Scottish Government

Inclusive vaccinations: Phase one of the COVID-19 vaccination programme

Vaccine Strategy Division - Inclusion

Scottish Government
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Executive Summary

The COVID-19 vaccination programme has been the biggest immunisation effort in NHS Scotland's history.

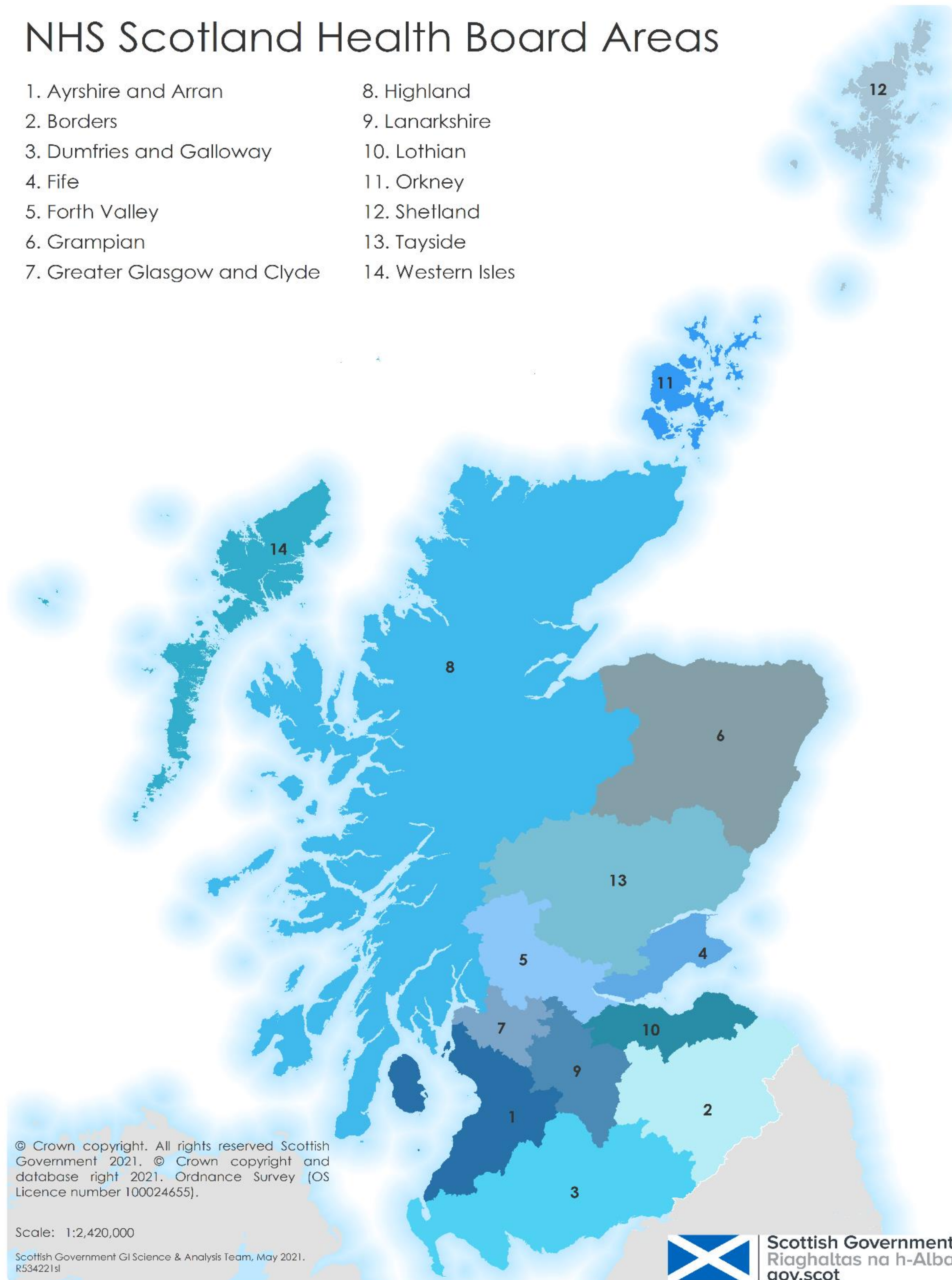
Scotland's Covid-19 Vaccination Programme Highlights:

December 2020	May 2021	September 2021	October 2021
First vaccine delivered	Scotland marked the milestone of two million first dose vaccinations	Over 3.5 million of the Scottish population had been fully vaccinated (two doses)	Autumn/winter programme begins to offer boosters, flu and any outstanding primary COVID-19 doses

Purpose: This report acknowledges and highlights the considerable effort of those involved to ensure vaccinations reached as many people as possible in our society. It is an overview of the **inclusive** approach adopted during the first stage of the COVID-19 vaccinations programme (December 2020 until September 2021). It provides examples of health board approaches and activities delivered in collaboration with stakeholders - and national programme activity and support.

