

# Health and Wellbeing Board

29 March 2022

## Mobile Pop-up Vaccination Clinic Evaluation Report



**Report of the COVID-19 Vaccine Inequalities Group**  
**Joseph Chandy, Director of Commissioning Strategy and Delivery**  
**(Primary Care), NHS County Durham CCG**  
**Amanda Healy, Director of Public Health, Durham County Council**

### **Electoral division(s) affected:**

Countywide

### **Purpose of the Report**

- 1 The purpose of this report is to provide members of the Health and Wellbeing Board with an overview of mobile COVID-19 vaccine provision, undertaken across County Durham between May and November 2021.

### **Executive summary**

- 2 Mobile, temporary (or 'pop-up') vaccination clinics aim to improve access and maximise vaccine uptake in communities with known low coverage.
- 3 In County Durham, we have delivered mobile pop-up clinics using the MELISSA Training Bus, provided by Health Education England, along with pop-up walk in clinics, specifically aimed at increasing the vaccine uptake in university students. Both interventions were well received and provide exemplars of collaborative working.
- 4 Adopting an outreach model, is thought to impact positively on vaccination uptake. However, the need for grass root community engagement in advance of mobile pop-up clinics cannot be underestimated.

### **Recommendations**

- 5 The Health and Wellbeing Board are asked to:
  - (a) receive this report and note contents; and
  - (b) recognise the volume of work undertaken across the partnership to deliver vaccinations in areas of low uptake and support continued work in this regard.

## **Background**

- 6 The aim of the mobile temporary (or 'pop-up') vaccination clinics is to improve access and maximise vaccine uptake in communities, or among groups with known low coverage.
- 7 The delivery model enables the administration of COVID-19 vaccines at identified locations outside of vaccination 'base' sites – vaccination centres, hospital hubs, Primary Care Network-led sites, and community pharmacies.
- 8 The rationale for this initiative was two-fold. Firstly, to improve vaccine accessibility, as it was known many people couldn't get an appointment through the online booking system or were unable to travel to designated centres; and secondly, to help address the variation in vaccine uptake across age bands, gender, ethnicity, and social gradient, adopting an intelligence-led approach.

## **Methodology**

- 9 The evaluation focuses on two interventions:
  - Mobile vaccination clinic using the MELISSA Training Bus, provided by Health Education England, aimed at promoting vaccination uptake in areas with known low uptake.
  - Pop-up walk-in clinics aimed at increasing vaccination uptake in university students.
- 10 To evaluate the delivery models, consideration was given to the following components:
  - Number of vaccines administered
  - Target populations reached
  - Communication analysis
  - Service user experience
  - Cost-benefit analysis
  - Added value
  - Lessons learnt

## **MELISSA Bus mobile pop-up clinics**

### **What we did**

- 11 We adopted a collaborative approach, with a range of stakeholders including health organisations, the local authority, and the voluntary sector, all working together, to plan and deliver a total of 23 mobile pop-up vaccination clinics between 7 May 2021 and 22 November 2021,

using the MELISSA Training Bus, provided by Health Education England.

