

Appendix 3: H&F Vaccine Conversation Training – Evidence Base and Rationale

Purpose

The H&F Vaccine Conversation Training is a locally developed workforce and community capacity building programme designed to:

- Improve confidence in discussing vaccination
- Address misinformation and common concerns
- Support residents to make informed decisions
- Increase uptake through trusted conversations

The programme forms part of the borough's wider, multi-faceted immunisation improvement plan and complements service delivery, communications, access and data-driven interventions.

This approach is consistent with WHO Immunization Agenda 2030 (IA2030), which identifies demand generation, community engagement and workforce capability as core pillars for improving vaccine uptake (WHO, 2021)

Local context

Vaccination uptake in Hammersmith & Fulham remains below the 95% herd protection threshold for several programmes. Local engagement indicates that:

- Many residents are not opposed to vaccinations but have unanswered questions
- Confidence is influenced by trust, cultural context and access to clear information
- Frontline staff and community representatives often lack confidence in responding to vaccine queries

These findings are consistent with national evidence showing that vaccine hesitancy is driven primarily by confidence, complacency and convenience (the “3Cs” model) (SAGE Working Group on Vaccine Hesitancy, 2014).

There is strong evidence that:

- Recommendations from trusted health professionals and community advocates are one of the most significant predictors of vaccine uptake (NHS England; UKHSA)
- Personalised, empathetic conversations are more effective than one way information campaigns in addressing hesitancy (WHO, UNICEF)
- Training frontline workers improves confidence, message consistency and referral to vaccination services (UKHSA Vaccine Confidence Framework)

The NICE guideline NG218 (Vaccine uptake in the general population) recommends:

- Building skills in having non-judgemental vaccine discussions

- Using community and voluntary sector organisations as trusted messengers
- Providing tailored, culturally competent engagement

Community centred approaches

Evidence from UK and international studies demonstrates that co-produced, community-based models:

- Improve trust in vaccination programmes
- Increase engagement among underserved groups
- Reduce inequalities in uptake

This aligns with the Core20PLUS5 approach and UKHSA health equity principles.

The H&F Programme Model

- Is co-produced with residents and community partners
- Targets a multi-sector workforce, including local authority, health, VCSE, housing, employment and faith settings
- Focuses on practical skills for supportive, non-judgemental vaccine conversations
- Provides clear signposting pathways to vaccination services

This reflects best practice set out in:

- NICE NG218
- UKHSA Vaccine Confidence and Community Engagement guidance
- WHO Behavioural and Social Drivers (BeSD) framework

Delivery and Reach

To date:

- 17 training sessions delivered
- 207 participants trained
- Representation from frontline services, community organisations and trusted local settings

The programme has also been commissioned by the Bi-Borough, generating income for the Council and demonstrating wider system demand.

Impact and Early Outcomes

Early evaluation indicates:

- Increased workforce confidence in responding to vaccine queries
- Improved consistency of vaccination messages across services

- Strengthened links between community settings and vaccination providers
- Contribution to targeted engagement in priority communities

Workforce training is recognised by WHO and UKHSA as a key mechanism for improving vaccine confidence and demand generation and evidenced by Naylor's MSc service improvement project in H&F (2023).

The programme supports delivery of:

- School based MMR engagement
- Maternity vaccination promotion
- Care home vaccination activity

Recognition

The H&F Vaccine Conversation model has been:

- Presented at the X Jornadas De Actualizacion En Grip Conference, Madrid 2025 as an example of local innovation
- Adopted by partner organisations across North West London

Next Steps

- Continued multi-sector rollout
- Integration with borough workforce development programmes
- Ongoing evaluation, including linkage (where feasible) to uptake in targeted cohorts
- Contribution to reducing immunisation inequalities

Key References

- World Health Organization (2021). Immunization Agenda 2030: A Global Strategy to Leave No One Behind.
- NICE (2022). NG218: Vaccine uptake in the general population.
- UKHSA. Vaccine confidence and community engagement guidance.
- SAGE Working Group on Vaccine Hesitancy (2014). Report of the SAGE Working Group on Vaccine Hesitancy.
- WHO/UNICEF. Behavioural and Social Drivers of Vaccination (BeSD) Framework.
- NHS England. Increasing vaccination uptake: workforce and community approaches.
- UK Government. Core20PLUS5 – Reducing health inequalities.
- Naylor E (2023). A Strategy for improving uptake of Flu vaccination for staff working in Hammersmith and Fulham's Nursing Homes.

Breakdown of attendee roles and profiles

This programme has convened a whole-system prevention workforce spanning strategic leadership, NHS, social care, inclusion health, VCSE, academia and community champions creating the infrastructure required to deliver equitable, life-course immunisation and health protection at borough scale.

