Healthwatch Together

Blackburn with Darwen, Blackpool, Cumbria and Lancashire working in partnership

Voices of the Seldom Heard:

Experiences of the Covid-19 Vaccination Programme

Acknowledgements

Healthwatch Together (HWT) would like to thank the NHS Lancashire and South Cumbria Integrated Care System for commissioning this project; and all the people who contributed to this study including those who took part in the survey, case studies and focus groups. We also thank members of the Project Steering Group and 'Lancashire BME Network' for their support and guidance.

About Healthwatch Together

Healthwatch (HW) was established in April 2013 as part of the implementation of the Health and Social Care Act 2012[1].

A key role of Healthwatch is to champion the views of people who use health and care services in their local area, seeking to ensure that their experiences inform the improvement of services. Healthwatch are constantly listening, recording, and reporting on the views of local people on a wide range of health and care issues, ensuring that people in the area are able to express their views and have a voice in improving their local health and care services. Healthwatch aim to influence change by sharing public insights with supporting recommendations.

By law, there must be a Healthwatch in every local authority, thus, Healthwatch are funded by and accountable to local authorities. Legislation states that every local Healthwatch must carry out the following statutory functions:

- Obtain the views of people about their needs and experiences of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and make recommendations about how those services could or should be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.
- Make the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion.
- Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

[1] The National Archives (2012), *Health and Social Care Act 2012 – Section 181*. Available at: <https://www.legislation.gov.uk/ukpga/2012/7/section/181/enacted > (Accessed: 23/11/2022)

Healthwatch Together

Healthwatch Together is the collaboration of four Healthwatch's across the Lancashire and South Cumbria Integrated Care System (ICS).

HWT works in partnership to effectively operate over the whole footprint and consists of Healthwatch Blackburn with Darwen, Healthwatch Blackpool, Healthwatch Cumbria, and Healthwatch Lancashire.

Each Healthwatch organisation works in their own local authority area and is their own unique entity, providing a local approach to community engagement.

Partnerships across Blackburn, Blackpool, Cumbria and Lancashire.

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Terminology

In this report the term 'engagement' means contacting members of the general public through face-to-face individual or group meetings or by telephone, social media or by surveys to establish their opinions on relevant health and social care issues. Healthwatch Together employs Engagement Officers to carry out these functions.

Abbreviations

BSL	British Sign Language
CQC	Care Quality Commission
ESOL	English for Speakers of Other Languages
HARRI	Health, Advice, Recovery, Resilience, and Information
HWT	Healthwatch Together
ICS	Integrated Care System
VCFSE	Voluntary, Community, Faith, and Social Enterprise

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Healthwatch is the independent consumer champion for people who use health and social care services. Healthwatch exists to make sure that those people who do not usually get the chance to share their thoughts and views, are given this opportunity and that their voice is listened to. Through our work Healthwatch aims to influence change by sharing public insights with supporting recommendations.

The purpose of this project was to engage with seldom-heard communities and individuals, to gather their experiences of the Covid-19 vaccination programme, whether people chose to have the vaccination and factors which informed their decision. This report outlines the feedback received from engagement, analysed by demographic group, which has been used to form a list of recommendations for the NHS to consider.

Healthwatch Together (HWT) engaged with 1,216 members of the public, via 122 case studies, 46 focus groups and 596 online survey responses, to understand their views and experiences of the Covid-19 vaccination. More specifically, HWT had conversations with nineteen groups whose voices are typically unheard, to ensure their views are taken into consideration when developing future vaccination programmes.

Community Engagement

The main themes highlighted by this engagement were:

- Concerns about the lack of testing, research and information around the long-term effects, safety, and efficacy of the Covid-19 vaccine.
- Lack of consistent and accurate information and messaging.
- Concerns about the immediate side-effects of the vaccine.
- People were tired of discussing the topic or they did not trust that their opinion would be viewed as valid.
- Feelings that one or two doses of the vaccine were adequate, as people are reluctant to repeatedly get the vaccine.
- Pressure of family, media and government influenced people's decisions, as well as the desire to travel, work and to attend social events.
- Accessibility issues regarding location and organisation of vaccination sites, language barriers, lack of suitable information formats and booking options.

As a result of gathering and analysing rich feedback from members of the public, particularly those who are seldom heard, HWT has formulated the following recommendations. These recommendations apply generally across Lancashire and South Cumbria and have been regarded as the most urgent. If put into action they would seem the most effective in realising an increase in the uptake of the Covid-19 vaccine, as well as of other future vaccinations.

Specific recommendations for each demographic group captured, have been included in the conclusion, and should also be taken into consideration when improving the Covid-19 and future vaccination programmes.

Recommendations:

Access to the vaccination

1. Collaborate with NHS Digital to refine NHS terminology on who is classed as 'high risk' or 'clinically extremely vulnerable.' This is to ensure that there are consistencies with terminology used and clear information is available detailing eligibility criteria. Raise awareness of the role of the GP in providing information on eligibility.

2. Allow individuals to select their preferred language (including BSL) when booking their vaccination and ensure that face-to-face interpretation services are available where possible at local vaccination sites. Where face-to-face interpretation is not possible, offer interpretation services like Language line and Big Word on request. When individuals book their vaccine, they should be notified of their nearest vaccination site which offers interpretation in their preferred language.

3. Continue to utilise and advertise drop-in centres at convenient locations, such as at mosques, community centres, homeless shelters, and bus stations and ensure that there is a consistent approach across the whole of Lancashire and South Cumbria.

4. Utilise a Roaming Covid-19 Link Nurse Team for those most vulnerable/with a disability to administer the vaccine at home. This could include District Nurses supporting with the vaccine roll out to those that are housebound (including family members and/or carers).

5. Redesign vaccination cards discreetly detailing any access needs or considerations (for example, visual impairment or needle phobia), so that the person administrating the vaccine to the individual can adapt accordingly.

Communication and education

6. Advertise a powerful communications campaign detailing the protection significance of the Covid-19 vaccination. Use messaging which portrays the statistical significance of its efficacy, side effects, research carried out, and protection levels.

   For example: 'You are XX% less likely to get seriously ill with Covid-19 if you have the vaccination.'

7. Produce campaign messaging linking the vaccination to current cultural, political, and socio-economic factors to encourage vaccination uptake.

   For example: 'with the cost-of-living crisis taking its toll, being financially well has become a challenge. Don't take the risk of not being able to work, take the Covid-19 vaccine to protect yourself.'

8. Create a strong communications campaign to explain the need to get the vaccine and boosters even for those who are not clinically vulnerable, elderly or suffering from a long-term health condition.

9. Collaborate with community researchers/group leads to establish better communication tools to engage with seldom-heard communities and advertise this widely. For example, develop videos and information leaflets in different languages (including BSL) and in Easy Read.

10. Increase diverse imagery and voice in advertisements, campaigns, and promotion of the vaccination, to build trust within different communities and increase vaccination uptake.

11. Increase GP encouragement of the vaccine during appointments by providing up-to -date and accurate information, as well as providing patients the opportunity to raise concerns.

12. Ensure that relevant organisations that provide healthcare advice and information to members of the public (for example, Healthwatch, Citizens Advice and Social Prescribers) are provided with clear information and signposting materials.

13. Have NHS professionals to deliver vaccination education sessions at local community centres/schools, where people can be given accurate information on how the vaccines work, how they have been developed/trialled. Give the opportunity for questions to be asked/answered, to increase people's understanding and confidence.

Ethnic and religious considerations

14. Involve members of the community and VCFSE partners from a range of ethnic and religious backgrounds in the planning stages of the vaccination rollout, who can provide insight into cultural needs, preferences, and concerns. Involve these representatives in the messaging and campaign process to create sensitive and tailored campaigns to each culture, faith, and community.

15. Create 'community ambassadors' who are health professionals to connect with each community, to address misinformation, overcome concerns and support people with accurate information about the vaccine.

16. Ensure cultural competence within all NHS workers. Ensure NHS staff have mandatory ongoing cultural awareness training, to understand the nuances of different cultures and communities and how this may result in barriers or hesitancy towards the Covid-19 vaccination (and any other potential vaccinations in the future).

17. Set up vaccination hubs at sites which deliver English for Speakers of other Languages (ESOL) courses; to allow better access to the vaccination for those who may experience barriers to accessing information about the vaccination.

18. Improve privacy within vaccination sites, to enable all individuals to feel comfortable in receiving the vaccination.

19. Connect with local VCFSE groups to publicise literature and videos about how to get the vaccination in accessible languages.

INTRODUCTION

SECTION 1: Introduction

The Covid-19 pandemic has had and continues to have a significant impact on people, communities, and organisations, including NHS health and social care organisations and staff. In response to the pandemic, Covid-19 vaccinations were developed at pace to help people defend themselves against the virus. However, whilst the vaccines were offered and heavily promoted across the UK, some people decided not to have all or some of the vaccinations offered.

The aim of the present project ['the Project'], commissioned by Jane Scattergood (Covid-19 Vaccination Programme Senior Responsible Officer, NHS Lancashire and South Cumbria Integrated Care System), was to engage with seldom-heard communities and individuals, to gather their experiences of the Covid-19 vaccination programme, to establish whether people chose to have the vaccination and to investigate the factors which informed their decision.

As required by the Project Mandate, this study explored:

The Covid-19 vaccine offer to older adults – does the high percentage uptake figure mask accessibility issues; could the NHS have made it easier?

The offer to people of diverse ancestry/heritage – how could uptake be increased in future cohort offers?

The offer to younger adults - how could uptake be increased in future cohort offers?

In the pre-engagement phase of the Project, Healthwatch Together [HWT] undertook a literature review and statistical analysis (see report submitted in summer, 2022). The statistical data were provided by the Business Intelligence Locality Lead, Midlands and Lancashire Central Support Unit, NHS England, and gave evidence of the rate of vaccine uptake across different demographics in Lancashire, Blackpool, Blackburn with Darwen, and South Cumbria.

This statistical review revealed that there were low vaccination uptake rates in specific communities. Therefore, the primary aim of Engagement Phases 1 and 2 was to understand why so many members of certain demographic groups decided against receiving some or all Covid-19 vaccinations offered. These Phases 1 and 2 also explored the barriers which made the vaccination programme difficult or inaccessible for participants. Conversely, motivations and reasons why individuals chose to have the vaccine were explored to highlight successes and learning for the future.

This final report describes the Project's methodology in Section 2. It then outlines the findings from engagement by HWT with over 1200 people from across Lancashire and South Cumbria through face-to-face one-to-one contact, focus groups and through an online survey. Many of the participants are from ethnic groups. Over 273 are young people. At least 168 are aged 65 or over. All are from sections of society that have been identified as having their views 'seldom heard'.

In Sections 3 and 4, these data are analysed by demographic groups. In Section 5, further information is given on the 596 responses to the online survey. In Section 6, conclusions are drawn, and themes and findings inform a series of recommendations for the NHS to consider.

