Greater Manchester Equalities Alliance

Covid 19 Vaccination Programme Position Statement

GM=EqAI Working Group
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Hosted by

Greater Manchester Centre for Voluntary Organisation

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Call to Action

The GM=EqAl Working Group has issued the following calls to action:

For Government and NHS England

- To amend the Joint Committee on Vaccination and Immunisation (JCVI) priority categories to include people from communities experiencing racism, regardless of age, and to disabled people who face higher risk due to interacting medical and social factors.

- To provide the regular, granular data that regions, especially diverse city-regions like Greater Manchester, need to understand and react quickly to emerging demographic disparities in vaccine uptake.

- To prioritise local sites for vaccine supply, enabling them to work at capacity with the large regional centres such as the Etihad Stadium as second tier capacity

For the councils, health commissioners and clinicians overseeing and delivering Covid-19 vaccination in Greater Manchester

- To fund frontline groups embedded within communities to tackle vaccine hesitancy within racially minoritised communities, ahead of the JCVI cohorts. One-to-one conversations by phone and other interventions by trusted organisations are the best way to build trust in the process.

- To collate and ensure ease of access to existing vaccine myth busters, community-specific videos and other translated resources, to support volunteers and organisations doing the frontline work.

- To work with voluntary, community, equality and faith-based organisations to ensure people from disproportionately impacted and underserved groups, including people from ethnic minority backgrounds, and people who may not be registered with a General Practitioner (GP), are supported to make and attend vaccine appointments.

- To work with community organisations including disabled people's groups, day centres and places of worship to increase the number of local non-clinical settings for vaccination.

- To work with disabled people's organisations to ensure information, venues and the process of vaccination itself are accessible to disabled people, covering everything from British Sign Language (BSL) translation to measures to reduce anxiety.

For GPs

- To add people to local lists to receive the vaccine early based on a whole person risk assessment, taking into account ethnicity, occupation, disability and other factors that make people more likely to contract or experience severe symptoms with Covid-19.

Introduction

The GM=EqAl Working Group represents marginalised communities with some of the highest infection and mortality rates from Covid-19. This Position Statement reflects our concern that the ongoing vaccination programme will significantly exacerbate these disparities unless urgent action is taken.

There is mounting evidence of lower uptake rates among people from communities experiencing racism, the very ones at highest risk of exposure, infection and death from Covid-19.[1, 2] This will leave them dangerously under-immunised compared with the wider population.

We condemn the Government's decision to omit Black, Asian and other racially minoritised people from the list of JCVI priority groups, but welcome the increasing flexibility that seems to be now entering the system.

In solidarity with our partners in the public sector in Greater Manchester, we urge NHS England to provide the regular granular 'vaccine uptake' data they need in order to understand the demographic differences in detail.

We also want to flag up the importance of attending to access issues which may affect take-up of appointments by people with disabilities and long term health conditions.

GM=EqAl welcomes the Government's announcement of new funds for local authorities to tackle vaccine hesitancy and encourage at-risk groups to take up the offer of a free vaccine.

As a pan-equalities network of grassroots community leaders and equality specialists from across the city region, we call on the commissioning and delivery bodies to draw on the expertise of Greater Manchester's dense web of formal and informal voluntary, community and social enterprise (VCSE) organisations in order to achieve this aim.

Vaccine hesitancy in communities experiencing racial inequality

A primary care network in North Staffordshire revealed last week that rates of non-attendance at vaccine clinics was 10 times higher for people experiencing racial exclusion.[1]

We know from our own personal and professional networks that in Greater Manchester, too, immunisation of older people and frontline health workers from Black and Asian communities is lagging behind other (White) groups.

This situation was widely predicted.

A study from November 2020, discussed in this Science Advisory Group for Emergencies (SAGE) report, found that 72% of black Britons were 'unlikely or very unlikely' to get the Covid-

[1] https://www.gponline.com/gps-raise-alarm-low-uptake-covid-19-vaccine-bame-patients/article/1704790
[2]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

19 vaccine, with higher than average reluctance also among South Asian and Eastern Europeans.[3]

A poll by Queen Mary University of London suggested that 39% of ethnic minority Londoners were likely to take the vaccine, compared with 70 % of White people.[4]

In a survey of 280 people conducted by the Oldham Council of Mosques in December, only 28% said they would take the vaccine if offered, with the rest unsure or intending to refuse.

