

## Questions and Answers that were asked as part of the Mayoral Vaccination Webinar

1 July 2021

This webinar took place under Chatham House rules and therefore there is no recording. We've included the questions that were covered from the audience and answers from the panel of experts (NHS, PHE and a faith leader) on the webinar, which still fall under Chatham House rules. (NB, we received a large amount of questions and therefore some were shortened during the webinar to keep to time). These are the questions that the audience asked and the answers.

In attendance

**Andy Street**, Mayor of West Midlands

**Dr Justin Varney**, Director of Public Health, BCC

**Dr Onyinye Okonkwo**, Wand Medical Centre

**Dr Ahmed Masood**, NHS Wolverhampton CCG

**Dr Manvir Kaur Hayer**, Chair of the Nishkam Centre

**Bishop Derek Webley**, National Secretary Treasurer for the New Testament Church of God (NTCG) England & Wales

Should you still have any questions/observations/suggestions please send them to us at [questions@wmca.org.uk](mailto:questions@wmca.org.uk)

### Question 1

GPs are trusted. You said, GPs are available to help with any questions and anxieties, but quite says quite simply, but we hear so often that we can't contact the GP, we can't get through on the phone and surgeries aren't open long enough.

So, what's actually the truth about the situation about GP availability, to provide this advice and could we do more?

### Answer – Dr Onyinye Okonkwo

To be honest, in answer to the later parts of the question we could do more, is the simple, honest truth. We could be more available but the simple, honest truth is, let's be honest with the pandemic that was going on, obviously the hospital wasn't doing a lot of the things they were supposed to do because we're focusing on very sick people.

So, a lot of things that were supposed to be routinely done in hospital was now shifted to general practice to just keep a hold off until we went through the pandemic

and the hospitals were able to open up. But at the same time, we still have people needing the services of the GP. So, the workload for the whole health service has become almost insurmountable.

And we know that we recognize that, but at the same time, we still are prioritising the vaccination programme.

Like I said, my practice, we are going to get the van to the practice on this Saturday when we're not normally doing our work, to be able to make sure that our patients have access to the vaccine.

So, as most people have been saying, they call us, and they can get to us, and we are trying the best that we can. That's why we have dedicated local vaccinations sites. That's why they are called the LDS, where people can actually go and get information. Or they can, we have online telephone consultations. Now, where you can put in your questions there. If you call your practice, and you say, oh, I want to speak to somebody about the vaccination programme, now my vaccination group we have the vaccine co-ordinator, who can get in touch with one of us and ask us to answer the question. Every system can improve. But, unfortunately, with the pandemic, I think people need to please bear with us and also understand that the workload for the whole health system, because the hospital is trying to recover, the GPs that trying to recover. Everything is backed up.

It is really difficult for everyone in the system now, but we're all trying as best as we can to get to as many people as we can.

### **Andy Street**

Thank you, I'm going to get the perspective Black Country and West Birmingham on this, I think it's actually a very important question.

### **Answer – Dr Masood Ahmed**

Yeah, thank you. Again, it's really difficult to get a sense of what's the reality. Because what we'd hear about is occasional cases where actually there have been difficulties and that's fine.

But, in terms of, if you look at what the reality is, if we compare the numbers of appointments that were given in the first quarter of 2019 to 2020 and then the same during the pandemic in 2021, actually the numbers are the same. They haven't changed, what has changed is the, the way in which general practice has had to interact.

So, we are having a lot more sort of video consultations and that's been because of the pressures. Now, if you think about it, that's a difference in the way we're actually moving forward. And I think we are going to see a new world post covid. I think it's important that we understand that this is how the service needs to evolve.

In terms of face-to-face, we are seeing less. But, actually, over 50% of consultations that are happening are face to face. And what's changed is that, whereas, before, everyone was seeing face-to-face, almost everyone now, those decisions are being made, and so, where it's appropriate, absolutely, there isn't a GP who should refuse a face-to-face if there is a need.

But there were a number of interactions that actually can occur through a telephone call or on a video consultation. And that's something that we're trying to encourage, because actually what it does, is it reduces the number of people that unnecessarily need to be on site. And so, we can maintain social distancing. We can create a safer environment which actually protects patients as well as staff. So, it's important to recognize that.

