

# Vaccine engagement case studies



Developed as part of a 'Sector Led Improvement' project to collect 'lessons learnt' from the Covid -19 Vaccine programmes.

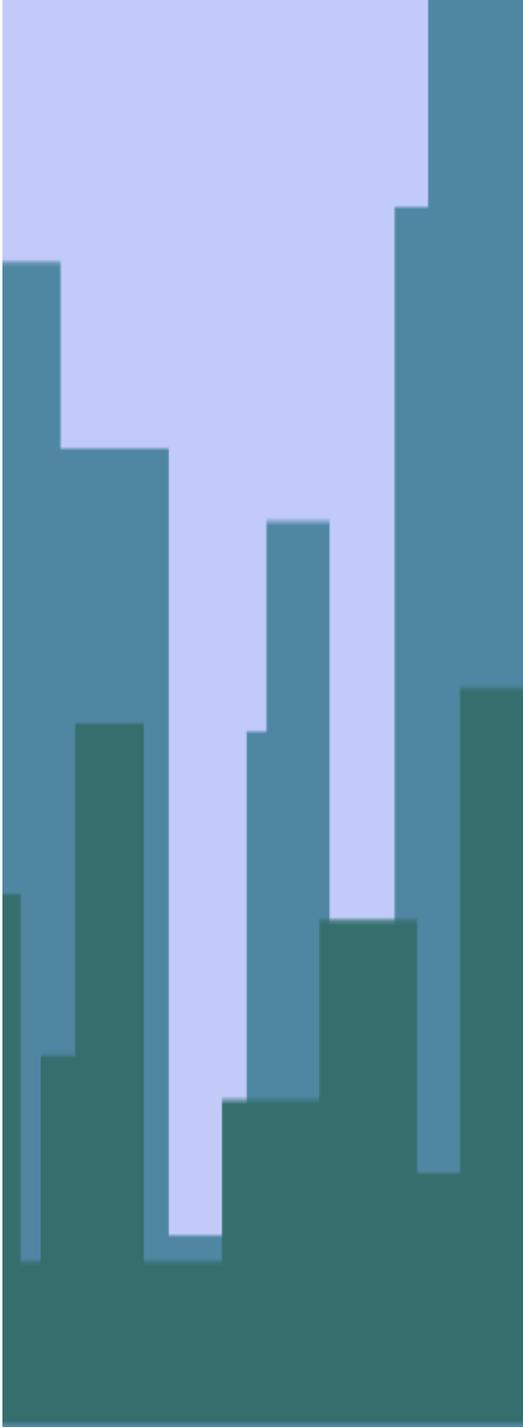
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# Overview

These four London case studies illustrate different approaches to community engagement, overcoming a particular local challenge. They were developed by ADPH London with four Local Authority Public Health Teams as part of a 'Sector Led Improvement' project to reflect on what we have learnt from the Covid -19 Vaccine programmes.

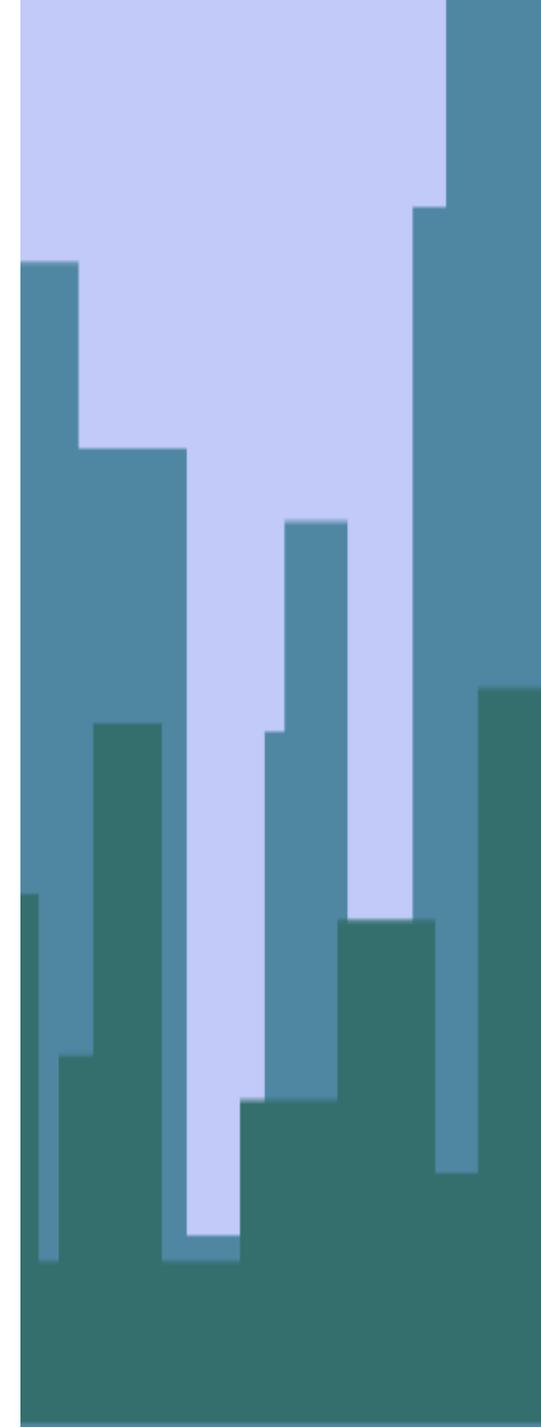
One common theme from the learning is the difficulty establishing connections with some of the underserved communities. A significant amount of distrust and misunderstandings exist between '*government institutions*' and many of our communities. This distrust must be recognised and tackled as part of the engagement process before any myth-busting or campaign messaging can even begin. Without first addressing this underlying distrust risks further deepening distrust and rejection of key public health messages.

