

Luton COVID-19 Vaccination Outreach Project: Rapid Evaluation (March/April 2021)

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Context



UK Government lockdown measures

- 'Stay at home' order ends (end March 2021)
- Stay local and meet outdoors (6 people/two households)
- Schools reopen
- Outdoor venues start to open with restrictions on numbers (mid-April 2021)



National vaccination rollout

- First vaccinations being offered to those in priority groups 1-9 (from Dec 2020)
- General population by age:
 - 50+ - 17 March 2021
 - 45+ - 13 April 2021
 - 44+ - 26 April 2021

Background



In March 2021 DCMO Jonathan Van-Tam contacted Luton Borough Council PH to urgently **address low uptake of vaccinations and high COVID-19 numbers** in Luton



Data showed that **Luton had a lower uptake of vaccinations in certain ethnic minority groups** such as Bangladeshi, Pakistani, Black Caribbean and Black African communities



Limited data on socially excluded groups such as homeless and GRT communities

Response



Luton Borough Council Public Health decided to adopt an outreach vaccination service for local communities



It was decided to run outreach vaccination clinics over weekends in March/April 2021 to address the low uptake of vaccines



Research & Evaluation (Public Health Hertfordshire) were approached by LBC PH to conduct a rapid research/evaluation on the vaccination service

Project design

The outreach project comprised of two phases:

Phase 1

Friday 26th – Sunday 28th March 2021

MARCH						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Phase 2

Friday 23rd – Sunday 25th April 2021

APRIL						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Outreach clinic details

	Venue/location	Service offered	Opening times		
			Friday	Saturday	Sunday
Phase 1	Bury Park Sainsburys (bus in car park)	Walk-up	10am – 5pm	10am – 5pm	10am – 5pm
	Luton Town Hall	Walk-up	NA	12pm – 7pm	12pm – 7pm
	Central Mosque (Bury Park)	Walk-up	NA	12pm – 7pm	12pm – 7pm
	Redgrave vaccination site (Marsh Farm)	Walk-up & appointment service	12pm – 7pm	12pm – 7pm	12pm – 7pm
	Inspire vaccination site (Stopsley)	Walk-up & appointment service	12pm – 7pm	12pm – 7pm	12pm – 7pm
Phase 2	Bury Park Sainsburys (bus in car park)	Walk-up	10am – 4pm	10am – 4pm	10am – 4pm
	Luton Irish Forum (bus in car park)	Walk-up	10am – 4pm	10am – 4pm	10am – 4pm
	Futures House, Marsh Farm (bus in car park)	Walk-up	10am – 4pm	10am – 4pm	10am – 4pm

Covid-19 Vaccination opportunity

No need to pre-book - just 'walk up'

Friday 23, Saturday 24, Sunday 25 April
10am - 4pm each day



Marsh Farm Futures House
Car park
The Moakes
LU3 3QB



Luton Irish Forum
Car park
102 Hitchin Road
LU2 0ES

Sainsbury's Bury Park
Car park
34 Dunstable Road
LU1 1DY

Who is eligible?

Luton residents yet to receive the first dose of the vaccine:

- are over 45 years old
- have been classified as clinically extremely vulnerable (CEV)
- provide formal or informal care for someone (we'll just need details of the person you are caring for)

In addition, and for this weekend only, the vaccine will also be available to people 30 and over who live with someone that falls into any of the above categories.

We are making the Covid-19 vaccine more accessible to residents who haven't had the chance to have theirs yet.

The Covid-19 vaccine is safe and the best protection against the disease for each of us, our families and our community. It's key to returning to normal life again.

