

**Warning: This document is not a verbatim transcript**

**Title: Covid 19 - Vaccine Information and Accessibility Webinar Briefing**  
**Date: 10<sup>th</sup> February 2021**  
**Client: NHS Bristol, North Somerse and South Glos CCG**  
**Captioners: Karen Pritchard and Louise McDaid**  
**Speakers: Various**

*This event is being live captioned - do not regard as a verbatim record*

SARAH TALBOT-WILLIAMS: Hello and welcome everyone, it's been really great to see you, over 111 people here already. I am Sarah Talbot-Williams, the independent lay member for Bristol North Somerset and South Gloucestershire patient forum, I have been working in the voluntary sector for over 25 years.

A bit of housekeeping, we have BSL/English interpreters for the events and the translator is pinned to the screen throughout the event. The event is being recorded and will sent out links after the event. We won't use the chat or raised hand function so put any questions in the Q&A. This event is hosted jointly with the Healthwatch and Bristol North Somerset and south Gloucestershire Clinical Commissioning Group in response to questions raised across the region, drawing on feedback from older people and disabled people and those with long term health conditions and those with learning disabilities.

Having heard questions around the vaccines we have brought together health care professionals and people from the community so thank you to the speakers. They will talk about the vaccine and how you can book and access the vaccination and they will talk about adjustments on the ground for those with specific needs. We want you to leave the event knowing about the vaccine and having questions answered and feeling confident to talk to your friends and family about the vaccine. The speakers will do their best to answer all the questions but there are a lot of you and the volume may be too large so we will follow up afterwards.

Vicky Marriott will chair the event, she is the area manager for Healthwatch, an independent champion for those who use care services, she has worked in the South West for 35 years and has a lot of experience in this area. Her passion for health issues led her to a journalism career where she won an award for a documentary made by the mental health media trust.

VICKY MARRIOTT: Thank you and welcome everyone to the event. Great to see so many here! Healthwatch across the area, is here to provide the voices of those who use health and social care services. As an independent organisation we aim to influence how these are run so they meet the needs of the whole community. Great to be here talking about accessibility to ensure as many as possible can know about the vaccine.

We have three panellists who will be speaking over the next 35 minutes and providing some expert guidance on the vaccines and what is happening in this area around the vaccine roll out. Then there will be a Q&A session where you can put some questions in the chat. They may not be answered tonight but some questions were sent already and we will work through as many as possible. There will be additional panellists and I will go through them then. The first speaker is Dr Rajeka Lazarus, Dr. Lazarus is the Principal Investigator for Covid-19 vaccine studies in the West of England Region. These include

the Oxford vaccine study, Janssen vaccine study and a phase 1, first in human study. She has a long history of working with vaccinations, is the co-author of two e-learning courses on vaccines and I will introduce her to begin with to let us know about her work and it's impact on the vaccine we have today.

Thank you.

DR RAJEKA LAZARUS: Hello and Good evening everyone. Over the next ten minutes, I will explain how the Covid-19 vaccines were developed, what is in the vaccine and common side effects.

One of the most commonly asked questions is how have the vaccines been developed so rapidly and how does this affect their safety. At the start of the pandemic vaccine developers were poised to make coronavirus vaccines as a global pandemic had long been expected and coronaviruses were high on list of suspects. In addition, vaccine technology has improved over the past 20 so that vaccines can be made more efficiently.

We were fortunate early on to have vaccines that could be used for initial testing. Once the vaccines had been designed they then needed to be tested in both animals and humans which is expensive, but funding from the UK government meant that testing could start straight away.

The trials of the vaccines in humans were very successful because of the funding and because so many volunteered to take part. To play their part in helping us get out of the pandemic and they could do so because we were in Lockdown. Nurses and scientists stopped doing their other work and just focussed on the vaccine studies.

In the trials volunteers were either vaccinated with a coronavirus vaccine or a placebo. A control vaccine is a different type of vaccine that doesn't provide protection against the Covid-19. We are still following up the volunteers to see if they develop Covid-19 or not. At first this was slow but as the rates of infection increased then we were able to see that fewer More and more volunteers presented with symptoms and we could work out those who were vaccinated were less likely to end up with Covid-19 and if they did they had milder symptoms and no-one vaccinated ended up in hospital.

Vaccines work by training your body to recognise an infection so if you meet it for real then you can protect yourself against the infection. The current COVID19 vaccines contain genetic material from the virus that enters muscle in the upper arm to stimulate that protective response.

The vaccine material only stays in the area of vaccination and gets broken down by the body so it should have no long lasting effects. It doesn't spread to other parts of the body. Because it's broken down and doesn't stay for long there are no long lasting effects of the vaccine.