There are complex social and cultural reasons behind this, many of them rooted in structural racism, just like the excess Covid deaths suffered by our non-White communities. They include mistrust of the Government, the medical establishment and the pharmaceutical industry - a consequence of long histories of unethical healthcare practice and research. Some disabled people are also anxious about the vaccine due to knowledge of historic medical abuse.

According to Professor Sophie Harman, who headed the Queen Mary study "Vaccine hesitancy is not to be dismissed and can be on account of a range of factors – rumour, speed of vaccine development, perception of risk, discrimination – but most important is trust".

Lack of lack of trust in turn means that reassurances about the safety and efficacy of the vaccine are not heard, or people do not think the data applies to them.

> *"These [different ethnic or religious communities] are exactly the groups which have suffered most through COVID. They continue to be most at risk of getting ill and most at risk of dying. So the Government, the NHS and local public health must rapidly and proactively work with these communities. And their most effective ways of working will be with the local community groups."*
>
> Christina Marriott, Chief Executive of Royal Society for Public Health[5]

Case study

An older man from South Asian background received a text from his GP asking him to call and arrange an appointment for the vaccine. Past experiences of poor service and support from the practice meant trust was already low, and he had been hearing rumours for months that had predisposed him to reject the vaccine. After much persuasion from his children he tried to make an appointment, but failed to get through on the phone. He was also unable to successfully use the online portal at his local surgery, leaving him with the only option of driving to the Etihad stadium from his northern borough of Greater Manchester. The extra effort involved in that journey was the final straw in determining him not to receive the jab, and again only extensive input from his family convinced him to do so.

Had he been phoned at home by a well-briefed Punjabi-speaking fellow Muslim who could have booked him in for a local appointment, his attendance would have been in no doubt.

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[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952716/s0979-factors-influencing-vaccine-uptake-minority-ethnic-groups.pdf

[4] https://www.aljazeera.com/news/2020/12/8/why-some-minorities-in-the-uk-fear-a-covid-19-vaccine

[5] https://www.rsph.org.uk/about-us/news/new-poll-finds-bame-groups-less-likely-to-want-covid-vaccine.html

Overcoming vaccine hesitancy

We note that each of the Greater Manchester councils, bar Wigan, have been allocated an average of £500k each to improve engagement with older people, disabled people, people from ethnic minority backgrounds and others deemed at high risk.[6] A key focus is on supporting local volunteers to tackle misinformation and boost take-up of the vaccine among these groups, with the Ministry of Housing, Communities and Local Government (MHCLH) explicitly calling on local authorities to "liaise with local institutions and communities and co-design vaccine uptake approaches with disproportionately impacted and underserved groups."[7]

There is already some excellent partnership working underway in GM boroughs. Just two examples from GM=EqAl member organization: CAHN hosted a Q&A with Black GPs and senior consultants, and Europia is helping broker relationships with the gypsy and Roma community, sharing information from Polish doctors and creating podcasts in an Eastern European accent so that the English is easier to follow.[8] We think collaboration with place based and GM-wide VCSE and faith organisations should be rapidly ramped up before councils think of launching new 'community champion' schemes from scratch.

In preference to expensive public sector communication campaigns, and to avoid duplication, we believe that resourcing local organisations to mobilise their staff and volunteers to offer phone advice and practical support (e.g. organising lifts or translation) is the way forward. Already a wealth of information resources have been developed locally and across the country, such as the AskDoc information videos which are available so far in 12 languages.[9]

The chance to talk one-to-one and ask questions of someone whose opinion and motivations you trust, in a language you understand, is key to overcoming vaccine hesitancy within ethnic minority groups.

We are aware of particular distrust of public services amongst many people affected by the immigration system. Nationality-based groups, religious communities as well as organisations supporting migrants with no recourse to public funds, and people seeking asylum and refugees, will be in the best position to encourage these people to come forward for inoculation.

In a primary care webinar last week, NHS England officials reportedly asked GPs to "do as much as you can to get vaccination to your highest risk populations, mindful of deprivation, ethnicity and all factors impacting Covid-19 risk".[10] They were also told that "Communities with greater levels of vaccine hesitancy or other challenges around engagement and uptake will take longer to reach, so all local areas should ensure engagement is either underway or begins now".