No paperwork required – just proof that you live in a Luton postcode (LU1-LU4)



#LutonGetVaccinated
www.blmkccg.nhs.uk


 Bedfordshire, Luton and Milton Keynes
Clinical Commissioning Group

Aim and objectives

The aim of the evaluation was to explore the design, operation and implementation of the rapid mobile vaccination clinic outreach project in Luton with the following objectives:



To understand the challenges of implementing outreach vaccination clinics over a short timeframe (mixed methods)



To measure the number of participants recruited into the COVID-19 vaccination programme and their associated demographic data (quantitative)



To explore the reasons (including the facilitators and barriers) for participants visiting the COVID-19 mobile vaccination clinics (qualitative)



To understand the experiences of staff working on the COVID-19 mobile vaccination clinics (qualitative)



To inform the planning and implementation of subsequent vaccination clinics (mixed methods)

Methods – design and approach

A mixed methods evaluation approach was used to satisfy the aim and objectives of the project

Quantitative data



- Number of service users
- Gender
- Age
- Ethnicity
- Vaccination details:
 - Location
 - Day
 - Time

Qualitative data



Interviews with:

- Service users
- Volunteers
- Health professionals
- Administrative staff
- Strategic and planning groups
- Community workers

Quantitative data collection and analysis

- Electronic tablets used on site at the time of vaccination by staff
- Recorded on Pinnacle, a web-based point of care system
- Pinnacle is integrated with NIMS and GP clinical records
- If service user detail could not be located on Pinnacle, a paper form was completed
- Descriptive analysis of phase 1 and phase 2 was carried out separately

Qualitative data collection and management

The aim was to recruit a purposive sample of participants

It was estimated that a sample of 25-30 participants would provide sufficient data although we aimed to continue until no new novel responses were received



Semi structured interviews and focus groups were chosen as a convenient, cost effective and interactive data collection method



Interviews and focus groups allowed comprehensive coverage of the range of issues under evaluation



Face to face, telephone and online interviews were conducted



Prior to each interview the researchers provided the participants with information regarding the study

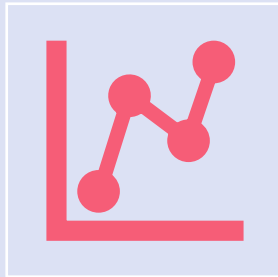


The interviews were digitally recorded and transcribed in full

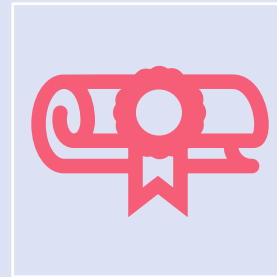


Interviews lasted on average twenty minutes for each person while the focus groups lasted about an hour

Qualitative data analysis



The analytic approach in this study was framework analysis. Framework is commonly used in rapid evaluations