As well the genetic material the vaccines also contain other ingredients that help the vaccine work. And get into the muscle and influence the immune response. Occasionally, some people will have a severe allergy to one of those ingredients so those people need to discuss this with their doctor to see which vaccine they should have. Those with milder allergies may still have the vaccine and people with allergies to other things like penicillin and nuts can still have the vaccine.

The vaccines do not contain any material of animal or foetal origin or microchips. Vaccination is being given to priority groups and eventually all adults will be offered vaccination. We started prioritising those at the highest risk of death from Covid-19, over 80 and over 70, and also those most at risk of being exposed to Covid-19, health care workers. And vaccine will continue as we work through those groups until all adults are hopefully vaccinated.

The only group of adults who will not routinely be offered a Covid-19 vaccine are pregnant women as we still need to do studies in those who are pregnant. However, other vaccines are given in pregnancy so if someone is pregnant and at high risk of COVID19 infection they still may receive the vaccine after discussion with their doctor. We don't advise the vaccine for those who are pregnant women - who are breastfeeding can have it.

The current recommendation is to have 2 doses vaccine up to 12 weeks apart. It is expected that a single dose will provide good enough cover until the next dose. The vaccines have been tested in different dosages and we have the information to support that. The vaccines have been tested in people of different ethnicities and in older adults and have been shown to produce a similar response in everyone.

As well as establishing if the vaccine worked the trials established the common side effects and the safety of the vaccines. The common side effects are a sore arm and flu like symptoms such as headache, tiredness and muscle ache. These can last for a few days but taking paracetamol for the first day after the vaccine can reduce the impact of the side effects. The side effects aren't because the vaccine is giving you Coronavirus, you can't catch it from the vaccine. These side effects are related to your body responding to the vaccine and you cannot catch COVID19 from the vaccine itself. There were no long term side effects seen after the vaccines and we can be confident of this because there have been 10 of thousands of people vaccinated in the vaccine trials and that equates to many thousands of years of information! If you vaccinate a single person and follow them for a year that is one year of information but because there are so many in the study, we have reassurance that they are safe. There were no effects on fertility seen in the studies.

You will have on the news recently about the new variants of the virus. A variant arises when the virus mutates. All viruses mutate and the higher the levels of virus in a community the more likely a mutation will arise. This is something that is expected and we are familiar with because the influenza virus mutates regularly so vaccines need to be updated each year. This may need to happen for the COVID19 vaccines. What is important is that the mutations are being closely monitored so vaccines can be updated as needed. Right now, the vaccines we have are still recommended for the majority of infection happening.

Finally, I have heard a lot of people ask how long after their vaccination can they stop shielding and meet their family and friends but whilst we are in lockdown then we should be following the government guidelines whether we are vaccinated or not. This is really important. Vaccination will lead us out of this pandemic but it is not the only measure that is needed at the moment as the infection rates in the UK are still very high. Continued transmission could lead to more variants and people who are not yet vaccinated getting sick. The more people who get vaccinated and ask questions and go ahead and have the vaccination so we have a better chance of getting back to normal in the year ahead. Thank

you.

VICKY MARRIOTT: Thank you. That was great to hear that. Okay, so if we also now have a look at what is happening in our area, the Bristol, N Somerset and South Gloucestershire area, the next speaker is Clare Cook, the programme manager for mass vaccination outreach. Clare Cook started her career in nursing and midwifery for the NHS. Since 2013, she has been a programme lead in the South Gloucestershire Public Health and Wellbeing team, leading in key public health programmes for cardiovascular disease prevention: including Diabetes Prevention, NHS Health Check Programme, Tobacco Control and Smoking Cessation, Obesity and Healthy Weight agenda.

She recently joined the Mass vaccination programme for Bristol, North Somerset and South Gloucestershire and is responsible for supporting key projects so the whole population of the area can have the vaccine.

CLARE COOK: Good evening everyone and a pleasure to be here this evening to talk to you all. Thank you. I was listening then and thought I would start off with a personal reflection of Coronavirus before I get into what I will say. My talk will be around the practical and operational side of how to access the vaccine, where you go and the process and talk you through the appointments. Any further questions add them in.

My youngest daughter is Grace, an anaesthetist in Liverpool, she studied there and has remained there and been in intensive care on the front line, since March, She contracted Covid-19 during the summer and was very poorly and had to have time off work. She has now received her Covid 19 Vaccine and back at work and healthy. Her partner is from Uganda and also a GP and at the time she was poorly, that was challenging living in the same house, and he has had his vaccination also. My best friend's husband is in intensive care and is seriously ill, in his 50s, very healthy, no underlying conditions, and I met a black African Caribbean man last week who has lost 13 people in his family. I felt that was my personal reflection. I will go on to the hope part now.

