

BSW CCG Governing Body Meeting in Public 22 July 2021

Questions Received

Questions 1 to 21 received from Mr Jonathan Sheldrake:

1) Is there now clear official guidance to PCR test patients before they leave hospitals to stop spread of COVID 19 to the community

Testing guidance for patients sets out the need to test on the day of admission, at day 3, days 5-7 and then undertaken regularly for the duration of the patient's inpatient stay. In some areas testing is undertaken 48 hourly dependent on risk assessment. All patients being discharged to care homes or another care facility receive a test 48 hours prior to hospital discharge, with results determining appropriate care pathway on discharge. There is no national testing requirement to test patients before discharge, being discharged to their own homes.

Further information can be found online as follows:

COVID-19 infection prevention and control guidance (publishing.service.gov.uk)

Briefing template (england.nhs.uk)

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/key-actionsboards-and-systems-on-infection-prevention-control-testing-23-december-2020.pdf (england.nhs.uk)

2) Is there also clear guidance that windows need to be open in doctors surgeries pharmacies and hospitals to help stop spread of COVID 19. This is of real importance going forward given increased transmission of the Indian variant.

Yes, Public Health England's COVID-19: Guidance for maintaining services within health and care settings Infection prevention and control recommendations document states: "Ensure that hygiene facilities IPC (infection prevention and control) measures and messaging are available for all patients/individuals, staff and visitors to minimize COVID-19 transmission such as:

- considering improving ventilation by opening windows (natural ventilation) if mechanical ventilation is not available.
- 3) Given that the COVID-19 Crisis has caused a lot of extreme stress to hospital employees is specialist help like Jermain Ravalier being used to help understand these issues and help those staff concerned? Some are suffering burn out issues.

Please address this question to gwh.pals@nhs.net

4) What mitigating measures are now in place to stop people being injected with the wrong vaccine the second time and why was it stated that the Astrazeneca and Pfizer vaccines are similar. One acts as an adenovirus the other is a MRNA vaccine and

they are clearly different. Hopefully there will be no ill effects but we don't know for sure until suitable clinical trials have taken place surely? (July 1st am aware of the new trial results that suggest mixing vaccines is not a serious issue but we only found that out recently)

Given the number of different sites, each may have implemented different measures. A number of measures that are in place in local sites are

- Not to run more than one type of vaccine at the same time to avoid errors
- Verbally confirm with patient what vaccine is going to be used but also check the patient's vaccination card prior to the injection
- Confirmation on Pinnacle of what vaccine the patient had as first dose The vaccines are considered similar because they target the same part of the virus, a protein called Spike. As all three vaccines authorised in the UK are based on the spike protein of the virus, it was expected that the second dose will help to boost the response to the first dose. This has recently been confirmed through international trials.

5) Why has the hospital not pressurised the Swindon bus company to keep windows open on buses that go directly to the hospital?

Please address this question to gwh.pals@nhs.net

6) What is the policy about unvaccinated staff at hospitals and care homes, should it be tightened?

Please address this question to <u>gwh.pals@nhs.net</u>or any care homes you would wish to contact

7) It's been commented on LBC that our vaccination rates as a whole are under average in Swindon. SN1 is even worse. This is concerning as Somerset has the highest vaccination rates in the UK closely followed by North Somerset. Why are we so far behind and looking at the data this is an area wide issue affecting Bath to.

Our current vaccination uptake rates show that 90.82% of all Cohorts have received vaccinations. This figure puts BSW CCG ahead of neighbouring South West CCGs such as Bristol, North Somerset and South Gloucestershire, Cornwall and Dorset, but below Gloucestershire, Somerset and Devon, demonstrating we are roughly in the middle in terms of South West rankings and certainly not the worst performing CCG.

We have consistently followed the national JCVI Cohort requirements to ensure equitable uptake across all of our vaccination sites and using all available vaccine supplied.

8) Can we not learn from Weston Super Mare in Swindon? They have vaccination centres in Boots in the town centre and also the Winter Gardens aimed at students. Would it not be sensible to have a centre in Broadgreen SN1 or at Boots town centre right next to where the most unvaccinated people are and easily accessible by bus. 20% of Swindon don't have access to a car, yet all of our centres including the two pharmacies are in outlying areas. Also the hospital centre is far away from the town centre.

With regards to SN1 specifically, there are a wide range of vaccination sites within Swindon, including the GWH Hospital, STEAM museum, and two pharmacies: Avicenna Pharmacy in Guildford Avenue and Home Farm Pharmacy in Highworth.

Community pharmacies are commissioned by NHS England and so whilst we are able to request pharmacies to come forward in any particular area, it is up to each individual pharmacy or company to offer their services in any particular pharmacy.

We have also organised repeat visits to several homeless shelters and hostels to provide vaccinations for the traditionally 'hard to reach' populations.

We work with our Public Health Colleagues to provide further clinics wherever possible to ensure all patients have access to their covid vaccination.

As well as the vaccination centres, we have provided our outreach vaccination services in the SN1 area on several occasions to provide a walk in vaccination service to our most vulnerable individuals who may not be able to book with a vaccination centre due to language, accessibility or other reason. These clinics took place in April, May and June in a number of locations in Swindon and will continue it July and August

9) There is a lot of talk about the India variant, I am sure contingency plans are in hand for that. However what about the Brazilian variant given that there is a high Brazilian population in Swindon. Where are your communications in Nepalese, Goan and Portuguese, all widely spoken in Swindon.

