

The NHS COVID-19 Vaccination Programme

Communications Toolkit: pull-out guide for staff uptake campaigns

Fifth edition – 20 April 2021

Using this document

This document contains information to support communications teams working in NHS organisations with rolling out their COVID-19 vaccination campaign to staff.

This Communications Toolkit includes:

- Narrative and key messages
- FAQs
- Campaign materials and tips on running an effective campaign
- Template letter inviting staff for vaccination
- Useful links and resources

For further communication enquiries please contact your regional NHS England and NHS Improvement communications team.

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Introduction

Thank you to those communications colleagues who have helped deliver staff uptake campaigns for the COVID-19 vaccine so far.

The results have been extremely positive, with the vast majority of eligible staff – including primary care and independent sector contractors – choosing to protect themselves and others by getting the vital first dose.

The offer remains in place for those staff who haven't yet come forward to get their first dose.

Line managers have been asked to have conversations with those members of staff as part of ongoing risk assessments, and there remains a need for communications activity to continue to highlight the importance of coming forward.

However, the new challenge now is ensuring that all those who have had their first dose return for their second at the right time, which in most cases will be over the next six weeks.

We are expecting second dose marketing materials to become available from our partners across Government shortly, and we will share these as soon as they are.

In the meantime, this pack contains and links to the latest resources to assist comms teams in the next phase of the programme.

Narrative for driving staff uptake of COVID-19 vaccine

Short narrative

The NHS vaccination programme continues to make strong progress.

Everyone in the top nine priority groups is now eligible to book their COVID-19 vaccine, and millions of people have already been given the vital first dose, including the vast majority of eligible healthcare workers.

If you haven't had your first dose yet, the time to do so is right now.

For the majority who have had their first dose, it's also important you take up your second dose of the vaccine when offered it over the coming weeks.

Whilst the first dose of the Pfizer/BioNTech, Oxford/AstraZeneca and Moderna vaccines offer good levels of protection, you need a second dose for maximum protection.

Healthcare workers are in a priority group to receive the vaccine because of their heightened risk of exposure to the virus.

Strict approval processes mean that all approved vaccines are safe and are our best defence against the virus.

Getting vaccinated means protecting yourself from the virus so you can be there for your family, friends and patients.

The vaccine cannot give you COVID-19 infection, and will reduce your chance of becoming seriously ill.

Getting vaccinated only protects you from the virus, so you will still need to follow the [IPC](#) and testing measures in your workplace, and follow general advice at work, at home and when you are out and about

The free vaccine will protect you against COVID-19 so you can keep protecting others.

Long narrative

The NHS vaccination programme continues to make strong progress.

Everyone in the top nine priority groups is now eligible to book their COVID-19 vaccine, and over 27 million people have already been given the vital first dose.

This includes the vast majority of eligible healthcare workers; thank you to every colleague who has chosen to protect themselves and others by taking the vaccine.

If you haven't had your first dose yet, the time to do so is right now.

For those who have had their first dose, it's also important you take up your second when offered it over the coming weeks.

Whilst the first dose of the Pfizer/BioNTech, Oxford/AstraZeneca and Moderna vaccines offer good levels of protection, you need a second dose for maximum protection.

Healthcare workers are in a priority group to receive the vaccine because of their heightened risk of exposure to the virus.

The vaccines have been through the same regulatory approval process as any medicines to ensure they meet strict safety standards and offer high levels of protection.

The vaccine cannot give you COVID-19 infection, and will reduce your chance of becoming seriously ill.

Getting vaccinated only protects you from the virus, so you will still need to follow [IPC](#) and testing measures in your workplace, and follow general advice at work, at home and when you are out and about:

- Practice social distancing
- Wear a face mask
- Wash your hands carefully and frequently
- Follow the current guidance: <https://www.gov.uk/coronavirus>

The NHS has robust workforce plans in place to deliver large numbers of vaccinations to the public. We will ensure we have enough trained and experienced staff to vaccinate as many people as possible, making sure this doesn't affect other hospital, GP and community services.

The free vaccine is ready to protect you against COVID-19 so you can keep protecting others.

Key messages

- Three safe and effective vaccines for COVID-19 are now available
- Well over 27 million people have now had their first dose of the vaccines in England alone, including over three million frontline health and social care workers.
- If you are eligible but we haven't offered you the vaccine yet, please get in touch with us as soon as possible.
- It is important you have your second dose of the vaccine when offered it. This will give you maximum protection.
- Getting vaccinated means protecting yourself from the virus so you can be there for your family, friends and patients
- The COVID-19 vaccinations have been approved by the MHRA, the official UK regulator, like all other medicines and devices.
- The vaccines have undergone months of rigorous testing and the MHRA's approval processes mean we can be sure that they meet strict safety standards and offer high levels of protection.
- All staff must continue to comply with [infection prevention and control](#) and testing measures even once they have been vaccinated

Letter from Chief Professional Officers to frontline staff urging them to take up the vaccine

The NHS has published a letter from England's top clinicians, including Chief Nurse for Social Care, Deborah Sturdy, addressed directly to eligible staff, urging them to take the opportunity of being vaccinated when they are invited.