We did a spot survey, where our staff rang around to see whether the problem was as bad as perhaps was being portrayed. And what we found was that actually, on the whole, most of our calls were being answered within a few minutes. Now that's not to say that was everywhere. So, there were a couple of practices, where they were very long waits or where sometimes it would get cut off.

So, I'm not saying there were no problems, but what we then did to follow up, was we tried to find out what was the reason. Was it a technical difficulty, was it a staffing issue? Was it that actually the practices, or the protocols that were in place weren't perhaps appropriate?

And so, we're working very hard, not only to maintain the service that is needed, but also, to recover and to cope with the waiting list and to cope with anxiety.

So, I have to take my hat off to primary care colleagues. I think it's remarkable, the kind of the way they've stepped up and the dedication and commitment, they've shown to our population.

### **Andy Street**

Now, that is true, but I don't think there's any denying that there is, in some areas, that this is the case, and that's why, I think it's, that's why I chose is the first question, actually. So, you both, given a very clear answer that all GP surgeries are doing their very, very best to get to everybody and give that practical advice is needed in the message.

### **Question**

And it's drawing on the example from Bolton and it seeks a real clear piece of clarification. You know, the Health Secretary got himself into a bit of difficulty because he was criticizing people for not going for their vaccinations when they haven't been called.

But is it true that everybody over 18 has now been called and if they haven't got an appointment can go to a walk-in centre, so it's the clarity of the offer, please?

### **Answer – Dr Justin Varney**

So let me just briefly set this out. So, there's been plenty of public announcements that people can get the appointment. They can book through the NHS website; they can go to the walk-in sites as mentioned. They can go to Niche Cam if they want.

Not everyone will have had an individualized letter or an individualized text message because that was done with the over 50s. We've moved down through the younger age groups. It's been more. There's been national advertising on radio, TV, social

media. So don't wait for a letter or an e-mail or text message because even younger age groups may not get that because bluntly, this is moving so quickly the age cohorts have just gone down so fast that once we got below 50 that, that wasn't really practical to do.

So, if you're under 50 go along anyway. You are now eligible as long as you are over 18. The over-50s got messages, text messages, letters, etcetera. So, I think, that's where some of the confusion is. But if you're, over 18 or your 18th, birthday was today, you, still are eligible.

### **Question**

OK, that's extremely clear, and if you cannot travel to a centre, practical question here, about some people would love to go, but it's just very difficult. What do you do if you can't get to the place?

### **Answer – Dr Justin Varney**

So, there are lots of centres and there are more opening up. So particularly in West Birmingham where we have had a limited number of sites. We've now got these additional pharmacies opening up.

If you can't travel for health reasons, that's where talking to your GP is really important.

GPs have done a great job. They had a list of patients that would normally have a home visit because of mobility impairment. There was a housebound service that went to them. Now, what we're seeing is that the patients that wouldn't be on that list normally because their limitation is social anxiety or phobia or mental health conditions, which they would normally be able to get to their GP practice but would find it harder to go somewhere strange and different, talking to the GP practice about what the solutions are because we are sensitive to this and how we can help. There are ways we can help.

There is still a housebound service for those that are physically unable.

### **Question**

How are large businesses being targeted for staff vaccinations? Is there more of an opportunity to get people on mass through using their employer?

### **Answer – Dr Masood Ahmed**

And I think there is, and I think this is one of the initiatives to understand how we do that. One of the challenges is that, because ways of working have to have change, a number of businesses actually have got a lot of people working from home.

So, when we are contacting big businesses, we're asking whether there is an opportunity to understand, you know, whether we can send a bus. Or whether we can look at what's the nearest site that might be a pharmacy nearby. And how do we understand how best to support businesses? But certainly, it's one of the things that we're doing. And I think it's a very sensible question or suggestion. Because we need to consider every opportunity.

And sometimes that, that is one of the ways we can do that. Where you've got a large number of people who are available. And equally, when we talk about

businesses, which we're also talking about, sort of, you know, factories and workers and so on.

Because sometimes these are environments where the virus can spread very quickly, and even though they may be taking precautions, we can support that.

### **Andy Street**

And frankly, if there are any big businesses, when I say big, probably over about 20 people I would have thought now, are on the line, and thinking they could step forward, please just contact any of the vaccination centres to make that offer, I think, is the practical way forward you want. So, you want to use that route now.