It is envisioned that the learning from the Project will inform future NHS business plans and will be adapted to provide further insight into other vaccination programmes, for example, seasonal influenza vaccination. The aim is to allow the NHS to deliver future vaccination programmes more effectively and smoothly.

METHODOLOGY

SECTION 2: Methodology

Following the Project mandate, HWT concentrated on engaging with groups and communities whose views have been seldom heard. A range of methods was used to optimise the opportunities for people from these groups to participate. There was engagement with a total of 1,216 people across Lancashire and South Cumbria, to understand their views and experiences of the Covid-19 vaccination programme. This work consisted of 122 case studies (in-depth, one-on-one discussions), 46 focus groups and the obtaining of 596 online survey responses.

A steering group oversaw the delivery of this project, chaired by Healthwatch Together's Strategic Lead. Monthly meetings were attended by key health colleagues from the Integrated Care System (ICS) as well as local Healthwatch representatives. The meetings provided regular feedback and support and acted as a 'confirm and challenge group' to the HWT Team.

This report is the third and final instalment in the HWT Covid-19 vaccine project series. Findings have been analysed by demographic group, with key themes, quotes and recommendations highlighted. Healthwatch Together have also produced a pre-engagement report (which provided a contextually informed engagement plan for the project) and a mid-engagement report (which gave a progress update of the project). Both the pre-engagement and mid-point review report were shared with the steering group. The mid-point review report was also presented by Healthwatch Lancashire and Healthwatch Cumbria's Director to the Vaccination Oversight Board.

In the initial stages of engagement, HWT used the online survey to record feedback whilst focus groups were being planned and developed. The mid-engagement report supported HWT to ensure we were maximising reach during phase two of the project. A question 'prompt sheet' was produced which allowed engagement officers to conduct in-depth one-on-one conversations (case studies) with the public to capture richer qualitative information.

Targeted engagement was carried out to capture the views of seldom-heard people and communities (see Section 3 below). Engagement officers utilised their existing contacts and networks to attend community groups/sessions and gathered data through focus groups and individual case studies. Engagement officers also went into areas with high populations of members from seldom-heard groups to sites that these groups were known to frequent, often for pre-planned activities.

The support of the 'Lancashire BME Network' was enlisted so that the Engagement Team could extend its reach by utilising the Network's existing, trusting relationships and reputation.

Further generic engagement was carried out across the Lancashire and South Cumbria ICS, eliciting a range of views and accounts of experiences from a variety of demographic groups (see Section 4 below).

This generic engagement included attending public events, completing engagement alongside the Lancashire and South Cumbria NHS Foundation Trust HARRI (Health, Advice, Recovery, Resilience, and Information) bus, accompanying 'pop up' vaccine buses, running 'pop-up' sessions in public spaces (such as town centres and libraries); and attending community events and festivals (the sites are listed in Appendix 2).

The benefits of carrying out such generic engagement included being able to speak to people independently, listening to their views and experiences on a one-to-one basis. This approach allowed HWT to widen its reach and to capture rich detailed accounts from a sample of the general population.

Findings from the online survey inform Section 3 and are the focus of Section 5 below. The Survey ran from 14th July 2022 to 6th October 2022 and received a total of 596 responses. The internet link to the online survey was widely circulated to both new and existing contacts who had links to various cohorts and communities. The survey link was also widely promoted in Healthwatch newsletters, websites, and social media platforms, with a social media campaign/graphics produced to promote the project. An Easy Read version of the survey was also produced (see Appendix 3). The survey gave respondents the chance to provide further insight into their experience by leaving their contact details. These respondents were then called by a member of the HWT team to invite them to participate in a case study.

HWT worked collaboratively to develop the survey questions, taking into account findings from previous research to identify areas for key focus.

Survey questions relating to types of disability, clinically vulnerable status, homebase, gender, age, ethnic self-identification, and employment led to a series of graphs. It was not possible because of time and methodological constraints to link the data produced to people's opinions for and against vaccination. These graphs are reproduced in Appendix 4 as they might prove of use to future researchers. The graphs clearly illustrate the diversity and range of home-bases of the respondents to the online survey.

A table outlining the Project timeline and details of the activities undertaken by HWT is provided in Appendix 1.

Beyond the pursuit of the Project's main objectives, HWT provided signposting information to support and direct anyone, including participants in the Project, who wanted to book the vaccine or access more information.

Findings from Specific ‘Seldom-Heard’ Groups

SECTION 3: Findings from Specific 'Seldom-Heard' Groups

3.1 Ethnic heritage groups

(a.) Bangladeshi

The views of 12 people of Bangladeshi heritage were gathered through 4 case studies and 1 focus group.

The fear of the severity of the virus was a significant factor in people getting the vaccine at the start of the pandemic. One participant said, 'At first I was really scared so I had the vaccine.' Another believed 'People thought they might die if they didn't have it.' A third participant said 'The news was just about the number of deaths which was scary both locally and nationally. So that made me decide to have the vaccine.'

Focus group participants felt that the vaccination programme had worked well at the height of the pandemic. However, only three members of the group had been for their booster injections. The other nine participants admitted that they had not thought much about the threat from Covid recently. There was a feeling that it **'was over'** and that there was less fear of deaths and severe illness within their community.

They believed people had adjusted to 'living with Covid-19'; newer strains were less strong, and they would rather rely on their immune systems than going back for regular vaccinations. Most felt that the health risks associated with the virus were minimal compared to perceived side effects of being vaccinated. They felt that vaccination was by then only appropriate for members of their community who were clinically vulnerable.

The reason many got vaccinated was to be able to travel abroad. This applied particularly to younger members of the group. A case study participant said she was put off from getting the vaccine because she did not like having 'things imposed upon her.' She only received the vaccines as she wished to travel to countries which would only allow entry to those who had been vaccinated.

Five focus group participants who had not had the booster stated that they did not want any additional doses. One said she would **'only do so if the government made it mandatory, especially for travel, that's the only thing that would persuade me.'** A 20-year-old participant explained that she would only consider the booster if planning to travel to countries in Europe where prior vaccination was a requirement.

Those who had had a Covid-19 booster reported that they did so either to protect themselves or family members. Two elderly ladies had the booster because of their age and vulnerability. A third woman had it to protect her son who was disabled and clinically vulnerable. These three stated that they would consider additional doses in the future.

The group preferred to receive information about the Covid-19 vaccine from a health professional who was familiar, for example their GP or pharmacist. The

group agreed that the opinions of their own GP mattered to them. They felt this influenced their decision more than national NHS or government campaigns, which they perceived as remote and tending to get lost in all the **'noise on social media.'** Six participants had never accessed the national NHS website and would prefer not to use websites to book vaccinations. All members agreed that they would rather use a local phone number than a national number to book their vaccination because they **'know exactly who they are contacting.'** Most group members preferred to access a vaccination centre close to their home. They said they could be vaccinated nearby during the pandemic at pop up centres in mosques and community centres, as well as at their local GP's or health centre. The group felt 'fortunate' that this was the case.

Some respondents stated that the opinions of their family and wider community mattered to them in making decisions about the vaccination and other health matters. A focus group member who had not had the vaccine stated that her family had decided not to have it. They had concerns about the speed at which the vaccine had been developed and rolled out as well as possible side effects. One member of this family was very ill after her first dose making her reluctant to have any more.

Others shared their experiences of side effects. One lady still found it painful to walk after having her second vaccine and this had discouraged her from having the booster. Three focus group members spoke about the impact on their menstrual cycle: **'I've had bad menstrual cramps since it'**; **'I still don't know when my period was going to come after my vaccination'; 'I still get the headaches that started after my vaccination.'** Other side effects, for example, hair loss, had discouraged participants from having the booster dose.

The group thought that future vaccination roll outs would be improved by providing translation services at the vaccination centre, especially for the elderly members of the community. There was a preference for interpreters over translated documents.

'One woman had no issues getting vaccinated. She heard about local vaccination centres through her husband. She also had "plenty" of letters through the post as her child is considered vulnerable.

She did not want to take the vaccine and feels it was "forced on to her" as she works in the health sector. She considers herself to be healthy with a strong immune system "hardly ever getting ill." After she had her first jab, she has had Covid three times. Both her hands had swollen up as a reaction to the vaccine. First time they tested positive for Covid she had no symptoms. After having the vaccine, she believes the Covid symptoms are now stronger. Post Vaccine she feels that she is ill every couple of months.

She says that she regrets having the vaccine and refused the third booster. Spoke to a friend who got a letter from her GP to exempt her from the booster based on long range reactions to the vaccine.

She would recommend the vaccine to others who have health conditions. But would also encourage them to research it.'

Participant 1, female aged between 35-39 from the Bangladeshi community

(b.) Pakistani

The views of 79 people were obtained through 27 survey responses, 12 case studies and 4 focus groups. 10 people had not had any vaccine, 1 had had one dose, 42 two doses, 20 had two doses and a booster, 5 had two doses and two boosters; and 1 individual was unsure about the number of vaccines received.

A significant factor that prompted initial vaccine uptake was fear. In their local community there had been many deaths and many severely ill people had required intensive care in hospital. A focus group participant said that **'everyone knew someone who had died'.** Many individuals had vulnerable family members or family members who had been very ill. These experiences influenced them to take the initial doses of the vaccine, as they wanted to protect both themselves and family members.

Other significant factors were community and family influences. Many mentioned debates amongst family members about whether to have the vaccine. For some, family members recommended them to get the vaccine. Local mosques and several other community groups had also urged people to take the vaccine.

Another reason was to allow travel to Pakistan. For a while receiving the Covid-19 vaccine, was mandatory. One woman explained that her **'husband was reluctant to get it done but had to visit mum in Pakistan so got the vaccine as he needed it to travel.'**

The distance of vaccination sites from home and the availability of appointments were further important factors for this community. Participants stated that the pop-up centres created for the vaccine rollout were effective. Mosques and community centres were also easily accessible, known and trusted by this community for Covid and for future vaccination programmes. Having a site close to their home allowed people to make time to receive a vaccination around caring and home responsibilities. Participants also felt that being able to drop-in at local pop-up sites for inoculations without an appointment worked well.

It was mentioned that translation services might be helpful for certain members of the community, particularly the more elderly members: **'To have had someone based at the vaccination site available to translate would have been helpful.'**

Two participants said that information provided by a local GP (who was of South Asian Pakistani background) influenced their decision. They explained that there had been several videos which were shared on social media which included both local GPs and Imams in different languages promoting uptake of the vaccine. However, other individuals shared that a health care professional would not necessarily influence their views: **'We can't even see a GP so how are they going to influence our views? We can't even get through on the phone.'**

There were also powerful factors inhibiting vaccine roll out. Some felt that 'fake news' shared on families'/friends' social media groups negatively affected uptake amongst their community. There were concerns that the vaccine had not been formally clinically tested and that it had been developed and rolled out too quickly. One focus group felt not enough trial data had been publicly shared. One participant said, **'it just felt new businesses were created as a result of the pandemic and that was the focus rather than getting it right for people.'** Others felt that there was **'not enough information about side effects prior to vaccination.'**

Several individuals spoke about experiencing side effects from the vaccine. For many, this deterred them from having future doses/boosters. People talked about feeling very ill. One woman stated that she **'was crying in pain'** after her first dose and a man stated that he had not been able to work because of side effects. A survey respondent stated **'I don't want a booster. The side effects of having the second vaccine were bad'**. Other side effects mentioned included the impact on menstrual cycles, loss of smell and experience of hair loss.