This mass vaccination programme, the biggest in British history, that is our way out and it gives us a lot of hope. However, it is vital that nobody is left behind. We all won't be safe until we are ALL safe, that is important to remember. I checked earlier, over 1000 recorded people who within the last 28 days have proven positive for Covid have now passed away. These numbers as you know are horrific and shocking, so we take a moment there. Again we won't be safe until all safe.

It is so so important that these messages go out and we encourage people to take up the vaccine when your time. You heard just now, the government have an ambitious target, which is great and we should be proud, that we are leading the way with this programme. 15 million people in the top priority four groups are set to be vaccinated by 15th February, which is approaching fast. We are up to 13 million vaccinations now, which means one in four of the adult population in England have now been vaccinated. I recently saw that equates to 140 jabs per minute. Not sure how they calculate that. Again a great effort.

So, what is happening locally? How are we doing? We are doing well in South Gloucester and Bristol and North Somerset, but we could do better. We sent out communications today if you are 70 or over, or been in the previously in the shielded category, we are asking you to contact now, so you can get your vaccine, do not wait to be contracted. Best place to go is GP surgery if registered there. An important message.

So locally, we are using the two vaccines, that you will have heard of, the Astra-Zeneca, and the Pzizer. You need two doses, of that vaccine, on two separate appointments. First vaccine will give you some protection. That takes a couple of weeks, but there is no immediate magic shield, from having the first vaccine, so vital you have the second one, that is currently approx 10/12 weeks following the first vaccination. If you have not been in the four priority group and not been called, 70 and over, or vulnerable clinically, please call, if not, you will be called in the priority list, and how will this happen? If you are in that group, 70 and over, please contact your GP or call free number 119 to make that appointment. Those are online booking for our mass vaccination centre at Ashton Gate or a pharmacy.

Where are we delivering locally. There is a mixed model, GP surgeries, pharmacies, hospital hubs, the mass vaccination centre at Ashton Gate. The model I am responsible for is the mobile model, more bespoke, hyper local model. Perhaps in pocket areas with certain groups of people who traditionally may not engage with health services. I am thinking of, very transient communities, travellers, gypsy and Roma, homeless people, that we offer a bespoke model to.

People who have been in care homes have had that directly where they are and housebound people. I hope we are meeting the needs of people in the way we deliver the vaccine. I will talk through, what would happen on the day you go for your vaccination. Really important to arrive on time, seems silly to say that, but not get there too early or too late, to try and avoid queueing, if you arrive on time, that is great. Wear the face covering, which we are accustomed to. if going to Ashton Gate, you may have a booking reference, if you have that handy, take it with you. thank-you. If you need a carer, they are more than welcome to accompany you to that appointment, but don't advise you take a whole group of people with you, one carer is fine. if you have physical or sensory impairments reasonable adjustments will be made and if we know before time, we can prepare, but flexible at the point of contact.

Ashton Gate you may not be used to going to for example. There are marshals there to help from the Fire Service and St Johns, many people to support you and you need to ask questions and pleased do. I went there last week, and people do look fearful and anxious as they are going in; they don't know what to expect. But then I watched those people come out the doors at the other end, and they were smiling and happy and greeting the people waiting for them, it was heart-warming actually.

As you go in, you are checked in and at every stage it is organised, calming in there, and it was just, for me to walk through that process, was important. We still maintain the social distancing, of course, but there are people there to support you. If you are unable to stand, all those things are taken of. The areas are cleaned down constantly, no worries about hygiene, that is important to remember.

What will you be asked? Simple medical questions, you will be asked about severe allergies if you have them. If for any reason you would find it difficult to stand in a line, we have fast track cubicles, where you wouldn't have to wait, you go straight through into a private area and be dealt with quicker. But I was there for a while on Friday and it was a slick process, like a military operation, but welcoming.

Where do we have the vaccine? In the upper arm. You may be asked to wait for about 15 minutes at the end, there is an area to wait and what was heart-warming, there were whiteboards and people had drawn pictures and written words, how they had felt through the whole process, astonishing to read that and what people were saying. If any issues, in the very rare event that there were side effects, or you need medical treatment, it is all there to hand, it is so slick. It was amazing to see that, it reassured me, certainly through that process, so I can relay that information to people so they are prepared, we are planning to invite key people from the communities, faith leaders and key influencers for them to experience what I did last week, if they can take that back to their neighbours, and if they are held in trust, it is important to share what the process is like and reassure people who have fears.

For some groups there has been hesitancy around acceptance, for people they trust in their community, they are the best people to relay that information. A good experience that we are setting up, so people can pass out those messages. A whistle stop tour really when you have your vaccine, I hope that allows you to have that information so you can process it and feel more informed in the decision for you to take up your vaccine, thank-you for this opportunity today. And happy to answer questions through the chat.

