



Croydon residents' views on the COVID-19 vaccine

May 2022

Findings in brief

Most respondents were positive towards the COVID-19 vaccine and to vaccines in general.

Protecting themselves, family and friends, and vulnerable people were main drivers.

Over one in five respondents were vaccine hesitant.

Barriers to receiving it includes booking, distance, and timing of appointments.

NHS and government were seen as best sources of information and that it was clear.

There were sample limitations in this survey method around gender, age, and ethnicity.

Recommendations in brief

Ensure the vaccine is more accessible to the whole community.

Communicate the risks against the benefits in a more effective way.

Continued conversation with those unsure about the vaccine and vaccines in general.

Devise strategies on how to reduce fake and misleading news on the vaccine.

Wider studies are needed on specific ages, gender, ethnicity, and other demographics.

Executive Summary

During the COVID pandemic Healthwatch Croydon was commissioned through Healthwatch England to conduct a piece of work to understand the public's views towards to new COVID Vaccine. We were one of several Healthwatch organisations nationally who took part in the project.

The project took place from March to August 2021. As part of the project, a new engagement software called CitizenLab, was trialled. To support surveys, events, and polls within one platform. To keep consistency with the other national Healthwatch's our questions were kept the same. We received 155 respondents in total.

We asked the following:

- Thinking of vaccinations in general, such as those given for flu, travel injections etc, what is your overall view of vaccinations.
- If you were offered a vaccine against COVID-19 (Coronavirus), how likely would you be to get vaccinated?
- If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you?
- What are the main reasons you want the COVID-19 vaccine?
- If you would not want to be vaccinated, what would be your motivation for refusing the vaccine?
- Which of the following are reasons why you decided to be vaccinated against COVID-19?
- Where have you mainly seen or heard information about a COVID-19 vaccine recently?

These are our findings based on the responses from the survey:

- **Most were positive towards the COVID-19 Vaccine and to vaccines in general.** 78% said that they had already taken the vaccine. 91% said they were positive to vaccines in general (See pages 17-18).
- **Protecting themselves, their family and friends and vulnerable people were the main reasons for wanting the vaccine:** Helping get society get back to normal, and protect the NHS were also higher scoring considerations. Professionals recommending it and getting back to work were lower scored drivers to take it (see pages 19 and 21).
- **Over one in five respondents were COVID-19 vaccine hesitant:** Around 20% of the respondents had negative opinions concerning the COVID-19 vaccine, Highest scoring reasons were that people did not trust the intention behind it, as well as concerns around the safety of the vaccine and its ingredients. Some did not think COVID-19 posed a risk to them (see page 22).
- **Barriers to receiving the COVID-19 vaccine included booking, distance, and time of appointments:** For the few who had not had it but wanted it having to book the appointment itself would be a barrier. The distance of the vaccination location/ centre as well as the timings of the appointments may present itself as another reason (see page 20).
- **NHS and government websites were seen as best source of information about the COVID vaccine:** NHS and government websites scored highly as well as TV and radio, newspapers, and online news websites. Social media, Croydon Council and government press conferences scored well. Community organisations, including Healthwatch scored lowest (see page 23). Most respondents 72% felt that information about the vaccine was delivered clearly and effectively but 18% did not find it so (see page 26). Most found sources positive, with only a few finding sources negative (see page 25).
- **Limitations in sample, on gender, age, and ethnicity:** Respondents were more likely to be female, between 55 and 75 and White British, showing the limitations of representing diverse Croydon through a general online survey (see page 16).

These are our recommendations which are relevant to provider and commissioners:

- **Ensure the vaccine is more accessible to members of the community from a multitude of ways:** At the time of the survey, there were some issues concerning access and booking for some - bringing vaccination close to where people live and with walk-in services should overcome these challenges.
- **Communicate the risks against the benefits in a more effective way:** Of the 20% who had not accepted the vaccines, trust and safety around the vaccines garnered the highest proportion of responses. These concerns need to be understood and steps to be taken to understand their reasoning.
- **Continued conversation with those unsure about the vaccine:** It is important to respect the attitudes and views of the public, even if their perspective is not aligned to medical advice. Those that are vaccine hesitant should have the opportunity to engage with the authority to feel heard and listened to. This way some of the myths and fake information can be somewhat dispelled.
- **Strategise how to reduce the fake and misleading news on the vaccine:** 70% of respondents said that the news regarding the vaccine was positive, however 30% said that the information was either mixed or negative. Look at communications strategies to combat this, including finding reliable ambassadors representing a range of background and ethnicities.
- **Wider studies are needed on specific ages, gender, ethnicity, and other demographics:** We acknowledge the limitations of this general online survey. There is a need conduct specific studies with those more likely to hesitant in an open environment where people can express their experiences, views, and concerns.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

Context

This project took place because of a need nationally to ascertain why some people were hesitant towards taking the COVID-19 vaccine and to find out what other factors have been contributing to the reasons behind this. We were also able to work with other Healthwatch organisations nationally to help to explore better digital systems to underpin the work that Healthwatch's do and used the CitizenLab engagement platform to facilitate this. It is also important to factor in that considering the national and global impact of COVID-19, Healthwatch's have a duty to ensure that we work with communities to understand their voice and share this with key stakeholders.

1.2 Rationale and Methodology

Healthwatch Croydon ran the survey from May 2021 to July 2021 and solely online we received 155 responses from Croydon communities. Predominantly most of the responses were gained through Facebook Advertising, but we also gained insight via additional digital means such as community groups, e-shots, online events, and word of mouth. We used a range of messaging to try to attract community groups from a range of social economic backgrounds as well.

1.3 Method

Respondents were encouraged to respond via online advertising solely based on being a person who lived in the London Borough of Croydon, this form of targeting would appeal to those who have a high to moderate consumption of social media. We also focused on respondents via email and through working in partnership through other community groups. In addition, our survey and collection suite CitizenLab and TypeForm was used to collect data via more simplified user interface on the part of TypeForm, then we were also able to create actions via CitizenLab to further attempt to bolster the number of responses garnered.

Questions

Please note that where there is an * this shows this was a mandatory question that needed to be filled in before the survey could be completed.

1. About our survey

Thank you for taking the time to answer this survey. The questions asked here are for those who have used Croydon's shielding services during the COVID-19 period from March.

This will be analysed by Healthwatch Croydon, and your responses shared anonymously with Croydon Council to inform shielding services, and wider health partners as appropriate, so they can improve their services in response to your views.

1. Thinking of vaccinations in general, such as those given for flu, travel injections etc, what is your overall view of vaccinations... (tick one box)

- Very positive
- Fairly positive
- Neither positive or negative
- Fairly negative

- Very negative
- Not sure

2. If you were offered a vaccine against COVID-19 (Coronavirus), how likely would you be to get vaccinated? (tick one box)

- I have already received the vaccine
- Definitely would
- Probably would
- Probably not
- Definitely not
- Not sure

Please tell us your experience (If you stated volunteer organisation, community group or other please also state their name):

3. If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you? Please tick as many as apply.

- Nothing would stop me from getting a COVID-19 vaccination
- The fact that I would have to get public transport or a taxi to the location of the vaccine appointment might stop me getting it
- The distance to the location where the vaccine appointment takes place might stop me from getting it
- The times available to have the vaccine appointment might stop me from getting it
- Having to book the vaccine appointment online might stop me getting it
- Not being able to book a vaccine appointment at my GP surgery might stop me from getting it
- Another reason might prevent me from having the vaccine - please specify

4. What are the main reasons you want the COVID-19 vaccine? Please tick as many as apply (checkboxes)

- To protect my friends and family from getting COVID-19
- To protect people who are vulnerable/at higher risk of getting COVID-19
- To protect me against getting COVID-19
- Medical/healthcare professional e.g. GP, nurse, pharmacist, recommends it
- Family member/friend recommends it
- It will enable me to get back to work
- It will help society in general to get back to normal again
- I want to visit my older family members at home or in a care home and I need the vaccine to make sure it is safe for them
- It will help the economy get going again
- It will help protect the NHS
- It is the responsible thing to do

5. If you would not want to be vaccinated, what would be your motivation for refusing the vaccine? Please tick as many as apply (checkboxes)

- I can't be vaccinated for health reasons
- I'm against vaccines in general
- I don't think the vaccine will be safe
- I don't think the vaccine will be effective
- I don't trust the intentions behind the vaccine
- I don't think coronavirus poses enough of a risk to me
- I would want to wait until others have had it first
- My family / community are against it
- My faith/religion/belief systems say it is wrong for me to have the COVID-19 vaccine
- I am concerned about the ingredients used in it

6. Which of the following are reasons why you decided to be vaccinated against COVID-19? Please tick all that apply

- To protect myself against getting COVID-19
- To protect my friends and family from getting COVID-19
- To protect people who are vulnerable / at higher risk of getting coronavirus
- I have friends and family who have got ill or died from COVID-19 and I know how serious it is
- Medical/ healthcare professional e.g. GP, nurse, pharmacist, recommends it
- Family member / friend recommends it
- It will enable me to get back to work
- It will help society in general to get back to normal again
- I want to visit my older family members at home or in a care home and I need the vaccine to make sure it is safe for them
- It will help the economy get going again
- It will help protect the NHS
- It is the responsible thing to do

7. Where have you mainly seen or heard information about a COVID-19 vaccine recently?

Please select all that apply.

- An NHS or Government website (e.g. nhs.uk, GOV.UK)
- Croydon Council
- TV/Radio
- Newspaper/Online news websites
- Social Media
- Friends/relatives
- An NHS GP practice, pharmacy, clinic, or hospital
- Letter, leaflet or poster by the NHS or Government
- Government press conference
- Community organisations/websites
- Healthwatch

- Other
- Can't recall

8. Overall, was the information that you have seen or heard recently ... (tick one box only)

- Positive toward a COVID-19 vaccine
- Negative toward a COVID-19 vaccine
- Neither positive nor negative
- A mixture of positive and negative information
- Don't know/not sure

9. Do you agree that information from the NHS or the Government about the vaccine and its roll out has been communicated clearly and effectively? (tick one box only)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Don't know/not sure

10. Is there anything else you'd like to tell us about COVID-19 vaccinations, this is a chance to write up your overall opinion.

11. Tell us a bit more about you

By telling us more information about yourself, you can help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

Please tell us which age category you fall into:

- 13 - 17 years
- 18 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 - 74 years
- 75+ years
- I'd prefer not to say

12. Please tell us which gender you identify with?

- Woman
- Man
- Non binary
- Other
- I'd prefer not to say
- Add choice

13: Please select your ethnic background:

- Arab
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: Any other Asian / Asian British background
- Black / Black British: African
- Black / Black British: Caribbean

- Black / Black British: Any other Black / Black British background
- Gypsy, Roma, or Traveller
- Mixed / Multiple ethnic groups: Asian and White
- Mixed / Multiple ethnic groups: Black African and White
- Mixed / Multiple ethnic groups: Black Caribbean and White
- Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background
- White: British / English / Northern Irish / Scottish / Welsh
- White: Irish
- White: Any other White background
- Another ethnic background
- I'd prefer not to say

14. Please tell us which sexual orientation you identify with:

- Asexual
- Bisexual
- Gay
- Heterosexual / Straight
- Lesbian
- Pansexual
- Other
- I'd prefer not to say
- Add choice

15. Please tell us about your religion or beliefs:

- Buddhist
- Christian
- Hindu
- Jewish

- Muslim
- Sikh
- No religion
- Other
- I'd prefer not to say

16. Please tell us about your marital or civil partnership status:

- Single
- Married
- In a civil partnership
- Cohabiting
- Separated
- Divorced / dissolved civil partnership
- Widowed
- I'd prefer not to say

17. Are you currently pregnant or have you been pregnant in the last year?

- Yes
- No
- I'd prefer not to say

18. Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply):

- Yes, I consider myself to be a carer
- Yes, I consider myself to have a long-term condition
- Yes, I consider myself to have a disability
- None of the above
- I'd prefer not to say

Limits of the research

Size of sample: We received 155 responses, when we had aimed for a target of 200 to 250. There were limits concerning the way we could contact those who were in the community as we were partially locked down at the time of the survey being carried out.