Several pregnant women from the community shared that they did not want to have the booster whilst they were expecting due to health concerns and advice from others that it was not safe for the unborn baby. However, it was mentioned that they would consider having a booster once they had given birth. One woman said **'I found out that I am expecting and don't want to have a booster during pregnancy. I am concerned it might affect my baby.'**

There was also a misconception amongst some of this community that the vaccinations would completely stop people from catching Covid-19. One member said **'I am concerned that the jab does not stop me getting Covid. I have been infected since having the vaccine.'** Others expressed disappointment that they still got Covid-19 despite having the vaccine. Some understood that the vaccine was designed to reduce the severity of the virus, but this was also seen as a negative. One person argued, **'What's the point? People still got Covid anyway and it's not as bad now so we might as well just live with it.'**

A prominent theme amongst the Pakistani community in summer 2022, was that people had 'switched off' from the vaccination programme, with one individual reporting, **'People have had enough of it now!'** There was a feeling that Covid-19 was not as prevalent anymore, and thus people were not as worried about it. Members of one focus group shared the view that when people known to them had had Covid-19 recently, the infection had been mild, and they thought that they could manage the symptoms quite easily. They believed that they did not need a booster as their immunity was strong enough: **'Two is enough - I don't need any more.'** This was a common reason why many members of this community were not participating in the booster programme.

‘For my first vaccine there were extra vaccines left at a Doctor’s Surgery where her friend works so I went there for my first vaccine. My second vaccine was at a doctor’s surgery, I was a bit shocked, just gave me the injection and then just gave me the card.

My sister was asked to wait for 15 mins.

I felt very poorly after the second vaccine. She had the shivers in the middle of the night. These took a few days to wear off and felt that I could have done with more information. My husband was reluctant to get it done but had to visit mum in Pakistan so got the vaccine as he needed it to travel.

My daughter not had vaccines; she was offered vaccinations at school. My daughter is very against it does not want the injection – she has her own reasons behind it [is] what she reads she is studying biology and says the vaccine not had a long period of testing, she is 16 years old.’

I was persuaded to go as both my parents are elderly.”

Participant 2, female aged 40 from the Pakistani community

(c.) Indian

23 people of Indian ethnicity took part in this project: 18 through survey responses and 5 via case studies; 1 respondent had not received any vaccinations; 5 had received 2 doses and 17 had received three doses.

The individual who had not received any vaccinations, explained that since being originally offered the vaccine, she has had Covid-19 twice. She now feels that there is no longer a need for her to get vaccinated unless she developed a health condition that weakened her immune system.

Some people who had at least two doses of the vaccine, believed that they did not need to have another vaccine/booster. One thought their **‘immunity is strong enough to manage infection. I had Covid and the symptoms were mild.’** Another said, **‘I don’t want to have another booster, three vaccines is enough.’** A female said that she had had Covid twice since her vaccines so she could not see the benefit of having the remaining vaccine/boosters: **‘What is the benefit of the jab when you can still get Covid?’**

Some respondents commented unfavourably on their first vaccination experience saying the set up **felt 'like going through airport security'**. However, one person acknowledged that **the 'situation was better at the time I went for my second dose, but the security still felt heavy handed'**. Another participant described the walk-in site that they visited as **'chaotic'**. Whilst another expressed their desire for the vaccination sites to be more private, **'Pop up centres didn't look very professional and not very private… it would have been preferable to have been given the vaccine in a private room.'**

Some individuals mentioned that having more information available and accessible in different languages (for example in Gujrati) would have been beneficial. One person commented **'It is important to know what we are having…some people don't know what they had.'** Another respondent agreed with this, saying that **'more information in different languages should have been available.'**

A theme within this demographic, was that the vaccine rollout should have been explained more clearly. They would have liked this information before their appointment. A shared concern was that often people did not know the type of vaccination they were going to receive.

'I have had Covid in June and July and still got a cough now; I feel worse now than what I did do before having the Covid vaccines.

The pop up where I received the vaccine did not look professional, I would have preferred more privacy and to be in a closed environment – like a GP's surgery. I didn't know what I was having or about any of the side effects, they were just inserting jabs into everyone. What is the benefit of getting the jab when you can still get Covid? People were locked in their homes not able to see their families – I felt like it was all controlled, People have been mentally affected and feel more depressed now. Surgeries were closed – what if you needed a blood test? What if you had new symptoms or an underlying condition, you could have diagnosed sooner.'

Participant 3, female aged 49 from the Indian community

(d.) Other Asian

37 people shared their views at two additional focus groups that contained a mix of ethnicities including Asian Indian, Asian Pakistani, Mixed Asian African, and South Asian. All but one respondent had received their Covid-19 vaccinations.

The main reasons why people from these groups got their inoculations were to protect themselves and to help **'Society to return to normal'**. Most had felt pressured into getting the vaccine by government campaigns, by family and/or by travel requirements. Others felt they had no choice but to get the vaccine due family pressure. One respondent mentioned that she thought that without the vaccine she would be isolated and would not be allowed to travel internationally.

There were concerns about the high level of 'fake news' circulating and being shared by friends and family.

There was a theme of fear among these individuals, with comments made about there not being enough information on possible side effects. Despite this, individuals still felt went to get the vaccine. This fear has resulted in several members of the group deciding not to take their booster doses. One participant said: **'There is too much media information telling us to get the vaccine but no information about what the side effects are'.**

One person had done her own research on the vaccine after receiving it and said that **'It made me wish I had not taken it at all.'** Another woman was very concerned about how the vaccine would interact with her existing medication. When she approached her GP with her concerns, she felt that she was not listened to.

'There was a lot of concern about the potential side effects of the vaccination programme. I had received the first and second doses of the vaccine, but I am reluctant to partake of any future vaccines because of a lack of information about the side effects of the vaccine. I was very sick after the first dose but took the second one because I felt like I had to participate for the general wellbeing of society. I was very upset to learn that there was a risk of long-term issues that could be experienced when they had been given a vaccine. I felt like anyone that did not have the vaccine was isolated and not allowed to travel internationally. There was a political agenda behind the vaccines and that politicians had way too much say in what happened with the Covid-19 Pandemic. I will not be receiving any boosters.'

Participant 4, of 'Other Asian' ethnicity

(e.) Chinese

Engagement took place with 15 people of Chinese ethnicity: 3 through survey responses, 2 through case studies and the remainder through a focus group. One respondent stated that they **'still believe that it is all a hoax'** and therefore refused to receive the vaccine.

5 stated that they had not had the Covid-19 vaccination. Of these people, 2 people said that they believed that their **'immune system was strong enough to cope with the Covid -19.'** One person would potentially change their mind if they got very ill. This person had had the virus but **'the symptoms were not severe.'** These 5 people reasoned there was not enough information and research into side effects of the vaccines. One respondent stated that they repeatedly evaluated whether to get the vaccine but still was not comfortable with the research information on side effects: **'I have concerns and until I see some concrete evidence in trial and case studies, I will not take the vaccine.'**

Another respondent from the 5 felt not having the vaccine was **'a 'now' decision and it's something I will re-evaluate on a regular basis…There's not been enough research on it and the thing that worries me is what could happen in a couple of years' time with people that have already had it… Until there is sufficient evidence and research about the long-term effects of Covid and the vaccines I will not take it.'**

A further unvaccinated participant said they were not against immunisations if they have been tried, tested and the side-effects were well known. However, she felt that the Covid-19 vaccinations were 'not at that point yet.' She further explained that she had **'heard stories of the vaccines causing major health issues such as blood clots and cancer so felt it was too big a risk to take'.** She had done her own research and felt it **was 'too early to get vaccinated without knowing the long-term effects.'**

Her concerns were shared by some who had received the inoculation. One vaccinated respondent said:

'I do feel there wasn't enough information about the vaccine before I took it, but I felt quite panicked/ anxious and just wanted to be safe.'

Another woman mentioned that she and her husband had received three vaccines, because they had seen many tragic cases locally and on television. They wanted to protect their children and parents, but they were **'still concerned with the lack of clinical trials and variants that are out there and now we are very reluctant to take the fourth jab.'**

Another case study participant explained that she was **'worried that there was not enough data collected to justify the efficacy of Covid-19 vaccines. I had heard stories of vaccines causing blood clots which did really make me think twice about receiving the vaccines.'**

She reported that her **'sister had had side-effects that were severe and meant she got hospitalised'**, so the participant decided not to have the booster.

Data from this group demonstrates a lack of trust in the Covid-19 vaccine due to the feeling that much information being shared is not genuine. One individual stated that

'People just say stuff, what they think and what they have heard and what other people say. It is all second hand…I didn't trust it very much, it could be lies but then maybe not … it is human nature to have second thoughts; maybe they are not lying.'

Two respondents mentioned that they did not trust information shared on social media platform. One said **'Social media spreads too much misinformation about so I don't know who to trust. I have seen things that say the vaccine is safe and things that say the vaccine is dangerous.'**

The other, who worked in health care mentioned that **'she would share stories with her friends and family of the situations that were taking place in the hospitals as you could not trust the media channels for true information.'**

There were also concerns shared about the vaccine company's refusal to take responsibility, as **'there are stories around the world of deaths and side effects. They are not telling us the truth here.'** Whilst another stated that to them it felt that it's 'like, **'I'm going to put something in my body [Pfizer vaccine], and I don't know what's in it, and if it messes me up nobody is taking liability.'**

A couple of respondents stated that they only received the vaccination to travel, and/or to visit family in China. One respondent stated that they felt **'pressured into taking the vaccine for travel reasons'**, another said that they were **'still not happy about taking vaccine and only take it to travel.'** Two participants showed their frustration at not being able to travel because of their lack of immunisation; **'I cannot go on holiday, and I am limited to what and where I can go'** and **'It's ridiculous that I cannot go on holiday due to not being immunised and having to make do with travelling around the UK.'**

There were other reasons for choosing to get vaccinated. One person had witnessed the impact of Covid-19 and **'wanted to be safe for myself and for family and people within my friends circle'.** One respondent knew people who had to shield because they were vulnerable **'It has been devastating to see how many people haven't been able to see loved ones for such a long time and taking part in a trial feels like a small way I can help with that.'**

Other reasons for agreeing to vaccinations included concerns about job loss (as they worked in healthcare), and the societal pressure leading to one woman feeling she would be judged badly if she did not have the inoculation.