All transcripts were coded on a line-by-line basis

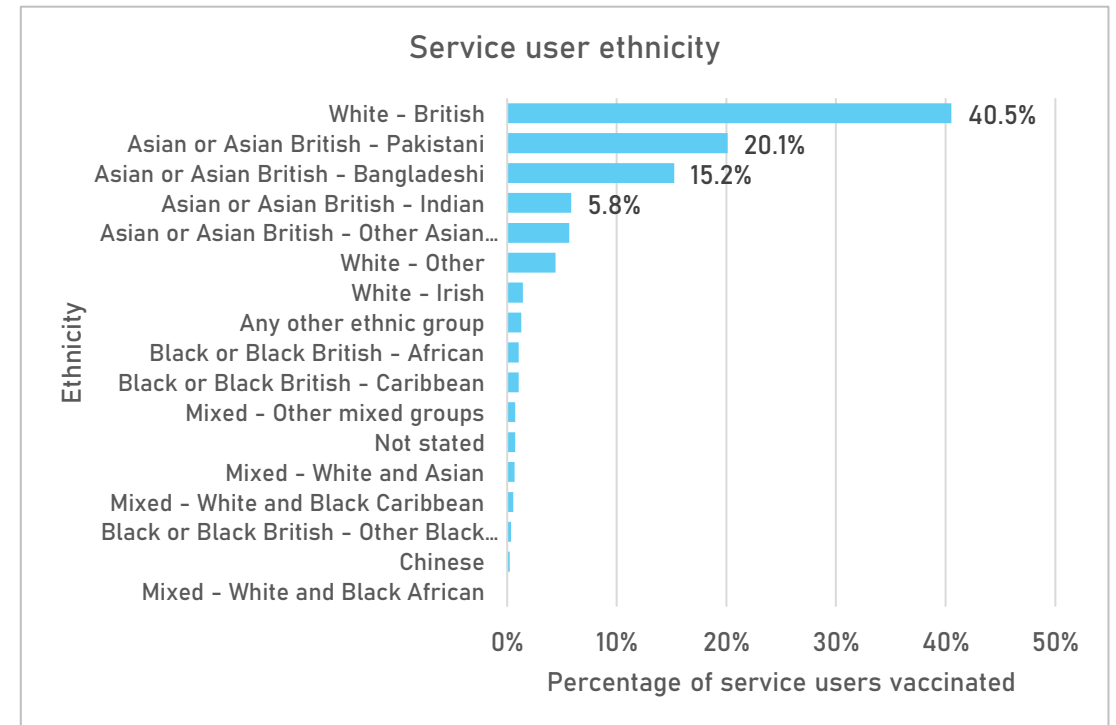
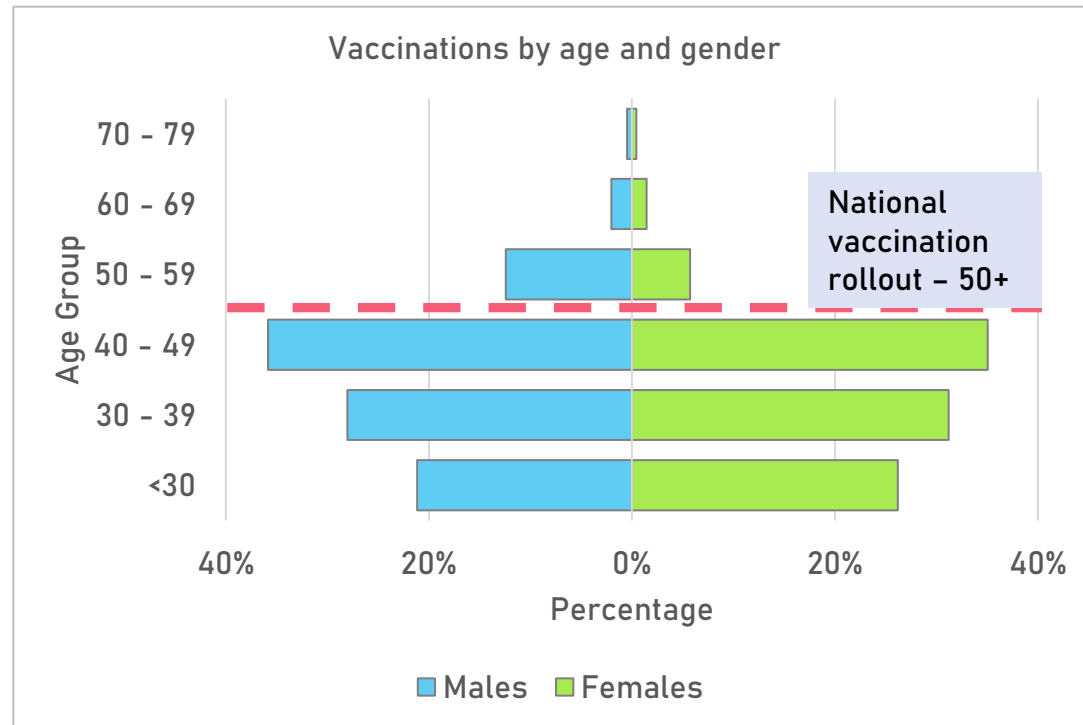


The data in the framework was used to create a list of codes and eventually overarching themes

Findings – Phase 1 (March 26th –28th)

