Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Equality and Quality Impact Assessment EQIA DRAFT

Programme name:

Covid 19 Mass Vaccination Programme implementation across BNSSG

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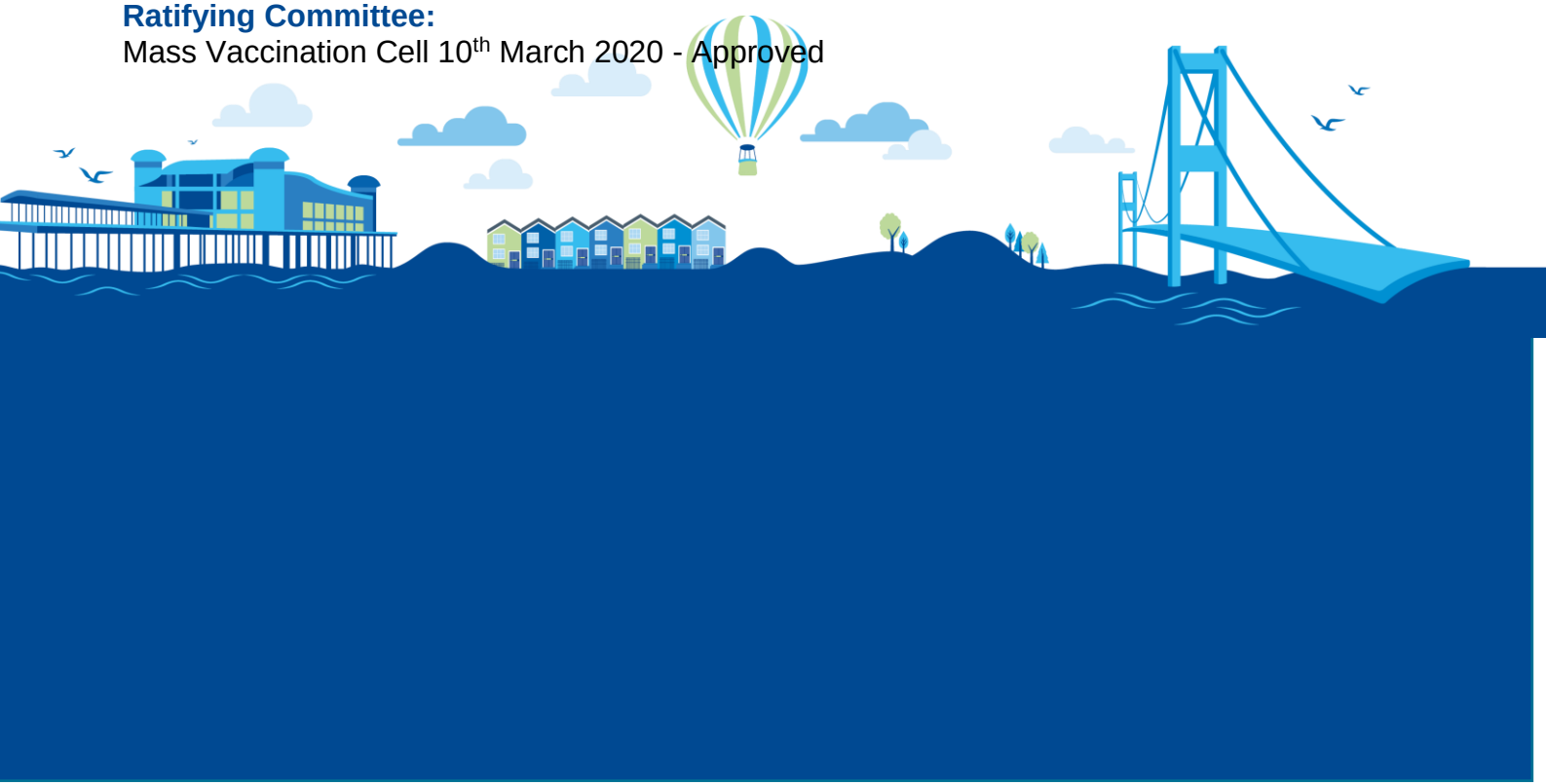


Quality Impact Assessment

Quality Impact Assessment	Comments
What is the impact on safety?	The purpose of the large-scale vaccination programme is to address the impact of the global pandemic on public safety by providing immunisation's efficiently and at scale to our local community. Hospital Hubs and Primary Care Networks (PCNs) have shared lessons learned and what worked well via the daily Operational Delivery Group. A workforce MOU for provider organisation's allows staff to work in different sites to their employing organisation this together with retired nurses returning to the temporary NMC register has ensured minimal impact on wards and facilitates a learning and sharing approach. The NMC and HCPC have re-opened the temporary register. Temporary registrants have been recruited at Ashton Gate with supervision provided by an RN with full registration. Retired staff and a model that included unregistered vaccinators also mitigates the pull on frontline staff. The large-scale centre at Ashton Gate follows a National model that was tested using 'exercise panacea' and lessons learned implemented before opening. The vaccination programme will have a direct impact on the reduction in the numbers of admissions to hospital and rates of Covid-19 within our communities, with the first 9 groups having a 99% impact on preventable mortality.
What is the impact on patient experience?	Feedback from citizens has been collated from a number of source and complaints and concerns via PALs or the CCG customer service team. Where there are common themes template responses will be developed using regional / national responses and local evidence. These concerns are typically those that are also being questioned in the media. The communications lead for the programme will also be involved in any local template response. Feedback is also encouraged from all platforms including a 'grafitti board' at Ashton Gate and

