



Making Every Contact Count in City & Hackney

Responding to Vaccine Hesitancy – a Motivational Approach

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Hackney

City of London

NHS

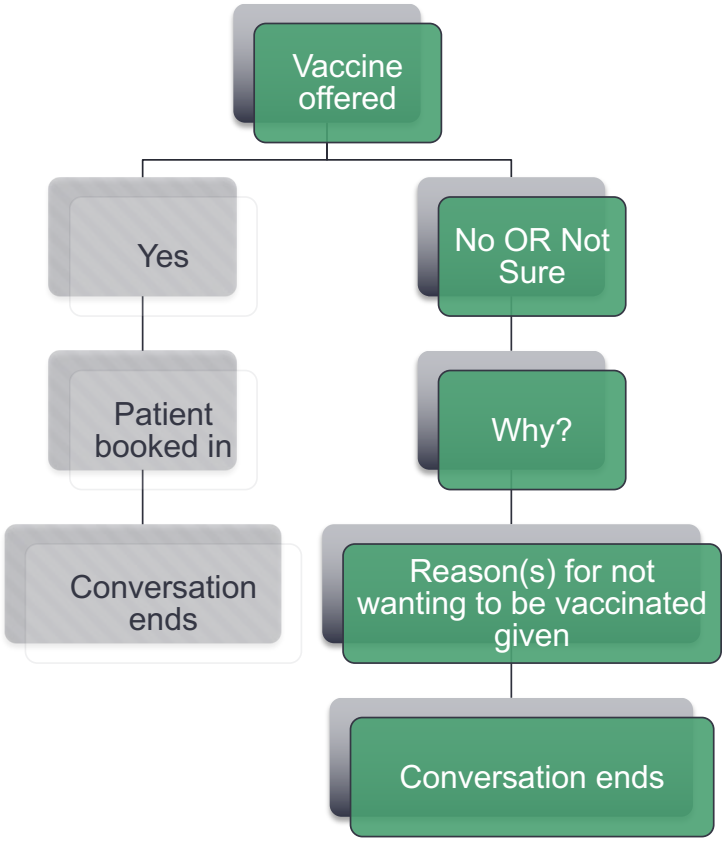
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Welcome and Registration

Please enter your name, Surgery name and PCN in the chat box

Can we improve upon.....

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By trying to…

►Avoid strengthening person's argument against the vaccine by giving voice only to the reasons they don't want it

►Work with the person to enable them to be more open to the possibility of change

►Explore what they know & think + try to **strengthen their motivation to change**

Focus of the session...

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Effective behaviour change conversations with patients by looking to build and strengthen their motivation to engage with COVID-19 vaccination programme



Drawing on the practice of Motivational Interviewing

What is Motivational Interviewing?

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- A client-centred, guiding method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.
- It is about arranging conversations so that people talk themselves into change based on their own values and interests.

(Miller and Rollnick 2009 and 2013)





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Building blocks of the approach

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Collaboration
Working together to create goals and solutions, non-hierarchical/expert

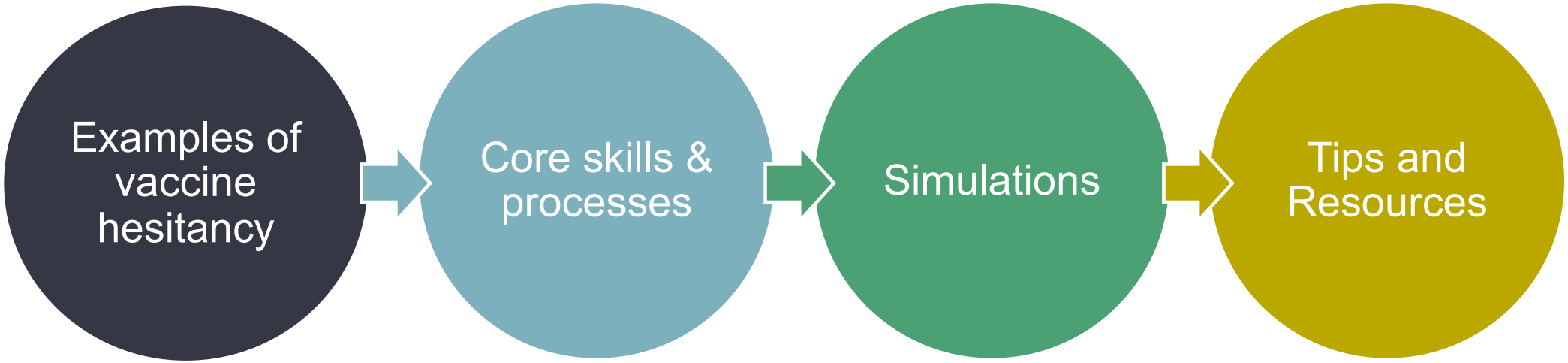
Evocation
Inspire, draw forth, elicit information from the patient

Respect
The patient's autonomy, responsibility to choose, resources and ability, and their decision

Qualities which – in themselves – are predictors of change
Less about 'what' we do, more about '*how we are*' with

What we'll cover...

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AIM = Build on your experience & sharpen confidence and competence to have 'motivational' conversations with patients around vaccine uptake

What reasons do you hear from patients who are hesitant or who refuse the Covid-19 vaccination?

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Here are examples that reflect where conversations often seem to start from.....

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We'll come back to some of these later