Please do use this as you see fit in your internal campaigns and alongside invitations.

Direct link to letter: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/01/C1056_covid19-vax-CPO-letter-for-staff-uptake-campaign_270121.pdf

Shared practice

A number of Trusts have shared the steps they have taken to increase uptake of the COVID-19 vaccine amongst their staff. These case studies capture key activities, challenges and learnings.

You can access these on the COVID-19 Vaccination Programme Futures website: <https://future.nhs.uk/CovidVaccinations/view?objectID=25893456>

FAQs

What vaccine for COVID-19 is currently available?

The Pfizer/BioNTech and Oxford/AstraZeneca COVID-19 vaccines are now available. The Moderna vaccine is also being delivered in small scales to a limited number of sites across the country. All three vaccines have been shown to be safe and offer high levels of protection, and have been given regulatory approval by the MHRA.

Will the vaccines work with the new strains?

There is no evidence currently that the new strains will be resistant to the vaccines we have, so we are continuing to vaccinate people as normal. Scientists are looking now in detail at the characteristics of the virus in relation to the vaccines. Viruses, such as the winter flu virus, often branch into different strains but these small variations rarely render vaccines ineffective.

Should people who have already had Covid or are suffering from 'Long Covid' get vaccinated?

Yes, if they are in a priority group identified by JCVI. The MHRA have looked at this and decided that getting vaccinated is just as important for those who have already had Covid-19 as it is for those who haven't, including those who have mild residual symptoms. Where people are suffering significant ongoing complications from Covid they should discuss whether or not to have a vaccine now with a clinician.

Why are you postponing second doses?

The [UK Chief Medical Officers have agreed](#) a longer timeframe between first and second doses so that more people can get their first dose quickly, and because the evidence shows that one dose still offers a high level of protection after two weeks.

This decision has allowed us to get the maximum benefit for the most people in the shortest possible time, and will help save lives.

The NHS has been planning meticulously to ensure that people can get the second dose when it is the right time for them to do so.

Getting both doses remains important so we would urge people to return for it at the right time.

How do healthcare workers get the vaccine/their second dose?

The NHS will offer vaccinations using different models. For healthcare workers, most will get vaccinated either at their own work or a local hospital, so they should receive their second dose there too. Some staff may have had their first dose at a pharmacy or Vaccination Centre through the National Booking System – if that is the case they will already have an appointment for their second dose.

Can healthcare workers use the National Booking System to book their vaccination?

The self-referral route for eligible frontline health and social care workers will be reinstated on the National Booking System by 19th April, and local systems are also asked to continue to ensure local provision for all eligible health and care workers.

What is being done to encourage ethnic minority groups to take up the vaccine?

The NHS locally and nationally is also going to great lengths to ensure that everyone is able to take up their offer, and hears the right information to make an informed choice.

The good news is that, across the first five priority groups, most people across all ethnic minorities have already taken up their first dose. While the total number of people receiving their first dose more than doubled across the month of February, the rate for those who are in an ethnic minority group rose at an even faster rate.

The fastest rate of growth was seen for people from a Pakistani background, which nearly tripled, and the number from a Bangladeshi background which rose even faster with three and a half times more people vaccinated at the end of the month than the start.

The NHS is continuing to work extensively at local and national level, including with community and faith leaders, to engage with those communities where there is still some hesitancy, to make the positive case for vaccination and counter misinformation.

How long does the vaccine take to become effective?

The MHRA have said these vaccines are highly effective from two to three weeks after the first dose, but to get full protection people need to come back for the second dose – this is really important.

Full and longer-lasting protection kicks in around two weeks after that second dose.

Even those who have received a vaccine still need to follow social distancing and other guidance.

Why is it important to get both doses of the 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 both doses of your COVID-19 vaccination 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.

Is it mandatory, and what happens if healthcare workers don't want the jab?

Having a COVID-19 vaccine is not currently compulsory. The vast majority of our staff – as they do every year for the flu vaccine – have already chosen to protect themselves by getting the vital first dose.

Just as they do with the winter flu vaccine, local NHS employers have been working hard to ensure 100% of staff are able to get vaccinated, and that any concerns that staff have are answered.

Given the need to protect staff and patients from COVID-19 infection, line managers have been asked to discuss getting the vaccine with those staff who are yet to do so, as part of ongoing risk assessments.

Is the vaccine vegan/vegetarian friendly?

There is no material of foetal or animal origin, including eggs, in either vaccine. All ingredients are published in healthcare information on the MHRA's website.

For the Pfizer/BioNTech vaccine information is available here:

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

For the Oxford/AstraZeneca vaccine information is available here:

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>

[For the Moderna vaccine information is available here:](#)

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna>

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.

Who cannot have the vaccine?

People with history of a severe allergy to the ingredients of the vaccines should not be vaccinated.

The advice, published in Public Health England's Green Book, advises that pregnant women should discuss the risks and benefits of vaccination with their clinician, including the latest evidence on safety and which vaccines they should receive.

Can I go back to work after having my vaccine?

