



Equality Impact Assessment  
Full Impact Assessment  
(Form 2)

EQIA Document Control

Date started	25/11/2020
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EQIA approved	07/01/2021

This document was approved by The Covid Vaccine Programme Silver Command Group on 07/01/21.

The programme is rapidly developing, and updates will be undertaken by the PMO regularly.

Full Equality Impact Assessment Form 2

You have by this stage identified an adverse impact for a protected characteristic group including any cross cutting issues or where a potential impact for those affected by economic disadvantage or poverty is apparent.

The Equality Impact Assessment (full) picks up from the Standard Impact Assessment (Stage 1) process, where the proposal has been identified or highlighted as having a potential negative impact.

It is now that you need to move onto a full Equality Impact Assessment.

This is more of a **detailed examination** of what you have identified at stage 1-Form 1.

Included here – see below- is the EQIA template to complete with your service, group, participation and engagement forum/involvement and partners etc. This will help to set you to set out who is affected, what the impacts are and what we are going to do about them.

The EQIA can be as part of your overall document (policies always have these attached) or you can keep this separately (i.e. if you are using it to work on as part of your bigger plans) as long as it evidences your ongoing actions to remedy the concerns, and remains linked to the plan etc so we can see that you are reducing the negative impacts.

The aims of an EQIA is to support your thinking in all your processes, so we ensure we are not being discriminatory towards any group. It is our legal duty to do this and to ensure we make a reasonable adjustment.

The EQIA must also demonstrate and record where we have eliminated discrimination, advanced opportunity or fostered good relations between those with a protected characteristic and those who haven't. This can be documented as you go along-some things you will highlight may be helping us to do one or all three of these duties, not all the content of an EQIA is negative, as our plans and developments are aimed to improve our services.

The EQIA must be published in full along with your plan or policy etc and signed off by the lead officer responsible. A copy should be then sent to Equality and Human Rights lead officer to publish and to quality assure.

## 1. Rationale and aims

Scottish Government has launched a National COVID-19 Vaccination Programme. NHS Fife is developing and implementing the COVID-19 Vaccination Programme locally. This involves careful consideration of venues, workforce and timescales for scheduling appointments in line with the nationally agreed priorities, whilst also ensuring equality. The programme is developing and delivering at pace. A review of the lessons learned from the flu vaccination programme and, since this is a new service, a Standard Equality Impact Assessment (EQIA) assessment was completed.

The Standard EQIA highlighted some adverse impacts for some of the protected characteristic groups. This Level 2 assessment aims to investigate these adverse impacts in more detail and to highlight any actions to be taken to mitigate or manage the potential impact on people in these groups, and ensure the NHS Fife COVID-19 Vaccination Programme meets the requirements of the Equalities Act 2010.

The Act protects against the following characteristics: Age; disability; gender reassignment; marriage and civil partnerships; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Compliance with the Act will ensure that we:

- Eliminate discrimination
- Provide opportunities for all
- Foster good relationships

The following Staff from NHS Fife have reviewed this document and their comments have been addressed and /or incorporated:

- Scott Garden, Director of Pharmacy and Medicines
- Ben Hannan, Chief Pharmacist for Acute services,
- Dianne Williamson (Dianne Williamson, Equality and Human Rights Lead)

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- Heather Bett, Senior Manager Children’s Services and Chair of Bronze Scheduling Group
- Janette Owens, Associate Director of Nursing and Chair of Bronze Workforce Group
- Jim Rotheram, Head of Facilities and chair of Bronze Logistics Group.

In the UK, two vaccines targeting the S protein have been authorised for supply first; one uses an mRNA platform (Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2) and the second an adenovirus vector (AstraZeneca COVID-19 vaccine).

The available vaccines do not have UK marketing authorizations, but have been given authorisation for temporary supply by the Medicines & Healthcare products Regulatory Agency (MHRA) for active immunization to prevent COVID-19 disease caused by SARS-CoV-2 virus in individuals aged 16 years of age and over. This product will be closely monitored to allow quick identification of new safety information through existing reporting mechanisms i.e., DATIX recording, the Coronavirus Yellow Card Reporting site, or by phoning 0800 731 6789 (available Monday to Friday, 9.00am to 5.00pm).

All NHS Fife staff who are vaccinating will undertake the mandatory training “Equality, Diversity & Human Rights” (Learnpro module).

A range of interpreting services are available from the NHS Fife Interpreting Service, including an app for spoken language and British Sign Language.

## 2. Who will be affected by this?

The population of Fife.

People who work in Health and Social Care in Fife including all those defined as frontline healthcare workers by JCVI.

## 3. Who is present at this EQIA?

Name	Service or Organisation
Dr. Frances Notman	COVID-19 Vaccination Programme management office EQIA Lead Assessor (Senior Pharmacist for Education and Training, NHS Fife Pharmacy)
Jason Cormack	COVID-19 Vaccination Programme management office Pharmacy Business Manager
Jenna Johnson	COVID-19 Vaccination Programme management office Project Support Officer
Dianne Williamson	Equality and Human Rights Lead Officer

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Elizabeth Gray	Patient Relations Team Lead
COVID Vaccination Silver Command – NHS Fife. (This group reviewed the full document on 7 <sup>th</sup> January 2020. The Board retains a list of attendees)	NHS Fife
The Equality and Human Rights Lead Officer agreed that given the tight timescale to implement this vaccination programme, we could capture the considerations highlighted at a recent stakeholder event, held for the EQIA for the implementation of the Urgent care transformation programme. The people that attended that event available by contacting the Equalities team.	

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The table considers each population group/ factor, the potential impact and the recommended actions.

Population groups and factors contributing to poorer health/health inequality	Potential Impacts and explanation why	Recommendations to reduce or enhance such impacts
<p><b>Issues that apply to everyone</b></p> <ul style="list-style-type: none"> <li>• Transport</li> <li>• Income</li> <li>• Air quality</li> <li>• Transmission of infection</li> <li>• Education</li> <li>• Community space and leisure</li> <li>• Housing</li> <li>• Low pay</li> <li>• Unemployment</li> </ul>	<p>The COVID-19 vaccination programme will affect, directly or indirectly, everyone living in Fife.</p> <p>The COVID-19 vaccination programme will be delivered at a range of venues.</p> <p>A significant number of Health and Social Care staff will be vaccinated on site at the Victoria and Queen Margaret hospitals.</p> <p>Care home residents and staff will be vaccinated within care homes (some staff will be vaccinated in the hospital sites also).</p> <p>The over 80s population will, mainly, be vaccinated in GP practices.</p> <p>The rest of the population will be vaccinated in cluster clinic sites across Fife.</p> <p>There will be some availability (to be determined) of vaccinations within community pharmacies.</p> <p>For some groups, there are complexities around the capacity to consent to be vaccinated.</p>	<p><b>ACTION TAKEN:</b> The venue assessment, compiled by the Bronze Command Logistics work stream, addresses many of these issues. Included in the primary factors in selecting venues is their accessibility, the ability to have a one-way system, size of the venue to accommodate large groups of people while still maintaining social distancing, access to local bus routes, car parking, disabled access, infection control and pharmacy storage requirements.</p> <p>Lessons learned from the flu vaccination programme have also been reviewed, and the following points have been/ will be actioned:</p> <p><b>ACTION TAKEN:</b> The Board has engaged with a national scheduling solution, which incorporates a free-phone telephone line for booking and rebooking of appointments from the second wave of cohorts). Any complex issues will be referred to the local team for resolution.</p> <p><b>ACTION REQUIRED:</b> The communications approach will include signposting to what the public should do if they can't get through to the booking line. The communications lead will direct this action</p> <p><b>ACTION TAKEN:</b> A larger pool of call handlers will be managing the calls at the outset.</p> <p><b>ACTION REQUIRED:</b> Invite letters will be staggered within the different cohorts to flatten peaks of demand, thereby enhancing accessibility. The Bronze Command lead for Scheduling will direct this action.</p> <p><b>ACTION TAKEN:</b> The communications team is represented on all COVID-19 Silver Command groups to ensure the appropriate communications are released at appropriate points locally. In addition, there will be national communications, a free helpline and website for</p>