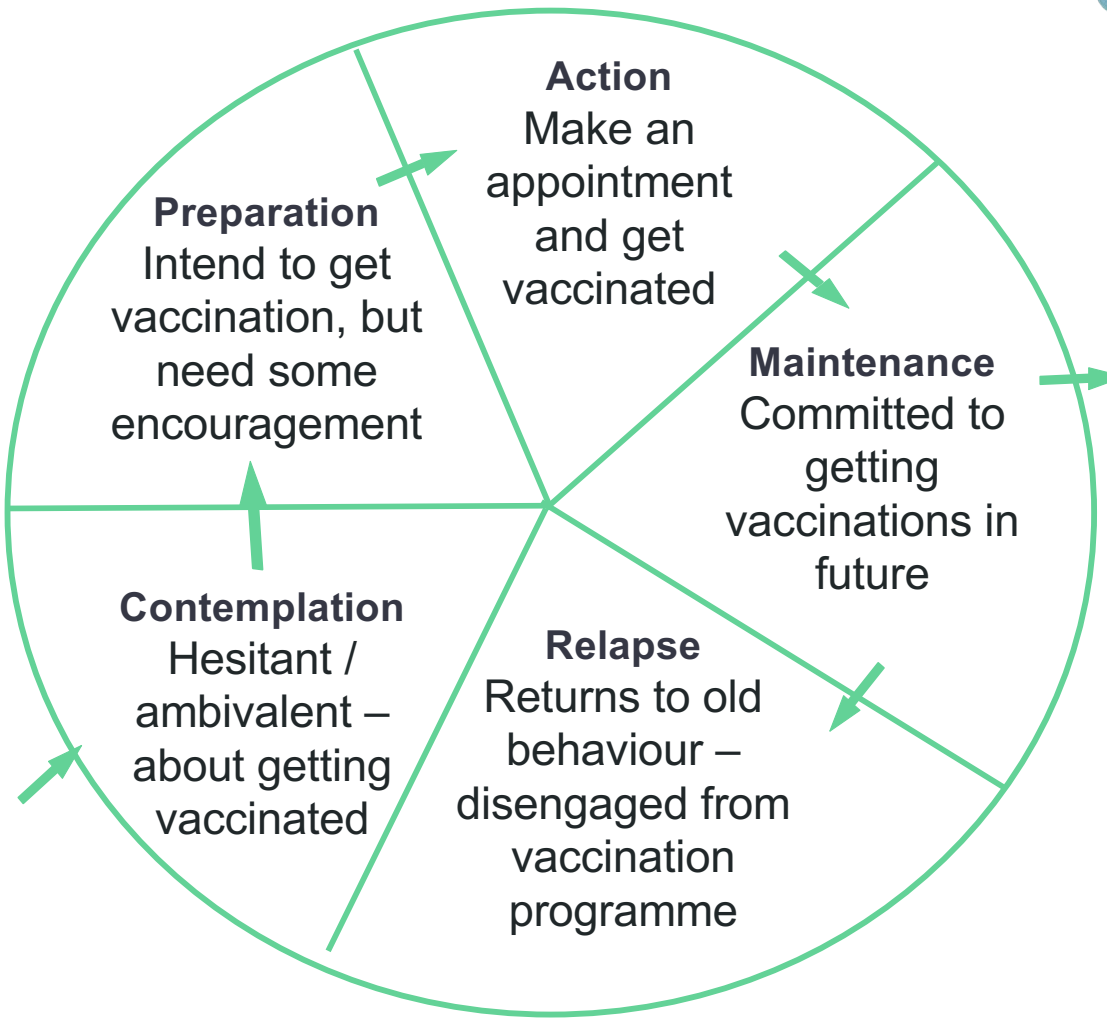


You'll be talking to patients who are at different points in their vaccination journey

Vaccination as a patient journey

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Useful to quickly get a handle on 'where' the patient is at in their journey



Established change
No longer tempted

Pre-contemplation
Sees no problem in refusing the vaccine / not thinking about it

Patients are likely to need different advice and encouragement at different stages

Source: Prochaska and DiClemente, Stages of Change Change Model

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SIMULATION



A receptionist is speaking to a patient who doesn't feel they need to get the vaccination because they have already had Covid-19

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Conversation Scenario (Audio)

RECEPTIONIST: I'm just following up on your invitation to book a Covid-19 vaccination. Would you like to schedule a time for your jab?

PATIENT: No thanks. I can't say I'm really bothered about it.

RECEPTIONIST: Oh. Do you mind if I just ask… are you worried about possibly catching the virus and becoming ill?

PATIENT: Not really. I've already had Covid and it wasn't that bad so I'm sure if I got it again I'd be okay.. But it won't, because I'm immune now aren't I?

RECEPTIONIST: That's interesting, so you think that you'll be OK because you've already had the virus?

PATIENT: Yeh, that's what I'm saying. What's the point…if I'm already immune, is that the case?

RECEPTIONIST: Well, there is some truth in what you say…so you may have gained some immunity against catching the virus again. It's absolutely your decision, and I'm not trying to make that for you, but there are other reasons to get vaccinated that I could point out to you if you like?

PATIENT: OK, what are they?

RECEPTIONIST: Well, the latest evidence indicates that the immunity you get from the vaccine will be longer lasting than any natural immunity you might have developed. And you can still get COVID 19 again, the vaccine reduces the chance of that happening and, if you did get it again, the vaccination can reduce how serious the symptoms will be.

PATIENT: Oh… I didn't know that. I might need to think about it a bit more. That might change things.

RECEPTIONIST: Yes, I think this will be good news to a lot of people. What concerns us is that if people don't engage with the vaccination programme there will always be a risk that new outbreaks of the disease can happen. Ultimately, the vaccine stops people suffering with the virus and it save lives.

PATIENT: I can see what you're saying.

RECEPTIONIST: Do you need some time to think about things? I can call you back if you like or I can book your vaccination appointment now if you want

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Core skills to help you strengthen patients' motivation towards vaccination

