

Science and Technology Committee – Evidence session with the Minister for Covid-19 Vaccine Deployment and the Director (Covid Vaccines) at DHSC – 13th January 2021

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This briefing includes:

1. Suggested questions for the Minister
2. Calls to Government
3. Key concerns

1. Suggested questions for the Minister

- *Is the level of protection offered by the first dose enough to enable meaningful in-person care homes visits to restart, alongside other infection control measures? If not, at what point in the vaccination programme can we expect care home visits to start happening again?*
- *When will we have evidence on whether the vaccine prevents transmission of the virus? Will delaying the second dose cause delays in collecting this evidence?*
- *Will the government ensure that unpaid carers are being offered the vaccine at the same time as people with dementia?*
- *How many people are in each of the JCVI priority groups for the Covid-19 vaccination? What was the methodology used to identify these numbers?*
- *Will the government publish daily percentages of those in each priority band, including people in care homes, who have received the first and second dose of the vaccine?*
- *How is the roll-out progressing in care homes? How many vaccines do we need to deliver to care home residents per week to meet the Prime Minister's ambition?*
- *How will the government ensure people living with dementia are not missing out on vaccination appointments as a result of digital exclusion?*
- *What plans are there to develop accessible information for people affected by dementia that enables them to make an informed choice?*
- *If a resident or power of attorney for an individual decides not to get the vaccine, will this impact their care home residency? Are there any assurances that care homes won't restrict admissions/re-admissions of people who do not have the vaccine?*
- *If a staff member of a care home decides not to get the vaccine, will this affect their job?*
- *What happens if some care home residents in a home accept the vaccine, but others don't?*
- *Does a person have the right to refuse care from a professional carer who hasn't been vaccinated?*

2. Calls to Government

Urgent rollout of the vaccination programme for people affected by dementia needs to be a priority:

- The NHS data for vaccination needs to be broken down aligned to the JCVI prioritisation list, including the number of people vaccinated in care homes. We want to see percentages of those in each priority band who have received 1/both jabs of a vaccine on a daily basis.
- We need clarity from the government about whether the level of protection offered by the first dose of a vaccine is enough to enable meaningful in-person care homes visits to restart, alongside other infection control measures.
- Carers of people living with dementia in the community should be offered a vaccine at the same time as the person with dementia.

Considering the needs of the dementia community during the rollout:

- People with dementia want information that is direct, uncomplicated and bite-sized, and digital exclusion has to be guarded against. There needs to be a system in place that alerts a healthcare worker for people who haven't responded who can then arrange human contact follow up.
- When making decisions about a vaccine for people with dementia who lack capacity, professionals must follow the Mental Capacity Act (MCA) and the government should ensure that professionals

are trained on the MCA. Where there is a registered Power of Attorney (PoA) for Health and Welfare, consent must be sought from them. Where the person does not have capacity and there is no PoA, family should be consulted and a best interest decision made.

3. Our key concerns

Dosing schedule

Over half of care home residents die within 15 months of moving into a care home.¹ Many residents have now spent more than 10 months without any visits from loved ones, with huge consequences for their wellbeing. The vaccination programme offers another means to enable safe visiting, but we need clarity from the government on the impact the programme will have on care home visiting.

Prioritisation

While it is positive that carers are included in priority group 6 for the vaccine roll-out, people affected by dementia living in the community have expressed concerns about carers not being vaccinated at the same time as people with dementia. The main concern is that if the carer got Covid-19, they would not be able to provide care resulting in the person with dementia needing alternative care arrangements.

Vaccine targets

People with dementia or carers without a mobile phone/email are currently at risk of being lost in an automated system. We have already heard of people living with dementia missing their appointment to get vaccinated, as communication was only sent by text messages. Digital systems being rolled out to manage vaccination appointments should not replace human contact. There needs to be a system in place that alerts a healthcare worker for people who have not responded, who can then arrange human contact follow up. This will help to ensure that vaccine targets are met and that people with dementia are not overlooked as a key group of people requiring vaccination.

Vaccine hesitancy

Some people affected by dementia have told us that they are hesitant to get the vaccine due to concerns about the vaccine being new and the unknown long-term side effects, as well as how the vaccine might impact their dementia. Even though the first vaccine was administered in England over a month ago, there is still no accessible information on vaccines for people affected by dementia. People need information that is direct, uncomplicated and bite sized, so that they can make informed choices. Without such guidance, some people with dementia are highly reliant on third parties who might have preconceived ideas about the Covid-19 vaccine and thus not set out the risks and benefits accurately.

Mental capacity

Some people with dementia who do not have capacity may not be able to make a decision about the vaccine. When making decisions about a vaccine for people with dementia who lack capacity, professionals must follow the Mental Capacity Act (MCA) and the government should ensure that professionals are trained on the MCA. Where there is a registered Power of Attorney (PoA) for Health and Welfare, consent must be sought from them. Where the person does not have capacity and there is no PoA, family should be consulted and a best interest decision made.

¹ Forder, J and Fernandez, J-L (2011) Length of stay in care homes, Report commissioned by Bupa Care Services, PSSRU Discussion Paper 2769, Canterbury: PSSRU