Yes, you should be able to work as long as you feel well. If your arm is particularly sore, you may find heavy lifting difficult. If you feel unwell or very tired you should rest and avoid operating machinery or driving.

The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. However, you will need to continue to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

How effective is the COVID-19 vaccine?

The MHRA have said this vaccine is highly effective, even with one dose, but to get full protection people need to come back for the second dose – this is really important.

Full protection kicks in around a week or two after that second dose, which is why it's also important that when you do get invited, you act on that and get yourself booked in as soon as possible.

Is the NHS confident the vaccine will be safe?

Yes. The NHS would not offer any COVID-19 vaccinations to the public until it is safe to do so. The MHRA, the official UK regulator authorising licensed use of medicines and vaccines by healthcare professionals, has said these vaccines are safe and highly effective, and we have full confidence in their expert judgement and processes.

As with any medicine, vaccines are highly regulated products. 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.

Should I have the Oxford/AstraZeneca vaccine if offered it?

Recently there have been reports of an extremely rare condition involving the Oxford/AstraZeneca vaccine and blood clots.

As a precautionary measure while this is being carefully reviewed, the Joint Committee on Vaccination and Immunisation (JCVI) has now advised that it is preferable for adults aged under 30, who don't have underlying health conditions that put them at higher risk of severe COVID-19 disease, to be offered an alternative vaccine when it is their turn to be vaccinated.

For those in this age group who have had already their first dose of the Oxford/AstraZeneca vaccine and had no adverse reactions, they should still come forward for their second dose when invited.

This condition can also occur naturally, and clotting problems are a common complication of COVID-19 infection.

What is the evidence to show the vaccine is safe for ethnic minority communities?

The Public Assessment Reports contain all the scientific information about the trials and information on trial participants.

For the Pfizer trial, participants included 9.6% black/African, 26.1% Hispanic/Latino and 3.4% Asian.

For the Oxford/AstraZeneca vaccine 10.1% of trial recipients were Black and 3.5% Asian.

For the Moderna trial, 9.7% of participants were African American, 4.6% Asian and 19.7% Hispanic/Latino.

There is no evidence any of the vaccines will work differently in different ethnic groups.

Can I have the vaccine if I'm pregnant?

[Real-world data from the United States](#) shows that around 90,000 pregnant women have been vaccinated, mainly with mRNA vaccines including Pfizer-BioNTech and Moderna, without any safety concerns being raised.

Based on this data, the Joint Committee on Vaccination and Immunisation (JCVI) advises that it's preferable for pregnant women in the UK to be offered the Pfizer-BioNTech or Moderna vaccines where available. There is no evidence to suggest that other vaccines are unsafe for pregnant women, but more research is needed.

Public Health England's [Green Book](#) still advises that pregnant women should discuss the risks and benefits of vaccination with their clinicians, including the latest evidence on safety and which vaccines they should receive.

Does the Covid-19 vaccine affect fertility?

[There is no evidence](#) that the vaccine affects fertility. Most people who contract COVID-19 will develop antibody to the spike and there is no evidence of fertility problems after Covid-19 disease.

How was the vaccine developed so quickly?

Medicines, including vaccines, are highly regulated – and that is no different for the approved COVID-19 vaccine. There a number of enablers that have made this ground-breaking medical advancement possible and why it was possible to develop them relatively quickly compared to other medicines;

1. The different phases of the clinical trial were delivered to overlap instead of running sequentially which sped up the clinical process;
2. There was a rolling assessment of data packages as soon as they were available so experts at the MHRA could review as the trial was being delivered, ask questions along the way and request extra information as needed – as opposed to getting all information at the end of a trial;
3. Clinical trials managed to recruit people very quickly as a global effort meant thousands of people were willing to volunteer.

I'm currently ill with COVID-19, can I get the vaccine?

People currently unwell and experiencing COVID-19 symptoms should not receive COVID-19 vaccine until they have recovered.

Do people who have already had COVID-19 get vaccinated?

Yes, they 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 COVID-19 vaccine.

Are there any known or anticipated side effects?

These are important details which the MHRA always consider when assessing candidate vaccines for use.

For these vaccines, like lots of others, they have identified that some people might feel slightly unwell, but they report that no significant side effects have been observed in the tens of thousands of people involved in trials.

Very common side effects include:

- having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1-2 days after the vaccine
- feeling tired
- headache
- general aches, or mild flu like symptoms
- Although feeling feverish is not uncommon for 2 to 3 days, a high temperature is unusual and may indicate you have COVID-19 or another infection.
- You can take the normal dose of paracetamol (follow the advice in the packaging) and rest to help you feel better. Do not exceed the normal dose.

These symptoms normally last less than a week. If your symptoms seem to get worse or if you are concerned, call NHS 111. If you do seek advice from a doctor or nurse, make sure you tell them about your vaccination (show them the vaccination card) so that they can assess you properly.

You can also report suspected side effects of vaccines and medicines online through the Yellow Card scheme or by downloading the Yellow Card app.

All patients will be provided with information on the vaccine they have received, how to look out for any side effects, and what to do if they do occur, including reporting them to the MHRA.

