome</b>	<b>Dawn Wakeling</b>
11:50	<b>Reducing vaccination hesitancy</b>	<b>Ezra Kanyimo</b>
11:55	<b>The London Home-Care Reference Group</b>	<b>Peter Jerrari</b>
12:00	<b>Local practice example - Kensington &amp; Chelsea &amp; Westminster – how the local authority can help</b>	<b>Gareth Wall</b>
12:10	<b>Faith communities and support for vaccine uptake reflections</b>	<b>The Venerable Dr Rosemarie Mallett Dr. Mohammed Wajid Akhter</b>
12:20	<b>Local practice example – Blue Crystal Care</b>	<b>Latha Kathirkamathamby</b>
12:25	<b>Panel Q &amp; A</b>	<b>Panel, chaired by Dawn Wakeling</b>
12:40	<b>Closing Remarks</b>	<b>Dawn Wakeling</b>

## Reducing vaccination hesitancy



**Ezra Kanyimo**

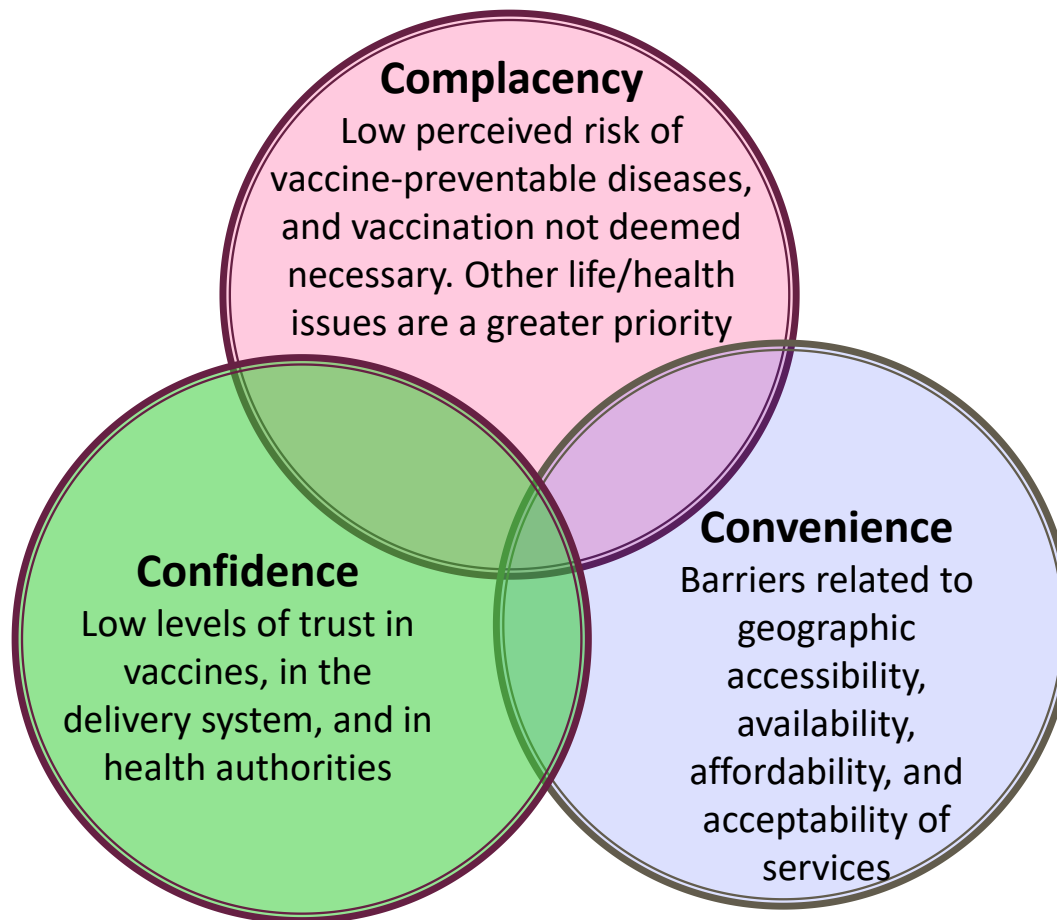
Enhanced Health in Care Homes Lead- London  
NHS England and Improvement

