

NHS BOLTON CLINICAL COMMISSIONING GROUP – VIRTUAL MEETING

AGENDA ITEM NO:10.....

Date of Meeting:12th March 2021.....

TITLE OF REPORT:	COVID-19 Update to the Board	
AUTHOR:	Su Long, Accountable Officer Helen Wall, Clinical Director, Commissioning	
PRESENTED BY:	Su Long/Helen Wall	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	To provide the CCG Board with an update on actions taken in the management of the ongoing COVID-19 pandemic. This month's report highlights the work progressed so far both nationally and locally on the implementation of the Covid 19 vaccination programme.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan.	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	√
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	The Board is asked to note and discuss the attached report.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Bolton COVID-19 Governance CCG Executive	
REVIEW OF CONFLICTS OF INTEREST:	N/A	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	N/A	
EQUALITY IMPACT ASSESSMENT (EIA) COMPLETED & OUTCOME OF ASSESSMENT:	An Equality Impact section is included in the report.	

Covid-19 Update to Bolton CCG Board

10 March 2021

1. Introduction

This paper provides a short update on the current position on COVID-19 rates in Bolton, service resilience, and a more detailed update on the COVID-19 vaccination programme for CCG Board members.

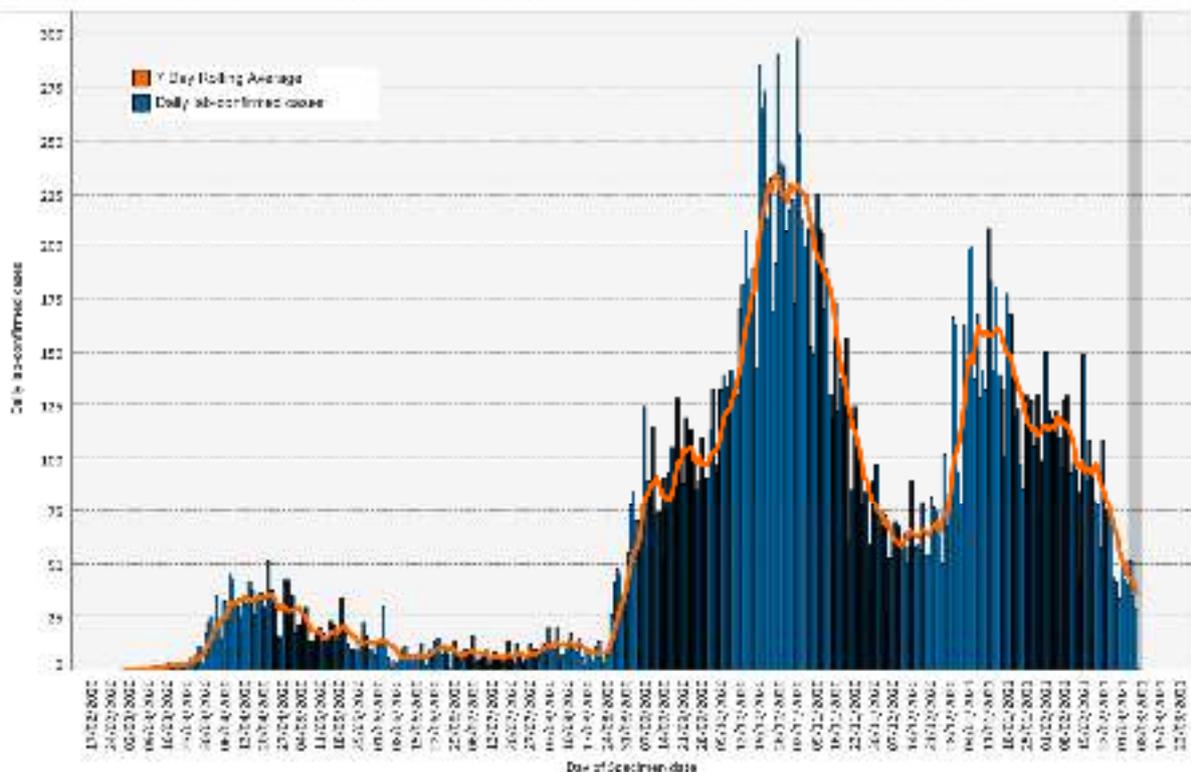
As this is a developing situation, with advice being updated all the time, it should be noted that any information in this report was correct on the date of completion.

2. COVID-19 rates in Bolton

On 10 March, the published COVID-19 case rate in the community in Bolton was 102.6 per 100,000 population (7 day average).