	<p>This medicinal product does not yet have a UK marketing authorisation.</p>	<p>the public to access for up-to-date information.</p> <p><b>ACTION REQUIRED:</b> A script for dealing with primary anticipated issues will be accessible to all local call handlers and clear escalation routes are in place both locally, and from the national system to the local one. The Bronze Command lead for Scheduling will direct this action</p> <p><b>ACTION TAKEN:</b> A process for handling people re-booking missed appointments is in place.</p> <p><b>ACTION REQUIRED:</b> Easy read information is standard and other formats of information provided for people with disabilities are co-produced to ensure appropriate to need (British Sign Language, Easy Read, Braille, Audio formats available etc). The communications lead will direct this action</p> <p><b>ACTION TAKEN:</b> The Board has provided information and clear guidance to professionals assessing the capacity to consent.</p> <p><b>ACTION TAKEN:</b> The Board has ensured staff members are appropriately trained in taking consent.</p> <p>The first available vaccine (COVID-19 mRNA Vaccine BNT162b2) has been given authorisation for temporary supply by the UK Department of Health and Social Care and the Medicines &amp; Healthcare products Regulatory Agency (MHRA) for active immunization to prevent COVID-19 disease caused by SARS-CoV-2 virus in individuals aged 16 years of age and over. The Board will continue to follow all relevant conditions of this authorisation.</p> <p>This product will be closely monitored to allow quick identification of new safety information. Any suspected adverse reactions will be reported via the Coronavirus Yellow Card reporting site or through the MHRA Yellow Card App.</p> <p><b>ACTION TAKEN:</b> Enhanced local governance has also been developed</p>
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		under the remit of Public Health team.
<p><b>Issues that apply to all the population groups mentioned in below that are linked to the COVID-19 pandemic:</b></p> <ul style="list-style-type: none"> <li>• BAME staff and population</li> <li>• Care homes</li> <li>• Older people</li> </ul>	<p>Due to the conditions of the MHRA authorisation, and subsequent clinical direction, the Board should not give vaccine to those who:</p> <ul style="list-style-type: none"> <li>• are less than 18 years of age</li> <li>• have had a confirmed anaphylactic reaction to a previous dose of COVID-19 vaccine or any component (excipient) of the COVID-19 vaccine</li> <li>• have a history of immediate-onset anaphylaxis to multiple classes of drugs or unexplained anaphylaxis</li> <li>• have no valid consent to treatment according to NHS Fife policy</li> <li>• are known to be pregnant</li> <li>• are suffering from acute febrile illness or active COVID-19 disease (the presence of a minor infection is not a contraindication for vaccination)</li> <li>• have had confirmed COVID-19 infection in the preceding 4 weeks</li> <li>• have evidence of current deterioration of COVID-19 symptoms</li> <li>• are participating in a clinical trial of COVID-19 vaccines</li> <li>• have received a dose of COVID-19 vaccine in the preceding 21</li> </ul>	<p><b>ACTION TAKEN:</b> Screening checks are in place prior to vaccination for all cohorts.</p> <p><b>ACTION TAKEN:</b> The approach to communications provides information regarding these circumstances in which individuals should not be vaccinated. Wherever possible, the local approach directs people to the 'single source of truth' on clinical information regarding the vaccine, which is the NHS Inform website.</p>

	<p>days</p> <ul style="list-style-type: none"> <li>• have completed a course of COVID-19 vaccination</li> <li>• are advised by the UK regulator, the Medicines &amp; Healthcare products Regulatory Agency (MHRA), not to receive the COVID-19 vaccine</li> <li>• have an evolving neurological condition</li> </ul> <p>In addition, those who have a systemic allergic reaction to the Pfizer-BioNTech vaccine should not be given a dose of the Moderna vaccine, and vice versa, when it becomes available.</p>	
<b>Population groups and factors contributing to poorer health</b>	<b>Potential Impacts and explanation why</b> <b>THINK Access to services, health differences or inequality, communication barriers, trust, knowledge, cost, social norms and attitudes, cultures.</b>	<b>Recommendations to reduce or enhance such impacts</b>
<b>1. Age</b>		
<b>a. Older people</b>	<p>At risk group particularly those who reside in care homes.<sup>1</sup></p> <p>The Board must have a robust plan to consider capacity to consent/ Welfare Power of attorney.</p>	<p>The current evidence strongly indicates that the risk of serious disease and death increases exponentially with age. It is also increased in those with a number of underlying health conditions. There is clear evidence that older adults living in residential care homes have been disproportionately affected by COVID-19 as they had a high risk of exposure to infection and are at higher clinical risk of severe disease. Given the increased risk of outbreaks, morbidity and mortality in these</p>

<sup>1</sup> (<https://www.ecdc.europa.eu/en/covid-19/latest-evidence/epidemiology>, Graham, N.S.N. et al. SARS-CoV-2 infection, clinical features and outcome of COVID-19 in United Kingdom nursing homes. (2020)).

	<p>The Board must consider the digital literacy of the older population for arranging appointments and for accessing information about the vaccine.</p>	<p>closed settings, these adults are considered to be at very high risk (JCVI).</p> <p><b>ACTION TAKEN:</b> This group is a priority for receiving vaccine in the first wave (care home residents and over 80s).</p> <p><b>ACTION REQUIRED:</b> Staff have been trained on how to assess capacity and take consent and what to do if patients don't have capacity to consent. Future expansion of the workforce will include this training. Sign off on this statement from Bronze Command Workforce lead required.</p> <p><b>ACTION REQUIRED:</b> The programme should have a robust approach to consent in the GP and Community Pharmacy settings. This action should be delivered by the Associate Medical Director and the Lead Pharmacist for Public Health and Community Pharmacy</p> <p><b>ACTION REQUIRED:</b> A plan is in place to gain consent from care home residents prior to vaccination visit in a robust and person-centred manner. Sign off of this statement from care home vaccination operational lead is required.</p> <p><b>ACTION REQUIRED:</b> Support to communicate with those who are hard of hearing and deaf/visual impairment is in place for the team vaccinating care home residents and staff. Sign off of this statement from Care Home vaccination operational lead required.</p> <p><b>ACTION REQUIRED:</b> The programme will ensure that support to communicate with those who are hard of hearing and deaf/visual impairment is in place for the team vaccinating in cluster clinics. This should be confirmed by the Workforce Bronze Commander and the Communications lead for the programme.</p> <p><b>ACTION REQUIRED:</b> The programme will ensure information is available in a variety of formats, including non-digital formats, to increase accessibility for this population group.</p>
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<b>b. People transitioning from home/ hospital to care/nursing home</b>	This patient group may not be present for the care home/nursing home vaccination and may not have received their vaccine in the community/ hospital prior to admission to the care/nursing home.	<p><b>ACTION REQUIRED:</b> The programme will ensure that a mechanism is in place whereby care homes notify the programme of new care/nursing home residents when admitted. The Programme Director should allocate this action.</p> <p><b>ACTION REQUIRED:</b> The programme will ensure there are mop up clinics for people transitioning between points of care to ensure those at risk are captured. The Bronze Command Scheduling lead and Bronze Command Workforce lead will direct this action.</p>
<b>c. Older people in hospital long term</b>	This at risk group may miss being vaccinated by their GP.	<p>GPs will vaccinate those aged over 80s in the practice, including those discharged from hospital.</p> <p>Those aged over 80 and housebound will receive their vaccine from the district nurse team.</p> <p><b>ACTION REQUIRED:</b> The programme will define a plan for vaccination of long stay inpatients of all ages. The Programme Director will allocate this action. There are no long stay patients in East or West Fife Partnership settings. The programme is seeking clarity on mental health setting.</p>
<b>d. Older people living at home</b>	Some older people may not have access to transport to one of the vaccination venues.	<p>Vaccination venues are being planned to be as accessible as possible across the area, including public transport links.</p> <p><b>ACTION REQUIRED:</b> The programme should define an accessible transport plan, including door-to-door service for those in need. The Bronze Command Logistics lead will allocate this action.</p>