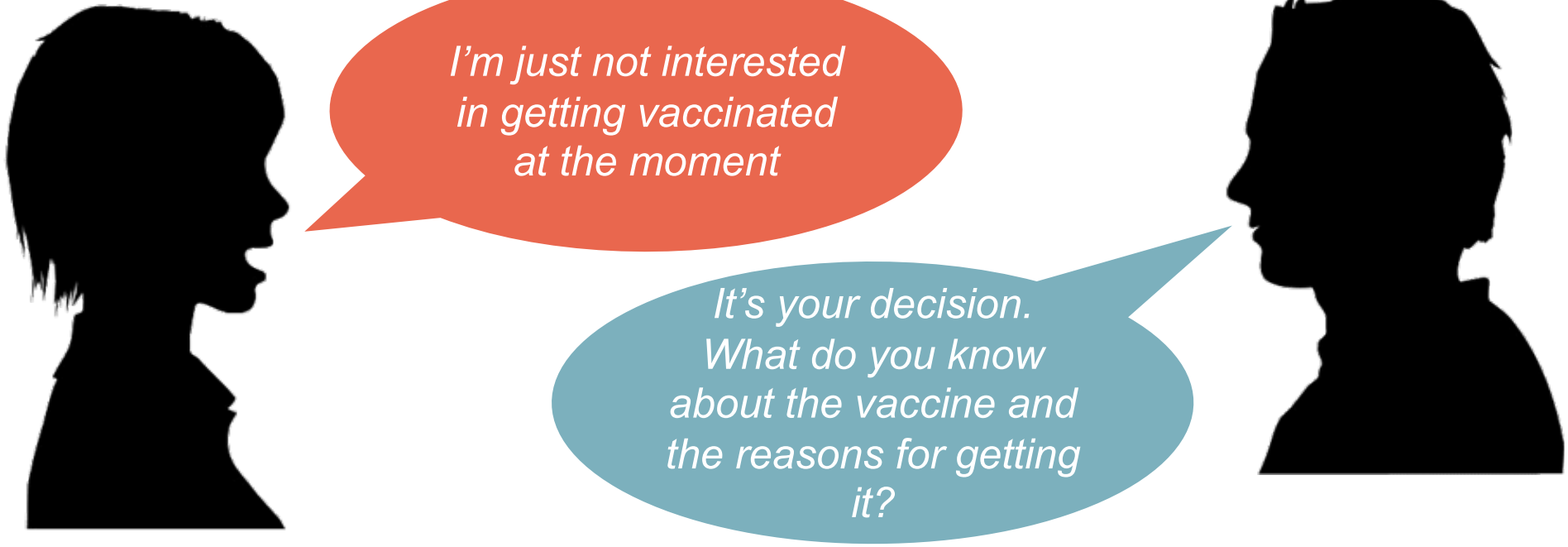
Core skills - OARS

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Open questions	Evoke information from patients about what they understand and feel about getting vaccinated
Affirmations	Affirm patient's qualities, knowledge, efforts, intentions, personal control
Reflections	Saying back what the patient has said about what they know & how they feel. Show you are listening.
Summarising	Drawing together what's been said and asking *'so, where are you now?'*

Open questions

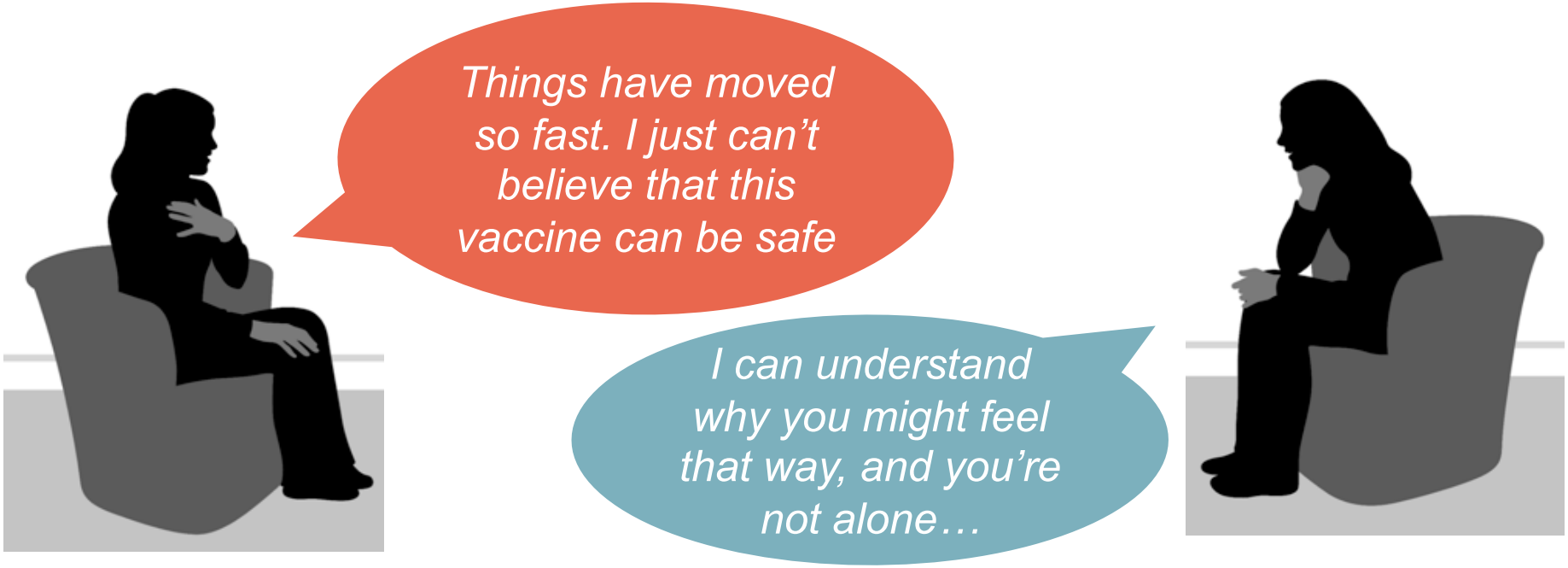
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Very useful at the start - gets the conversation going - and helpful throughout. Also a good technique to use to respond to resistance. Use at the end of a conversation when asking 'where the patient is at'

Affirmations

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Demonstrate you have heard the patient, respect and validate their views, build empathy, support self-efficacy, allow you to spotlight positive feelings towards vaccination

Reflections

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I know people keep saying that I need to get this vaccination, but I'm just not convinced it's necessary

Even though you've been encouraged to get vaccinated, you're still unsure that it's the right thing to do



You will probably use it a lot. Very effective when dealing with difficult conversations and when the patient is 'resisting' – an effective way of 'rolling with resistance'

Summarising

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Thanks, that's been helpful… so what I understand you'd like to do now is…



What YOU say/do depends on 'where the patient is at':

- Patient is ready: arrange appointment
- Still unsure: Time to think, offer info, book follow-up
- Patient refuses: Reinforce autonomy and offer information. Encourage them to reconsider and book a follow up call/ signpost to educational resource.

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How might you respond to…

Type responses into chat box

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I don't trust them…they're giving white people a different vaccine than other groups

I can see you've formed a view about it. Can you tell me where you got that information from?



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There's no point in getting it. I don't see why I should bother with it.

You DON'T see any benefit to you at all in getting vaccinated.



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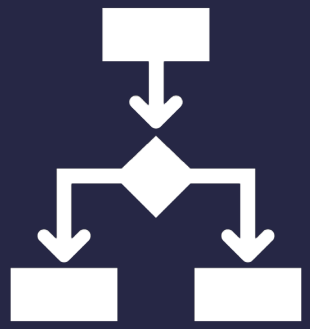
I'm going to leave it for now – I just want to wait and see how things go

What would it take for you to feel differently about getting vaccinated now?



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Processes that draw on the core skills



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Decisional Balance

Patient might feel two ways about vaccination (ambivalence)

Decisional Balance

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Things that put the patient off the idea of vaccination

- Draw out, recognise and respect. Work with the patient to reassure + **reduce perceived cons of vaccination**



Things that would attract the patient to get vaccinated

- Affirm what the patient already knows, build on their knowledge about vaccination **+ increase the perceived benefits of vaccination**

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Getting vaccinated is not really that important to me.

Can I ask, on scale of 1-10, with 10 being really important, how important is it for you?.....
.....Why not a lower score?



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Evoke-Provide-Evoke

A key process in a motivational conversation

Evoke-Provide-Evoke

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Evoke

Ask patient what they already know or would like to know more about. Ask permission to offer information

Provide

Give information in a neutral, non-judgmental way

Evoke

Gather understanding of the feedback provided. Ask what else the patient would like to know. Ask what they make of the information.