Engagement is not a one-way street; it's a two-way conversation. It means understanding what is important to the community as well as communicating what's important to us. Every community has concerns, challenges, cultural norms and desires that are important to them. Be prepared to support the community how they wish to be supported.

Understand what is important to our communities, listen to their concerns because they matter. Ideally you will be co-producing your campaigns with the community to ensure your message meets their needs and is delivered in a way which is acceptable and appropriate.

Maintaining connections and relationships was another common theme. Throughout the pandemic a huge amount of hard work has gone into building these relationships with communities, often from scratch. Trust has been established and communities are working hard to amplify public health messaging. They have clearly shown their important role in supporting local health and wellbeing initiatives.

However, once a vaccination campaign is over, disengaging from the community risks a rapid deterioration of trust, which will be twice as hard to recover. If we wish to engage our communities again in the future, we must maintain those links we have created; continue to justify the trust that our communities have bestowed and meet their needs as they present them to us.



# Engaging with hard-to-reach communities

## The Roma Gypsy Community

Sreeparna Roy, Engagement and Development Officer  
London Borough of Redbridge

### The challenge

Sreeparna Roy started in the role of Community and Development Officer at Redbridge Council during the second lockdown. Her role was to map underserved and under-represented groups and engage with them, initially on supporting those communities through advice and guidance on living safely during the covid pandemic.

For most of these communities, there were clear online presences, geographical boundaries and local venues, such as places of worship and community centres to engage through.

*“At the start, we had to do everything online, doing a mapping exercise to identify the groups. Most of them were already on the radar.”*

Some engagements could take place remotely, *“people were used to (Microsoft) Teams and Zoom calls.”* But not everything could be done this way. *“We went into the borough quite few times, we had to go in to get a better understand of need.”*

**Key learning** – many underserved communities are organised and have some form of online presence; a minority will be much harder to engage with. You can expect to spend the majority of your time and resources engaging with smaller, less accessible communities and groups

One particular community proved challenging to engage with: the Roma Gypsy community. Sreeparna was aware of the community from previous engagement work in other parts of London and noted that community mapping had not revealed a way to engage with them.

The Roma Gypsy community is highly transient and have little access to public services, often living unregistered and under the radar. The community is characterised as living in high levels of deprivation, with little to no access to the internet, and often unable to speak English. There are high levels of distrust of public services leading the community to actively avoid engagement and often preferring to access informal healthcare and support.

### Finding Nick

As a highly transient population there's no obvious community centres to provide a focal point for engagement. Due to the high levels of distrust, direct on-street engagement can be evasive or confrontational.

### The Roma Gypsy community

There is a distinct Roma Gypsy community of Romanian heritage living in the Ilford area of the London Borough of Redbridge. This community has been growing since 2005 and numbers between 1,000 and 1,500 people.

The community speaks Romany Gypsy – a dialect of Romanian but distinct from Romanian communities.

The community suffers from high levels of poverty and destitution, low educational attainment, low levels of female empowerment, lack of online presence and very little community organisation.

The community generally operates under the radar, relying on black-market for goods and services, including healthcare. Families and individuals often live in highly crowded conditions that pose health risks, leading many to seek public spaces during the day to escape overcrowded housing.

Unfamiliarity with the concept of 'free public services' leads to a cultural belief that public services will be charged if used, making services psychologically inaccessible to an already poor community.

Attempts to engage and seek support can often lead to perceptions of discrimination as the community lacks the very basic requirements needed to access services, such as documentation, language and technology. This leads to a strong feeling marginalisation from society and a deep distrust of public sector services.

The community lacks visible leaders to act as conduits or ambassadors. Even specialist charity organisations such as *Roma Policy Support* proved limited in their ability to engage at a local level.

In her search to find a suitable conduit to engage the community, Sreeparna stumbled upon information about a school support worker named Nick who may have been from a Roma Gypsy background.

With only this sliver of information to go on, Sreeparna left messages and her contact details in schools, parents groups, shops, community centres, anywhere that Nick may pick up the message. It was real a long-shot. A week later Sreeparna received an email from Nick who had somehow received the message and her contact details.

**Key learning:** when there's no pre-established foundations for engagement, sometimes word of mouth and patience is the only option

Nick has been working as a bi-lingual school support officer here in the UK and therefore knew and was trusted by families in local Roma community. He had also been a boxer in Romania which helped to make him an ideal role model and engagement lead.

**Key learning:** An appropriate ambassador or champion may be very specific to the community you are seeking to engage with

Recognising the intensity of engagement work needed Sreeparna knew she could not expect Nick to work for free. Sreeparna approached the CCG, who agreed to pay Nick for 8 days of intense engagement work, setting the following targets:

- **Engage directly with 200 people in the Roma community**
- **A minimum of 40% of that figure to be vaccinated, with a target of 60%**



Nick and members of the Roma community at a community vaccination day

A plan was set to engage with 25 people a day focusing initially on school drop-off and pick-up times where Nick was known by some of the parents, visiting homes where multiple generations would live and going to where the locations where the community would congregate.

Nick was essential for knowledge of the people, culture and language. He was able to communicate dispassionately about the vaccine, dispelling rumours and explaining how it was free (a difficult concept for the community that believed they would be charged somehow).

**Key learning** – make it clear that the vaccines are FREE. There may be widely held misconceptions within the community that vaccines will be charged

Men generally spoke to Nick, and women generally spoke to Sreeparna. However, men could appear extremely disrespectful and rude towards Sreeparna. This was, at times very uncomfortable and threatening for Sreeparna, showing the value of having Nick (a big and powerful man) present at all interactions. Over the 8 days Nick and Sreeparna engaged with 380 people.

