



High quality flexible patient care sensitive to the individual needs of all patients

**Briefing Note on Covid Vaccination Uptake as at**

**March 11 2021**

**Purpose of this document**

To brief Patient Group representatives & others on the uptake of the Covid vaccination at Peartree Medical Centre after nearly three months of the programme.

**Background**

There have been a lot of stories in the press about patient populations such as our own being slow or reluctant to have the vaccine. The detailed data in this report will enable colleagues to make their own assessment.

As at today's date, there have been 1211 vaccinations administered. Our adult population (ie 18+) is 3562. This is an overall vaccination rate of the adult population of 34%. It is important to note that not all adults will have been eligible for the vaccine thus far. *(eg a 42 year old with no chronic conditions or carer's responsibilities)*

If it is the stated objective for the Government to vaccinate all adult patients by July then there are 2351 vaccinations to deliver in the next 3-4 months.

This data is changing daily so this can only be a snapshot as at today's date.

A sizeable proportion of our patients appear to have been vaccinated due to their employment eg NHS workers, other health & social care.

Patients under the age of 18 represent 30% of our total population and are ineligible though the 16-18 year olds could have the Pfizer though not the AstraZeneca.

Surgery staff have been proactive in telephoning patients as they have become eligible under the Government's published rolling criteria. There has also been a supporting SMS strategy to notify patients; to make them aware of the supportive

views of the Muslim Council of Britain and through online videos featuring famous Muslims such as Moeen Ali, Adil Ray and Sadiq Khan.

Vaccination programmes have been provided by the network of Derby surgeries (Primary Care Networks) from the Derby Arena and also at local sites such as the Ikhlas Centre. Bookings have also been possible through the NHS UK website.

The surgery would particularly like to record our appreciation for the vaccination service at the Ikhlas Centre which we believe has had a significant positive impact on local uptake. We are always aware that our patients prefer services delivered close to home.

The Arena has also provided a slick and responsive service and has also been used by many patients..

Peartree staff have supported both the Ikhlas Centre and Derby Arena sites as vaccinators. Administrative support has also been provided on site at the Derby Arena. This has been provided in staff's own time and their contribution is much appreciated.

Our Care Co-ordinator has also represented us at some CCG sponsored events to consider wider community support for the programme. The Care Co-ordinator has also led on arrangements for housebound patients to receive the vaccine.

### **Eligibility Criteria**

The Governments published criteria started off with a simple age profile of patients with the oldest patients being vaccinated first.

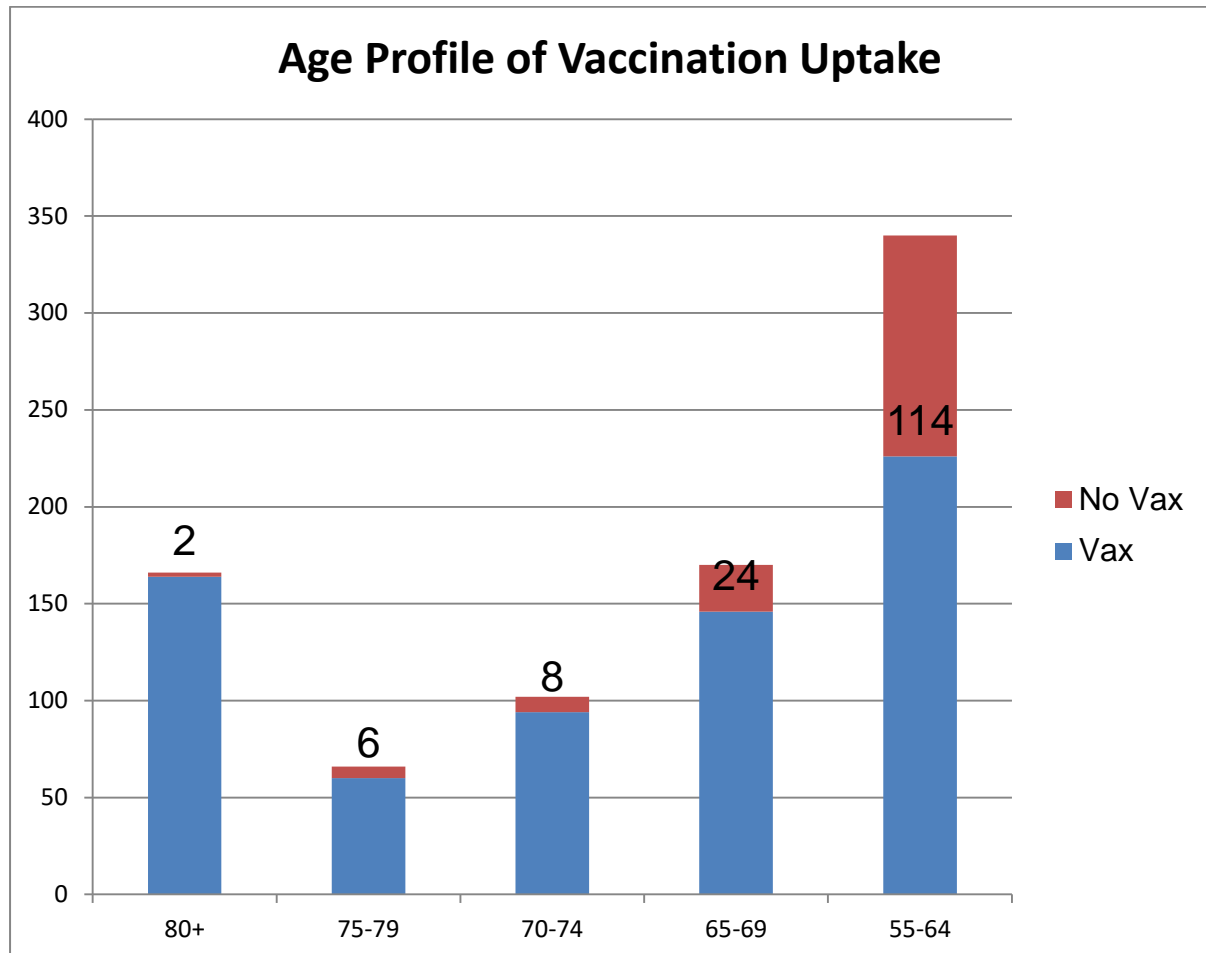
Once the criteria started to include non-age related criteria it became more difficult to aggregate overall data. For example, by cohort six of the programme, carers and patients with chronic diseases such as diabetes and lung diseases were also being included. So a patient might be included on a list due to their age; their caring responsibilities & their own health conditions! In this case three times.