What we did: All **14 Health Boards** tailored their inclusive approach in line with the six themes set out by the national programme:

- Communications
- Flexible delivery models
- Accessible transport and clinics
- Engagement and co-production
- Workforce
- Data and evidence



This first phase of the vaccination programme continues to inform the current and future delivery of Scotland's vaccinations. The examples and activities outlined in this report offer valuable learning for future development and we will continue to embed an inclusive approach into vaccination services going forward.

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1. Introduction

This report is an overview of the inclusive approach taken during the first COVID-19 vaccination programme (December 2020 until September 2021).

It outlines examples of health board approaches and activities delivered in collaboration with a range of partners. It also includes examples of national programme activity and support. However the extraordinary volume of activity undertaken to facilitate an inclusive approach necessarily means that this report cannot detail every piece of work.

Background

The World Health Organization declared a COVID-19 pandemic on the 11 March 2020. Many teams across the world worked on a COVID-19 vaccine with the first to be approved for use in the UK being Pfizer.

On the 8 December 2020 Scottish Government and NHS Scotland began a national vaccination programme, with the first COVID-19 vaccines delivered in Scotland on this day. This phase of the programme covered:

- two doses of COVID-19 vaccine to all adults over the age of 18;
- young people aged 12 to 17 who have underlying health conditions that put them at higher risk of severe COVID-19; and
- children and young people aged 12 years and over who are household contacts of persons who are immunosuppressed.

Immunisation policy in Scotland is determined by Scottish Ministers and guided by advice from the Joint Committee of Vaccination and Immunisation (JCVI) and other appropriate bodies. Our high level approach to delivery was laid out in successive COVID-19 Vaccine Deployment Plans.

The JCVI advised that implementation should involve flexibility in vaccine deployment at a local level with due attention to:

- mitigating health inequalities, such as might occur in relation to access to healthcare and ethnicity;
- vaccine product storage, transport and administration constraints;
- exceptional individualised circumstances; and
- availability of suitable approved vaccines, for example for specific age cohorts.

The national programme was clear from the start that the vaccinations programme must be equitable and reach everyone in Scotland, both for individual health and our collective community wellbeing.

To achieve this, inclusion and equality was embedded throughout. National agencies and local health boards worked alongside local government, business, third sector and community groups to encourage engagement, remove barriers and respond to evidence of low uptake of vaccination in certain communities.

Health boards' inclusive approaches evolved throughout the programme, responding to new data, emerging evidence and changing situations. Each area strove to meet the needs of their own communities, working across civil society.

Each health board developed their own Health Inequalities Impact Assessment (HIIA) or inclusion plan. These were informed by their own community knowledge and engagement, as well as, in many cases, insights from local equalities and inclusion advisory groups.

Although each health board's response was tailored for their own population, all 14 considered their inclusive approach, in line with six themes, set out by the national programme. These were:

- Communications
- Flexible delivery models
- Accessible transport and clinics
- Engagement and co-production
- Staff
- Data and evidence

These six themes form the chapters in this report detail activities and approaches taken by health boards and partners for each.

Recommendations in the national Health Inequalities Impact Assessment (HIIA)[1] developed by Public Health Scotland helped to inform the national and local approach alongside a range of other emerging evidence which can be found in the **appendix**.

The main learning points can be found at the end of this report.

[1] Public Health Scotland prepared an HIIA for the first phase of the programme. This version was circulated to health boards autumn/winter 2020, and published in December 2021.

2. Communications

Programme objective:

Communications support people to overcome barriers to accessing vaccination, which will increase vaccine confidence and the number of people accessing their first dose – and returning for the second dose of vaccination.

Examples of national programme support:

A free national vaccination helpline was made available to support people without digital access with questions, booking and rescheduling appointments.

Our approach to national communications evolved over time so more people could engage with the programme. Information around the vaccines and informed consent was created in over 30 different languages on NHS Inform, with accessible formats also available including easy read, British Sign Language and audio. A QR code was added to vaccination appointment letters to take people directly to this information so they were fully informed ahead of their vaccine.

National messaging in the form of a vaccine explainer video was developed in partnership with third sector and community partners to provide information for a range of communities. It is also available in a range of languages, including British Sign Language. These explainer videos can be accessed on YouTube. National communications such as the explainer video answered key questions people had, and provided reassurance – for example:

- that the vaccines are halal;
- that NHS Scotland does not pass personal details to the Home Office for the purpose of immigration enforcement;
- and that immigration checks are not required to access vaccination.

