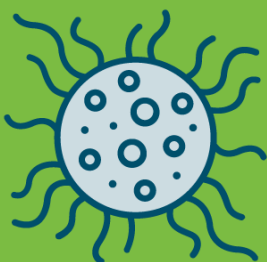


What are people telling us about COVID-19 vaccines?

Key messages from our evidence: April 2021



About

This briefing aims to provide an update for 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 and attitudes people have shared with us

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

- Attitudes towards the vaccine
- Reasons for lower vaccine confidence
- Logistical access to the vaccine
- Second dose
- Experience of the roll-out

This update is informed by:

- The views of over 1400 in local Healthwatch reports, and
- The views of 2,429 people responding to Healthwatch England's national survey, and
- The views of 95 Black and Asian people with hesitant attitudes towards the vaccine in our current research project (due to publish fully in May), and
- Data from 48 local Healthwatch services across England, providing the feedback of 208 individuals on the COVID-19 vaccine delivery.

Key Messages

Attitudes of Black and Asian people towards the vaccine

Healthwatch England has been carrying out research in conjunction with Traverse, exploring attitudes towards the vaccine in Black and Asian communities. The work looks specifically at communities that have been reported to have lower vaccine confidence. Namely, Black African, Black Caribbean, Bangladeshi and Pakistani. The research has included a month-long online platform involving 95 participants, using four activities to explore attitudes and questions towards the vaccine and its roll-out. As well as, the influence of certain types of information and how the roll-out could be improved and trust built with these communities. The full research will be shared with stakeholders in due course.

As well as the online platform there have been two discussions with 35 participants. The first looked at questions and information around the vaccine, arising from the first two online activities. Participants were loosely based on the questions and attitudes they had around the vaccine. For example, there was a group of young women looking at the question of fertility and a group of Muslim participants who were looking at the question of COVID-19 vaccine ingredients and religion.

The discussions brought out some common themes and attitudes, regardless of the question being asked.

Effects of the vaccine:

- There was a general consensus that people wanted to wait until others have had the vaccine first to see what happens. There was concern that the COVID-19 vaccine was still being tested and undergoing clinical trials. Questions emerged from younger participants that if they are currently young and healthy why they should risk getting the vaccine. Even those who accepted the vaccine can be made quickly were unsure what the long-term effects will be.
- Short-term effects of the vaccine were a much lesser issue in comparison to the long-term effects. Often, when participants discussed the short-term effects it was in relation to not knowing the full impacts of taking the vaccine.
- Effects on fertility appeared as a major issue, especially when the science on it is continuously evolving. Women of childbearing age were concerned that it may have impacts on their future fertility and questioned whether it was worth the risk to take the vaccine.
- Questions emerged about whether the effects of the vaccine have been tested on Black/Asian people enough.

Social pressure:

- People questioned why Black and Asian communities were prominent in the media pressure to take the vaccine, making them feel judged and rushed. Vaccine passports were also cited as an example of pressure and some called the idea of them oppressive. There were also comments that some participants have been bombarded by messages, texts and emails about the vaccine.
- Most participants felt like they have been categorised as 'problem groups' for having lower uptake despite not being consulted before or during the roll-out on how to best reach these groups.
- Participants said that it often feels like Black and Asian people were used in the media merely as a token. Celebrities taking the vaccine was seen as inappropriate.

Mistrust:

- Religion did not come up very much amongst participants, much more pressing was the underlying issue of transparency around the motives behind the vaccine roll-out by the government.
- There was a general lack of trust in government amongst participants. There were some generational differences on this issue, as older participants were more likely to have historically based mistrust (health inequalities, abhorrent testing, Windrush) whereas younger people's mistrust was based on misinformation seen on social media.
- There was certainly a deeper root to the cultural mistrust and historical precedent discussed by the groups. Some linked in colonial issues and the idea of commercial profit being derived from the vaccine roll-out.