Quality Impact Assessment	Comments
	Facebook pages for the PCNs. Patient stories where captured will help to remind us of the impact of Covid-19 on people's lives and the importance of the vaccine.
What is the impact on clinical outcomes?	Reactions and adverse events will be recorded on Datix (or Ulysses for Sirona Care and Health) and the regional Covid CARs (Clinical Advice and Response service). Reactions will also be reported to the MHRA covid yellow card. The CovidCARs team provide a 7 day email response service to support clinical decision making on the day. An example has been under dosing and the Green Book requirement to administer another dose. The Green Book and PHE website contain all evidence required. The daily Operational Group includes medical and pharmacy expertise.
What is the impact on access to services and waiting times?	Waiting times are not recorded, however queuing has been considered and numbers attending every 5 minutes can be flexed Additional vaccine pods can also be flexed up depending on staffing. All centre's have been set up to minimize queuing and ensure social distancing.
What is the impact across the Trust and/or the wider health economy?	The programme is system wide with all partners working together to ensure equitable and safe delivery across BNSSG. The impact will be vaccination of our population and reduction of the risk of infection and impact of Covid-19 on our hospitals and frontline services.
What is the impact on equality and diversity? ***Refer to separate equality and diversity assessment*** Reasonable Adjustments	See EIA below BSL and language line interpreters can be provided as required. Leaflets are available in Easy read, and other languages. We are signed up to the Hidden Disability Sunflower lanyard scheme at the large-scale vaccination centre and at the Southmead Hospital Hub. We recognise the lanyard and can provide lanyards for people if

Quality Impact Assessment	Comments
	helpful. This is aligned to North Bristol NHS Trust who signed up to the scheme in 2020 for staff and patients. We have access to the training videos for all staff. At Ashton Gate St Johns Ambulance volunteers can provide individual advocates where assistance is needed. For learning disability and autism specifically, we are providing separate clinics at Ashton Gate, reasonable adjustments include support from the Community Learning Disability Team who are able to consent as well as vaccinate. Their specialist input is particularly helpful when capacity and best interest's assessments are needed. The CLDT also meet and greet and helping people through their vaccination journey and we have autism fidget toys that we can leave with individuals who might find them helpful.
Which performance measures or quality metrics will be used to monitor the impact of this scheme?	Numbers vaccinated by priority group Reactions and Adverse Events Complaints Service User Feedback
EQIA Risk Score	Consequence 2 x Likelihood 3 = 6 Risk score reflects 75% plus uptake across the programme with mitigations in place to address areas where uptake has been disproportionate

	Likelihood score				
Consequence / impact score	**1 - Rare**	**2 - Unlikely**	**3 - Possible**	**4 - Likely**	**5 - Almost Certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Low Risk	**1-3**
Moderate Risk	**4-6**

High Risk	**8-12**
Extreme Risk	**15-25**

Equality Impact Assessment Form

1. What are the main aims, purpose and outcomes of the proposal?

The objectives of the national COVID immunisation programme are to protect those who are at highest risk from serious illness or death. The Joint Committee on Vaccination and Immunisation (JCVI) considered the available epidemiological, microbiological and clinical information on the impact of COVID-19 in the UK and provided the Government with advice to support the development of a vaccine strategy. This was published in early December 2020, immediately after Medicines and Healthcare products Regulatory Agency (MHRA) approval of the Pfizer BioNTech vaccine for use in the UK on 3 December 2020. The Bristol, North Somerset and South Gloucestershire (BNSSG) programme is intended to offer the vaccine to all people within BNSSG identified as at risk by the JCVI.

2. Does this proposal relate to a new or existing programme, project, policy or service?

This is a new programme. NHS England mandated national implementation and confirmed that the vaccination programme would initially be based in acute hospitals. On 8th December 2020, the first vaccines were administered to patients over 80 years and at risk staff in North Bristol Trust, the first designated BNSSG site, and rollout of the programme to cover the first JVCI priority risk groups in the eligibility programme continues at pace. On 31 December the national guidance (the Green Book) was re-issued to reflect approval of a second vaccine for administration (Astra Zeneca/Oxford).

3. If existing, please provide more detail

N/A

4. Outline the key decision that will be informed by this EIA

The focus of this Equalities Impact Assessment (EIA) is the implementation of the nationally mandated Covid 19 Vaccination programme across BNSSG. This document describes the local programme implementation plans, and how evidence has been used to assess its impact from an equalities perspective.

The EIA considers the potential impact of the BNSSG vaccination programme on the people groups who are protected under the Equality Act (2010) in relation to:

- Age
- Disability including physical disability, learning disabilities and autism, and mental health concerns
- Gender reassignment

- Marriage & civil partnership
- Pregnancy & Maternity
- Race, including nationality and ethnicity
- Religious Belief
- Sex - Men & Women
- Sexual Orientation

The EIA has been undertaken by Carol Slater, Health Equity Lead, Bristol City Council, on behalf of the BNSSG Covid 19 Vaccination Clinical Delivery Group.

