

Understanding experiences of the Covid-19 vaccination programme with the Pakistani community

October 2022

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Introduction

Healthwatch Wakefield is your local health and social care champion. From Overton to Knottingley and everywhere in between, we find out what communities want from health and social care services, provide people with information and advice about local services, and we make sure NHS leaders and other decision-makers hear your voice and use your feedback to improve care.

In collaboration with NHS England, Healthwatch Wakefield spoke to twelve individuals who identified as being members of the Pakistani community. We explored their experiences of the COVID-19 and Flu vaccination services, including the current booster programme. This was part of a series of studies conducted across the country at the same time, in collaboration with NHS England and other local Healthwatch. The series explored Covid-19 with communities who were disproportionately impacted by the pandemic and NHS England state they “will be using this information to better improve access to vaccination services and delivery, both locally and nationally”.

Why?

“The risk of death from Covid-19 is generally higher amongst Black, Asian and ethnic minority communities than white British people. This appears to be due to a complex mixture of factors, and no one factor alone can explain all of the difference.” Loubaba and Jones, 2020.

According to the latest research, including Loubaba and Jones, Covid-19 had a disproportionate impact on ethnic minorities such as the Pakistani community. According to the latest Joint Strategic Needs Assessment, the Pakistani community is the third largest ethnicity community in Wakefield District with 4,896 people, equivalent to 1.5 per cent of the district’s population. The two larger ethnicities are White: English / Welsh / Scottish / Northern Irish / British, 92.8% of the population, and White: Other 2.3% of the population.

How

Despite organising an in person focus group, the majority of the twelve participants elected to take part in the study through individual, virtual, conversations.

Key findings

Seven participants, 58 per cent, would prefer to have the Flu vaccine on a separate day to the Covid-19 vaccine. Five, 42 per cent, would prefer to have them on the same day.

All twelve participants mentioned at least one platform of social media as a primary source of their health information, the most common was twitter, which was specifically mentioned by eight participants, 67 per cent.

Nine participants, 75 per cent, had heard information about Covid-19 'recently', and four, 33 per cent, had heard information about the Flu.

All twelve participants thought the current Covid-19 booster reminder letter was simple and easy to understand, although recommendations for improvements were made.

Method

Twelve participants took part in the study, which consisted of a series of individual interviews with the same interviewer during two weeks in September and October 2022. Originally the study planned to host two focus groups as well as supplementary individual interviews to include anyone who couldn't attend the focus groups. However, during recruitment the majority of participants indicated a preference for conducting an individual interview. Staff illness on the day of the focus groups forced these to be cancelled, and the remainder of the interviews were conducted individually to ensure they could take place within the necessary timeframe. Please note that promotion, recruitment and delivery of this study coincided with the devastating flooding in Pakistan, and the death of Her Majesty the Queen.

The questions were provided by NHS England and the interviews lasted between 30 to 45 minutes each as the facilitator asked supplementary questions to explore answers and provide a deeper understanding of people's experiences and thoughts. The original set of questions can be found in Appendix one.

Demographics

The demographic questions were provided by NHS England and are therefore different from the question set usually used by Healthwatch Wakefield. A full breakdown of the demographic questions can be found in Appendix three. The following is a summary of the participant demographics.

Seven participants, 58 per cent, identified as being male, five, 42 per cent, identified as being female.

Nine participants, 75 per cent, were aged between 22 and 28. Three participants, 25 per cent, are aged between 30 and 32.

All twelve participants identified as Asian or Asian British Pakistani, with three participants saying they were also Black.

Ten participants, 83 per cent, have been vaccinated within the last six months, two, 16 per cent, have not. From the ten who had been vaccinated, three were influenced by work, two were influenced by themselves, two by a medical health professional, two by media such as TV, radio or social media, and one was influenced by both family and friends.

Six participants, 50 per cent, are fully vaccinated, five, 42 per cent, are partially vaccinated and one, 8 per cent, is unvaccinated.

Seven participants, 58 per cent, described their English language skills as fluent; three participants, 25 per cent, described their skills as basic, and two, 12 per cent as conversational.