## 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



## How is hesitancy expressed?





# Willingness to be vaccinated

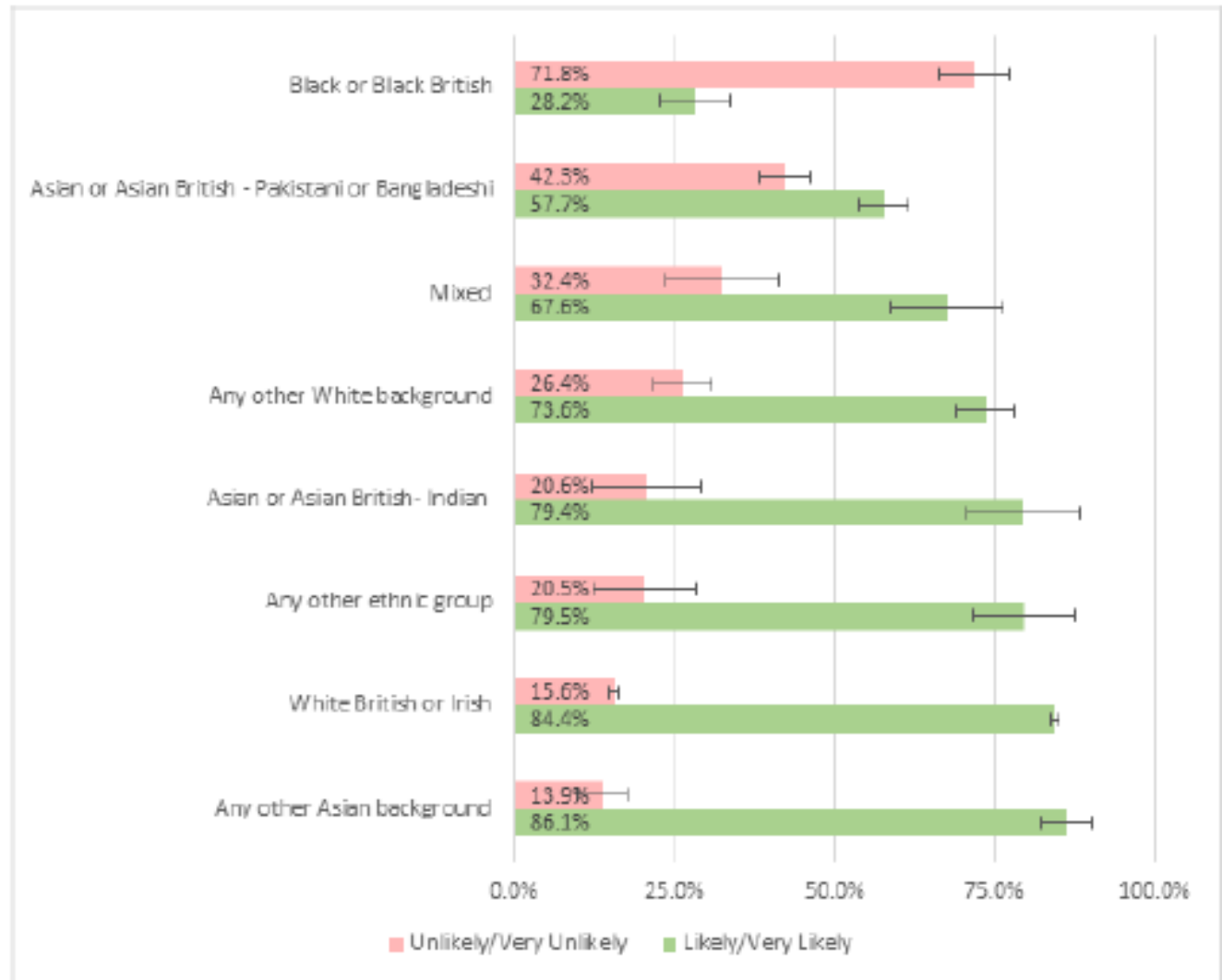


Figure 1. Willingness to be vaccinated in the UK Household Longitudinal Study by ethnic group

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/952716/s0979-factors-influencing-vaccine-uptake-minority-ethnic-groups.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952716/s0979-factors-influencing-vaccine-uptake-minority-ethnic-groups.pdf)

# 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

# Insight to inform communications

- ▶ **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.