Other tailored video and voice messages were produced for use with communities across the country, including for unpaid carers, refugees and asylum seekers, faith groups and those who are pregnant, breastfeeding or planning a pregnancy. These messages can be accessed through the Scottish Government's YouTube channel.

A communications toolkit was specifically created for ethnic minority communities, which included bespoke assets and messaging to address particular concerns, and provided suggested social media posts which signposted to the language-specific leaflets on NHS Inform.

A Voluntary Health Scotland blog was written by a young adult to encourage others to take up the offer of the vaccine. We've worked closely with Young Scot to ensure their website is up to date and relevant information and marketing assets are regularly shared with them.

National question and answer sessions for under-vaccinated groups were organised in partnership with community representatives and the national clinical advisor aired online or on the radio. These have included:

- an interview conducted by prisoners in Barlinnie Prison and aired on prison radio across the estate;
- attending a Young Scot podcast to answer question young people had about the vaccine;
- a session aired on Jambo Radio for African and Caribbean communities; and
- a FENIKS-hosted Facebook live event for the Polish community.

Examples of health board approaches and activities:

Local communications have varied depending on the needs of the local population. All boards carried out targeted communications for under vaccinated population groups, using multiple platforms, languages and formats.

Some examples of local communications include:

- NHS Borders: An information video featuring a local Consultant was shared on social media, providing information for those pregnant or planning to become pregnant.
- NHS Dumfries and Galloway: A video of a Public Health Consultant answering questions from members of a local multicultural association; added information leaflets to food parcels to reach people in more deprived areas who may not access social media / digital channels; created posters for Gypsy / Traveller communities with information on how they can access the vaccine.
- NHS Fife: Created a programme for those who are pregnant via maternity services to provide patient-centred advice and vaccination.
- NHS Forth Valley: Developed and distributed a questionnaire to the local Polish community to understand reasons for low uptake. Gathering the responses enabled them to address specific concerns.
- NHS Grampian: Developed an online presentation for local Syrian new Scots addressing misconceptions and providing information about vaccinations.
- NHS Greater Glasgow and Clyde: Created video links and key messages shared through targeted social media channels, including religious organisations; aired an interview with a GP in English and Urdu on Radio Awaz – followed up by a series of advertisements in English, Urdu and Punjabi; interviewed Dr Syed Ahmed, Senior Medical Officer (Immunisation, Vaccination and Influenza) on Radio Awaz; 'selfie' videos of minority ethnic community staff members receiving their vaccinations produced for social media and shared with community groups; '#MyJagMatters' social media campaign aimed at people between 18-35 years old; series of selfie videos from the public detailing why being vaccinated is important to them with videos posted each day.
- NHS Lothian: Created frequently asked questions document and community messaging videos to provide reassurance about fertility; resources to provide advice and signposting on vaccinations during pregnancy and breastfeeding; '#StickWithIt' campaign ran on social media to address fatigue with restrictions with younger people, remind people they may still transmit the

virus once vaccinated and stress importance of continued adherence to guidance.

- NHS Shetland: Local messaging through local media, social media, posters in shops and other settings, to invite temporary residents to attend clinics.
- NHS Tayside: Created videos targeted at younger age groups which were shared on social media with the catch-line ‘#GrabAJab’.
- NHS Western Isles: Created posters on fertility, pregnancy and breastfeeding providing advice and signposting on vaccinations during pregnancy and breastfeeding.

3. Flexible delivery models

Programme objective:

Everyone who wants to take up the offer of vaccination is able to.

Examples of national programme support:

Initially mass vaccination clinics were set up and people were asked to attend by appointment only.

Early on in the rollout, the national programme worked with partners to identify certain groups within the population which may not engage with the programme or wish to attend a mass clinic. This included groups such as: those experiencing homelessness, Gypsy / Traveller communities; refugees and asylum seekers; and those from deprived areas. All health boards were asked to consider whether assertive outreach for these groups should be undertaken. Home appointments were also available for those who were housebound.

As the Delta variant became more prevalent, the national programme responded to this, alongside evidence of uptake and feedback from people's experiences. A need for a change in approach to include drop-in, pop-up and mix model delivery was identified. Health boards were supported to adapt their delivery approach by national initiatives and support from partners including the Scottish Ambulance Service (SAS), resource from the Armed Forces and British Red Cross' National Volunteer Coordination Hub.

The national programme responded to new groups becoming eligible for the vaccine by ensuring delivery was suitable. For example, identifying unpaid carers for sending appointment letters was a challenge therefore an online self-registration service was set up to allow them to come forward. Use of this was extended for 18-29 year olds and then for the wider population, who had not yet come forward for vaccination.