Does this proposal affect service users, employees and/or the wider community? Provide more information on: Potential number of people affected, potential severity of impact, equality issues from previous audits and complaints. The key decision that will be informed by this EIA

The JCVI ranked the eligible groups according to risk, largely based on prevention of COVID-19-specific mortality. Evidence from the UK indicates that the risk of poorer outcomes from COVID-19 infection increases dramatically with age in both healthy adults and in adults with underlying health conditions. Those over the age of 65 years have by far the highest risk, and the risk increases with age. Residents in care homes for older adults have been disproportionately affected by the COVID-19 pandemic.

JVCI Priority Risk Groups

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[footnote 1]
5. all those 65 years of age and over
6. all individuals aged 16 years[footnote 2] to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality[footnote 3]
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

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19.

JCVI advises that implementation of the COVID-19 vaccine programme should aim to achieve high vaccine uptake. An age-based programme will likely result in faster delivery and better uptake in those at the highest risk. Implementation should also 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 circumstance
- availability of suitable approved vaccines, for example for specific age cohorts

The programme initially affects all citizens within the first nine JVCI priority groups. The priorities list for this is nationally set by the JCVI (Joint Committee on Vaccination and Immunisation). The priorities are based on an evidenced based assessment of those most at risk of becoming seriously ill or dying due to the Covid 19 virus. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955548/Greenbook_chapter_14a_v6.pdf.

The Secretary of State for Health set the initial goal of vaccinating all over 80's care home staff and residents, frontline health and social care staff and over 70's together with the clinically extremely vulnerable (around 214,000 across BNSSG) by mid-February 2021. This included planning for vaccination of the many thousands of citizens and employees across the BNSSG from mid-February onward.

5. Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

Assess whether the Service/Policy has a positive, negative or neutral impact in relation to the Protected Characteristics.

- ***Positive** impact means reducing inequality, promoting equal opportunities or improving relations between people who share a protected characteristic and those who do not*
- ***Negative** impact means that individuals could be disadvantaged or discriminated against in relation to a particular protected characteristic*
- ***Neutral** impact means that there is no differential effect in relation to any particular protected characteristic*

Age (Positive, Negative, Neutral)

Please provide reasons for your answer and any mitigation required

The majority of the 120,000 deaths involving COVID-19 have been among people aged 65 years and over, with a particular vulnerability for those aged over 80 years old. There is wide ranging evidence that older people experience isolation, and many may have limited access to their support network during the lockdown, exacerbated by the need to social distance from loved ones. Many may also be shielding due to being clinically extremely vulnerable.

The national guidance has identified age as the **single** most critical factor in Covid 19 survival rates. The BNSSG programme is focused on mitigating risk by vaccinating people in order of age as the highest priority, and the local programme is committed to vaccinating all over 80s by end January 2021. Older people may also be affected by multiple other protected characteristics, that affect their ability to access vaccination

including coming from a Black, Asian or ethnic minority background, or experiencing deprivation.

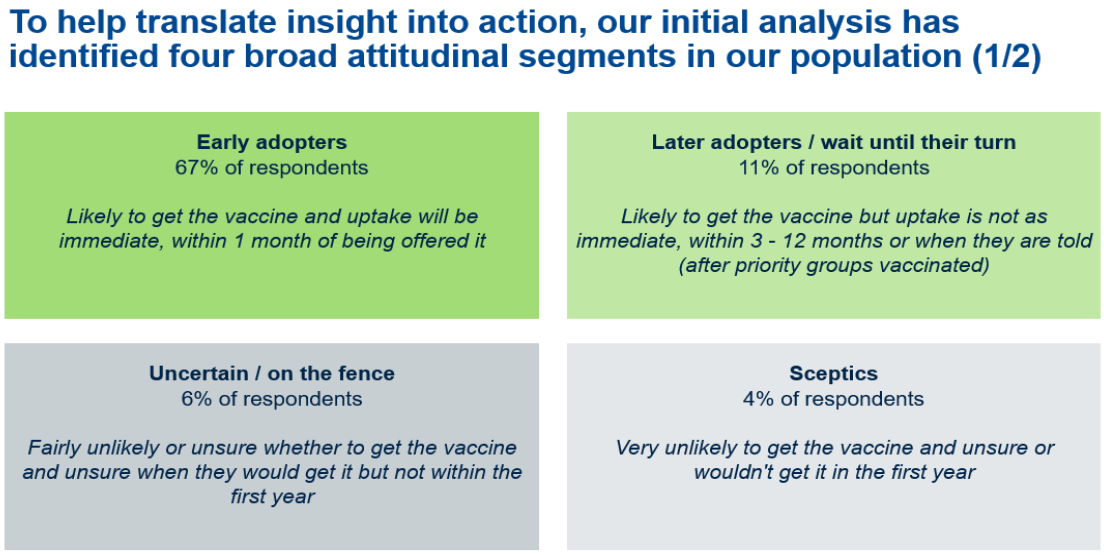
Programme Impact: Positive: vaccines have been demonstrated to significantly reduce the risk of serious illness and mortality in older people.