Representation: With this project we wanted to ensure that we were able to gain access to community groups across social economic and varied backgrounds. As part of the targeting methods, we were able to reach a broader audience due to the online advertising efforts. However, we also include a broader range of demographics questions at the end of the survey to ascertain how many respondents were represented via these identifiers.

Due to general nature of the survey, a higher-than-average number of responses came from people who were older, White British, female, when compared with the population of Croydon. Some communities particularly those under 35s and of Asian/Asian British background were significantly under-represented. This limits what we can say about different backgrounds and their perception and experience of the COVID-19 vaccine and illustrates the importance in doing very focused work in particular communities, where uptake or perception is mixed to understand more.

That said the views and perceptions here do give some insight into the motivations and concerns of Croydon residents over the COVID-19 vaccine at a particular time in the rollout and may help future rollouts of vaccine, hopefully not in such urgent circumstances.

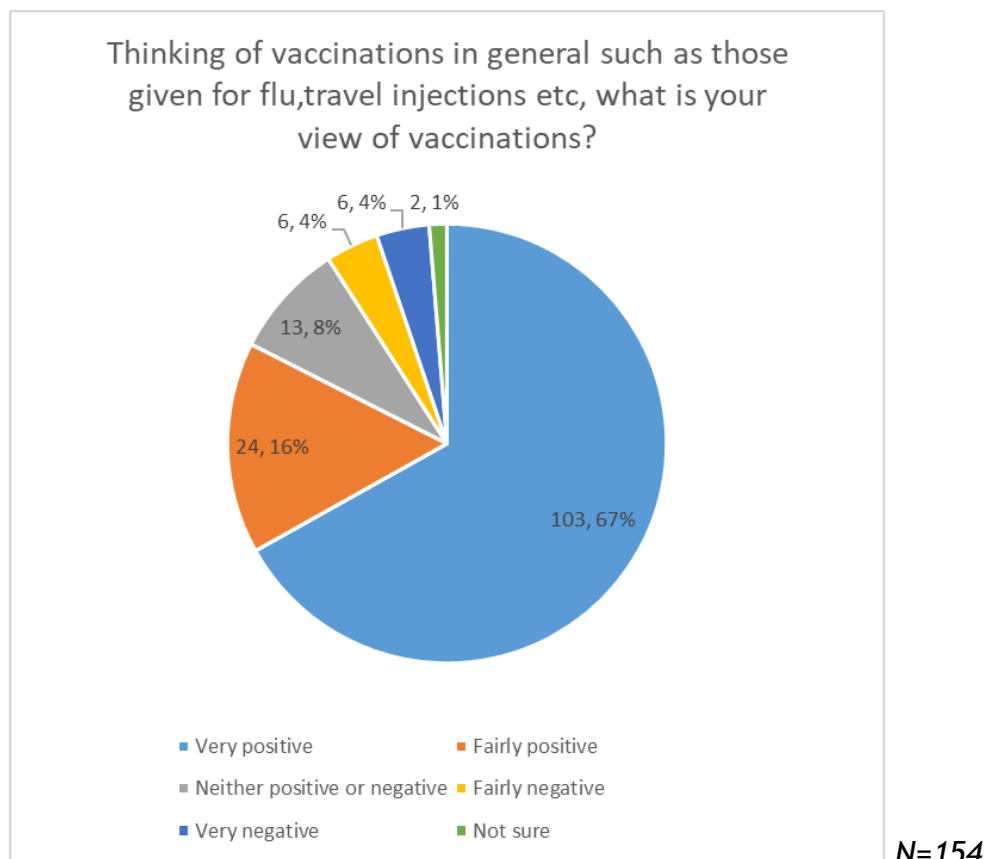
Insight results

These are our findings based on the survey responses we received - please note comments are given verbatim and will include textual errors entered by the participants. We will use the term (sic) where the intention is not clear.

2.1 Views of vaccination generally and about COVID.

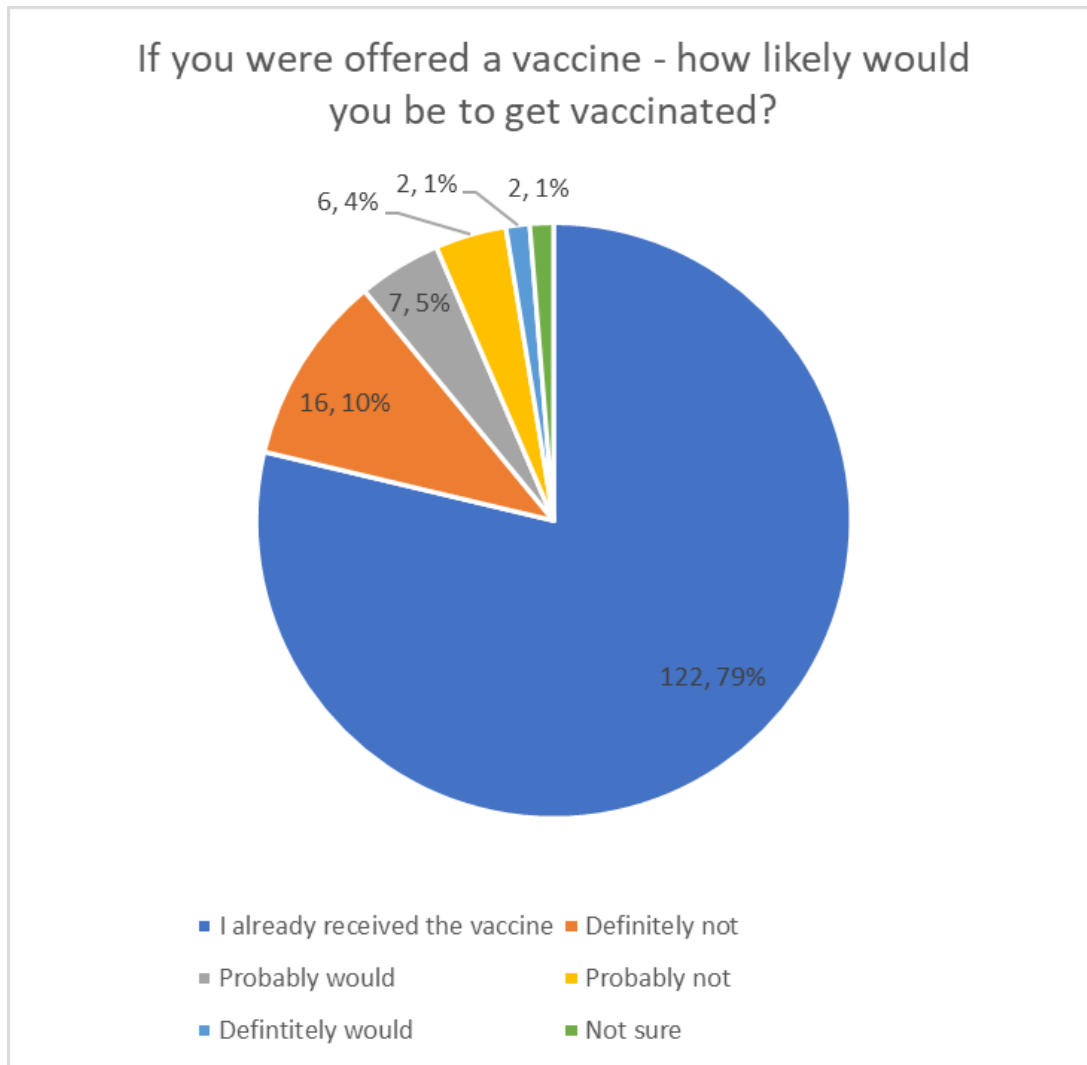
We asked some initial questions to get a baseline asking views of vaccination generally and then specifically to COVID.

2.1.1. Thinking of vaccinations in general, such as those given for flu, travel injections etc., what is your overall view of vaccinations.



Most respondents were positive about vaccines generally: 67% were very positive with a further 24% fairly positive, which means this study is going to show more about why people were not hesitant rather than why they were. Indeed, just 8% were very negative or fairly negative.

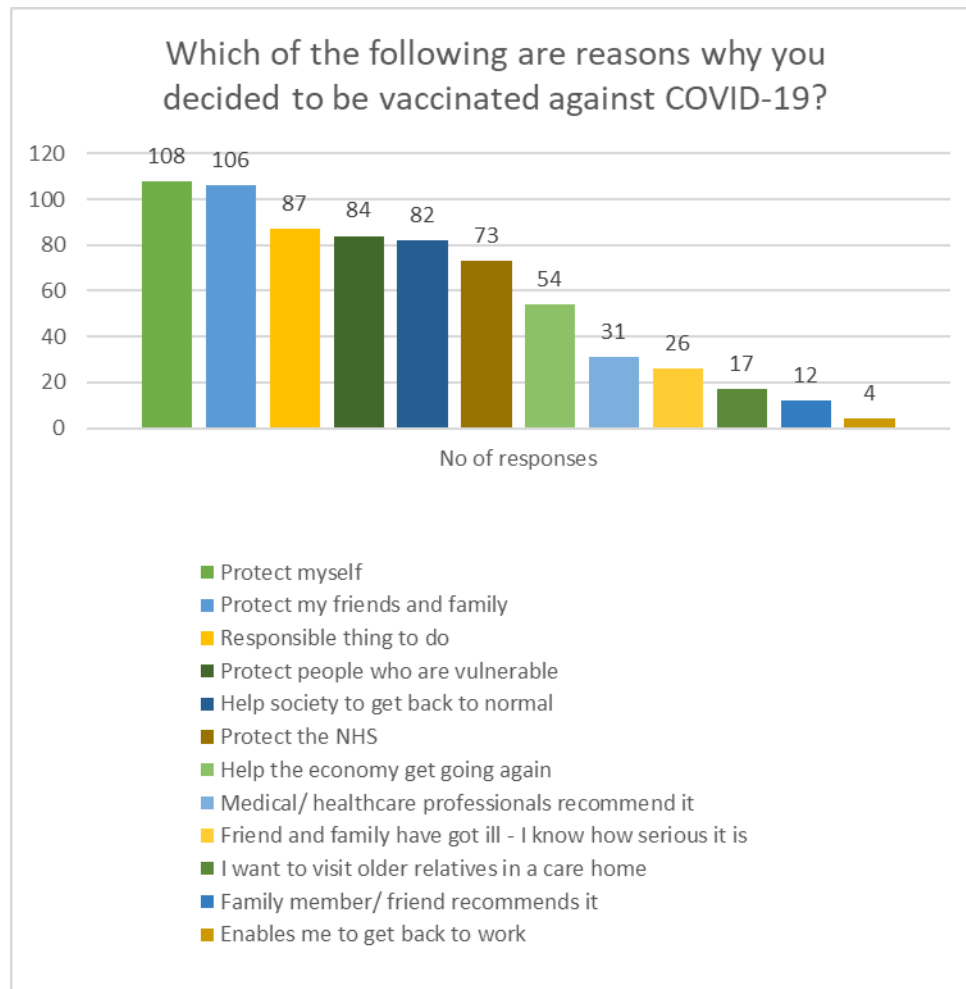
2.1.2 If you were offered a vaccine against COVID-19 (Coronavirus), how likely would you be to get vaccinated?