<p><b>e. Middle years; early years; children and young people</b></p>	<p>Fewer than 5% of SARS-CoV-2 infection cases are amongst children and in general they appear to exhibit mild disease.<sup>2</sup></p> <p>This patient group may not be included in the National vaccination programme. If they are included in the vaccination programme it is likely to be some time before they are vaccinated. In school/further education there is an increased risk of virus spread and infecting at-risk populations and each other.</p> <p>Some young people care for the elderly or vulnerable relatives and in some cases this information is not captured on records. Young carers are children under 18 with caring responsibilities.</p>	<p>There is currently no vaccine approved for use in those under 16 years of age.</p> <p>Vaccination may be considered for children with serious neuro-disabilities (including cerebral palsy, severe autism and Down's syndrome). Recommendations on vaccinating children with other underlying conditions will be reviewed after the initial roll-out phase by which time additional data on use of the vaccines in adults should allow a better assessment of risks and benefits.<sup>3</sup></p> <p><b>ACTION REQUIRED:</b> The programme should define a plan to proactively contact these groups. The Programme Director should allocate this action</p> <p>The local council have a duty to assess 'on the appearance of need' (ie without a 'request' having to be made). They also have a more general duty to 'take reasonable steps' to identify young carers in their area<sup>4</sup></p> <p><b>ACTION REQUIRED:</b> The programme should identify (via national guidance) a definition of 'young carers' and the appropriate policy/process for vaccinating these groups, when appropriate. The Deputy Director for Public Health should direct this action.</p> <p>As older children have a higher risk of acquiring and becoming sick from infection and there are some safety data on the Pfizer BioNTech COVID-19 vaccine in children aged 12 years and older, vaccination of older children in these settings should be considered. As this would be outside the terms of the MHRA approval, this would be considered unlicensed use.</p> <p>Recommendations on vaccinating children with other underlying conditions will be reviewed after the initial roll-out phase by which time</p>
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<sup>2</sup> <https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>.

<sup>3</sup> The Green Book, Chapter 14a-COVID-19-SARS-CoV-2

<sup>4</sup> CarersUK. <https://www.carersuk.org>

		<p>additional data on use of the vaccines in adults should allow a better assessment of risks and benefits.<sup>5</sup></p> <p><b>ACTION REQUIRED:</b> The programme should review and respond to national guidance, and if necessary, prompt consideration at national level of the requirement to vaccinate this group. The programme director should prompt proactive local review of this issue at least every four weeks.</p> <p>Vaccination of the whole resident population is recommended in the longer term – the programme will require to react to additional indications for the product and any new products brought to bear.</p> <p>The Board will continue to follow and encourage social distancing measures. Risk to all members of the public will reduce as the programme progresses and the number of active cases reduces across population.</p>
<b>f. Younger adults in long-stay nursing and residential care settings</b>	<p>Due to the communal dynamic, there is a higher risk of exposure in these settings.</p> <p>Data on the transmission dynamics of the virus in the UK population and the contribution of children to transmission are currently limited (JCVI).</p>	<p>When more data become available, the UK committee will consider whether a transmission-based vaccination strategy (vaccinating those most likely to spread the virus in the population) can also play a part in controlling the pandemic (JCVI). The Board will react to any advice.</p>
<b>2. Disability:</b> physical, sensory and learning impairment; mental health conditions; long-term medical conditions		
<b>a. Assisted living</b>	<p>This group may not have access to the information or vaccination venues.</p> <p>There is an increased risk of exposure to</p>	<p>The checklist for assessing venues for appropriateness (Bronze Logistics) includes considerations around accessibility.</p> <p><b>ACTION REQUIRED:</b> The programme should ensure assisted living</p>

<sup>5</sup> The Green Book, Chapter 14a-COVID-19-SARS-CoV-2

	<p>infection and outbreaks in institutional settings.</p> <p>Older children have higher risk of acquiring and becoming sick from infection in residential settings.</p>	<p>group are included in communications about vaccination programme. The Bronze Command Scheduling lead should direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme should engage with special needs centres regarding transport to venues and access requirements. It should also consider use of mobile vaccination units/home visits for vaccinations with this cohort. The Bronze Command Logistics lead should direct this action.</p> <p>Vaccination may be considered for children with serious neuro-disabilities (including cerebral palsy, severe autism and Down’s syndrome) who spend regular time in specialised residential care settings for children with complex needs. We will respond to national guidance on this.<sup>6</sup> This action is defined above.</p> <p>There is some safety data on the Pfizer BioNTech COVID-19 vaccine in children aged 12 years and older. Vaccination of older children in these settings should be considered, however, this would be outside the terms of the MHRA approval, and would therefore be considered unlicensed use. Since the vaccine may not result in a full antibody response therefore PPE, hand washing and social distancing should still be advised.<sup>7</sup> This action is defined above.</p> <p><b>ACTION REQUIRED:</b> Training on and implementation of NHS Five mechanisms for assessing capacity and taking consent and what to do if people don’t have capacity to consent, should be provided to all relevant vaccinating staff. The Bronze Command Workforce lead should direct this action and formally confirm that existing staff have this in place.</p>
<p><b>b. Physical disability</b></p>	<p>Need to consider capacity to consent/ Welfare Power of attorney.</p> <p>Consider access to centres. In other</p>	<p><b>ACTION REQUIRED:</b> Call handlers may be required to ask about physical disability/ power of attorney at the point of booking in order to make appropriate arrangements. Clarity is needed on precise requirements. The programme director should allocate this action.</p>