More information on possible side effects can be found at <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

Will I still need to follow infection control and testing measures?

Yes. The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. No vaccine is completely effective and it will take a few weeks for your body to build up protection. So, you will still need to follow the guidance in your workplace, including wearing the correct personal protective equipment and taking part in any screening programmes.

Follow-up conversation guide

As part of the activity outlined above, local employers will be having conversations with those who have already been vaccinated but for whatever reason have not yet come forward.

For some of these people, vaccine hesitancy will be a factor, and conversations NHS staff have with them are a key opportunity to help counter the concerns they may have.

Below is a short script for staff who are having conversations with people who say they are vaccine hesitant.

Intro

- I understand completely – we know some people have concerns and need more information.
- I might be able to answer some of the questions you have, can I talk to you about it for a little while?

Safety

- These vaccines have a really good safety record; we wouldn't give them if they didn't.
- They were tested on thousands of people of different ages, ethnic backgrounds and with different health conditions before being approved, and have now been given to 27 million people like you in England alone.
- Some people do have side effects but in almost all cases these are really mild and go away within a day or two.
- Most importantly, they can keep you safe from getting seriously ill if you get coronavirus – it's the best way we have of keeping you safe and getting back to being able to do the things you want to do.
- We're working really hard to make sure that it's as safe as possible when you come to a vaccination service too – all the staff will be wearing PPE, surfaces are being disinfected regularly and social distancing will be in place.
- **WHERE RELEVANT** – there is no evidence at all that the vaccine makes you infertile.

Ingredients

- Neither vaccine has any ingredients from animals or humans.
- **WHERE RELEVANT** – the Oxford/AstraZeneca contains a tiny amount of ethanol but this is true of lots of things – they don't contain any more than a banana does – and scholars have been clear that this is permissible.
- Leaders from all the faiths have said that the vaccines are a good thing and people shouldn't hesitate to get them.
- **WHERE RELEVANT** – scholars have been clear that injections don't invalidate the fast so you don't need to worry if your second dose is during Ramadan. The British Islamic Medical Association has issued specific advice [here](#).

Don't need it

- There are thousands of people in hospital at the moment who probably thought that Covid wouldn't affect them much too – the average age of people in intensive care is 60 but people much younger have been seriously ill and died too.
- Just because you've had Covid doesn't mean you can't get it again, and the next time it could affect you worse. The vaccine is the only way to get a high level of protection and keep yourself and others safe.

Campaign materials

To help NHS organisations and communications teams with rolling out a COVID-19 vaccine campaign to staff, there is a suite of free print, digital and social campaign materials available on [PHE's Campaign Resource Centre](#).

Various versions of the posters/collateral have been developed, with different call-to-actions to be used depending on vaccine availability.

Available resources include:

- Posters (including empty belly posters)
- Leaflets
- Social media graphics
- Email signature
- Digital screens

Example lockup and poster below:



Immunisation publications and digital assets

Leaflets, posters and immunisation resources on the COVID-19 vaccine are also available to download and use. This includes:

- Adult leaflet
- Healthcare workers leaflet
- Social care workers leaflet
- What to expect after your COVID-19 vaccination leaflet
- Why do I have to wait for my COVID-19 vaccine flyer
- Record card

These resources are available for download [here](#). You can also place orders for these resources via the [health publications website](#).

Example leaflets here:



Insight to inform communications

The vast majority of people are optimistic about the vaccine and intend to get it when they are offered it – particularly so among those who are in the priority groups.

Among the minority who are less sure about the vaccine, there are some common themes around hesitancy. It is important to avoid repeating, reminding or spreading concerns wherever possible, but the NHS and its staff should be playing a part in the response to them and supporting the cross-Government campaign which seeks to address them.

To help in this, some of the chief concerns are summarised below, with some examples of how your organisation and you as comms professionals can help counter them:

- **Safety concerns** – this includes worries over side effects, the general safety of vaccines and the ingredients used, and the safety of leaving the home to get vaccinated. Your organisation can help in this by sharing the content developed by PHE (linked to later in this pack) and others on your social media channels, and ensuring patient-facing staff are equipped with the information they need to reassure patients of the safety of the vaccine and vaccination services. Many of the Q&As in this pack will also help with this, and they include some particular concerns articulated by ethnic minority staff and patient groups we are working with nationally.
- **Not being first** - some people who are unsure say they want to wait until others have had the vaccine first. Vaccinating organisations can help in this by sharing the stories of those who have already been vaccinated on social media and promoting these in local media too.
- **Don't need it** – a small number of people don't think coronavirus poses enough of a risk to them, and so they don't need a vaccine. Vaccinating organisations can help in this by being clear in invitations why the individual in question is in a priority group (see draft national letter later in this pack).
- **It won't work** – a smaller number of people are not convinced that the vaccine will be effective. As above, all organisations can help in this by sharing the content developed by PHE (linked to later in this pack) and others on your social media channels, and ensuring patient-facing staff are equipped with the information they need to reassure patients of the high level of efficacy of the vaccine.

