Making vaccination a condition of deployment in the health and wider social care sector

Supplementary comments from Hospice UK
22 October 2021

Introduction

This paper provides supplementary comments on the consultation on making vaccination a condition of deployment in the health and wider social care sector. We have completed the online survey, but unfortunately, the survey did not give us the option to complete all questions. We also wanted to be able to share supplementary information.

Hospice UK’s overall position on making vaccination a condition of deployment

Hospice UK supports the policy objective to maximise take up of vaccination against both COVID19 and flu. In recent years, we have been pleased to work closely with Department colleagues to encourage hospice staff to take up the flu vaccine as part of the annual flu campaign.

We question, however, whether compulsion is the best or only way to achieve this policy objective. Overall take up of COVID19 vaccination among hospice staff appears to be extremely high (although there is no reliable data available on this at present).

We also question whether implementing such a policy by linking the requirement to the provision of CQC regulated activities is the most appropriate route to implement this requirement. We would favour a non-legislative route, such as through NHS or local authority contracts or grant agreements, over a legislative option.

If legislative compulsion is the only option available, we believe that is essential that registered managers and hospice leaders are given clear advice and guidance on the practical steps that they will need to take to demonstrate compliance with the policy requirement.

Public attitudes to vaccination

As part of our work on this consultation, Hospice UK commissioned some public polling from Opinium Research to better understand public attitudes to vaccination.

That polling of 2000 people, undertaken 8-12 October 2021, showed that over three quarters of people feel that staff working in healthcare professions should be fully vaccinated. Only one fifth of people feel that staff should have the choice of whether
they want to be vaccinated or not. There was no difference in the settings in which such care might be provided:

<table>
<thead>
<tr>
<th>Healthcare profession</th>
<th>% of UK adults that think staff working here should be fully vaccinated</th>
<th>% of UK adults that think staff working here should have the choice of being vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice staff working in an inpatient unit</td>
<td>78%</td>
<td>18%</td>
</tr>
<tr>
<td>Hospital staff</td>
<td>78%</td>
<td>18%</td>
</tr>
<tr>
<td>Care home staff</td>
<td>78%</td>
<td>18%</td>
</tr>
<tr>
<td>Hospice staff working in people’s own homes</td>
<td>77%</td>
<td>19%</td>
</tr>
</tbody>
</table>

The results are similar when looking at the type of patient being cared for:

<table>
<thead>
<tr>
<th>Healthcare profession</th>
<th>% of UK adults that think staff working here should be fully vaccinated</th>
<th>% of UK adults that think staff working here should have the choice of being vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>People being are for in a hospital (emergency)</td>
<td>78%</td>
<td>18%</td>
</tr>
<tr>
<td>People being care for in a care home</td>
<td>78%</td>
<td>18%</td>
</tr>
<tr>
<td>People being cared for in a hospice for a short term stay</td>
<td>77%</td>
<td>19%</td>
</tr>
<tr>
<td>People being cared for in a hospice for end of life care</td>
<td>76%</td>
<td>20%</td>
</tr>
<tr>
<td>People being cared for in a hospital (non-emergency)</td>
<td>76%</td>
<td>20%</td>
</tr>
<tr>
<td>People being cared for at home</td>
<td>76%</td>
<td>20%</td>
</tr>
</tbody>
</table>

It is clear from this polling work that the public have an expectation that staff providing care should be fully vaccinated. Our polling did not test public attitudes on whether making vaccination a condition of deployment might be the right way to achieve this.
Attitudes to a vaccination deployment policy among hospice services

As the national charity for death, dying and bereavement, Hospice UK works especially closely with hospice and palliative care services around the UK. During this consultation period, we have canvassed the views of hospice staff and hospice leaders on the proposals.

Perhaps not surprisingly, there are mixed views on the value of making vaccination a condition of deployment in health and care settings. There is a clear consensus that the overall policy objective of maximising the take up of COVID19 and flu vaccines is a desirable one, but different opinions on whether compulsion is necessarily the best route to achieve this, and concerns about some of the practical considerations.

There is also concern about the diversity of services that hospices provide, and how this might impact on the scope of a vaccination deployment policy. The vast majority of hospice care (over 80%) is provided outside of a hospice building, often in people’s own homes. Care is also provided in a mix of face to face, direct care delivery, and virtual support and advice services.

Volunteers in hospice and palliative care

Hospice services are almost unique within the health and care system in their deployment of volunteers in a variety of different roles which are essential to the delivery of hospice care – whether that is volunteers engaged in direct care and support, or in essential fundraising activities, such as the network of hospice shops which generate vital income for hospice charities. A very conservative estimate of the number of volunteers working in hospice organisations is around 125,000.

If the government proceeds to introduce a vaccination deployment policy, it is essential that there is clear guidance on volunteer roles that may or may not be within the scope of the new requirement. In our opinion, while volunteers providing direct patient care and support should be considered for inclusion within the scope of the policy, those in non-patient facing roles, such as working in hospice charity shops, should not be. Without careful messaging, there is a very real danger that the policy could act as a barrier to hospice volunteering, which would have a very significant impact on the delivery of hospice care.

Scope of the policy

While staff and volunteers providing direct care to patients and families should be included, there will also be staff and volunteers employed in such settings who have little or no contact with patients and families, particularly those in administrative roles. In a hospice context, this would include fundraising staff who are commonly also based in hospice buildings.

Exemptions

Exemption from the requirement should be based on the current advice on the efficacy of vaccination for different groups. This will require the Department of Health & Social Care to be clearer in the advice and information that it provides on exemption. For example, there remains considerable confusion about the advice for pregnant people, or
for people hoping to become pregnant. Employers will need clear information on exemption.

**Limited scope for redeployment**

Hospices are relatively small providers of health and care services, compared to other organisations. They provide a wide range of services, including inpatient care, community and home based care, alongside outpatient and day hospice services. As a result, the individual teams providing different services are often quite small in nature.

This means that the scope for redeployment of staff who might decline vaccination will be extremely limited, and the loss of even one or two members of staff could have a significant impact on the ability of the organisation to provide continuity of care in a safe and effective way.

**The importance of testing**

As part of our engagement with hospice services on this issue, several hospices told us that very few patients or families had asked for information on the vaccination status of the staff providing their care.

In contrast, several hospices told us that patients and families were more likely to ask whether the staff providing their care and support had been tested recently. It is regular testing and the appropriate use of PPE which gives patients and families confidence about the care that they receive.

While vaccination can help to reduce transmission of COVID19 and flu, it does not eliminate the risk of transmission. The continuation of regular testing is at least as significant tool in reducing transmission as vaccination is.

**Administrative implications**

Hospice services are relatively small organisations compared to NHS bodies. As a result, they frequently have small administrative and HR resources. Some hospices have voiced concerns about the administrative burden associated with gathering and updating data on staff vaccination. This becomes a bigger issue in the context in which COVID19 booster shots may or may not become twice yearly events (alongside the annual flu vaccination).

**For further information**

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