

DEEP END SUMMARY 37

COVID-19 vaccine deployment for marginalised groups in Scotland

The COVID-19 vaccine offers a path out of the national lockdowns we have been living with for the past year. The current vaccine rollout is based on age and underlying medical conditions. The speed of rollout has been impressive and the uptake high, but we need to ensure that those who are also at known higher risk by virtue of socio-economic deprivation or ethnicity do not get 'missed'. More proactive approaches will be needed to increase vaccine confidence and uptake in these groups. Failure to do so risks a resurgence in Covid cases in our most deprived areas as lockdown eases.

On Wednesday 10 March 2021, the Deep End GP group hosted a virtual round table meeting regarding ongoing national COVID-19 vaccine deployment. In attendance were key stakeholders from Scottish Government, Public Health Scotland, several NHS Health Boards, and the voluntary sector, as well as members of the Deep End GP Steering Group.

The key themes from the discussion related to: (1) data collection, (2) adapting delivery models, and (3) adapting communications material. The following recommendations are made:

(1) data collection

- Collect ethnicity data at time of vaccination.
- Collect primary care data (via Vision, EMIS) in addition to via TURAS software systems.
- Use data to compare vaccination uptake in different sites.

(2) adapting delivery models

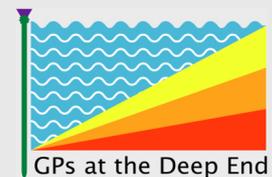
- Identify local leads to facilitate and 'authorise' the local flexibility described by the JCVI around vaccine delivery to address health inequalities.
- Agree national core principles to facilitate consistency – with local flexibility in how to deliver.
- Consider how best to support the role of general practice in vaccine deployment to under-served groups – from providing patient lists, to reviewing DNAs, to promoting vaccination through their established communication channels, to delivering the vaccine.
- Consider how best to utilise the current Direct Enhanced Service (DES) which is designed to facilitate and support general practice involvement as able, in negotiation with Boards, LMCs and local Public Health.
- Consider an authorised priority role for Community Link Practitioners CLPs in vaccine confidence-building and attendance for vaccination over the coming months.
- Teams that are best-placed to offer opportunistic vaccination to under-served groups (e.g. GPs and community pharmacies) should be prioritised for single-dose vaccines when they become available. Particularly useful for outreach for the 'hard to reach'.

- Agreement that these should only be used when necessary as multi-dose vials more cost-effective.
- Clearer public steer that the homeless population, those from Black, Asian and Minority Ethnic (BAME) communities, and those living in deprived neighbourhoods are also priority groups. DPH to lead the push on this public messaging for all three reasons (individual clinical risk, public health risk, ethical).

(3) adapting communications material

- Resources that have been developed to be collated and shared widely, e.g. Lothian community videos in 11 languages.
- Consideration should be given to having a central repository for all these resources.

“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. “Deep End patients” are distributed more widely in most Scottish general practices. The Scottish Deep End Project, since 2009, has been supported by the Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.



Full report available at www.gla.ac.uk/deepend

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