Examples of health board approaches and activities:

We saw vaccines administered in community venues, places of worship, food banks, homeless shelters, Fisherman's Missions, on farms and at Gypsy / Traveller sites. This type of outreach is most successful when fully planned out and in partnership with relevant community representatives and in trusted locations. Some health boards operated mass vaccination sites in city centres to deliver vaccinations as close to communities as possible (with accessible transport routes). All offered drop-in and pop-up / mobile facilities to make the vaccine as accessible as possible.

Some examples of flexible delivery models include:

- NHS Ayrshire and Arran: Mobile unit taken to primary school in Ayr. The location was chosen to enable the vaccine to be offered to those accessing the food bank there. The clinic was run in partnership with the primary school, Violence Reduction Unit, Community Link Worker, South Ayrshire Alcohol and Drugs Partnership, Homeless Service and NHS. Those attending were also offered additional health advice and naloxone kits (which can reverse the effects of an opioid overdose) to take away.

- NHS Borders: Attended agricultural workplaces to reach seasonal workers and a local tup (male sheep) sale to reach farmers who may not have had the time to attend a clinic.
- NHS Dumfries and Galloway: Held pop-up clinics at the larger supermarkets in areas of lower uptake.
- NHS Fife: Held clinics within college and university campuses to reach younger people when term started; drop-in located within Kingsgate shopping centre to reach people who may not be able to attend due to working unsociable hours; clinics held on a large farm to reach seasonal workers and a football club to reach a range of age groups.
- NHS Forth Valley: Worked closely with local authority colleagues and Scottish Ambulance Service to deliver vaccination and carry out home visiting to homeless accommodation and Gypsy/Traveller sites. Increased local drop-in opportunities targeted at college campuses to reach younger people.
- NHS Grampian: An African Church provided a venue for a vaccine clinic and the Pastor supported community engagement. This initial relationship resulted in further positive contacts with African Pastors for other health boards; pop-up clinics held in other churches, community centres, sexual health clinics, universities, the Tour of Britain cycle race and food banks.
- NHS Greater Glasgow and Clyde: Held clinics in places of worship (such as Mosques and Gurdwaras) in areas of high case prevalence; pop-up clinics attended schools, car parks, sports and leisure centres and football clubs to be as accessible as possible.
- NHS Lanarkshire: Mobile clinics attended large workplaces; pop-up clinic attended Clyde Football Club to reach younger people; more local satellite clinics were made available on a rolling basis for easier access to vaccination.
- NHS Lothian: Mobile drop-in vaccination units were made available at various central locations across Edinburgh and the Lothians in conjunction with Scottish Ambulance Service and Lothian Buses to make it easier for people working in retail, hospitality or those who are out and about to get their vaccine; drop-in clinics were available at local mosques and pop-ups attended football matches. Lothian vaccinated people at risk / experiencing homeless using outreach clinics at substance misuse services and at home visits to supported accommodation.
- NHS Orkney: Provided clinics on the Outer Isles to reduce the need for people to travel to the mainland.
- NHS Highland: Used two mobile clinics to go out to rural communities (named ‘Jagger-naught’ and ‘Test-a-lot’); community pharmacies and Superdrug were used on a trial basis.
- NHS Tayside: Ran out of hours clinics, opened between 7-8pm to allow people to attend after work with most drop-ins open until 7pm; took mobile units with translators to farms to reach seasonal workers; drop-in clinic attended football ground with St Johnstone Football Team and at homeless service in Perth and Kinross; the Scottish Ambulance Service bus attended locations in Perth and Dundee in areas of lower deprivation.

4. Accessible transport and venues

Programme objectives:

People find travelling to vaccination centres more accessible, so travel is not a barrier to attend their vaccination appointment.

People are encouraged that vaccination clinics will have the facilities and support to enable them to access their vaccination.

Examples of national programme support:

As well as the steer to provide a mixed model of both appointment and drop-in clinics, a self-help guide on NHS Inform was developed to support people to find their local 'open access' (or drop-in) clinic for each health board.

Health boards were encouraged to map locations of their clinics to ensure venues were accessible to those from areas of deprivation and where there was low uptake.

The British Red Cross National Volunteer Co-ordination Hub offered volunteer support to all health boards with flexibility to meet the needs of each clinic. Volunteer roles ranged from meet and greeters to make people feel relaxed, to car park attendants, to supporting with accessible transport.

Offers of support from the local community and business which had been sent to Scottish Government were passed on to the relevant health board for consideration. These varied and included support with transport and venues.