### **Question**

It's just not convenient to go in normal office hours. So just re-assure us about the opening times of the centres - very practical question?

### **Answer - Dr Masood Ahmed**

So, with our centres, we've got a variety of opening times, and part of that does recognize the fact that not everyone can make it during 9 to 5 periods. So, we have pop up clinics, we have extended hours, you know, Bishop Webley talked about, you know, the involvement of mosques and so on during Ramadan.

We had a number of pop-up clinics that were actually working till very late, so we will do whatever we can in order to support that. What's difficult, though, is to kind of keep everything open for the same amount of time, because we have constraints regarding staffing and opportunity.

### **Answer – Dr Manvir Kaur Hayer**

So, just to add to that, so, for those that are worried about accessing vaccination centres because of working hours, for example, it's worth checking out their local vaccination site. So, a lot of local vaccination sites, and I know we do this are quite reactive and so they might offer more appointments on the weekends or more appointments in the evenings and less in the daytime. And I think a lot of vaccination centres now will also probably allow walk ins, as well as pre-booked appointments. They will make some sort of a contingency for that. So, I think, if people have that concern, it's just worth them ringing their local pharmacy that's vaccinating and then, hopefully, they can still get the vaccine at a time that suits them.

### **Question**

Now, the next question, is of a different nature altogether. It's quite a long story so I'm not going to read it all out. It's about a person in his twenties, who was resistant, I think, is a better word than hesitant here, because he believed the vaccine information would, quote, unquote, would allow the government to track him.

Please would anyone want to answer that? And I said we wanted every thought out on the table, so the two doctors have put their hands up really quickly. This gives the government information about people. Is this rubbish or is this true?

## **Answer – Dr Onyinye Okonkwo**

I don't even know where to start with that one, and I understand the anxiety to be honest with you. But when we, OK, I'm going to talk about it from when we come to vaccinate you, what kind of information we get from you. The only thing we get from you are things like your local demographics, your name, your date of birth, and we check if you have an NHS number and that's fine and ethnicity and that's about it and we ask if it is the first time you have had it. We'll talk you through the side effects so there is, all I am trying to say that there isn't anything in there for the Government to track you that is not already what like you're registered with the GP, and we have the information. That's about it. So, I can't see what is there that the government will use to track you. I don't think that so. That I don't believe.

I really apologize if I sound that dismissive. I really apologize.

## **Andy Street**

You are responding to the time with which I ask the question, but I think the point you're both making is anybody's resistant. We have to understand why. He's absolutely right.

## **Answer - Dr Masood Ahmed**

It's not true. It's one of these myths that is pedalled and the conspiracy theories. What I would say is when someone raises that kind of concern, it's important not to just be dismissive because, actually, what we try and do is understand why are you concerned what, you know, what led to that? And it could be that they direct you to a video, or to a piece of information. one example I'll give you, which came up in a forum, was that the R&A kind of the technology, like said that it wouldn't work for viruses. The truth of the matter was the person that had invented the mechanism had had died a few years ago and therefore, wasn't around to even answer a question about the pandemic. So, again, it's just unpicking what the concerns are and trying to understand rather than be dismissive.

## **Question**

Now, the next question, and I always believe in reading out exactly as asked, because it's really quite concerning. about getting the message across and he says, I keep hearing community media and listening to live shows. And lots of listeners ring in to say that they're concerned that the job is poison, so it just shows how far we have got to go.

So, the question he's asking is, are we doing, all we can to make sure that community, media, when faced with that type of question, can respond appropriately. And, indeed, his second related question is obviously whether that religious venues or places actually have the right information to be able to play that role?

### **Answer – Dr Justin Varney**

I can only speak for Birmingham, but I know colleagues in other areas do similar things. And I've been very blessed to have Dr Onyinye join me, as well as Doctor Rizwan and others in the regular meetings we have with Faith Leaders. And we have been meeting with Faith Leaders both as an inter-faith group. But also, specifically with black churches and specifically with the Majids and mosques separately, and we meet them every week, so one week it is inter-faith; one week it is separate faith grapes. And that's been particularly to ensure we are answering their questions, giving them the information and as they get questions from the congregation, we've been able to answer them in real time and help them from that perspective. In terms of community media, Birmingham City Council commissions a series of community media outlets. We have done all the way through the pandemic, and we continue to do that.