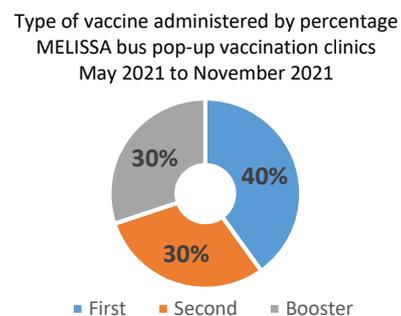
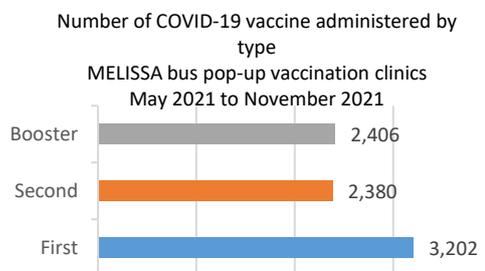
- 12 The Public Health Intelligence Team mapped Lower Super Output Areas (LSOAs), where vaccination uptake was < 50%, 50-60%, 60-70% to enable us to identify areas in most need, in support of a targeted approach.
- 13 We also took into consideration the needs of specific groups, as such, we offered mobile pop-up vaccination clinics at Gypsy Roma Traveller (GTR) temporary stop over sites and workplace settings including Amazon (Bowburn) and Newton Aycliffe Industrial Estate.
- 14 Enhanced community engagement and communications were actioned in advance of the mobile pop-up vaccination clinics, including:
  - Social media posts shared and cascaded to grassroots level.
  - Distribution of promotional vaccine event leaflet to houses in low uptake identified streets and shop windows, leaflets had QR code embedded to direct people to the Council COVID-19 vaccination website (<https://www.durham.gov.uk/covid19vaccinations>).
  - Identification of social housing in low uptake communities and liaison with providers to engage their residents.
  - Communications sent to anchor organisations, cascaded into communities/businesses via Area Action Partnerships, Wellbeing4Life service, Business Durham, and other local stakeholder networks.
  - Email and text messages highlighting the vaccine drop-in and linking to the website for all aspects of vaccine information.
  - Utilising mosaic profiling using the postcodes.
  - Identified and engaged with family groups through One Point services, Harrogate Trust 0-25 service.
  - COVID-19 Champions and COVID-19 awareness and protection teams carried out community engagement in key settings, co-ordinating a targeted approach - leaflets, posters, and conversations.
- 15 Local Vaccination Services (Primary Care Networks or Community Pharmacy) played a key role in delivery of the mobile pop-up clinics, providing both clinical leadership and oversight, and the vaccination teams.
- 16 The Medicine Optimisation Team worked with Local Vaccination Services to ensure governance procedures were in place to support the transportation of vaccines and vaccination delivery.

- 17 Staff from the CCG, Durham County Council and unpaid volunteers provided marshalling at the events.
- 18 Proactive steps were taken to ensure the safety of staff and visitors to the pop-up vaccination clinics. Pre-clinic risk assessments were conducted. The local authority enacted a security plan which included arranging for Security Industry Authority (SIA) stewards to be on site for the duration of the clinics and giving Durham Constabulary advanced notice of the mobile pop-up clinics.



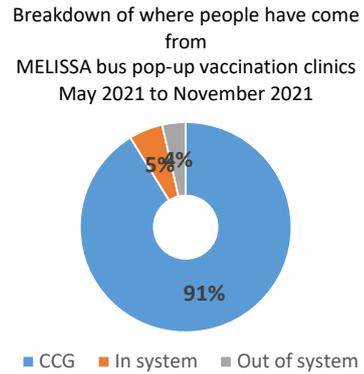
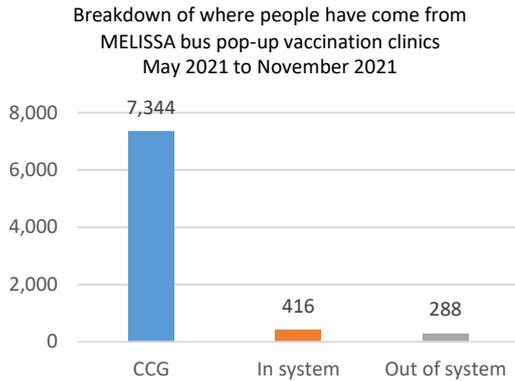
### Number of vaccines administered

- 19 The total number of COVID-19 vaccinations delivered across 23 mobile pop-up clinics was **7,988**. The charts below provide a breakdown by the type of dose.