Most respondents had taken the vaccine already: 79% (122) said that they had already taken the vaccine and a further nine stating they definitely would, or probably would. Only 14% (22) would definitely not or probably not, again reflecting a pro-vaccine sample.

2.2 Responses of those vaccinated

2.2.1 Which of the following are reasons why you decided to be vaccinated against COVID-19?

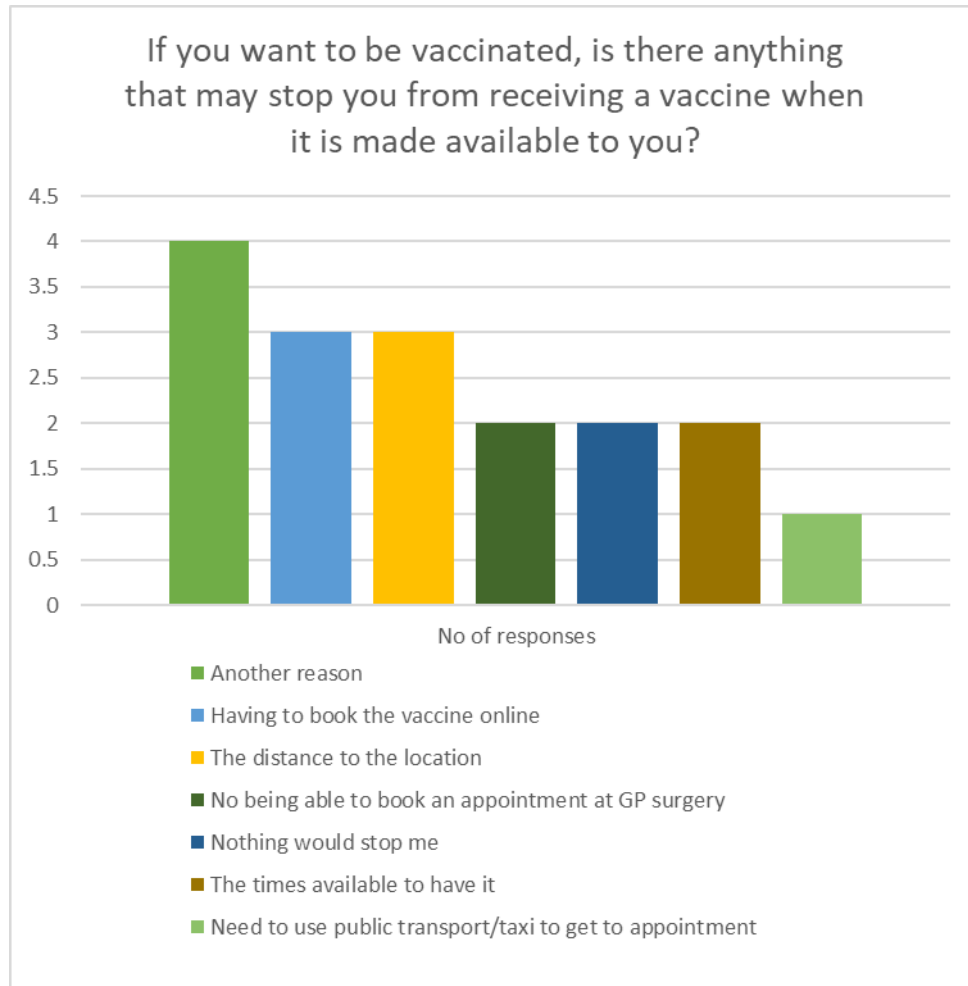


N=684 responses from 124 respondents

Most wanted to protect themselves and friends and family: Other motivations focused on responsibility and protecting to vulnerable, helping society and protecting the NHS. Just under half did it for getting the economy running again. Interestingly, less did it because it was recommended by professionals, or family recommendation or that is gets people back to work. This suggests that people did it out of a sense of responsibility to themselves, their families, and their community rather than being influenced by a campaign of convincing by medical or government officials.

2.3 Responses of those who were not vaccinated

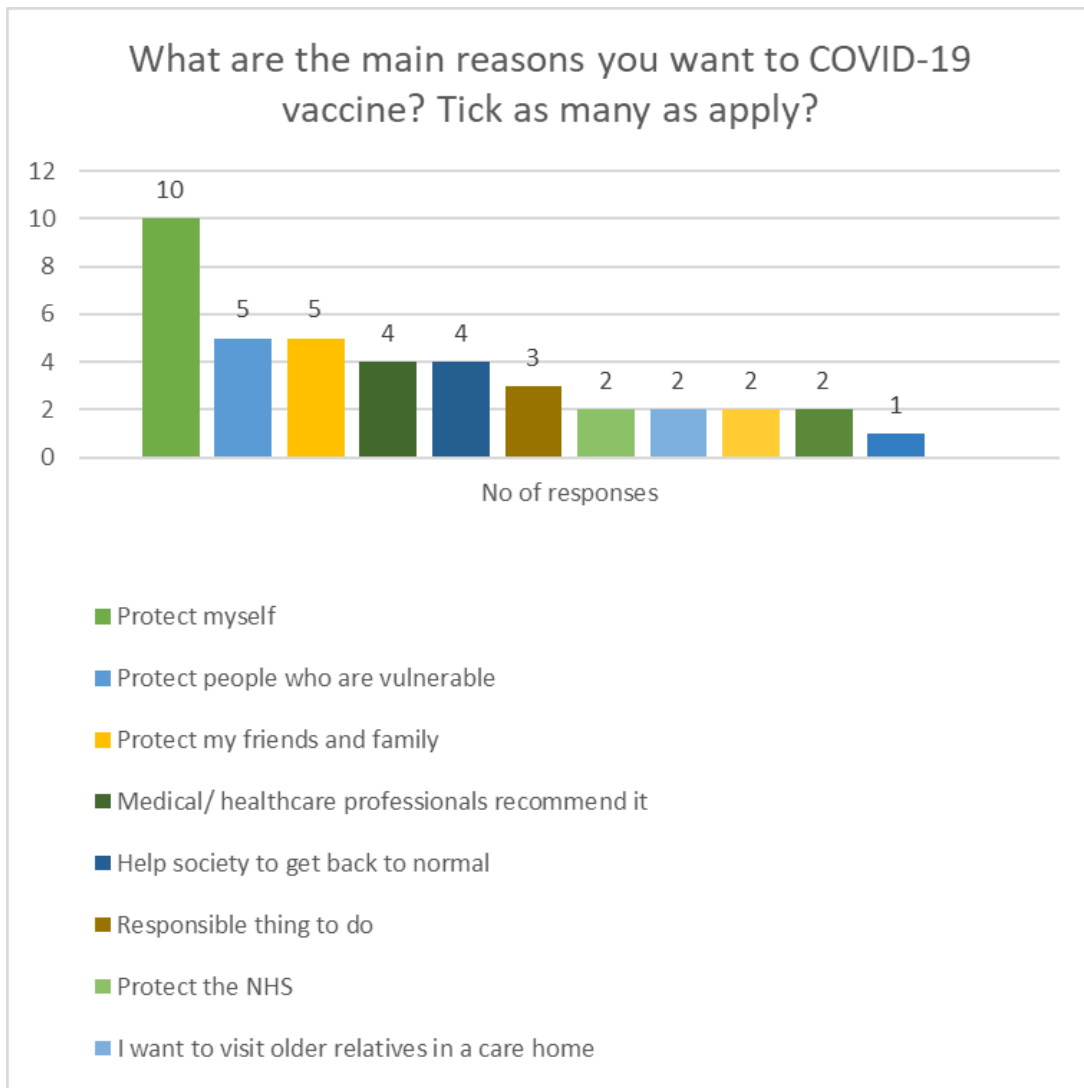
2.3.1 If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you?



N=17 responses from 11 respondents

Booking, distance and timing an issue for those who wanted the vaccine but not yet had it: These are the responses of the smaller number of people who wanted it and had not been able to access one. Issues included: having to book the appointment; the distance to the vaccination centre; and the timings of the appointments. This was at a time when perhaps vaccination centres in Croydon had not been fully rolled out, or prioritisation was still in place, or awareness was still low.

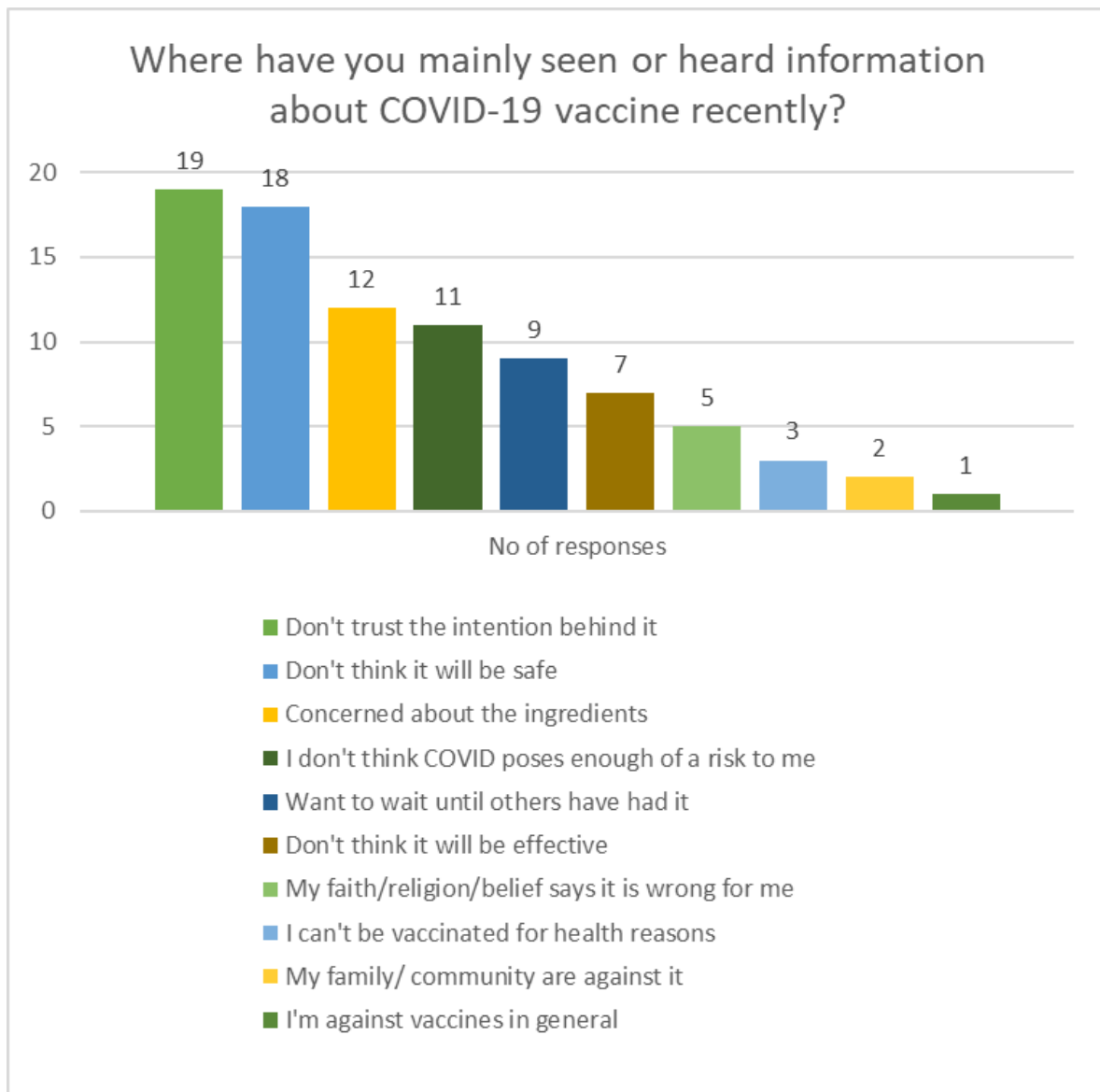
2.3.2 What are the main reasons you want the COVID-19 vaccine? Please tick as many as apply



N=40 responses from 11 respondents

Again, most wanted to protect themselves, friends, and family and those most vulnerable: This is a repeat of the question asked for those who took the vaccine. Again, most wanted to be protected against COVID-19 for themselves and their family or to protect those who are vulnerable, because it was recommended or to help society get back to normal, but the sample here is very small.