# The role of the London ADASS Home-care provider network in supporting vaccine uptake



**Peter Jerrari**

Managing Director  
(Pronouns: he/him)

[Care Outlook](#)



Official

# The role of the London ADASS Home-care provider network in supporting vaccine uptake

## 1) Background:

As front-line health care providers, we have all felt the strain of this pandemic, but it is evident that some communities have been hit harder than others. The joint statement at the weekend by Vaccine Deployment Minister Nadhim Zahawi and the Mayor of London Sadiq Khan summed this up:

- People of Black African & South Asian Ethnicity are more than twice as likely to die due from this virus than white people.
- They said it is also to do with history – in the past minorities have not been properly included in some medical research, including trials of COVID-19 vaccines which have been safely and widely tested across a range of different ages and ethnic groups....
- They also refer to socio-economics, where and how people live – This is particularly relevant to us as partners in homecare e.g. the underappreciation of social care workers which has been brought into the spot light since the start of this pandemic (an example being carers not being given priority at supermarkets etc. in the same way NHS staff)

## 2) What we are doing:

- The London ADASS Homecare Provider Reference Group will be producing a range of videos and communications to promote this message in a very direct and personal way, like the joint statement which said:
- *“make no mistake, the decision to take this vaccine could save your life and stop you ending up in hospital.”*

## 3) Summary:

- Mutations are inevitable: Having a wide range of vaccines in the UK is a huge, good news story
- UK is responsible for nearly 10% of the vaccines administered worldwide
- This is a worldwide, multicultural challenge:
- We must use this pandemic, as an opportunity to begin to tackle the inequalities that have existed for so long
- Having setup this network we need to all look at ways we can lead and support the network together to make a difference.

## Vaccinating the workforce – practical steps – Local Authority perspective



### **Gareth Wall**

Director of Integrated  
Commissioning

Caldicott Guardian

The Royal Borough of Kensington &  
Chelsea | Westminster City Council

# Working with Social Care Providers on Vaccinations



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA



City of Westminster

# Key points

## General

- Daily conversations since March 2020
- Distribution of Infection Control Fund, Supplier Relief and PPE
- Attention to contracted and spot providers

## Vaccine-specific

- Lessons from the Care Home sector
- Information sharing alongside Public Health colleagues
- Direct assistance with access to vaccination sites
- Facilitating discussion and ideas sharing between registered managers
- Stepping-back as a local authority where appropriate
- Sign-posting to wider discussions – for example, <https://www.youtube.com/watch?v=BG-augdR8m4>





## Vaccinating the workforce – Provider perspective



**Latha Kathirkamathamby**

[Blue Crystal Care Agency](#)

Care Manager



**Blue Crystal Care Agency**

## Provider Perspectives

- ▶ Frontline colleague sadly died from Covid-19 in January
- ▶ Spoke to all staff about the impact of Covid-19 and its risks
- ▶ Previously all staff had been against getting the vaccine, but seeing the impact of Covid-19, and having 1-1 conversations, all staff understood that the benefit of the vaccine outweighed the risks of Covid-19 and any possible risks they were worried out with the vaccine. **All have had their first dose now.**
- ▶ The staff understand that they can't provide the safest care possible for somebody if they are not taking precautions to stay safe themselves. That includes taking the vaccine.