One respondent described how they were not contacted by any health professional about needing the vaccine and where they could receive it. They said that they contacted their GP for advice about this.

'I have had no Covid vaccinations, but I am aware of how to go about booking it if I did want it.

I did have the Covid-19 virus, but the symptoms were not severe so felt that my immune system was strong enough to cope with the Covid-19

virus without having to have any protection which may have adverse effects which are still very much unknown. Perhaps if my situation was different and I got very ill that I would change my mind.

I have heard stories of the vaccines causing major health issues such as blood clots and cancer so felt it was too big a risk to take. I have done my own research and feel it is too early to get vaccinated without knowing the long-term effects.

I am not against immunisations as they have been tried and tested and the side-effects are well known. I feel that the Covid-19 vaccinations were not at that point yet.'

Participant 5, female aged 48 from the Chinese community

(f.) Romanian

The views of 17 Romanians were gathered through 2 drop-in sessions at a community centre. Only 2 had received the vaccination (1 had received 2 doses, and 1 had had 3).

Nearly all the Romanians chose not to receive the vaccine saying they were fit and healthy and did not think it was necessary. There was a consensus among this community that Romanian news channels were a significant factor contributing towards safety worries. When pressed, 6 people stated that it was a cultural issue: the Romanian community did not trust the safety of vaccine. One said **'I do not want it. No one from my country wants to take it as we believe it is unsafe.'**

In relation to influenza, the group said that they would not get a flu vaccination if offered it. 6 simply said **'No'** while another person added that this was because they **'felt strong'** while a third person argued that they had an influenza inoculation when they were at school – and that was sufficient. One respondent did mention that there is a language barrier to engagement with influenza vaccination programmes, explaining that **'I used to get it in Romania. I don't know the language here and can't access the information.'**

Despite safety concerns about the Covid-19 vaccine, the majority of participants in both groups said that they had confidence in the NHS, hospitals, and their GP. One added that two Romanian women who lived on her street had supported her and other families in accessing services by translating their requests into English.

(g.) Caribbean

The views of 18 people of Caribbean heritage were obtained through 3 survey responses and 1 focus group. 15 individuals of the group had received at least 1 dose of the Covid-19 vaccine. 3 had chosen not to have any.

Eight people said that they were unconcerned about having the vaccination, one **'because my mum and dad had it first and they seemed ok.**' Two said they were vaccinated because of existing health conditions that made them vulnerable: **'I had no concerns about it because I had to have it because of my illness.'**

The majority of the focus group had received at least one dose of the vaccine.

There were concerns about side effects. A respondent thought more information was needed before they would get the vaccine. However, 8 participants did not want nor see the point in receiving any more information – they felt they had been given enough.

One vaccine-decliner stated, **'I didn't trust the NHS and black people I knew were dying so I decided not to take it.'** This person said they had had Covid-19 twice but **'I'm never going to take it because I don't trust it because I don't trust what they've put in it.'** He mentioned that he was the only one in their family who had not had the vaccine, but he was adamant that there was **'nothing anyone can tell me to change my mind.'**

Others also had concerns about the vaccine, but this did not stop them getting it. Four people said they were worried by rumours about the harm the vaccine might cause **'because of the media [which] said we were high risk being from [an] ethnic background'** and **'because at the time a lot of black people were dying.'** Nevertheless, most individuals did choose to get the vaccination, suggesting that they understood its importance and the protection it gives.

Some participants welcomed the ease of getting their inoculation at a vaccination centre at the local bus station. This seemed to have worked well: **'You got off the bus at the bus station and it was in front of you.'**

As for other groups, by summer 2022, there was a widely shared feeling that they had **'had enough of Covid.'**

'I have had the vaccine; the information was sent to me by my GP. I don't see the point of any more information. I went to the centre in town. It was easy because you got off the bus at the bus station and it was in front of you. I had a little concern because how black people were dying, but felt I had to take it.'

Participant 6, female aged 59 from the Caribbean community

(h.) Arab

The opinions of 15 people from an Arabic background were obtained through 9 survey responses and 1 focus group.

The consensus from the focus group was that many were initially hesitant to receive the vaccine or deterred altogether due to misinformation circulating amongst their friends, in their community or in the media. One participant explained that he had received two doses of the vaccine and has had one booster despite his initial reservations. His children challenged his misconceptions and helped him to book an appointment online. In further comments he said that he would now encourage others to get inoculated and that he believed the science behind the Covid vaccines.

Six respondents reported concerns about the vaccine's safety and possible long term-effects leading to three of them to decline the vaccination. One said, **'I'm too scared! Someone told me the second one has too strong side effects.'** Another explained **'I've heard that the long-term side effects are not good.'**

Three respondents reported that they had received the vaccine because they were told they had to have it. As the vaccination was never mandatory (excluding for work or travel requirements), this suggests miscommunication. One stated that they **'felt obliged to have it - my GP said, "you have to have it"'**. Another person claimed **'I was told by my GP that an appointment had been made for me, so I felt obliged to have the booster. But my husband didn't have an appointment booked for him, so he has chosen not to have it.'**

One participant reported issues with accessibility due to language barriers. However, he received help from his support worker. He said that the best ways to communicate with him about the vaccine would be by text so that he could use a 'phone App' to translate the message or by a telephone call with someone who speaks Arabic.

'One woman felt pressured into taking the vaccine after reading so much about the vaccine and all the news on social media. She contacted her local GP for an appointment and was referred to a local community centre. However, there was no appointments available. She ended up driving out to another test centre, parking was not good, as not many spaces were available, and people waiting for their appointments in cars. She lives with her husband who is not vaccinated, but maybe getting vaccinated very soon if it is a requirement for visiting family abroad.

> Happy to take the vaccine so as not to harm people around me, especially my husband and work colleagues.'
>
> Participant 7, female aged 46 from the Arab community

3.2 Asylum Seekers and Refugees

(a.) Asylum seekers

The opinions of 31 asylum seekers were obtained through 11 survey responses (of which 8 were gathered in person from Iraqi asylum seekers) and through 3 focus groups.

There was a shared belief that two doses of the vaccination were sufficient, and most people deemed a booster dose unnecessary. One respondent felt that Covid-19 was less prominent and that getting the vaccine was less important: **'I feel Covid is pretty mild so I'm not going to bother booking a second vaccine.'** One woman who had received her first two doses in Eritrea, asked, **'Do I need 3? Why would I need another one?'** Other respondents saw themselves as 'healthy' and/or 'young', so they did not require any further vaccinations. They felt their immune systems would be able to cope with the symptoms of Covid-19. However, one individual said he may change his mind about getting a booster if he was offered free food coupons.

Money and food vouchers were mentioned by others as incentives that may encourage individuals to receive the vaccine. One man explained that as an asylum seeker he currently only received £8 per week to spend on items, and thus a money voucher would be beneficial.

A perceived lack of information on the potential side effects of the vaccine helped to explain reluctance in the participants and others in their community who did not want to get the vaccine (or further doses). A male, who had received all three doses in Sri Lanka, said that **'Most people [staying in the hotel] are unsure about the sides effects from the Covid-19 vaccine.'** An Afghan man said he did not want a booster as he was **'worried about the side effects of an injection going into my arm and the effect this may have [on him]'**. An Iraqi recounted his experience of his first vaccination, **'I had a fever which lasted a long time. I was shaking, sweating and fell asleep.'** He therefore chose not to have any more vaccinations.

The issue of language barriers was a common theme. Asylum seekers, who often cannot speak fluent English, often experience difficulties when accessing information when this is unavailable in their first language. One individual recommended having the support of a translator.

HWT was informed that asylum seekers had to arrange their vaccinations through a GP, and it was not always possible to receive the vaccination at the hotel at which they are staying. Views were mixed regarding getting their vaccination at the hotel, with some preferring it as it was a convenient location for them, while others preferred to go to a GP.

One respondent stated that neither in Syria nor in the UK had he and other asylum seekers been offered the vaccination. He would be happy to receive the vaccine, but not in the hotel in which they were temporarily housed. They would prefer to be given the opportunity to leave the hotel and visit a site in the community.

Two people said that they only got the vaccination to allow them to travel by train.

(b.) Refugees

The involvement of 9 refugees took place through 1 case study and 2 focus groups.

Positive comments were made by the groups on having information available to them in their first language. They felt that they had enough information to make an informed decision, and this encouraged them to have the vaccination. One Syrian respondent had watched an information video in Arabic before receiving the vaccine. The video was provided through the local minority ethnic network. Another two respondents (a Somali man and an Afghan man) had received information in their own languages through their local refugee support group, likewise, making them well informed.

Side effects were raised as a concern amongst these individuals. One Syrian man explained that both he and his wife had Covid-19 before they had the vaccine and were asymptomatic but then caught Covid-19 after having had the vaccine and experienced bad side effects. These side effects deterred them from having a booster. A Vietnamese man had a similar experience: he had bad side effects from the first vaccine, and this had put him off any further doses. He felt that he was healthy and strong so did not see it as a priority and nothing would encourage him to have a booster.

Two participants mentioned that they had been told at the time that they would only need two vaccines, so they did not see the need to get booster doses. Another respondent shared that he did not like the idea of having to go back every few months for a vaccination and therefore had chosen not to get the boosters offered to him.

(c.) Guests under the 'Homes for Ukraine' Scheme

The views of 14 Ukrainian guests were obtained through 2 focus groups.

Ukrainian refugees claimed that the vaccination roll out was poor in some parts of their homeland, with vaccines not being stored, transported and/or administered correctly. These perceptions resulted in negative views of and a lack of trust in vaccinations in Ukraine and beyond. These poor perceptions seem to be entrenched.

