Case Study: Devon Partnership NHS Trust 2021-2022

Issues to address

People with a diagnosis of a severe mental illness or learning disabilities were identified by the Joint Committee on Vaccination and Immunisation (JVCI) as one of the highest priorities for receiving the Covid Vaccination. It was essential that we developed services to enable people within the Trust to access Covid Vaccination at the earliest opportunity. This included ensuring access for those who were admitted to our inpatient services as well as supporting those who were struggling or reluctant to access the vaccine in the community.

Service

Devon Partnership Trust have held a few initiatives within the Covid vaccine programme for people with a diagnosis of severe mental illness or learning disabilities, focusing on different areas of care including inpatients and community services.

Inpatient care

We started with a focus on inpatients, which we have had a good uptake from. With first vaccine doses being at 76% and second dose in August 2021 was at 64%.

During the pandemic, we ran regular sessions to ensure that all people admitted to our inpatient wards had the opportunity to receive their first or their second dose. The vaccinators were experienced mental health and learning disability nurses. We have worked with the wards to help prepare them, ahead of coming in to give the vaccine. We have let patients know what day we will be coming in and for those unsure about having the vaccine we discussed it with them in advance. For those unable to make the decision we have done a mental capacity assessment and worked in favour of the best interest of the patient so not to force it on them. We have done this by looking at their previous vaccine history and spoken to family members to help with the decision.

We have since adapted how we provide the vaccines and now run a monthly vaccination programme with a team of three dedicated staff members, who visit the inpatient wards to offer and administer covid vaccinations. When this launched, we didn't have dedicated staff but upon evaluating the service we decided it worked better with dedicated staff. The three dedicated staff members are 2 nurses and an administrator. One of the nurses oversees the programme and deals with consent and capacity issues, the other nurse administers vaccine and the administrator completes the record on the National vaccination system and patient notes.

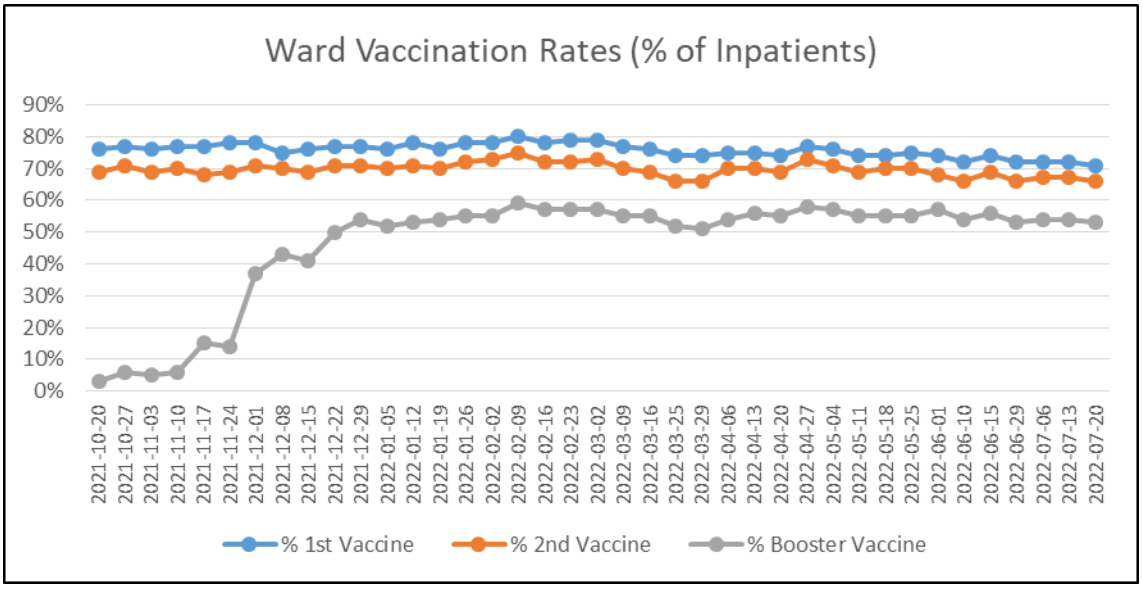
There is a lead nurse who goes out with the team on a monthly basis, she looks at the data to work out who needs their booster and who hasn't had their Covid-19 vaccine yet. The programme is set up for people on all of the wards apart from secure services as they have a physical health team who lead on the vaccines for their patients. [. The three team members have still managed to reach people who haven't had their first or second Covid-19 vaccine yet and have provided it to them, this can be for a

number of reasons and the team work with individuals to talk though any concerns they have, including having read about any incorrect or outdated information.

The secure service, works differently as they have a dedicated physical health team which include a GP and nurse that work across the site with patients. They know the patients and have built relationship with them, so they provide all the vaccines for their patients.