Misinformation/information:

- Some participants are confused about what the vaccine is trying to achieve, asking if it is to suppress or stop COVID-19 or to stop people getting hospitalised. They asked if it is an annual or onetime vaccine. People also want further information on the ingredients used in the vaccine.
- There was concern that the vaccine was developed too quickly, and we are all part of a big trial. There was concern as to whether the vaccine would be mandatory or not.
- People get information from a mixture of sources but there are a lot of conflicting messages. WhatsApp kept coming up as one of the sources where people may get varied information.
- Problems of misinformation are especially acute for those who do not have English as their first language.

Practical barriers:

- This did not seem like a major issue amongst participants, if people wanted the vaccine, they knew how to get it. The discussions suggested that previous polling on practical barriers seem to be covers for reasoning that is harder to articulate.

As a consequence of this discussion, we decided to focus our second discussion solely on the themes that seemed to be at the main core of most of the reasons for low vaccine confidence - trust and information sources. The second discussion laid out a conceptual framework to participants and then asked questions around who they would trust to deliver information on the COVID-19 vaccine, what sources of information they tend to use and what they would like to see changed. The discussions, again, raised some broad thematic findings.

Agency:

- An individual's sense of agency seems pivotal to their decision making, especially in relation to the COVID-19 vaccine. Participants frequently said that they prefer to be presented with the information and make their own decisions from it, rather than being told they must do something as a duty without being provided with all the information. This is a technique that those spreading misinformation use, encouraging others consistently to 'do their own research and make up their own mind up.' Removing an individual's agency from their decision making may result in them looking for alternate information.

Independence:

- Akin to the idea of an individual's independent agency, is the independence of institutions and those who speak for them. There is very limited trust in the Government. People largely trust the NHS. However, they trust it when it is independent of Government. When they can see it being used as a tool by the Government, they are less likely to have trust in it. Similarly, participants liked listening to doctors and scientists who are somewhat removed from the vaccine roll-out talking about the science of it. There was general distrust with those that had any possibility of standing to gain commercially from the roll-out (e.g. Pfizer.)

Tangibility:

- Participants associated levels of trust with the level of real-world experience that an individual had with something. Most notably, they said that they trust frontline healthcare workers to talk about COVID/vaccines, whereas they may have less trust in very senior people in the NHS/PHE because they have less tangible experience of it. Similarly, they don't necessarily trust faith leaders or celebrities to talk on the issue of vaccines because they have no tangible knowledge or experience of it. Local GPs are also seen as more trustworthy because they have a more tangible relationship with them, the same goes for family and friends.

Transparency:

- Participants linked the notions of transparency and trust together. Generally, the more transparent an organisation is the more trustworthy it is. Regardless of whether they would access the information or not they want to know all the information is public and accessible. This is reflected in people's want for a range of sources of information and people to discuss with, presumably so they can be verified against one another.

Counter-effectual messaging:

- Targeted messaging can have the opposite effect to the intended impact. It feels like Black and Asian communities are being singled out and forced into a decision, which may make people suspicious. For example, participants really did not like Black and Asian celebrities being shown to speak with authority on vaccines or having targeted campaigns for Ramadan. Vaccine centres in mosques were seen as manipulative as you

are mixing someone's place of faith with their place of health. It is simplistic and not the place they should be forced to make health-based decisions.

Conscious/unconscious trust

- Despite the fact that people will consciously say they trust doctors, scientists and health care workers, it must be remembered that people are not always conscious of their circles of trust. Some participants said they would foremost listen to doctors and scientists but if their religious leader did say the vaccine was bad, they would not take it.

The online interface's activities also revealed many insights into attitudes which will be shared with stakeholders in due course.

Healthwatch Reading conducted a vaccine information event with Reading Kenyan Association, and the panel was made up of scientists, healthcare workers and public health workers. The event gave a brief history of vaccination as well as explaining how vaccines work and their importance for ethnic minority people. It then focussed on questions around the COVID-19 vaccine such 'why has it been developed so quickly?', 'Why doesn't COVID appear to affect black people as badly in Africa as it does here in the UK?' and 'How can community leaders tackle misinformation?' The panel received widespread positive feedback and applause, highlighting the importance of such events.