**Key learning:** Be mindful of cultural expectations. Some communities may wish to only speak to men or women, or in some cases can be hostile towards outsiders, women or people in authority, especially if not vouched for by a respected member of the community.

### **Making it easy – striking when the iron is hot**

The limited access to technology was a significant barrier to the Roma community who are not registered with the NHS, didn't have access to smartphones or internet and are limited in their English language abilities. To overcome this, Nick and Sreeparna booked people for vaccines using a smart phone as they were engaging.

**Key learning:** Strike while the iron is hot and handholding can be essential. Book people in for vaccines immediately

Sreeparna designed simple business cards that showed the time and the location of where the vaccination would take place that could be filled in and handed to individuals. These were also useful in tracking the number of people attending vaccinations by collecting the cards at vaccination sites.

At the time of interview, close to 400 cards have been collected at vaccination centres; phenomenally successful.

**Key learning:** Make it as easy as possible by handing out reminder cards of the time and location of the vaccination

**Key learning:** If you can convince the senior person in the family, the whole family will likely take the vaccine



*Nick and Sreeparna would book vaccine appointments using their own smartphones while talking to residents.*

*Once booked, they marked the business cards with time and location of the appointment and hand it to the resident.*

*These cards would be collected at the vaccination centre to use as a record of the number of people turning up to be vaccinated*

## Community Vaccine Day

The success at engaging with the community prompted Sreeparna and Nick to organise a special vaccination clinic for the whole community so that they could be vaccinated together, with appropriate support to get them to and from the vaccination venue. Sreeparna felt it was important for the community to be vaccinated together, irrespective of age for adults as this would encourage uptake with whole households travelling and being vaccinated together.

**Key learning:** Inter-generation vaccination events are important for getting entire families through the door

They worked with NHS to arrange a special vaccination event at Ilford Town Hall. On this day the centre would prioritise the Roma community, expediting the process by circumventing the usual booking, queuing and registration arrangements at the centre recognising that any kind of delays could dissuade people from following through with the vaccinations.

There was surprising enthusiasm from within the community, especially from men who mobilised and organised themselves as volunteer drivers, ferrying people to and from the vaccine locations. This willingness to organise and support each other illustrates the desire of the community to support each other.

**Key learning:** Some communities may require special arrangements to expedite their vaccinations, guaranteeing their engagement

Nick was the firsts to receive the vaccination at the event and did so visibly in front of the community present. This aimed to demonstrate the safety of the vaccine and build confidence in the community.

**Key learning** – a visual demonstration of vaccine safety from a community role-model can greatly boost confidence and encourage uptake

145 people from the Roma Gypsy community were vaccinated on the day. At the time of writing, over 700 people from the community have so far been vaccinated.



## Opening the floodgates

The initial 8 days of engagement through Nick were so successful that the CCG agreed to continue funding the role for a further 3 months for the second phase of engagement, with weekly reporting to the CCG.

Nick and Sreeparna had won the trust of the community, breaking down long-standing barriers through intense and personal engagements. The overriding message was that the community wanted to feel a part of the wider society, but consistently feel marginalised and persecuted by the authorities.

Where people previously distrusted the council, they were now more willing to engage and explore what support may be available.

Discussions have quickly expanded away from vaccinations and the pandemic to issues that mattered the most to the community. These include wider health and healthcare access, education, housing and access to wider public services (for example: with support from Sreeparna, a parent approached the council for support for an autistic child. The parent had previously believed the council would take the child away).

- **Key learning:** If successful in breaking down barriers and building trust with underserved communities, expect discussions and requests to quickly expand beyond vaccines, to wider health, healthcare and other public services.

Sreeparna has become a trusted community link between the council and the community, and Nick is now a part time Roma Engagement Officer. Their engagements have successfully improved the reputation of the Council within the community and encouraged engagement on wider issues, such as health, housing, education and employment; supporting the community to emerge from isolation.



*Nick is the first to receive the vaccination at the community vaccine day*

# Tackling vaccine hesitancy

## The Black-Caribbean Community in Brent

Gavin Rogers, Communications and Engagement Manager  
Brent Health Matters

### The challenge

*Voice of the community: "If the government is telling us to take the vaccine, then maybe I shouldn't."*

*Voice of the Council: "When we did try to communicate, they didn't trust us."*

Brent borough was one of the worst hit regions of the country for infections and mortality. When reviewing infection and mortality rates the Black Caribbean community stood out as being particularly at risk to both, yet vaccine uptake in this community remained low.

The Black Caribbean community experiences a range of factors that makes the community particularly vulnerable. This includes higher levels of deprivation, high numbers of people working in sectors unable to work from home and multiple generations living within a single family home, including elderly and vulnerable cohabitating with those who needed to travel into work.

Engagement with this community through community champions identified vaccine hesitancy and trust as the two main and interlinked reasons for low vaccine uptake.

