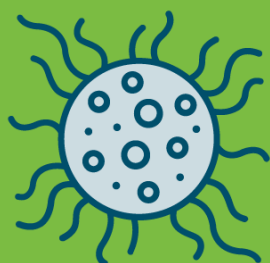


What are people telling us about COVID-19 vaccines?

Key messages from our evidence: January 2021



About

This briefing aims to update national health and social care stakeholders about the COVID-19 vaccine roll-out. It draws on:

- Information and advice the public are asking us about
- Experiences people have shared with us

It focuses on people's views, concerns and experiences of:

- Attitudes towards getting the vaccine
- Vaccine access and communications
- Transport to places delivering the vaccine
- Second vaccine dose
- The experience of receiving the vaccine

As the vaccine programme is still relatively new, our evidence is growing all the time. We will therefore be looking to add to this briefing as new issues emerge.

This first update is informed by:

- Data from 28 local Healthwatch services across England
- Analysis of feedback from 144 individuals who have shared qualitative feedback with Healthwatch England
- The views and experiences of over 3,000 members of the public in surveys conducted by local Healthwatch.

Most of this insight was collected from December 2020 until mid-January 2021.

Key Messages

Attitudes towards the vaccine

Local Healthwatch have undertaken several reports on attitudes towards the COVID-19 vaccine. The success of the COVID-19 vaccine roll-out depends largely on the public's confidence in the vaccine's safety and effectiveness.

[Healthwatch Hillingdon](#) found that of 876 respondents, 731 (83.4%) would consider being vaccinated, 91 (10.4%) were unsure, and 54 (6.2%) would not. They found a divide in attitudes according to ethnicity. Half of all Black respondents said they were unsure about getting vaccinated and 18.8% said they would not get vaccinated. This differed greatly to White respondents, 87.8% of whom said they would consider being vaccinated.

[Healthwatch Leeds](#) also surveyed 3,000 people which found that 2,720 (80%) people were planning to get the COVID-19 vaccine when it was made available, 454 (13%) were unsure and 230 (7%) will not. Both Healthwatch Hillingdon and Leeds found that men are more likely to consider being vaccinated. In Hillingdon, 88.5% of men said they would take up the vaccine whereas only 83.5% of women said they would, with 9.7% remaining unsure. The Healthwatch Leeds report found similar results as only 80% of women said they plan to get the vaccine, compared to 87% of men.

The Royal Society for Public Health (RSPH) conducted a large scale, [independent survey](#) investigating the public's attitudes towards the vaccine. The report polled a representative sample of 2,076 UK adults between 4 and 6 December 2020. The polling found that over three-quarters of the UK public would take a COVID-19 vaccine if advised to do so by their GP or health professional, with just 8% stating they would be very unlikely to do so. However, the willingness to be vaccinated was statistically significantly lower amongst people from lower socioeconomic grades or Black, Asian or minority ethnic backgrounds. Nearly four in five White respondents said they would get the COVID-19 vaccine compared to 57% of Black, Asian or minority ethnic respondents.

There is a need for clear communication around access to the vaccine that is appropriate for everyone, especially older people. Efforts need to be made to reach members of Black and ethnic minority communities to ensure that as many people as possible feel that the COVID-19 vaccine is both safe and effective. The recording of demographic data for those being vaccinated will also be vital to ensure the NHS reaches out effectively to every section of the community.

Vaccine access and communications

The following insight is drawn from an analysis of information and experiences sent to us from local Healthwatch. Between 14 December 2020 and 14 January 2021, 144 people shared their

views with Healthwatch regarding the COVID-19 vaccine and its rollout. This qualitative feedback provides an in-depth look at the initial stages of the vaccine roll-out.

- 57% (82) of responses expressed a broadly negative sentiment
- 25% (36) of responses expressed a neutral sentiment
- 3.5% (5) of responses expressed a positive sentiment
- 14.5% (21) of responses were mixed or unclear

Of the people who shared their views, 111 (77%) raised the topic of vaccine access or communications. Frequently, the two issues converged. Frustrations have been routinely expressed over a lack of clear communication around an individual's access to the vaccine, particularly among elderly or vulnerable populations. This trend is expected in the initial stages of the rollout as people who are at high risk from COVID-19 want to get the vaccine as quickly as possible. However, the feedback has revealed some distinct trends which Healthwatch will continue to monitor moving forward.

“Please improve the appointment service and why are my husband and I still waiting for our first vaccine as we [are] both over eighty and vulnerable (with cancer.)”