VICKY MARRIOTT: Thank-you, we will need to move on to our third speaker, Dr Neil Kerfoot, GP partner at Kingswood health centre. He has been a local GP for 24 years, part of a team leading the vaccine roll-out in this area. His surgery is a vaccination centre for Kingswood, Hanham and Cadbury Heath, so he has first hand knowledge and seen a lot of the over 80s coming through the practice. Thank-you Neil.

NEIL KERFOOT: We particularly started with the frailest members of the community and the hardest to reach. We have worked really hard and I am really proud of being a GP currently. We have stepped up as a team and worked Saturdays and put out a request for people to work in the vaccine clinics. We needed 6 or 7 people but got 35 offers! This is part of the way out of the current situation we are in which is miserable for everyone! I like looking at the whole of people's faces and for the last year I have looked at their eyes. We haven't been able to smile. Sometimes we as GPs have to give people a hug if they are distressed or have lost someone. I can't hug someone or shake their hands so we have to do everything we can to move out of this.

What is getting a vaccine like in a GP surgery? We have done most of them. The vaccine hub is based at Ashton Gate and there are pharmacies offering it. You can't just walk in and get an appointment because you can not turn up. For some an appointment at ten past 4 is difficult for a variety of reasons and they may have to wait for carers to come home from work etc. We need to adapt as a system and hopefully as we get more of the Oxford vaccine over the next few weeks we can hopefully loosen the system and allow people to be vaccinated when they wish.

Claire is developing pop up clinics and I don't think they will be appointments only. If you turn up with someone as a carer, we want a system where we can vaccinate them at the same time. It's the right thing to do but currently it's difficult to do because we don't know how many carers will turn up. As we move through the vaccination programme we hope to make it easier to vaccinate people as they come through. We are moving to the over 65s this week and next week and vaccinating that group and the extremely clinically vulnerable. As we go down the cohorts hopefully we can vaccinate more at pace. I may

send you a text asking you to book an appointment and you choose a time or we may phone you or you get your letter from the government. You can either phone the GP practice or 101 or book the appointment online. If you come to me, you will arrive. We have adapted the system. We vaccinated 1176 patients on 2nd January. It snowed, it was very cold and there was a queue. It was the most uncomfortable I had been as a GP.

Since then we have adapted the system and if we don't get it right for you, whatever your health issues, let us know and we will listen and adapt the system. That is important for me, talk to people and make constructive criticism and tell us how we could make it better. It would be nice to say, you got it wrong and if you did it this way, it would be better for me. We want people to feel relaxed and come in. You will come in and queue and be given a piece of paper with your name on it, meet your vaccinator. We are currently vaccinating three people in a room with the window open and the seats 2 metres apart. We give people the opportunity to say they are uncomfortable with that and want to be vaccinated separately or on their own. We will certainly do that.

We have mass clinics doing 700 a day and have clinics doing 120 in an afternoon. Those are more gentle clinics and less busy. One of my long standing patients and his parents came up, a lad in his 20s with severe autism and epilepsy and they were concerned about a mass clinic. So he came to smaller clinic and had a room to himself and off he went. I felt that was the system changing to adapt and I think we need to ensure we always have that adaptability.

The whole, 'it won't affect me, I am young and fit' attitude. There are a number of patients in the system in their 20s and 30s who are quite unwell with Covid-19. So it's important to not feel you are totally bullet proof. This is a virus that can affect even the very young. It's rare and as an elderly person you are more at risk but you are not immune to it otherwise. Write down your worries and risks - some of these will be unanswered. But I feel a way out is to have the vaccine and I will encourage my family to have it, including my parents in North Wales. My mum was delighted because she hasn't seen her new great grandchild. We need to make sure we get our society back and I think vaccination is one of those way. We need to acknowledge that people are reticent and give them the confidence to move forward.

VICKY MARRIOTT: The Q&A section with the questions brought to us at registration. we have collected them into themes. There are some new panellists. I will ask two of the new panellists tonight, and that is Margaret Slucutt and doctor Geeta Iyer.

Margaret is the chair of the South Gloucestershire forum and has worked in housing and health and social care and various local authorities and the voluntary sector since her early 80s. She is here for the rest of the Q&A. Dr Geeta Iyer is a doctor qualified in 2002 at Bristol university and has worked in the local area as a GP since 2008, working on the commissioning side of health care services. She has two young children. I will ask both Geeta and Margaret to tell us about their own vaccine experience. Can you tell us from your point of view about how it was for you and your fears and the practicalities of your experience.

DR GEETA IYER: I think Margaret should go first!