Local mitigation

A BNSSG wide online survey of public attitudes and expected uptake was conducted in December 2020 to inform local vaccination rollout planning (detailed in appendix B). Key findings from the 358 respondents to the survey were:

- Majority of respondents were likely to get the vaccine
- Perception of safety drives the largest change in claimed behaviour; age appears to be most correlated with safety concerns
- The primary drivers for uptake are 'prosocial' rather than individualistic (protecting others, reducing spread)
- The main concerns centre on the speed of development of vaccines and concerns around long-term safety and side effects.
- "Being able to review the evidence for myself" and "advice from my GP" appear to be the main drivers of reassurance.

The survey identified key areas of focus set out in the table below;



It should be noted that the sample included a relatively small number of people from Black, Asian and minority ethnic communities (4%).

In line with national requirements, the vaccination programme delivery plan includes a large-scale vaccination centre at Ashton Gate as well as a network of primary care settings.

The vast majority of vaccinations being offered to older people are in primary care or care homes and data reports regarding local uptake is as high as 85%. Analysis of uptake

amongst people with protected characteristics within this cohort (over 80s) initially suggested national uptake amongst people from Black and Asian communities was lower than the general population, but this is less evident in the most recent reports (Statistics » COVID-19 Vaccinations (england.nhs.uk).

Disability (Positive, Neutral, Negative) including;
Physical Impairment; Sensory Impairment; Mental Health; Learning Difficulty/ Disability; Long-Term Conditions

Depending on the impairment that people have (physical, sensory, cognitive or psychosocial difficulty), they may be at increased health risk during a pandemic, though this is not necessarily always the case. A blind or deaf person does not usually have an 'underlying health condition' that would put them in a vulnerable category for the coronavirus, but lack of accessible health care and information can increase their risks.

Generally this is covered under the clinically extremely vulnerable priority group, though this will, by definition, only refer to very specific categories of the most unwell people.

BNSSG underlying health related causes of disability adjusted life years (DALY) are set out below.

Bristol, % of DALY's		South Glos, % of DALY's		North Somerset, % of DALY's	
IHD	6.08%	IHD	6.04%	IHD	7.26%
Low back pain	5.02%	Low back pain	5.52%	Low back pain	4.72%
COPD	3.95%	COPD	3.86%	COPD	4.24%
Lung Cancer	3.66%	T2DM	3.37%	Lung Cancer	3.75%
T2DM	3.03%	Lung Cancer	3.23%	T2DM	3.44%

*IHD – ischaemic heart disease
*COPD – Chronic Obstructive Pulmonary Disease
*T2DM – type 2 diabetes mellitus

Programme impact: Positive

The local vaccination programme will have a positive impact on people who are clinically extremely vulnerable, as this group are significantly more at risk. Evidence suggests the vaccination will also be of benefit to people with underlying health conditions.

Gender Reassignment (Positive, Negative, Neutral)

Social isolation may be exacerbated for LGBT individuals, particularly if much of the support they receive is from people outside the home environment. Due to a lack of routine sexual orientation and trans status monitoring it is likely that the that number of trans people who die from Covid-19 in the UK will never be known. They may feel unsafe outside their homes due to hate crime and discrimination, and experience of trans phobic abuse either in person or online.

Programme impact: Neutral

Although there is no evidence that the vaccination programme has a specific impact on gender reassignment, people from LGBT communities may also be affected by other characteristics, including age, ethnicity health status.

Race Including nationality and ethnicity (Positive, Negative, Neutral)

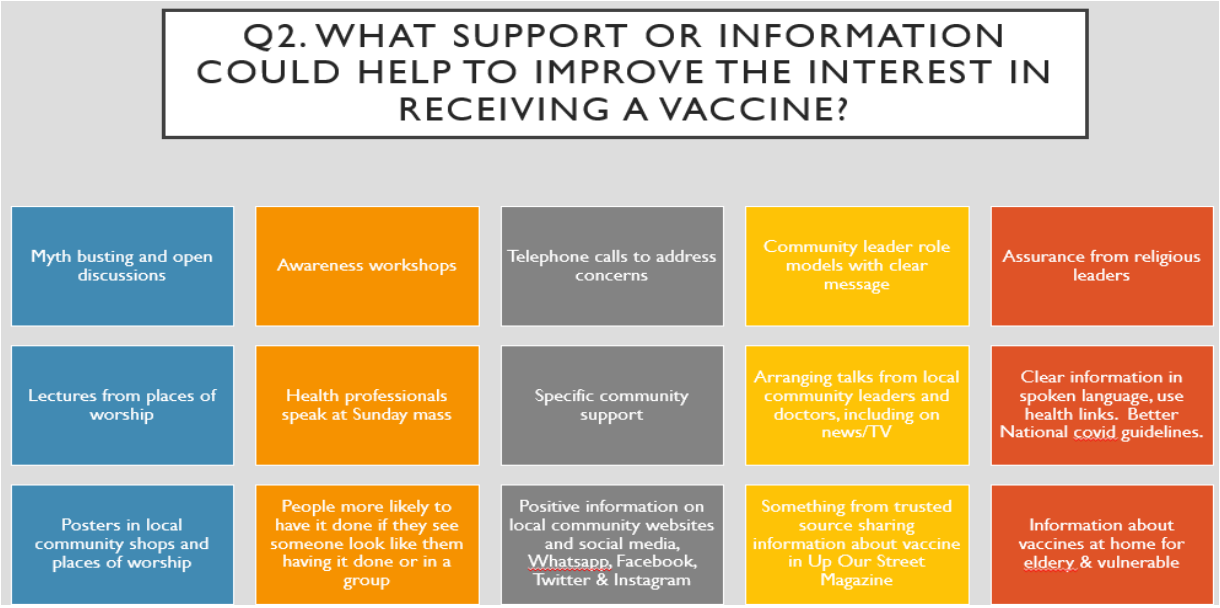
The risk of death from COVID-19 is generally higher amongst black, Asian, and ethnic minority (BAME) communities than white British people. This appears to be due to a complex mixture of factors, and no one factor alone can explain all of the difference. Contributing factors include, in no particular order: being poorer, where people live, overcrowded housing, types of job, other illnesses, and access to health services. Once infected, many of the pre-existing health conditions that increase the risk of having severe infection (such as having underlying conditions like diabetes and obesity) are more common in BAME groups and many of these conditions are socioeconomically patterned. For many BAME groups, especially in poor areas, there is a higher incidence of chronic diseases and multiple long-term conditions (MLTCs), with these conditions occurring at younger ages.