<sup>6</sup> The Green Book, Chapter 14a-COVID-19-SARS-CoV-2

<sup>7</sup> The Green Book, Chapter 14a-COVID-19-SARS-CoV-2

	programmes, the one-way system often uses the disabled access as the exit.	<p>There are well established mechanisms for assessing consent and capacity and the programme is and will continue to utilise these.</p> <p><b>ACTION REQUIRED:</b> The programme should be assured that all relevant staff are directed to the appropriate policy and trained on NHS Fife mechanisms for assessing capacity, taking consent and what to do if patients don't have capacity to consent. The Bronze Command lead for Workforce should confirm such to the Silver Command group.</p>
<b>c. People with learning disabilities or incapacity</b>	<p>There is a risk of a lack of awareness among staff of disability needs or unable to meet the needs due to time slots.</p> <p>Some people with learning disabilities may not have the capacity to consent to the vaccine or families may have the welfare power of attorney to consent.</p>	<p><b>ACTION REQUIRED:</b> Per above, the programme will be assured on training on and implementation of NHS Fife mechanisms for assessing capacity and take consent and what to do if patients don't have capacity to consent.</p> <p><b>ACTION REQUIRED:</b> The programme should ensure that vaccination stations are set up in such a way that a family member or carer can be present when the vaccine is administered to a person requiring such support. The Bronze Command lead for Logistics should confirm such to the Silver Command group.</p>
<b>d. Deaf/Blind</b>	<p>Some people that are hard of hearing or have vision impairments may have difficulties providing consent and may require a Welfare Power of Attorney.</p> <p>May require additional support during the administration of the vaccine.</p> <p>Those with vision impairments may be concerned about social distancing and the discrimination they might receive if they aren't able to adhere to this.</p> <p>People who rely on lip reading to communicate will be unable to do so</p>	<p><b>ACTION REQUIRED:</b> The programme should ensure that staff provide support for those with vision impairments to ensure proper social distance is maintained at vaccination centres. All Bronze Command leads need to ensure their staff are properly trained to support this group.</p> <p><b>ACTION REQUIRED:</b> The programme will ensure that guide dogs are allowed access at all venues. The Bronze Command Logistics lead will sign off on the accessibility at each venue.</p> <p><b>ACTION REQUIRED:</b> The programme should ensure information is available in an appropriate format for those with vision or hearing impairments. Communications material is available in BSL format. The communications lead will confirm to Silver command that this action is in place.</p>

	when staff are wearing face masks.	<p><b>ACTION REQUIRED:</b> The programme will ensure information is available in a variety of formats to increase accessibility for this population group. The Bronze Command Scheduling lead will ensure app for translation is downloaded and available at each clinic, which includes communication via British sign language.</p> <p><b>ACTION REQUIRED:</b> Hearing loops should be considered for cluster venues. The Bronze Command Logistics lead and communications lead should consider and action this.</p>
<b>e. Mental health issues</b>	<p>Those with mental health issues may be less likely to engage with information regarding the vaccine and the overall vaccination programme.</p> <p>People who have been isolating or shielding long-term could have mental health concerns regarding visiting public clinics and attending their appointment.</p>	<p><b>ACTION REQUIRED:</b> The programme will need to consider how it vaccinates people at inpatient or outpatient facilities. The Bronze Command lead of Scheduling will direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme should involve GP staff to reach this group and encourage engagement with programme. The deputy director for public health should lead this action.</p>
<b>3. Gender Reassignment: people undergoing gender reassignment</b>		
<b>a. Gender reassignment treatment and surgery</b>	<p>This patient group may have concerns about the vaccine potentially interacting with their treatment or it may result in delays to reassignment surgery.</p> <p>There is a possibility that staff may lack awareness regarding gender reassignment. Traditional gender pronouns (she/her, he/him) do not fit everyone's gender identity. The words people use to describe themselves and</p>	<p>Lack of relevant scientific data/ information to share with patients with this protected characteristic. The programme is awaiting guidance from The Joint Committee on Vaccination and Immunisation (JCVI).</p> <p><b>ACTION REQUIRED:</b> Once the programme receives further guidance on whether the vaccine can interfere with gender reassignment treatment, the programme will add information to communications. It will then be shared with this group in a targeted manner as per NHS Fife communication strategy. The communications lead will direct this action.</p>

	<p>others are very important. The right terms can affirm identities and challenge discriminatory attitudes. The wrong ones can disempower, demean and reinforce exclusion.</p>	<p><b>ACTION REQUIRED:</b> All staff should complete training in equality and diversity. All Bronze Command leads should ensure their staff are properly trained and respectful to the public.</p> <p><b>ACTION REQUIRED:</b> Communications material and clinical information should be carefully monitored/ reviewed to ensure inclusivity regarding gender identity. It is important that people are not excluded from the correct treatment due to incorrect or inappropriate information or assumptions regarding their identity. The deputy director of public health should direct this action.</p>
<p><b>4. Marriage &amp; Civil Partnership:</b> people who are married, unmarried or in a civil partnership.</p>		
	N/A	N/A
<p><b>5. Pregnancy and Maternity:</b> women before and after childbirth; breastfeeding.</p>		

<p><b>Pregnancy</b></p>	<p>Due to the lack of data surrounding pregnancy and vaccination, this patient group may have concerns about safety of the vaccine.</p> <p>Some people who are pregnant may be concerned they are excluded from the programme.</p> <p>Some people who are pregnant may have other existing risk factors for receiving the COVID vaccine.</p>	<p>Although the available data do not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy.<sup>8</sup></p> <p><b>ACTION REQUIRED:</b> The programme will address concerns over those who cannot be vaccinated in NHS Fife communications. The communications lead will ensure this information is effectively communicated to the public.</p> <p>For women of childbearing age, MHRA have not advised performing a pregnancy test prior to offering vaccination. This has been added to the PGD and will be included in communications and shared with this group in a targeted manner as per NHS Fife communication strategy. The programme will react to clinical evidence as it arises – clinical queries will, in general, be responded to in line with information on NHS Inform as the single source of truth for the programme.</p> <p><b>ACTION REQUIRED:</b> The vaccinators are trained to ensure people fully understand this information and it is included in the vaccine screening process. The Bronze Command lead of Workforce lead should confirm this training is taking place.</p> <p><b>ACTION REQUIRED:</b> Communications will highlight that the vaccine should only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the pregnant person and baby. The programme will also encourage those people to discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances. The vaccination of this cohort would not be covered under a Patient Group Direction and would require a patient specific direction to be organised. The deputy director of public health will direct this action.</p>
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<sup>8</sup> Green book chapter 14a COVID-19-SARS-CoV-2

<p><b>a. Breastfeeding</b></p>	<p>This patient group may have concerns about safety of the vaccine and its risks for being expressed in breast milk.</p> <p>There may be confusion in this population regarding the safety of the vaccine in breast feeding, since earlier 'flyer' communication highlighted previous guidance to avoid vaccine if breast-feeding.</p>	<p>Women who are breastfeeding can be given the vaccine.</p> <p><b>ACTION REQUIRED:</b> The programme will add information regarding vaccine safety for breastfeeding women to communications and shared with this group in a targeted manner as per NHS Fife communication strategy. The communications lead and Deputy Director for Public Health will ensure this information is included in the communications strategy and is amended as the information develops.</p>
<p><b>b. Pre-natal and IVF treatments</b></p>	<p>The patient group may have concerns about safety of the vaccine, teratogenicity, or how it may interact with IVF treatment and impact on its effectiveness.</p>	<p>There is a lack of relevant scientific data/ information to share with patients with this protected characteristic regarding interactions with fertility treatment. However, MHRA advise that those who wish to become pregnant within two months should not be offered the vaccine at this time.</p> <p><b>ACTION REQUIRED:</b> The programme will ensure information regarding prenatal health and pregnancy is included in the communications strategy. The Deputy Director for Public Health should direct this action.</p>
<p><b>6. Race and ethnicity:</b> minority ethnic people; speakers of community languages; Gypsy/Travellers; migrant workers.</p>		
<p><b>a. Black and ethnic minority people</b></p>	<p>There is some emerging data indicating potentially increased risk of serious disease and mortality in certain black and minority ethnic groups from COVID-19.<sup>9</sup> Therefore, delay in receipt of vaccine may put them at risk.</p>	<p>The reasons behind this are complex, are not well understood and are undergoing further investigation.</p> <p>The Scottish Government has set the priorities for the vaccine programme based on age and high-risk categories (JCVI). Black and ethnic minority people will be vaccinated within their appropriate cohort.</p>