Examples of health board approaches and activities:

Some health boards operated mass vaccination sites to deliver vaccinations as close to communities as possible, some were out of town to offer ample parking facilities. Pop-ups and mobile clinics attended areas with lower uptake rates to accommodate those unwilling or unable to attend due to working shifts or unsociable hours.

Many clinics offered quiet spaces for those who may need time-out or a private place to receive their vaccination. Support with interpretation was offered at many venues, either in person, on the phone or through a mobile phone app.

Health boards were encouraged to ensure that an accessibility audit was undertaken for all clinic venue sites.

Some examples of accessible venues and transport include:

- NHS Ayrshire and Arran: Tokens for free bus travel to and from vaccine appointments were added to vaccine appointment letters. This was to ensure low income was not a barrier to travel to access vaccine clinics; a drop-in clinic offered quieter times for appointments, early morning appointments and space and time for people with learning disabilities to attend with key workers.
- NHS Dumfries and Galloway: Worked with local authority and British Red Cross to supply transport to vaccination clinics. Their local transport helpline

was advertised across social media posts and shared widely with the local Equality and Diversity Working Group to promote with contacts (membership of the group included disability organisations, third sector organisations, citizens advice and other local equality group representatives).

- NHS Forth Valley: Operated a door-to-door car service titled ‘Dial-a-journey’ for all people who needed assistance to get to their appointment - this was a crucial service for people without ready access to family/friend support, and provided additional support for people with sensory impairments (visual and hearing). Offered a minibus in Alloa to transport people with limited ability from the main bus stop to the vaccination centre due to the location being on a hill.
- NHS Grampian: Engagement with North East Sensory Services to provide advice locally to those with visual impairments to enable them to attend appointments safely; subtitles added to walk-through video for Press and Journal Live to support those who are deaf / hard of hearing; seasonal agricultural workers were taken by bus to clinics with interpreters present.
- NHS Lanarkshire: Arranged with Strathclyde Passenger Transport to have two free shuttle buses operating to enable people to access vaccine centres.
- NHS Western Isles: Provided transport for people to attend clinics; provided localised clinics for rural areas of deprivation.

5. Engagement and co-production

Programme objective:

Vaccine delivery is tailored to the needs of the different groups, who were involved in key decision making, which reduces barriers and therefore increases uptake.

Examples of national programme support:

A National Vaccination Inclusive Steering Group was formed, with representatives from health boards, academia, faith groups, and third and community sector organisations. The group brings together partners from under-vaccinated communities to provide advice and input, encourage collaboration and is an opportunity to share practice across the country. Learning and offers of support from this group were routinely shared with health boards.

Health boards attended regular delivery meetings, giving the opportunity to discuss specific work carried out to reach inclusive groups, and examples were shared on with other boards. This offered the opportunity to implement ideas quickly and effectively using a similar approach and to share best practice regularly.

Public Health Scotland undertook extensive stakeholder engagement as part of the development of the Health Inequalities Impact Assessment which was shared with all health boards to support their inclusive planning.

Other tailored video and voice messages were produced for use with communities across the country, including for unpaid carers, refugees and asylum seekers, faith groups and those who are pregnant, breastfeeding or planning a pregnancy. These messages can be accessed on the Scottish Government YouTube channel. In collaboration with the British Islamic Medical Association (BIMA) and Public Health Scotland, a Facebook live event was held on getting the vaccine during Ramadan.

Scottish Government provided £80,000 to trusted community organisations through the BEMIS Vaccine Information Fund to support vaccine uptake within minority ethnic groups.

The Scottish Government worked closely with the Scottish Prison Service, NHS and Public Health Scotland to consider the specific needs of people in prison. This included developing tailored advice for individuals who have been identified at highest risk from COVID-19 and resources to encourage take up of the vaccination across the prison estate.

Examples of health board approaches and activities:

All health boards worked closely with those in their communities to ensure they benefitted from local knowledge, insights and relationships early on in the programme. A range of locally tailored resources were produced and sessions held in collaboration with partners.

Many set up or utilised existing equalities and inclusion advisory groups with representation from local community, third and faith sector. These groups supported

and advised on a range of local activity to ensure that everyone was able to access the vaccination.

Health boards also invited and responded to feedback from their communities to ensure that they were continually learning and improving services.