Seven participants, 58 per cent, identified as living in a multigenerational household. Nine participants, 75 per cent, identified as having experience of homelessness.

Nine participants, 75 per cent, identified as being a migrant worker.

Six participants, 50 per cent, attend college.

Six participants, 50 per cent, are parents with young children.

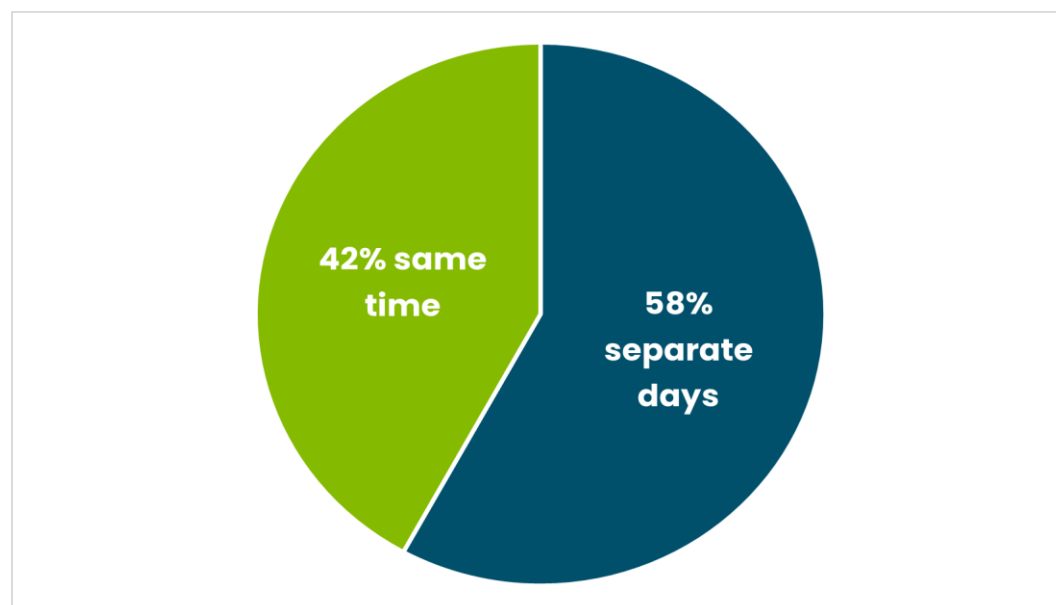
Six participants, 50 per cent, identified as having a religion.

One participant, 8 per cent, identified as having a disability.

Findings

Should the Covid-19 booster be provided at the same time as the Flu vaccine?

There were mixed opinions on whether both vaccines should be delivered at the same time, however seven participants, 58 per cent, would prefer them to be on separate days.



Reasons given were generally around concerns for their health.

“The feeling of the vaccine is not good; I was sick when I had the Covid vaccine. It lasted almost a week. I am nervous what would happen with the Flu vaccine at the same time.”

“For me, my body cannot take all this at the same time. The Covid vaccine when I first took it really affected me, so I don’t want this as well.”

The reasons participants wanted the vaccines to be provided on the same day could be grouped as being the most efficient way.

“I think just finish them up and to save time, I am working, and I go to school so I cannot take two days so just get them both.”

“...to be over with it. When I have been vaccinated it should just be over within the day.”

Do participants currently take or plan to take the yearly Flu vaccine?

Nine participants, 75 per cent, plan to take Flu vaccine this year. Of the three who are not planning to take it, two say they would if they were offered it and one participant would not take it because they do not have enough information about vaccine.

Where do participants currently get information on COVID-19 vaccination and Flu from?

Each participant accessed information from a variety of sources with no one giving one single source in their initial response. The most commonly mentioned source was social media, with eleven participants, 92 per cent, mentioning social media as a key place they get information from.

“I spend most of my time online, so the information I come across is from social media”, “Mostly on social media, then a bit from the evening news”.

Seven participants, 58 per cent, mentioned television in their responses, with five of these people not having a specific station they would go to, “just whatever news I see”. Two people mentioned BBC news.