Limited data based on those known to be vaccinated as a walk-up (i.e., not pre-booked via the national booking service)

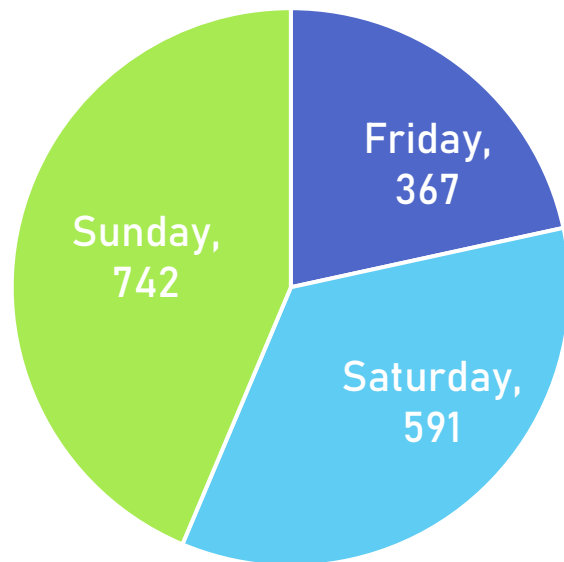
3,400+ estimated vaccinations (2,625 known to be walk-up)



Findings – Phase 2 (April 23rd – 25th)