Some examples of local engagement and co-production include:

- NHS Borders: Working with test and protect colleagues attended St Boswell's fair offering drop-in vaccination and handing out lateral flow test kits to reach Gypsy / Traveller communities.
- NHS Dumfries and Galloway: Engaged with their local multicultural association for advice and suggestions to increase information around vaccine safety; workshop held with LGBTQ+ youth group to provide information and dispel myths.
- NHS Fife: Held regular meetings with local LGBTQ+ organisations undertaking stakeholder engagement work; worked with the Fife Centre for Equalities and Fife Migrants Forum to develop accessible communications and engaged with support workers in these communities.
- NHS Forth Valley: Reached out to the Polish community through connections with the Roman Catholic Church in Falkirk; piloted outreach work with Scottish Ambulance Service and local authority teams to understand concerns and approaches to support people experiencing homelessness who are in emergency accommodation, Gypsy / Travellers, asylum seeker and refugee communities.
- NHS Grampian: Engaged with mosques and a clinic set up in one of the local mosques.
- NHS Greater Glasgow and Clyde: Worked with homeless teams who visit temporary accommodation to offer people vaccinations.
- NHS Lanarkshire: Engaged with the local South Asian / Muslim community to develop a seminar to dispel myths around the vaccine; established links with Gypsy / Traveller communities to ensure people are supported to attend for vaccination; reached out to student welfare leads to identify students who may be eligible for the vaccine, but haven’t been able to access it.
- NHS Lothian: Reached out to the Polish community through Polish Priests and engaged with a local Rabbi to support the Jewish community; Edinburgh Access Practice, in partnership with Streetwork and other third sector organisations, supported understanding of how to best offer vaccination to homeless people, some of whom were undocumented migrants; Lothian, Midlothian and East Lothian reached out to people experiencing homelessness through partnership with local substance misuse teams and third sector.
- NHS Orkney: Engaged with LGBT+ services to help with advice around consent and other NHS vaccine information.
- NHS Highland: Worked with the local Chinese community to increase engagement with the programme.

- NHS Tayside: Engaged with the local Chinese community through collaboration with a local Chinese restaurant. The restaurant, which was close to a vaccination centre, offered space to engage with the community.
- NHS Shetland: Undertook partnership work with local agencies which have relationships with under-vaccinated communities to ensure they are reached.
- NHS Western Isles: Engaged with employers of contractors to encourage employees from mainland to come forward to vaccination (including seafarers).

6. Workforce

Programme objective:

Workforce are able to support everyone to have a positive healthcare experience.

Examples of national programme support:

Mandatory staff training covering equality and diversity is provided for all NHS staff. There is also a variety of additional resources available to support staff in relation to inequalities and person-centred care.

Offers of support from the third sector to provide tailored staff training or resources in regards to specific conditions or issues were shared with health boards. For example Deafblind Scotland online courses, and Enable Scotland resources.

To meet the volume and pace required to deliver the vaccination programme as quickly as possible and to reduce the unprecedented pressures on the NHS, military support was brought in to help health boards in various roles including planning, logistics, operational set up, as well as vaccination administration. The national programme provided clear messaging to all health boards that although a military presence may be supportive for some, it may also make some people more hesitant (for example asylum seekers and refugees).

The national programme recognised there were specific groups that required more specialist expertise to support people to feel comfortable with getting the vaccine and encouraged health boards to provide this. For example, the Chief Medical Officer and Chief Nursing Officer wrote to health board Chief Executives in February 2021 to encourage them to mobilise Learning Disabilities Nurses to provide support for those with learning disabilities who may find the vaccination more stressful. This letter can be accessed on the Scottish Government website.

The Red Cross National Volunteer Co-ordination Hub, established in February 2021, has provided over 46 thousand volunteer hours to the full range of COVID-19 response programmes, across nearly all health boards and local authority areas, drawing assistance from around 27 separate voluntary organisations. Volunteers have played an important role, alongside NHS staff and established NHS volunteers, in helping members of the public get the best possible experience when receiving their vaccination. Volunteers involved have fed back that they have felt highly valued and have been welcomed, briefed and well looked-after.

Examples of health board approaches and activities:

Health boards ensured that all staff and volunteers involved in the delivery of the vaccinations programme had the appropriate training, skills and knowledge to support people from every community in Scotland.

Many health boards also had dedicated inclusion and equalities leads within the programme to ensure that an inclusive approach was considered and embedded. All health boards tailored their staffing approach for different groups in the

population, providing skilled and expert staff to support with answering questions and concerns.