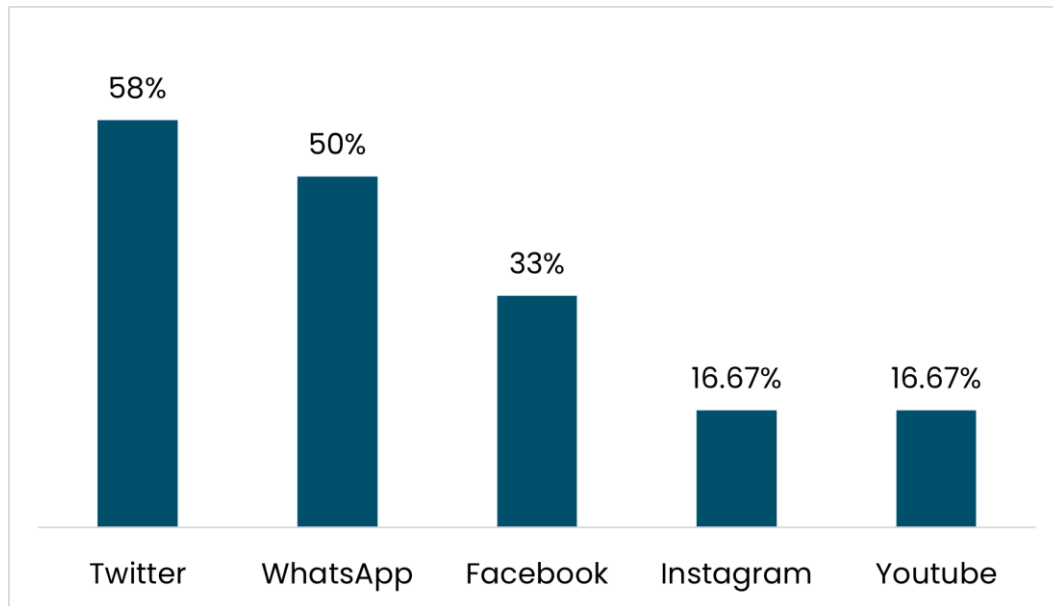
Six participants mentioned they will access news from abroad, either through TV, radio or looking at their websites. The sites mentioned were CNN, a multinational news channel based in the USA, Radioweb, a streaming service for Carnatic, Hindustani, Devotional and Independent artists from India, France 24, a French state-owned international news television network based in Paris, and DW, a global English language news TV program broadcast by a German public international broadcaster.

One participant mentioned that when they want health information, they go to the NHS website.

“The NHS website, I check this when I want to know information about health.”

Social media

As mentioned previously, when asked generally about where participants find their information, social media was the most common source with eleven participants mentioning it. When asked specifically about social media all twelve participants identified the social media platforms they use.



Twitter, being mentioned by seven participants, 58 per cent, was the most common. Six participants mentioned WhatsApp, 50 per cent, Facebook by four participants, 33 per cent, and Instagram and YouTube mentioned by two participants, each 16.67 per cent, . Please note that some participants mentioned multiple platforms.

“Mainly twitter, I prefer this. I follow the NHS news and the way information flows I have trust in it. I sometimes use WhatsApp groups; I have a sister who is a doctor they share information on what is going on with the family.”

When asked how they know the information on social media is trustworthy the participants mention the source of the information. Participants discuss following the NHS or the World Health Organisation, also known as WHO, as trusted health sources.

“I know it is trustworthy if it comes from the NHS account.”

Other sources were news sites such as the BBC or the international news sites mentioned previously, such as CNN. Four participants also mentioned receiving information from family and friends, two of which mentioned that their family and friends are doctors.

“Some members of the group, they take the opportunity to share the health information. The group is not for that, but they just share. I have come to learn that people want to advertise, so some of this information I do trust.”

Three participants mentioned being part of social media groups and they see health information shared through the groups, but they don't trust it.

"I am in a Pakistani group for WhatsApp where we share information. I am not always sure if the information shared there is trustworthy."

Information from the NHS

Six participants, 50 per cent, already receive information directly from the NHS. Five participants mentioned receiving information from the NHS twitter account.