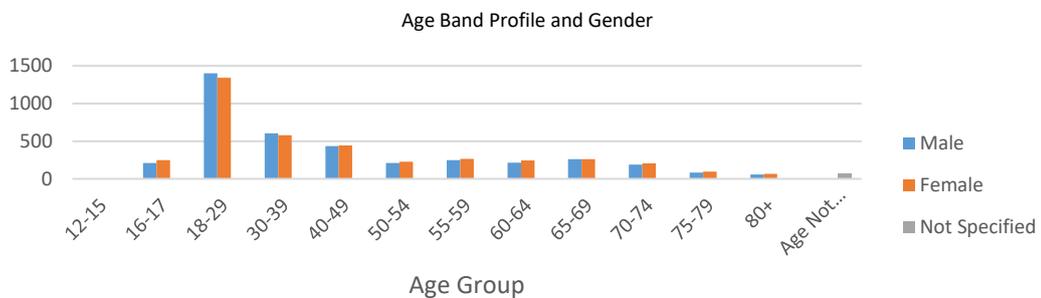


### Target populations reached

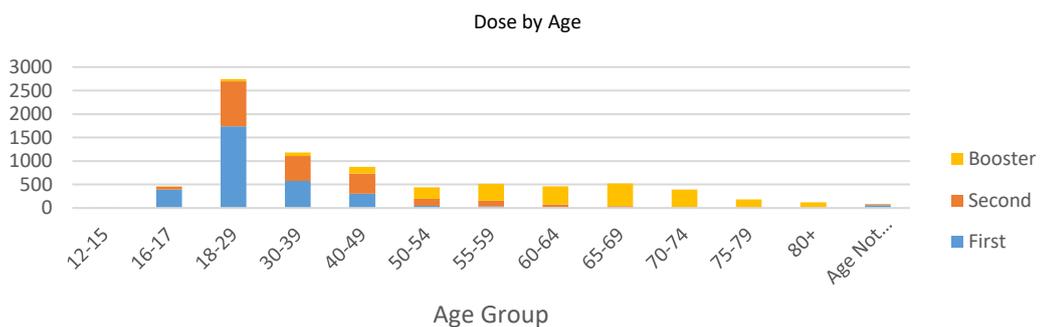
- 20 The charts below show that most people being vaccinated on the MELISSA Training Bus were from County Durham. A small proportion of people were noted to be from the North East and North Cumbria Integrated Care System. The remainder, out of system, are likely to be university students who gave their home address as outside the region.



21 Vaccinations delivered on the MELISSA Training Bus by age and gender are shown in the chart below. 18-29 years were the highest age cohort to get vaccinated on the MELISSA Training Bus.



22 When considering the type of vaccine, those under 40 accessed their first and second dose, as were not eligible for a booster at the time. Those aged 50 plus, predominately accessed their booster primary dose on the MELISSA Training Bus.



23 Regarding ethnicity, 52.5% of those vaccinated were British. The second highest group were recorded as 'not stated' (46%), highlighting significant gaps in the data.

### Assessment of impact

24 It is difficult to draw any meaningful conclusions from the available data in terms of the impact of the MELISSA Bus pop-up vaccination clinics.

- 25 The data is diluted, due to the fact that people can get vaccinated at a variety of locations or are travelling from outside area to access the bus. Therefore, it hard to say with any certainty that a coverage increase for a particular town was directly due to the impact of the pop-up clinic using the bus.
- 26 To understand the potential the impact of the MELISSA Bus pop-up vaccination clinics, we have put two areas under the 'spot-light' – Ferryhill and Newton Aycliffe. Whilst no statistical correlation can be made, it may be possible to draw some inference that the pop-up clinics have had a positive impact on vaccination uptake.
- 27 We looked at the three MSOA's making up Ferryhill - Cornforth and Ferryhill, Chilton and Ferryhill Station, and Spennymoor Green Lane/Dean Bank.

*Pop-up vaccination clinic on 15 June 2021*

- There were 322 Dose 1 vaccinations recorded in the area on this day. This was 307 more than the previous day.
- The 7-day average Dose 1 vaccinations prior to this date was 31. So, this is an increase of 929%.
- There were 1,662 Dose 1 vaccinations given on 15 June 2021 across County Durham. The 322 at Ferryhill account for 19.4% of the vaccinations given in the County on that day. This is nearly one fifth.

*Pop-up vaccination clinic on 10 August 2021*

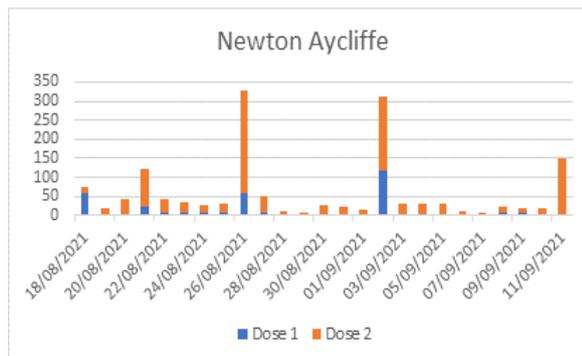
- There were 98 Dose 1 vaccinations recorded in the area on this day. This was 97 more than the previous day.
- The 7-day average Dose 1 vaccinations prior to this date was 7.6. So, this was an increase of 1,194%.
- There were 358 Dose 1 vaccinations given on 10 August 2021 across County Durham. The 98 at Ferryhill account for 27.4% of the vaccinations given in the County on that day. This is over a quarter.