Video

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A patient sees the value in vaccination, but has worries because of the speed the COVID 19 vaccine has been developed

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Conversation Scenario (Audio)

PATIENT: I don't know what to think about these vaccines they're talking about.

PRACTITIONER: You don't know what to think?

PATIENT: Yeah, I mean I can see they're important for getting us back to normal, but look at the pace it's all been developed at ….they might have missed something ….surely it can't be safe!

PRACTITIONER: You're correct, the vaccines have been developed very quickly. And it's been possible to do that because of the huge amount of funding and effort that's gone into it, and the tens of thousands of people it's been tested on. So does that change your thoughts on things at all?

PATIENT: Hmm, I suppose that might explain some of it. But I'm still not sure it's safe

PRACTITIONER: You've clearly got some concerns still… It's possibly worth stressing that all medicines we use, including vaccines, have to meet the required standards of safety and effectiveness. They have been through rigorous clinical trials before they have been authorised for use. Does that information change how you feel?

PATIENT: Yeah…..maybe a bit.

PRACTITIONER: Did you have any concerns about other vaccines you've had?

PATIENT: Not really, the flu-jab has given me a few sniffles in the past, but I recover alright. I can see it works.

PRACTITIONER: Right…. So you're obviously aware of the benefits of vaccination.

PATIENT: Yeah, I get a vaccine most years. It's just this one I'm just not sure about. I might wait a while and see how things go.

PRACTITIONER: I can understand how you feel that way. It sounds like it might help to get some further reassurances though….I could get one of our GPs to give you a call and chat through your concerns if you like? What do you think?

PATIENT: Oh ok. So I don't need to decide right now. And I'll make a list of the questions before I speak to the GP.

PRACTITIONER: Good, let's do that.

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Ask-Assist-Act

Structure for delivering a very brief intervention

3As - Very brief intervention model

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Helps you 'shape' and 'navigate' the conversation

Ask

appropriate question/s to evoke what patient understands/feels about vaccination. 'Where they are now'

Assist

offer/provide information that adds to patient understanding and/or addresses a concern

Act

try to move things forward in a positive direction

Receptionist calls patient in a high priority group who is hesitant about getting the vaccination because she doesn’t want to be a guinea pig for testing

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Conversation Scenario (Audio)

RECEPTIONIST: Hi, it's Stephen from reception at your GPs here, I'm just following up on your invite for the Covid-19 vaccination. Can I book you in a time for your jab?

PATIENT: I haven't decided yet… I'm still thinking about it.

RECEPTIONIST: OK, some people do have questions or concerns. Can I ask you, what's your thoughts are on getting the vaccination?

PATIENT: Well, it's good that I'm near the top of the list, but I don't want to be a guinea pig for testing.

RECEPTIONIST: I see, so you feel it hasn't been fully checked out yet?

PATIENT: That's right, I mean it's good that I'm being asked to take it early because I know I'm at risk, but I don't want to get any side-effects like those people who got an allergic reaction.

RECEPTIONIST: Well, it's great that you see the benefits of getting vaccinated. It might actually be helpful to mention that the NHS has produced some really good information on the topic….I've read it and it's certainly reassured me about a lot of the issues. Would you like me to share some of that with you just now?

PATIENT: Okay, I'd be interested to hear that.

RECEPTIONIST: Thank you. Well, the Covid-19 vaccines have been tested on tens of thousands of people from a variety of backgrounds and ages, so that's including those with medical issues. They been found to be very safe and effective in preventing infection. Although they have been developed very quickly, they have been through all the same checks as the other vaccines that we routinely use. We've got really strict criteria in place to make sure medicines and vaccines are safe before we offer them to the public, so rest assured you're not a guinea pig. Also, we do keep an eye on everyone after they've had the jab to make sure they are safe. So, having heard that, how do you feel now?

PATIENT: Well, that's good hear. I wouldn't mind reading a bit more about it myself though.

RECEPTIONIST: Of course, that makes sense. I can send you some information just now if you like?

PATIENT: Yes, that would be good.

RECEPTIONIST: Great, and I'll check back with you in a week to see how you're feeling about it if that's OK?

PATIENT: OK, thanks, I'll look forward to hearing from you.



https://drive.google.com/file/d/1ABktKuENbxT7JWLDwqe5Z7FBNNFONmRR/view?usp=sharing

A Practice Nurse talking to someone with a long-term condition who is resistant to taking the vaccine as it doesn't feel natural

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Conversation Scenario (Audio)

Practitioner: Thanks for checking-in with me today, it's important to keep an eye on your condition, particularly at the moment. Have we been in touch with you about your Covid vaccine yet?

Patient: Yes, but I don't like vaccines, so I won't be taking you up on it.

Practitioner: Oh?...What is it that makes you feel that way?

Patient: Well, the idea of putting chemicals in my body just doesn't feel natural. I prefer to let life run its course and if I get Covid, I just want to let my body take care of it.

Practitioner: Right, and do you have any other concerns?

Patient: No, that's it really.

Practitioner: OK. Do you mind if I ask how do you feel about possibly getting Covid?

Patient: Well, I guess it's not pleasant, maybe a bit like getting the flu, but I've had some pretty nasty bugs in the past and I've been able to see them off myself.

Practitioner: Right, so you feel you're in good shape and ready to deal with Covid if you need to? You must feel like we're all making a bit of fuss then?

Patient: Oh I know it's important for others, I mean I know people who have lost someone and that's very sad. And of course, we'd all like to get back to normal life.

Practitioner: Well, you've raised a couple of important things there…. we've got this vaccine programme to stop people getting ill and possibly dying, and that's what's going to help us start to get back to a more normal life.

Patient: Hmm

Practitioner: It sounds like you're more concerned about others than yourself. That's admirable.

Patient: Yes, I do like to do my bit.

Practitioner: And actually, vaccines work by getting your body ready to fight off the virus. It's not the vaccine that deals with it, it's your body that fights it off.

Patient: OK, I'll think it over.

Practitioner: Fair enough…You've obviously got some concerns, and I've shared some information with you to think about. Do let me know if there's anything else you want to talk over. Is it OK if I get one of our team to ring you in a few days to see what you've decided?

Patient: Yeh, that's fine, thanks.