Programme impact: Positive

There is significant evidence that people from Black, Asian and minority ethnic communities are disproportionately affected by serious illness caused by Covid 19.

Within previous national vaccination programmes in the UK, reported vaccine uptake has been lower in areas with a higher proportion of minority ethnic group populations. There is therefore a significant risk that vaccine uptake for COVID-19 will also be lower among minority ethnic groups.

A local survey of conducted in January 2020 by Bristol inner city primary care network of 21 local community and faith groups (27 responses) to understand views and improve uptake found that:



These findings are consistent with a range of national reports and guidance

Local Mitigation

The vaccination programme focus on dedicated resources to maximise uptake amongst BNSSG Black, Asian and minority ethnic people will have a positive impact in terms of significantly reducing the risk to serious illness and mortality.

The GP inner city survey recommendations are now embedded in the work of the vaccination programme and are being taken forward within the BAME, refugee and asylum seeker subgroup within the covid 19 vaccination programme.

GP **Survey recommendations & actions**		
1.	Myth busting	Dedicated seminars on myths and misinformation targeting specific communities, including Black and Asian people, and people with disabilities
2.	Awareness workshops	Local faith and community leaders are offering a wide range of online , recorded awareness sessions *further information is available
3.	Telephone calls to address concerns	Local GPs, health professionals and community champions have been calling individuals with concerns to discuss directly on an ad hoc basis. Calls have been linked to vaccination clinic uptake
4.	Community leader role models	There have been excellent levels of engagement and leadership from communities, including many who are volunteering to be vaccinated on camera and promote this via their networks
5.	Assurance from religious leaders	Faith leaders have come forward in significant numbers to provide guidance and support for the uptake of the vaccine both verbally and in written sermons and texts
6.	Lectures from places of worship/Sunday mass	In addition to the above, faith leaders (including leaders who are also health professionals) are holding seminars for their congregation with invited experts to provide facts and offer time for clarification and questions
7.	Specific community support	Work with community groups
8.	Talks from local leaders inc TV	Videos of leaders being vaccinated at Ashton Gate vaccination centre widely disseminated. Leaders filmed in a variety of community clinics;
9.	Clear information	Information in different languages, including Polish, Urdu, Somali, and Bangladeshi, have been jointly produced with communities, including videos and posters
10.	Posters in churches & places of worship	In addition to the variety of comms above, letter distributed to 600 church contacts, aiming to counteract faith-based misinformation
11.	Reflective of communities	As above, community leaders have been proactive in leading “from the front”, and speaking to both individuals and groups
12.	Community websites	Embedded in the community activism above
13.	Up our street vaccine focus	Article promoting uptake produced in conjunction with the comms team
14.	Information about vaccines at home for the elderly and housebound	Primary care networks have adopted a set of principles to ensure that where inequities in vaccination access or administration arise over time, between groups of equivalent risk or eligibility, then as a system, we will use our ‘best endeavours’ to minimise those inequities, including for the elderly and housebound. The principles at attached at appendix C.

Religion or Belief (Positive, Negative, Neutral)

Members of religious groups may be concerned that specific vaccines may violate religious laws. Therefore, religious concerns can become a driver of vaccine hesitancy and may affect individual willingness to accept the vaccine.

Programme Impact: **Positive**

Local mitigation

Many faith leaders have made statements in support of vaccination and focused work is underway to address this at a local level. Local community faith leaders have proactively supported uptake of the vaccine to their congregations. For example, offering mobile clinics in a local mosque, and evening clinics during the Ramadan period (12 April-11 May).

Sex (Positive, Negative, Neutral)

JVCI data suggests that male gender as well as increasing age are significant risk factors for severe infection, although this is also linked to incidence of pre-existing underlying health conditions.

Programme impact: Positive

There is significant evidence that males are disproportionately affected by serious illness caused by Covid. The vaccination programme will have a positive impact in terms of significantly reducing the risk to men at risk of serious illness and mortality.

Sexual Orientation (Positive, Negative, Neutral)

Social isolation may be exacerbated for Lesbian, Gay, Bisexual and Transgender (LGBT) individuals, particularly if much of the support they receive is from people outside the home environment. It's widely acknowledged that LGBT people are more likely to experience poor mental health than the general population. Due to a lack of routine sexual orientation and trans status monitoring it is likely that the that number of LGBT people who die from Covid-19 in the UK will never be known. They may feel unsafe outside their homes due to hate crime and discrimination, and experience of LGBT phobic abuse either in person or online.