Specific considerations for communicating with ethnic minority communities about the vaccine

The key messages about the vaccine are the same for all.

However, some communities may have specific concerns which should be taken into consideration when delivering messages about the vaccine.

This table provides a summary of the key concerns of commonly hesitant groups and which messages should be highlighted in communications to which groups.

This information comes from insight gathered by PHE and Multicultural Marketing Consultancy.

Community	Key Concern(s)	Key things to highlight in communications
Black African / Caribbean	General mistrust, intentions of the vaccine, side effects	- Details on who was involved in clinical trials - Clarity on side effects and safety
Muslim and/or South Asian (Pakistani/Bangladeshi)	Ingredients in the vaccine Side effects and fertility impact	- Clarity on ingredients, side effects and safety - Support from faith leaders
Polish	General mistrust, intentions of the vaccine	- Details on MHRA approval - Details on how the vaccine was developed so quickly
Ultra-orthodox Jewish	Ingredients in the vaccine and permissible by religion	- Clarity on ingredients - Support from faith leaders

The FAQ section in this pack provides information covering the topics to highlight. We are working nationally with faith leaders to secure supportive statements, but you may wish to do this locally too.

Further tips on communicating to different audiences include:

1. Ensure message is delivered in an authentic, relatable way through a raft of credible and relatable influencers.
2. Ensure message is culturally appropriate and is in the right tone and/or language.
3. Engage with groups that know your audience and work with them to co-create messages and content. i.e. staff networks (ethnic minority, Muslim etc), community organisations, religious groups, voluntary groups etc

The World Health Organisation Behavioural Insights Unit have also produced an [infographic setting out considerations for addressing vaccine hesitancy](#).

There are some specific nationally-created resources which you may find useful:

- A series of animations aimed at tackling disinformation about the COVID-19 vaccine, there are available in 17 different languages on the [Campaign Resource Centre](#)
- Vaccination invite letters in 16 languages which point to [further translated information](#)
- [Toolkit](#) of social media content for use by staff, community and faith-led organisations
- Further [collection of social media content](#) addressing particular drivers of hesitancy.
- A [video](#) featuring Adil Ray and other public figures encouraging vaccine uptake
- A [video](#) of Dr Bola Owolabi, our Director of Health Inequalities, providing reassurance of vaccine safety and encouraging uptake
- The government's '[SHARE](#)' [checklist](#), which helps to identify false content, and [NHS.UK](#), [GOV.UK](#) as reputable sources of information about the vaccine and vaccination services.
- Translated social media statics, available on the [Campaign Resource Centre](#).
- Guidance for community and faith venues interested in becoming vaccination sites. We are particularly looking for potential sites in areas with high Black and Pakistani/Bangladeshi populations.



Vaccination location requirements - FINAL

Double click the icon below to open this document

Public Health England have compiled further guidance and tips on engaging with diverse audiences. These are at [Annex A](#).

Useful links

The Green Book chapter on COVID-19: <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

Information for UK healthcare professionals (Pfizer/BioNTech):

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940565/Information_for_Healthcare_Professionals_on_Pfizer_BioNTech_COVID-19_vaccine.pdf

Information for UK healthcare professionals (Oxford/AstraZeneca):

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca>

Information for UK healthcare professionals (Moderna):

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna/information-for-healthcare-professionals-on-covid-19-vaccine-moderna>

Priority groups for coronavirus (COVID-19) vaccination: updated advice from the JCVI:

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020>

Statement from the UK Chief Medical Officers on time between first and second dose:

<https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines>

COVID-19 vaccination e-learning programme: <https://www.e-lfh.org.uk/programmes/covid-19-vaccination/>

Guidance to support COVID-19 vaccine uptake in frontline staff:

<https://www.england.nhs.uk/coronavirus/publication/guidance-to-support-covid-19-vaccine-uptake-in-frontline-staff/>

COVID-19 vaccination programme: FAQs on second doses:

<https://www.england.nhs.uk/coronavirus/publication/covid-19-vaccination-programme-faqs-on-second-doses/>

COVID-19 vaccination: blood clotting information for healthcare professionals:

<https://www.gov.uk/government/publications/covid-19-vaccination-blood-clotting-information-for-healthcare-professionals>

JCVI announcement regarding COVID-19 vaccination during pregnancy and next steps:


<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/04/c1259-jcvi-announcement-regarding-covid-19-vaccination-during-pregnancy-and-next-steps.pdf>