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DISCUSSION



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Conversational Traps

Things to look out for and avoid

Persuasion Trap

You become the champion for the vaccine, trying to convince the hesitant/resistant patients of the benefits

- Often ends in an argumentative type of “yes, but” cycle

Lecture (Data Dump) Trap

Tendency to provide the full story about some aspect of the vaccine

- Can put people off - implies they don’t know the full story
- Counter-productive if you end up raising concerns that the patient had not previously considered

“Yes/No” Question & Answer Trap

Asking a series of closed questions that require a yes or no answer and does not invite any insight



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Ten Talking Tips

10

- ✓ Explore and understand the patient's position
- ✓ Engage in a two-way conversation – work together
- ✓ Recognise that people may feel two ways
- ✓ Be alert to resistance – but don't meet force with force
- ✓ Use open questions that encourage elaboration

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- ✓ Be curious rather than intrusive
- ✓ Seek permission to ask questions and provide information
- ✓ Demonstrate understanding with reflection and summary
- ✓ Try to be impartial as to the outcome
- ✓ Support autonomy and the patient's decision

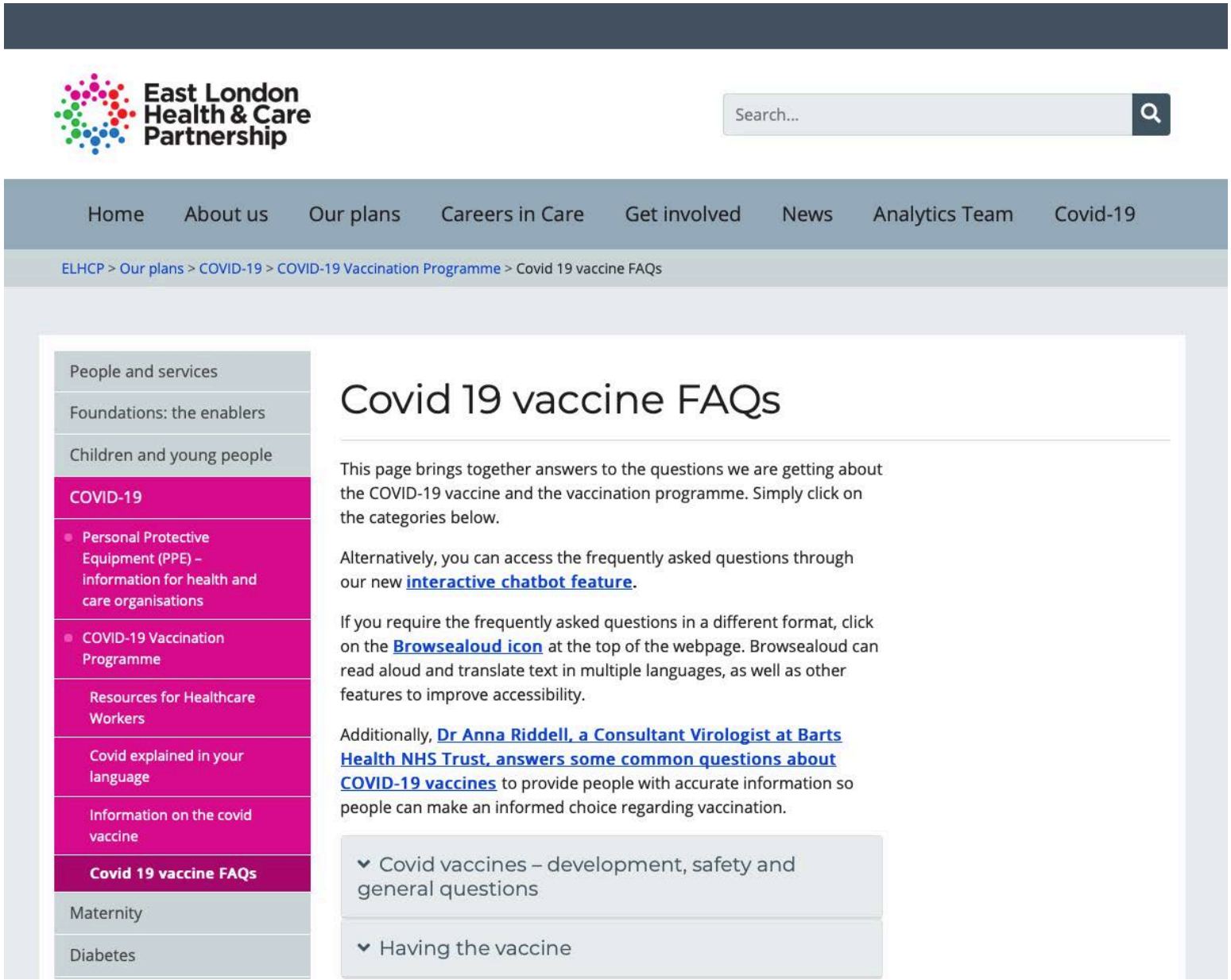
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Resources





https://drive.google.com/file/d/1ABktKuENbxT7JWLDwqe5Z7FBNNFONmRR/view?usp=sharing



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https://www.eastlondonhcp.nhs.uk/ourplans/covid-19-vaccine-faqs.htm

Covid vaccines – development, safety and general questions

Q: What vaccines for COVID-19 are currently

Both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines are now available. Both vaccines have be safe and offer high levels of protection, and have regulatory approval by the MHRA. The Governme principle secured access to seven different vaccin across four different vaccine types, totalling over doses. This includes:

- 40 million doses of the BioNTech/Pfizer vaccin
- 100m doses of the Oxford/AstraZeneca vaccin
- 7 million doses of the Moderna vaccine, which assessed by the MHRA.

But only two are available right now, and there ar of either at the moment. So we are prioritising the vulnerable as set out by the JCVI.

Q: Is the NHS confident the vaccines are saf

Yes. The NHS will not offer any Covid-19 vaccinati until independent experts have signed off that it i so. The MHRA, the official UK regulator, has said t vaccines have good safety profiles and offer a hig protection, and we have full confidence in their ex and processes.

As with any medicine, vaccines are highly regulate products. There are checks at every stage in the d manufacturing process, and continued monitorin been authorised and are being used in the wider

Having the vaccine

There are government leaflets available here

Q: Are there any groups that sh

People with history of a severe aller vaccines should not be vaccinated.

The MHRA have updated their guida women and those who are breastfe should discuss it with a clinician to e outweigh any potential risks.

Q: Are there any known or antic

Like all medicines, vaccines can caus are mild and short-term, and not ev do have symptoms after the first do second dose.

Very common side effects include:

- Having a painful, heavy feeling a where you had your injection. Th 2 days after the vaccine
- Feeling tired
- Headache
- General aches, or mild flu like sy
- As with all vaccines, appropriate available in case of a rare anaphy administration.

Q: How will patients be invited f

When it is the right time people will forward.

Priority groups

Q: Who is getting vaccinated now?

Vaccinations in England started on 8 December. Across the country, care home staff, those aged 80 years o well as NHS staff considered to be a risk will be in line with JCVI recommendations, and we are r vaccines in care homes. Figures on the number vaccinated are published weekly and can be fou

Q: Why are healthcare workers amongst th receive the vaccine?