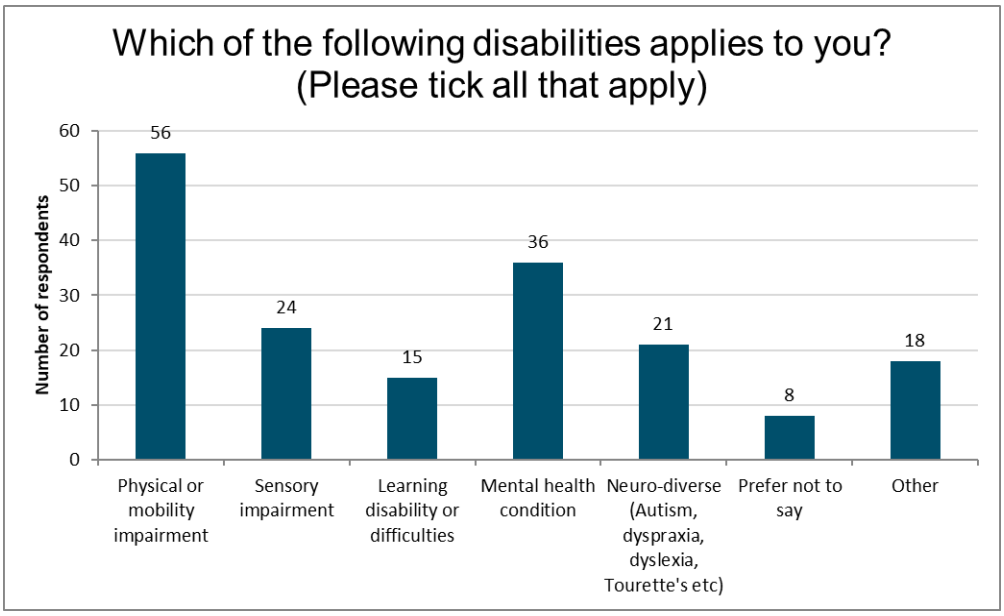
One respondent said that they had not received any information about the vaccine since their arrival in the UK. Accessing primary care was an issue for many of these individuals, with difficulties around updating their medical records in the UK: information from Ukraine needs translating and adding to the English GP system. Others shared that they lost their medical records when their GP Surgery in Ukraine was bombed. There was a consensus among the participants that people who have moved from Ukraine to the UK, are struggling to access healthcare and that there is a lack of clear information available to them. It was also apparent that respondents did not see the Covid-19 booster as a priority, as they were more focused on finding a host and/or arranging benefits.

Refugees from Ukraine lacked knowledge about the booster vaccinations and their importance, as they had not been offered these in Ukraine: **'Do I need another one? Why would I need three? You need to tell me.'** A large proportion of respondents shared that they did not think the booster was necessary as they have built up their own immunity from catching Covid-19 previously.

Questions were also raised with Healthwatch about whether there were requirements for their children to be vaccinated. There was also a feeling that vaccines should only be used for those who are older and more vulnerable. One woman explained that at present their child was not currently vaccinated against Covid-19, and she is unsure as to whether she get this done: **'I feel the vaccine is aimed at older people'** and **'My child will be able to fight Covid-19 with their own immunity.'** Another woman shared that she has a 9-year-old son and that she would not have her 9-year-old son vaccinated against Covid-19, unless he was unable to go to school without it. She believed that **'the Covid-19 vaccine is more appropriate for older people and those who are more vulnerable.'**

Discussion within the focus groups underlined that language barriers appeared to be a key reason as to why this community was struggling to understand the vaccine roll out in the UK. One individual recounted how their sister had an urgent medical appointment and requested a translator. This was supplied by the local medical centre, but the Ukrainian speaker could not translate medical terminology. They ended up having to use online translation. Efforts had been made but the support offered was not always sufficient.

3.3 People with a Disability and Long-Term Conditions



Note: Some participants had more than one type of disability, thus, the aggregated figures are higher than 125.

Engagement across Lancashire and South Cumbria took place with 125 people with a disability. There were 119 survey responses and 6 case studies.

The main issues raised concerned eligibility criteria, accessibility of the vaccine site and lack of support from respondents' GP.

Some of the sample had not been assigned to the correct eligibility criteria, which meant that when they tried to book an early vaccination, they weren't able to, even though they knew they should be eligible. One participant wrote: **'I had an appointment and letter but couldn't get in as I was told only professional carers were allowed in.'**

In some cases, this meant that individuals had to continue to shield, as they were concerned about their health issues if they contracted Covid-19:

'Refusal by those responsible for decisions about eligibility for second booster to authorise the second boosters for myself and the adult son resident with me, despite our CEV status. My husband is a frontline NHS worker caring for Covid patients. Consequently, we remain shielding from outside and shielding from him.'

One respondent did not know how to challenge the NHS when they were not assigned to the correct eligibility criteria, which proved a barrier to receiving a booster dose, **'No information about how to challenge NHS England over their refusal to authorise the second booster for myself and my son.'**

The accessibility of vaccination centres was an issue for many respondents with a disability. This mainly referred to the distance of their assigned centre and challenges associated with travel. Many respondents had to rely on someone to drive them to the centre as it was too far away to get there unaided. One wrote that:

> 'Getting the summer booster has been a nightmare. The nearest place is 9 miles away with a 2-hour slot mid-week. I am disabled and had to wait until someone could take me. My husband is vulnerable but hasn't had his yet because he would need to take a day off work and can't! It MUST be more accessible as I know lots of people that are not having it due to the location, especially elderly who don't/can't drive and are most vulnerable!'

Receiving their vaccine at a vaccination centre closer to them, preferably their GP's surgery, was a common suggestion: **'Please make doctors' surgeries offer it.'** Another respondent revealed that: **'For all 3 [doses] I had to go to a medical centre which had no parking (I'm disabled), nowhere near bus route and did not have the space for social distancing. Lots of standing which was hard and had to navigate through a cluttered room when I'm sight impaired.'**

Fifteen of the 125 people in the sample (12%) had not received any doses of the vaccination. Reasons for this included:

- lack of research leading to mistrust in the vaccine
- concerns about side effects and/or long-term effects, not thinking it was necessary and health concerns.

One person commented: **'No-one is able to say what is in the vaccine. There is insufficient data from trials about long term causes and effects of the jab. I feel the Covid-19 jab is experimental. I have researched information using ONS and government websites. There are lots of views online.'**

One respondent had received two doses of the vaccine but had decided not to get any booster doses due to concerns any potential effects this could have on their medication regime. This respondent did their own research finding a report that was **'95 pages long and it frightened the life out of me.'**

One shared their experience of being housebound and not being able to arrange a home visit: **'I am unable to visit the vaccination centre as I am housebound due to numerous disabilities. I requested a home visit on several occasions, but it appears no one from the NHS or my GP surgery was able to make a house visit even though I am willing to have it.'**

Respondents were asked if there was anything that would encourage them to get the vaccination in the future. The main factor mentioned was conducting more research into the vaccination and its long-term effects. A few respondents also shared that they would trust the vaccination more if they knew about the

possible side effects and/or risks associated with the specific medications they take.

Comments were received about a lack of support from GPs which left people feeling confused and worried. One mentioned that:

'[Their] GP not interested in discussing things. Just been told to have the vaccine and "see what happens" That's not good enough. My quality of life is bad enough as it is without risking making it worse." Another shared that they felt that "we are not getting enough answers to legitimate concerns about the jab. There is insufficient data about long term effects.'

(b.) Learning Disability and/or Autism

The perceptions of 22 people with a learning disability and/or autism were obtained through 16 survey responses, 2 case studies and 3 focus groups.

All individuals but one had received at least one dose of the vaccination, with most receiving their booster doses.

One survey respondent had not received any doses because, in this person's view, of a lack of research. They were concerned about side effects and the negative impact it may have on their existing health concerns (sensory impairment and respiratory condition). They did not feel that they had access to enough information and added **'The newspapers were contradictory and made you feel like you might die.'** They further shared that if more research was carried out into the vaccination, they could be encouraged to get it in the future.

Four individuals chose to receive their Covid-19 vaccination at the same time as their influenza inoculations. Feedback suggested that this was convenient for them, especially for those who feared needles, as they can receive both at the same time: **'I'm brave and look away.'**

Most participants with a learning disability had been helped to book the vaccine appointment by a support worker or family member. The latter often accompanied the respondents to the vaccine appointment. Such support helped, especially if the person with a learning disability or autism feared needles.

Two respondents had been offered the vaccination at their home in supported living. One took up this offer and the second decided they would rather go to a health centre. His support worker said:

'He likes going to [the local] Health Centre as he knows the nurse who gives [the injections]. It is the mother of his favourite rugby player, and she now knows him personally. Last time he had the vaccine it was delivered at his unit but given the choice he would like to go to [the] Health Centre every time as it gets him out into town and exercising.'

Six individuals said that they had not received any of their booster vaccinations. The main reason for this was that they did not think it was necessary. One respondent said

'I never got round to it and then the government started talking about living with Covid again. It didn't seem necessary anymore. If it was a requirement like the others, I would get it.'

Another explained that they **'never really thought about going back to get the next vaccination.'**

The main issue for participants with a learning disability was how to get appropriate information on the vaccination. The absence of accessible information in Easy Read format was noted. One individual thought that it would have been helpful to have had easy read materials on how to get to their nearest vaccination site by public transport.

Many updates about the vaccination programme and availability were shared on social media. However, some respondents with a learning disability do not and are often unable to access social media as much as the wider population. This resulted in their missing out on key information, such as the relocation of vaccination centres and opening hours.

(c.) Visual Impairment

The views of 12 people with a visual impairment were obtained through 6 survey responses, 1 case study and 1 focus group.

Three respondents said that they had not received any doses of the vaccine.

A mixture of experiences was described, particularly in relation to the accessibility of the vaccine site. All members of the focus group had no issues with the location of the vaccine site. However, one individual was housebound due to underlying health conditions, as well as poor eyesight. Thus, she was unable to attend a vaccination centre or GP surgery; and has had the same barrier for accessing the influenza vaccine. When she requested home visits for the vaccine **'This was not offered or supported.'** This situation remained when she changed her GP.

A member of the focus group identified the need for home visits. She explained that she suffers from anxiety and while, on a 'good day', she would prefer to go out, she would have liked the option of receiving the vaccination at home when she felt particularly anxious. Also, a survey respondent claimed to be **'waiting for home visits'**. In contrast, two of the survey respondents said that they had got the vaccination at home. There is a lack of consistency in the approach to home visits with not everyone who requires a home visit able to get one.

Transport to vaccination sites was raised as an issue, particularly for those living in rural South Cumbria. The focus group explained that whilst they received vaccines within ten miles of where they live, it could be difficult to get to the centre if they had to rely on public transport. One member had struggled to help her daughter who has balance and mobility problems, to receive her second vaccination, as the vaccination site was over a mile away from the nearest bus stop and she could not afford a taxi. Her daughter has still not received her second vaccination and does not know how to access it.

Whilst there was much information available about the vaccine, the accessibility of this was an issue for some. One person said that due to her limited vision she was **'unable to understand the leaflets sent home.'** Further, as she lives alone, she does not always have the support available to help her. A focus group member with learning difficulties asked her grandfather to book the vaccine for her and found the amount of information on the subject overwhelming and confusing, made worse by conflicting advice from different public figures on television.

Furthermore, respondents to the survey pointed out that the information was not always available in suitable and inclusive formats. One participant suggested **'having information in Alternative Formats for the visually** impaired' would have improved the process.