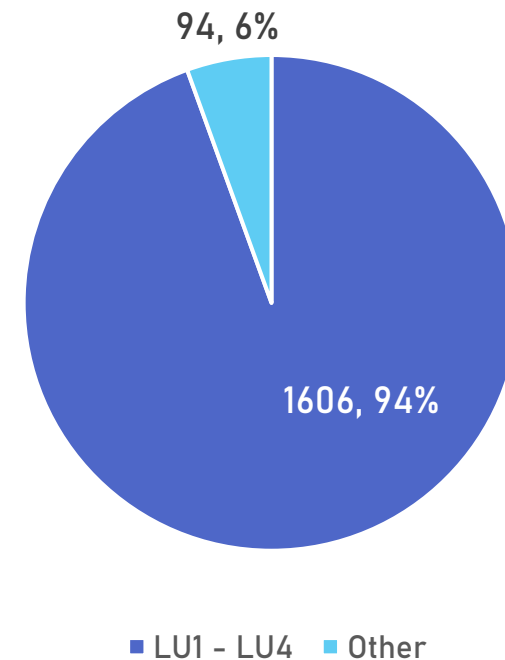
- 1700 vaccinations over 3 days

Number of vaccinations by day



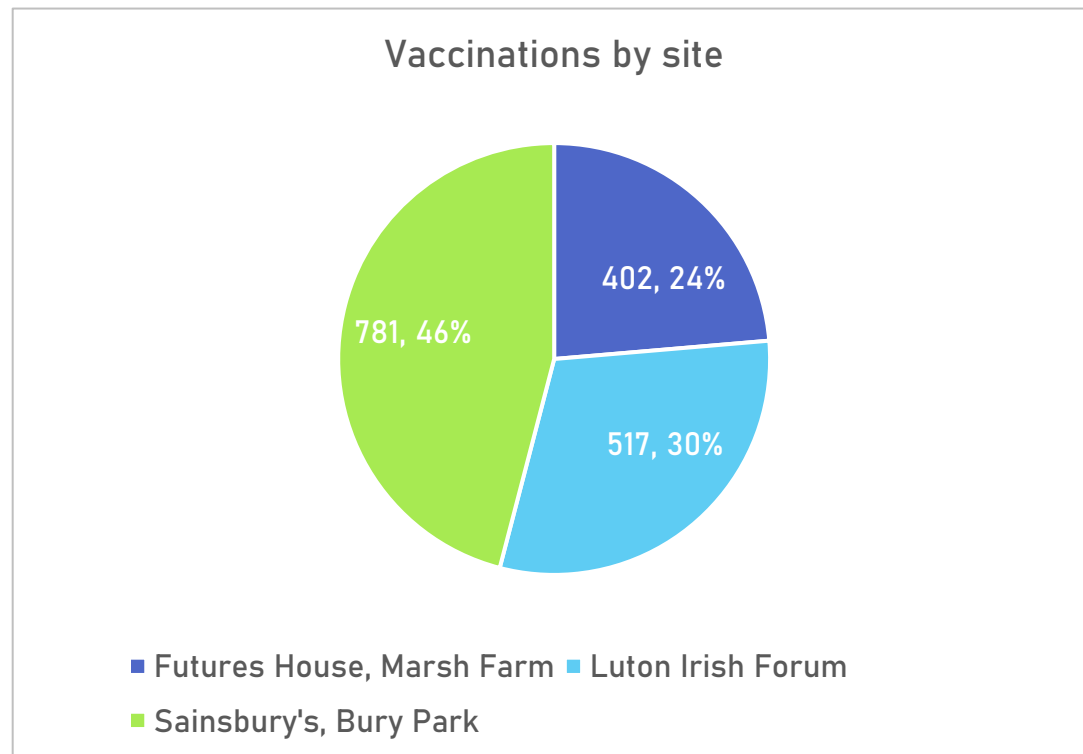
- 94% from target area of LU1 – LU4

Service Users from Target Area

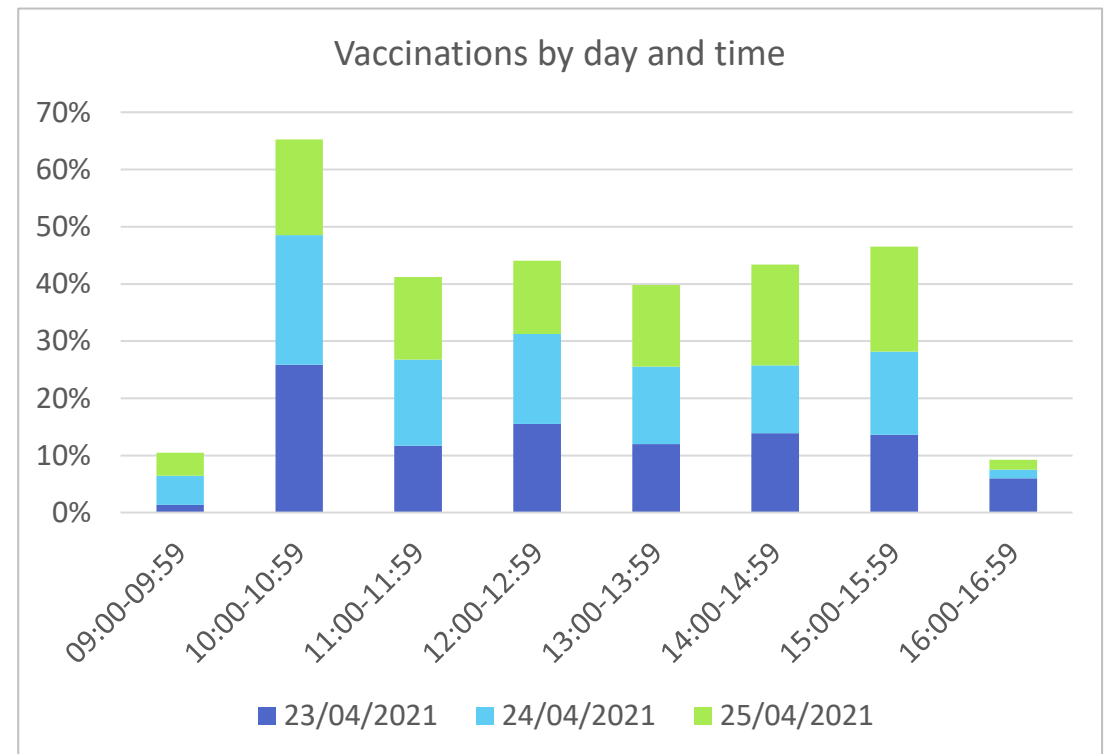


Findings – Phase 2 (April 23rd – 25th)