"I think this is the best place for it go. Some people don't have phone so you cannot call everyone, it is a bit awkward, and you cannot reach everyone quickly but to post it on twitter the information gets shared quickly."

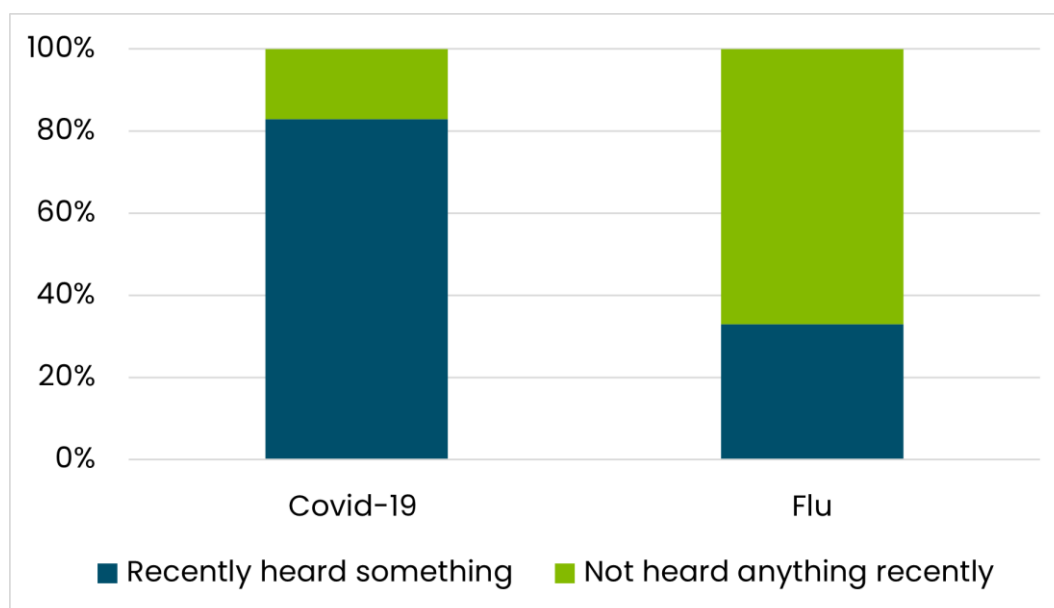
Two people mentioned going to the NHS website to find the information. Please note one participant mentioned more than one source.

Six participants, 50 per cent, do not receive information directly from the NHS already. When asked what the best way for the NHS would be to get information to the participant, there were three responses. Email was mentioned by six participants, text messages was mentioned by four, and a newsletter was mentioned by one participant.

"If someone calls me and says I sent you some information then you can pull this email up. But if it is on tv or radio or something, once it has been shared it has been shared and you cannot go back to it."

What information is being heard "recently"

Participants were asked about what information they are hearing about Covid-19, and comparatively about the Flu.



Ten participants, 83 per cent, had heard something recently about Covid-19, and two participants, 17 per cent, had not. Comparatively, four participants, 33 per cent, had heard something recently about the Flu, or the Flu vaccine, whereas eight participants, 67 per cent, had not.

The information participants had been hearing about Covid-19 was mixed. For example, one participant said that “I saw recently the new numbers that more people are getting infected”, whereas another said, “I heard that the number of Covid patients has been falling compared to 2021”.

With regards to the Flu, the participants who had heard something recently said similar messages around an increase of Flu cases.

“Yes, I heard that people should get their vaccine because it is spreading.”

Booster reminder letter

Participants were asked to read the booster reminder letter, which can be found in Appendix two. All twelve participants, 100 per cent, found the letter to be simple to understand.

“It is simple and not complicated.”

“I can read easily, for beginner of English.”

Participants also identified information which they did not know prior to reading the letter, such as:

“I didn’t know the vaccine was halal before reading this letter.”

“I didn’t know about all the ways to book, this is helpful.”

One participant even wanted to take a copy of the letter to share with family members.

The letter in other languages

Whilst discussing the letter, five participants, 41 per cent, mentioned they think having the letter in other languages would be useful.