### Addressing trust and hesitancy

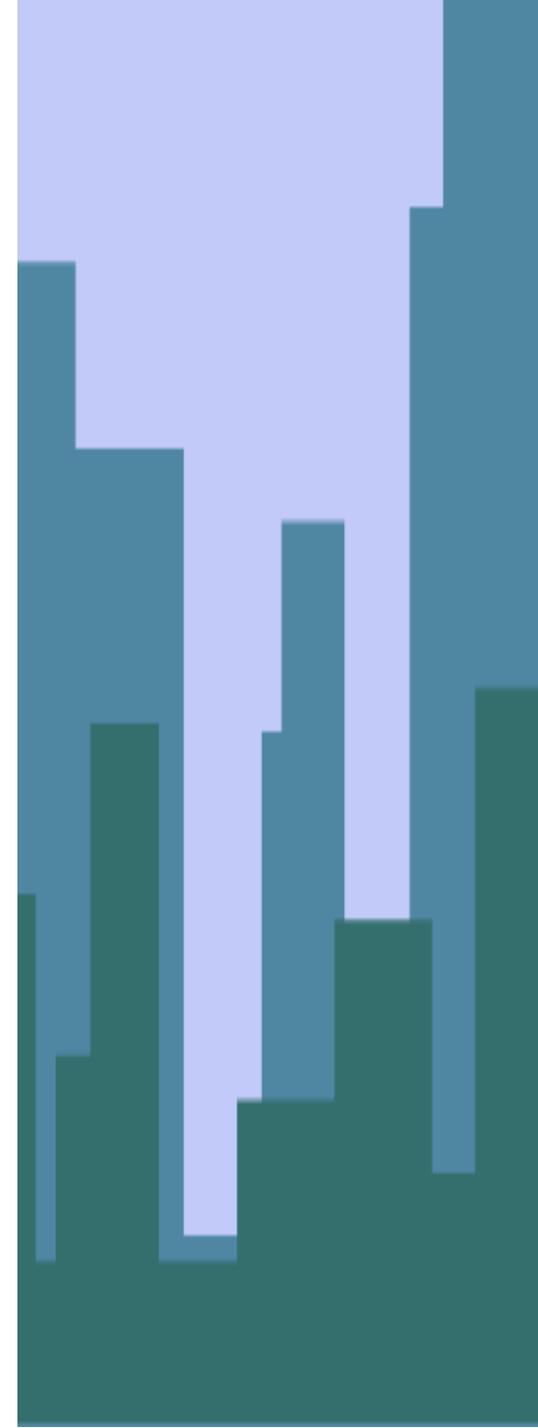
Cultural memory of vaccine and health abuses carried out by governments on the Black Caribbean, and black communities in general (such as Tuskegee Syphilis Study, Alabama and the ethical breaches of the WHO's malaria vaccine study) linked with pre-existing distrust of UK government institutions and feelings and experiences of discrimination.

**Key learning:** If you are starting from a point of distrust, you probably can't change attitudes and opinions. Your attempts to influence behaviours before establishing trust may make things worse. Work with trusted members of the community to understand the context and address the concerns.

Widespread disinformation and legitimate concerns about vaccine development, production and safety (such as speed of development and rumours of undesirable and culturally inappropriate ingredients in the vaccine) added further to hesitancy.

These were real and legitimate concerns of the community. Repeated dismissal of these concerns as 'myths' only further antagonised the community, making them feel ridiculed; reinforcing distrust.

**Key learning:** Never dismiss the views of the community, these are real concerns and must be addressed compassionately



Communications that focused exclusively on the vaccine while ignoring other health factors that were culturally important to the population, such as healthy diet, exercise and supplements only further reduced trust.

**Key learning:** package your message within a broader health and wellbeing context– these things are important to the community

### Understanding the challenge

*“How do we overcome this hesitancy and myth-bust when the community don’t trust what we say?”*

Working with focus groups of Black Caribbean residents (and employees of the Council), the public health and communications team identified young-adult to middle-aged women to be ‘opinion-leaders’ in the community.

This cross-section appeared to be ‘*hesitant*’ rather than ‘*resistant*’ to the vaccines in comparison to older males who would be head of the household.

Women were also more likely to have caring roles within the home and community and so could influence the views of the elderly and vulnerable. Women were recognised for their role in shaping and influencing local attitudes and beliefs and key to engagement within the community.

**Key learning:** You can’t change the views of everyone, some views you will never change. Focus on those you can engage with and who have a role in the community

The language used was also tailored to the audience. Focus groups with community members, Community Champions and internal staff Black Staff Network were critical of the myth-busting style which

came across as dismissive and demeaning, and of how government communications came across as instructive rather than persuasive.

Communications needed to take people on the journey of satisfying themselves of their own concerns, accepting that people’s concerns are real and needed to be addressed honestly.

**Key learning:** Listen to the views of the community, they will provide useful insight into existing and potential communications

**Key learning:** Look for useful insight from within your own organisation – there’s likely good representation of local communities

Most importantly, the message had to come from someone the community trusted and valued, someone of Black-Caribbean heritage and ideally from within the local community.

### Finding an Ambassador

Dr Shaun Wallace, a barrister, university lecturer, TV personality (*The Dark Destroyer* on ITV’s *The Chase*) and well-known member of the community had previously volunteered to support the pandemic response and had carried out promotional activity.

Shaun was well known and trusted with sections of the community that the Council wanted to engage with and understood well the need to communicate as equals and to emphasise his own concerns and hesitancy.

Shaun understood and valued the message that the council wanted to convey of the legitimate hesitancy that the community has for the vaccine. He had his own very personal journey to building his own confidence in accepting the vaccine and wanted to convey the impact of not taking the vaccine has on those around you.



## Development and promotion

The video was produced in-house through the Council's own communications team over a three-day period, published onto YouTube and shared on social media. You can view the video here: <https://www.youtube.com/watch?v=j0uv2rUTksc>

The council paid £560 to Facebook for 140,000 post engagements over two weeks (£0.004 per post engagement). In total the video was partially viewed 300,000 times through Facebook, of which 6,000 watched the video in its entirety.

**Key learning:** Paid social media boosting can have a significant impact on views

The video was also picked up on local and regional news, shared on Twitter by both Professor Kevin Fenton's 22k twitter followers (@ProfKevinFenton) and Shaun Wallace's 91k Twitter followers (@TheShaunWallace).