2.3.3 If you would not want to be vaccinated, what would be your motivation for refusing the vaccine?

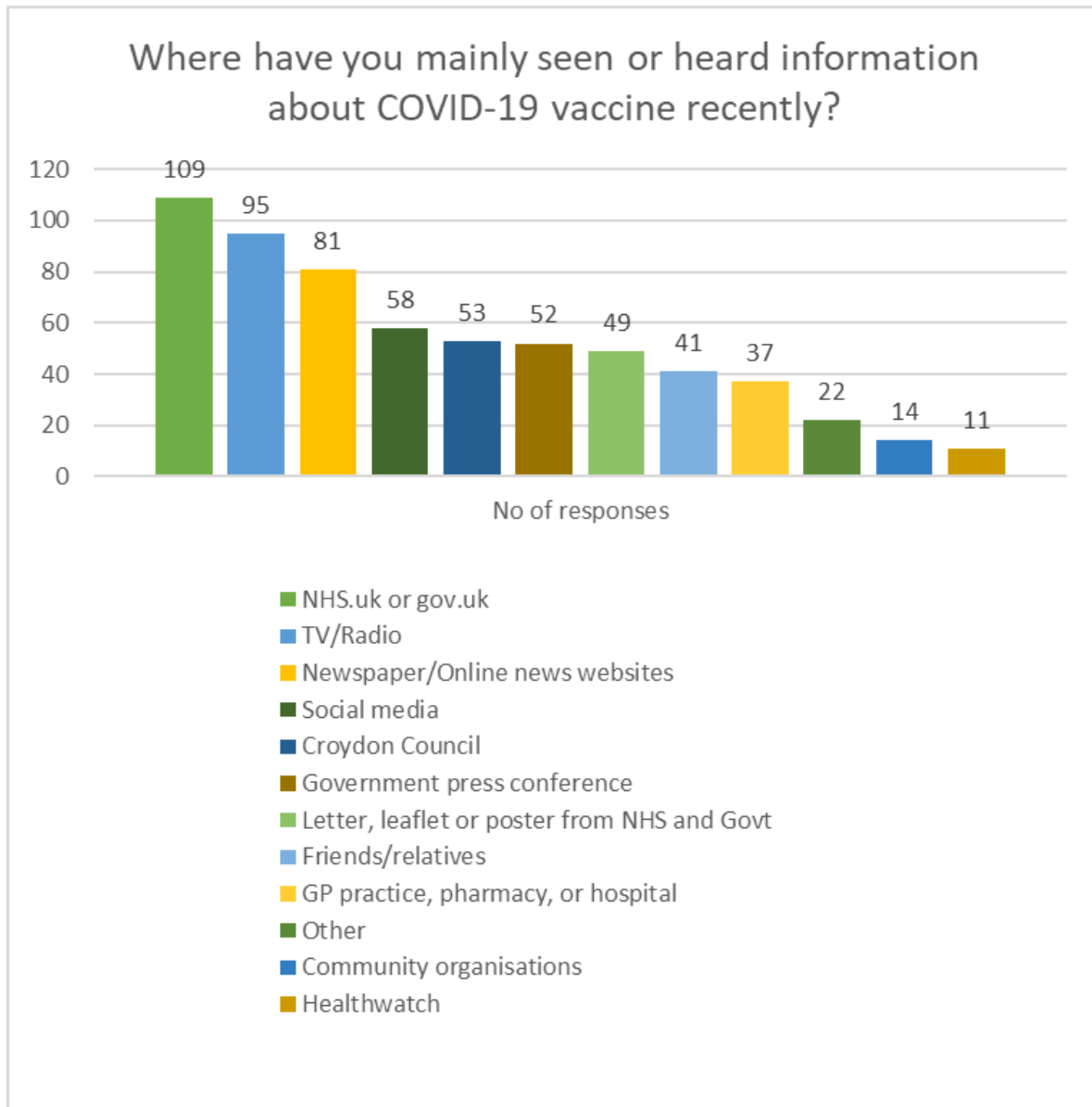


N=84 responses from 32 respondents

Of the initial 155 respondents 32 people answered this question, with most of the answers were pointed towards concerns around trust, safety, and the ingredients. These perceptions may stem from misinformation or pre-existing mistrust of the government and any central government-led organisations. Some did not think that COVID posed enough risk or did not think it would be effective. A small number stated faith or belief as a reason to refuse, but only one was against vaccines in general suggesting that it was the issue with the COVID-19 vaccine that gave most concern.

2.4 Information and communication

2.4.1 Where have you mainly seen or heard information about a COVID-19 vaccine recently?

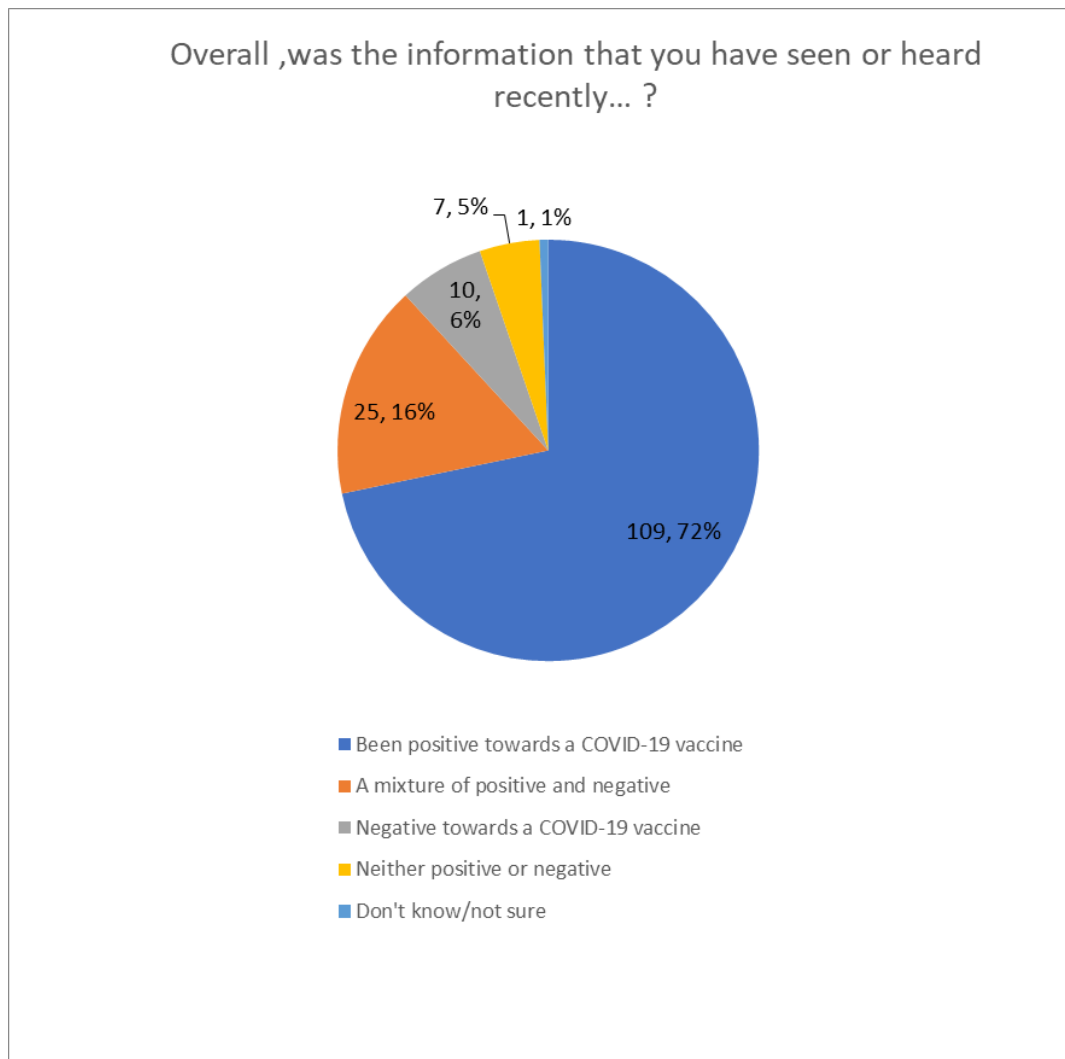


N=622 responses from 153 respondents

We also wanted to find out about COVID-19 vaccine information in general to find out which source have been the most prevalent in the community given the rise of non-fact check sources in information. Overall, most of the information on the vaccine was consumed from the official NHS or Government websites and TV. Quite a number relied on responses such as social media, Croydon Council, the regular

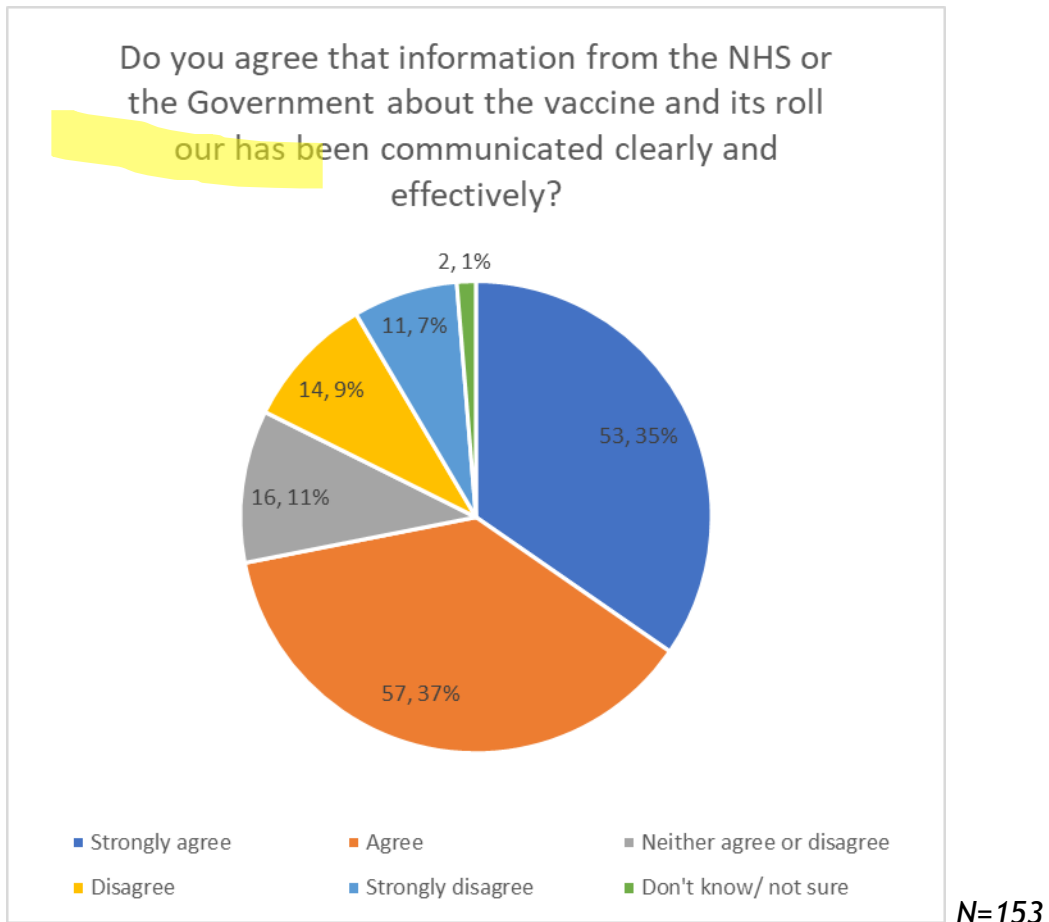
government press conferences, or letter received, or poster seen from government or NHS. Some relied on information from GPs or from friends and family. However, the majority did select the NHS or Government websites as a key place where information was gained in relation to the pandemic, and this would help to reduce the amount of misinformation on offer via online resources