'I was unable to visit Vaccination Centre as housebound due to numerous disabilities. Requested home visit on several occasions but it appears no one from NHS/GP surgery was able to make a house visit even though I am willing to have it. I have received information both verbal and written but due to being visually impaired, I am unable to read any the documentation that I have received. I am unable to attend the vaccination centre to receive vaccine due to disability… I am unable to sign any consent forms that I am required to complete because I am unable to read them. I cannot read any documents or leaflets…This is an issue that I have raised with various contacts at GP surgeries, chemist, and NHS staff as it's not a unique problem to just myself, but no one appears to listen or for that matter make any necessary adjustments to amend this problem. Raised this with SAFA, Royal British Legion and Age UK who have all written independently to the NHS to highlight this matter… Blackpool Council has also been involved and is supportive to this issue. My issue is not around my confidence of the NHS handling COVID-19 pandemic, mine is about the administration of the vaccines as they are not able in fulfilling ALL its commitment of ensuring everyone gets the vaccines and booster injections to everyone – able and non-able-bodied people.'

Participant 8, male aged 63 with visual impairment and multiple disabilities

(d.) Deaf or severe hearing impairment

The views of 24 people who were deaf or had a severe hearing impairment were obtained through 18 survey responses and 1 focus group.

All individuals had received the vaccination.

Six individuals reported accessibility issues at the vaccination centre as a result of their disability, including:

- not being able to understand written information
- not hearing their name being called out
- no interpreters being available and:
- loud background noise interfering with their hearing aid.

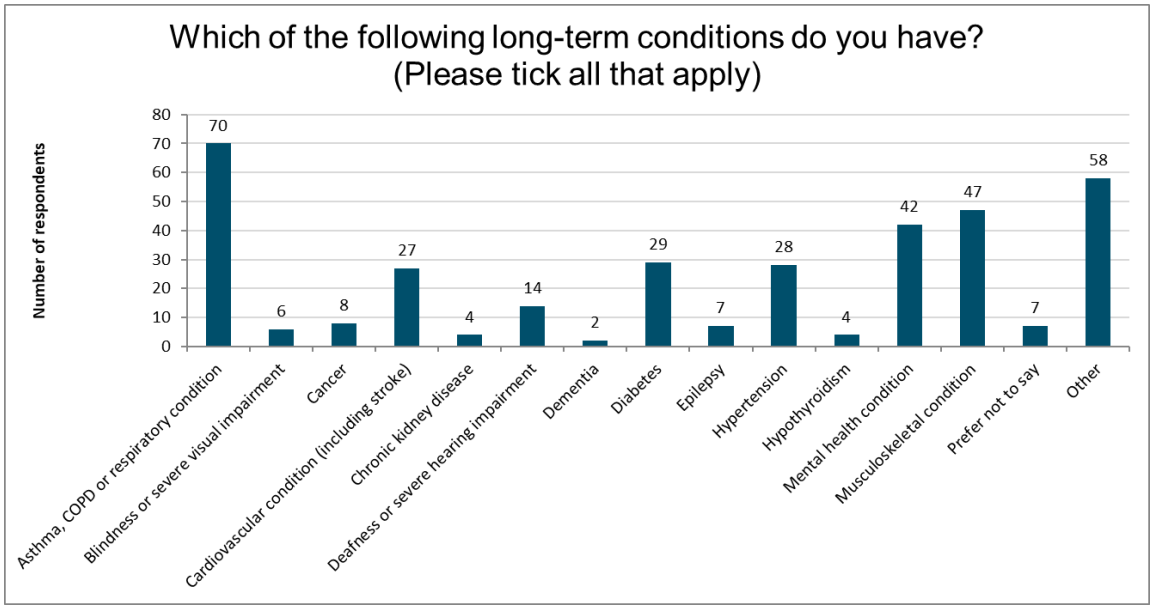
One member of the group shared they he **'felt like a little boy'** when he was called forward in the waiting room, as he could not hear the speaker, so he carried on waiting.

Another member shared their experience of struggling to understand the written information she received about the vaccination. She cannot lip read and struggles with reading. She finds it difficult to access information without the help of her husband. The woman attended the vaccination centre in her hometown and was shown written information. Luckily, she did have the help of her husband.

There was a strong consensus that vaccination centres should have British Sign Language (BSL) interpreters available, so that individuals who are deaf or have a severe hearing impairment can communicate with staff and ask any questions. One member reported that when they enquired about the support of a British Sign Language interpreter, she was directed to Manchester for her vaccination, which would have involved a 205-mile round trip.

Another suggestion made by the group was posters with QR codes directing people to videos explaining the information in British Sign Language.

(e.) Long-term conditions



Note: Respondents sometimes had more than one type of long-term condition.

Thus, the aggregate of the figures above is higher than 229 (the total number given below).

The views of 229 people with a long-term condition were obtained through 202 survey responses, 16 case studies and 2 focus groups. 25 (c.11%) had not had the vaccination.

Major reasons for not receiving the vaccination were:

- perceived lack of research and testing of the vaccine
- resulting concerns about its safety.

One person who was suffering from cancer, a cardiovascular condition (including stroke), diabetes as well as a mental health condition wanted **'much more information about how my current health issues may be affected and how it may be affected by all the medication I am currently on.'**

Another respondent did not trust the vaccine and was **'paranoid of what they were doing. How can they develop this so quickly? Is it properly trialled? What's in it?'**

Some people also shared their concerns about the inoculation after seeing friends and family have bad side effects post-vaccination. Due to these respondents' underlying health concerns, they were concerned about further ill health caused by having the vaccine. Comments were also shared about having a lack of trust in the government who were backing the vaccination. Further, some people's mental health struggles affected their trust in the vaccination.

Of the 25 people who had not received the vaccination, all but two said that nothing would encourage them to get it. These two respondents said they would be persuaded to get the vaccination if they were paid to receive it.

Feedback from the online survey revealed issues around eligibility and accessing early appointments. Respondents found themselves having to push for appointments, not being contacted at the time they expected and being assigned to the wrong eligibility category. One respondent said: **'All through the pandemic, I received letters stating that I was classed as Extremely Vulnerable so had to work from home. When the second booster was offered for this group, I was not contacted.'**

Another mentioned that their **'GP had me in the incorrect category, 9 rather than 4, saying I wasn't eligible as I had no health conditions. I have and was eligible, luckily, I saw the GP nurse who changed this for me.'**

Two individuals spoke of being unable to book the vaccination due to health professionals being unsure whether these respondents could receive it because of their health conditions. One had a blood condition and the second had epilepsy. The mother of the individual with the blood condition explained:

'My son hasn't had the Covid [inoculation] as he has a blood condition, and no one wanted to give him the vaccine. They were scared that he would bleed out if they gave him the vaccine and so no one would book him in and give him the vaccine. One doctor said they would do it if I [his mother] was there, but I couldn't get there in time as I was at work, so they said no. I couldn't understand why he couldn't have it. There should have been proper arrangements in place.'

The person with epilepsy said:

'I wanted to have the vaccine because I have epilepsy, but no one could tell me which vaccine was safe for me. I was passed from doctor to doctor, and no one would be straight with me. Everything was so inconsistent that I couldn't understand what was going on or keep up with the latest rules and regulations.'

'The vaccine process changed so much and was so inconsistent that I couldn't understand what was going on or keep up with the latest rules and regulations.

I didn't feel I had any information regarding the vaccine, I only saw what was on the television and on social media and even then, I didn't know what to believe.

I was frustrated because I wanted to have the vaccine, but I couldn't have it, I still want to have the vaccine, but no one can tell me which one I can have. I know people who have epilepsy and they've had the vaccine, but I feel like I've been passed around so much I feel like giving up.

It was very stressful throughout the pandemic for me, and it was even harder as I was studying, and it was hard not being in lectures and talking to people

I know a few of my friends became suicidal during the pandemic and my mental health and gone down considerably.'

Participant 9, female aged 22 with epilepsy

(f.) Mental health difficulty

Engagement took place with 71 people with a mental health difficulty were through 22 survey responses and 3 focus groups. 18 (just over 25%) had not received any doses of the vaccination.

A common theme amongst participants in the men's mental health was that most who were unvaccinated did not feel it was necessary. There was also a perception that insufficient information was given about side effects or about the effectiveness of the vaccine. Some unvaccinated participants said their decision was brought about by the speed of the rollout and their concerns about its safety. One person said, **'I believe in being natural and not putting stuff in my body when I don't know what it's made of.'**

Concerns were raised about cash incentives and job requirements. One person explained that they were offered a cash incentive by the care agency he worked for, and that this made them 'suspicious'. Another felt 'coerced' into getting the vaccine as it was a requirement of his job.

Mixed feedback was received about side effects of the vaccine. Several reported having no side effects but others shared that they suffered badly and were 'really ill' after receiving the vaccine. One man said he was unlikely to accept another dose due to the side effects of the first. Another believed that the bad side effects meant the vaccine should have been tested further.

3.4 Age groups

(a.) Young people

The opinions of 273 people were gathered through 38 survey responses, 14 case studies and 11 focus groups.

A common reason that young people chose to have the Covid-19 vaccine was to protect family members, especially those that were vulnerable: they did not want to catch Covid-19 and pass it on. One individual said he chose to have the second dose as he **'had a vulnerable family member who he wanted to safeguard'**. Another said **'I wouldn't risk not getting it due to who I live with. One poorly family member is the most important family member to me. My nanna is treasured.'**

Another mentioned that they only got the vaccine due to their grandmother having cancer. This family were told that if the young person did not have it, they could not visit her.

Parental pressure was also a theme, with many feeling like it was not their choice whether they got vaccinated. One young person said **'I had no choice in getting the vaccine. My mother said to get it. It was her decision.'** Another participant said, **'My parents told me not to, I didn't get a choice.'**

Young participants had been much restricted by the Covid-19 regulations and were eager to get back to going on holiday and to social activities such as festivals and nightclubs. Many chose to have the Covid-19 vaccine to enable this. One person said, **'I wanted to travel and was told I wouldn't be able to if I didn't [have the vaccine].'** Another spoke in similar vein: **'I got it because I wanted to be able to go on holiday and to events.'**

The majority of young people seemed to be aware that the vaccine would boost their antibodies. One participant said, **'I have had the vaccine and still caught [the virus] but recognise that it reduces my chances of getting it - as well as how bad it will be if I do get it.'**

Some young people relied on hearing updates about the progress of the epidemic and vaccine campaigns through social media. However, many preferred to get information from more 'reliable sources', citing the gov.uk and NHS websites, and their college as examples. Others stated that they **'saw negative information on social media but didn't take too much notice of it, other than that just what was on the news'**. Several young people expressed that they did not trust social media. Others felt that potentially **'if celebrity/social media role models advertised the vaccine, young people would be more likely to listen despite not being educated about it.'**

Conversely one person said that they **'got information from multiple experts and doctors, [the] majority on social media, most of which said not to take it [the vaccine] as it hadn't been tested properly.'** Many other young participants acknowledged that some conspiracy theories and myths that were being circulated about the vaccine could cause concern, particularly those relating to infertility: **'If you ask young people if they want the vaccine and they say 'No' because of infertility…there are 13/14-year-old girls worrying about that.'** Other myths that young people heard included that the vaccine **'causes autism' and**

that 'the government is tracking them.' 'Fake news' around the vaccination caused much confusion for some young people.