- 28 We looked at the four MSOA's making up Newton Aycliffe -Newton Aycliffe Central, Newton Aycliffe East, Aycliffe Village Newton Aycliffe South and Woodham/Middridge.

*Pop-up vaccination clinic on the 2 September 2021*

- There were 118 Dose 1 vaccinations recorded in the area on this day. This was 115 more than the previous day.
- There were 195 Dose 2 vaccinations records in the area on this day. This is 183 more than the previous day.

- The 7-day average Dose 1 vaccinations prior to this date was 11. This increased this is an increase of 973%.
- The 7-day average Dose 2 vaccinations prior to this date was 54. So, this is an increase of 257%. There was a spike in vaccination activity for Newton Aycliffe on the 26 August 2021. Where 267 Dose 2 and 60 Dose 1 vaccinations were given. So, the previous 7-day averages are pulling in this data. See daily activity chart below.



- There were 357 County Durham Dose 1 given on the 2 September 2021. In Newton Aycliffe there were 118 Dose 1 vaccinations given, this account for 33.1% of the vaccinations given in the County on that day.
- There were 1,427 County Durham Dose 2 vaccinations given 02/09/21. In Newton Aycliffe there were 195 Dose 2 vaccinations given, this account for 13.7% of the vaccinations given in the County on that day.

## Communications analysis

- 29 A range of communication media was used to publicise the mobile pop-up clinics using the MELISSA Training Bus. These included community social media posts, press releases, flyers and posters, and SMS texts from practices. COVID-19 Awareness Workers also supported grass roots engagement and help to spread key messages by 'word of mouth', in the lead-up to the pop-up clinics.
- 30 Branding was consistent across on all communication mediums.
- 31 Appendix 2 provides a breakdown of Facebook and Twitter posts. The Seaham pop-up clinic on 21 July 2021 received the highest number Face book hits (1,246,332). More vaccines were delivered at this clinic than any other (834). However, it should be noted that it was about this time cohort 12 became eligible for the vaccine.

## Service user experience

- 32 Feedback sought, over the summer months, feedback was extremely positive. There were lots of comments, such as '*Keep it going*'; '*Come back again*'; '*More often*'; '*Advertise more*'; '*Go around villages*'; '*Weekends*'.
- 33 Over the winter months, people still reported that the MELISSA Training Bus is good way of delivering vaccines, as it was thought it convenient and easy to access. However, a common theme from feedback was the length of the queue, with some people reporting they had to wait over two hours in the cold weather, to receive their vaccination. There was recognition that staff work well under less than optimum situations, with staff doing best in difficult circumstances. There were requests for more visits to spread demand for vaccination and reduce the time people had to wait.
- 34 In November 2021, we sought feedback as to why people chose to come to MELISSA Training Bus to get vaccinated, rather than going elsewhere, the following themes emerged:
- Ease of access – near home, within walking distance, more convenient as no appointment needed.
  - Better time for working people – fits with work schedule; additionally, many people work on zero-hours contracts, meaning that they cannot commit to a date/time in advance due to work demands.
  - Opportunistic – passing by and came over to bus.
  - Local centres had run out of vaccine and there was a long wait.
  - Issues with the booking system
    - Couldn't get in elsewhere/no available appointments in local area
    - Available appointments are too far away
    - MELISSA Training Bus is quicker than waiting for a booked appointment
    - Reports of the 119 service being 'appalling' – waited one hour to speak to someone
    - GP practice not offering vaccinations
  - Opportunity to get flu jab as well as a COVID-19 vaccine.
  - Sign-posted by GP practice.

## Added value

- 35 In terms of added value, the following was noted:
- *Partnership working and collaboration*: Multiagency partnership working to engage the hardest to reach using existing

relationships to build trust and confidence in the vaccine programme.