The Bolton public health team publish a weekly set of data on the Bolton JSNA website at www.boltonjsna.org.uk/coronavirus - this contains more detailed information in graphical form on case rates and deaths. The graph below is an example from this website, which highlights that the third wave of COVID-19 is showing a more reliable decline than was reported last month.

Daily confirmed cases of COVID-19 for Bolton, with Pillar 1 and Pillar 2 cases inclusive



3. Service Pressures related to COVID-19

All services are seeing a decline in direct pressure caused by COVID-19 cases. However, levels of general service demand in primary and community services remain high.

All trusts across Greater Manchester are working together to prioritise patients on waiting lists for elective care in a consistent way and to support treatment of those most serious or time-sensitive cases.

4. COVID-19 vaccine – Bolton update

4.1 National Priority Cohort Groups

By Monday 15 March 2021, the 9th priority cohort defined by the Joint Committee on Vaccination and Immunisation (JCVI) will start to be invited for covid vaccinations.

The full list of cohorts 1-9 is as follows:

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals (except pregnant women and children)
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

The overall priority of the COVID-19 vaccination programme is :

“To protect those who are most at risk of serious illness or death should they develop COVID-19 and reduce transmission of the infection”.

The JCVI have modelled that, taken together, cohorts 1-9 represent around 99% of preventable mortality from COVID-19.

4.2 Bolton Vaccination Uptake by Cohort

Total vaccinations on Bolton CCG registered patients from NIMs system on Tuesday 9 March 2021 were 100,387 first doses and 2,189 second doses.

It is important to note that this does not reflect all the vaccinations carried out by Bolton sites as health and care workers who are not registered with a Bolton GP have been vaccinated but are not visible to Bolton CCG in this dataset.

The total first doses and estimated percentage coverage for priority groups 1-7 in Bolton are shown in the table below. The age groups and the other groups duplicate each other, eg a NHS and social care worker may be counted in the age 50-54 or a clinically extremely vulnerable person may also be counted as aged 70-74.

Bolton CCG First Doses by Priority Group				Bolton position tracking ahead of GM
Priority Groups	First Dose	Individuals	% First Dose/ Individuals	
Age 80+	12,048	12,829	93.9%	GM 91.7%
Age 75-79	9,641	10,239	94.2%	92.6%
Age 70-74	13,466	14,535	92.6%	91.1%
Age 65-69	12,570	14,344	87.6%	83.1%
Age 60-64	11,679	16,997	68.7%	57.7%
NHS and social care Worker	5,991	7,330	80.2%	80.1%
Clinically Extremely Vulnerable	20,326	24,297	83.7%	77.9%
COVID19 at risk	23,071	34,605	66.7%	-
Carers - DWP	2,723	5,568	48.9%	41.8%

It has previously been reported to the Board that the target dates for offering all eligible individuals a vaccine were met as follows:

1. Care homes residents and staff (24 Jan 2021)
2. People aged 80+ (end Jan 2021)
3. People aged 75+
4. People aged 70+ and Clinically Extremely Vulnerable (15 Feb 2021)

The Clinically Extremely Vulnerable cohort has increased in Bolton by several thousand people since 22 February due to the addition of people calculated as scoring high risk on the Q-Covid Risk tool. This scores risks such as deprivation, ethnicity, age and medical conditions. The greatest number of additions to this list have been in Central PCN due to the high levels of deprivation and ethnic diversity in the area.

Cohorts 5 to 9 are now additionally in the progress of being invited and vaccinated so we can expect uptake to increase through those cohorts over coming weeks. Cohort 6 includes people who are homeless and we have GPs working with the community team to visit hostels to carry out vaccinations.

A strong focus of the programme is now on reducing inequality of uptake and ensuring greater volume of supply to provide the second dose 2 through late March and early April can be delivered through sites alongside ongoing first doses.