Healthwatch Bucks, Woman, 80+

One of the main frustrations is the apparent inconsistency of the rollout and a lack of communication as to why this is happening. Especially, as some regions appear to be doing a much larger quantity of vaccinations than others. Whilst we cannot clarify the extent to which this has been happening across the country, we have heard that some older adults are getting anxious that they are yet to receive the vaccine whilst those in other regions appear to be.

“I cannot understand why 80 year olds in the Midlands have even received their second vaccine dose and yet my 96 year mom has not heard a thing and her GP says they are not doing them” – Healthwatch Torbay

Public frustration over regional variations in the vaccine rollout was also reported to [Healthwatch North Yorkshire](#) by residents in Harrogate. Some people reported feeling anxious after having their original vaccine appointment cancelled and then not being provided with a new appointment date. They fear they may have fallen through the cracks, and an inability to speak to someone to check when they will get an appointment has increased their worries. Confusion over the priority for receiving a vaccination is adding to this.

The lack of clear communication and information provision in some areas has potentially made it easier for some individuals to fall victim to scams targeted at the elderly and vulnerable.

“I am an outreach worker for Ageing Well in Brighton and Hove [...] We have had a number of people contact us concerned that they have received fake/scam contact in regards to the vaccination. Some of these have been telephone calls, door knockers and texts messages, typically requesting a response. All I can find on the government website is “The NHS will let you know when it's your turn to have the vaccine. It's important not to contact the NHS for a vaccination before then.” – but with no guidance as to how.” – Healthwatch Brighton and Hove

Digital booking systems and methods of communication have also led to problems for some elderly people. For some, it has hindered their ability to book and attend an appointment.

“Elderly man had booked his COVID vaccine but had never received his booking confirmation. Rang the GP to see if they could check and re send this but surgeries have no access to Nimbus systems so they couldn't check. He was anxious about going out as had been shielding. This was an unhelpful system. There is no way to get into contact with Nimbus as they have no phone number and aren't replying to emails, making this issue not solvable.” – Healthwatch York

Some people have reported feeling that they don't have enough information about getting the vaccine and a choice of methods to book an appointment. In their report, Healthwatch North Yorkshire recommended that there needs to be a dedicated system (telephone number or website) where people can ask questions about the vaccine and their access to it.

Vaccine access for particular groups

Elderly and clinically vulnerable people (and their relatives) have raised concerns about their access to the vaccine. They feel worried that they won't be able to receive the vaccine promptly.

“The lady's mother is 95 and extremely deaf. She is worried that her mother won't be able to answer the phone if the surgery rings about her Covid vaccination. She has given the surgery her mobile number but hasn't heard anything yet and would like to know where the roll-out is at in her area.” – Healthwatch Northumberland

We have also heard from people who are unsure whether they can receive the vaccine given their personal or medical circumstances. This is particularly concerning as they may be more vulnerable to COVID-19.

“Is the vaccine suitable for transplant patients who have no immune system I have tried to find out but failed so far any ideas” – Healthwatch Swindon, male

In the early stages of the roll-out, there were concerns about when health and care workers and personal assistants and unpaid care workers, should expect to receive the vaccine, given that they are a top priority group. Some of this now seems to have been resolved.

Carers UK released a [statement](#) on 31 December saying that carers were missing from the priority list for the vaccination on 2 December. Carers UK welcomed the inclusion of unpaid carers in the publication of new COVID vaccination advice from the Joint Committee on Vaccination and Immunisation published on 30 December. This advice recommends that carers who are in receipt of Carer's Allowance or are the main carer of an elderly or disabled person whose welfare may be at risk if the carer contracted COVID should be included in the group 'Priority 6' alongside people with underlying conditions.

A similar resolution appears to have been reached for personal assistants, where there had also been a lack of clarity. Healthwatch Bath and North East Somerset highlighted that government guidance was issued to local authorities on 14 January to give priority status to personal assistants who are employed by direct payment employers. This is reflected in updates on council websites such as [East Sussex](#) which notes: "If you are a PA supporting a client who is under Adult Social Care Direct Payments, please be assured that your client will shortly receive a letter detailing the steps you will need to take in order to receive a vaccination authorisation letter."

However, it is not yet apparent whether these resolutions are wholly conclusive. A representative from Healthwatch Richmond upon Thames reported that at a Carers Strategy Group meeting that 15,000 people have significant caring roles in Richmond and should therefore be eligible in Priority 6. However, the number registered with GPs is about 20,000 and the number of carers allowance is thought to be lower than this, so a huge number are not registered and therefore may be missed.