2.4.2 Overall, was the information that you have seen or heard recently... ?



This question relates to the information and signposting the public may have seen during the pandemic via news, digital and media outlets. Over 70% said that the information on the vaccine was positive and 10% citing that information seen was negative. Then 16% citing that they have seen a mixture of positive and negative information. This means that there is still information that negatively portrays that impact of the COVID-19 vaccine, which is influencing some. showing the challenge for services in communicating the vaccine effectively.

2.4.3 Do you agree that information from the NHS or the Government about the vaccine and its roll out has been communicated clearly and effectively?



72% of Respondents felt that Information about the vaccine was delivered clearly and effectively: We specifically asked respondents to tell us whether the information from the NHS and Government was clear and effective, of which 71% said they agreed or strongly agreed. 10.5% said that they reported they neither agreed or disagree and 18 % said that they did not think that the NHS or Government information was clear. Overall, we think this is a good reflection of how well the marketing, advertising, and signposting has worked for the NHS both nationally and regionally.

2.5 Further comments

2.5.1 Is there anything else you would like to tell us about COVID-19

vaccinations, this is a chance to write up your overall opinion. (Question 10)

Add comment boxes and coding boxes

We wanted to give our respondents a chance to give an open response on their thoughts on the COVID-19 vaccine. We saw a high take up on answers on these questions and received a wide range of responses. To help us gain a clearly view of the types of statements we received we have coded the responses in five key areas namely 'Choice', 'quality', 'trust', 'risk' and 'Positive'. Of the 155 responses, 113 made comments Of the five coded categories there was concerns around 'Quality' and 'Trust'. Some of the comments made around quality were as such:

Choice

12 comments combined with: Negative 7, Trust 1; Mixed 3; Quality 1.

The emphasis on personal choice was a consideration here as well as assurances needed about long-term impacts, about what in it particular in response to the needs of certain religions who do not consume specific products. There was sense by some of feeling intimidated into the vaccine and more information is needed about risks and benefits and the justifications for mass-vaccination.

“There should be alternative research focused on other measures to control the pandemic for those who cant or wont take the vaccine. There should be CHOICE.”

“Would be fine with pfizer/biontic. Distrust AstraZeneca with British advice different from rest of world.””

“The positive impact of the vaccinations has surprised me (in a good way) but I have always felt that we are relying too much on them to solve the problem. There has to be a parallel approach to a return to normality. If vaccinations ultimately don't reduce overall hospitalisations and death rates to acceptable levels then we will need Plan B and I want to know what that is.”

“Feel people are being bullied and intimidated into the vaccine. It’s causing a divide through fear.”

“I think you should be making it clear to people that this is an experimental vaccine and that you don’t know all of the outcomes short, medium and long term, that the pharmaceutical companies can walk away from any harm the vaccine may cause, that information about the yellow card is not highlighted to the public and that any side effects are only reportable within a short time frame, after that any harmful side effects are not reportable, that the medical profession are either playing down reactions or discouraging people to report symptoms. I cannot understand why fully vaccinated people still have to walk around with masks on because they can still contaminate others or catch the virus or that they may have to have further jabs due to other strains. This isn’t a solution. Why aren’t you supporting people to lose weight, have better nutrition, take a good quality vitamin D3 with K2, vitamin C and zinc to address lack of taste. To stop eating junk food and instead get fresh air and exercise. Why aren’t you supporting the use of ivermectin instead of basing your evidence of skewed trials which falsely report its failure. Why aren’t you supporting healthy people to allow their immune system to do the work it was designed for rather than attempt to inoculate the whole population unnecessarily.”

“Vaccinations are important and should be choice but so many people who have taken in full trust eg oxford astra zeneca vaccine haven’t realised they should have been given pfizer or moderna because the ingredients suited their religion. Muslims cannot have ethanol (alcohol) but trusted the government that should have been aware of the needs of these citizens and defaulted for them and made them aware (educated) their reasons to cater for this group to create mutual respect. None of the ingredients from any of the 3 vaccines were animal derived which was again an excellent plus for muslims too/otherwise. Maybe take lessons for future orders and national vaccine programs. Where there’s a will, there’s a way. Overall, thank you to everyone who has helped keep society safe.”

“I’m okay with vaccines in general (injecting a weak version of a virus so a body can develop antibodies against the virus) but these new vaccines are not like the old ones. Not enough testing on the impact 3-10 years down the line.”

“Makes me uncomfortable with it. Also, the fact that it’s being shoved down people’s throats via the government agencies and media also makes me uncomfortable from a privacy perspective. It’s my body and I can choose - why try to make me feel like if I refuse the COVID vaccine, it’s tantamount to murder? I strongly reject that notion.”

“Also, the statistics are not very clear to me - whilst the BBC and other media sites state the number of deaths WITH COVID (i.e. co-morbidity) there’s not enough information on the number of deaths caused BY COVID alone - last estimate I saw was about 2% of total reported COVID deaths is caused by the virus alone. If true, then this number of COVID-only deaths is enough to justify the lockdowns and national vaccine rollout (and associated debt). With a naturally ageing population, more resources should be put into improving our NHS (and paying staff better) than locking people down to “protect” the NHS. I mean, what are you protecting? The NHS serves the PEOPLE and so many more people died (or will die) from diseases not being treated/diagnosed due to the lockdown than those who died WITH COVID (which is significantly more than those who died from COVID alone).”

“Too much pressure for people not at risk from COVID to receive vaccine. Vaccine not tested enough. Not enough info regarding good metabolic health. Spent more money on COVID reaction and vaccines than on hospitals and staff.”

Some also were concerned about the availability and priorities of the vaccination programme, please note survey ran April-July 2021.

“Very late in getting vaccine for my 98 year old father.”

“I question why younger members of the Croydon Community received the vaccine before older members. Example:- a member just turned 60 had their vaccine before me aged 65, his wife had hers at 59, getting her second jab this week. Another member went to her husbands appointment with him, she was not booked to have it, but, they gave it to her. Don’t understand Croydon’s criteria all through this period, seems to be luck of the draw.”

“Not sure why I can’t book anything in Croydon. Having to go to St Thomas’s at Waterloo with my 2 month old in tow, why aren’t appointments at the hospital or shopping centre showing on the online system?”

“I would prefer if my 2nd dose was not scheduled for exactly 12 weeks away as anything could happen then and delay it further. Many other persons have received appointments for 10 weeks later and I would even prefer that. These times are so far off the manufacturers guidelines. I just want to be fully vaccinated as soon as I can.”

“Overall it has been brilliant. My criticism relates to the early stage so may have been rectified, but I do know of a few elderly people who do not drive being directed to Epsom, which is quite a difficult journey on public transport. Generally speaking public transport is very good between town centres, but rather useless at going around between them.”

“Why can’t I get it at my gp?”

Quality

25 comments combined with: Negative 9, Positive 11, Mixed 4, Choice negative 1.

Issues considered the side-effects of taking it which put off some from considering boosters, However some reported no ill effects at all. There was some inconsistency in locations for accessing the vaccine between GP a centre, or the process to get the vaccine, to the set of the large mass vaccination sites such as Fairfield Halls.

“I had 2 vaccinations first jab i felt that I had a cold and arm ached for a day or so. 2nd jab I felt very unwell and will not be having no more jabs.”

“So I’ve had the first one at my local GP. They have now told me to book a second one at Fairfield, which is too far. I suffer from anxiety & can’t face such a journey.”

“I had 2 vaccinations the first jab I felt I had cold /flu for a day or so .2nd jab I felt very un well for about 2 days I will not be having no more jabs if this is what “happens.”

“Unhappy with the poor way the 2nd vaccine process for over 50 and that had 1st vaccine of Pfizer has been treated.”

“There's no information, we've been ignored, even though we may be deemed as having health needs, the concentration is on the Aztra Zenika 2nd vaccine individuals and 39 year olds.”

“Our vaccination took place at Fairfield Halls in Croydon in a small space. On our first visit details were taken down by staff sitting too close together. The second time they were better spaced. Both times the chairs where you had to sit were not sanitised between people sitting on them. The place was too cramped. The staff were excellent.”

“The long queues to take the vaccine wasn’t good to endure. Felt uncomfortable around so many people together closely.”

“Overall I've been very impressed with the scale, speed and efficiency of the vaccination roll-out programme.”

“I’m concerned that I wasn’t asked if I was driving, nor asked to wait to check that I didn’t have an allergic reaction (whereas others I know were).”

“It seems odd that the restrictions don’t take account of vaccinations i.e why can’t more people meet indoors if they’ve all been vaccinated? Either you have faith in the vaccines’ efficacy or you don’t.”

“The vaccination roll out has been good so far. I have had my vaccine and was ill for over 2 weeks after the first one and still recovering from my 2nd vaccine-it would be great to get data about long term effects of the vaccine over the next few years.”

“Side effects from both AZ vaccinations were not at all pleasant.”

“No symptoms were experienced after my two vaccinations.”

“I had both without any side effects.”

“I think the organisation of and the communication about the vaccination programme has been excellent.”

“The vaccine roll out by the NHS has been fantastic. I strongly believe this is because it has been handled by the NHS rather than private management like the flawed Track and Trace. I don’t think the NHS gets enough credit for it, rather the government is jumping on the band wagon.”

“The vaccine centre I visited was well organised and felt safe. The vaccine was painless although the reaction wasn’t pleasant but certainly much better than COVID.”

“Overall I feel there has been a fantastic job getting everyone vaccinated.”

I feel that the Government’s response has been very effective, and the NHS & Military etc, have delivered the whole Vaccination Programme brilliantly. It is a great shame that there has been some “hesitancy”, from some sections/groups within Society, which has delayed an even more comprehensive, and speedy, beneficial effect, as a whole. However, within my own, and our Neighbourhood Care Groups’ knowledge, I have NOT come across any personal cases of local “hesitancy”. Everyone I have dealt with, has taken their vaccination up, as soon as offered.