The following data therefore looks at an age profile first and then looks at individual registers and particular cohorts. This is still useful targeted information but you cannot add up the number of missing vaccinations from each graph to give a meaningful outcome as some patients may be included multiple times.

If we had chosen to simply vaccinate our usual patients eligible for the flu vaccine this would not have mapped accurately onto the Government criteria. For larger practices this may have been unavoidable but we chose to look at each register separately.

## Age Profile

The profile for current eligible groups by age is as follows:-



The numbers near the top of each column show the number of missing vaccinations.

The lower uptake in the youngest age group (55-64) does reflect the fact that their eligibility has only been included since March 2021. It remains to be seen whether the outstanding 114 patients will reduce significantly.

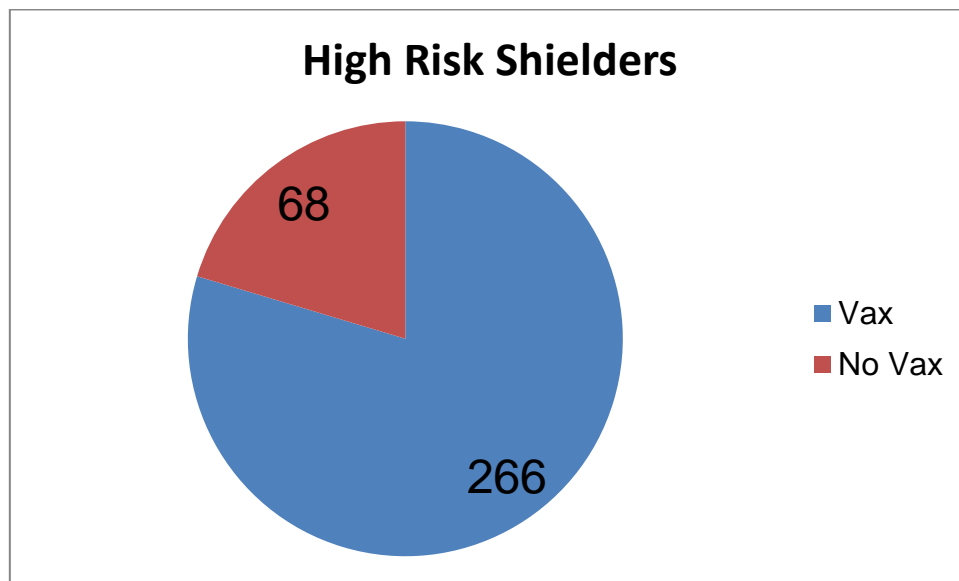
Our overall assessment is that the uptake by age has been perhaps surprisingly good though however small the number, the patients missing the vaccine are a missed opportunity and a risk to themselves and the wider community.

Dr Singh has rung some of these individuals to exhort them to be vaccinated sometimes with success, sometimes without. Perhaps they will reconsider in due course.