Number of sessions provided: 17

Number of attendees: 207

Attendee Profile

1. Senior Leadership & Strategic Public Health

- Director of Public Health – LBHF
- Senior Public Health Strategist – RBKC & Westminster
- Lead Public Health Nursing – LBHF
- Programme Leads – Social Care Commissioning / Public Health / Commissioning LBHF
- Quality Assurance Lead – Adult Social Care
- Contracts & Performance Officers – LBHF Public Health & ASC
- Prevent Lead – RBKC & H&F
- Employment Adviser – Economy Department H&F
- Finance Manager – Domiciliary Care
- Medical Director & Senior Medical Managers – CSL Seqirus
- Consultant in Health Protection – UKHSA (NLHPT)

Represents: Strategic leadership, commissioning, assurance, industry, and national HP.

2. NHS & Primary Care

General Practice

- GP Partners & GPs – Richford Gate, Chelsea Medical Services
- GP Trainees (Public Health placement)
- Practice Nurses – multiple GP practices
- ACP – Richford Gate
- Pharmacist / Compliance Manager

Primary Care Networks / ICS

- Integrated Care Programme Coordinator – NWL PCNs
- Community Health & Wellbeing Workers (PCNs)
- Neighbourhood Navigators / Social Prescribers (West London GP Federation)

3. Immunisation & Vaccination System

- Immunisation Lead – NWL ICB
- Vacs UK: Clinical Lead, Immunisation Nurses, Vaccination Nurses, Admin
- Vaccine Researcher – Imperial
- JitsuVax: Programme Lead, Project Managers, Research Fellows – University of Bristol

Represents: Delivery, research, behavioural science, system leadership.

4. Health Visiting, School Nursing & 0–19 Services (CLCH / CNWL)

- Health Visitors (including MECSH lead)
- Student Health Visitors
- Community Nursery Nurses
- Community Staff Nurses
- School Nurses & Team Leads
- RSHE Team Lead – School Health Service
- School Health Technicians

Represents: Early years, safeguarding, prevention, family engagement.

5. Care Home & Extra Care Sector

Care Homes

- Home Managers
- Deputy Managers
- Clinical Leads
- RGNs / Staff Nurses / Nurse Associates
- Unit Managers / Team Leaders
- Senior Care Assistants
- Head of Housekeeping

Services represented:

- St Vincent's
- Farm Lane

- Nazareth House
- Chiswick Nursing Centre

Extra Care & Supported Living:

- Registered Branch Managers
- Estate Manager – Mary Seacole House
- Extra Care Service Manager
- Independent Living Assessors
- Housing & Care Managers

6. Domiciliary Care Providers

- Registered Managers
- Operations Managers
- Care Coordinators
- QA Managers
- Finance Managers

7. Homeless Health & Inclusion Health

- Homeless Health Nurse Practitioners – CLCH & Westminster
- Homeless Health Delivery Manager – NWL ICB
- St Mungo's: Project Workers, Health in-reach Navigators
- Groundswell: In-reach Navigators, Health Promotion Manager, CHWWs
- Depaul UK: Floating Support Workers & Progression Coaches
- Refugee & Asylum Teams – Policy, Liaison, Support Advisors
- Health advocates & migrant community organisations

8. Community, VCSE & Faith Sector

- Healthwatch (Project, Engagement, Patient Experience)
- Family Hubs Navigators & Volunteers
- Family Champions & Coordinators – LBHF
- Home-Start Family Support
- BME Health Forum – Engagement Lead

- MACWO – Founder & Volunteers
- Iranian Association – Health Advocate
- Abdul Mageed Education Trust – Trustee & Engagement
- Spanish & Portuguese Synagogue – Trustee
- FORWARD – Community Outreach
- Sobus – Co-production (health inequalities)
- Community Development Officers (MBS)
- Youth Worker – Harrow Club

9. Women’s Health & Acute Trust Services

- Women’s Department Manager & Educator – WLICC
- Chelsea Hospital Nurse

10. Environmental & Regulatory

- Environmental Health Officer

Sector Representation by %

- Clinical & NHS – 38%
- GPs, practice nurses, ACPs, pharmacists, HVs, school nurses, immunisation teams, acute staff
- Care Sector – 22%
- Care homes, extra care, domiciliary providers, independent living services
- Community & VCSE – 18%
- Healthwatch, Family Hubs, faith groups, BME organisations, community champions
- Inclusion Health – 10%
- Homeless health, refugee & migrant services, outreach navigators
- Strategic / Commissioning / QA – 7%
- Public Health, ICB, ASC commissioning, UKHSA, contracts & quality
- Research & Behavioural Science – 3%
- JitsuVax (Bristol), Imperial
- Industry – 2%
- CSL Seqirus medical affairs & Moderna