LGBT people are disproportionately more likely to be homeless with 24% of homeless young people (aged 16 to 25) being LGBT. 77% of homeless young LGBT people stated that being LGBT was a causal factor in rejection from home. (act. 2017. LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response & Outcome. Available at: https://www.akt.org.uk/Handlers/ Download. ashx?IDMF=c0f29272-512a-45e8-9f9b0b76e477baf1).

Programme impact: Neutral

Although there is no evidence that the vaccination programme has a specific impact on sexual orientation, people from LGBT communities may also be affected by other characteristics, including age, health status and homelessness.

Pregnancy and Maternity

Programme impact; Neutral

Although there's no evidence that the Covid 19 vaccine is unsafe when pregnant, the JVCI advises that more evidence is needed before it can be offered routinely. They recommend that pregnant women considering having the vaccination seek advice from a medical professional as they may be able to have the vaccine if they are at significant risk of acquiring or serious complications from coronavirus.

Mitigation; Advice is available for women who are considering pregnancy or are pregnant, online via the Royal College of Obstetricians and Gynaecologists https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/covid-19-vaccines-and-pregnancy/covid-19-vaccines-pregnancy-and-breastfeeding/
Or via their GP.

Marriage & Civil Partnership (Positive, Negative, Neutral)

Programme impact; Neutral

The project is not considered likely to impact on this group any differently than current service provision and is therefore judged likely to have a Neutral Impact on Marriage and Civil Partnership groups.

Does the policy relate to an area with known health inequalities?

Disproportionate Impact

There is clear evidence that COVID-19 does not affect all population groups equally. Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death. A Public Health England review of disparities in the risk and outcomes of COVID-19 (COVID-19: review of disparities in risks and outcomes - GOV.UK (www.gov.uk) shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19.

The Covid 19 Marmot review (Health Equity in England: The Marmot Review 10 Years On | The Health Foundation) published December 2020 highlighted that:

- inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19
- the nation's health should be the highest priority for government as we rebuild from the pandemic
- the economy and health are strongly linked – managing the pandemic well allows the economy to flourish in the longer term, which is supportive of health
- reducing health inequalities, including those exacerbated by the pandemic requires long-term policies with equity at the heart.

A diverse range of reports, including the Marmot review, conclude that Covid 19 has exposed and amplified inequalities, and that the economic harm caused by measures to control the virus also risk further damage to health and the widening of health inequalities.

**Following early identification of by apparent high levels of infections amongst individuals from a Black, Asian or minority ethnic (BAME) background, epidemiological data has described evidence of the following causes of Covid-19 inequality:
https://www.sahf.org.uk/covid19

Gender	Increased risk of mortality in males
Age	Increased risk of mortality in older age groups
Ethnicity	Increased risk of mortality in some BAME populations
Comorbidities	Increased risk of mortality if comorbidities (obesity, heart disease, cancer etc)
Deprivation	Increased risk of mortality amongst people living in more deprived areas
Occupation	Health and social care staff have greater risk of exposure
Housing	Those living in overcrowded housing have greater risk of exposure

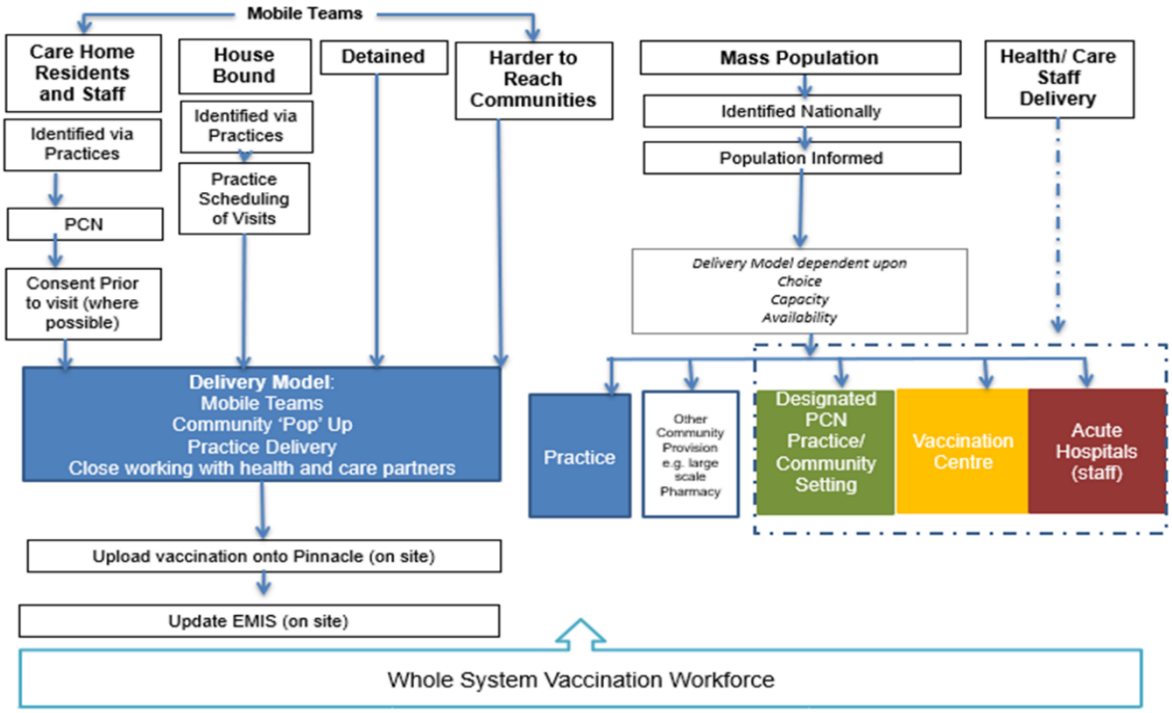
***The recent BNSSG health inequalities profile (Jan 2021, appended).*