<sup>9</sup> Williamson EJ, Walker AJ, Bhaskaran K, et al. Factors associated with COVID-19-related death using. Nature. 2020 Aug; 584(7821):430-436

<p><b>b. Non-native English speakers</b></p>	<p>Those who do not speak English or it is not their primary language may have difficulty understanding the communications distributed, how to schedule an appointment or the instructions once they arrive at the venues for vaccination.</p>	<p><b>ACTION REQUIRED:</b> The programme will ensure that all information, including how appointments are accessed, how consent is taken, and how to get to venues or ask for home visit is provided and distributed in range of locally spoken languages. The communications lead will ensure communications are available in the identified locally spoken languages both for scheduling and within the clinic settings.</p> <p><b>ACTION REQUIRED:</b> The programme will download a translation app for use on site at the vaccination venues. Bronze Command lead for Scheduling will ensure the app has been downloaded and available at each venue.</p> <p><b>ACTION REQUIRED:</b> The programme will consider the requirement longer appointments to build up trust and use of interpreters. The Bronze Command lead of Scheduling will consider the length of appointment times.</p>
<p><b>c. Gypsy travellers</b></p>	<p>This population group can be less likely to engage with healthcare due to their transient nature. They may move between Health Boards throughout the year and may therefore not be known to the GP practices or the Board. This makes it difficult to capture them in the programme. This also presents challenges for NHS Fife to raise awareness through communications as it may be difficult to contact these groups of people.</p>	<p><b>ACTION REQUIRED:</b> The programme should consult with national lead groups and known members of the community to determine the best way to capture this population. The programme will also reach out using pre-established networks (e.g. Gypsy/Traveller Facebook page) to communicate with this community. The communication lead and the Deputy Director for Public Health will direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme should be assured that information is clearly signposted and displayed on the national websites. Communications lead will confirm this is in place.</p> <p><b>ACTION REQUIRED:</b> The programme needs to consider the travel implications to reach this patient group and how it can coordinate with the established healthcare workforce visits to vaccinate this population. It will also consider coordinating the timing of clinics to avoid the busy times of travel for this group. Bronze Command lead for Scheduling will direct this action.</p>

## 7. Religion and belief: people with different religions or beliefs, or none.

<p><b>a. Medical interventions and religious beliefs</b></p>	<p>Some religions may not accept some or all medical interventions offered.</p>	<p>Scottish Government has no plans to make the vaccine compulsory and therefore people will choose whether to be vaccinated or not.</p> <p><b>ACTION REQUIRED:</b> Guidance on understanding the restrictions based on religion is being developed as a national resource. The communications lead will ensure this is reflected in relevant communications.</p>
<p><b>b. Religious events</b></p>	<p>There is a risk that religious events, such as Ramadan, may reduce vaccine uptake on those days.</p> <p>Religious holidays can include large gatherings in places of worship, which in turn increases the risk of exposure to COVID-19.</p>	<p><b>ACTION REQUIRED:</b> The programme needs to be aware of any religious/ faith holidays coinciding with clinic dates to understand implications on appointment scheduling. Additionally, local call handlers who are scheduling the population need to be empathetic towards those who cannot attend specific appointment dates for religious or faith reasons. The Bronze Command Scheduling lead will direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme needs to be aware some staff members may be unable to work on religious holidays and the implications of this on the clinics. The Bronze Command Workforce lead will ensure the needs of staff members are met.</p> <p><b>ACTION REQUIRED:</b> The programme should react to any available guidance on vaccine administration to those who are fasting. The Deputy Director of Public Health should lead this action.</p>
<p><b>c. Meat or other animal product in vaccine</b></p>	<p>Traces of meat or animal products in some vaccines may prevent those with certain religious or personal beliefs from participating in the vaccination programme.</p>	<p>While the first available vaccine has no animal components, the programme needs to consider the ingredients in future vaccines and the implications it has on some population groups. If available/ required, an alternative vaccine could be offered as part of the pre-vaccination screening.</p> <p><b>ACTION REQUIRED:</b> The programme needs to train call handler and clinic staff to ensure they are aware of the vaccine ingredients. If</p>

		<p>a later vaccine has traces of animal products, the programme will add ingredient information to the screening process. The Bronze Command lead of Scheduling will direct this action in partnership with the Deputy Director of Public Health.</p> <p><b>ACTION REQUIRED:</b> The programme should communicate with the public the differences between vaccines and how a vaccine with meat content has been treated to eliminate the animal products from its contents. The communications lead will direct this action in partnership with the Deputy Director of Public Health.</p>
d. Anti-vaccination beliefs	Those with strong beliefs against the safety and efficacy of vaccines are unlikely to present themselves for vaccination. This population group may also influence others to be sceptical of the vaccination and not take the vaccine as a result.	<p>Scottish Government has no plans to make the vaccine compulsory, therefore people will choose whether to be vaccinated or not.</p> <p><b>ACTION REQUIRED:</b> The programme will ensure strong evidence-based communication about vaccine safety and with reference to The Joint Committee on Vaccination and Immunisation (JCVI). The communications lead will ensure this information is effectively communicated in accordance with the World Health Organisation and Scottish Government Guidance on interactions with those with anti-vax views.</p> <p><b>ACTION REQUIRED</b> Call handlers should be made aware of clinical information and be able to direct callers to this via NHS Fife website or NHS Inform. The Bronze Command lead of Scheduling will confirm call handlers' knowledge of information to the Silver Command group.</p>
<b>8. Sex:</b> men; women; experience of gender-based violence.		
a. Males	Male gender also appears to be associated with increased mortality from COVID-19, however the evidence is unclear if this is related to the incidence of high risk illnesses in male population.	<p>The Scottish Government has set the priorities for the vaccine programme based on age and high-risk categories (JCVI). Males will be vaccinated within their appropriate cohort.</p> <p><b>ACTION REQUIRED:</b> The programme will ensure good</p>

	Males access healthcare less frequently than females? Uptake of other vaccination programmes.	communication strategy encompasses males accessing vaccination. The communications lead will direct this action. Ahead of this, guidance from the Deputy Director of Public Health is required to clarify information on uptake of vaccination (in general) and how this relates to gender.
<b>b. Males and Females</b>	Those receiving the vaccine at the vaccination centres may not be suitably dressed to allow access to their upper arm and may need to change their clothing.	<b>ACTION REQUIRED:</b> The programme will ensure there are facilities to change their clothing if needed. The Bronze command lead for logistics will direct this action.
<b>9. Sexual orientation:</b> lesbian; gay; bisexual; homosexual, transgender, heterosexual		
<b>a. LGBTQ+</b>		<b>ACTION REQUIRED:</b> The programme requires to engage with local LGBTQ+ services to understand any specific concerns from this group, and to consider any appropriate communications approaches. The communications lead will direct this action in partnership with the Deputy Director of Public Health.
<b>10. Looked after (incl. accommodated) children and young people</b>		
 <p>CRWBIA COVID VACCINATION comp</p>  <p>CYP Participation and Engagement fran</p>	<p>CRWBIA completed by Tara Irvin. There is an increased risk of exposure to infection and outbreaks in institutional settings.</p> <p>Older children have higher risk of acquiring and becoming sick from infection in residential settings.</p>	<p>As older children have higher risk of acquiring and becoming sick from infection and there is some safety data on the Pfizer BioNTech COVID-19 vaccine in children aged 12 years and older. Vaccination of older children in these settings should be considered, however, this would be outside the terms of the MHRA approval, and would therefore be considered unlicensed use. Since the vaccine may not result in a full antibody response therefore PPE, hand washing and social distancing should still be advised.<sup>10</sup></p>