“Overall I feel there has been a fantastic job getting everyone vaccinated.”

“Service was good however, I felt if I had had been drugged with cocaine or heroine for 4 days after. Therefore there is no way I or my children will ever go anywhere near to this poison ever. I'll let others to vaccinate themselves and be the hero to save the world and be a research rat. Please let me know when you've done all your testing and research on the vaccine, improve it and I may consider to go for a second shot. Thank you.”

“I had no side effects from the Astra vaccine.”

“I had the Pfizer twice & have had heart palpitations. Don't know whether to report it elsewhere My Doctor knows & I have had an ECG with no follow up treatment.”

“Had no effects at all from the vaccine.”

“Have had both with no issues. Thank you to all the NHS staff.”

“The way that the vaccinations have been organised has been brilliant.”

“Has been managed well. There is a problem with those who've had biontec but then become housebound and can't access the second.”



Trust

29 comments combined with: Negative 16, Positive 9, Choice 4.

The comments are very varied with many supporting the vaccination programme and other suspicious of the intentions and the results. These include concerns at long-term effects; the impact on certain ethnic groups; tackling what appears on social media, the impact of influencers such as community leaders,

Others are concerned about the quality of information and communication of this, that some cannot see why it needed to be done at such speed and that this may cause pushback in hesitancy towards it. Even through these few comments, it is easy to see the complexity of this issue for those with any concerns about this.

“There are still misconceptions and negative thoughts around the COVID-19 vaccinations hence some people are still adamant not to take the vaccine.”

“Essentially still in test phase with no long term results known yet. Feel there is too much pressure/blackmail to have vaccine - every person on tv pressing for it relentlessly for last 6 months. Statistics do not give balanced view - for instance deaths are anyone who died after positive test in last month regardless of actual cause of death appearing to make it worse. No comparison figures given to see effect of COVID in context. Vaccine being promoted as the miracle which will give freedom but doesn't seem to have made difference to what is allowed. COVID is going to be with us like flu and needs to be treated accordingly - most people will use common sense about what to do to keep 'safe' and those who don't would (sic) not do it even if there was a law about it.”

“I have had both vaccines but am still somewhat worried about long lasting side effects that might occur. I was worried about the cases of blood clots as this was discovered just after my young daughter was vaccinated.”

“Black and other ethnicities are highly represented in the COVID-19 mortality stats, and often have other health complications, therefore it is important these communities re-evaluate their health and consider taking the vaccine.”

“I am in favour of vaccinations, in general, and I'm in favour of the COVID-19 vaccination in particular. What is so discouraging is the utter nonsense that has been going around, thanks to social media or totally irresponsible sources. I've heard of a 'man of the cloth' telling people that they would become monkeys; there's the nonsense about microchips; more nonsense about 'if you're fit and healthy, you don't need to be vaccinated'. The list seems endless of absolute tosh that some people are prepared to accept as true. What has been a failure, perhaps, is the government's inability to quash these stupid stories from the beginning.”

“Over all opinions on jab worth having, but when percific (sic) forms of jabs are warned by scientists govemnt (sic) that they give you all information instead of waiting for people to get ill or die from it.”

“I think people working in care and nursing should be stopped from working if they refuse to be vaccinated.”

“Feel people are being bullied and intimidated into the vaccine. It's causing a divide through fear.”

“More information about the safety of the vaccine.”

“Sometimes I think it is pointless getting the vaccine because I still have to wear masks and social distance in shops and other public places. I know herd-immunity has to be achieved in the country but if getting the vaccine is not making any difference in our daily lives then, what is the point?”

“I'm okay with vaccines in general (injecting a weak version of a virus so a body can develop antibodies against the virus), but these new vaccines are not like the old ones. Not enough testing on the impact 3-10 years down the line.”

“It is a money-making spin.”

“Strongly believe in taking vaccines to protect oneself and society in general! Frustrated by mis communication surrounding vaccines especially AZ.”

“We need to encourage good take-up among the younger generation.”

“Vaccination centre I about attended was well run and it was simple to get vaccinated. Negative publicity about a small number side affects was unbalanced and more should have been done to promote the benefits of vaccination. Whinging journalists should have been made to realise that COVID was killing people and not the Government who like everyone else had to learn how best to deal with this new disease and vaccination has played a huge part in curbing the impact of it.”

“I think its suspect that healthy people are being vaccinated, including pregnant woman, and being pushed towards children who are a low risk group. It seems an extreme motivation to vaccinate as soon as possible. COVID only appeared 2019 and I find it staggering that years research (we are told) goes into developing vaccinations, so many guidelines must have been bypassed . The roll out has made me consider the efficacy of all vaccines now. MMR, I used to think kept children safe but now I feel dubious and cynical where I didn't before. A fearful population are an easy population to manipulate. I have heard that a lot of scientific voices are being suppressed.”

“A big waste of money.”

“There are huge concerns surrounding Fertility and the vaccine particularly as the initial role out said not to get the vaccine if you were pregnant or trying. More information needs to be supplied to assure woman why this was the case and why they shouldn't be concerned now they are saying it is ok.”

“I took the vaccine so I could travel, I felt tricked. They immediately backtracked. What is the vaccine for? it doesn't prevent the virus, don't stop you getting it. We are guinea pigs really, it hasn't been properly tested.”

“Greater clarity needed for pregnant women.”

“Too much pressure for people not at risk from COVID to receive vaccine. Vaccine not tested enough. Not enough info regarding good metabolic health. Spent more money on COVID reaction and vaccines than on hospitals and staff.”

“I have a blood clot history with unknown reason in the past causing me chest down paralyzed and was almost died. Dr said my case is rare and make me worrying that the risk of blood clot if having a injection.”

“The vaccine is still on trial phase until 2023.”

“It's a scam, with dark and disturbing intentions and desired outcomes.”

“Anyone who declines on non-medical grounds is an idiot - potentially impacting on their own and their family's health. Social media should do more to stamp out the tide of misinformation.”

Risk

Three comments focused on risk based on their personal experience of vaccines. This may give context to why some people are hesitant to this vaccine and vaccines in general.

"I was originally going to get the vaccine, as my Father passed away in April 2020 from COVID-19. As I have allergies I was advised I could only have the Astra Zeneca vaccine. The day I booked to have it, was the day some countries in the EU suspended the vaccine as it was linked to blood clots. I am currently on blood thinners for clots, so become anxious, cancelled the appointment, and decided to wait and see. Since then my 77 year old Mother had her 2nd Astra Zeneca vaccine on 29th April. Two weeks later on 12th May 2021, she collapsed at home and was taken to Croydon University Hospital, where they found 2 blood clots in her lungs. Her diagnosis was a Pulmonary embolism and luckily she was discharged 3 days later. In light of the above recent event with my Mother, I have decided NOT to take the vaccine. THE RISK TO MY HEALTH DO NOT OUTWEIGH THE BENEFITS!!!"

"I have lost 3 of my friends after having their second jab."

"My mother had a severe auto immune disease , after years of treatment at the national in London the professor dealing with her(then rare but now common) case had many meeting with specialists in America and was told that her illness had been caused because she received one of the first flu vaccines she was told NOT to have any further vaccines. My father had A Plastic anaemia and was told NOT to have any vaccines. My son reacted badly to vaccine as a baby the doctor advised against a second does of the whooping cough vaccine. I chose not to have the mmr for my son and the school tried to give it to him anyway. Following pre school vaccine my son developed asthma i also had breathing difficulties as the nurse suggested that mummy should have the polio vaccine as well. How could i refuse. YOU WILL NEVER get me to have any more vaccines i would rather be DEAD than live with the terrible CIPD (central inflammation and peripheral demylation) that my mother had."

Positive response

20 comments recorded on the positive impact of the vaccine and the experience of having it.

“I am very happy to have received both my vaccines and my husband and our daughter have too. She is a nurse at GOSH and helped to administer the vaccines there.”

“I think it is important for everybody relevant to be vaccinated to help control the COVID 19 virus.”

“Thank you.”

“Go and do it if you have a chance.”

“We should vaccinate everyone over 11, and we should make it mandatory.”

“Happy to have had both vaccinations -both done through local community health and my doctors very efficient program.”

“Glad to have had both doses.”

“I was very relieved after my 2nd vaccine.”

“Needed to vaccinate some seriously ill younger people much earlier & those living communally; need to vaccinate teenage children; need to give the spare UK vaccines to poor 3rd world countries; need to ensure UK expats living abroad have access to COVID vaccines.”

“Both the St Pauls Church Thornton Heath & the Crystal palace FC ground were fantastic. Well organised and lovely people.”

“Thank you.”

“We will get there.”

“It's a fantastic thing.”

“Very happy with my experience of getting my first dose at McCoigs Pharmacy on the Brighton Road.”

“Essential as part of getting back to normal.”

“Process has been well organised and well communicated.”

“I’m grateful for my vaccine and the ability to protect myself and others. The process (once eligible) has been smooth and the side effects limited.”

“An amazing achievement proving the power of scientific endeavour.”

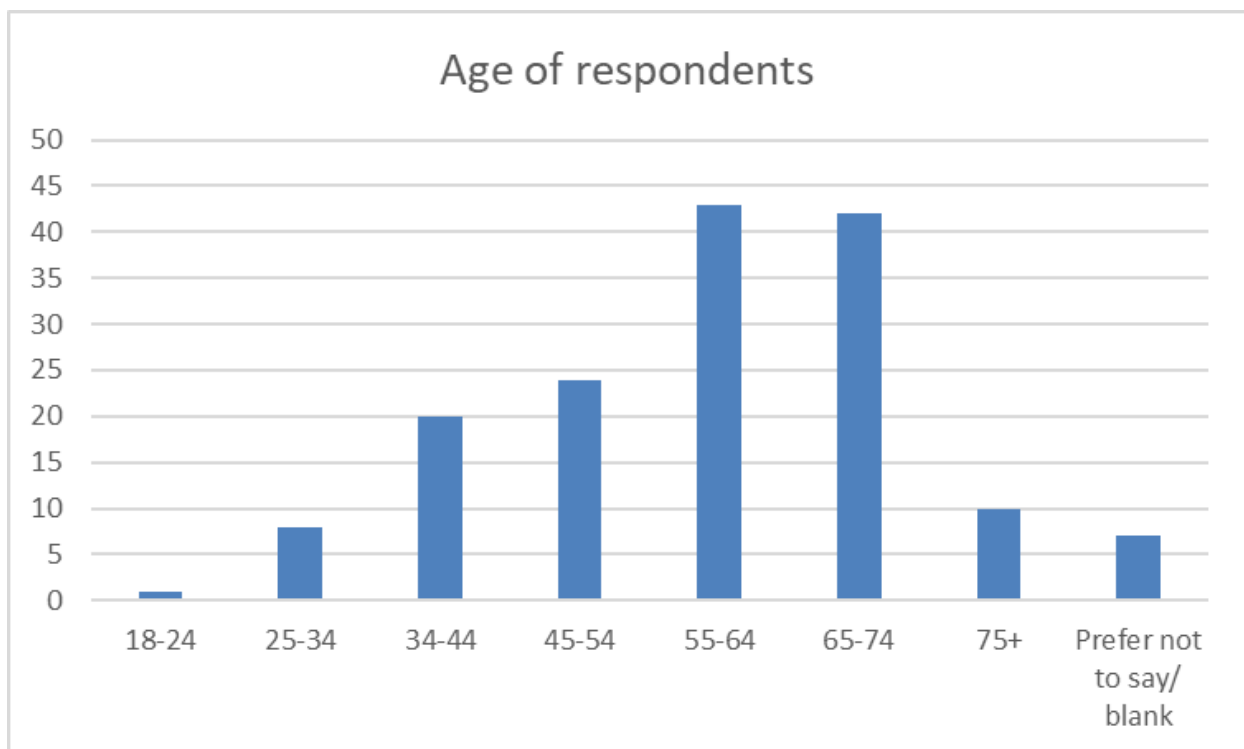
“Had both jabs at new Addington and it was fast , easy and super efficient.”

