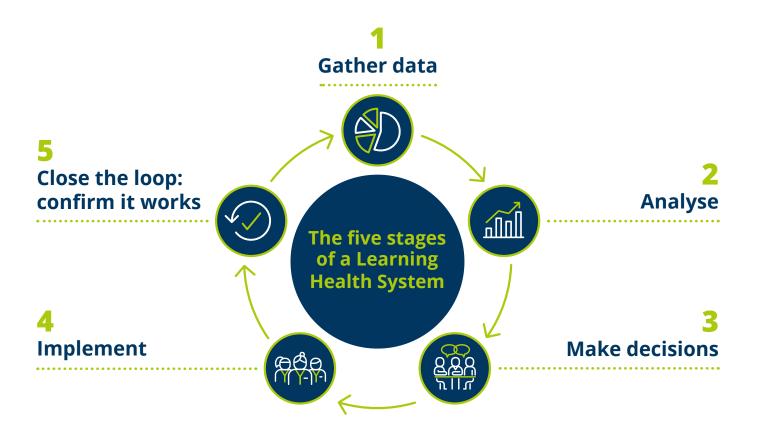# The London vaccine programme as a learning health system

Since March 2021, UCLPartners has been supporting the London COVID-19 Vaccine Programme as a learning partner.

Our approach was to embed a **Learning Health System** through the programme, taking an agile approach to gathering and sharing insights as they emerged throughout the programme, so that decisions could be made, and actions implemented as appropriate within the rapidly changing COVID-19 environment.

Here is a summary of how we implemented a learning health system in the London Vaccine Programme.

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Gather data

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Close the loop: confirm it works

The five stages of a Learning Health System

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Analyse

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Implement

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Make decisions

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Gather data

What?

Gathering a wide range of data, including staff, patient and community insights alongside quantitative data.

Why?

Triangulating data with real-life experiences and setting it in context provides a more detailed understanding of what is happening and why.

How?

The number of first doses delivered was the focus for the vaccine programme monitoring, with London level information showing where there was lower uptake within cohorts, geographies, ethnic groups, and deprivation levels. When we triangulated this data with the experiences shared in interviews and workshops, we were able to understand the reasons linked to demand and access – why people were not coming forward and what would make it easier and quicker to get the vaccine when they wanted it.

These insights allowed local teams to have conversations with communities to build confidence and ensure well-informed decision making, as well as highlighting the value of outreach services and different models for delivering the vaccine, such as the Vaxi Taxi and using community settings including mosques.

Analyse

What?

Triangulating data to identify insights to share with relevant decision-making groups for consideration.

Why?

Reviewing the triangulated data helps to identify areas of excellence, opportunities for change or improvement, as well as elements that can be standardised across systems and elements that warrant local variation.

How?

Through our support of the team leading the work in preparation for Vaccine as a Condition of Deployment (VCOD), we synthesised the data to produce an infographic to demonstrate the impact this policy would have on the health and care workforce.

Analysis showed that VCOD would have a disproportionate negative impact on those working in lower paid roles, and on those workers from the Black African and Black Caribbean populations.

Further review showed those working in admin and clerical roles were more likely to be unvaccinated than other staff groups, potentially driven by different organisation policies on which roles were eligible for inclusion in VCOD.

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Make decisions

What?

Decision making to reflect on insights and agree actions as appropriate.

Why?

Making use of internal learning and accessing lessons from others allows teams to make rapid decisions, reflect and adjust their actions as appropriate.

How?

As the vaccine cohorts opened during the programme and systems engaged with their communities, the need for flexible clinics and appointment times became apparent.

Acting on feedback from Muslim communities, a rapid decision was implemented to offer out-of-hours appointments to address specific needs around the Ramadan period. While advice was that having the vaccine would not break the fast for those observing Ramadan, the decision made it easier for those who still held reservations to access the vaccine during this period.

The out-of-hours decision had an additional benefit for shift workers and others with responsibilities that meant they couldn't attend in standard clinic hours.

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Implement

What?

Acting on learning to implement decisions.

Why?

Bring about rapid change in local settings through activities implemented as a result of data review and analysis.

How?

In August 2021 we began a series of "Focussed Uptake Sprint Sessions" aimed at rapid sharing of learning between teams working with specific target population groups. The sessions focussing on increasing uptake of the vaccine in pregnant people has developed into a learning community where ideas are shared and implemented across different London localities. This has included training sessions for midwives in motivational interviewing, rapid access cards for pregnant people to go to the front of a vaccination queue and setting up antenatal clinics in vaccine centres.

In addition, a session on managing misinformation led by Full Fact enabled local teams to adapt their materials to provide clearer messages on the risks and benefits. Ongoing review of vaccine uptake and gathering community insights has supported understanding of the impact of these interventions.

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Close the loop

What?

Checking reliability and effectiveness of implementation.

Why?

Monitoring and reviewing data to check that activities are having the intended impact, enabling rapid adjustment where required.

How?

As the vaccine programme opened up to younger cohorts, high-profile, large-scale vaccination events were increasingly used to reach high numbers of people in a single day.

Interviews conducted with local authority representatives indicated that these events may have inadvertently exacerbated existing disparities in communities, as locations often did not appeal to the diverse population.

The increased disparity was also identified in monitoring of inequalities data, which allowed system planners to factor this into their hyper local plans for subsequent events and targeted delivery models for specific communities.

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