<sup>10</sup> The Green Book, Chapter 14a-COVID-19-SARS-CoV-2

		<p><b>ACTION REQUIRED:</b> The programme will ensure they are in contact with any residential homes for troubled or vulnerable children in Fife to ensure this population group is captured, when appropriate. The Bronze Command Scheduling lead and Deputy Director of Public Health will direct this action.</p>
<p><b>11. Carers: paid/unpaid, family members.</b></p>		
<p><b>a. Priority group for vaccination</b></p>	<p>May be difficult to identify all carers as not always recorded if not done in an official/paid capacity.</p> <p>It may be difficult for the programme to identify all carers that are informal or unpaid, as this population group is not often recorded.</p> <p>Those who provide informal and unpaid care may have concerns that they themselves are not being prioritised in the same way health and social care staff is for vaccination.</p>	<p><b>ACTION REQUIRED:</b> The programme needs a clear communication strategy to ensure accessible information is shared with this group. The Communications lead will direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme needs to identify unpaid and family carers to ensure they are given priority for vaccination in the first wave. At present, the programme plans to use data from GP practices to identify this population group. The Bronze Command Scheduling lead will direct this action.</p>
<p><b>b. Young Carers</b> (children under 18 with caring responsibilities)</p>	<p>Young carers may have concerns that those they are caring for have not yet been immunised dependent on stage of the programme.</p>	<p>The planned national programme does not include children and young people at present and priority is being given to more vulnerable groups within the population. The programme awaits further guidance from The Joint Committee on Vaccination and Immunisation (JCVI) on this population group.</p> <p>There is some safety data on the Pfizer BioNTech COVID-19 vaccine in children aged 12 years and older, but the current authorisation permits vaccination of those 16 and over only. For vaccination of children under the age of 16 who are carers would be outside the terms of the MHRA approval, and would therefore be considered</p>

		<p>unlicensed use. Since the vaccine may not result in a full antibody response, PPE, hand washing and social distancing should still be advised.<sup>11</sup></p> <p><b>ACTION REQUIRED:</b> The programme plans to include information for young carers in a targeted manner as per the NHS Fife communications strategy. The communications lead will direct this action to ensure concerns are addressed.</p>
<p><b>12. Homelessness and other approaches to residence:</b> people on the street; staying temporarily with friends/family; in hostels, B&amp;Bs, holiday park residents and students.</p>		
a. All groups in this section		<p><b>ACTION REQUIRED:</b> The programme requires to consider in detail its approach to communications and engagement with these groups, in line with other initiatives in the area. The Deputy Director for Public Health should lead this action, in partnership with the equalities team, communications and clinical leadership within the HSCP.</p>
b. Holiday park residents	<p>Those who live in two or more locations spanning different Health Boards could miss being vaccinated, depending on the time of year their appointment would be.</p> <p>Those who spend only some of their time in Fife may not be registered with a GP in Fife and may not be captured in the vaccination programme.</p> <p>Those who live in two or more locations may only be registered with a GP in one location and will miss communications if staying at their second address.</p>	<p><b>ACTION REQUIRED:</b> The programme should provide clear communication to this group. This could include a leaflet drop to all holiday parks about vaccination clinics, engaging with local radio and press, community pharmacies and local agencies to ensure population is made aware of the programme in a variety of methods. The communications lead will direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme needs to ensure those who live in different areas throughout the year and are registered with local GPs in only one location are vaccinated at the appropriate time. The Bronze Command Scheduling lead will direct this action.</p>

<sup>11</sup> The Green Book, Chapter 14a-COVID-19-SARS-CoV-2

<b>c. Hostels</b>	Those who are currently staying in hostels or other temporary housing may not receive a letter inviting them to be vaccinated.	<b>ACTION REQUIRED:</b> The programme needs to ensure those who live in temporary housing receive clear communications as to how they can get vaccinated. The communications lead will direct this action.
<b>d. Homeless</b>	As the programme plans to mail letters when it is time for people to book appointments, this population group could be missed	<b>ACTION REQUIRED:</b> The programme requires a strong communication strategy to reach this population group. The communications lead will direct this action.  <b>ACTION REQUIRED:</b> The programme should engage with organisations that work with this group to ensure the best methods are used to vaccinate this population group. The Deputy Director for Public Health will direct this action.
<b>e. Students</b>	Those who are currently in a rotational work placement or studying at university and staying in term-time accommodation may not receive a letter inviting them to be vaccinated.	<b>ACTION REQUIRED:</b> The programme needs to ensure those who live in temporary accommodation receive clear communications as to how they can get vaccinated. The Scheduling lead will direct this action.
<b>13. Involvement in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.		
<b>a. Prisoners</b>	Those who are released from prison and live in Fife may have difficulty	<b>ACTION REQUIRED:</b> The programme needs to engage with criminal justice system and ask for support in identifying these people on release and arrange vaccination in line with appropriate wave or as a mop up. The Programme Director will allocate this action.
<b>14. Those affected by addictions and/ substance misuse</b>		

<p><b>a. Substance misusers</b></p>	<p>Those with substance abuse problems may be less likely to engage with services, including accessing information regarding the programme and the vaccination itself.</p> <p>This population group may have concerns about the vaccine potentially interacting with their treatment.</p>	<p><b>ACTION REQUIRED:</b> The programme needs to have a strong communication strategy to ensure this group is included. The Deputy Director for Public Health will direct this action.</p> <p>There is currently a lack of relevant scientific data/ information to share with patients with this protected characteristic; however, the Programme will react to information as it develops.</p> <p>The programme is awaiting guidance from The Joint Committee on Vaccination and Immunisation (JCVI). This will be added to communications and shared with this group in a targeted manner as per NHS Fife communication strategy.</p> <p>Good links are in place with the Area Drug Partnership.</p>
<p><b>15. Staff:</b> full/part time; voluntary;</p>		
<p><b>a. Third sector workers</b></p>	<p>n/a</p>	<p>Relevant considerations have been included above</p>
<p><b>b. Care and nursing home staff</b></p>	<p>Those who work with vulnerable people may be concerned about their ability to continue working in their current location if they do not wish to receive or have evidence they received the vaccine.</p> <p>At risk of both catching COVID-19 and infecting at risk population due to volume of contacts and area of work (Nguyen, L.H. et al. Risk of COVID-19 among front-line health-care workers and the general community. (2020)).</p>	<p>Scottish Government has no plans to make the vaccine compulsory, therefore people will choose whether to be vaccinated or not. However, some health sector employers may make vaccination a requirement to protect other staff and patients.</p> <p>There is evidence that infection rates are higher in residential care home staff than in those providing domiciliary care or in healthcare workers. Care home workers are therefore considered very high priority for vaccination (JCVI).</p> <p><b>ACTION TAKEN:</b> The programme is currently vaccinating staff in the care homes if they are on duty at the time the vaccinators visit. If staffs are not on site, they have the availability to be vaccinated at Queen Margaret Hospital peer vaccination clinics.</p>