Attitudes of White people towards the vaccine

Between 5th March and 19th April 2021, Healthwatch England heard from 2,429 people in response to our survey "let us know what you think about the COVID-19 vaccine". Only 4% (92) of people who responded to our survey were from Black, Asian or other minority ethnicity communities. Because of the predominantly White sample, we cannot draw robust conclusions about the whole population. However, it does offer a useful comparison to our research with Traverse in showing attitudes amongst a broadly White demographic.

Four in five (1,925) respondents felt "very positive" towards vaccinations in general, with only 5% (129) of respondents feeling either "fairly negative" or "very negative" towards vaccinations in general. When asked "If you were offered a vaccine against coronavirus (COVID-19), and at no charge through the NHS, how likely would you be to get vaccinated?", 83% (2,009) of people had already received the vaccine. 93% (1784) of the people who reported feeling very positive about vaccinations in general were people who had already received the COVID-19 vaccine.

Six per cent (146) of people said they definitely or probably would get the COVID-19 vaccine. Over three quarters (111) of these people said that they would choose to be vaccinated in order to protect themselves against getting COVID-19. Two thirds (96) of people said they would choose to be vaccinated to protect friends and family, and 63% (92) people wanted to protect vulnerable and high-risk people against getting COVID-19.

One in ten (236) of people reported that they would definitely or probably not receive the COVID-19 vaccine. Of these people, 41% (111) felt either fairly or very negative towards vaccines in general. Nearly three in five (139) of people who would not choose to be vaccinated stated that it was because they did not trust the intentions behind the vaccine. Half (117) of people would not choose to be vaccinated because they didn't think the vaccine would be safe, and 41% (97) because they did not think the coronavirus posed enough of a risk to them.

Eighteen per cent (42) of people who would not choose to be vaccinated had other reasons for not being vaccinated. Some people stated concerns around the safety of vaccination centres as a reason they would not be vaccinated. Amongst these, the most prominent theme within concerns were the long-term safety and efficacy of the vaccine. Several people commented on the speed of the vaccine development, or that medical trials are still ongoing, as reasons they were not considering getting the vaccine. Finally, there was a little resistance towards the AstraZeneca vaccine with several people commenting that they would rather have the Pfizer vaccine and wanted to be offered a choice of vaccines.

"I received a text from my GP's office informing me I could book an appointment. I rang them to find out which vaccine was available, and was told that they could not give me this information. So I booked an appointment for the vaccine....went along and was told it was the Oxford/AstraZeneca vaccine and.. I didn't have it. I felt bad because someone could have used the slot I had booked, and I had wasted dedicated staff's time. I hope sometime in the near future we are given a choice of which vaccine we are given, as I much prefer...Pfizer & Moderna's RNA/mRNA method/technology, and would not hesitate in booking an appointment.. to receive one of those vaccines." – Woman, Black/Black British, 50 to 64 years, Hammersmith and Fulham

Others believed having COVID-19 protected them against getting it again as effectively as a vaccine.

"I've already had covid19 so why do I need the vaccine as I have already got the necessary antibodies?" – Man, White, 50-64 years, Cheshire East

Other reasons include previous bad experiences with other vaccines as well as concerns about the safety of vaccine centres.

Healthwatch Leeds researched the attitudes to vaccination amongst younger people. They heard from 749 people aged 25-55 in Leeds. Eighty-five per cent said they will get their COVID-19 vaccination, 8% said no and 7% said they are not sure. For those who want to get the vaccine the main reasons were getting protected from the virus, getting back to normal and confidence in science accompanied by a moral duty. For those that expressed hesitancy or resistance to getting the vaccine, the most frequent concerns were about safety and side effects especially long-term effects of the vaccine. There was also a lack of understanding about the need for collective effort to get vaccinated.