MARGARET: I had my vaccination last Saturday, still not the two weeks since it. I can tell you that, I went down to one of the pharmacy hubs there are in South Gloucestershire. It

was a very good experience. There was no queue. I was asked to fill out information on a form and given a pen to do it. If anyone needed support, they were very helpful. It was a very friendly environment and I only got there 5 minutes before because I didn't want to queue. I am not good at standing for long periods. I went in and so within 5 minutes of getting there, I was told that there was a chair ready for me to have the vaccination.

The gentleman who did it, asked me some personal questions. Checked that everything was fine. Asked me which hand I write with and I said my right so he said he would put it in the left arm. I prepared myself for that. And he did the injection before I knew it! So there we are. I didn't really notice any of it. It just happened. So when I had the vaccination, they gave me a card saying I had had the vaccination. Told me that I might get a slight headache for a few days or pain in my arm. For about 12 hours, my arm ached for a bit in the night. My husband had the vaccination and had nothing at all!

So then after that, he said that there was a card, which also put the second vaccination date on if one wanted to, I wasn't asked to wait because I wasn't driving. But I know my husband was asked to wait because he was driving. We went on different days. But it was a very easy process. And even people who get very anxious about some things, there was nothing to worry about it and it was nice and calm.

DR GEETA IYER: My experience was probably a little different! I was vaccinated whilst helping at a clinic so it was more a case of, we have a spare two minutes so let's do the staff too! I want to reiterate what Neil said, a huge amount of thought goes into setting up the clinics and we don't want it to be a conveyor belt. We want people to feel they can trust the service and feel safe. So there is a lot of organisation around social distancing and the wheelchairs and people to direct patients and making sure there is no queue. T

There was a really good atmosphere in the clinics and at subsequent ones I was staffing. Like Neil I am proud to help with this effort. As far as the vaccine goes, it is a tiny amount of fluid, it is over before you know it, I didn't have side effects, I had a sore arm with my flu jab, but nothing with Covid-19 jab, all round it was a great experience and we had lovely feedback from patients who felt in generally everything was well run, so wanted to reassure people that a lot of planning goes into these clinics and GPs and clinics are experienced at running mass vaccination programmes, if you think of flu every year, so an opportunity for us to help out in a big way, we are proud to do that for our population.

VICKY MARRIOTT: Thank-you Dr Iyer. You have sent in questions, the next two will be taken by a new member of the Q&A panel, Shaun Langford, a learning disability nurse, works for Sirona care and health and a clinical team lead, his job is to support equal access for people with a learning disability to mainstream health services, and his team are supporting the mass vaccination response across the patch.

FIRST QUESTION is - Dr Kerfoot has talked a little about adapting the approach for different groups of people. From your perspective Shaun, what should be done to support people to access the Covid-19 vaccination service, particularly if they don't like crowded places, or noisy places, or have a needle phobia, what can be done to support them?

SHAUN LANGFORD: There should be fair access and individual needs to should be taken into consideration. If you have a sensory condition and autism for example, make sure people are aware of that. We would advice on the things that Clare spoke of, if you

look at Ashton Gate, you can have a member of staff to meet you and allow for carers to be with you to help with anxiety, seating can be provided without queues, and you can go straight through if you find being with other people difficult, and there can be specialist lanyards to show that someone has an invisible disability, and they can be advised on their specific needs.

If thinking of GP practices, I was pleased to hear about the practices we have heard of this evening, looking at quieter slots, perhaps at the beginning, and quieter space during the consultation, and perhaps where you can wait in a quieter space, or even in a vehicle. GP surgeries, can ensure you are supported by someone you know, a carer or family member, there is a possibility, (some speech inaudible...) and you can have access to easy read information, and finally if you have been called for a vaccine and have difficulty in accessing a mass vaccination place, because of your disability, contact your local team and ask how you can be supported to get reasonable access within those provisions.

VICKY MARRIOTT:

SECOND QUESTION - Do any of the manufacturers produce easy read information about their vaccines, particularly yes... Sorry that is the end of the question.

SHAUN; We have kept an eye on this, over the last couple of months, to date, we aren't aware of any accessible materials produced by the vaccine companies, but a wealth of information from the NHS and other websites. And photo symbols. [Keepsafe.org.uk](https://www.keepsafe.org.uk).

There is a bank of information about Covid-19 and keeping safe in the community and what is involved in the vaccination process. On top of that, locally, within the local disability teams in Bristol, South Gloucester and North Somerset, we have put a pack together to support with understanding capacity and consent, this includes an accessible capacity assessment, and we will share this with GPs and other vaccination sites, and there are links to further videos and materials to support people - to allow them to gain insight into the vaccine and make an informed choice, through the accessible materials we are providing.

We are sharing information with care providers and with patients within our teams and through the Sirona website, that will contain information around understanding the vaccines and supporting their capacity to make a decision. We provided accessible information around myths as well and we can share the link to our website after this meeting.