**Key learning:** Leverage friendly support from those with large social media followings

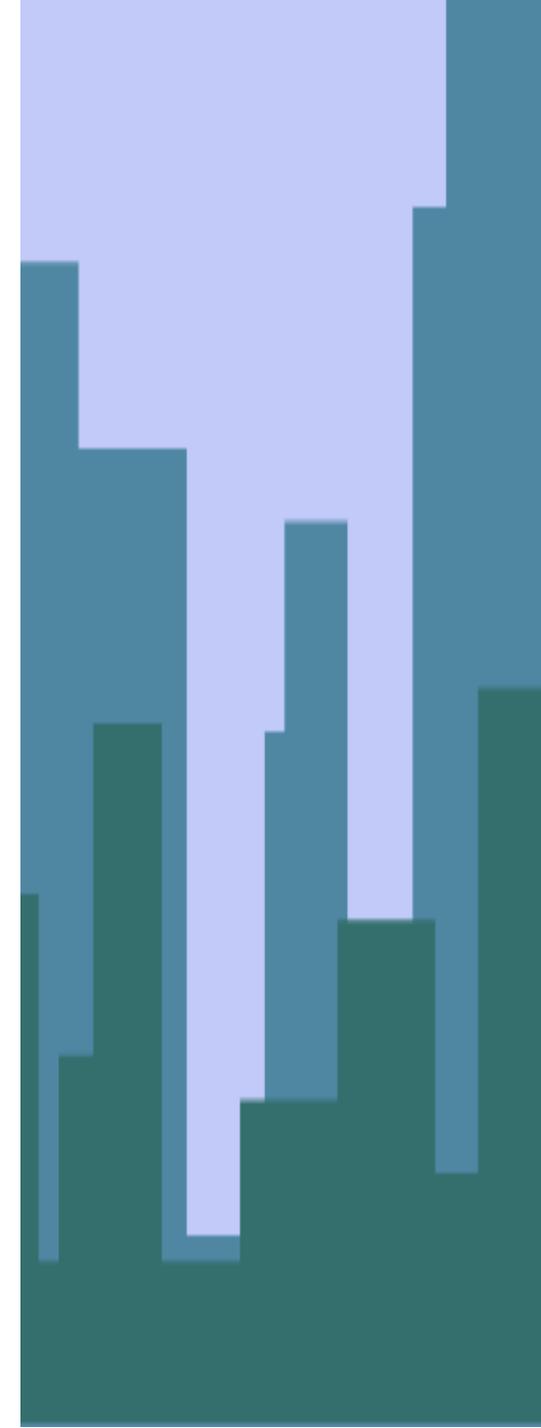
## Impact

It's hard to measure the impact of one intervention amongst many that focused on underserved communities. Efforts continue to increase take-up of vaccines in the Black-Caribbean community using a range of tools and interventions, of which this has been one.

Focus groups have indicated the film has been well received and has led to similar work with local social media influencers on Instagram Live and Tik Tok targeting younger people.

**Key learning:** One single intervention is not likely to achieve significant gains. Any intervention must be used as a package of activity to effectively change perceptions, beliefs and actions of a community

Ongoing engagement has also proved important. There are still hesitant members of the community who are slowly becoming more comfortable with the vaccine as friends and family around them take it up and they can see the improvements it makes to illness.



# Understanding local contexts

## Street surveys in Kingston

Antoine Al Hosri, Public Health Officer and Seth Singh Jennings,  
Behavioural Insights Lead  
Royal Borough of Kingston upon Thames

### The challenge

A good quantity of research on vaccine hesitancy has been carried out nationally and provided to Local Authorities to support them in engagement and raising vaccine levels across all groups.

Kingston Council's Public Health and Behavioural Insights Teams wanted to check that the national research picture reflected the needs of Kingston borough's diverse population and gain insights into local vaccine engagement.

To do this the council developed a behavioural insights survey to engage residents directly on the street; hearing their views, opinions and concerns directly to inform communications and local decision making.

Over a 4-week period, the council engaged directly with over 550 individuals in street surveys. Those engaged came from a range of demographics, providing valuable insight to inform communications styles, messaging and local decision making.

### Background

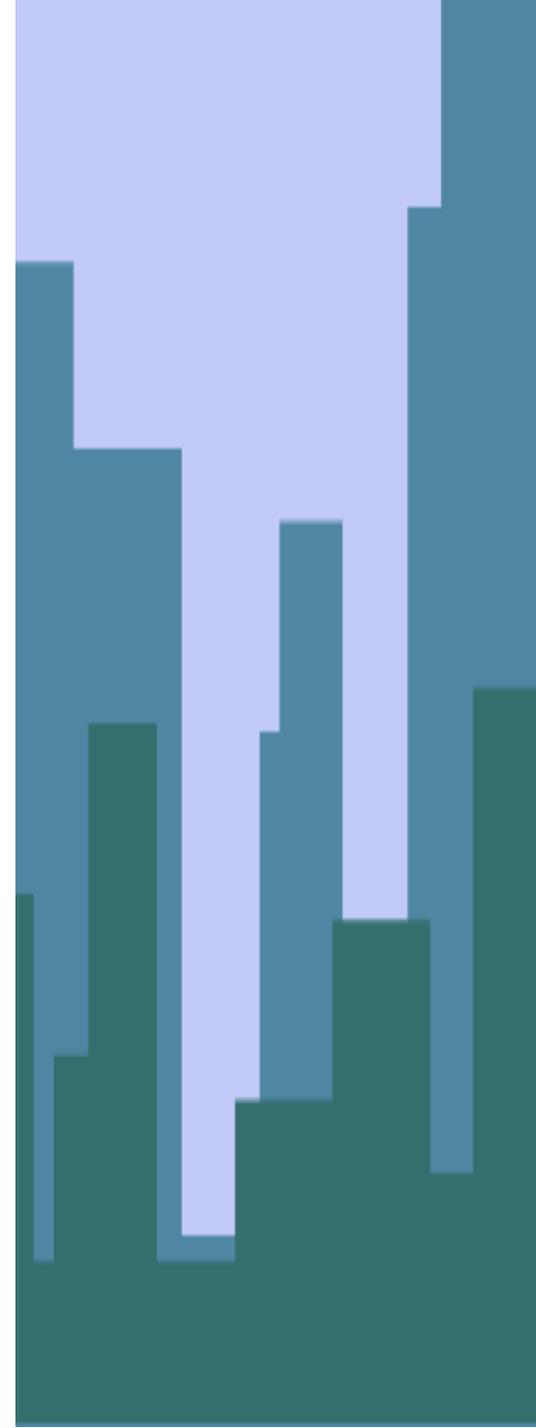
Kingston is home to larger than average Korean and Tamil communities that weren't differentiated in the national research or engagement guidance. Additionally, vaccine uptake in Kingston's Black Caribbean and Black African communities were also much lower than in other groups.