I'm working with the NHS. They've kind of piggy backed on those commissions, as well, so radio stations, like new style radio with African and Caribbean community Unity FM. There are a whole range of them where we put in additional funding, and we provided them with the information. But also, we provided them with speakers. So, if they wanted to do a specific segment, they get me and other colleagues from CCGs and LAs as well, has done it for us. So, we've had a whole range of that. And I know in the black country, there's been absolutely the same approach. So, it's not just we're asking them to do it for free. We also commission and we put funding in today's media outlets to support them, particularly media outlets that do non english languages and that's been really an important part of this providing them with translating materials as well, as the English versions has been really important. A crucial bit of trying to get the information out there.

### **Andy Street**

If you don't mind just going to run on a little over time just five minutes of time because I've got a number of very important questions. I have people won't mind if we do that, OK.

So, I would just add back to, if you have an example of a community radio station, that he's not able to answer the question that comes up in this way, let's hear about it. Justin would like to hear, because he stands ready to provide the information, and I'm sure all the other directors of public health in every authority would say exactly the same.

So, next time, quote, unquote, you keep hearing this, Let's hear about it please. Because we need to deal with it right in the moment, Derek.

### **Answer - Bishop Derek Webley**

Thank you. It's import to just to clarify any kind of myths, that could be circulated in terms of use of any space of safety institutions, they're not providing the information from their perspective. They're working alongside medical professionals and others to provide that information. I think, what's clear is that the facilities being made available to those of their faith or any faith, or no faith at all, is it. That's so important. Information is what is being given from a medical professional perspective, as well.

## **Andy Street**

It's a very important point. Thank you.

### **Question**

Has any data been generated, which indicate which communities have the lowest vaccination rate?

## **Andy Street**

And that's an interesting question, though, does that correlate with concern within that community, or is it more about level of communication to that community, if you get the question, Justin?

### **Answer – Dr Justin Varney**

Yes. So, there's a huge amount of analysis. We're working with NHS colleagues. We look at data geographically and that's down to almost street level. We also look at the data based on age, gender, ethnicity. We don't, unfortunately, get information on faith, or sexual orientation, or disability. It's just the way the data is collected at the moment, and what we can see from that is that there are particular in Birmingham parts of the city, like Newtown, unfortunately, the vaccine uptake is very low.

When we look at ethnic communities, it's lowest in our African community in Birmingham, interestingly higher in the Caribbean, Community; lower in the African community. But when you look at absolute numbers that aren't vaccinated, still very large numbers of our Pakistani, Bangladeshi, Indian Community, who haven't had the jab yet. But as a percentage, it's actually smaller because there are much bigger community in the city. And we've tried to translate materials as much as possible. We've had covid community champions. We've also got commission partners, for example, working with communities like our Somali community, and our French speaking African community to get messages out in languages and in ways which are culturally appropriate.

And I want to recognize, particularly the work we've done with our Central and Eastern European community, who've really helped us understand that you, actually, some of the formats, the ways we were putting out information, just didn't get received in the way we meant to send them. So, they've helped us re-format and change the way we approach that. So, there's been a lot of work going on. And we continue to try and drill down into that data to go - are we missing people are the conversations we've been having. There have been a series of roundtables this week, about gypsy traveller community to really make sure that we're getting the effort out and trying to engage them, making sure they get opportunities and the information to make the choice about the vaccine. So, there's a huge amount of work going on, and we get quite granular, but we don't get down to the person. And that the only people that know at an individual level who hasn't had the vaccine are the GPs because that's on your medical record.

So, we're looking at communities, not to individuals' one when I look at it from my perspective and trying to tailor our messages around that.

## **Andy Street**

From the Black Country point of view?

### **Answer - Dr Masood Ahmed**

I would agree with everything Justin said. The only thing I would add also is the deprivation is a significant factor as well that we consider. And so, we are being given exposure to a huge amount of data and it's important that we use that to understand where we're targeting our efforts and how we're taking it forward. And I think the links to community and the voluntary sector are really important. Because again, we're learning so much. If we, if we look at our eastern European community, a lot of information for people from Poland, comes from Poland. It comes over through social media, whatsapp, et cetera.