Some examples of workforce (and volunteers) supporting the inclusive approach include:

- NHS Ayrshire and Arran: Ran a maternity clinic with midwives in attendance to offer support and advice on fertility and pregnancy related queries.
- NHS Borders: Held a clinic specifically for pregnant women and their partners in Borders General Hospital with an obstetrician to answer questions and concerns
- NHS Forth Valley: Took up offer from Scottish Ambulance Service staff to support with reaching people experiencing homelessness and the Gypsy / Traveller community; Paediatrics team led on vaccinations for at-risk 12-15 year old groups.
- NHS Grampian: A member of the healthcare team attended large employer offices to answer any questions people had about the vaccine.
- NHS Greater Glasgow and Clyde: Created video of a staff nurse advising people if they had concerns because of misinformation, to seek accurate information by coming to speak to NHS vaccination teams or going to trusted source like NHS Inform.
- NHS Highland: Used GPs to deliver to homeless people. Teams in NHS Highland that have the most interaction with this group supported with identifying suitable clinic locations.
- NHS Lanarkshire: Ran an outreach programme for the Polish community led by a Polish Project Manager.
- NHS Lothian: A Polish GP ran a question and answer session for the Polish community.
- NHS Shetland: Worked closely with mental health and Learning Disability Nurses to ensure people who were hesitant came forward for both doses.

7. Data and evidence

Programme objectives:

Key groups and communities that require more focus are identified and health boards are able to maximise vaccine uptake.

Provides intelligence for service improvement and future vaccination programmes.

Examples of national programme support:

New data and evidence regarding the COVID-19 vaccination programme was emerging all the time. The national programme supported the development of some of this, as well as sharing new research, data and evidence with health boards and partners to support their approach. A fuller list of evidence developed as part of this programme can be found in the **appendix**.

Public Health Scotland extended their COVID-19 Statistical Report to include uptake data by SIMD and ethnicity on a regular basis. This data has been used widely by service delivery partners to plan their vaccination services. Health boards have, for example, used these data for targeting support to increase vaccine confidence in particular groups showing lower uptake levels. Uptake rates were also analysed by intermediate data zone and outreach support was targeted in the form of 'pop-up clinics' in areas of high deprivation.

Public Health Scotland also prepared a management information tool which supports health boards to identify, by intermediate zone, where the low levels of vaccine uptake were. The data is updated and available weekly. This enabled health boards to plan where to locate their drop-in or pop-up clinics to target those who may not otherwise have attended an appointment.

As part of the evaluation of the COVID-19 vaccination programme, Public Health Scotland conducted a survey in March 2021 to explore the attitudes and experience of the frontline health and social care workforce. A PHS report was published which detailed workers' views of how the programme could be improved and more inclusive.

In response to data showing low uptake in certain ethnic minority communities, the national programme met with a range of community and third sector partners to better understand the reasons for this. This included:

- Black and Ethnic Minority Infrastructure Scotland (BEMIS)
- The African Council
- Counselling, Personal Development and Support Services LTD (FENIKS)
- British Islamic Medical Association (BIMA)
- Minority Ethnic Carers of People Project (MECOPP)

New data and evidence from partners, including Public Health Scotland, third sector, and academia, was regularly shared at meeting of the National Vaccine Inclusive Steering Group and cascaded out to health boards to support them with their inclusive approach.

The national programme engaged with the Expert Reference Group on COVID-19 and Ethnicity on their recommendations. A commitment was made to undertake work on the collection of ethnicity data through the vaccinations programme. Although not complete for this phase of the programme, the commitment shows the intent to embed the process of ethnicity data collection in the culture of the NHS in Scotland.

Examples of health board approaches and activities:

As well as drawing on local knowledge, data and insights, health boards analysed the Public Health Scotland's vaccine uptake data and other evidence to inform their decisions on delivery.

Using quantitative and qualitative information, health boards targeted and tailored their approach for under-vaccinated groups. The evidence also supported them to identify the concerns different groups had and barriers they may experience.

Health boards took a dynamic approach to their inclusion activities which evolved as new information was available.

Examples of use of data and evidence include:

- NHS Ayrshire and Arran: Carried out analysis of update data on pregnant women. Identified uptake had been low in this group and information and communications were increased.
- NHS Borders: Looking at deprived areas with low uptake rates and took mobile units to those communities to encourage vaccination.
- NHS Dumfries and Galloway: Vaccine uptake data was pulled by ethnicity and SIMD and considered when planning outreach activity locations. Following this, links were made with relevant community health improvement teams.
- NHS Fife: When reviewing their vaccination centre model used SIMD mapping to identify how to successfully target different areas.
- NHS Forth Valley: Worked closely with local authority teams to map 'hot spots' for COVID-19 infection and targeted surrounding communities with a specific focus on learning environments.
- NHS Grampian: Undertook insights gathering into student opinions and experiences to help inform their delivery.
- NHS Greater Glasgow and Clyde: Engaged with research undertaken by University of Strathclyde on vaccine hesitancy to inform their approach.
- NHS Lothian: Interrogated uptake data to better understand vaccine uptake by geographical location with aim of targeting their outreach clinics to reach under-vaccinated communities.
- NHS Lanarkshire: Assessed the differences between the data zones with highest and lowest vaccine uptake to see if they can do more targeted work.
- NHS Tayside: Undertaken analysis of reasons people did not attend to inform their approach to messaging and delivery.