Seven per cent said they were uncertain about whether to get vaccinated. Women aged 46-55 were more likely than other groups to say they were unsure. Healthwatch Leeds research suggests that the younger a man is, the more likely he is unwilling to get vaccinated. When asked what, if anything, might make them more likely to get vaccinated, 29% said more information or information they felt they could trust would encourage them. Additionally, 20% of hesitant people said that reassurance around side effects would help. Eighteen per cent of hesitant people said the vaccine proving to be safe over time would encourage them. Thirteen per cent of hesitant respondents said that having more choice over which vaccine they got would make them more likely, as well as, not having to go to big vaccination centres.

Vaccine Communications

In Healthwatch England's national polling, when asked where they had mainly seen or heard information about the COVID-19 vaccine recently, 65% (1,571) of people said an NHS or Government website such as NHS.UK or GOV.UK. 54% (1,300) said the TV and Radio, and 40% (979) said newspapers and online news websites.

Healthwatch Sunderland and Healthwatch South Tyneside found that the majority of Sunderland respondents had received their invitation to have both their first and second vaccine either via a text message or through their place of work. Whereas, the majority of South Tyneside respondents had received their invitation via their place of work or a telephone call. Overall, the vast majority of Sunderland and South Tyneside respondents stated that they found it very easy or fairly easy to book their vaccine appointment.

Five per cent (130) got their information about the vaccine from other sources. Many people reported doing their own research in scientific and medical journals. Some respondents cited their work – such as in the health and social care sector or academia – as a source of information. Others had friends and relatives who worked in relevant sectors and passed information on.

Over seven in ten (1726) said that the information they were hearing was overall positive towards the COVID-19 vaccine. When asked if information from the NHS and Government about the vaccine and its roll out was communicated clearly and effectively:

- 79% (1,912) broadly agreed
- 10% (247) broadly disagreed
- 10% (230) neither agreed nor disagreed, and
- 1% (27) were unsure

Healthwatch Stockton on Tees findings also showed this, as just over 10% of people either disagreed or strongly disagreed that information about the vaccine roll out had been communicated clearly and effectively. They found that very few people had recently seen or