And actually, unless we understand that, we don't know how to engage in the best way possible. So, it's really important that we have multiple channels. And also, you know, in some of our webinars that we've done with community groups, such as Near Neighbours, we've also had sort of sign language available as well. So again, it's ensuring that we get the message out in a huge, wide variety of forms.

### **Answer – Dr Manvir Kaur Hayer**

Just listening to the conversation now, I almost wonder whether so much effort has been put into trying to empower people, you know, providing the correct, unbiased message, which is evidence based. But as Justin mentioned, perhaps one of the things that hasn't been done, to get down to the person, that we've got down to street level, we haven't yet got down to the individual level. And a question for everyone on this webinar: **Is there a need for the more people knocking door to door, to try and understand this?** Is that the next stage of investment that's needed to understand what is causing that hesitancy, or resistance? I'm not necessarily sure whether it's lack of the output message now, but there is something that is stopping people and it's going to be difficult to achieve.

And possibly, we have people going door to door remotely and, you know, trying to understand people's health, seeking behaviours with respect to the vaccine, and also possibly then offering them the vaccine.

### **Answer – Dr Onyinye Okonkwo**

I just really don't know about the door to door, because I did get a message from one of the community groups that we support, that somebody was going door to door, and they were very unhappy about it because of GDPR.

Like Justin said, we, the general practitioners, we have the records, and I have to say, we have done that already. So, what we did at the start of this was actually to put things in place where we call the patients when I don't work. When I said we're going to be running in the vaccination van, in my practice. Because I'm Highgate my practice is in Highgate, and I can tell we have one of the lowest numbers. And part of what we're going to do is to bring the van here. So, I'm going to take out time to actually pick up the phone and call my patients and talk to them. So, I have the list of those who haven't had the vaccine, and then I'll call them, and they'll speak to them, or find out what exactly is going and if they had questions, they would like me to answer.

We've done that for all the wards in Birmingham where we found where lots of people were not taking up the vaccination for whatever reason, we provide those extra resources for the doctors themselves, and the nurses, and the clinical staff to pick up the phone and speaks to the patients on their lists and they answer the question. We found that to be really powerful, because people then were able to ask us questions that they were worried about, and they were able to get their questions answered. And that's empowered them and empower people to come and have it done. So, we've actually gone as far as doing that, and that's why we are so keen to hear from the panel, from the other side to say to them, OK, we've done all this, what do you guys think we can do extra? Because that is what we are looking for, we're here, we're willing and able, we want to do more, and that's why I said, there's always room for improvement, tell us what you think we can do better, and we will absolutely do it better, as long as we get all of it done.

### **Question/Observation**

Next observation comes from the Midlands, Jewish community, and it's really fascinating. She said, very honestly, I had covid. I'm still suffering from long covid. What could I, as a sufferer, do to tell my story, to encourage more people?

### **Andy Street**

And I think that's an interesting point there about stories. Justin, you wanted to respond?

### **Answer – Dr Justin Varney**

Yeah, I mean, first of all that is exactly it. Talk to people. Tell your friends, talk to your family, talk to your congregations, share your story. Because I think one of the problems, we have is that long covid is a really nasty condition. And it presents in lots of different ways. And it's too easy today to watch the TV and just kind of disassociate from everything we see there. But if someone you know, someone in your church, someone in your synagogue, someone in your temple says, this is happening to me, it makes it real. So, if you're experiencing it, and you feel able to, please share with, with the people you know, and you care about, because the more people can see long covid is real, the more I think it will help us get that message across

### **Andy Street**

Also pointed out, is that Harbourne Clinic has received a large delivery, and there aren't enough people to take up to the delivery of the vaccinations. If someone's listening thinking, I'm gonna go walk in, somewhere, Harbourne Clinic there you go.

### **Question**

This is perhaps the hardest question of all. And I think it's very pertinent and it's obviously about the messaging around the end of restrictions. So, the government is probably, and you can see it's on the streets of every town and city in the West Midlands at the moment, the Government is about to announce the restrictions. Large part of the population thinks that we're going back to quote, unquote, normal.

How do we manage that communication and at the same time keep telling everybody, they've got to go for their vaccinations. So, it's about the consistency of messaging.

**Answer – Dr Justin Varney**

Yeah. I'm really pleased that today, the Prime Minister, in his media engagement has reinforced that this is not over yet.