# Faith communities and support for vaccine uptake reflections



BRITISH ISLAMIC  
MEDICAL ASSOCIATION



**Dr Mohammed Wajid Akhter**

Vice President, British Islamic Medical  
Association

**Web:** <https://britishima.org/covid-vaccine-hub-webinars/#CVWEB>

[britishima.org](http://britishima.org)



The Diocese of  
**Southwark**



**The Venerable Dr Rosemarie Mallett**

Archdeacon of Croydon

**Web:**

<https://southwark.anglican.org/coronavirus/>

## Faith perspectives

- ▶ It's normal to feel hesitant about something new
- ▶ There is a religious perspective about good outweighing harm. This applies to the vaccine.
- ▶ The harm of Covid-19 is to our physical and mental health, our jobs, families, friends, and our life and death. It effects everyone. The vaccine offers us an opportunity to reduce the harm from Covid-19
- ▶ It will protect our families, neighbours, patients, clients, and friends
- ▶ The amount of ethanol in the vaccine is less than what you'd find in a banana. There is no pig or animal product or human foecal matter (eg embryos).
- ▶ All religions and people of all political and ideological beliefs are united in believing that the vaccine is safe, and taking it is our best way of valuing life.
  
- ▶ Faith leaders can help people to access better information
- ▶ Places of worship such as churches and mosques are being used as vaccination centres – this is an indication that the vaccines are promoted by religious leaders and communities
- ▶ Faith and community leaders are not scientific experts, but they know their communities and are experts in engagement. They do that through bringing in expert perspectives, helping people to make informed decisions and giving people hope
- ▶ The vaccine is a powerful symbol of hope
- ▶ The reach of faith communities is far and wide, and the relationships that they thrive on build deep connections. This builds a level of trust that is helpful for speaking to people about the vaccine

# Q & A panel



**Dawn Wakeling**

Executive Director, Adults and Health  
Adults and Health Directorate  
London Borough of Barnet



**Dr Helene Brown**

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



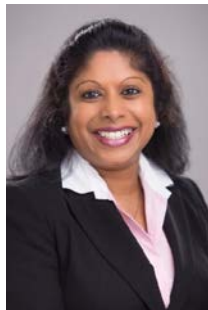
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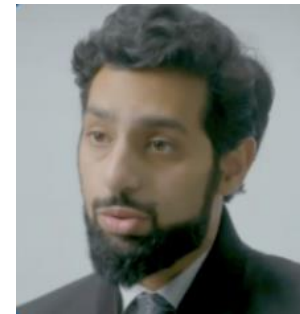
**Latha Kathirkamathamby**

Blue Crystal Care Agency  
Care Manager



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Mallett**

Archdeacon of Croydon



**Dr Mohammed Wajid Akhter**

Vice President, British Islamic Medical  
Association

**Thankyou!**

	Question	Answer
1	<b>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?</b>	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	<b>Do people who are shielding still need to shield after their vaccination?</b>	<a href="#">Yes</a> – “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	<b>Do we need to do weekly testing after vaccination?</b>	Currently the advice is that we should continue to test and monitor even after having the vaccine, so weekly testing should continue.
4	<b>Does the vaccine impact fertility or pregnancy for women of child bearing age?</b>	<a href="#">Government advice</a> 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 <b>should</b> get the vaccine before this. See <a href="#">here</a> more for information.
5	<b>Are there any animal products in the vaccine?</b>	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 <a href="#">here</a> . For the Oxford/AstraZeneca vaccine information is available <a href="#">here</a> .
6	<b>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?</b>	<b>As of this week, more than 1,114,000 Londoners have received a vaccine, and there have been no major adverse incidents within that group. That's a lot of Londoners to support that it is safe.</b> 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. <b>By comparison, we know that <a href="#">the long-term effects of Covid-19 can be severe</a>.</b> If you are worried about your symptoms, call 111, who will ensure that you get the clinical support that you need.
7	<b>By getting the vaccine, are we injecting virus or outside objects into our body?</b>	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
8	<b>What is the difference between the Pfizer, the AstraZeneca and the Moderna vaccines?</b>	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 <a href="#">here</a> . <b>The best vaccine is the one that you get first. 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.</b>
9	<b>Does the same vaccine need to be given for both doses?</b>	Yes, the same vaccine needs to be given for both doses. Currently the advice is that you cannot have one dose of one vaccine, and one dose of another, although there is research about using the different ones underway.
10	<b>What should we do if staff choose not to get the vaccine, even after discussion and education? Should we respect their choices?</b>	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.
11	<b>How can we help people with needle phobias to get the vaccine?</b>	All Covid-19 vaccines need to be given by injection. <a href="#">This link</a> contains helpful information about overcoming needle phobias.
12	<b>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?</b>	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.
13	<b>When are service users and staff living and working in supported living services going to be informed of when they will be having the vaccine?</b>	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.
14	<b>For Homecare/ Housebound patients: How can domiciliary care staff or carers help frail or housebound clients to book their vaccine? Are home vaccination visits possible?</b>	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 <a href="#">standard operating procedure</a> describing the operating model and design requirements for safe delivery of COVID-19 vaccines in the community.