Kingston Council's Public Health and Behavioural Insights teams recognized they needed to know more about these populations, their motivations and hesitations regarding the vaccine to better understand the levers and barriers to vaccination. This would support the council to shape public messaging and adapt communications to their needs.

This would be essential in shaping future engagement, tailoring the messaging so that it would fit the needs of the borough's wide ranging communities, and inform local decision making.

The team wanted to engage with residents of all communities directly, allowing them to discuss their opinions and thoughts on the vaccine in their own words. They wanted to achieve a deeper understanding of the hesitancy of their residents to the vaccine, but also recognised traditional engagement often meant communicating through representatives of those communities, rather than with individuals themselves:

*"We often think that our hard-to-reach groups are represented by individuals such as faith and community leaders who sit on community groups and VCS. This doesn't always give the full picture. We wanted to hear from local people where they live and to let them talk about the vaccine in their own words. We didn't want to miss the obvious that only they could tell us."*



## Developing the approach

Kingston collaborated with neighbouring boroughs to explore options for engagement, seeking to learn from their experiences. There was already excellent knowledge sharing between councils in the local region, and excellent regional professional networks for both public health and communications that supports sharing of ideas, experiences and collaboration.

**Key learning:** Learn from experiences of other regions and localities on what worked or didn't work. There's likely opportunities for collaboration and sharing of experiences to support your approach

After exploring experiences of neighbouring authorities, particularly the viability of on street surveys, Kingston designed a dual approach to surveying their residents: firstly, an online survey based on national standards that could be promoted through the council's digital channels that would have a wide-reach.

Secondly, a more challenging in-person on-street survey to probe individual views and opinions in more depth, providing a highly personal perspective.

## Using existing resources

18 officers, who had previously worked in the local Test and Trace service, were invited to support this project. These officers had spent months talking to the community and understood the public health messaging and so proved ideal.

**Key learning:** Use existing staff who know the communities and messaging

All staff were trained to engage the community and to conduct the survey on the street, entry and exit strategies and confrontation avoidance.

To explore key issues for individuals they were trained in information finding techniques to explore personal reasons for taking or not taking the vaccine.

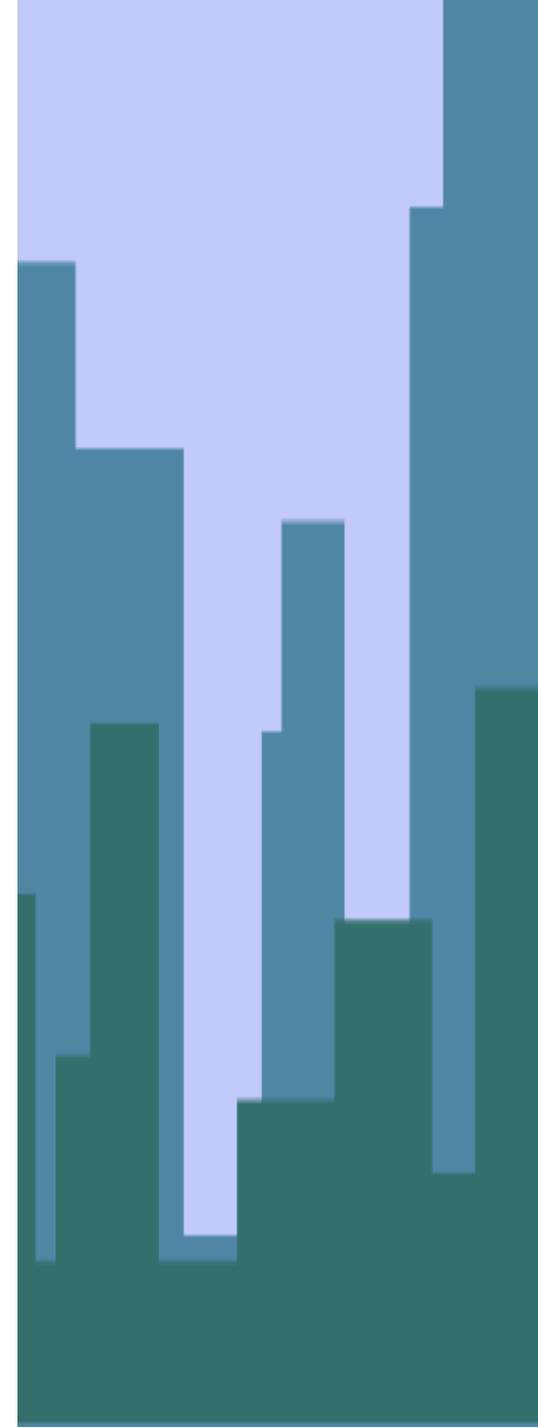
**Key learning:** Do not underestimate training needs, engaging with people on the street is a very different challenge to telephone engagements

Survey teams were equipped with a *Frequently Asked Questions* datasheets that was continuously updated throughout the project to provide consistent fact-based answers to recurring questions.