5. Equality Impact

5.1 Covid vaccine inequality of uptake

In Bolton, on 22 February, uptake in cohorts 1-4 showed Central PCN was lower than the rest of Bolton. This PCN serves our most deprived and ethnically diverse population, reflecting the national correlation between deprivation and uptake.

total aged over 70				
PCN	Individuals	Not Vaccinated	First Dose	% first dose/ individuals
Turton	7,106	369	6,737	95%
Westhoughton	4,262	284	3,978	93%
Horwich	3,244	215	3,029	93%
Brightmet & Little Lever	4,833	364	4,469	92%
Chorley Roads	4,297	408	3,889	91%
Farnworth & Kearsley	4,201	464	3,737	89%
Rumworth	3,010	330	2,680	89%
Halliwell	4,277	476	3,801	89%
Central	2,514	599	1,915	76%
BOLTON Grand Total	14,567	1,492	13,075	90%

On 9 March 2021, uptake in Central PCN increased to :

- 84% for aged 80+,
- 85% for aged 75-80,
- 80% for aged 70-74

5.2 Bolton Uptake by ethnic group

Data so far downloaded from 27 Practices on vaccine uptake in people aged over 70, highlights the ethnic groups in Bolton with significantly lower uptake:

Ethnic Group	Total uptake aged 70+	female	male
Black African	54%	41%	63%
Black (other)	61%	60%	67%
Pakistani	62%	59%	66%

5.3 Actions Taken and Planned

Engagement activity and other actions are provided below, focused on the three factors of vaccine hesitancy identified by the World Health Organisation: confidence, convenience and complacency.

5.3.1 Confidence (vaccine hesitancy)

Action	When	Findings
Eg Survey carried out on attitudes to vaccination prior to programme commencing 10% of responses came from communities of racial diversity	Dec 2020	Over 3,000 responses. Highlighted peoples attitudes towards and potential uptake of the vaccine
Communications campaign picking up key myths from above	Dec – onwards	Comments received from local people on social media and via VCSE groups used to shape and inform the vaccination booklet
Vaccination booklet (12 pg) delivered to every household in	Jan – Feb	More languages requested by VCSE colleagues and community

Bolton. Also produced in multiple languages & vaccination facts within Bolton newsletter to all homes		members. Additional Hungarian and Swahili version produced and disseminated
Trusted Muslim GPs videoed having vaccination and encouraging people to have it (one in Urdu)	Jan 2021	Very positive informal feedback and over 6k views on social media channels.
Information from British Islamic Medical Association shared in graphic form via a number of Whatsapp channels within the South Asian community	Jan 2021	The information endorsed the vaccine and anecdotally we believe further encouraged people to have the vaccine
Regular slots on Hindu Radio station	Dec – ongoing	Wide reach into the Hindu community allowing penetration of vaccine messages
Information shared with Mosques via GMP officer, including information shared at Friday prayers	Jan – Feb	New channels of reach into mosques discovered. More direct contact with mosque leaders as a result
Further videos highlighting other key low uptake groups – Black African community, pakistani community (using females, due to informal feedback on lower uptake)	Feb 2021	Informal positive feedback from local pastors and community members.
Webinars held with community and voluntary sector groups	Feb 2021	Issues and questions raised at the webinars used to further inform myth dispelling messaging
University-supported webinar focused on BAME groups	Feb 2021	Slides also shared on social media
Bolton @ Home undertaking door knocking exercise across Bolton to further understand attitudes and reasons for vaccine hesitancy	Mar 2021	Intelligence will be used to further inform targeted engagement work in communities of low uptake
Further local community opinion leaders being identified by Central PCN Clinical Director to encourage vaccine uptake	Action: March	
Develop a team of champions with language skills to support booking and engagement in Central PCN & ensure they can answer key myths	Action: March	

5.3.2 Convenience (barriers to access)

Action	When	Findings
<i>In addition to actions listed above...</i>		
Advice and support given by CCG to Practices	Dec – onwards	
Bolton GP federation contact with patients not yet vaccinated highlighted 29% not contactable by phone - door knocking by health worker with community representatives commenced	End Feb	Reporting to Boar Common comment reported as people not seeing any urgency to get vaccination
Communications materials updated to highlight urgency – “take up the offer as soon as you get it to protect you and your family”	Mar 2021	Targeted placing of materials/ads and social media posts
Informal feedback that individuals may be more likely to come to appointment if on their doorstep, supported by examples from other areas – pop up site trialled on Deane road	Mar 2021	Successful trial at Pikes Lane Medical Centre with 160 people from Central PCN vaccinated on 6 March 2021 Informal feedback from CCG booking line that local offer was most popular
Regular ‘pop-ups’ in community planned (timetable of weekend and weekday sites planned by Bolton GP Federation) Supported by CCG with posters, advertising via whatsapp and telephone ‘hotline’ booking to increase uptake. Moveable equipment ordered to support these sites.	Action: March	
Visits to homeless hostels by GP and community team to vaccinate	Mar 2021	
BRASS engagement to ensure staff trained to speak to refugee and asylum seeker population on myth busting	Action: March	

5.3.3 Complacency (especially in younger populations)

Action	When	Findings
<i>In addition to actions listed above...</i>		
Bolton @Home door knocking exercise targeting homes across Bolton. 100 homes per neighbourhood	Mar 2021	Initial feedback is building a picture of potential take up in younger people and reasons for/against

Targeted social media campaign at younger demographic on FB and Instagram aimed to encourage awareness and take up of the vaccine	Action: March	Yet to commence
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6. Recommendation

The Board of Bolton CCG is recommended to note and discuss this update report.