“I learnt you could get letters in Urdu; this would be useful for my family.”

One participant was particularly passionate about having other languages available through the NHS app.

“English is okay, everyone reads or understands English so it is okay in English but use other languages on the app or website so the people can pick which language they want if they want more information.”

Improvements to the letter

Whilst the letter received positive comments from all participants, nine participants, 75 per cent, identified some improvements which could be made for the letter. Below is a summary of the participants suggestions, please note that some participants made more than one suggestion.

1. Encouraging people to go to the website means the letter is “very shallow” and all the information needed should be on the letter.
2. The letter is too long.
 - The part about getting an appointment should just be a link where all the information about getting an appointment is.
 - If you take away emergency contact and weblinks this would make it shorter.
3. Put some pictures on the letter to make it more engaging, maybe the image of Covid-19.
4. Avoid using shortened words such as “you’ve”, instead should be ‘you have’ etc.
5. When numbering the points, use the alphabet instead bullets so you can be aware of the points, and it makes it clearer when referring to them.
6. Places to get more information:
 - “There should be an email to get more information.”
 - “There should be a specific number to call and get information instead of just the generic number.”
 - “There should be something like a QR code where people get more information and the website address.”
7. The letter should include additional information on how Covid-19 will impact pregnancy.
8. Include both positive and negative information about getting the vaccine, “Like the first time I got the vaccine I was vomiting, I was really sick. I think we should point that out that your body can react this way when you get it”.
9. The letter should include a list of symptoms of Covid-19 as well.
10. The letter should be addressed to people directly, and if they are under 18 years old then the information in the letter should be tailored for them, and if they are over 18 years old then the letter should be aimed at those over 18 years old.
11. People who cannot read or have eye conditions should be called to be given this information, “this would help my grandparent”.

Recommendations

1. NHS England should produce and publish a report showing the results of all studies conducted as part of this study programme, and detail what changes they will make to future vaccination programmes as a result.
2. It should be an individual's preference to have the Covid-19 booster and the Flu vaccine at the same time, or on separate days, if applicable.
3. Information about the Covid-19 vaccine, booster programme and the Flu vaccine should be shared through a variety of methods, including different social media platforms.
4. The booster reminder letter should be readily available in languages other than English, and in particular for the communities who have been disproportionately impacted by Covid-19.

Appendices

Appendix one

Questions provided by NHS England

1. Would you be happy to receive both COVID-19 and Flu vaccination at the same appointment, that is a jab in each arm, or would you prefer to have them on separate days?
2. Do you currently take, or plan to take, the yearly Flu vaccination?
3. Where do you currently get information on COVID-19 vaccination and Flu from?
4. Do you use social media, WhatsApp, Facebook, Twitter, Instagram, to access health information?
5. Do you regularly use information published directly by the NHS, and if so, how accessible is this for you?
6. What have you heard recently about COVID-19 and Flu? Anything that stands out?

At this stage, the participants were asked to read through a drafted letter to remind people about the Covid-19 Booster. The full letter can be found in Appendix two.

7. Is the messaging simple to understand? If no, please give examples of messaging that is difficult to understand.
8. How could the messaging be improved? Please give examples and any other comments or ideas.

Appendix two

Booster reminder letter



Helping you stay protected against COVID-19

Dear XXX

Our records show your protection from previous doses of the COVID-19 vaccine may be getting lower and you are now eligible for a booster. This invitation explains how we can help you and any family members who need a dose to book a convenient appointment.

A booster should give long-lasting protection against serious complications of infection and some protection from mild symptoms. Vaccination gives you the best protection against COVID-19 compared to any immunity following infection.

Find information below on how to book online, over the phone or attend a walk-in service. You can call 119 if you have questions or need help from someone who speaks Urdu. We're ready to support you.

If you have already booked your booster, please ignore this invitation.