- Almost half of vaccinations at Sainsbury's car park site

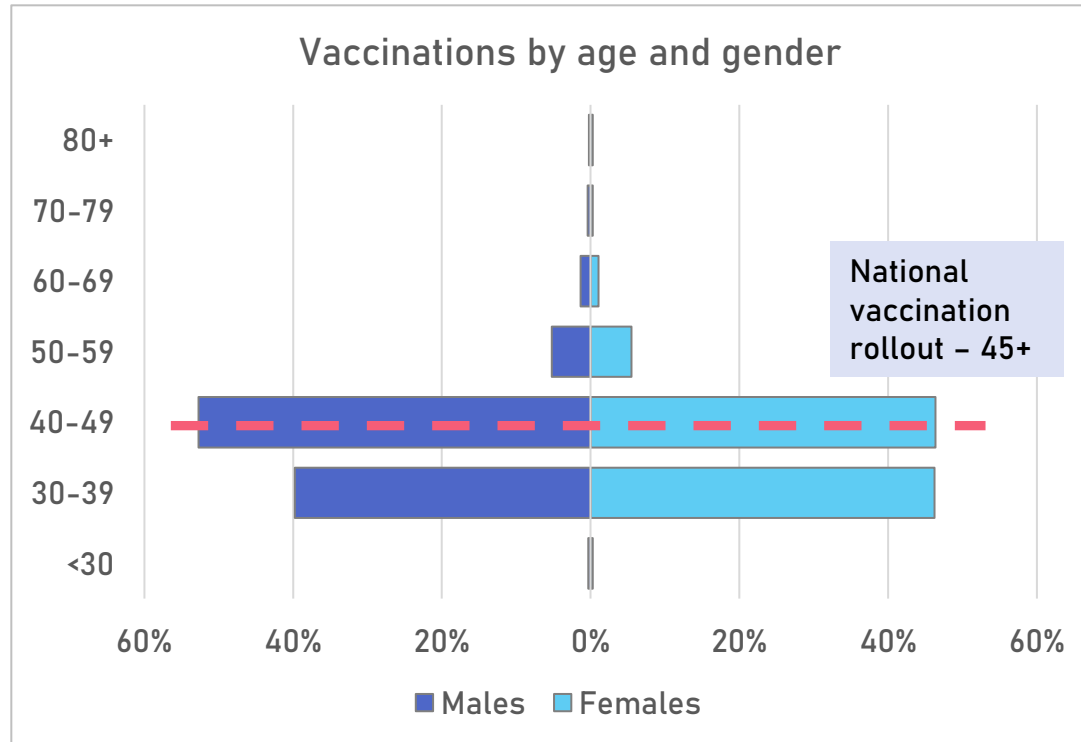


- Site opening was the most popular time

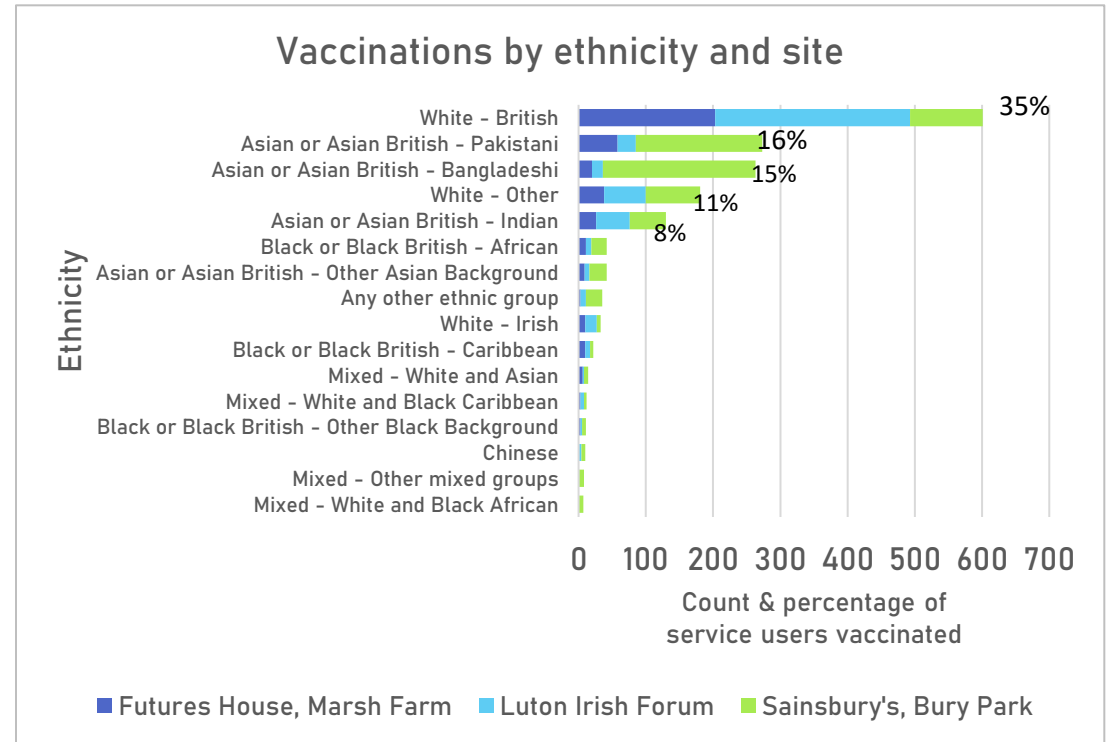


Findings – Phase 2 (April 23rd – 25th)

- 30 – 49 year olds: 93% of vaccinations



- 64% Ethnic minorities (including White minorities)



Findings – Phase 2 (April 23rd – 25th)

Service user feedback

- Clinic visit satisfaction
 - 99% very satisfied (1014/1024)
- Vaccination recommendation to other people
 - 92% (980/1024)
- How did you find out about the clinics?
 - *Word of Mouth* 43% (427)
 - *Social Media* 35% (361)
 - *Other* 15% (157)



Findings – Phase 2 (April 23rd – 25th)

Qualitative data themes

We identified six overarching themes in this project:

Decision making, planning and strategy

Communication and media

Accessibility and local involvement

Community, partnerships, and teamwork

Vaccine experiences and opinions

Learning points

Theme 1. Decision making, planning and strategy

“we serve and we do get group-thinks about that side of stuff and we recite them like rote. And I think actually what both these things shouted to me was actually by actually talking to our population, engaging with them we actually heard what they really wanted from us,.....they wanted us to break down the barriers”

(Strategic group, male)

“Even though it was a rush, the actual operation on the days was very good from the point of view that we very quickly got into a rhythm of understanding what everybody did at each site, what their roles were and how we supported each other through that process”

(Manager, male)

Theme 2. Communication and media

“Me going around saying, “Have it, have it, have it,” they’re like, “We don’t know you nor do we particularly care what you think,” but if my uncle’s saying, or whoever, “I’ve had it and I was alright” then, you know, that’s such a more powerful way of... And it’s a social norm. We’re creating social norms within these communities around the vaccine”

(Strategic group, male)

“A friend of mine came down and said there was no queue so I should come down”

(Service user, male).