- *Better information for communities and professionals (based on insight):* Enabling people to make an informed decision via the provision of appropriate and targeted information tailored to meet the needs of different populations.
- *Increasing accessibility – taking the vaccine to people:* Removing common barriers (including location, booking of appointments, transport, and cost) by providing clinics in community
- *Empowering communities – asset based, community champion approaches:* Mobilising communities to support each other to promote the importance of the vaccine using local people as a powerful trusted voice.

### **Cost-benefit analysis**

- 36 The additional cost of the mobile pop-up vaccination clinics has been roughly estimated to be £5.29 per vaccine. This figure has been calculated by dividing the total manpower costs (excluding staff within the local vaccination services) divided by the number of vaccines given. This is over and above the cost per dose paid direct to the Provider and the cost of communication resources and barriers.
- 37 The notional cost per vaccine, is a way of qualifying the additional resource need to reduce vaccine inequalities and to assist with future planning. It is thought to be relatively low, due to the high volume of vaccines delivered.

### **Lessons learnt**

- 38 The following learning were captured:
- Mobile pop-up vaccination clinics provide an exemplar of collaborative working.
  - People found the clinic hours of operation, enabled them to fit the vaccination around their workday.
  - Communication and grass route community engagement, well in advance of a mobile pop-up vaccine clinic, is essential.
  - When planning mobile pop-up clinics, local population need, infrastructure availability, service capacity and demand all need careful consideration.
  - Whilst running clinics from the bus in the summer months was well received, we need to think about alternative provision in the winter months, as the weather is colder, and hours of daylight are reduced.

- Security considerations and arrangements need to be a part of the planning and delivery of the mobile pop-up vaccination clinics.

## **Recommendations**

- 39 Based on the evaluation of mobile pop-up vaccination clinics, the following recommendations have been proposed:
- (a) There is a need to utilise the granular mapping process to determine the optimum location of mobile pop-up vaccination clinics and continue to target street level data for communications, engagement with housing providers and distribution of flyers.
  - (b) Given the success of the mobile pop-up clinics, consider the purchase of County Durham mobile unit to facilitate future delivery.
  - (c) Whilst continuing with an out-reach vaccination delivery model, consideration also needs to be given to alternative provision, particularly in the winter months, for example, supporting Local Vaccination Services to offer walk-in slots at the end of a clinic session, or setting up pop-up vaccination clinics in community venues such as community centres, vacant retail premises, sports/leisure facilities.
  - (d) Security considerations and arrangements need to part of the planning and delivery of the mobile pop-up vaccination clinics.

## **University Walk-in Pop-up Clinics**

### **What we did**

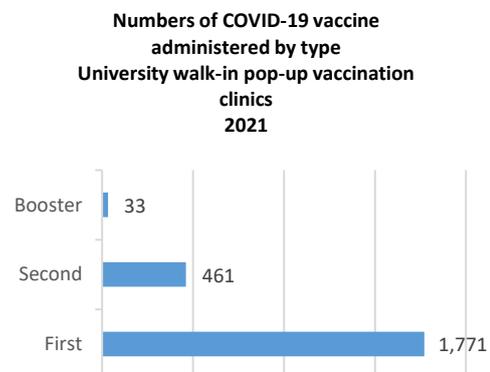
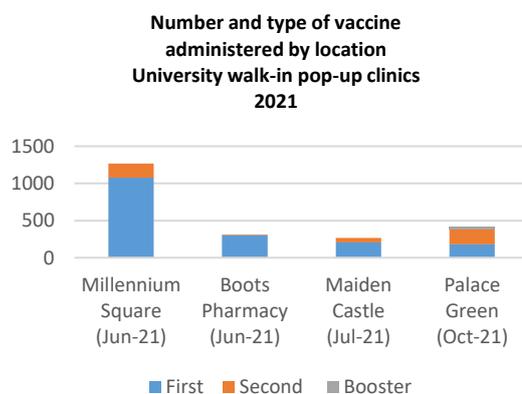
- 40 In response to the surge in COVID-19 cases in June/July 2021, we ran three number of temporary walk-in pop-up clinics in Durham, in partnership with the University.
- Millennium Place, 26 June 2021
  - Boots Pharmacy, Durham 27 June 2021
  - Maiden Castle, 2 July 2021
- 41 By far the largest pop-up clinic delivered, was that at Millennium Place on 26 June 2021. A full system response was needed to organise this event before the student break.