Because of their youth and good health, several young people had opted not to be vaccinated or were not going to have any further doses. These participants felt that they did not need it. One person said **'I'm offered the vaccine through work [but] have neither of [doses offered] as I think they are unnecessary to me. I am young and fit and healthy.'** Some had had Covid-19 and shared that they were not that unwell, symptoms had tended to be mild, and thus felt that the vaccine **'wouldn't make a big difference to them'.** As one individual said, **'Don't think I need to have the vaccine due to my age and that I have had Covid, and it wasn't too bad for me.'** Another remarked **'I didn't see the point in getting any more [doses]. I had Covid and it didn't affect me.'** One respondent went further: **'Even with people having the vaccine along with their follow up of boosters, they are still able to catch the virus and suffer with bad symptoms.'** So why have more?

Members of one focus group had an in-depth conversation about not wanting to have a booster if offered. They explained that they felt that when they had Covid-19 the side effects were mild. They would rather rely on their own immune systems and did not want to keep having to go back for boosters.

Concerns about the side effects of the vaccine led several young people to worry about the lack of research into the long-term effects of the vaccine. One commented **'It's so new and we'll find out years down the line about the side effects of it. It's hard to know what's true and not true.'**

Several young people were nervous about the vaccine's safety and efficiency, not knowing what the ingredients of the vaccine were. One yyoung person said **'I won't be getting any more. I'm not injecting myself when I don't know what's in it.'**

A fear of needles was also a common reason for not getting the vaccine: **'I do not want it. I don't like needles; they scare me off. I am not concerned about the injections so much as not liking needles.'**

A few young people said that offering incentives, such as money, would encourage them to get vaccinated.

(b.) People aged 65 or over

The views of 168 people aged 65 or over were gathered through 125 survey responses, 11 case studies and 4 focus groups. All 168 individuals said that they had received at least one dose of the Covid-19 vaccine.

Many people had experienced no issues with the vaccine programme, with several positive comments made about it. People praised the convenience of receiving the vaccination in a shopping centre, and parking being offered for free at the venues. Others described their experience as being 'smooth' and 'well organised'.

Many people got the vaccine to protect themselves. Several people in this demographic had various long-term conditions including diabetes, mobility issues and breathing issues. Thus, due to either their age or their long-term conditions, individuals had been told to get the vaccination by their GP.

Most but not all had received their booster doses. One participant commented **'I will have another booster if offered it, there's not really any point refusing it. Although at this stage, I don't really see the point in it.'** Another male said, **'I've not had the booster because other people my age have been very poorly after having had [it]'.** Another man believed by getting so many vaccinations people were **'not building any natural immunity.'** Others planned not to get a booster because younger family members had told them not to and/or because these over 65s had had a bad reaction to earlier doses.

Some individuals expressed some doubts about having the Covid booster and the influenza vaccine at the same time. One individual **said 'I had mine [Covid-19 vaccination] when I had my flu vaccine. Had two lots jammed in together, it made me feel so ill.'** Another woman mentioned that she had concerns about the safety of receiving simultaneous Covid-19 and influenza vaccines.

Ability to access convenient local vaccine sites was an important factor for the over 65s. One respondent reported **'the first one [dose] was done locally…which was really convenient. The second one was not convenient though as it was miles away and cost me a lot of money in taxi fares to get there and back.'** One female non-driver explained that she received her first vaccination at her GP's, but she had to travel further to receive her second dose which was more difficult as she had to rely on a friend to take her.

Some respondents would have liked more information on the vaccination. Others would have appreciated more seating at the vaccination sites. One individual reported having a dizzy spell after their first dose yet there were no chairs to sit on.

3.5 Pregnant Women and New Mothers

The views of 31 women who were either pregnant (or had recently given birth) were captured through 16 survey responses, 4 case studies and 2 focus groups. Opinion on the safety of the vaccine was mixed.

The vaccinated said that they did it to protect themselves and did not have concerns. One stated that **'As an intensive care nurse I had cared for unvaccinated pregnant women with Covid-19. Being pregnant myself there was no hesitation for me to receive my vaccination. This experience had showed me first-hand the importance of protecting myself and my unborn baby from contracting the virus.'**

Conversely 5 women had strong worries about the inoculation causing harm to their fertility and/or to their unborn baby. They had received neither their first doses nor their booster whilst pregnant. Their main concerns about the vaccination whilst pregnant related to

- potential harm to their unborn baby
- the risk of miscarriage
- potential issues with breastfeeding.

One woman said, **'I found out that I [was] expecting and don't want to have a booster during pregnancy. I am concerned it might affect my baby.'** Another explained that their **'consultant … advised me not to have the vaccine until I was at least 27 weeks.'**

However, they had plans to get it once their baby was born. One respondent said she did **'not want another vaccination whilst expecting. I will have a booster once I have had my baby.'**

One respondent worked in healthcare and felt pressured to receive the vaccination whilst she was pregnant. She said **'At the time I really felt like I was having to choose between potentially putting my unborn baby at risk and keeping my job. I know a lot of pregnant women working in the hospital felt pressured to have the vaccine, but I refused.'**

Views were mixed about the quantity and adequacy of the information they had received about the vaccine and pregnancy. Some felt they had accessed enough advice online and during appointments with health professionals. Others wanted more information about the vaccine's safety and possible side effects. One woman said, **'There was not enough information regarding the Covid vaccine for pregnant women and if there was more information, I might have had them [the injections], but there were too many risk factors.'**

There was also a feeling that the information and advice that they were receiving about the vaccine was inconsistent. One said:

'I was breastfeeding at the time and there was little information or support available to be able to ask questions or be reassured. Multiple medical professionals seemed to be conflicted: I was told to get it and then told by another to not get it as they didn't know the affects it would have on the baby.'

Another mentioned that they felt that **'NHS England didn't help with making pregnant women get the vaccine. Originally, they advised against vaccination and then they changed their mind once more evidence had been gained. It was mixed messages for women.'**

'I haven't had the Covid-19 vaccine and I don't want to have it. As an employee of the hospital trust, we were told that we had to have the vaccine initially by November. My consultant who I was under at the time because I was pregnant advised me not to have the vaccine until I was at least 27 weeks' pregnant and in spite of this advice, my line manager was pushing me to have the vaccine. After my 20-week scan, my daughter wasn't moving enough to complete a full scan, so I asked for my Mat 1 B Form to confirm my exemption from the vaccine. HR initially agreed that I was exempt but then back tracked and said it was down to the judgement of my line manager. I had to put my foot down and get my midwife to write to confirm I was exempt on top of the form.

At the time I really felt like I was having to choose between potentially putting my unborn baby at risk and keeping my job. I know a lot of pregnant women working in the hospital felt pressured to have the vaccine, but I refused. I was on blood thinners when I returned to work so could not have it – I booked it to get people off my back but then the government did a U-Turn on requirements for NHS and social care staff.

The message still doesn't seem to be getting through though that it's down to personal choice because I was even asked in an interview at a local GP practice whether I'd had the vaccine and I had to point out to them they should not be asking that question.

Members of my family are not taking up the offer of the booster – they're questioning whether the original vaccine was worth it if they're going to have to have a booster vaccine every 3 months. One of my cousins was really ill after the vaccine and she's a nurse too, she felt really upset about feeling forced into having it and won't have the booster.'

Participant 10, 36 year-old recently pregnant

3.6 Homeless People

The views of 8 people experiencing homelessness were gathered through 4 survey responses and 1 drop-in session at a centre in Preston.

There is no requirement for a person to have a fixed address to receive the vaccination, so homelessness should not have been a barrier. Yet one individual shared that she had found it difficult to access the Covid-19 vaccination. Not having a home address made it difficult to register with a GP and therefore, by extension, get a vaccination. She had had one dose of the Covid-19 vaccination, and she would like a second, but she thought it was too late to get it.

A male respondent had received three doses of the Covid-19 vaccination whilst in prison. He claimed the only reason for having the inoculation was because inmates were told to. He felt that the process had not been well organised.

Two further people had not had any doses of the vaccine because they did not think that it was necessary. One explained that they had **'never travelled… never really felt ill… never had a positive test, so no reason to put other chemicals in my body'**. However, this individual added that they may get the vaccination in the future if they wanted to travel or if they tested positive for Covid-19 and had symptoms. The second person said that they might be persuaded to get the vaccination if encouraged by their GP.

Finally, the online vaccination booking system was a barrier for those that are digitally excluded. Some of this group said it can be difficult to get access to a mobile phone or access to the internet. One respondent said they had managed to get round these obstacles by getting their vaccination via a walk-in appointment from a pop-up site.

DATA GATHERED THROUGH HEALTHWATH GENERAL ENGAGEMENT EVENTS

SECTION 4: Data Gathered through Healthwatch General Engagement Events

(a.) Introduction

Healthwatch Together arranged and conducted a range of 'generic' engagement events. This engagement was not focused on a specific demographic group, but rather on any members of the general public who were happy to share their feedback at the time of the HWT visit.

51 case studies were collected. Key themes have been identified, including successes, areas for improvements and suggestions to increase vaccine uptake.

(b.) Feedback from those vaccinated

Positive feedback was received about the vaccination centres being well organised and the staff being friendly. Most respondents found booking the vaccination easy, whether that was online or over the phone.

There was mixed feedback about GP support. Some respondents said that their GP sent them a text message with a link to book their vaccine which was an easy and positive process. A large proportion of participants reported that they had received their vaccine at their GP surgery and gave positive feedback, **'It was all fantastic - the first one was at the GP's.'** Whereas eight respondents shared that they would have liked to be able to receive their vaccine at their GP surgery, **'I have not sent any information from them [GP] so I have had to organise this now myself which I feel is a bit poor. GP should be more proactive.'**

Others felt that the location of the vaccine sites should be more local to them. One participant shared this view, **'I would like to have the vaccine nearer to where I live. Especially now due to the cost of living and increase in fuel prices. A lot of elderly people needed to catch lifts.'**

Around half of respondents said that they would have liked more information about the vaccine and its possible side effects. Some mentioned that there was so much information available but too much of it inaccurate. One person commented, **'Listening to professionals helped me get the vaccine, I saw them on the news. But I do think there's a lot of misinformation on the news.'** Others mentioned that they felt that the media was not helping the situation, **'There were lots of scaremongering around the vaccine – get rid of the BBC.'**

Many respondents decided to get the vaccination solely because it was a requirement for their work or to travel. One respondent said:

'If I'd have had the choice, I wouldn't have had it. I would like the freedom of choice because I wouldn't have had the vaccine if it wouldn't affect my employment. At the time I worked in a hospital environment under the NHS.'