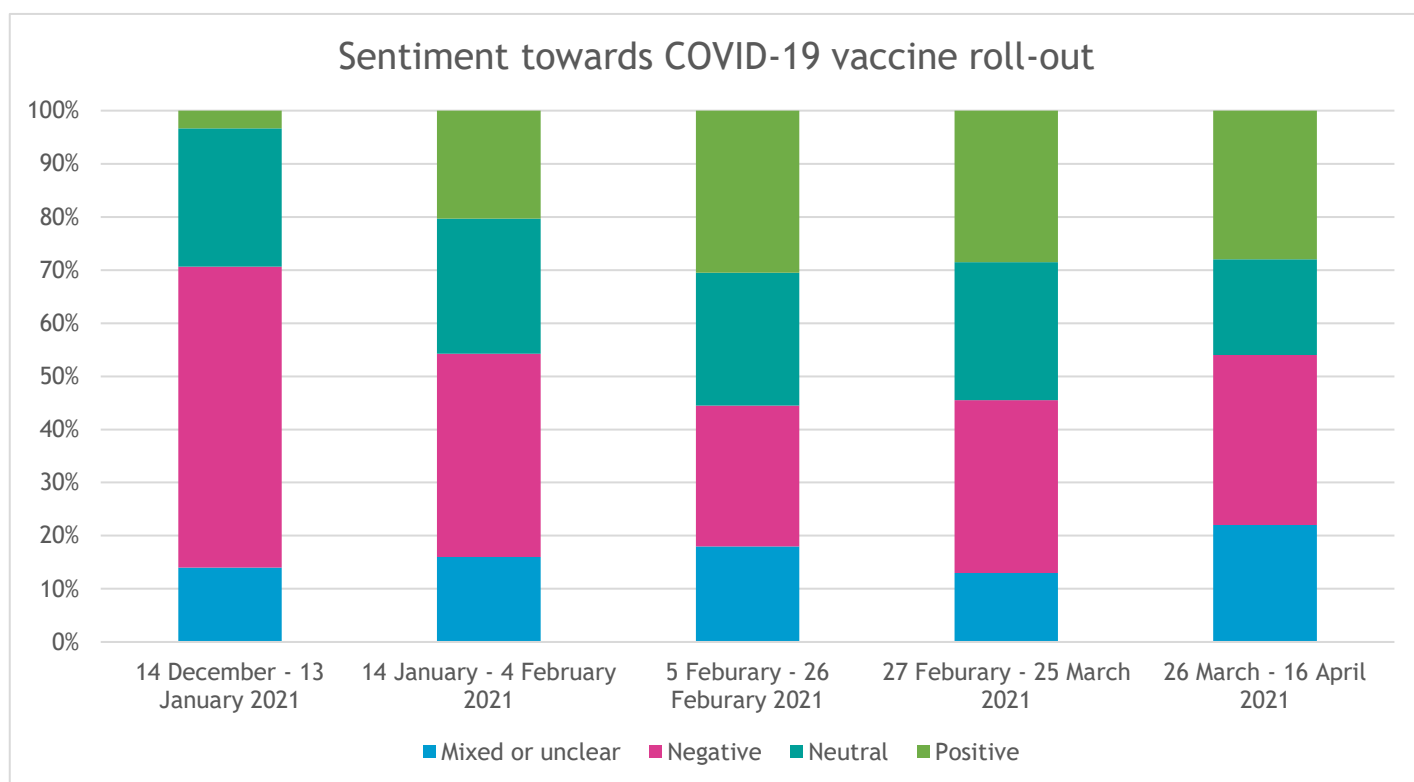
heard purely negative information towards a COVID-19 vaccine. Within [Healthwatch County Durham's](#) research eight people said that they thought the government should do more about misinformation and scaremongering.

Access to the vaccine

Between 26 March 2021 and 16 April 2021, 208 people shared their views with local Healthwatch regarding the COVID-19 vaccine and its roll-out.

- 18% (38) of responses expressed a broadly neutral sentiment
- 32% (67) of responses expressed a broadly negative sentiment
- 28% (58) of responses expressed a broadly positive sentiment
- 22% (45) of responses were mixed or unclear

While there has been a general trend towards less negative sentiment in public feedback as the roll-out has progressed, the last seven weeks have shown a slight increase in negative sentiment, demonstrated in the chart below.



The division of sentiment still follows the same trend. People discussing their vaccination experience express broadly positive sentiment and those discussing access express broadly negative or neutral sentiment. In the last three weeks, there has been less feedback on access for vulnerable people and location of vaccine appointments. However, there has been more feedback on difficulties accessing and communicating with GP surgeries in relation to the vaccine as well as difficulties accessing the second dose.

Access

There has been less feedback about the lack of access to the vaccine for vulnerable people. However, there a few people are still raising concern for those that are medically vulnerable and housebound.

"The patient is clinically extremely vulnerable and housebound; they should have received their coronavirus vaccine at home by this point in mid-March 2021. The patient has been offered the vaccine, but neither the NHS England Customer Contact Centre nor the GP Surgery has been able to explain who should administer the vaccine and when. [Client] has been repeatedly told by various people and organisations (they couldn't remember exactly who), that the GP Surgery should be organising this for [patient]. However, the surgery has been clear to the caller that patient is on the housebound list, but the surgery itself is not coordinating the administering of these vaccines. A number of weeks passed with the [client] not knowing what to do, meanwhile a number of employed carers walk in and out of their home to help patient, potentially bringing the virus with them. [Client] stated they had in fact caught the virus, and it likely came from one of the carers. Last Thursday (11th March) the [client] had a call from the surgery to say that their loved one would be vaccinated at home on Friday morning. However, no one arrived. Client contacted the surgery again on Monday to find out what happened, but no one there could explain. Client stated they are still waiting for someone from the surgery to call with news at the time of writing (17th March). Caller feels deeply frustrated and would very much like to know who they need to speak to for the patient to get their jab, and when this can be arranged." - Healthwatch Hertfordshire

Some people are still experiencing access difficulties due to the given location of their appointment as well as the booking systems they have to navigate.