Annex A – Further resources and tips on engaging with diverse audiences

The information below has been compiled and shared by Public Health England's

	Name of resource (link embedded)	Purpose of resource/ further info
1.	Understanding the vaccine and health inequalities	
1a.	[PHE] Annex A: COVID-19 vaccine and health inequalities: considerations for prioritisation and implementation (6 Jan 2021)	Paper to consider the impact on and implications for health inequalities in the prioritisation of COVID-19 vaccines, when they are introduced in the context of initial supply constraints. This paper expands on the considerations informing the Joint Committee on Vaccination and Immunisation (JCVI) interim advice on priority groups for COVID-19 vaccine , and is intended to support the government in planning the vaccine programme; offering further considerations for its implementation.
1b.	Socioecological model of factors influencing inequality in vaccination (from immunisation audit) and potential actions to mitigate inequalities in planning and implementation	The figure shows the factors that influence the process between the intention to vaccinate and actual vaccination.
2.	Operationalising understanding of the vaccine and health inequalities	
2a.	[Gov.uk] PHE Health Equity Assessment Tool (HEAT)	Resources and e-learning to support systematic action on health inequalities and equalities. In particular: PHE Health Equity Assessment Tool: simplified version used in conjunction with Health equity audit guide for screening providers and commissioners . Further learning: e-learning module webinar recording on NHS Futures Applying PHE's Health Equity Assessment Tool (HEAT) in the NHS and wider system (Midlands)
2b.	[SAGE] The role of Community Champion networks to increase engagement in the context of COVID19: Evidence and best practice (23 Oct 2020)	Paper to inform work within the NHS Test and Trace programme around the use of Community Champions Networks to support community engagement in mass testing. Community Champions are volunteers who, with training and support, help improve the health and wellbeing of their families, communities or workplaces. (Key finding) To reach vulnerable groups: Community Champions are more likely to reach individuals that are isolated or marginalised to communicate important health messages and offer support to groups and individuals in their localities.

	[SAGE] Public Health Messaging for Communities from Different Cultural Backgrounds (22 July 2020)	This paper finds that risk communication that is culturally appropriate may promote health protective behaviours which can minimise the risk of COVID-19 in ethnic minority communities. Key learnings include co-production with target community, ethnic minority engagement cell, local messaging linked with social identities, avoiding fear inducing messaging.
2c.	[SAGE] Factors influencing COVID-19 vaccine uptake among minority ethnic groups (17 December 2020)	This paper examines new evidence surrounding vaccine uptake among minority ethnic groups to inform the approach to delivery and implementation of COVID-19 vaccination. Key findings: Barriers to vaccine uptake include perception of risk, low confidence in the vaccine, distrust, access barriers, inconvenience, socio-demographic context and lack of endorsement, lack of vaccine offer or lack of communication from trusted providers and community leaders. Communication and community engagement is essential to overcome these barriers.
2c.	[SciBeh] The COVID-19 Vaccine Communication Handbook: a practical guide for improving vaccine communication and fighting misinformation (7 January 2021)	A practical guide for improving vaccine communication and fighting misinformation. This project tracks behavioural science evidence and advice about COVID-19 vaccine uptake. It is aimed at those who want to know more about the COVID-19 vaccines, how to talk to others about them and, how to challenge misinformation about the vaccines.
2d.	NHSE/I Discussion session on the COVID-19 Vaccine for Inclusion Health populations (14 December 2020)	This session recording covers some of the facts about the vaccine and how we can co-design a delivery model for the vaccine for inclusion health populations in the context of the limitations that are presented by the vaccine's requirements. Inclusion health population include homeless, gypsy, Roma and traveller, sex workers, migrant and people who leave prison.
2e.	Homeless Link - NHS GP access cards (28 Jan 2021)	NHS England have created GP access cards for frontline services to distribute to their clients. The cards are free and set out clients' right to register with a GP, regardless of whether they have a fixed address, ID and whatever their immigration status. You can place an order for your cards via this link . (Please note Homeless Link are collecting this data and passing it on to NHS England and NHS Improvement for distribution purposes). Our privacy notice is available on our website. For further information on GP registrations and vaccinations for staff, volunteers and service users;

		<p>you can watch the recent Homeless Link webinar here.</p> <p>If you have questions or would like to share information on GP registrations or how the vaccination roll out is working in your area, please contact your local Partnership Manager.</p>
3.	Vaccine communication resources	
3a.	<p>[PHE] COVID-19 vaccination publications: A guide for use (Second phase first edition 31 December 2020)</p>  <p>COVID-19_Vaccination_programme_publica</p>	<p>Range of key clinical publications to give to patients, care home residents, eligible frontline health care and social care workers to enable informed consent.</p> <p>Process of translating leaflets has now commenced and will be producing alternative formats that will include the following languages: Arabic, Albanian, Chinese, Bengali, French, Farsi, Kurdish, Gujarati, Hindi, Polish, Punjabi, Nepalese, Romanian, Turkish, Tagalog, Spanish, Somali, Ukrainian and Urdu.</p>
3b.	<p>Race Equality Foundation: COVID-19 Translated Materials Resources</p>	<p>A national resource of written and audio translated materials of the guidance on coronavirus and other information to support those with dementia, their families and carers.</p> <p>The materials have been translated into the following languages: Arabic, Bengali, Chinese, Gujarati, Kurdish, Punjabi, Portuguese, Polish, Somali, and Urdu.</p>
3c.	<p>PHE Covid-19 vaccine resources</p>	<p>Resources include posters, social deployment, media animations, digital screen, emails signatures, explainer videos, NHS staff comms toolkit and social media resources for vaccine confidence.</p> <p>Subscribe for updates</p>
3d.	<p>NHSE/I GP registration campaign</p>	<p>Resources to be made available in due course.</p> <p>This is focused towards population groups who are not typically registered with a GP. For example, inclusion health groups but not limited to people experiencing homelessness.</p>
3e.	<p>NHS Futures Comms Link to COVID-19 vaccination</p>	<p>NHS Comms briefings and toolkits</p>
3f.	<p>COVID-19 vaccine animations aimed at tackling disinformation</p>	<p>These animations are aimed specifically at encouraging uptake in ethnic minority groups and are available in 17 different languages.</p>
4.	Information on vaccine eligibility for workforce	