	Question	Answer
15	After how many days can you take the vaccine after testing positive. If it is 28 days, do we count these days from testing positive or from when you have completed the isolation period.	As deterioration in some people with COVID-19 can occur up to two weeks after infection, ideally vaccination should be deferred until they have recovered and around four weeks after onset of symptoms or four weeks from the first positive test in those who are asymptomatic. Read more about this <a href="#">here</a> .
16	For people who change their mind, or aren't sure about getting the vaccine, is there a deadline to referring people through the local authority?	No. The decision whether or not to get the vaccine is a personal one, and the vaccination programme will be going on for a long time. Give people time to make their decision, and if they decide they'd like it, you'll then be able to liaise with the local authority to arrange it.
17	Will there be future plans for the sector to restrict staff working/ supporting service users without the vaccine? Would it be legal for providers to say it is mandatory and build it into contracts?	We don't think this would be legal for staff currently employed by providers, however it is possible that some providers may build it into new contracts for hiring future staff.
18	If staff have had the vaccination then found out from a test that they were positive (asymptomatic) when they received the vaccine, does this make it less effective? Would they need to have it again?	The answer is no. Even if someone was asymptomatic when they have the vaccination they continue with the normal 2 dose regime. They do not need to repeat the vaccination.
19	Can people who are HIV positive have the vaccine?	Yes. Individuals who have immunosuppression and HIV infection (regardless of CD4 count) should be given COVID-19 vaccine in accordance with the recommendations and contraindications. More information is <a href="#">here</a> . They are in the cohort 4, so can have it now.
20	Can people who use EpiPens take the vaccine?	This depends on the reason for you needing an EpiPen. If it is for allergies you should consult your doctor if it is safe for you to get the vaccine. If it is for epilepsy it is safe for you to get the vaccine. If you are in doubt, check with your doctor.
21	Should we wait sometime to go for testing after receiving vaccine?	Currently the advice is that we should continue to test and monitor even after having the vaccine, so weekly testing should continue as normal, without waiting.
22	After the 10 days isolation, most staff are keen to come back to work but still tested as positive. Are they still infectious even if asymptomatic?	If they're asymptomatic 10 days after testing, they should be OK to return to work, and shouldn't get re-tested for 90 days after their positive test.
23	Can there be an arrangement for social care staff get their vaccination in the boroughs where they live rather than travel across London to where they work before they can be vaccinated?	As vaccinations take place during the daytime, it is most likely that frontline social care workers will get their vaccines in the boroughs in which they work, and as such they should be offered these by the relevant borough. Employers should use their Infection Control Fund resources to enable time for staff to access the vaccination sites in the areas of work. There are not arrangements in place at present for staff to choose the local authority in which they would like to access their vaccination.