Care was taken in selecting locations to place the survey teams. The aim when selecting survey locations was to find the right places based on footfall in localities with lower levels of vaccine uptake.

To act as an additional incentive to attract residents to take part in the survey, all residents were offered a £5 local shopping voucher.

**Key learning:** Small incentives, such as shopping vouchers can greatly increase participations



## The findings

The online survey was unsuccessful in reaching local communities. Responses were few, potentially due to a lack of incentive, and failed to capture meaningful and useful insights that could be used to improve local messaging, instead being used as an outlet for complaints about the vaccine.

The street survey proved more effective and valuable. The project achieved over 540 direct engagements over the 4 weeks period, far more than the 200 target originally set. Residents were more willing to talk to the street survey teams than expected and the questionnaire had to be redesigned to allow views and opinions of residents to be expressed and recorded earlier during engagements, removing some of the early filtering questions.

**Key learning:** Enable a conversation, people want to talk about their experiences and opinions and may not appreciate a set of yes/no questions. Allow them to express themselves as early as possible in the engagement

**Key learning:** When given the opportunity, and without additional pressures, residents are likely to want to share their opinions in detail

## Impact - How did the research change the approach of the council and the partnership?

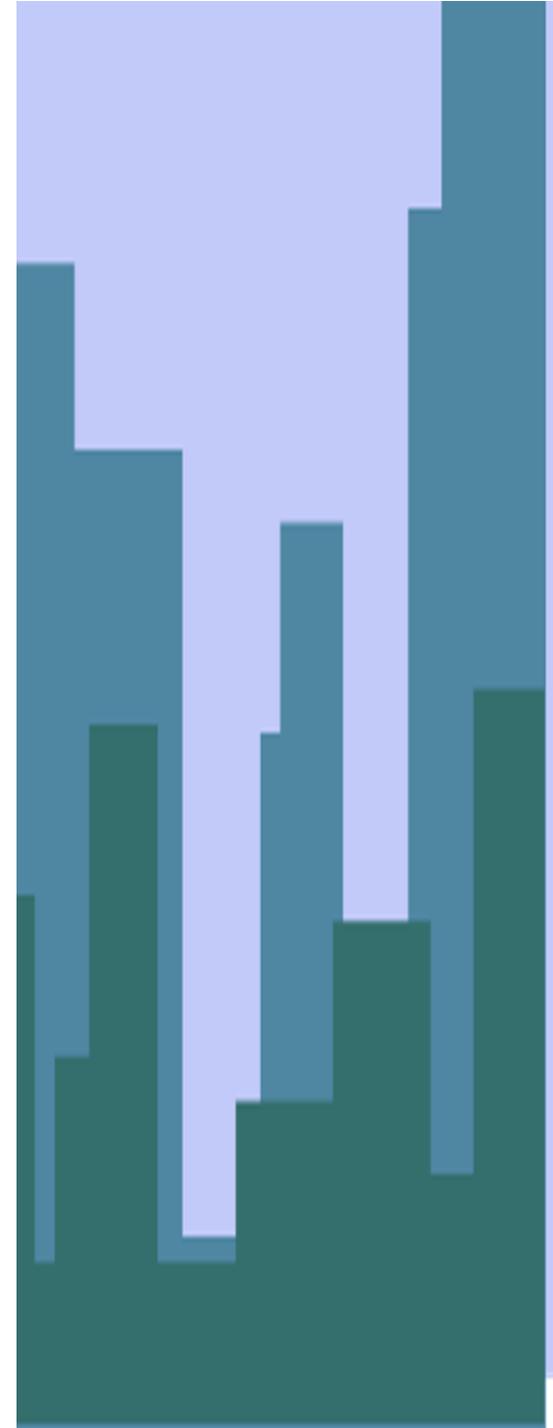
The project succeeded in confirming the national research for local contexts, with some notable exceptions and specific particularities to the borough that allowed the team to adjust their approach to community engagement.

As a result of the survey insights, the council simplified how information on vaccines were accessed online, emphasising where and when residents could access vaccines. Walking maps were produced for each vaccination centre. These were frequently updated and shared regularly on social media and local news outlets. The survey found that prior to this approach residents often felt information they were receiving was out of date, inaccurate or recycled information. The council started date marking all maps and communications, and frequently refreshed these to give people confidence the information was relevant and current.

**Key learning:** Date stamping communications and maps gives people confidence that the information is current and accurate

The findings showing a lack of trust in government and its 'representatives' led to a shift in local communications to focus more on messages from the communities, shaped by voices in the community. Messages and video testimonials from local groups, community representatives, faith leaders and residents were brought to the fore and showcased on YouTube.

Messaging and communications were translated in the top 10 local languages and then targeted at online spaces people used. This included purchasing advertising space on Korean sports websites that appeared popular with local Korean residents.



## Pausing engagement to avoid a tide of apathy

One of the hardest decision the councils took was to step-back vaccination campaigning to avoid an increasing *'tide of apathy'* as residents become jaded from continuous messaging.

The engagement programme has been paused from August 2022 to allow for a gap between vaccination communications up to this point and the scheduled NHS vaccine booster rollout in Autumn, prolonging the longevity of the messaging and allowing for a concerted campaign when needed.

**Key learning:** Sometimes you may need to make a strategic decision not to continue campaigning to prolong the lifespan of your engagement programme; to avoid over-saturating the message and to allow new, concerted campaigning at key times

## Costs

The survey staff were sourced from the Test and Trace team funded through the Control Outbreak Management Fund (COMF), and were released as the Test and Trace service was decommissioned. Staff were employed for a 20 days period (one month) to work 5 hours per day.