8. Summary and moving forward

The national programme and local delivery approach to inclusion within the first phase of the vaccinations programme evolved as circumstances and advice changed, with experience, and as new data and evidence emerged.

As set out in this document, the national programme, health boards and a range of other partners trialled many different approaches and activities to ensure they were reaching everyone in their communities. It will be for all partners to evaluate the success of each of these interventions.

The programme has been clear that the impact it has on someone's experience of vaccination is critical to success, not just numbers. Many of the activities and approaches mentioned in this report were aimed at a small portion of Scotland's population, however, without them, it is likely that:

- many more people would have been hesitant or concerned about taking up the offer of the vaccine;
- health inequalities would have increased further;
- the country would not have reached the high levels of vaccination uptake that it did meaning a more challenging recovery from the pandemic; and
- the ways in which people access vaccinations, including the information on informed consent, would not be suitable for all.

Moving forward

Although the pace and urgency of the first programme was unprecedented, it gave us agency to trial new and creative activities and approaches - and build or strengthen relationships with partners and communities. Where these approaches were successful, it is vital that this valuable learning is shared with other parts of the health service, as well as wider initiatives, such as Test and Protect.

The work undertaken in the first phase of the programme has also helped advise and shape national inclusion and equalities expectations for the autumn/winter flu and COVID-19 vaccinations programme. It will also continue to inform the future delivery of all of Scotland's vaccinations. This report, and the approaches and activities detailed in it, will form valuable learning for this future development and embedding an inclusive approach into a future service.

A snapshot of some of the key pieces of learning include:

- **Co-create a user-journey that works for those who experience the most barriers** and it will be suitable for all. This encompasses all aspects of the journey, from the initial communications and marketing telling people about the programme to the process of receiving or booking an appointment to access to the information required to make informed consent to getting to the vaccination centre, to any aftercare;

- **Tailored communications developed with and delivered by trusted community representatives** should be promoted at the same time, or as close as possible to the national communications. This ensures people do not feel as though their messaging was an afterthought;
- **An evidence driven approach is key** but we must continue to build on this evidence-base and enhance and improve our data to ensure we can better understand the needs of our different communities;
- **Choice is important**. Feedback from the public indicated that they were keen to ensure that appointment time and locations suited them, especially when clinics were far away. The online and helpline rescheduling option supported with this in the first programme;
- The approach of **digital choice** is also something to be taken forward. Whereas digital solutions can be of preference for many, lots of people still find the internet difficult to use, or do not have access to it at all. Often, people prefer to speak with another person, or hold a confirmation letter in their hand;
- Whereas we found common concerns and experiences across different communities, **the approach to support each community, and individuals within those communities, needs to be properly considered and tailored**; and
- **Reaching everyone takes time, but it is worth the effort.**

Public Health Scotland's COVID-19 Daily Dashboard provides up to date information on the uptake of the COVID-19 vaccinations for both first and second dose.

9. Appendix

Evidence Gathered During Phase One of the COVID-19 Vaccine Programme

- Coronavirus (COVID-19): vaccine deployment plan 2021, Scottish Government, Jan, March, July versions.
- 'Vaccine Inclusion: Reducing Inequalities One Vaccine At A Time', Voluntary Health Scotland, April 2021
- 'COVID-19 Vaccine Deployment for Marginalised Groups in Scotland', GPs at the Deep End, April 2021
- 'Frontline health and social care workers' views and experiences of COVID-19', Public Health Scotland, July 2021
- 'An inclusive approach to flu and COVID-19 vaccination service delivery in Scotland – Recommendations from 2020 and 2021 report', Public Health Scotland, October 2021
- COVID-19 statistical report, Public Health Scotland, published weekly (with regular breakdown of uptake data by ethnicity and deprivation)
- Flu and COVID-19 vaccination programme - autumn/winter 2021-2022: equality impact assessment, Oct 2021
- Phase one health board inclusive plans, Health Inequalities Impact Assessments (HIIAs) and equality impact assessments (EQIAs)
- Feedback from health boards. Fortnightly meetings with each health board
- Feedback from National Vaccinations Inclusive Steering Group. Fortnightly meetings
- Advice and feedback from Scottish Government policy teams
- Feedback from public via. correspondence, NHS Inform chatbot, helpline
- MSP queries and feedback
- Dedicated stakeholder meetings
- Academia – various sources
- User-testing of digital products

Other helpful sources of information:

- World Health Organization (WHO)
- Public Health Scotland
- NHS Inform
- Young Scot

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Any enquiries regarding this publication should be sent to us at

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