	Question	Answer
24	What happens to those who are allergic to some of the ingredient?	Only those who have an allergy to component of the vaccine should not have it. If in doubt, speak to your local doctor about it.
25	What is the time frame for getting the vaccine?	Providers and local authorities should be working together to ensure that all frontline social care staff are offered the vaccine by 15 <sup>th</sup> February, however we know some people will take longer to decide whether to get it or not. The programme will be running for a long time, so there's no fixed time frame, currently. Once you receive your first dose, the timeframe for getting the second dose is 12 weeks.
26	Where can we find out more to speak to Muslim staff who are hesitant to the vaccine?	Visit the British Islamic Medical Association's excellent <a href="#">Vaccine Hub</a> and their <a href="#">website</a> at britishima.org. They have myth busting, resources, and are hosting webinars.
27	Can you have the vaccine if you are allergic to penicillin?	Yes you can.
28	How many vaccines are presently available?	Currently only the Pfizer (BioNtech) and AstraZenica (Oxford) vaccines are available, although the Moderna vaccine has been approved and will become available in the spring. Others are expected to be approved and become available soon, too. Find out more <a href="#">here</a> .
29	Will the vaccine help protect people from the new variants that are emerging ?	The Chief Medical Officers and Public Health England are studying this and thus far they are confident it does.
30	What are the measures you are taking to ensure self-employed care workers have access to the vaccine?	Social Care Workers employed by people with a Direct Payment should be being contacted by their local authority directly or via the person they care for, as their employer. For other eligible social care workers who are self-employed, each local authority has been asked to provide details of its Single Point of Contact for social care workers on its website. These details, once found, can be used by self-employed social care workers to find out about local arrangements.

# Appendices

## Support for arranging staff vaccinations

- ▶ In relation to the offer of a COVID-19 vaccination - If a Richmond or Wandsworth provider has not yet been contacted yet by the LA, please contact [ascvaccinations@richmondandwandsworth.gov.uk](mailto:ascvaccinations@richmondandwandsworth.gov.uk) providing your name, contact details and the local authority in which you are based.

# Reporting uptake

- ▶ To help support the national COVID-19 vaccination programme DHSC have added additional questions relating to Workforce / Covid Vaccinations to the COVID-19 Update (Daily) Survey that Home Care/ Dom Care Providers are required to complete on a daily basis.
- A guidance note outlining how to easily complete the daily survey information, and DHSC Letter sent to Local Authorities and Providers can be viewed via:  
<https://capacitytracker.com/resources/category/61/whats-new>

## Messages for staff

- ▶ 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

## Communicating to different audiences

- ▶ 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

# Email template for staff

- ▶ 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?

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.

## What about the allergic reactions that have been reported?

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.

# Social media guidance

- ▶ 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.