## High Risk Shielding Patients

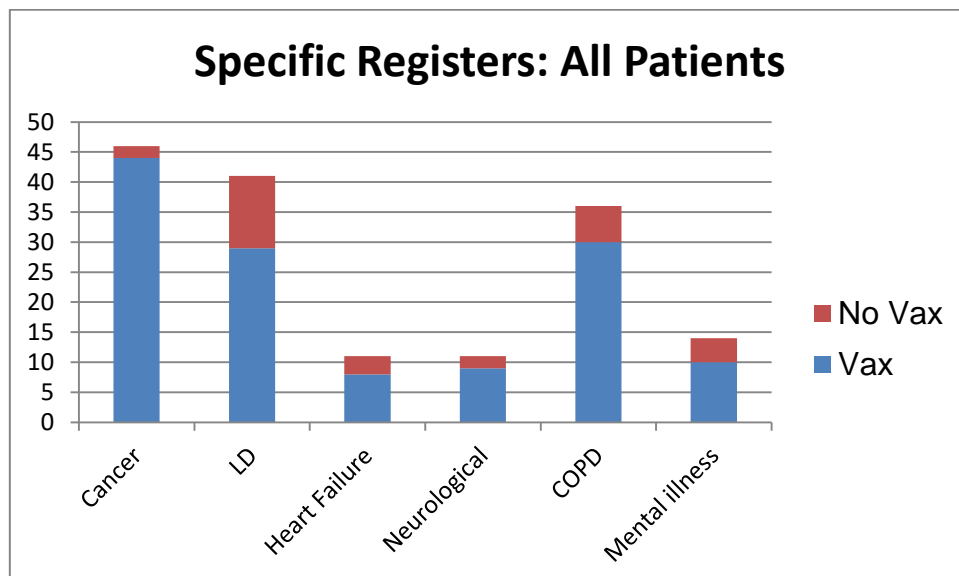
NHS England published criteria in 2020 to determine patients who were at high risk from the virus and were told to shield during lockdown one in particular. Local clinicians reviewed this list and supplemented it with some additional patients based on their own assessment.

In 2021, NHS England stated that a further addition had been made to the shielding list based on the latest clinical information. The current status for our shielding patients of all ages totalling 334 is as follows:-



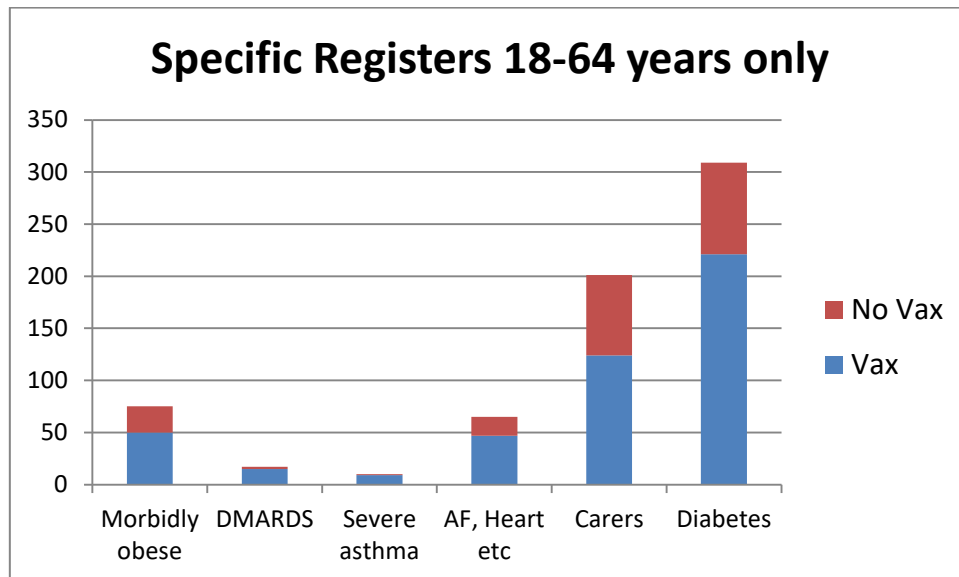
## Specific Registers: All patients

The following analysis looks at specific cohorts and includes all ages:-



## **Specific registers: 18 to 64 year olds only**

Some of these are bigger registers and so the analysis has been tapered to include all adults under 65 only particularly as the age profile data above shows good uptake above 65. The summary is as follows:-



## **Conclusions**

This can perhaps be best summed up as 'so far so good'.

We want to see carers & diabetics engage more fully and also the age group 55-64. Vaccinating any 'stragglers' in eligible groups would also be good to see.

However, as the age profile for eligibility drops will the younger patients be minded to be vaccinated in the same numbers as older members of the community ?

Any activity which can continue to promote the desirability of the programme is going to be helpful. Perhaps with the younger age group it will be about promoting the need for a selfless act to support wider community benefits for all. The data does suggest that younger patients experience milder symptoms but if they can be persuaded to be vaccinated it can only benefit older family and friends.

Observations and thoughts are welcomed from any readers of this document.

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