

Joint statement on the Autumn/Winter Flu and COVID-19 vaccine rollout for 2023-2024 and beyond

We have come together as a coalition of patient charities and professional bodies to highlight our concerns surrounding the current COVID-19 and flu vaccine rollout, which began on 11 September 2023.

Since the start of the pandemic in early 2020, COVID-19 has continued to present a great deal of risk to the communities and those living with the conditions our members represent. Whilst most people have been able to return to life as normal, a significant portion of the population remain vulnerable to the virus.

The ever-changing nature of the vaccine rollouts, hand-in-hand with insufficient communications support and consideration for the Voluntary, Community and Social Enterprise (VCSE) sector, has resulted in not only additional pressure on the VCSE sector and those on the frontline, but ultimately avoidable hospitalisations.

Whilst we recognise not all of our suggestions may be implemented this winter, we ask that they are considered for both the current and future roll outs. Taking the actions mapped out below would not only reassure communities that their concerns and health are being prioritised, but would relieve pressure on a health and care, and VCSE workforce, already underfunded, under resourced, and overworked.

Decision Making – Calls for JCVI and DHSE

Share specialist advice, and allow VCSE to fill the gaps to input on behalf of their communities

Throughout the pandemic the Joint Committee on Vaccination and Immunisation (JCVI) provided our members with assurances that all their decisions were based on the advice of specialist experts. However, despite repeated asks, our members are yet to see this advice or have the details of it explained to them. This understandably causes great concern to specific communities that their condition is not being thoroughly accounted for, because they often see their conditions misunderstood by clinicians. If these organisations and the communities they support are not considerably reassured about the nature of the specialist advice, nor consulted, there remains a risk of a poor balance of power moving forward regarding vaccine eligibility.

We are therefore calling on JCVI to take the time to share more detail on the specialist advice they have received, and provide a vehicle with which to communicate with our members directly. This transparency would enable our members to better understand the decisions that are made and communicate these with the people and communities they serve accordingly.

Create consistency between rollouts

There have also been concerns raised by our members surrounding the unsettled nature of the eligibility criteria between each rollout. Whilst we recognise that the Department of Health and Social Care (DHSC) change the criteria with each rollout in line with the continuation of emerging evidence about the virus, we similarly recognise that this change creates confusion amongst our members' communities, as their eligibility for a vaccine continues to be put into question. Not only does this leave individuals concerned for the heightened risks they may face with the arrival of each rollout, but it also places pressure on the resources of the VCSE sector. This is due to the VCSE sector feeling the pressure to adopt a greater advocacy role, with a need to tease information out of resources poorly accessible to the public (e.g. the [green book](#)).

It is clear that the ever-changing eligibility criteria for the vaccine is detrimental to people's understanding of, and therefore uptake, of the vaccine. We are therefore calling on DHSC to create consistency between vaccine rollouts and clearly communicate such eligibility.

A direct way to do this moving forward, would be to widen the eligibility criteria to include those aged 50 and over. This is likely to encourage those who are only currently eligible due to health conditions to accept a vaccine, as research shows individuals are more likely to accept a vaccine based on age, with age groups over 50 recording more than 90% acceptance ([University of Oxford, 2021](#)).

Many carers would also benefit from the vaccines being consistently rolled out to the over 50s. As research by Carers UK has demonstrated, people aged 46-65 are the largest age group to become unpaid carers, however many of them are often not registered as a carer with their GP ([Centre for Care and Carers UK, 2022](#)). The widening of the eligibility criteria would therefore automatically include the majority of these people and help to provide much needed support for those who are looking after loved ones.

Widening of the criteria would also benefit individuals more affected by inequalities, as these communities have an increased susceptibility to experiencing health complications between 50 and 65. This action would also temporarily mitigate risks caused by a lack of data, which is touched on further in our final suggestion.

Step up communicative efforts

National Voices' members also feel that much of the responsibility for highlighting the Autumn/Winter Flu and COVID-19 and Flu vaccine rollout to more vulnerable individuals is placed on them, with little to no support from wider healthcare bodies. Whilst recognising that for many the jeopardy is not as great as it was at the height of the pandemic, we believe that the pressure can be alleviated from the VCSE sector by DHSC and NHSE adopting a heightened approach to public health communications surrounding the rollout.

We are therefore calling on DHSC to commit to a fully resourced and financed improvement in communications, to relieve pressure from a VCSE sector already overwhelmed due to reduced funding and resources. Such an approach would include a clear breakdown of communications to take place surrounding the vaccine rollout, including a considered approach to reach marginalised communities coproduced with representatives from such communities, and resources for VCSE organisations to easily circulate amongst their networks (recognising their already limited capacity).

Deployment – Calls for NHSE

Commit to strengthening data

As briefly raised above, our members have also shared concerns surrounding the completeness and accuracy of patient records. Our members understand that individuals in their communities, such as those with learning disabilities, individuals who have mobility or energy issues for whom a vaccination at home should be an option, and carers, are not being reached by the vaccine roll out due to this issue. The benefits of stronger data would also provide further insight into the uptake of vaccines in minoritised communities. This information could, and should, be used to adapt the rollout of vaccines to specific communities to aid uptake. Looking to the breakdown for immunosuppressed individuals the variation in uptake is stark. 48.2% of white British people in the immunosuppressed category received the spring booster vaccination, in contrast to just 11.1% of Black African people, and 6.8% of Asian Pakistani people in the immunosuppressed category ([NHSE, 2023](#)). We are therefore calling on NHSE to strengthen their data surrounding health conditions, inequalities and status'. Only when this data is strengthened, through tighter contractual measures and a proactive approach in primary care to ensure GP records carry all the necessary data, will the eligibility criteria be successfully employable as intended.

Further to this, it is no secret that COVID-19 has widened health inequalities, and it is important to ensure that those who have been affected to a greater extent by the pandemic are not also disadvantaged during the recovery due to poor data.

With kind regards,

Jacob Lant
Chief Executive
National Voices

With the support of 61 National Voices member charities, as follows:

Arthritis Action
Aspergillosis Trust
Asthma + Lung UK
Behcet's UK
BHA For Equality
Blood Cancer UK
British Dupuytren's Society
British Geriatrics Society
Carers UK
Cauda Equina Champions Charity
Children's Liver Disease Foundation
Crohn's & Colitis UK
CRPS UK
Cyclical Vomiting Syndrome Association UK
Diabetes UK
Disability Peterborough
Disability Rights UK
Ectodermal Dysplasia Society
Friends, Families & Travellers
Furness Mental Health Trust
Groundswell
Guillain Barre & Associated Inflammatory Neuropathies
Harry's HAT Charity
Help2Change CIC
Hope 4 The Community CIC
ICUsteps
Juvenile Arthritis Research
Long Covid Kids
Long Covid SOS
Long Covid Support
LUPUS UK
Lymphoedema Support Network
Macmillan Cancer Support
Marie Curie
Men's Health Forum
Mind

Motor Neurone Disease Association
MS Society
Muslim Doctors Association & Allied Health Professionals CIC
Myaware
National Rheumatoid Arthritis Society
National Ugly Mugs
Out with Prostate Cancer
Parkinson's UK
Patient Information Forum
Pregnancy Sickness Support
Pseudomyxoma Survivor
Rethink Mental Illness
Royal Pharmaceutical Society
Scleroderma & Raynaud's UK
Shine Cancer Support
SimPal
Stripy Lightbulb CIC
The British Porphyria Association
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The Point of Care Foundation
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Turning Point
UK Primary Immune-deficiency Patient Support
Versus Arthritis
Viewpoint