4a.	[NHSE/I] Standard operating procedure for COVID-19 vaccine deployment programme: Frontline social care workers (JCVI Priority Cohort 2) (14 January 2021)	<p>Supports deployment of vaccinations to frontline health and social care workers in priority cohort 2, as identified by the Joint Committee for Vaccination and Immunisation (JCVI).</p> <p>This SOP is intended to support Local Authorities, the NHS Vaccination Programme, employers¹ of frontline social care workers and care workers to develop an integrated approach, ensuring equitable access to and uptake of vaccination.</p>
5.	General information on vaccination programme	
5a.	Gov.uk Covid-19 vaccination programme (15 Jan 2021)	Documents relating to the vaccination programme: Guidance Training resources Consent forms and letters Leaflets and posters Surveillance Protocols and patient group directions (PGDs) Programme documents
5b.	Gov.uk UK COVID-19 vaccines delivery plan	How the UK government was able to build up a supply of vaccines and its plans for deployment.
5c.	NHSE/I COVID-19 vaccination programme	This resource page includes: Guidance for vaccination centre Guidance for hospital hubs List of hospital hubs and vaccination services Primary care guidance Equipment and consumables provision and supply Vaccination information from other organisations Legal mechanisms Joining vaccine team
6.	Key areas to consider	
6a.	Community Champions	<ul style="list-style-type: none"> Community champions within a specific area should not be dominated by one group or set of leaders such as faith leaders. Community champions are likely to have most impact when they work not merely as peer educators in their communities but are empowered to contribute to planning, refining and evaluating local services At the core of a community champions programme is the autonomy that champions are given to identify activities and settings that will meet the needs of the community.
6b.	Inclusion health groups	<ul style="list-style-type: none"> These groups typically include people who experience homelessness and rough sleeping, Gypsy, Roma and Traveller communities, sex workers, vulnerable migrants and people in contact with the

		<p>justice system. For more information on understanding ‘inclusion health’ click here gov.uk.</p> <ul style="list-style-type: none"> • Delivery model for inclusion health groups through GP registration. Support for inclusion health groups to register through collaboration between VCS and local authorities using right to register with GP access card. • Consideration needs to be given to make Primacy Care Hubs accessible. Strategic operational plan to be shared in due course. • Other services, such as outreach, should be considered to offer the vaccine to some inclusion health groups. • Eligible staff providing frontline care in homelessness services should be identified by the local authority to be included in priority list.
6c.	Ethnic minorities	<ul style="list-style-type: none"> • Co-production and pre-testing of health messages with the target community to identify translation that retains the meaning of the core message and considers the cultural context for the target audience. Consider using audio files and animations. • An active ethnic minority engagement cell for local authorities with health, political, community, legal and academic representatives. This will help understand issues at a local level and build trust with community partners who can act as a trusted source of communication. Community engagement is essential as health messages and vaccine distribution strategies must be sensitive to local communities. • Messages tailored to reflect local realities and consider cultural norms, ensure they promote services that are accessible (e.g. multilingual) and do not disadvantage the target community. • Health messages should be linked with social identities relevant to the target community, highlight risks to specific groups, and include stories from within the local community of the consequences of following and not following guidelines. • Fear inducing messages should be avoided • Multilingual, non-stigmatising communications including vaccine offers and endorsements from trusted sources to increase awareness and understanding and

		to address different religious and cultural concerns
6d.	Emerging findings: improving uptake in migrant and minority ethnic populations	<ul style="list-style-type: none"> • <u>Common reasons for vaccine hesitancy</u> from 2 engagement sessions with migrant community leaders (Turkish, Kurdish, Filipino and East Asian diaspora, Congolese, Greek & Turkish Cypriot): <ul style="list-style-type: none"> ○ it is too new, ○ fear of side effects, ○ do not trust government/NHS motives, ○ among Muslims particularly there are rumours of the vaccine containing pig/lard extract or they feel it goes against their religious beliefs ○ misinformation (largely spread by social media, especially Facebook and Whatsapp), ○ concerns about access, equity and fairness of distribution. • <u>Key target groups</u>: <ul style="list-style-type: none"> ○ those more susceptible to misinformation are the older generations, ○ those with poor English language skills, ○ undocumented migrants ○ those not in secure housing. • <u>Key action needed</u>: <ul style="list-style-type: none"> ○ building trust, ○ combatting misinformation ○ providing clear and accurate information in local languages, ○ leveraging local partnerships • Please note this study is not yet complete and it aims to develop a package of work centred on community engagement and plans to use participatory and design thinking approaches alongside communities to identify potential solutions and interventions. This resource pack will be updated with the report once available.
6d.	Communications	<ul style="list-style-type: none"> • Factors such as vaccine beliefs around safety should be addressed through a communications strategy that is culturally competent and specific, with resources in multiple languages, and using several media (to avoid digital exclusion).
6e.	Collaboration	<ul style="list-style-type: none"> • A collaborative approach to delivery of immunisation programmes, with system partners, is a fundamental part of the role of Screening and Immunisation Teams