“I thought it was quite good, initially but I think there’s a lot of confusion around who’s allowed to get it done and who isn’t. I think a lot of it’s to do with ... I think there’s mixed messages”

(Service user, female)

Theme 3. Accessibility and local involvement

“And I suppose if people are on the fence about it, it might push them over into choosing to come for it, yeah”

(Service user, male)

“I was surprised at how many people came just because they'd been to Sainsbury's to do their shopping”

(Health professional, female)

“Superb idea, just brings it closer to the people who maybe don't live as close to some of the main vaccine centres as others, or perhaps don't have the transport to get there”

(Community worker, male)

Theme 4. Community, partnerships, and teamwork

"You know, that shows the strength of the communities in Luton to support each other during this really massive crisis"

(Community worker, female)

"You know, we got the numbers,.....but the success measurement I suppose from my perspective was the partnership working"

(Strategic group, female)

"I picked up a family where it was a multigenerational household. It was siblings, they'd all egged each other along to come along and wouldn't have come without each other"

(Health professional, female)

Theme 5. Vaccine experiences and opinions

"...the people that were running them were very professional and getting things done very quickly and very swiftly"

(Service user, female)

"When I had my first jab I found it so emotional because it's the next step to opening up, it's the new normal coming, you know"

(Service user, female)

"And if people are hesitant at all, you just want a really big front door and it makes the door ... the front door very big that way. Because the booking is quite narrow really, and it's fine if you fit. But, I guess, if you're nervous or you've got questions, or you're busy, or any of those things, it can be really difficult."

(Volunteer, female)

Theme 6. Learning points

"it was a pilot and therefore we generally wanted to learn from it and accept that some things would go well and some things might not go so well but actually that's part of the pilot"

(Strategic group, male)

"I think we need to be a bit more flexible about the hours that we do. Don't do 10:00 to 4:00 but maybe on the Friday we do 12:00 to 7:00 as we did in the previous one for the static sites"

(Health professionals, female)

"I think one of the things we've learnt during COVID is that we have to deliver different and I think the entire NHS strategy of service delivery has to be about taking the service to the patient"

(Strategic group, female)

"I would genuinely invest the next two weeks in a socially distanced way having a conversation with people who are just out there playing football and that kind of stuff and trying to rally that conversation that way and getting our, you know, COVID marshals and our shops and our other places"

(Strategic group, male)

Recommendations

- Adopt a grassroots approach to engage with the local community
- Ensure data is collected and recorded digitally, systematically and comprehensively
- Consider the convenience of location for planning outreach sites with operational hours to suit the community
- Importance of stakeholders and team members involved having the appropriate skill set
- Allowing adequate time to plan

Reflections

- Rapid review – first contacted 19th April 2021. Conducted evaluation, produced report and presented slide deck to strategic group on 11th May 2021
- No political barriers; skills and expertise valued and embraced
- Given full access to data sources such as Pinnacle
- Data limitations associated with demographic classifications or certain populations
- Not much literature available about community based, mobile vaccination outreach clinics

RESEARCH

Open Access



“If people are hesitant at all, you just want a really big front door”: a rapid qualitative interview study on the Luton COVID-19 vaccination outreach clinics

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Abstract

Background There is a lack of evidence on the usefulness, practicality, and acceptance of vaccination outreach clinics in the community especially during pandemics. In this qualitative study, we explored the experiences, motivations and perceptions of service users, health professionals, strategic staff, volunteers, and community workers involved in the COVID-19 vaccination outreach clinics in Luton.

Methods Semi structured face to face, telephone, online interviews, and focus groups were conducted with 31 participants including health professionals, strategic staff, volunteers, community workers and service users. The Framework Method was used to analyse the data and generate themes.

Results Service users expressed positivity towards the convenience and familiarity of the location of the vaccination outreach clinics and the flexibility of receiving the vaccination in a local setting. Participants involved in the planning and delivery of the service commented on the worthwhile and rewarding experience but suggested more attention should be given to preparation time, service user recruitment, the working environment, and staff welfare.

Conclusions The COVID-19 mobile vaccination outreach clinics in Luton tested and developed a different model of service delivery and demonstrated a collaborative way of working: “taking the health service to the patient, not the patient to the health service”. Planning and local community engagement were seen as key to successful delivery of a mobile healthcare service.

Keywords COVID-19, Vaccination, Outreach clinics, Qualitative, Pandemic, Community

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