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PRIMARY COLOUR

Helen Salisbury: Pedalling vaccines door to door

Helen Salisbury *GP*

After the excitement of running big clinics at our surgery with the Pfizer vaccine, things have gone quiet on the vaccination front in our primary care network. We've now given at least one dose of covid vaccine to 88% of our practice's over 80s, with only a handful declining the offer. Despite some reports of mild fevers and sore arms as expected, no one has needed medical attention for a reaction to the Pfizer-BioNTech or the Oxford-AstraZeneca vaccine.

We'd like to vaccinate all vulnerable patients, but we must pause and wait until other areas catch up. Practices at the less advantaged end of the city need it more, but the algorithm for determining where the supply goes doesn't seem to consider deprivation.¹ In England's poorest areas average life expectancy is well below 80,² so supplies based on age alone are limited precisely where the risk of covid death is highest.³

Recently our supply has dwindled to a trickle, and it takes only a single afternoon to use the 300-400 doses delivered each week—a far cry from the 12 hours a day, seven days a week we signed up to in December. We'll receive none at all this week. A few vials have been held back for home visits, and I recently spent a happy afternoon vaccinating housebound patients. We have a spreadsheet of all such patients in our network, organised into geographical clusters. There are fewer than we anticipated, as being housebound isn't a fixed concept: some patients who require huge efforts and the help of several relatives to leave the house were nevertheless transported to the surgery when we first started vaccinating in December. Others are truly unable to get to us, so we take the vaccine to them.

It takes a little preparation: patients or their carers need to know I'm coming, and if they live alone I may need a keycode to gain entry. I put my mask on at the door and introduce myself if we haven't met before; then it's coat off, apron on (one of those flimsy plastic ones I can't see the point of) before I apply hand gel, clean the vial, and draw up the vaccine. After giving it and filling in the documentation I pack everything away, with liberal use of antiseptic wipes, and say goodbye. Then I climb back on my bike and trundle to the next address, feeling a bit like Mrs Armitage in Quentin Blake's wonderful book (what my bike really needs is a holder for the sharps box and an extra pannier for the clinical waste bag).

Even with short distances between patients I manage only three or four visits an hour. But the effort is worthwhile, as people with multiple carers visiting each day are at high risk. Finding time is an issue, and we've dealt with this so far by doing home visits on what should be GPs' afternoons off. This isn't a

long term solution, but the work is a high priority right now, so we just get on and do it.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

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- 1 West D. Exclusive: Leading region's vaccine supply to be halved so others can catch up. *Health Serv J* 2021 Jan 21. <https://www.hsj.co.uk/primary-care/exclusive-leading-regions-vaccine-supply-to-be-halved-so-others-can-catch-up/7029342.article>.
- 2 Office for National Statistics. Health state life expectancies by national deprivation deciles, England and Wales: 2015 to 2017. 27 Mar 2019. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocial-care/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2015to2017>.
- 3 Office for National Statistics. Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 31 July 2020. 28 Aug 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-involving-covid-19-by-local-area-and-deprivation/deaths-occurring-between-1-march-and-31-july-2020>.