<p><b>c. NHS staff working in high-risk areas</b></p>	<p>Those who work in high-risk areas may be concerned with their ability to continue working in their current location if they do not wish to receive or have evidence that they have received the vaccine.<sup>12</sup></p> <p>This population group is at risk of both catching COVID-19 and infecting at risk population</p>	<p>Frontline health and social care workers are at increased personal risk of exposure to infection with COVID-19 and of transmitting that infection to susceptible and vulnerable patients in health and social care settings. It is also recognised that vaccination of frontline health and social care workers will help to maintain resilience in the NHS and for health and social care providers (JCVI).</p> <p><b>ACTION TAKEN:</b> The programme will ensure its guidelines regarding staff vaccination and exclusion are consistent with the National programme.</p> <p><b>ACTION TAKEN:</b> These staff members have been prioritised</p>
<p><b>d. NHS staff who are pregnant, breastfeeding, undergoing IVF treatment or trying to become pregnant</b></p>	<p>Due to the lack of data surrounding pregnancy and vaccination, this patient group may have concerns about safety of the vaccine</p> <p>Some people who are pregnant may be concerned they are excluded from the programme.</p> <p>Some people who are pregnant may have other existing risk factors for receiving the COVID vaccine.</p>	<p>Although the available data do not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend <b>routine</b> use of COVID-19 vaccines during pregnancy<sup>13</sup>. The vaccine should only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the pregnant person and baby. Pregnant staff members should be encouraged to discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances. The vaccination of this cohort would not be covered under a Patient Group Direction and would require a patient specific direction to be organised.</p> <p><b>ACTION REQUIRED:</b> The programme will ensure information regarding pregnancy and the vaccine is communicated clearly to staff through regular staff communications and during the screening process. Communications lead will direct this action with the Bronze Command Scheduling lead ensuring the local call handlers are</p>

<sup>12</sup> Nguyen, L.H. et al. Risk of COVID-19 among front-line health-care workers and the general community. (2020).

<sup>13</sup> Green book chapter 14a COVID-19-SARS-CoV-2

<sup>13</sup> Nguyen, L.H. et al. Risk of COVID-19 among front-line health-care workers and the general community. (2020).

<sup>13</sup> Green book chapter 14a COVID-19-SARS-CoV-2

		<p>properly trained to brief staff.</p> <p>For staff of childbearing age, MHRA have not advised questioning about last menstrual period and/or performing a pregnancy test prior to offering vaccination. Checking understanding of this information is included in the vaccine screening process.</p> <p><b>ACTION TAKEN:</b> Exclusion criteria for people in this demographic has been included in the PGD and will be included in communications and shared with this group in a targeted manner as per NHS Fife communication strategy. The programme will react to clinical evidence as it arises – clinical queries will, in general, be responded to in line with information on NHS Inform as the single source of truth for the programme.</p> <p><b>ACTION REQUIRED:</b> The vaccinators are trained to ensure people fully understand this information and it is included in the vaccine screening process. The Bronze Command Workforce lead should confirm this training is taking place.</p> <p><b>ACTION REQUIRED:</b> Signs are posted in all staff vaccination areas to ensure exclusion criteria is clearly communicated. Bronze Command Workforce lead and communications lead will confirm this is in place.</p>
<p><b>e. New and returning staff</b></p>	<p>Staff returning to practice from retirement and other new staff may not be aware of current NHS Fife policies/procedures.</p> <p>Bank and agency staff working within NHS Fife may not be familiar with NHS Fife policies and procedures.</p> <p>They may not be aware of how to access information so they are up to</p>	<p><b>ACTION REQUIRED:</b> The programme will ensure that all staff members, including agency and bank staff, are trained in alignment with NHS Fife policies and procedures. The Bronze Command leads will assure Pharmacy silver that training is robust.</p> <p><b>ACTION REQUIRED:</b> The programme will ensure information regarding times and venues for vaccinating staff and how staff can book an available appointment at a convenient time are widely shared with all staff. The Scheduling lead will direct this action.</p>

	date about the vaccination programme.	
<b>f. Staff working shift patterns</b>	Staff working shifts may not be able to access the vaccine when they are working night shifts.	<b>ACTION REQUIRED:</b> The programme will ensure information regarding times and venues for vaccinating staff and how staff can book an available appointment at a convenient time are widely shared with all staff. The Scheduling lead will direct this action.
<b>g. Staff Rotating between health boards</b>	Staff rotating between different health boards may receive their first vaccine dose in one board but will be due to receive their second dose after they move to a different board.	<b>ACTION REQUIRED:</b> The programme will ensure information regarding how staff can book an available appointment at a convenient time are widely shared with all staff, including those rotating to Fife from other boards. Those moving to other boards will be encouraged to contact that board to arrange their second vaccine. The Scheduling lead will direct this action.

### 16. Low income/Poverty/Low pay

<b>a. Travel to vaccination venues</b>	<p>Those who have difficulty accessing transportation through public transport or other means may not be able to travel to clinic venues for vaccination.</p> <p>Accessing transport to venues in extreme weather will be difficult for those without personal transport.</p> <p>Single parent families may have difficulty accessing clinics if they have no child care.</p>	<p>The programme has identified a range of vaccination venues (a few of which are part time) based on a site assessment influenced by the EQIA.</p> <p>Additional Sites will be considered following geomapping.</p> <p><b>ACTION REQUIRED:</b> The programme plans to map out proposed vaccination venues against population density, deprivation levels, age, GP practice locations and community pharmacies throughout Fife. This will be used to identify any gaps and pop-up clinics required to reach the more remote and rural populations of Fife. Military liaison colleagues will complete the geo-mapping to submit to Silver Command for consideration.</p> <p><b>ACTION REQUIRED:</b> The programme is reviewing options to partner with Fife Council to ensure people can access transportation to clinic venues. Bronze Command Logistics lead will direct this action.</p>
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<p><b>b. Telephone access</b></p>	<p>Those who do not have access to a telephone will have difficulties booking an appointment by phone.</p> <p>Some people may not be able to afford to call into the call centre if they are kept waiting for an extended period of time.</p>	<p><b>ACTION REQUIRED:</b> The programme has taken lessons learned from the flu programme to ensure a sufficient number of call centre staff are employed. The Bronze Command Scheduling lead will continue to review the number of staff as the programme progresses.</p> <p>The programme is implementing a robust telephony system to manage the number of calls more effectively to reduce queueing times and call length.</p> <p><b>ACTION TAKEN:</b> The programme has identified an 0800 phone number to book appointments, which will be at no cost to the person calling in.</p>
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**17. Low literacy / Health Literacy:** Includes poor understanding of health and health services as well as written language skills.