"I am 75 and am on clinically at-risk list. I had my first jab on 5 Feb but because of a possible error on my part (although I can't be sure of this) I was advised to book my second jab online, so far so good. Since then I have tried at least fifty times to follow the advice given but the answer that I kept being given was "keep trying or phone your GP" and the same answer from both NHS and GP was "sorry nothing we can do you will just have to wait." Today I have just received a list of vaccination centres that I can attend and the distances to these places are in some cases up to 160 miles round trip the shortest being 102 miles. As far as I am aware there are centres surrounding me here in North Yorkshire one only 7 or 8 miles away in Leyburn another in Northallerton also in North Yorkshire. Am I missing something?" - Healthwatch North Yorkshire

Alongside issues of locality, people are finding it difficult to navigate the multiple sets of communications they are receiving about booking the COVID-19 vaccine.

"The information and letters sent regarding Covid-19 are confusing and direct us to different websites. A form has already been completed, but more info continues to arrive that contradicts the ones before. Recently I asked help from my GP surgery and the surgery reply was "complete the form on our website". This is overwhelming for someone over 65 and I don't even know what else to do so I can book the vaccine. I have passed on all the information I have received to two other people and both felt the same confusion and were not able to help." - Healthwatch Norfolk

There are also issues for those who are not registered with a GP, as despite being eligible for the vaccine, they are having difficulty in registering with a GP surgery or even communicating with them. This is likely to become an issue as younger cohorts are contacted to have the vaccine. They are likely to be in better health than older people, so may not have needed to see their GP for some time:

"User called us because they are eligible to get the vaccine without waiting for an invitation. But they are no longer registered with a GP - they last visited doctor 10 years ago and the surgery has closed since then. They have tried calling and emailing local GPs but they are not able to get through, and are not hearing back from emails either." - Healthwatch Greenwich, Male, White British, 50 to 64

Despite no longer being registered with a GP, it is important that no one is missed by the vaccine roll-out and it is made as accessible as possible. People who are not currently registered with a GP are at risk of being missed.

"Individual had been out of the country over two decades, and had now returned and was eligible for the COVID vaccine. However, they were told by their GP surgery that they would need to contact PCSE to locate their NHS number. Without this, they were unable to book a vaccine. It is unclear why the surgery were not able to locate the NHS number, and the patient stated they had no luck with any other service to find it." - Healthwatch Trafford

There has also been feedback raising concern around access to the vaccine for people who may not have British citizenship or are British but have not lived in Britain for many years. Efforts should be made to ensure all who are eligible for the vaccine can be vaccinated.

"We received an email from a person who told us - their mother, a British Citizen has moved to the UK and is 69. As she has never lived in the UK, they were told she cannot be registered with a GP for six months. When they've looked online it says British Citizens can access the NHS. They are wondering whether there is any way they can pay to have her vaccinated as they are concerned about her waiting, or will they just need to wait until after the summer... [A local GP surgery] won't register her despite having said that they could when they first rang." - Healthwatch Darlington

Work by Healthwatch England has identified that women aged 18-35 have slightly lower rates of vaccine confidence. This is largely attributable due to women's fears about the impact of the vaccine on pregnancy and future fertility. The [recent announcement](#) by the Joint Committee on Vaccination and Immunisation advising that pregnant women should be offered the COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group, needs to be circulated and followed.