Local mitigation

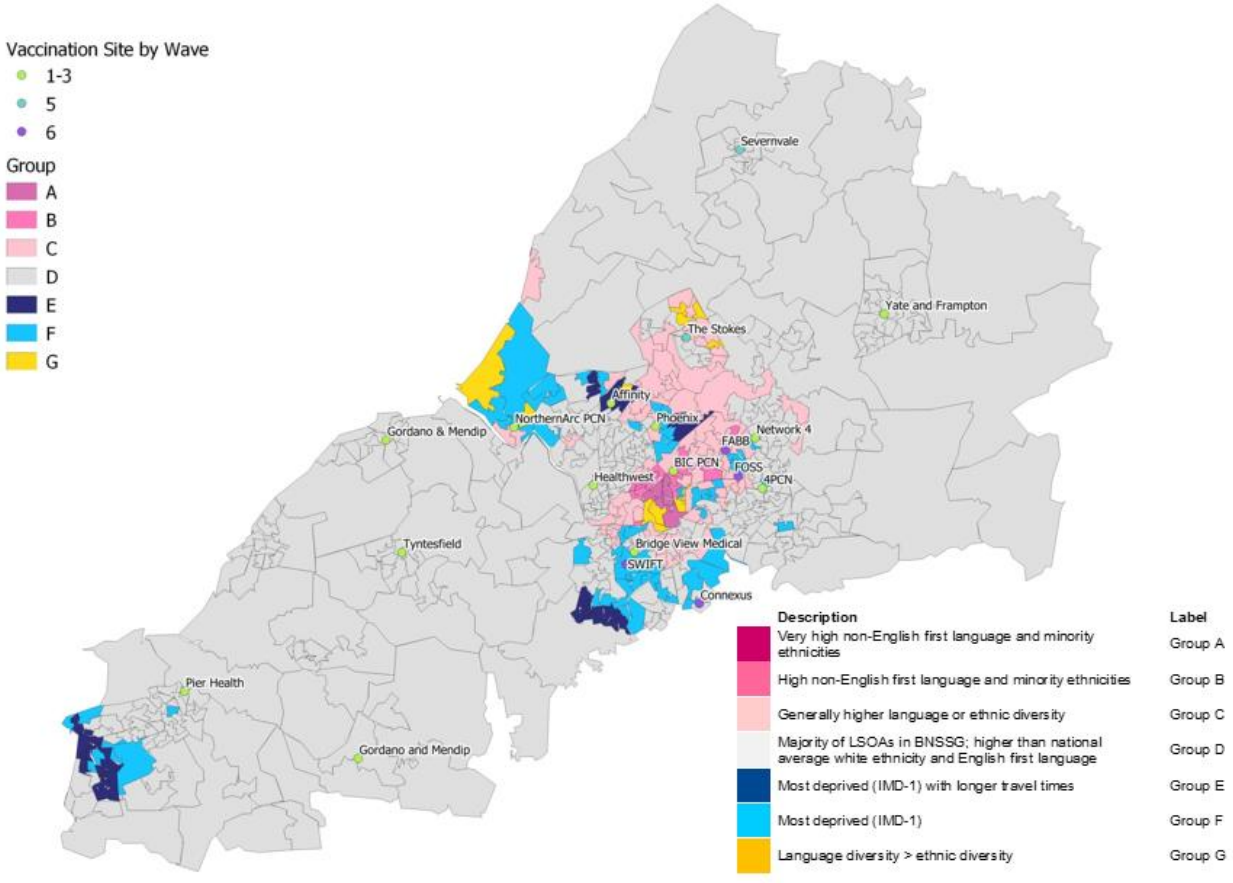
Recognising and addressing health inequalities has been fundamental to the vaccination programme from the outset. This includes understanding local communities and what will maximise vaccination uptake for all as a core element of the rollout.

The BNSSG programme is bringing together system-wide data including flu vaccines, public health datasets) with system wide engagement to understand attitudes and concerns. These are being cross referenced with insight from community partners and continuously informed by community conversations and activated across a range of media, including online seminars, focus groups and materials.

The programme has established a partnership between primary care, community services, secondary care, the local authority, workstream leads and disease experts to inform planning and rollout of this complex programme.



A population management approach has been taken to identify the specific communities of interest and geographical areas where a targeted response is required.