<p><b>a. Poor understanding</b></p>	<p>Those with low health literacy may not fully understand why the vaccination is needed or how to access it.</p> <p>Those with a low understanding of the vaccine may not understand the need for two vaccinations or remember the need to have both.</p> <p>Widespread fake news shared on the internet includes the idea that a microchip will be implanted through the COVID-19 vaccine may create scepticism in the vaccine and prevent people from accessing the vaccine.</p>	<p><b>ACTION REQUIRED:</b> Good communication strategy is needed to ensure this information is presented in a way that is easily understood. Invites should be provided in an accessible format that would be suitable for a range of age groups and literacy ability e.g. large print, easy read and digital etc. The communication lead will direct this action</p> <p><b>ACTION REQUIRED:</b> The programme needs to ensure relevant public health messages and guidance is accessible by people without access to the internet, telephones, or other digital services, or who may not have good levels of digital literacy. The communication lead will direct this action in partnership with the Deputy Director of Public Health.</p> <p><b>ACTION TAKEN:</b> The programme plans to have text reminders for scheduled appointments. The Bronze Command Scheduling group has implemented such measures for the first and second appointment in locally scheduled cohorts and will follow national processes for other cohorts</p>
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<b>b. Digital Literacy</b>	The Board must consider the digital literacy of this population for arranging appointments and for accessing information about the vaccine	<p><b>ACTION REQUIRED:</b> The programme needs to ensure relevant public health messages and guidance is accessible by people without access to the internet, telephones, or other digital services, or who may not have good levels of digital literacy. The communication lead will direct this action in partnership with the Deputy Director of Public Health.</p>
<b>18. Living in deprived areas</b>		
<b>a. Travel to vaccination venues</b>	<p>Lack of transport or access to public transport may make access to vaccination venues difficult for people.</p> <p>Those living in deprived areas are more likely to die from COVID-19 infection,<sup>14</sup></p>	<p>The programme has identified a range of vaccination venues (a few of which are part time) based on a site assessment influenced by the EQIA. Additional sites are being considered.</p> <p><b>ACTION REQUIRED:</b> The programme plans to map out proposed vaccination venues against population density, deprivation levels, age, GP practice locations and community pharmacies throughout Fife. This will be used to identify any gaps and pop clinics required to</p>

<sup>14</sup> Williamson EJ, Walker AJ, Bhaskaran K, et al. Factors associated with COVID-19-related death using. Nature. 2020 Aug; 584(7821):430-436

		<p>reach the population of Fife. Military liaison colleagues will complete the geo-mapping to submit to Silver Command for consideration.</p> <p><b>ACTION REQUIRED:</b> The programme is reviewing options to partner with Fife Council to ensure people can access transportation to clinic venues. Bronze Command Logistics lead will direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme will encourage vaccine uptake in deprived areas through communication and accessible venues. The communications lead will ensure communications are reaching this group and Bronze Command Logistics lead will ensure venue selection accounts for these areas.</p>
<b>a. Access to digital equipment</b>	The Board must consider access to digital equipment for this population for arranging appointments and for accessing information about the vaccine.	<b>ACTION REQUIRED:</b> The programme needs to ensure relevant public health messages and guidance is accessible by people without access to the internet, telephones, or other digital services, or who may not have good levels of digital literacy. The communication lead will direct this action in partnership with the Deputy Director of Public Health.
<b>19. Living in remote or rural areas</b>		
<b>a. Access to vaccination venues</b>	Those living in rural areas may not be able to easily access the identified venues for the vaccination clinic. In addition, public transport can be expensive and in North East Fife, the average weekly earnings are below that of the rest of Fife. <sup>15</sup>	<p>The programme has identified a range of vaccination venues (a few of which are part time) based on a site assessment influenced by the EQIA. Additional Sites are being considered.</p> <p><b>ACTION REQUIRED:</b> The programme plans to map out proposed vaccination venues against population density, deprivation levels, age, GP practice locations and community pharmacies throughout Fife. This will be used to identify any gaps and pop clinics required to reach the population of Fife. The army delegates will complete the geo-mapping to submit to Silver Command.</p>

<sup>15</sup> <https://sway.office.com/mQHdDqLGP9FzyfNi>

		<p><b>ACTION REQUIRED:</b> The programme is also considering utilising the museum bus to reach those in rural areas, as is currently done for the flu vaccine. The Bronze Command Logistics will direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme is reviewing options to partner with Fife Council to ensure people can access transportation to clinic venues. Bronze Command Logistics lead will direct this action.</p>
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## 20. Discrimination/stigma

<ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Disability</li> <li>• Hidden disability</li> <li>• Impairment</li> <li>• Age</li> <li>• Cognitive impairment</li> </ul>	<p>Some people may find it difficult to have to speak to the receptionists in GP practices or call handlers on the booking line for fear of stigma and thereby impacting on their access.</p> <p>Access to GP practices for appointments is currently limited.</p> <p>People relying on public transport or those with chaotic life styles may struggle to keep to exact timings. This may result in them facing stigma at front door/reception areas if arriving late.</p> <p>Autism and neurological conditions can make change challenging. Telephone calls can be equally difficult.</p>	<p>GPs are open and most will be vaccinating &gt;80 population.</p> <p><b>ACTION REQUIRED:</b> NHS Fife will ensure this population is considered, as part of the appointing pathway discussions. The Deputy Director of Public Health will direct this action in partnership with clinical leaders in the HSCP</p>
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## 21. Refugees and asylum seeker

<p><b>a. Syrian resettlement program</b></p>	<p>People in this population group may have difficulty accessing services and could be concerned about any fees involved with treatment.</p> <p>Those who do not primarily speak English may have difficulties understanding the available communications regarding the vaccine and vaccination clinics.</p>	<p><b>ACTION REQUIRED:</b> The programme should make the communications available in a variety of different locally spoken languages. Communications lead will direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme should ensure that information received is translated and shared with relevant partners, including interpreters, for wider distribution. Communications lead will direct this action.</p> <p><b>ACTION REQUIRED:</b> The programme should emphasise in the communication that the vaccine is free for everyone. Communications lead will direct this action.</p>
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NHS Fife considers Human Rights in all our actions and evidences what we do to ensure we improve our Human rights focus and outcomes.

Children and Young People Rights impact assessment must be completed when children and young people are affected by change-this may occur when the policy is aimed at adults but will indirectly affect CYP.

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life (absolute right)		COVID-19 vaccination has the potential to reduce the effects of COVID-19 and reduce mortality
The right not to be tortured or treated in an inhuman or degrading way (absolute right)		The vaccine is not mandatory
The right to liberty (limited right)		The vaccine is not mandatory
The right to a fair trial (limited right)	N/A	N/A
The right to respect for private and family life, home and correspondence (qualified right)		The vaccine is not mandatory Transfer of patient sensitive information is through the NES Turas APP and Trackcare and all staff involved in the programme will have completed the NHS Fife induction which includes patient confidentiality and Information handling
The right to freedom of thought, belief and religion (qualified right)		The vaccine is not mandatory
The right to freedom of expression (qualified right)		The vaccine is not mandatory

The right not to be discriminated against		Conducted the above EQIA
Any other rights relevant to this policy.		Conducted the above EQIA

### Will there be any cumulative impacts as a result of the relationship between this policy and others?

If the COVID-19 vaccine has to be continued annually, it currently cannot be given within seven days of the flu vaccine so there may be points in time where there is a clash of when to give each vaccine. This may change going forward.

### What sources of evidence have informed your impact assessment? Evidence can be local enquiry, research, evaluation or data etc and can come from patient feedback or complaints. Please note that sometimes data is not always available nor is research, this should not hold you back on completing this document.

Lessons have been learned from the – complaints and feedback current flu vaccination programme. These have informed the call centre design and communication plans for this vaccination programme

Document Control

Name of Lead Officer	Title Scott Garden
Signed 	
Date 26/01/2021	

Equality and Human Rights Lead Officer
Signed 
Date 26/01/2021

This document was approved by The Covid Vaccine Programme Silver Group on 07/01/21.  
The programme is rapidly developing, and updates will be undertaken by the PMO regularly.

EQIA Toolkit 2017	Equality and Human Rights Team V1.5	Next review date- October 2020
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