And particularly in the message around schools, we will hopefully have a very different education approach in September. But for the next couple of weeks, just to the end of time, we've got to stick with the restrictions that we have. And that's because we're all seeing high case rates in children. Although it's unusual for children to get sick,

So, I think, it is a difficult balancing message, I think, particularly as we go into the final and semi-finals of the football, hopefully to the finals you know, that that is going to be really hard to manage. They do get sick and unfortunately, we have seen children die because of covid that otherwise wouldn't have died in the West Midlands: So, it is something that we should take seriously, and not ignore. And we don't know what long covid does to children, which is one area where there is growing concern at the moment. The teenagers may well end up with long covid, even if the original infections relatively mild. So, I think, is a difficult balancing message, I think, particularly as we go into the final; semi-finals of the football, hopefully to the finals you know, that that is going to be really hard to manage.

And that's why you're certainly seeing me talk about lateral flow before you go.

It's not just about vaccination. It's all about testing as well, and if we can get people to do a lateral flow tests before they go to the pub, before they go to temple before they go for dinner with their mates, that at least is a chance of trying to keep it under control over the next couple of weeks.

And then the final thing is - anyone over the age 50? I'm less worried about those aged under 50 getting the jab. I think it's really important they do but I'm most worried about getting that 59,000, over 50 in Birmingham that still haven't had their first jab yet, getting them injected, because they are the people that are really, really still at high risk of getting sick and ending up, dying. 3000 deaths in Birmingham. It is now more than we lost during the blitz. And that number could continue to grow unless we get those over-50s vaccinated. So that's got to be the priority. Everyone else, it's important for covid. But the really crucial bit is getting those over 50s jabbed.

**Answer – Dr Onyinye Okonkwo (see websites in main feedback document)**

Yes. I just wanted to say before we close, we have a dedicated website now for everything covid and vaccinations. They should be able to go to a dedicated web sites and it gives you all the information they need. So, you have things like where can you get the vaccine? How can you book in, where the vans are going to pop up? What the side effects that people have reported? What you need to be worried about, what you don't need to be worried about, where you get information about this, and how to answer them. So please, if you are stuck because we are talking about faith leader, I'm sure you would have a lot of questions from your congregation

and people asking you things, if unsure just go on to the website and we do update it all the time.

### **Answer – Dr Manvir Kaur Hayer**

Long covid is real. We don't understand covid, so I know that one cannot emphasize enough the importance of taking covid seriously, of lateral flow before you go, is, Justin had said, of, now, maintaining safe measures, regardless of restrictions or not. And I've taken up the vaccine, and really, if not for yourself, do it for others, to be honest with you, we don't understand code particularly well. Some people are affected by it aggressively. Some others aren't. We have some idea of the risk factors. But it's also incredible to see people send three, sometimes 6, 7 months after they have fully recovered from covid coming in with very, very severe lung disease.

We don't yet understand who's going to get that severe lung disease and who isn't going to get that severe lung disease, but it's absolutely debilitating for those that get it. And we're only just now starting to see more of those cases. So, I don't think this is something to be taken lightly. It's not to instil fear in anyone but it's instilled a sense of practicality and, you know, observing good practice with the information that we have.

So, I need to draw to a close, because everyone's been very generous at that time, but lots of important things have been discussed. Can I thank the panel once again?

### **Comment – Dr Onyinye Okonkwo**

If you think you're suffering from long covid, please, there is help. Please contact your GP. I know you are worried about contacting to the book. Please contact us. And we can refer, there is a multi-disciplinary team who is there to support you through whatever it is that you need. So, please don't forget to contact your GP. I promise we'll try and listen. I will say thank you.

### **Andy Street**

Lovely. But, once again, thank you to the panel, five real expert views. Really appreciate it and appreciate what you're all doing and also appreciate the comments that have come in. Upon reflection, if you think you have a new piece of information around this, new thought, new challenge, please, just send it into my team, because we'd be very pleased to hear. And I know the experts would as well, so please don't feel the conversation is closed.

Very keen to hear any advice, OK, thank you all very much, and good luck, and everything is being done. And once again, as Derek and others said, congratulations to everyone for what has been done. Because although we're still determined to achieve more, nothing should be taken away from the incredible efforts that have already been made. Thank you all very much. indeed. Good evening.