- 42 As these were deemed a success, the University asked if we could deliver additional walk-in pop-up clinics in October 2021, to offer students (particularly international and fresher students yet to be vaccinated), the opportunity to receive the vaccine.
- 43 We worked closely with the local Primary Care Network to deliver four walk-in pop-up vaccination clinics, held at the Palace Green between 1 – 8 October 2021.
- 44 All walk-in pop-up clinics were well publicised, and whilst focus was on getting university students vaccinated, the clinics were open to the wider eligible community, as vaccine uptake into Durham City area was noted to be low.

### Number of vaccines administered

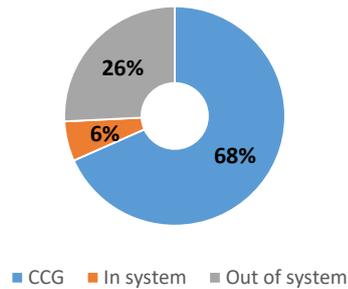
- 45 The total number of COVID-19 vaccinations delivered across six walk-in pop-up clinics was **2,265**. The charts below provide a breakdown by location and type of dose. 78% of vaccines administered were First Dose. The greatest number of vaccinations were delivered at Millennium Place, 1,268.



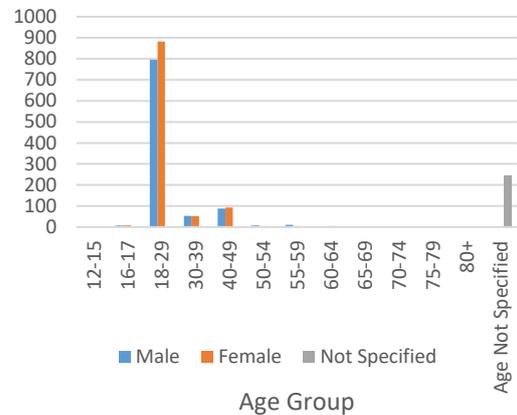
## Target populations reached

- 46 As expected, a significant proportion of those vaccinated were out of area and fell within the 18-29 age cohort.

Breakdown of where people have come from  
University walk-in pop-up vaccination clinics  
2021



Age Band Profile and Gender



## Communication analysis

- 47 The walk-in clinic at Millennium Palace was the largest clinic (with 10 vaccination pods), and attracted the most publicity, with 544,985 social media hits as well as attracting media coverage.

## Service user experience

- 48 Those attending for vaccination at Millennium Square were given the opportunity to complete a service user feedback form. Overall feedback was very positive.
- 49 Examples of comments included:

- *More convenient than via GP.*
- *Quick, easy, and efficient.*
- *Booked for Sunderland – but couldn't get there.*
- *Well organised – surprised at how smooth it went.*
- *Nurses were excellent.*

## Added Value

- 50 The continuing partnership with the University through pop-up vaccination clinics for students, demonstrates how we can work together to support the health and wellbeing of local communities.

## **Cost Benefit**

- 51 Due to the variability in scale of university pop-up clinics, across Millennium Square, Maiden Castle and Palace Green, it has not been possible to quantify resources and associated costs.
- 52 The success of the temporary vaccination clinics, particularly the event in Millennium Square, can be attributed to robust planning across system partners.

## **Lessons learnt**

- 53 Whilst the Palace Green site was convenient for students, access for the wider community was an issue, as there was no near-by parking. Also transport of the vaccine was problematic.
- 54 A clear process is required for international students who have been vaccinated overseas and are seeking further vaccination to meet the requirements of the NHS COVID-19 pass.

## **Recommendations**

- 55 To continue to include the university population in the Vaccine Inequalities Group and work in partnership to ensure highest possible uptake within this population group.

## **Overall conclusions for mobile pop-up vaccination clinics**

- 56 Both interventions were well received and provide exemplars of collaborative working.
- 57 Adopting an outreach model, is thought to impact positively on vaccination uptake. However, the need for grass root community engagement in advance of mobile pop-up clinics cannot be underestimated.
- 58 COVID-19 Awareness Workers and COVID-19 Champions are well placed to support community engagement and provide a 'trusted voice'.