This has been reflected in the qualitative feedback that Healthwatch England has received from local Healthwatch, coming from people who are concerned that their job category or circumstance may not necessarily appear on their medical records, and therefore won't be identified as being in one of the top priority groups to get vaccinated early.

"I was wondering how it will be known at my surgery that I am a frontline health worker, as I don't believe this is on any of my health records, I am keen to have my vaccine. Please could you advise. Do I need to contact them myself and let them know this information?" – Healthwatch Swindon

Transport to vaccine appointments

A key concern some people have raised is how they get to a vaccination centre. For a few people, it was the sole issue they were facing. Those who do not have a car and are reliant on public transport were worried that they might be exposed to the virus while travelling to and from the vaccination centre.

"Caller's mother, 80, lives in a rural village 15 miles from the local town and vaccine centre. Her mother has managed to arrange a lift to the vaccine centre but other elderly

people in the village without their own transport are worried how they will make the journey safely within current restrictions.” – Healthwatch Northumberland, female, 80+

For some, the issue of transport has been coupled with an inability to communicate effectively with their GP practice to see if there were any other ways to get vaccinated. This raised fears about people's access to the vaccine.

“An elderly individual has phoned up very upset and distressed over the vaccine. They live in a little village near Towcester. They are unable to drive. They have a child but they are unable to drive either. They are scared to leave the house. They have been told to go and get the vaccine at Weedon, but can't get there and sounds terrified. They want to have the vaccine at home. They haven't been able to get through to the doctor's surgery, as the calls are being transferred to another surgery. They are registered at Green Norton Medical Centre, but the calls are being transferred to the surgery at Weedon.” – Healthwatch Northamptonshire, female, 80+

There have been some local initiatives started with taxi firms to help vulnerable people get to their appointments. Healthwatch Brighton and Hove highlighted that Brighton City Cabs are offering free taxi travel to those aged 80+ to get to their vaccine appointment at Brighton racecourse. These initiatives are helpful and admirable. However, most of those who shared their concerns with Healthwatch England are experiencing transport issues in more rural areas where taxi services and local initiatives may be less viable. As a result, Healthwatch England will continue to monitor this issue.

Second vaccine dose

We have heard some concerns about the policy to lengthen the time between the first and second dose their second dose of the vaccine. While the feedback on this is limited at this point, we will continue to monitor it as it has been a source of contention between doctors and government and could cause public confusion.

“Person rang with the request for information. They say that they had 1st injection 30.12.20 and their 2nd vaccine should be delivered 20.01. However their local GP rang and cancelled it, without re-arranging the 2nd further appointment. The person is really worried about the accuracy of vaccine delivery. Also they mentioned that that day at the vaccination center they forgot to give to the person a little card-receipt that made the person stressed if the fact of the 1st vaccination will disappear from their medical records.” – Healthwatch North Yorkshire

People have also raised concerns about the perceived variation in how some GP practices are approaching the distribution of the second dose of the COVID-19 vaccine.

“Client called regarding COVID vaccine roll out. [They are] unhappy that Winton Medical Practise is not issuing the second dose, while other practices seem to be doing so. Client is also concerned that patients will be given to different types of COVID vaccine for the first and second dose. Client was advised that the first dose is being prioritised as per government advice however, it's down to the discretion of each practice as per their number of registered patients if they ... [are meeting the original date for] the 2nd dose roll out.” – Healthwatch Dorset

Experience of vaccinations

Healthwatch England has received some feedback on people’s experience of attending a vaccine appointment. Although the feedback on vaccine experience has been limited so far, there have been no outwardly negative comments about experience of receiving the vaccine. Indeed, those who have shared their views expressed an overwhelmingly positive experience.

“Thought you might like to know that in Wellingborough the vaccination programme is working like clockwork. I had my first jab on December 21st and the second yesterday January 11th. One centre for Wellingborough, short queue with marshals, jab, wait 15 minutes and out. The fact that I was poorly all over Christmas after the first jab is immaterial. What is important is that the system is working well.” – Healthwatch Northamptonshire

There have been some clear problems in the early stages of the vaccine’s roll out, particularly around access and communications. Clearer communication is needed with people to explain regional variations as well as when they will be able to access the vaccine. Healthwatch England will continue to evaluate emergent trends to assess where there may be any consistent problems arising. Notably, the second dose and transport. The early positive reporting of vaccination experience bodes well for the longer-term success of the roll-out.

Talk to us

If you have a question about the contents of this update, please either contact a member of our [Policy or Research and Insight teams](#) or email CV19Enquiries@Healthwatch.co.uk