The JCVI have put patient-facing health and soci priority group because of their heightened risk virus. Healthcare workers are not the top priorit addition, with limited vaccine, employers are be the vaccine to the most at risk healthcare worke

Q: Why aren't all healthcare workers gettir right now?

The Government have confirmed that the vast n vaccinations administered by the NHS in this ini prioritised for those 80 years of age and over ar residents and workers.

It is likely that some NHS staff are also likely be vaccinated in the first few days, and employers those who can benefit most. Over the following we get more supplies this will continue to be rol

Q: If a household has a priority group men NHS frontline worker or vulnerable person living in that household be vaccinated toge

These decisions are for the JCVI. Their current p does not include household members of NHS st vulnerable people automatically – although in s members may be eligible in their own right.

Vaccination centres

Q: How is the NHS delivering vaccines?

The NHS will offer vaccinations using three different first instance, dozens of NHS trusts are acting as **hos hubs** where the vaccine can be stored safely and wh the top priority groups – including the over 80s, care workers and at-risk NHS staff – have been able to get on site.

To make it as easy as possible for those who are eligi a vaccination safely, hundreds of **Local Vaccination Services** have been set up, with more due to start in weeks. These community and primary care-led servi based on local and logistical considerations but inclu practices, local authority sourced buildings or other l as well as roving teams who have started delivering i homes.

When the supply of doses allows, the NHS will also establish **vaccination centres,** where large number will be able to go and get vaccinated. These could be venues such as sports stadiums, racecourses, and co that offer the physical space to deal with large numb while maintaining social distancing.

Q: Where will the vaccination centres be?

Vaccination centres will be set up across every borou north east London to maximise access for local peopl as appointments are by invitation only the location o to get your vaccine will be given at the time of bookin minimise potential disruption and manage the flow a

NHS Staff

Q: Why is it important to get your COVID-19 vaccination?

If you're a frontline worker in the NHS, you are more likely to be exposed to COVID-19 at work. Getting your COVID-19 vaccination as soon as you can, should protect you and may help to protect your family and those you care for. The COVID-19 vaccine should help reduce the rates of serious illness and save lives and will therefore reduce pressure on the NHS and social care services.

Q: Is it mandatory, and what happens if staff don't want the jab?

There are no plans for a COVID-19 vaccine to be compulsory. Just as they do with the winter flu vaccine, local NHS employers will be working hard to ensure staff are able to get vaccinated, and that any concerns that staff have are answered. We are confident that most staff – as they do every year for the flu vaccine – will protect themselves and their patients by getting the vaccine.

Q: How will healthcare workers get the vaccine?

The NHS will offer vaccinations using different models. For healthcare workers, dozens of NHS trusts will act as hospital hubs where NHS staff can get vaccinated on site.

Q: Will healthcare workers need to pay for the vaccine?

No, the COVID-19 vaccination is only available through the NHS to eligible groups and it is a free vaccination.

Q: How are you raising awareness of the vaccine among

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https://www.eastlondonhcp.nhs.uk/ourplans/covid-19-vaccine-faqs.htm

COVID-19 vaccination
Frequently Asked Questions (FAQs)

These FAQs refer to the **Pfizer BioNtech vaccine** which is currently the only vaccine approved for use in the UK (correct as of 22 December 2020), unless otherwise stated.

Please see other information in the COVID-19 Vaccine Information Session Presentation slides.

This is an iterative document that is updated regularly in response to feedback from those using it. If you have a question that is not covered in this document, please email the City and Hackney Public Health Team on: testandtrace@hackney.gov.uk

Contents

General information

- How many doses of the vaccine do I need?
- If I miss my second jab do I need the two doses again?
- We don't have a clear answer to this yet. We don't think you'd need both doses from scratch as the aim of the first one is to 'prime' the immune system. We wil this question as soon as we have a definite answer.
- Can you catch COVID-19 between the two vaccine doses?
- How long will it take to become effective?
- How effective is the vaccine?
- How long does the vaccine last for?
- Will the vaccine be available for people with No Recourse to Public Funds (N people who are not registered with a GP?
- Are there any tests you can have before the vaccine to check your immunit

Accessing the vaccine

- Which vaccine is available?
- Who is eligible for the vaccine?
- How will I know when it is my turn?
- Who cannot have the vaccine?
- What if I have an allergy to the vaccine?
- Can the vaccine overload your immune system?
- Are vaccines artificial?
- Can the vaccine cause autism?
- Should I get the vaccine if I have already had coronavirus?
- Should I have the vaccine if I have long COVID-19 symptoms?
- Should I have the vaccine if I have a cold/flu?
- Should I have the vaccine if I currently have COVID-19?
- Does the flu vaccine protect me from COVID-19?
- How soon after having my flu vaccine should I have the COVID-19
- Should I have the COVID-19 vaccine if I already have had COVID-
- Do you have to pay for the vaccine?

How long will it take to become effective?

It takes 7 days after the 2nd dose for the vaccine to be fully eff

How effective is the vaccine?

The Pfizer BioNtech vaccine is over 90% effective.

How long does the vaccine last for?

At this point it is difficult to say as the vaccine trials were not However from what we understand about coronaviruses we months or even years.

Will the vaccine be available for people with No Rec (NRFP) or people who are not registered with a GP

Yes, it is available to all.

Are there any tests you can have before the vaccin

No.

Accessin

Which vac

The Pfizer/B 95% efficacy

What if I have an allergy to the vaccine?

Vaccines are extremely safe and are given to millions of people every year without any problems. Most reactions are because of some other component of the vaccine, such as egg protein, if the person is severely allergic. When your vaccine is given, we will observe you for 15 minutes and have the ability to treat any reaction.

Can the vaccine overload your immune system?

The vaccine will not overload your immune system. Your immune system kills millions of germs a day that enter your body, your immune system can manage the vaccine very easily.

Are vaccines artificial?

Vaccines are m 19, meningitis a helped prevent ways of taking a

Can the vacci

Side effects and people with medical conditions

Should I have the COVID-19 vaccine if I already have had COVID-19?

Yes, you should get vaccinated. There is no evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibody, so people who have had COVID-19 disease (whether confirmed or suspected) can still receive the COVID-19 vaccine when it is their time to do so.

Do you have to pay for the vaccine?

No, everyone who is eligible for the vaccine can get one free of chance. Even if someone is not registered with a GP they do not need to pay (however this would be a great opportunity to register). Those with no recourse to public funds are also eligible for the free vaccine.

Do I need any tests before I have the vaccine?

No, there are no tests which need to be done before the vaccine. You do not need a coronavirus test or a coronavirus antibody test.

If I have the vaccine, can I still pass COVID-19 on to others?