"Patient reported that her sister (30 weeks pregnant) went to her GP at Vauxhall surgery for a COVID-19 vaccine referral, which the GP refused to issue because of her pregnancy. She has been waiting over a week for a response from the GP Federation. The patient herself is also pregnant and had an experience of being turned away from Oval vaccination centre due to her pregnancy. In her case her GP re-referred, sent a confirmatory text to ensure she understood the potential risks and raised the matter with the GP Federation. The patient's concern is that clinically vulnerable women of child-bearing age from minority ethnic backgrounds are being denied vaccination and then blamed in the media for vaccine avoidance." - Healthwatch Lambeth, Female

Access to the second dose

Access to the second dose has been an increasingly common issue within the feedback that Healthwatch England has received. We have heard from many people who have had difficulty in booking their second vaccine dose.

"How can the country brag about the success of the covid jabs. While in the BURY AREA. My wife has had a letter asking her to book an appointment for her 2nd dose. I now have been trying to get her booking for 8 days its a shambles I can not afford any more phone calls. The web page on the letter we have been sent. Will not show up on my computer. LAST FRIDAY. I sent the 4TH E MAIL TO buccg.vaccinationbookings@nhs.net. So far not one answer from them. I am trying to contact my MP to tell him about this mess." - Story shared with Healthwatch Bury

As GP surgeries have been more difficult to access during the pandemic, people who had their first dose at a GP-led vaccination centre have found it especially difficult to get in touch with their GP about arranging an appointment for their second dose. Congested phone lines and not being able to attend the surgery in person are causing anxiety and frustration.

"Have been ringing my GP surgery, continually for the past hour to book my second vaccine - offered by text for 2nd April. Impossible to get through. It's been like this for the past few years and I now write a letter & hand post through the letter box when I need an appointment or referral. You are only allowed into the surgery in person if you have an appointment already. What can be done about this? It's not allowing you to access the service." - Story shared with Healthwatch Leicester

We have heard from people who have not had the second dose within the recommended period. Healthwatch Luton have been meeting every fortnight with other Healthwatch staff in Bedfordshire, Luton and Milton Keynes regarding the vaccination roll out. Healthwatch Milton Keynes has received evidence of GP's mixing vaccine doses between Pfizer and AstraZeneca. Similarly, Healthwatch Luton have had feedback from a care home worker about care homes mixing vaccines. Most recently, they have both heard from multiple patients who have not received their vaccine within the recommended 12-week period, despite being elderly and/or vulnerable.

"My very good friend and neighbour, together with her husband who is in the later stages of Parkinson's are two weeks late and still not had their second Pfizer jab. Their GP has indicated they don't know when they will get this. This couple are in their 70s" - Healthwatch Milton Keynes

Numerous people are also experiencing issues as their circumstance or location has changed between the two vaccine doses.

"Caller's mother-in-law is vulnerable and needs dialysis. Has had one dose of the vaccine and the family and GP are struggling to confirm a date for the second dose. It is now very close to the 12 weeks time span. Furthermore neither the GP nor the hospital is able to confirm which vaccine the lady received. Pfizer or AstraZeneca. This is frustrating and very worrying for the family." - Healthwatch Barnet, Male

There has been concern raised by those who have moved location in between the two vaccine doses and are now being told that their local surgeries and vaccine centres don't have the required vaccine type.

"Patient and his wife moved to Wooler four weeks ago and are registered with a new GP. Had their 1st dose of the Pfizer vaccine where they used to live and are due 2nd dose by this Thursday. New GP is saying they can't do it as they don't have the Pfizer one available. Patient has tried calling 119 who passed him on to national NHS – they told him to contact his local organiser and that his GP is obliged to provide a vaccine before the 2nd dose deadline. Has contacted practice but no feedback yet. Also tried to book online and told he isn't eligible. Patient is happy to travel if necessary but is very worried about the deadline and feels 'passed around'" - Healthwatch Northumberland, Male

There have been some experiences of people attending second vaccine appointments to be told that they have ran out of the required vaccine type.