## **Authors**

Joy Evans, Public Health Strategic Manager 03000 267665  
Christine Scollen, Commissioning and Development Lead 07920 751341

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## **Appendix 1: Implications**

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### **Legal Implications**

No issues identified

### **Finance**

None at this present time

### **Consultation**

Consultation with partners is ongoing to develop/delivery actions to reduce vaccine inequalities.

### **Equality and Diversity / Public Sector Equality Duty**

The interventions described in this report contribute to the reduce in vaccine inequalities.

### **Climate Change**

No issues identified

### **Human Rights**

No issues identified

### **Crime and Disorder**

Not applicable

### **Staffing**

No issues identified

### **Accommodation**

No issues identified

### **Risk**

Any risks identified are escalated to the Immunisation Board and raised with the relevant stakeholder organisation via the appropriate representative on the group.

### **Procurement**

Not applicable

## Appendix 2: Communications

### MELISSA Training Bus Pop-up Clinics CCG Posts

Date	Location	Facebook		Twitter		Notes
		# of Posts	Total Hits	# of Posts	Total Hits	
May-21	Peterlee	11	36,877	7	13,859	
09-Jun-21	Horden	9	454,049	9	13,764	
11-Jun-21	Kelloe	11	273,642	9	8,629	
15-Jun-21	Ferryhill	12	726,626	12	103,724	
21-Jun-21	Seaham	13	1,246,332	12	20,306	
02-Jul-21	Peterlee	9	214,847	8	13,122	
30-Jul-21	Kelloe	3	114,779	1	344	
04-Aug-21	Horden	3	123,364	1	379	
05-Aug-21	Shaws Bank	0	0	0	0	Comms Restricted - GRT
10-Aug-21	Ferryhill	2	123,724	1	6399	
12-Aug-21	Amazon	0	0	0	0	Internal comms
16-Aug-21	Seaham	4	152,994	3	8,071	
17-Aug-21	Gurney Valley	0	0	0	0	Comms Restricted - GRT
02-Sep-21	Newton Aycliffe	8	40,387	8	3,906	
04-Oct-21	Tow Law	7	27,087	9	5,183	
05-Oct-21	Dragonville	6	43,328	5	1,142	
19-Oct-21	Wingate	5	17,075	5	1,250	
22-Oct-21	Bishop Auckland	2	17,099	2	1,491	
02-Nov-21	Stanley	6	18,374	5	1,180	
09-Nov-21	Consett	7	44,955	6	2,069	
11-Nov-21	Dalton Park	4	16,306	4	1,165	
19-Nov-21	Horden	3	23,339	3	1,392	
22-Nov-21	Wingate	3	12,885	3	912	

### Other Pop-up Clinics, linked to the University

Date	Location	Facebook		Twitter	
		# of Posts	Total Hits	# of Posts	Total Hits
26-Jun-21	Millennium Square	11	544,985	3	5277
02-Jul-21	Maiden Castle	5	288,493	5	27525
01-Oct-21	Palace Green	3	7,610	3	3314
06-Oct-21	Palace Green	2	5,393	2	3001
07-Oct-21	Palace Green	5	16,021	3	2253
08-Oct-21	Palace Green	6	41,115	5	3093

## DCC Posts

Date	Location	Twitter		
		Impressions	Engagement	Link click
May		3,226	107	26
June		18,804	374	14
July		20,391	209	18
Aug		4,694	54	10
Sept		8,493	185	19
Oct		14,356	272	21
Nov		8,257	110	9

Date	Location	Facebook	
		Reach	Engagement
	Gilesgate	13,925	277
	Tow Law	28,421	623
19-Oct	Bishop Auckland	21,835	770
	Wingate	13,997	235
	Peterlee	22,680	378
03-Jun	Peterlee/Kelloe/Ferryhill	28,439	1,826
	Castle Dene Shopping Centre	13,637	652

## Sponsored Ads

Date	Location	Reach	Engagement
November	Wingate	19,465	841
November	Horden	19,348	1,019
	Wingate	27,862	66
	Gilesgate	37,778	240
	Tow Law	22,528	143
	Newton Aycliffe	11,720	591