The most important public message remains to:

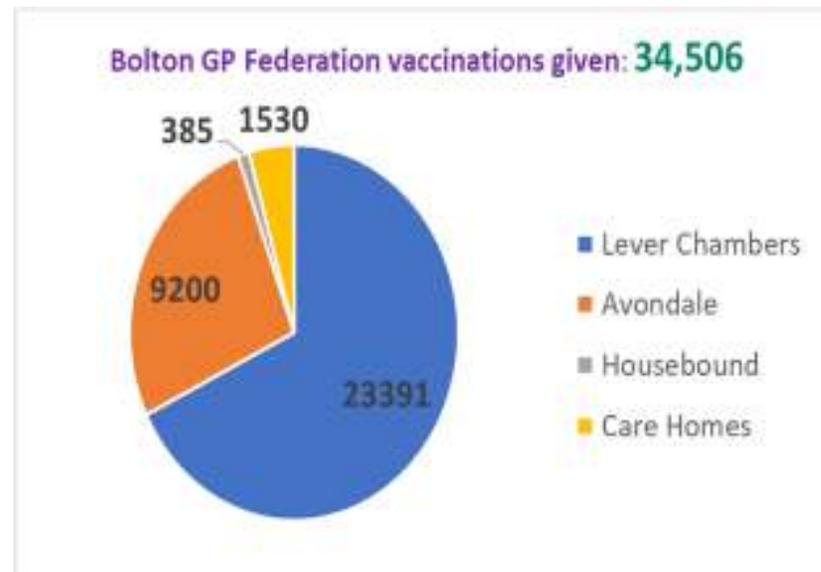
- please take up the offer of a COVID-19 vaccine as soon as you can – by doing so you are protecting yourself and your loved ones.
- please continue following government advice on social distancing and all COVID-19 restrictions while the vaccine is rolled out over coming months as population level protection will not be achievable for some time.

Su Long, Accountable Officer
11 March 2021

Vaccination Update Bolton Central PCN

As of 9 March 2021: **34,506**

- Lever Chambers: 23,391
- Avondale: 9,200
- Housebound: 385
- Care Homes: 1,530



*First doses

Door Knocking

Aim – engage patients not reached and offer appt

- Early non response trend identified (Contact details)
- Collaboration CVS, CCG, FT
- Team of 2 – HIP & Volunteer
- At least one other language
- Vaccine Fact Script
- 269 Patients identified/prioritised

28/2 – 8/3

- 106 homes visited

Declined	1	
Already booked in	1	
Language barrier	1	
Invalid address	2	Post office, Job Centre.
Housebound	2	We have since vaccinated in their home.
Undecided	7	No particular reason stated.
Already had vaccine	14	
No longer resident	16	
Booked in for vaccine	17	Only 1 DNA so far.
Not in / no answer	38	

Door Knocking

Next Steps

- Refresh and review patient list
- Review information / calling cards left when patient not in with CCG comms.
- Monitor success of call back / appointments booked for patients where calling cards left.
- Continue to engage with local leaders through multiple channels

Pop Up Clinic

Aim – Pilot “pop up” clinic for cohorts 1-6

- Saturday 6th March
- Promoted via practices and WhatsApp groups
- Multi-lingual volunteer stewards
- HIP (survey)

150 pts booked in advance

- 22 (15%) DNA
- 34 opportunistic

Cohort	No.
80+	2
75+	3
70+	3
65+	11
60+	51
55+	13
50+	15
16-49	54

Analysis

Ethnicity:

- 62% Asian (including Indian and Pakistani)
- 20% White
- 5% Black
- 3% African
- 10% other

Reason for not having vaccine before today:

- 83 people stated not had an invitation before
- 7 unsure why.
- 4 busy working.
- 4 had been unwell.
- 2 location.
- 1 needle phobia.