“Positive experience. Fast roll out.”

“Thankful that we have a vaccine.”

3. Demographics

3.1 Age Range of Respondents:



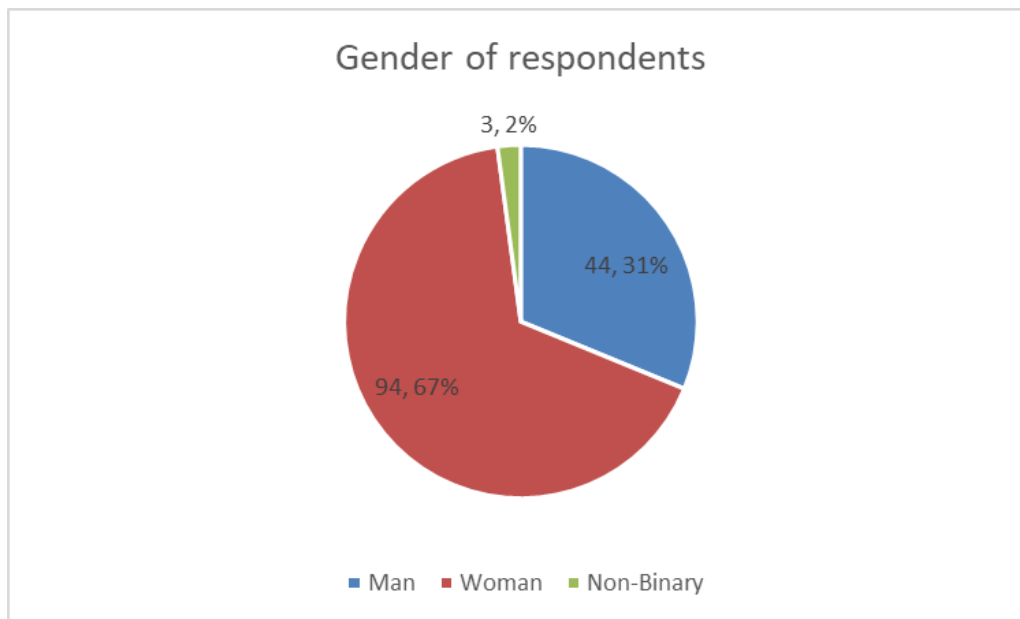
N=155

We have very few responses from under 35s and most responses came from between 55 and 74. This shows an age bias in the sample which may not reflect the age of the borough which has significantly younger and older population.¹

This is interesting as a large proportion of responses were taken via digital adverts and online means. However, some of these responses may have been taken through signposting of this project through third party community organisations. This also makes the case for more focused insight work with specific age groups, rather than just a general survey.

¹ <https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/> iaFirstFeature

3.2 Gender of respondents



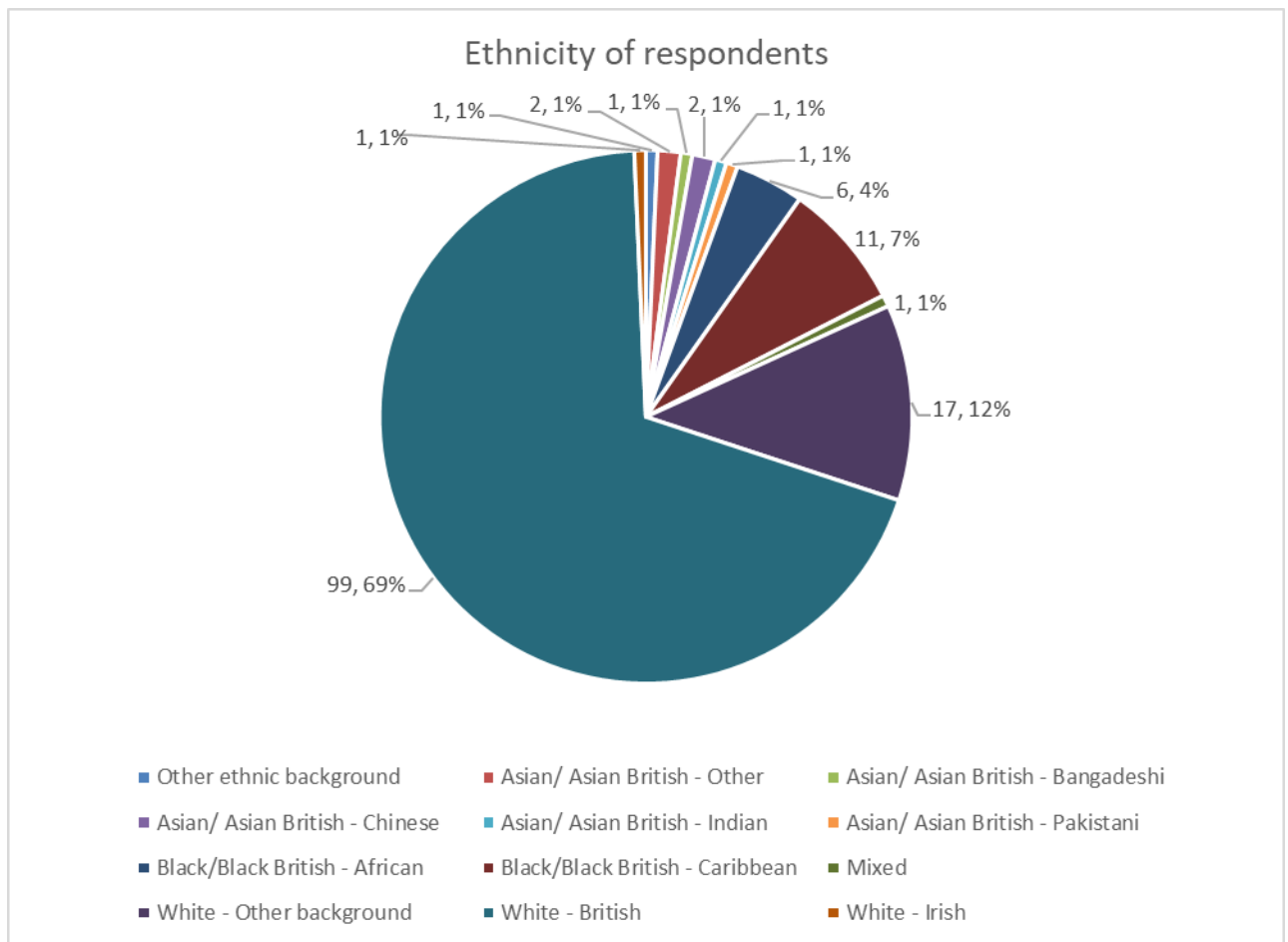
N=141 (14 Preferred not to say or left blank)

The respondents were significantly more female (61%) than male (31%). This may suggest a respondent selection bias in that women were more inclined to fill in the survey. Bearing in mind that population is 51.5% v 48.5² based on Croydon Observatory estimates, this is a significant bias.

Again, this type of survey may well attract more respondents from women than men and more focused work with men may help resolve this.

² Croydon Observatory: <https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/...iaFirstFeature>

3.3 Ethnicity



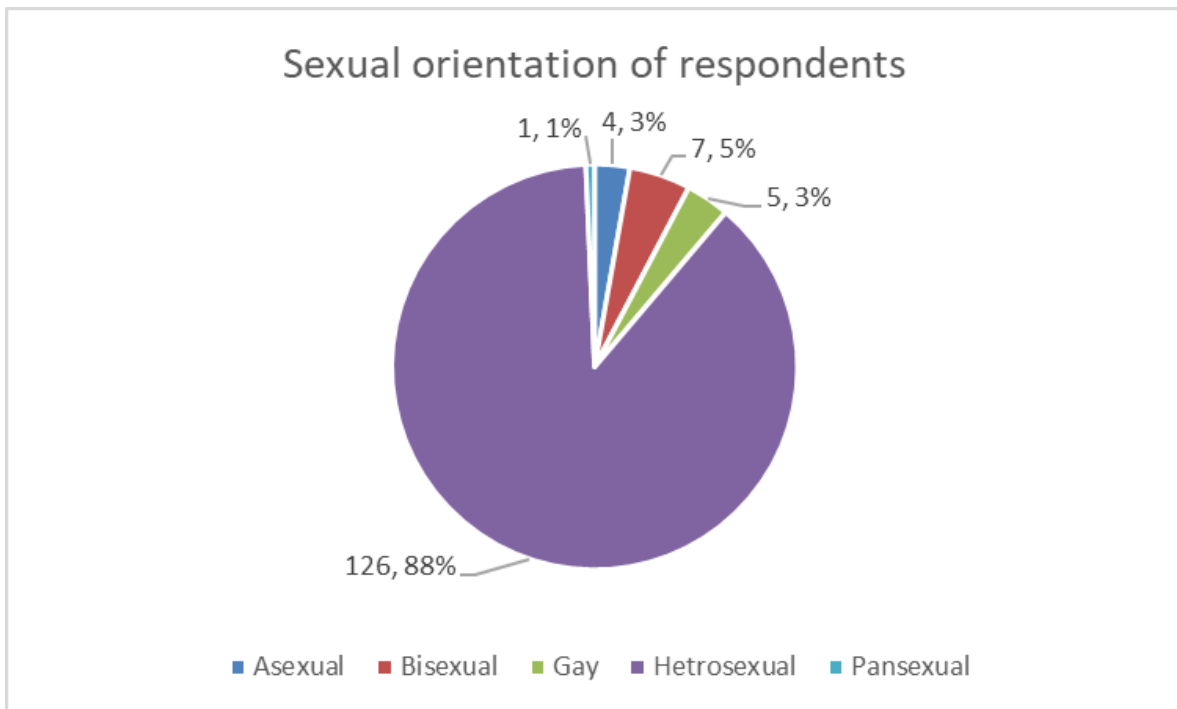
N=143 (12 prefer not to say or blank)

The sample was over 75% White, with 64% representing White British (English, Scottish, Welsh or Northern Irish). Black Caribbean (7%) and Black African (4%), and very few respondents from Asian communities, in marked contrast to Croydon’s wider demographics³, with over 50% non-White British population.

Again, this suggests that more focused studies within specific communities may better understand the complexity of this subject than a general survey.