VICKY MARRIOTT: Thank-you. I just put myself on mute!

NEXT QUESTION - quite a long one, we can have an answer from either doctor, they can decide. Geeta is to kick off.

It is - when people get their first job and when carers in particular and people in supported living will get the vaccine and, can we have a clearer definition of who is in the 60 to 65 at risk group, does it include people with mental illness or an eating disorder - and if you are about to have a birthday and tip into a priority group, do you automatically get into that group and get a request. And finally, can I get the vaccine sooner if I pay for it.

GEETA: The last one is a no, the vaccine is free of charge, so if you get contacted by someone who wants your money, don't go down that route.

Going back to the beginning, I am sure Clare and Neil will chip in if I miss something, in terms of who gets invited for first vaccinations, it is according to the joint community of vaccine and immunisation, they have a list of priority cohorts, and the people at the greatest risk of mortality, are those who are older, so the cohorts are numbered one to nine, one is higher priority, so goes down from over 80s to cohort nine and we progress through the cohorts in order of age.

Health and social care staff and care home staff - are also in those top two cohorts, because they are providing direct personal and medical care to people, so at higher risk. So that is the order of prioritising and why.

Next question - about carers. And, those, paid and unpaid carers are in cohort 6, currently we are completing cohorts one to four. So, it won't be too much longer before we get to cohort 6, that does include a lot of people, in cohort 6, between 16 and 64 years of age and those clinically at risk as well as paid and unpaid carers, so quite a big group as people have noted on the call today.

Yes, it does include people with severe mental illness, there are some definitions of who is in cohort 6, in our green book, our go to guide for immunisations and had a specific chapter in there. We are waiting for national guidance to come through about how we prioritise cohort 6, because so huge and will be forming a specific group from people across the health and care system to look at how we address this and invite people in this cohort, in a logical way, that is work that is going on at the moment. Lost track with that question.

Then the birthday bit? Yes, I didn't know the answer to this, with flu, we always have a if it is going to be your birthday, turning 65 by end of September or something, I think, Neil has said if you are going to be an age at the end of March this year, you will be invited in that cohort, but not sure if we have other information about that.

NEIL: I have not seen it anywhere, my patients in the clinic, currently 69, and coming into 70, I think 31st March that defines your category, but an interesting question. I will have to ask someone. I have done a google search this evening and can't see it anywhere, I will ask, but think the 31st March.

GEETA: Then a question about the roll out, because some areas seem to have more supplies than others, I think people are talking of groups of practices, the roll outs were apportioned with practices who had the most people in the older age brackets, this is how the vaccine was rolled out nationally, there may be other care homes in other areas, but it was the highest concentration, so getting the highest coverage quickly. I think that was okay, but if anyone wants to chip in that would be great.

VICKY MARRIOTT: Next question is about if I need transport getting to the vaccine centre, how do I do that. Margaret are you happy to answer that one?

MARGARET: If you need to get to one of the vaccination centres, talk to your GP perhaps, if you don't want to get on a bus perhaps... Some people need special transport, but community transport in every area across the area, Bristol, South Gloucester and N

Somerset, every community group has got transport, so community transport that will take you to an appointment, and there are some.. I will call them cab firms, one in the south Gloucester area, V cars (?), they are offering some services to vaccination centres for free, so there are ways to get there, if you don't have a vehicle of your own and health watch has provided a good leaflet, which you can pick up online or contact them and as they have already said, they are in the three areas, N Somerset, Bristol and South Gloucester, so there is a local point of contact, pick up a form and see all the different community transport services that are available. But yeah, there are ways of getting there, if you are having difficulties.

VICKY: Thank you and thank you for the plug for Healthwatch. When the recording is sent out our details will be there. The next question is for the final panellist you haven't met yet, Alun Davies. He is an engagement manager in the west for the Thomas Pocklington trust, a national charity working with people with visual impairment supporting the Bristol sight loss council. A group of people who are blind and partially sighted and live in the city. Alan identified as a disabled person and has lived and worked in Bristol for 30 years, an activist on disabled issues and local councillor and columnist for the local post and on various boards and national committees. So, a very experienced member of the panel. The question: from your experience, what provision is there for disabled people who can't stand in a queue?

ALUN: Thank you. As we have heard in terms of the Ashton Gate centre there is provision there with setting and different rooms. We heard from Neil that reasonable adjustments are made for seating issues or energy issues or if you need some quiet. It's impressive the work that has gone into thinking this through! There will always be the odd issue. That comes from being able to communicate what their needs are. At the moment the national booking system doesn't have a box to identify access needs.