There is currently no scientific evidence to suggest that any of the vaccine are not effective against new variants of the virus. Whilst further work is ongoing in this field, the advice is to continue with the vaccination as planned.

10) We have continual issues in Swindon given lack of capacity at the hospital. Given that Bath also has a university medical centre where according to my friend who works at Bath University its extremely easy to get appointments is there not an issue of giving too much resources to Bath to the detriment of Swindon particularly and Wiltshire in general.

This is not the case. Our vaccine resource are targeted equally across the BSW area with the intention of vaccinating as many people across our area as soon as possible.

11) Boots are working with health trusts across the country and providing vaccination centres, why not in Swindon and elsewhere in our area.

The community pharmacies are commissioned by NHS England and so whilst we are able to request pharmacies to come forward in any particular area, it is up to each individual pharmacy or company to offer their services in any particular pharmacy.

12) Any chance of a second vaccine bus. I note the moment the moment case rates are higher in Bath it gets diverted there, leaving Swindon in a precarious position due to its low vaccination rate.

Our vaccine bus has been deployed across communities in Bath and North east Somerset, Swindon and Witlshire in order to reach those people who are less sure about the vaccine, have found it difficult to get to an alternative vaccination site or who don't currently have a first or second dose appointment booked elsewhere. At present, there are no plans to deploy a second bus.

13) The vaccine buddy scheme has worked in Somerset to attract younger people to vaccination centres. Can we not do something similar here

We are continually looking at new and innovative ways to encourage all cohorts to receive their vaccinations. We are currently doing this through opening more walk-in centres, meaning people can turn up without an appointment and still receive the vaccine.

14) Given the low vaccination rates is collaboration with local public health teams like the one at SBC really as effective as it could be? What is concretely being done to improve the situation?

We are working closely with Public Health teams at all three local councils across BaNES, Swindon and Wiltshire and will continue to do so and assess the uptake of vaccinations and the ongoing success of our vaccination programme.

15) Why is communication so biased towards Twitter that hardly anyone uses. It would be really sensible to give info on vaccination drop in centres etc on Facebook community sites, local press radio, and through community centres, mosques etc. This information should also be part of Steve Madderns weekly email update but it rarely is. Get the information to where people are looking.

Information about vaccine drop in centres has been communicated with the public using a number of differing channels to ensure our messages get out to as wider a demographic as possible. Channels used include Facebook, Twitter, Instagram, our website, local newspapers, interviews on local radio stations. We have ensured messages about the location of our vaccine bus are shared far and wide.

16) Would it not be possible to simulcast these meetings online. Well it is so why not?

Members of the public are invited to attend our Governing Body meetings in public. Minutes of the meeting will be posted on our website following the meeting.

17) Is it not possible for you to put pressure on SBC regarding new housing developments by stopping them until there is adequate hospital capacity in the town?

Although BSW CCG is a member of the BSW Partnership and therefore works closely with Swindon Borough Council in joint matters of health and care, we are not in a position to influence housing policy on a day to day basis

18) When I asked Gill May at the AGM about the possibility of jab interval being changed to 4 weeks she just answered 8 weeks is the current guidance. Are she and her colleagues aware this is likely to be changed soon by the joint vaccination committee as alluded to yesterday by Professor Spector of the Zoe project recently. Has she got plans in place to deal with this likely change in policy?

Moving to a 4 week gap interval has not been published as JCVI guidance, therefore the interval is 8 weeks unless clinically advised.

19) During the AGM a vaccine canal boat was shown. Would a better use of resources not be a bus going around Swindon's estates? Remembering that 20% of Swindon's population do not have access to a car?

A mobile coronavirus vaccination bus has been touring areas of Bath and North East Somerset, Swindon and Wiltshire over the past three months where uptake of the coronavirus vaccine has been low and where it is known there are high levels of vaccine hesitancy.

The specially adapted bus has been providing the coronavirus vaccine to people who are eligible for a vaccine but who are unable to travel to a vaccination centre or who have been hesitant to a previous offer of vaccination and would like to chat to a medical professional first.

The bus has visited numerous areas in Swindon including Wharf Green, West Swindon Asda and Redhouse Village Centre.

20) The vaccine bus can only target older people over 40 as its using Astrazeneca due to storage issues. Is the trust looking at special centres in colleges universities etc to specifically target younger people. We need to really get this age group covered especially as school age children are still not approved. Also in this context assuming Moderna can be transported safely on the bus which I believe it can why are we as a trust not aggressively trying to get supplies of this vaccine that are indicated for under 40 cohorts.

We are still considering and planning how we can use Pfizer on the bus but in the mean time a number of other pop up sites are offering the vaccine to attract those aged 18-30.

Moderna is still not being offered to BSW at this time.

21) On the Boots question I think we can be more aggressive about asking them to help. After all they have a centre in the centre of WSM and many other places. Just requesting is not enough why not deal with their head office to persuade them to help.

The community pharmacies are commissioned by NHS England and so whilst we are able to request pharmacies to come forward in any particular area, it is up to each individual pharmacy or company to offer their services in any particular pharmacy. You can get in touch with Boots at <u>boots.customercare_team@boots.co.uk</u>