		<p>embedded within in Public Health Commissioning in NHS England. These teams have knowledge of their local populations and are experienced in implementing both targeted and universal population immunisation programmes at pace, and in applying a variety of tools and actions to address issues related to equity and access.</p> <ul style="list-style-type: none"> • Links with the voluntary community sector (VCS) and local systems are critical in the roll out of the vaccination in reaching vulnerable groups.
6f.	<p>Addressing health inequalities</p>	<ul style="list-style-type: none"> • Population groups that implementation and communication plans should consider include: <ul style="list-style-type: none"> ◦ Deprivation, age, disability (including mental health, learning disability, hearing and visual impairment), gender, faith and religion, ethnicity, carers and inclusion health groups (typically include people who experience homelessness and rough sleeping, Gypsy, Roma and Traveller communities, sex workers, vulnerable migrants and people in contact with the justice system) • The PHE Health Equity Assessment Tool: simplified version in conjunction with the Health equity audit guide for screening providers and commissioners provides a helpful framework to identify practical action to systematically address health inequalities in the vaccination roll out and communications strategy. • Local systems may find these tools helpful (please see section 2) to enable co-design and co-delivery across the system, where links with the voluntary community sector (VCS) are critical in the roll out of the vaccination in reaching vulnerable groups. Resources within this package contribute to the evidence-base for using the Tool.

If you have any questions or comments on the resources in this Annex, please contact Grace Scrivens (Grace.Scrivens@phe.gov.uk) Health Inequalities Project Manager (PHE)

Annex B – guidance on patients with no NHS number/GP registration

People do not require an NHS number or GP registration to receive a vaccination and should never be denied one on this basis, either when presenting for a vaccine in person, or through the design of booking systems. Local leaders have been asked to take immediate action to ensure this is not the case in your organisation.

If someone does not have an NHS number but is within an eligible group, services should vaccinate now, record locally via a paper system and ensure vaccination is formally documented later. We are working on a longer-term solution, but services should not wait for this before vaccinating.

Access cards campaign

It is beneficial for these reasons and others that people are registered with the NHS. Doing so means that individuals are far more likely to get the health services (including routine screening and vaccinations) they need to stay well, and for the NHS this gives us a better picture of the resources and services needed locally.

In partnership with a number of organisations we are distributing ‘access cards’, both physical and digital, which support the message that everyone is entitled to register with a GP. On the back of the card is the NHS England and NHS Improvement Customer Contact Centre number, for people to use if they have been refused registration.

We are working with VCSE organisations and through Healthwatch England to share physical copies of the cards with the communities they work with. The following resources can also be used by NHS organisations and others in support of the campaign.

- [Digital copy of the access card](#).
- Social media graphic can be [downloaded here](#).
- [‘Welcome to General Practice’ poster](#) which can be personalised with practice-specific information.
- [‘Please come and register with your local GP’ poster](#) which can be displayed in any prominent places where people go for advice and support.

For more information please visit the [FutureNHS platform](#). You may require access to view this page. If so, please follow the steps outlined to request access.

Information on registering with a GP is available here: www.nhs.uk/register

NHS Digital have also recently developed and made available a tool to allow anyone to search for and be sent their NHS number if they already have one – this is available here: <https://www.nhs.uk/nhs-services/online-services/find-nhs-number/>

Annex C: Template copy for letter inviting staff to book second dose

Dear [First Name]

Completing your COVID-19 vaccination

Thank you for taking up your first dose of the COVID-19 vaccine earlier this year.

I know this was such an important moment for so many of our colleagues, and it is great to know that you and they have been benefiting from the high level of protection that the first dose gives.

I'm pleased to say that we can now invite you back for your second dose to complete the course, and give you stronger and longer-lasting protection.

Booking your vaccination appointment

[Insert appointment booking details]

Why this is important

As a frontline worker in the NHS, you are more likely to be exposed to COVID-19 at work.

Completing your COVID-19 vaccination as soon as you can, should protect you and may help protect your family and those you care for.

Like all other medicines and devices, the COVID-19 vaccinations have been granted regulatory MHRA approval to ensure they are safe and effective.

The vaccines cannot give you COVID-19 infection, and will reduce your chance of becoming seriously ill.

However, you will need to continue to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

Even though rates of COVID-19 in the community are thankfully falling, it's more important than ever to help stop the spread of coronavirus, to avoid pressure on the NHS and to keep our workforce healthy.

Yours sincerely,

[Name]

Further information

You can find out why vaccination is safe and important here:

<https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/>