"I took my mother (88 years of age) to the Halton Stadium for her second, pre-arranged Covid vaccination last Thursday (9:15am). On arrival we were told that there were no AZ Oxford vaccinations available that day - which was a shock given that the date for the jab was set 11 weeks earlier. I was told to come back in one week (which is tomorrow 8th

April) at the same time for the jab. Can I be sure that there will be an AZ vaccine available tomorrow, especially as this is now at the extreme end of the 12 week range since the first jab." - Healthwatch Halton

We have heard that some people are saying that they will not attend their second vaccine appointment or want a different vaccine brand due to an adverse reaction to their first dose.

" My Wife and I had our first Astra Zeneca Vaccine at the end of Feb 2021 and are due our second Vaccination in May 2021. I suffer with Bi-Polar 1 Affective Disorder and due to the International conflicting media reports and my Wife's serious reaction to the initial Astra Zeneca vaccination, I have extremely deep concerns, regarding The Astra Zeneca Vaccine. Please advise if it may be possible for us both to receive the Pfizer Vaccine, in the Swindon area?" - Healthwatch Swindon

Vaccine experience

The sentiment of feedback on the experience of vaccine appointments remains overwhelmingly positive. Healthwatch Oxfordshire conducted an [Enter and View](#) on Kassam NHS Vaccination Centre. They found that comments from patients were overwhelmingly positive about the organisation, safe environment and efficiency of the programme, and the attitudes of staff and volunteers.

- The centre as the first of its kind in the area had a learning culture.
- Management listened to staff, and changes happened quickly to improve the patient experience and process as a result.
- The patient journey from arriving on site was smooth, with clear directions and supported by marshals before entering the building and throughout.
- Lateral flows were conducted, and staff were accessible and friendly.
- Patients with mobility issues were guided to the lifts, there was a one-way system throughout, the exit route was down an external stairway that could be a challenge for some in poor weather.
- Generally, staff reported being well trained with good levels of information. However, we heard a level of disquiet about overstaffing, pay discrepancies and cancelled shifts.

"The surgery rang us up and we made our appointments for both our first and second jabs it was brilliant. Only queued for about 5 minutes before going in. There were clear instructions and we were greeted by a receptionist as well as volunteers. Even though we were asked to wait in the car for 15 minutes afterwards there were plenty of volunteers to check on people and make sure no-one had any bad reactions." - Healthwatch Norfolk

However, there have been some reports of negative experiences, including logistical issues and unhelpful staff.

" My mother had an appointment today at Askam Bar, she turned up on time with the confirmation text to then be turned away by an EXTREMELY rude man and told she didn't have an appointment!! He made her feel so embarrassed in front of several people and told that "anyone can't just turn up", so she was so furious and so embarrassed that she left without her much needed and much entitled to vaccine!!!! Then after another 45minute journey back home she received a message saying she had failed to turn up for her appointment. What an absolute disgrace, I'd like to know how and where to complain to about this horrible man." - Healthwatch North Yorkshire

The most frequent concerns have been of a logistical nature. Most frequently they have related to being turned away due to a shortage of supply as well as not being given the vaccination card.

" They have received their first dose of the Covid-19 vaccine but haven't been given a confirmation card. They questioned this and were told that the surgery had not been given enough cards. Caller wanted to highlight the issue and also wanted to find out whether there is a way for them to get a card with a record of their vaccine. Healthwatch has contacted the CCG to get some clarification on these two matters. The CCG has confirmed that practices received a bulletin reminder that the card had to be given out with the leaflet when the vaccine was administered and how to obtain more." - Healthwatch Sheffield

Although the vaccine roll-out is moving at pace, making complications likely to arise, it is important that every person being vaccinated is dealt with care and attention. The strain placed on GP surgeries during the pandemic is making it difficult for people to get clear information about their vaccine appointment and making it harder for people who are no longer registered with a GP to get the vaccine.

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