# Social Media Assets

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



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



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



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



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

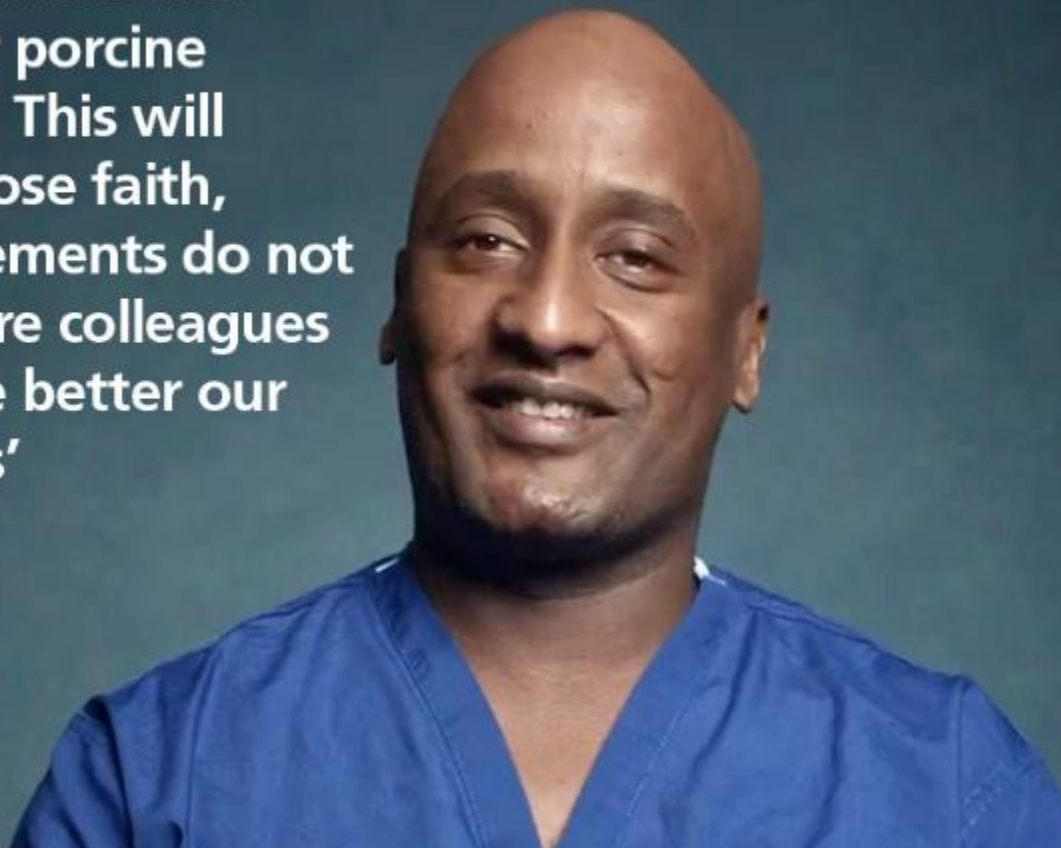




**'It is great that the approved vaccines have no meat derivatives or porcine products including gelatine. This will assure many colleagues whose faith, allergies and dietary requirements do not allow such content. The more colleagues who can get vaccinated, the better our chances of beating the virus'**

**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



# Immunisation publications and digital assets

- ▶ 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](#).**



# Videos supporting vaccine uptake

## ▶ **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](#)

- ▶ [Care home staff getting the vaccine](#)
- ▶ [Croydon BME Forum & Dr Agnelo Fernandes](#)
- ▶ [Clenton Farquharson MBE, Chair of the Think Local Act Personal Partnership Board, getting the vaccine getting the vaccine for Covid-19](#)
- ▶ [If You Could Save a Life... Video message from celebrities from Ethnic Minorities](#)
- ▶ [Diocese of Southwark leading black clergy urge UK Minority Ethnic community to take vaccine](#)

## ▶ **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>

# Resources

## ▶ **General**

- ▶ Colleagues can use [the campaign resource centre](#) to access assets and messaging to promote this.
- ▶ [Social NHS Vaccine Information](#)

## ▶ **Resources and articles**

- ▶ [Information on vaccination guides including other languages](#)
  - ▶ [North East London STP- Covid-19 explained in your language](#)
  - ▶ [BME London Landlords – Why we think you should say YES to the Covid-19 Vaccine](#)
  - ▶ [British Islamic Medical Association - Covid-19 Vaccine Hub - Myths](#)
  - ▶ [Clenton Farquharson MBE - Overcoming vaccine hesitancy in our diverse communities](#)
  - ▶ [The COVID-19 vaccines rush: participatory community engagement matters more than ever](#)
  - ▶ [Meera Syal and Moeen Ali star in video urging BAME people to take vaccine](#)
  - ▶ [An easy decision: COVID-19 vaccination stories](#)
  - ▶ [Surbiton nurse Aylona Dael explains how she overcame her concerns about the COVID-19 vaccine](#)
  - ▶ [BBC World Service podcast: Coronavirus: Vaccine hesitancy among ethnic minorities](#)
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- ▶ **Vaccine information for women of childbearing age, those currently pregnant or breastfeeding**
  - ▶ [A guide to COVID-19 vaccination: All women of childbearing age, those currently pregnant or breastfeeding](#)
  - ▶ [The Royal College of Obstetrics and Gynaecology, and the Royal College of Midwifery respond to misinformation around Covid-19 vaccine and fertility](#)
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- ▶ [Domiciliary Care Covid-19 resource pack](#)