Alongside the Covid-19 vaccine, all the inpatients are offered the flu vaccine, this is for a number of reasons, including the risk is higher being when all inside the wards together. All staff are also offered the vaccines to help protect them as well as the patients.

The following graph shows the uptake figures on our inpatient wards over time for 1st and 2nd doses:



Community care

We worked with local primary care networks (PCNs) to increase the uptake of vaccines for people with a serious mental illness or learning disability in the community. This involved supporting people to receive their vaccine, in some cases supporting individuals to attend the vaccination centres and other areas pop up clinics and a vaccine bus were set up to make the vaccine more accessible.

During early 2021 we ran pop up clinics in partnership with the PCN in a couple of our community mental health team bases, in an environment familiar to people, facilitating an increased uptake of the vaccine. People were actively called and invited to attend the pop up clinics.

During early 2021 we ran a vaccine bus which was part of a national initiative to enable people who would otherwise struggle to access the vaccine was organised at sites in Devon. The bus provided a more accessible location for people to attend and enabled people who may not be registered with a GP to also receive their vaccine. People were phoned and invited to attend the bus to receive their vaccine.

We are now working with the vaccine centres instead of running the vaccine bus and pop up clinic, this is following a review and noting that they no longer had as high attendance as the vaccine centres. The vaccination centres have been supportive of patients' needs and at times staff from the trust have attended appointments with the patients.

People who struggled to attend any of the vaccination sites were supported with transport or support workers. The mass vaccination centres supported us by reducing the time which people needed to wait and making adjustments as required.

Clozapine clinic

During the pandemic anyone with a diagnosis of severe mental illness, who had been taking Clozapine, were a priority to receive the vaccine. We run a clozapine clinic which enables people to have the routine monitoring checks every 1 to 4 weeks, which is required alongside their medication. We worked in partnership with GP surgeries to establish who had already received their vaccine and the clozapine clinic staff contacted all of those who had not yet received the vaccine and supported them to access it, either helping them to book an appointment, supporting them to attend the vaccination centre or arranging for them to have the vaccine at one of our clinics. The vaccines though the clinic has now finished as there was no longer the need, as the community service team have developed and become more established.

Challenges

One of the main challenges was that the trust does not have our own supply of Covid vaccine, so we worked with the PCNs to get the vaccine though the Clinical Commissioning Group (CCG) ahead of the appointments. This meant at times we needed to organise for patients to attend the vaccine centre instead. We made sure they were supported with traveling there and having someone with them if needed and then had them fast tracked when arriving at the vaccine centre.

Staffing is always an issue. People have been keen to be part of the vaccine programme, however we needed to be careful as to which staff could be involved so not to be understaffed in other services. We were impressed with how many staff took on extra work on their days off or volunteered to do it unpaid and linked with the vaccine centres to support the community during the pandemic.

Ensuring that we had informed consent and supporting those who lacked capacity to consent to the vaccine was a big challenge to make sure it was done ethically with the patient at the heart of the decision and to have their family/carers part of the decision if they weren't able to consent themselves.

We now have a regular team which has helped the challenges around providing the vaccine and talking though concerns that patients might have. The challenge we are now finding is vaccine fatigue, where people have shared that they feel they have had to many vaccines and don't want any more.

We are looking to improve the 'every contact counts' initiative, where we look at people's general health not just mental health and includes the vaccines.

Successes

The biggest success has been the continued uptake that we managed to get in working with patients. Every month when the team go around to provide the covid vaccine, they have managed to reach at least a few people who have never had the Covid-19 vaccine until then.

The other key success has been the work we have done with our partner agencies to ensure the best outcomes for people, working with local PCNs, the Integrated Care Boards (ICBs) and mass vaccination centres to ensure everyone is able to access the vaccine.

Learning so far

We had planned to do the Covid and Flu vaccines in a joint programme but upon evaluating, we decided to keep them separate. The main reasons for separating the two programmes was that we feel that the chances of individuals having side effects would be higher with having both vaccines at the same time, so we prefer to provide them at different points. We also felt that in running both together, the key messages would be weaker for each vaccine. The supply and organisation of each programme is also very different. This could evolve again in the future, but we are currently finding it is working better to do them separately.

We are keen to grow and learn along the way. We have taken into account our learning throughout the process and have used this to make improvements and adapt our approach.

Each year we review the flu programme at the end of the vaccine period to look at how we can improve the following year and this is something which now has expanded to include the covid vaccination programme. Changes made as a result of this last year included the reintroduction of flu peer vaccinators to the wards to increase uptake – these are nurses who work on the ward who are trained to be vaccinators. They offer vaccines to staff and patients on their ward, using the relationships which they have with each to encourage them to take up the offer of a vaccine. This was stopped during the pandemic due to operational pressures but was reintroduced this year as the benefits of this approach were recognised. The main change to the covid vaccination programme was the introduction of a dedicated team to run the roving clinics on the wards.