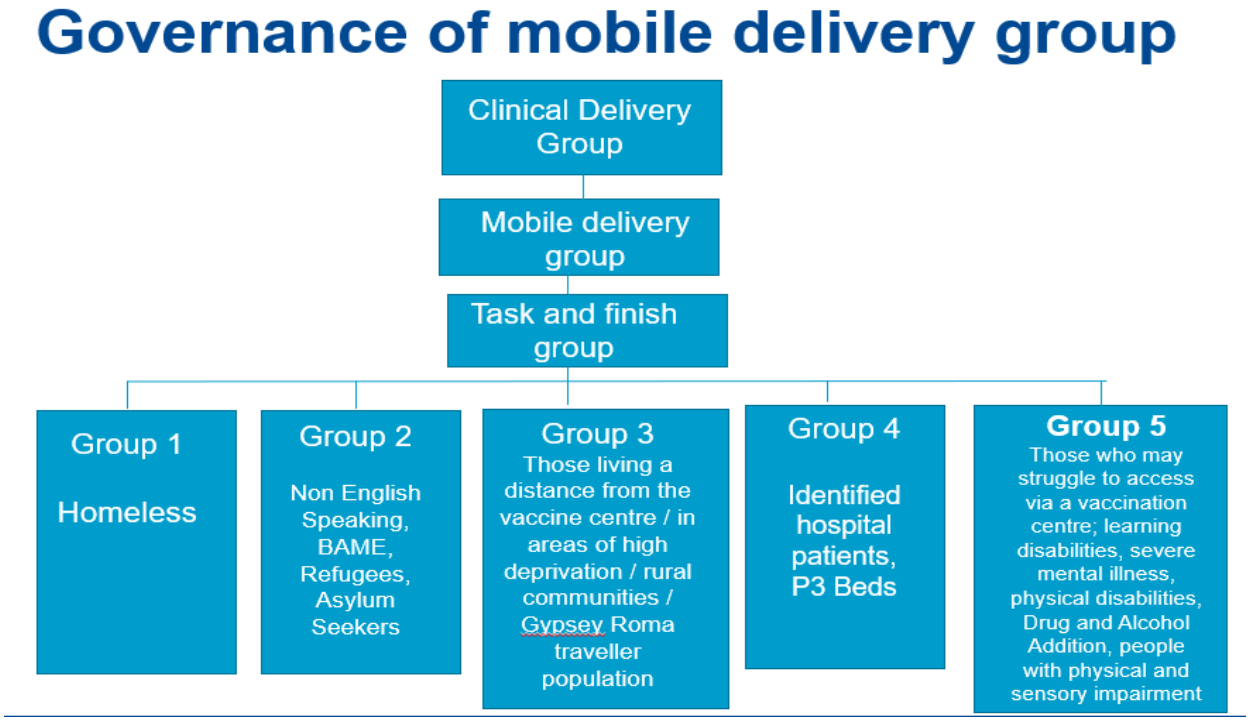


Intelligence based analysis has been integral to the overarching communications plan, set out below.

This BNSSG COVID 19 vaccination programme of work has been informed by robust population health and data analysis, national and local insights, and a wealth of information and guidance from local communities to understand and mitigate barriers to uptake.

A dedicated mobile model programme of delivery is well underway to specifically the address the inequalities identified by the data analysis. This has been designed based on the bringing together of a range of system data, and insights from local people from a variety of sources including dedicated webinars and surveys.

The governance of a robust delivery plan to reach under-served communities known to be disproportionately less likely to take up the vaccine, and to be most vulnerable the virus, is summarised below. Each of the 5 task and finish groups has multi-disciplinary stakeholder engagement and aims to have representation from those who are embedded within the target communities. The groups are tasked with building on the good work already underway and best practice from other initiatives.



Relevance to the Public Sector Equality Duty - Please select which of the three points are relevant to your proposal. There is a general duty which requires the system to have due regard to the need to:

6. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010?

Does this proposal address risk in relation to any characteristics?

Yes, as outlined above there are significant risks and mitigations set out above regarding age and ethnicity.

7. Advance equality of opportunity between people who share a protected characteristic and those who do not?

Will this proposal facilitate equality of opportunity in relation to particular characteristics? Yes

Please explain your reasons

The vaccination programme offers the opportunity to improve access to vaccinations in communities where there has historically been lower uptake. The large-scale mobile delivery model bringing the vaccination to local communities will increase accessibility. Delivering the model in partnership with communities, based on their views, will increase trust and acceptability. Support from communities will promote GP practice access in the medium and longer term.

8. Foster good relationships between people who share a protected characteristic and those who do not?

Will this proposal foster good relationships between one protected group and another or between one group and the organisation? Yes

Please explain your reasons

Jointly delivered clinics with mainstream services and local community clinical staff and advocates will support shared understanding. Clinicians from diverse communities have been at the forefront of planning and delivery of the mobile delivery model. Further information can be found in the BNSSG Covid 19 vaccination programme summary at appendix E.

9. Appendices

a) BNSSG Health Inequalities Profile – January 2021

Inequalities%20profile%20for%20DMT_ED

b) Insights – BNSSG Public attitudes topline report – January 2021

BNSSG%20-%20Covi
d-19%20vaccine%20-

c) Bristol Inner City Primary Care Network survey – January 2021

Covid%20vaccine%2
0survey%20results.pp

d) Principles adopted by Primary Care Networks – Covid 19 Vaccination programme

Principles%20adopte
d%20by%20PCNs%2(

e) Vaccination programme summary – 25 February 2021

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February 2021

Contact us:

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