No, if you have had the vaccine you have 95% immunity. There is a very small chance of getting it and passing it on.

Safety and understanding the Clinical Trials

How do we know the vaccine is safe?

There is a set process by which vaccines are tested in the UK. The vaccine has gone through pre clinical trials, phase 1 (testing on a small number of healthy volunteers), phase 2 (looking at the effectiveness of the vaccine) and phase 3 clinical trials (gathers more conclusive evidence of the vaccines effectiveness across all the populations, randomised controlled trial with a placebo).

Once a vaccine development has moved through these phases, the MHRA (an independent group who approve all medicines in the UK) review the results to the highest clinical standards before signing it off. There are checks at every stage in the development and manufacturing process and continued monitoring once it has been authorised and is being used in the wider population.

How has the vaccine been developed so quickly?

Scientists and researchers have been studying coronaviruses for many years and so the vaccine development process did not start from scratch. In addition clinical trials were able to be completed quickly due to large financial support from governments and a large volume of participants recruited in a short space of time. The process is just as rigorous and have been cut in the process. Lots of people and leading scientists support this work.

Was the trial

Logistics and life after vaccination

ially distance after the vaccine?

nds, face, space' is maintained whilst we are awaiting full roll out hat the vaccine reduces the risk of developing serious illness from on't know how well it stops the spread of the disease yet.

timescale for the role out of the vaccine?

details yet. We are waiting to understand what the vaccine supply whether further vaccines become available. It is likely that we arly 2021. There are a few other vaccines on the horizon, ine which was developed in the UK.

ccine?

nations are taking place in GP surgeries and NHS hospitals. We cinations hubs to be set up in the near future to cope with a much on.

unity understand vaccines

e our communities to take the vaccine?

e seriousness of the virus and how dangerous it is to vulnerable emphasising how effective the vaccine is and that it is safe and n full clinical trials.

n that we can share with our communities?

se soon through the Public Health Community Champions

at we are giving factual information?

ources we have provided you as community champions. We would k all other sources of information that you read before sharing it. If validity of any information, please email the City and Hackney ndtrace@hackney.gov.uk and we can support you. The inbox is to Friday.

any mutations in the coronavirus?

ching' the immune system how to fight the virus. We anticipate ue to be effective for mutations in the virus this year. What we the vaccine may last, this is something that we will understand ls.

get side effects from the vaccine?

ities are more likely to get adverse effects. It is nd access the vaccine when asked as we do know roportionately.

r medications?

extensively, so it can be taken by people with e on medications. If you take any medications that still safe, but you may be more likely to bruise

e for people who are

munocompromised and is likely to provide some ised may not build such a strong immune hat the benefits of the vaccine will outweigh the risk

lse positive PCR test

n it. It only contains a component from the virus us if you ever encounter it in the future (think of it real life, your body will kill the virus straightaway

or genetic material, and as a result can't interfere body an instruction on how to recognise and kill the

cine?

tion is some pain and mild irritation around the Pfizer BioNtech vaccine, a small number of er their second dose of vaccine which was short

NHS RACE & HEALTH OBSERVATORY

MAXIMISING UPTAKE OF THE

COVID-19 VACCINE

FOR ETHNIC MINORITY PEOPLE

There is growing evidence that people from ethnic minority backgrounds are more likely to be hesitant in taking the Covid-19 vaccine. More needs to be done to increase levels of confidence and trust in the vaccine so the most vulnerable are protected. Key recommendations are presented below to help leaders maximise vaccine uptake amongst ethnic minority groups.

01. Build trust

Build trust through community forums that incorporate a diverse representation of stakeholders.

a. Tackle concerns around safety, efficacy and availability.
b. Address the historical and current context of vaccine research.
c. Openly and honestly discuss discrimination and mistreatment within healthcare.
d. Identify appropriate local venues for the delivery of the vaccine to maximise access.





02. Make it clear

Covid-19 vaccines have been developed using the most robust methods. Volunteers involved in their development included representation of ethnic minority people. There is no evidence to believe that the vaccine performs differently for different ethnic groups.

03. Repeat

Ensure that messaging is repeated, consistent and culturally sensitive.

a. Co-design messages with local stakeholders to ensure they are tailored to diverse groups in the locality.
b. Use local and credible messengers, including healthcare professionals and local leaders.
c. Provide prompts and reminders in the form of letters, text messages, and make use of translated audio and visual media.





04. Engage

Engage in proactive social media campaigns. When a message is posted querying the vaccine (safety, efficacy, content, etc.) a rapid and factual response can be provided.

05. Embed

Embed vaccine delivery within familiar and accessible localities, including local GP practices and community venues including places of worship.

a) Ensure vaccine hubs are accessible to all
b) Provide culturally-specific service and educational materials
c) Put in place organised programme for vaccination tracking and follow-up





06. Use professionals

Use local GPs, local pharmacists and community health workers to promote and administer the vaccines.

https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/RHO-vaccine-uptake-infographic.pdf

Making Every Contact Count in City & Hackney

Useful Facts and Phrases

- The vaccine is very good news, as it will protect us and save lives. It is also very precious so we have to make sure we don't waste it
- We know the vaccine is 95% effective and has been extensively tested in tens of thousands of people and is very safe
- The faster we get people vaccinated, the faster we can get back to normality; whether that's school, work, or seeing our family and friends
- Like all medicines, vaccines may cause side effects. Most of these are mild and short-term, and not everyone gets them. Some examples include arm pain and mild fever lasting a day or so
- Even though the vaccine was developed relatively quickly, it was tested on tens of thousands of people all over the world and was found to be very safe and effective

Making Every Contact Count in City & Hackney

Useful Facts and Phrases (cont.)

- We have very strict criteria to make sure medicines and vaccines are safe before we roll them out to the public, rest assured you are not a guinea pig
- Covid remains a real threat to our residents, and we're really worried about the impact it is having on people's physical and mental health
- It's also damaging the economy and leading to education being disrupted
- Now is the time to act to turn the tide and beat this virus
- The vaccine does not have any virus in it
- It only contains a component from the virus that will make your body recognise the Covid virus if you ever encounter it in the future- think of it as memory
- If you do pick up the virus in real life, your body will kill the virus straightaway and you shouldn't feel unwell

Links to the resources

Making Every Contact Count in City & Hackney

- 3As Tool https://drive.google.com/file/d/1ABktKuENbxT7JWLDwqe5Z7FBNNFONmRR/view?usp=sharing
- East London Health & Care Partnership https://www.eastlondonhcp.nhs.uk/ourplans/covid-19-vaccine-faqs.htm
- Covid-19 Vaccination FAQs https://docs.google.com/document/d/1b026fIt4bYlp2T8VXt78wNXvyTu7Rf9C8m-g76ry8EA/edit
- Maximising Uptake for Ethnic Minorities https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/RHO-vaccine-uptake-infographic.pdf