If you are worried about your needs being met and explaining those needs before you get there, talking to your GP when you get the call may be more suitable for you cos you can explain your needs over the phone. But there is more than enough people at Ashton Gate to give that support. If you go to the national centre, the leaflet you get given after the vaccination there should be large print copies available or can be got to you quickly. Or you get it on email. The system is geared towards access needs whether you go to Ashton Gate or the local GP centre.

VICKY: Thank you. That is great. Okay. Shall we continue then.

This is a question for Dr Iyer or Clare Cook, around the adapted approach and what is available for people so they can make reasonable adjustments before appointments. Will people have accessible information and an accessible consent form to allow an informed decision to be made, at a GP or pharmacy location or even Ashton Gate. Will people in advance the person arriving will required an adapted approach?

NEIL: I will answer that. In an ideal world it would be lovely to say yes, we will but in my practice we are vacating from 4 different practices and it's difficult to be 100% certain that we would know. So we have to let carers of vulnerable residents to let us know if they have additional needs. We have started to do smaller clinics in my area, they are ideal for people who are vulnerable or nervous or queues or not respond well to lots of people around them, to come in. Let us know and we can think about how to adapt and help your vaccination process be as smooth as possible. We are mass vaccinating the population

and if everyone over the 18 comes forward, we will be doing 88000 vaccinations. We can't give everyone a comfortable bespoke vaccination but we need to recognise the need to adapt and the only way we can do that is by you telling you what you would need and we will try to get as close to that as possible!

>> That is absolutely right. If it's really clear people have certain needs on their needs we can be proactive but we are relying on people having that conversation with us. it's really important.

>> One of the resources we have produced is about highlighting those additional needs, it like a check list where the person with a learning disability or their carers can work through the adjustments they may need and that can be shared with you prior to that appointment as another method.

VICKY: Thank you. Next question is more detail on the vaccine itself and to be answered by Dr Rajeka Lazarus.

The first question is that recent media suggests the Oxford vaccine is not effective against the new South Africa variation and the Kent strain is interfering with this. Am I not protected?

DR RAJEKA LAZARUS: The Oxford vaccine was tested against both variants and shown to work against the Kent variant but not as well against the South African variant. There are a mixture of variants in the community and it's still recommended that people have the Oxford vaccine and the WHO have recommended today the Oxford vaccine be given across the world as there are benefits to the vaccine irrespective of the variants.

VICKY: Next question, could be for you or Dr lyat. Any reason to have one particular vaccine over another, ie, medication issues or something you are taking for another condition or if you have an autoimmune disease for instance? Or if you are allergic to penicillin or have anaphylaxis? I think one person thought it might be related to an E number in food. So who wants to take part of or all of that?

GEETA: We are are with the Pfizer vaccine we ask if anyone had anaphylaxis reactions to food or medication or a vaccine before, and in that case we advise having the Oxford vaccine. That is the only instance we know. With the other medications we don't advise one over the other.

DR NEIL KERNOW: There are two others on the way. They have the same effect. The virus has an outer core with a protein on it and the protein is abnormal to the body and the body develops antibodies to circulate around the body and pounce on it. Normally if you are not immune it takes time for the body to develop immunity and by the time you do that the virus has taken hold of the body. So this vaccine will mean that it pounces on Coronavirus before it can get hold. I think at the end point, it's the same regardless of what vaccine you take. The end point is immunity that looks pretty similar. Right?

>> That is right. Different vaccines may target different parts of the Covid-19 and as new vaccines come out they may target more than one part but overall do provide protection against future infection.

VICKY: Three more questions . But we only have 7 minutes left of this part. We will try and squeeze them in with shorter answers to this. What about people currently receiving

chemo or radiotherapy or have long term conditions such as a heart condition and diabetes, tinnitus, fibromyalgia.

>> I think the heart condition and diabetes etc, no evidence the vaccine affects those condition and it's really important for those in the clinical vulnerable group to have the vaccine shortly. The group I am part of are currently discussing this with immunology colleagues. We are aware that some people may not be in the hubs so the oncology sites are looking at a way for patients to go into a small clinic and be vaccinated outside their cohort and around the chemo.

VICKY: Next question: do I get a choice as to the vaccine I have and can you "mix" it and have dose 1 of one vaccine and dose 2 of another?

>> The current vaccine is to take the vaccine offered to you unless you have a severe allergy and it is recommended that you get two doses of the same vaccine. That is the because the trials haven't looked at that yet but we have just started a study where will be giving mixed dosages to see if that improves the responses But at the moment if you can get two of the same that is recommended.