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[6] https://www.wired-gov.net/wg/news.nsf/articles/Community+Champions+to+give+COVID19+vaccine+advice+and+boost+take+up+25012021121200?open
[7] https://www.ft.com/content/b84e332b-0484-4560-b95d-66e59b15fbd5
[8] https://www.youtube.com/watch?v=XGFqlbPbuaQ&feature=youtu.be
[9] https://www.youtube.com/channel/UCuKnnetqTZOVLzfv5nIhUWw/videostps
[10] https://www.gponline.com/gps-urged-use-influence-dispel-covid-19-vaccine-myths-boost-bame-uptake/article/1705190

This focus has been long coming, but it is now here. The essential point is that myth busting and reassurance efforts must run well ahead of the JCVI age cohorts, targeting people who are at high risk medically and / or in terms of exposure to the virus. This includes interpreters, taxi drivers, emergency service workers, transport, retail and other key workers from ethnic minorities in frontline occupations.

We endorse the call by GP, MPs and others for the Government to amend the JCVI priority categories to include people from racial and ethnic minority groups who are most vulnerable to Covid-19, regardless of age, and to disabled people who face higher risk due to interacting medical and social factors.[11] Visually impaired people, for example, are high risk due to the importance of touch in navigating space, while the high mortality rates in the pandemic of Learning Disabled people also indicate they should get priority.

Until that happens, we call on Primary Care Networks, GPs and Clinical Commissioning Groups to exercise any freedoms they've been granted to add people to local lists based on a whole person risk assessment, taking into account ethnicity and other factors that make people more likely to contract or experience severe symptoms with Covid-19. A recent study of 1,737 Covid-19 patients admitted to a London hospital trust last year found that Black patients were 30% and Asian patients 49% more likely to die within 30 days of hospital admission compared to patients from White backgrounds of a similar age and baseline health.[12]

Location of vaccination sites

Elements of the national framework are outside of Greater Manchester control. We therefore add out voices to those requesting NHS England to make GP surgeries and other local venues the priority sites for immunisation, with regional centres like the Etihad Stadium coming second. Having to travel into or across Manchester for an appointment, especially for people relying on public transport, introduces an extra barrier for those in poor health, who have been shielding or who are already reluctant to be immunised for other reasons.

As well as places of worship (including Black-led churches, synagogues and Gurdwaras) other non-clinical settings could include day centres and disabled people's organisations which could take care of any interpretation requirements. Fear of the medical profession and needles could be mitigated by use of such non-clinical and familiar settings.

Options such as roving vaccinations need to be rolled out across all ten boroughs in GM for those who are unable to leave their homes or attend vaccine centres.

Meeting access needs

Access to the vaccine does not begin at the vaccination centre, but includes the information sent out in advance, the booking systems used, transport to the appointment (including costs and safety), support available during the appointment, and information provided both during and after the appointment. Local disabled people's organisations need to be consulted to ensure that all processes, systems and spaces are accessible. This includes accessibility of information (e.g. sans serif, 14-point font; easy read; British Sign Language (BSL) videos;

[11] https://www.theguardian.com/world/2021/jan/18/call-to-prioritise-minority-ethnic-groups-for-covid-vaccines
[12] https://bmjopen.bmj.com/content/11/1/e042140

availability of alternative formats), processes, and transparency of the process – something that is especially important of Autistic and Learning-Disabled people. Anxiety amongst disabled people, including those from communities experiencing racial inequalities, needs to be understood and sensitively handled and not confused with contemporary irresponsible conspiracy theories. Without addressing access barriers some disabled people will be left unable to access the vaccine, and therefore unprotected.

In conclusion

We commend the dedication of our public sector partners to making the vaccine roll-out as effective and equitable as it can possibly be. We also commend reports of some local authorities proactively engaging with their local disabled people's organisations, to ensure that accessibility is embedded within the structures of the vaccination programme. We believe that it is grassroots organisations who can be the catalysts for changing people's minds, combined with effectively targeted operational delivery which builds trust.

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Further information

This statement has followed GM=EqAl practice and avoided use of the term Black, Asian and Minority Ethnic (BAME). More information here.

For more information about the GM Equality Alliance, please see gmcvo.org.uk/GMEqualityAlliance

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