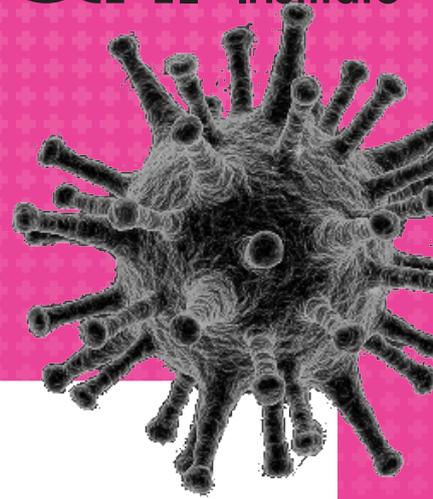


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Roving Covid vaccinations for people experiencing homelessness



1/

Personal details

Name: Kendra Schneller

Job title: Nurse Practitioner

Employer: Guy's and St Thomas' NHS Foundation Trust

2/

Please describe your practice innovation.

Since the start of the pandemic, our team have worked in partnership with various non-NHS organisations, to ensure that our disadvantaged clients were also protected from the devastating effects of the coronavirus. Particularly as when we were told to stay at home, a lot of our clients either did not have a home or were in unsuitable/unstable accommodation. When vaccines were starting to be developed, we as a team, knew that it would be difficult for clients to not only be able to access the vaccine but also be recognised as a priority group to receive the vaccine. The cohort includes clients who are experiencing homelessness and/or refugee, and/or asylum seekers, and/or with addictions, and/or frequent attenders of A+E, and/or rough sleepers and/or people involved in street-based sex work. Once they were seen as a priority group by the Joint Committee on Vaccination and Immunisation, under the mitigate health inequalities section, we quickly mobilised to ensure our clients could be offered and receive the vaccine, along with the other priority groups already identified.

We looked at various ways they could receive the vaccine, one of which was working with the GSTT vaccination team, to set up roving clinics. My team would liaise with the managers of the sites, to promote that the vaccine would be given on site and ascertain numbers of clients who said they were interested. We would then request a list of names and dates of births of clients, including whether they had a positive Covid test in the last 28 days and which language they speak. We would then ensure to get their NHS numbers (if known) and then send a spreadsheet onto the vaccine team, with address details of the site, numbers of vials potentially needed and who to contact on the day. Once this was confirmed, we would discuss in our weekly Monday morning meetings and plan which day and site the vaccine would be given. We also look at staffing levels, depending on the site and numbers of clients that were to be vaccinated. Initially this would include the number of nurses to be signed off and who would be assessing but also included the matron on call, operational lead, clinical lead, prescriber, operational staff, and outreach staff.

A week prior to vaccination day, I would check in with management of the site to ensure that they remind clients when the team would be there, check on numbers (whether less or more), so that the number of vials could be adjusted prior to the vaccine team ordering them. On the day of vaccination, I would arrive early to ensure the venue was set up and ready once the vaccine arrived. Depending on numbers of clients to be vaccinated, I could be supporting with assessing, vaccinating, keeping the queue flowing, speaking with clients and contingency planning by contacting other sites, if there was surplus vaccine. We would provide information in languages that the clients spoke and would provide them with a letter, when their second dose would be due, along with their Covid vaccination card.

3/

How has this enabled you to treat/support patients / residents/families/carers more effectively and safely?

This method has ensured that our clients were placed in priority group 6 for the vaccine, were able to receive the offer and the vaccine that ordinarily they would have had difficulty to access. We know that our client group are considered 'hard to reach'. It was important for us to change that mantra and ensure that our service was easy for our client group to access, hence the continued provision of face-to-face contact and bringing the vaccine to people, rather than the people to the vaccine. By working closely with the Trust's vaccination team and the managers of the hotels, day centres and hostels, we were able to quickly mobilise clinics to provide the vaccines, so that clients could be protected from the virus, in a timely manner and prevent potential serious illness, should they encounter the virus.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

Working in this way with the roving team, has increased their awareness of the client group and some of the disadvantages they face. It has also improved our interpersonal working relationships. We have developed a standard operating procedure and we are in the process of writing up the various models that we have developed to get the vaccine to our client group. The project has not always been successful at each of the sites we went to but in time, this has strengthened the way the community and the acute care teams work together, to provide access to vaccines and a person-centred service to the client group. The acute team were able to see first-hand, how our team works with the client group and the relationships we have them. This allowed for modification of how the assessment and vaccination process was carried out, all whilst still working within the protocols of the Trust's vaccination programme.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

This is a temporary way of working, whilst we are still seeing the effects of the pandemic and the roll out of the vaccination programme. The plan is for our team to be able to provide these vaccines routinely as required, should we need to provide booster doses, as we do with all our other immunisations. The hope would be that there is a single dose vaccine that is developed and is stable to transport to sites and to use on outreach. We are looking at having several models of providing roving vaccinations, to ensure that the clients will continue to be able to access them in a way that they can.

6/

Please describe any new and continuing challenges you had to overcome.

New challenges have been ensuring there are rigorous contingency plans in place to ensure no waste of vaccine. Often meaning having other clients on 'stand by' in the vicinity of where the vaccinations were taking place. Another challenge was providing enough privacy in the open spaces where the vaccines were being given. This was particularly pertinent to our female clients and moreover those women from a Muslim background. Another challenge was that our clients can often be dispersed at short notice or move on or be evicted etc. so when it came to doing second dose vaccinations, the numbers were lower than the first dose ones. Also, the nurses have undergone e-learning, immunisation training and be assessed completing paperwork, drawing up and giving the vaccine. The latter part was done during the vaccine clinics, which meant that clients were able to start receiving the vaccine as early as March 2021. Language was also a challenge, particularly when it was a less common language, which meant a longer wait time for a translator. A continuing challenge has been how our client group continues to face discrepancies in care and a lack of awareness and understanding to their needs. Our team continues to be the voice to our client group and ensure that they receive equitable access to care.

7/

Please list any websites, online platforms or apps that have helped you.

The working model was devised in house.

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-Covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-Covid-19-vaccination-30-december-2020>

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-Covid-19-vaccination-advice-from-the-jcvi-30-december-2020/annex-a-Covid-19-vaccine-and-health-inequalities-considerations-for-prioritisation-and-implementation>

8/

Please give any quotes from individuals/family members/carers, or other relevant information.

'Thanks for sorting that vaccine out.' Client quote

'I don't know where I'd be without your team.' Client quote

'It went so well... It shows that the model works well...the vaccine can safely and effectively be administered to marginalised communities...'

Staff member feedback

4

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Staff feedback