>> Why can't we have two doses at the same time, one in each arm? That is really interesting .But we are doing a prime and boost to make the immune system curious and make it immune. With MMR you get the vaccine in the first year of life and then a pre school vaccine to give life long immunity. We hope the vaccine will do the same and there is good evidence for the vaccine being prolonged if given in this way. A question around why the second vaccine is at 12 weeks - that was a government decision to vaccinate as many as possible given that the first dosage gives a reasonable immunity and at the time a tsunami of Coronavirus was approaching! It may be a 100% perfect decision because there is some evidence that prolonging the interval improves the vaccine response.

>> Where the trial was designed, that was based on trying to deliver a vaccine in a pandemic. It's not based on the immune response. In other vaccine studies they don't measure the immune response until after 4 weeks. Oxford have published information to show that the response after a single dose stays high up to 12 weeks and increasing the interval can actually improve the response to the second dose. So there are scientific reasons for this.

>> One of the questions was, to say, if I don't get given a date for the second dose, what should I do?

>> I think don't panic! especially if the GP gives you your first dose. You are currently getting a second appointment if you book at Ashton Gate. I have a long list, we have community systems so we know who was vaccinated on what day and we are not booking second appointments until we get a confirmed date, especially around the Pfizer dose . We have 3.5 days before it loses the effectiveness so we are waiting for the vaccine delivery schedule, by the end of next week. Once we have this we will work through a process of how to contact people and it's complicated.

These are things we are working through at the moment and we will contact you for second doses, in early March, so we have two or three weeks and we are developing that system. In general practice we have shown we can set up a clinic within a week. We managed to get 1500 people into the clinic within a week, so our teams are used to working at pace.

VICKY MARRIOTT: IN just a few words, what messages would you like to leave with the people regarding the vaccine.

DR NEIL KERFOOT: Same as last time, sad mark of 100000 people last time we spoke, that is one in 670 people, for me that is too close, and as a community, we need to come forwards to be vaccinated, but I would like to thank people for doing social-distancing, this current spike is lessening, but need to continue taking this seriously, we hope the vaccine stops the next spike being as serious, but we need to continue to regularly change and wear our masks and wash our hands. Please wash or change your mask, because that will help stop the infection spreading.

VICKY MARRIOTT: Alan? What messages do you have from the panel.

ALUN: As Neil said, unless you can think of a very good reason, please have it done, there are reasons why people might, there could be all kinds of things, so have to respect those who choose not, but for the vast majority of people, better for you and better for everyone else.

SHAUN: If you have a learning disability or support someone with one and been called up for a vaccine, and had difficulty accessing it, contact your local CBTT? And see how they can support you to have reasonable access at those sites.

VICKY MARRIOTT: Thank-you, Margaret?

MARGARET: Yes, my message, the decision is for each individual but by having the vaccination, you aren't just protecting yourselves but those you love, your family and friends, surely worth having the vaccine for them and it helps to find a way out of this pandemic and get back to normal life, so give it a thought, a very positive thought if you can.

VICKY MARRIOTT: Rejeka?

DR RAJEKA LAZARUS: vaccines are very safe, and this has been given to over 12 million people in the UK alone and people around the world and side effects are being monitored and even the side effects are better than getting the Covid-19 infection.

GEETA: It goes back to Neil's speech, I became a GP because I love people and like the human touch, I miss giving my patients a hug and holding their hands when they are upset, so anything that gets us back there as a population where we can have that touch in our lives again, has to be worth it, that is where I come from.

VICKY MARRIOTT: Finally, Clare.

CLARE: Just to say we have heard so much positivity this evening, please spread the good news, talk to people, share what you have heard, get them to listen to the recording, so no one is at the back of the queue and for me, it is giving my grandson a hug and visiting my daughter in Liverpool, so please share and get your vaccine when it is time, that would be fantastic.

DR NEIL KERFOOT: The shelf life for Pfizer is not six hours, but when taken out of the fridge, between 2 and 8 degrees, when lid taken off the vial, the Pfizer vial there is six doses and in the Oxford vaccine, you have six hours to take the vaccine, before it has to be thrown away and it is likely that it is many more hours before it degrades, they have been taken a cautious approach. It takes about a day and a bit to get to us, held in a mystery location in the centre of England, they are bringing it on a delivery bike? Not sure where it comes from but takes about 24 hours.

VICKY MARRIOTT: A huge thank-you to the speakers and panellists, an amazing amount of questions answered, whilst people speaking, so thank-you for your knowledge and time this evening. Thank-you for all who have joined us 135 participants at the peak, thank-you for your questions they were really helpful and the vast majority were answered, if we need to update things on the website, we will do so after this event so you have the most information you can. We will make the webinar available online and we will have a feedback survey about this event, which we would like you to complete. I can't top the comments our panellists gave, it is your choice, but as everyone has shared, all the information has given huge reassurance and encouragement and the answer is you are doing it for yourself and for your community, and I hope you find a way to make your choice effective, thank-you very much everybody.