Summing up

Making Every Contact Count in City & Hackney

- This style allows patients to feel heard and respected
- When they don’t feel pressured, patients are more likely to explore openly their thoughts about the vaccine
- It may lead patients to see the situation in a new way and to form different conclusions
- A lot can be achieved in a few minutes
- The skills need to be practiced
- You’ve got resources to draw on that should help

Role play

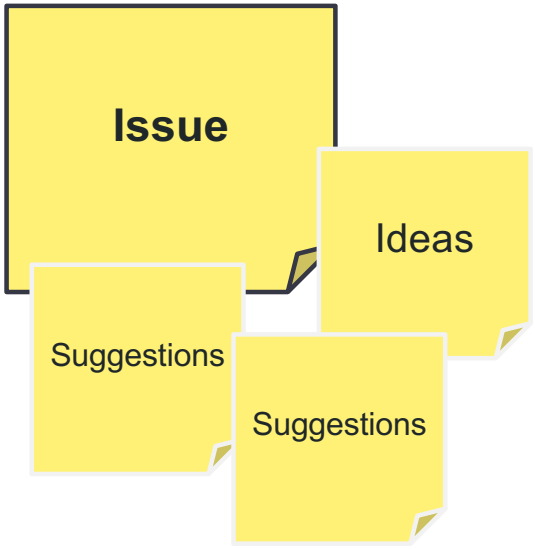
Practice using some of the skills with your colleagues…

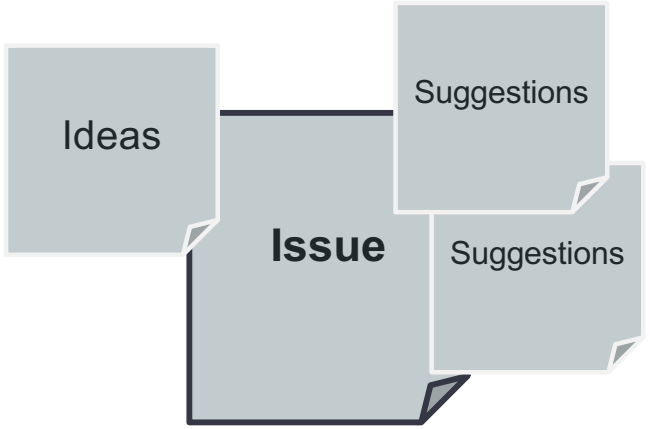


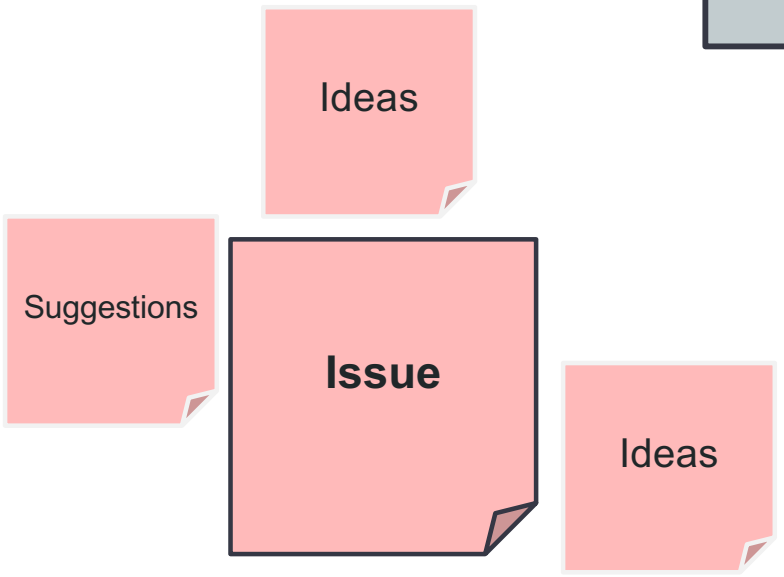
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- Wear ‘patient’ and ‘practitioner’ hats – get into the role
- Get the conversation started
- PATIENT is hesitant….use a response that you come up against
- PRACTIONER – use **Open Questions** and **Reflections.** Think **Evoke-Provide-Evoke**. Move through the **3As**

Look for ways to share learnings in your workplace







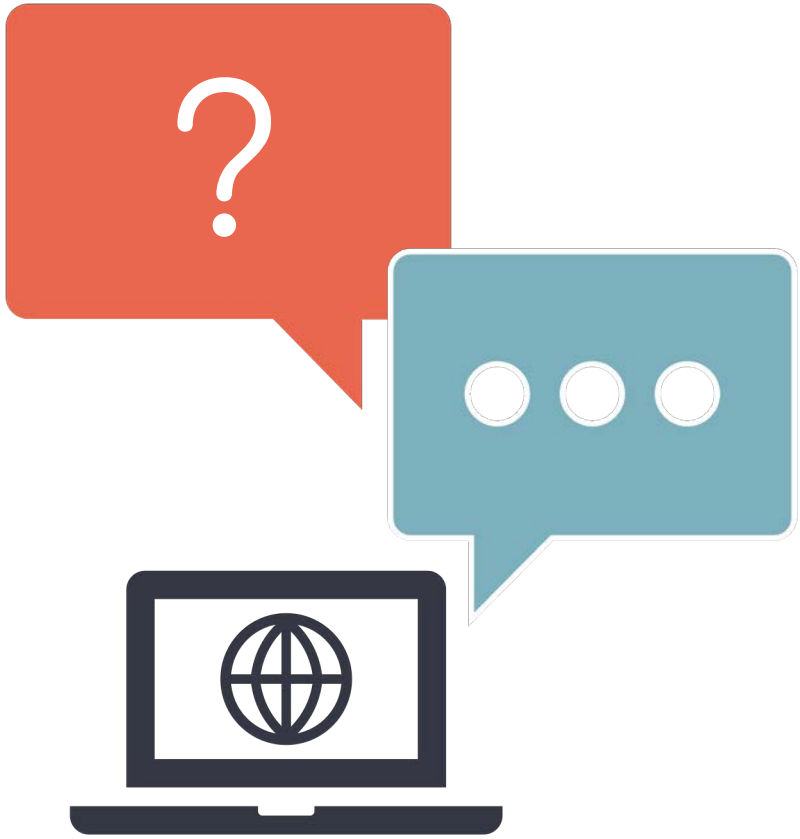
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Can you see yourself applying these conversational skills & using these resources?...

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DISCUSSION





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Please do give us your feedback

https://www.smartsurvey.co.uk/s/VaccineMI/

Making Every Contact Count in City & Hackney

Thank You

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