Behavioural Insights expertise was funded through COMF.

£2,500 of local shopping vouchers were purchased as incentives (£5 per person).

## *"I'll be fine"* – results from the surveys

Key concerns from the unvaccinated cohort included:

- Immediate side effects of the vaccine that had been experienced by others
- Pace of development of the vaccine and perceived lack of research and testing
- Lack of long-term research into side-effects of the vaccine
- Those with concerns were not 'conspiracy theorists' but had legitimate concerns and wanted reassurance the vaccine was safe
- The most reluctant were often those who regarded themselves as 'healthy', 'pure' and 'natural' and did not feel they were in an at-risk group. This group often expressed the belief that they would be fine if infected and expected to fully recover. These perceptions were prevalent in all age groups up to people in their 60s
- Lack of trust in the government, especially with regard to perceived scare-mongering over the true impact of the pandemic and the effectiveness of the vaccines (*"why do we have to keep taking more vaccines if they are effective?"*)
- Some people didn't know where to get a vaccine or even that they were eligible
- Those who had only received one dose of vaccine often commented that *'life had got in the way'*, rather than any hesitancy over receiving their second dose

# Improving vaccine accessibility

## 24hour vaccination clinics in Haringey

Emer Forrest, Covid Communications Manager  
London Borough of Haringey

### The challenge

In December 2021, the country was in high alert with Omicron and everyone was being urged to get vaccinated. The new variant was proving to be highly transmissible, and the number of cases hit record daily highs.

The Government responded by changing the target to vaccinate all adults by the end of January, bringing it forward by a month, to the end of December. Eligibility for the third booster dose of the vaccine was opened up to all adults aged 18+ and to reach the new jab target, certain other medical appointments would need to be postponed to the New Year.

The public response to this 'Omicron Emergency' was evident in the increased demand for vaccinations. This put considerable strain on vaccine centres leading to long waiting times for residents keen to get vaccinated in time for Christmas, all too aware of the threat of another Christmas lockdown.

**Key learning:** Delivering increased vaccination capacity at a time of heightened demand can enabled vaccination centres to maximise its vaccination take up

### 24-Hour Jab-athon

Although there were ample vaccine clinics across Haringey offering pre-booked and walk-in appointments, there were large queues and long waits forming during inclement weather to get vaccinated.

The 24-hour vaccine clinic was a response to this huge increase in demand for boosters and vaccines in London. As Omicron cases soared, the threat of additional restrictions being re-imposed was a strong incentive to many to get protected before meeting family and friends for Christmas.

**Key learning:** Increased national messaging will likely translate to increase local demand. Be prepared.

The 24-hour Jab-athon was initiated in Haringey, to enable as many people as possible to get vaccinated during this period of heightened demand. The opportunity to deliver extended capacity outside of normal working hours, was also seen as key to facilitate those who would struggle to get vaccinated during normal working hours at a very busy time of year.

It was felt that this intervention would be timely, would suit those who found it difficult to get vaccinated during normal working hours, and would enable the vaccine centre to maximise its vaccination efforts and play its part in helping achieve the targets set by Government.



**Key learning:** Not everyone can attend vaccination clinics during normal working hours. Aim to improve accessibility by varying opening times and locations.

The Lordship Lane health centre was already serving as a vaccination centre and located in an area of high deprivation where up to this point vaccine take-up was relatively low. The surge in demand seen at the time presented a great opportunity to reach people who under normal circumstances proved to be vaccine hesitant.

In addition, the timing of the Jab-athon was to coincide with when schools had broken up for the Christmas holidays, offering an opportunity for everyone aged 12+ to get vaccinated together.

### Delivery

Logistics and communication were key to enabling this intervention to happen. The mobilisation of the Jab-athon required a coordinated effort from the North Central London Clinical Commissioning Group (NCL CCG), The Morris House Group Practice, Haringey's Federation of GPs and Haringey Council.

Morris House Group Practice secured sufficient vaccinators, vaccine stations and supply of Pfizer vaccine to enable it to deliver at pace throughout the 24-hour period.

The Federation of GPs facilitated the deployment of vaccinators, volunteers and support.

The NCL CCG ensured a good supply of vaccine and helped with communicating the event through its channels and media contacts.

This resulted in high interest from the media and the BBC Breakfast film crew doing several live broadcasts from the vaccine centre on the day. There was also significant presence from other media outlets including Sky News, The Guardian, Evening Standard and BBC London.

Haringey Council took the lead on mass communication of the event using digital and traditional channels and harnessing its network of community partners to spread the word.

**Key learning:** Effective interventions require partnership engagement, planning and action, combining resources and strengths

### Impact

The 24-hour Jab-athon was a huge success. Overall, the clinic delivered over 4,500 vaccines – a combination of 1st, 2nd and booster doses. This is equivalent to the number of vaccines delivered at the mass vaccination clinic at Tottenham Hotspur Stadium in all of June and July 2021.

There was intense media interest in the Jab-athon due to its novelty and fresh approach. The BBC Breakfast film crew attended on Saturday and Sunday, delivering live broadcasts of interviews with clinical leads, volunteers and members of the public.

An image of the Jab-athon poster outside the clinic even featured on the front page of The Guardian newspaper on Saturday 18 December.

The Mayor of London, Sadiq Khan spoke about the Jab-athon during an LBC radio broadcast and tweeted and retweeted several posts to promote and commend the initiative.

There was significant traction and interest more generally both nationally and in London and coverage flooded media outlets throughout the weekend.

**Key learning:** Leverage endorsements and promotions. Innovative ideas will often attract greater interest.





Prime Minister Boris Johnson visits the Lordship Lane Jabathon

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