About the COVID-19 booster vaccine

COVID-19 vaccines are safe, effective and free to everyone. They do not contain egg or animal products. All COVID-19 vaccines are **halal**. More information on the COVID-19 booster vaccine is available at www.nhs.uk/covid-booster

If you've had a vaccination outside of England, you can check which doses you might still be eligible for at www.nhs.uk/covid-vaccination

You can tell the NHS about any COVID-19 vaccinations you've had outside of England by calling 119 or visiting www.nhs.uk/covid-vaccination-abroad. Book an appointment to show evidence that you've received an approved vaccine. This is so the NHS can update your vaccination record.

How to book your appointment

To book online:

- Visit www.nhs.uk/get-vaccination or scan the QR code at the top of this invitation.

To book on the phone:

- If you cannot book online, phone 119 free of charge, 8am to 8pm Monday to Friday, or 8am to 4pm Saturday and Sunday. You can ask someone else to do this for you.
- Please let us know if you need an interpreter. **119** provides support in 200 languages, including **Urdu**.
- You can use text phone **18001 119** or the NHS British Sign Language interpreter service at <https://signvideo.co.uk/nhs119>

To attend a walk-in vaccination site:

- Please visit www.nhs.uk/vaccine-walk-in to find out which walk-in services are offering a booster near you.
- You don't need an appointment to attend a walk-in site. If family members are due their next dose, you can get vaccinated together.

If you've recently had COVID-19

If you strongly believe or know that you've recently had a COVID-19 infection, before getting your booster, you should ideally wait:

- 4 weeks (28 days) if you're aged 18 years old or older
- 12 weeks (84 days) if you're aged under 18 years old
- 4 weeks (28 days) if you're aged under 18 and are at high risk from COVID-19 or live with someone who has a weakened immune system.

This starts from the date your symptoms started or from the date of a positive test, whichever was earlier.

If you had symptoms but aren't sure if you had COVID-19, you should still attend for vaccination once your symptoms are better and speak to a healthcare professional about this at your appointment.

Yours sincerely,

NHS COVID-19 Vaccination Programme

Data Protection: NHS England is responsible for processing your personal data for the purposes of the COVID-19 vaccination programme. To find out more, you can access our privacy notice at: <https://www.england.nhs.uk/contact-us/privacy-notice/>, or search for "NHS England Privacy Notice" in your website browser. For information on updating your contact preferences, please visit <https://www.nhs.uk/covid-invite-preferences> or phone 119 free of charge.

Appendix three

Demographic questions provided by NHS England

Question	Example	
Gender	Male Female	Other Prefer not to say
Age	Specific age, for example 34, or age bands 5 to 9, 10 to 14, 15 to 19, etc)	
Ethnicity	99: Not Known A: White - British B: White - Irish C: White - Any other White background D: Mixed - White and Black Caribbean E: Mixed - White and Black African F: Mixed - White and Asian G: Mixed - Any other Mixed background	H: Asian or Asian British - Indian J: Asian or Asian British - Pakistani K: Asian or Asian British - Bangladeshi L: Asian or Asian British - Any other Asian background M: Black or Black British - Caribbean N: Black or Black British - African P: Black or Black British - Any other Black background R: Other ethnic groups - Chinese S: Other ethnic groups - Any other ethnic group
Any other characteristics of the target group	For example, living in a multigenerational household, homeless, migrant worker, attending college, parent with young children, religion (Islam), disability, digitally excluded etc	
Have you recently been vaccinated in the last 6 months?	Yes No	
If yes, what influenced your decision to get vaccinated?	Family Friends Medical Health Professional	Myself Media - TV, radio, social media Other, please state
What is your vaccination status?	Unvaccinated Partially vaccinated (out of the recommended 3 doses)	Fully Vaccinated I don't know
How would you describe your English language skills?	Basic Conversational	Fluent Proficient



healthwatch
Wakefield

Healthwatch Wakefield
The Plex
15 Margret street
Wakefield
WF1 2DQ

www.healthwatchwakefield.co.uk

telephone: 01924 787379

mobile: If you are Deaf, you can text us on 07885 913396

email: enquiries@healthwatchwakefield.co.uk

twitter: @healthywakey

Facebook: [Facebook.com/HealthwatchWakefield](https://www.facebook.com/HealthwatchWakefield)