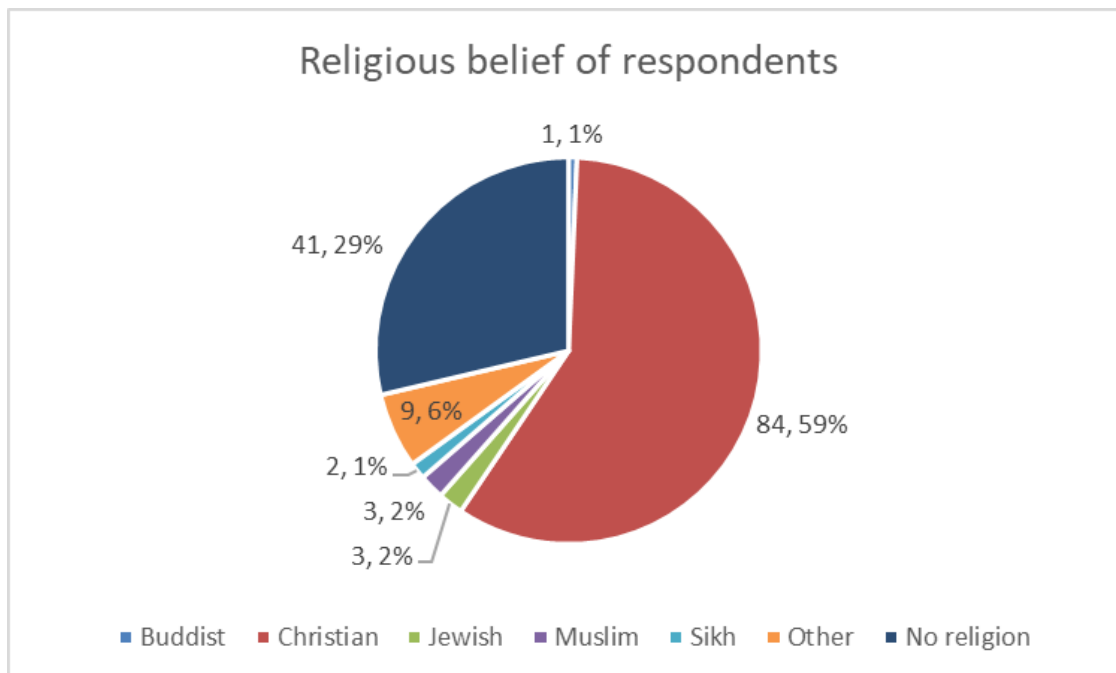
³ Croydon Observatory: <https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/iaFirstFeature>

3.4 Sexual Orientation



N=143 (12 prefer not to say or blank)

3.5 Religious belief of respondents

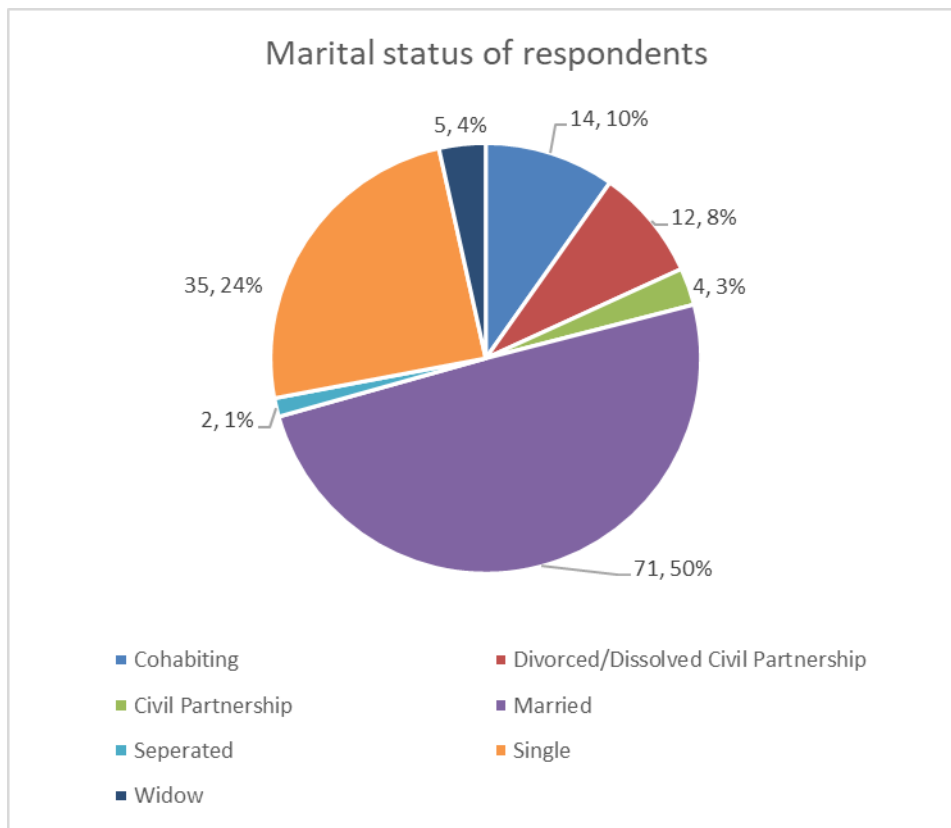


N=143 (12 prefer not to say or blank)

Most respondents were Christian (59%), with the next largest group declaring no religious belief at all (29%), other religions were represented in smaller numbers.

Compared with Croydon observatory the numbers were quite close for Christianity (56%), but overstated no religion which is 20% in Croydon. Muslim and Hindu communities are understated in this survey which reflects the need to produce insight directly with these communities if you wish to gain more understanding than in a general survey. Interestingly, Sikh, Jewish and Buddhist were overrepresented in as they all represent below 1% in the borough and 3% in the survey.

3.6 Marital status respondents



N=143 (12 prefer not to say or blank)

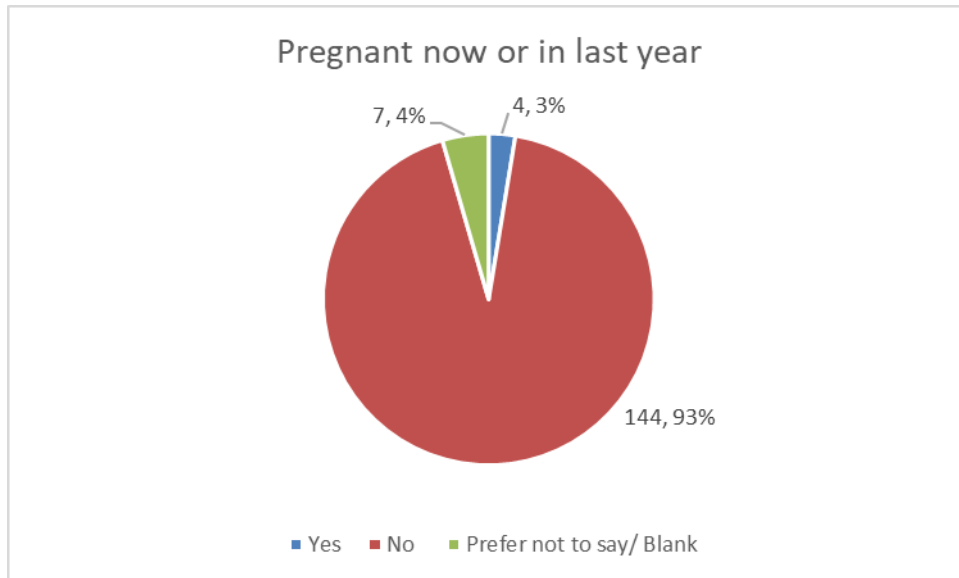
A majority (50%) of those who responded were married, 10% cohabiting, 3% in civil partnerships and a quarter single.

This compares with (42%) married in Croydon⁴, which over survey overstates and 39% single, which our survey understates

Since the demographics were also older this may reflect the bias towards married and understate single people who are likely to be younger.

⁴ Croydon Observatory https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/_iaFirstFeature

3.8 Pregnant now or in last year



Very few respondents were pregnant or previously pregnant the last year.

3.9 Disability, Long term condition and carer status of respondents

Out of 155 respondents:

- 39 had a long-term condition
- 17 had a disability
- 20 were carers.

4 Responses to our research

Croydon Health Services NHS Trust Chief Executive and Place-Based Leader for Health, Matthew Kershaw, said: “Listening to the voices of our community is central to everything we do. This new Healthwatch Croydon report explores the challenges that have been, and continue to be, at the heart of monumental efforts across the borough to protect people from COVID-19.

“We were London’s first hospital vaccination hub and, since then, almost a million vaccinations have been given to residents through our walk-in centre, GPs, pharmacists and community vaccinators.

“It’s never too late to get your jab and we are continuing to engage with local faith leaders, community groups and residents in our borough to help people make an informed choice with pop-up clinics and convenient appointment times and culturally sensitive information that meets the health needs of our diverse population.”

Rachel Flowers, Croydon’s director of public health, said: “We welcome these findings from Healthwatch Croydon on the Covid-19 vaccination uptake. It provides some useful insight into how our residents have responded to the rollout of these important vaccinations. We continue to encourage people to have their first and second dose and booster jabs as this is still your defence against getting seriously ill from the virus.

“Croydon Council is currently running a training programme for residents to be Covid-19 community vaccination champions. The champions will further support our successful work with the local NHS and partner organisations to get more people to have the vaccine, to protect themselves and others so that we can all live safely with the virus. Anyone who still has concerns or questions about the vaccines should speak to a healthcare professional to make an informed decision going forward.”

5 Quality assurance

Developing Research Questions

1. **Overall does the research ask the right question?** Yes, the questions were developed centrally through co-production with Healthwatch England.
2. **Has consideration been given to how the findings will be used?** Yes, the findings will be shared with key stakeholders in Croydon to improve understanding of the perception of vaccines and the experience of the COVID-19 vaccine programme.
3. **Is the research design appropriate for the question being asked?** Yes.
4. **Has any potential bias been addressed?** Yes. We have shown the limitations of a general survey and mentioned these under limitations and within the demographic section.
5. **Have ethical considerations been assessed and addressed appropriately?** Yes.
6. **Has risk been assessed where relevant and does it include?**
 - a. **Risk to well-being** None found.
 - b. **Reputational risk** None found.
 - c. **Legal risk** None found.
7. **Have appropriate resources been accessed and used to conduct the research?** Yes, as part of a wider project for Healthwatch England we have used appropriate resources to conduct the research.
8. **Where relevant have all contractual and funding arrangements been adhered to?** Yes, this met the terms of the agreement with Healthwatch England.

Data Management

9. Is the collection, analysis and management of data clearly articulated within the research design? Yes.
10. Has data retention and security been addressed appropriately? Yes.
11. Have the DPA/GDPR and FOIA been considered, and requirements met? Yes.

Thinking about Research Subjects

12. Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for?. i.e. the Mental Capacity Act Yes.
13. Has appropriate care and consideration been given to the dignity, rights, and safety of participants? Yes.
14. Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes.

Collaborative Working

15. Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? Yes, we had a clear agreement with Healthwatch England who were running this project/
16. Have any potential issues or risks that could arise been mitigated? Yes
17. Has Healthwatch independence been maintained? Yes

Quality Assurance

18. Has a quality assurance process been incorporated into the design? Yes.

19. Has quality assurance occurred prior to publication? Yes.

20. Has peer review been undertaken? Yes.

Conflicts of Interest

21. Have any conflicts of interest been accounted for? Yes

Intellectual Property and Publication

22. Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements? Yes, this is owned by Healthwatch Croydon, who are managed by Help and Care

23. Is the research accessible to the public? Yes, this will be published on the Healthwatch Croydon website on 13 May 2022.

24. Are the research findings clearly articulated and accurate? Yes.

Evaluation and Impact

25. Have recommendations been made for improving the service?

Recommendations have been included within this report for consideration.

26. Has the service provider taken action based upon the recommendations?

Most of the recommendations have already put in practice by commissioners and providers before we shared our data with them, but provide useful insight that can be applied to future programmes.

27. Is there a plan in place to evaluate the changes made by the service provider? Healthwatch Croydon will continue to monitor activities on vaccination and see that these recommendations are applied across other programmes.

6 References

Croydon Observatory (2022) Population Overview - see https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/____iaFirstFeature

Accessed 16 March 2022



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