Another commented, **'I am going on holiday in September to Spain so need to get my second vaccine'.**

Positive feedback was received about the pop-up vaccine buses due to their convenience and not needing an appointment. One individual said: **'I got my other two vaccinations at the [local hospital] but I found them quite high and mighty. I prefer coming here [to the vaccine bus]. It's much more convenient'**. Another agreed **'It's so much easier to come to the vaccine bus.'**

Other feedback included:

- it would be helpful to have more volunteers or trainee nurses administering the injections
- feelings that the government was a hindrance to the process
- family influences affected vaccine uptake
- the NHS letters sometimes confused recipients.

(c.) Feedback from those unvaccinated

The main reason for deciding not to be vaccinated was a perceived lack of research and information available about the vaccine. People felt that there was not enough transparency in the information around the vaccine and the trials. One individual said: **'What stood out was that there was no mention of what the vaccine consisted of/was made from'**. Another person felt that **'If the government were more honest about everything that was going on, more people might have got the vaccine.'**

Four respondents shared the view that they had not got the vaccination because they had already had Covid-19 so they did not think it was necessary. One said **'No I haven't had it. I don't think I need to have due to my age and that I have had Covid, and it wasn't too bad for me.'**

There was a strong consensus from those unvaccinated that nothing would persuade them to receive the vaccination.

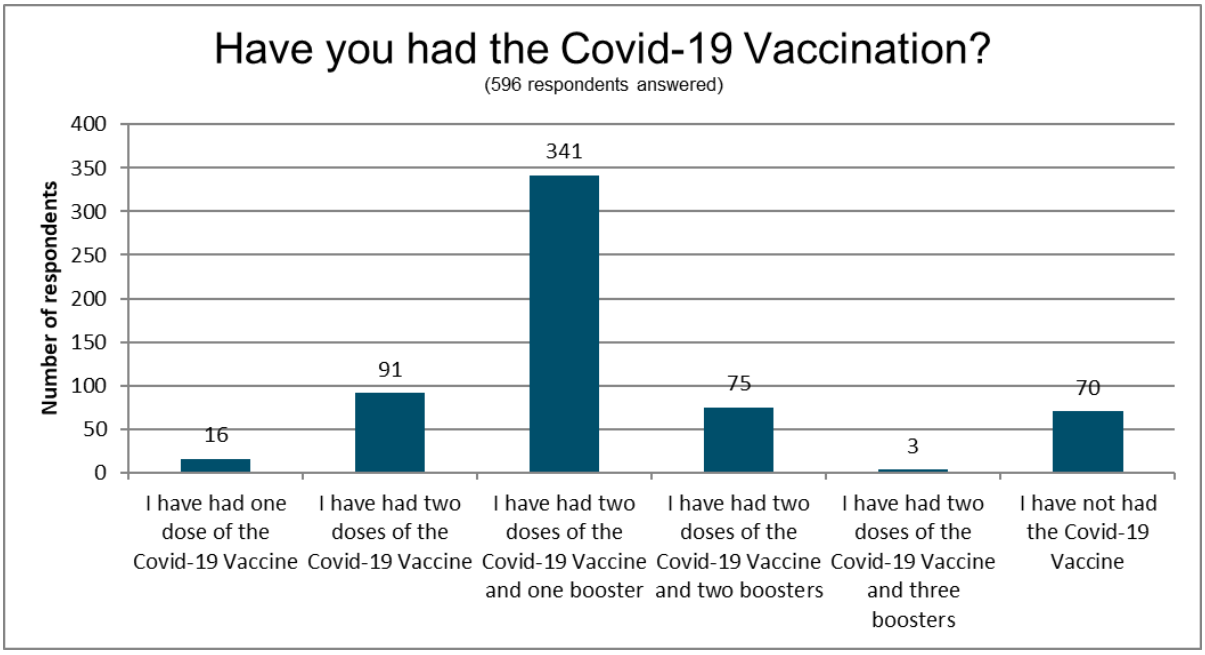
FINDINGS FROM THE ONLINE SURVEY

SECTION 5: Findings from the Online Survey

The online survey captured a range of views from members of the general public across Lancashire and South Cumbria. A total of 596 respondents partially or fully completed it.

Many references have already been made to its findings, but this section takes a closer look at the responses made, concentrating on Questions 1 to 13. Largely unused data relating to later questions can be seen in Appendix 4.

Q1. Have you had the Covid-19 Vaccination?



The main figures from the above graph are shown as percentages in Table 1

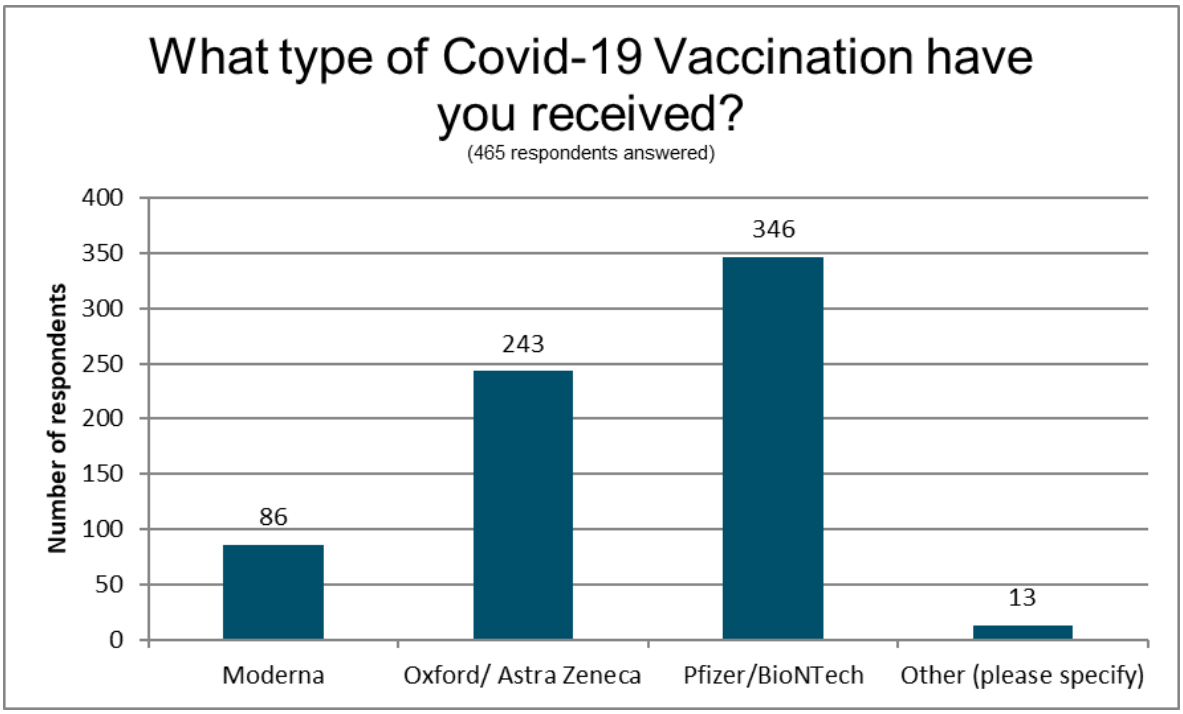
Table 1: Percentages of sample receiving or declining Covid-19 vaccines

	Number out of 596 total	Percentage to nearest whole number
1 dose received	16	3%
2 doses received	91	15%
2 doses and 1 booster received	341	57%
2 doses and 2 boosters received	75	13%
Vaccination declined	70	12%

Q2. If you have not taken all the vaccinations offered to you, what influenced this decision?

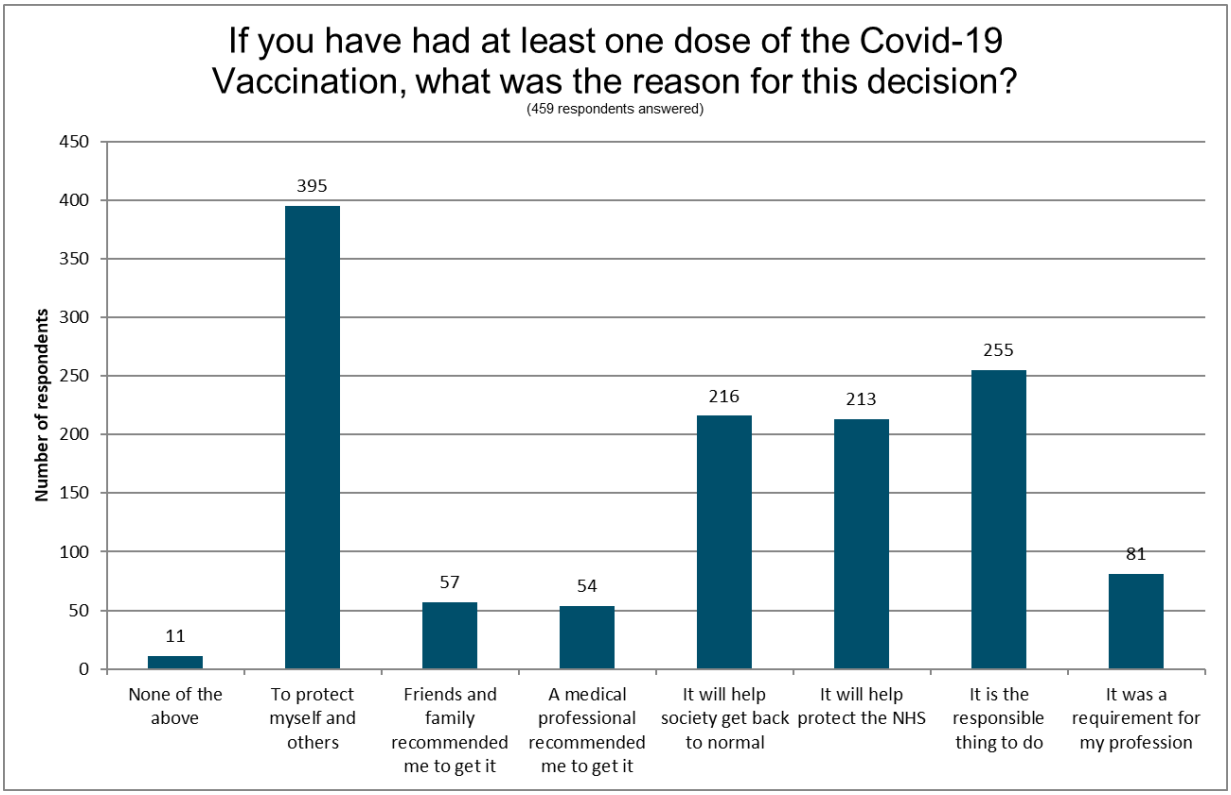
112 respondents answered this question. The most common reason for not taking all vaccinations on offer, given by 25 respondents, was the bad side effects they had experienced with previous doses. The second most common reason was due to people not thinking it was necessary, with 16 people sharing this view. Other reasons included not getting round to booking an appointment yet or not thinking much about it (6), being pregnant at the time it was offered (5) and only getting first and second doses because it was mandatory for either their job or travel (5).

Q3. What type of Covid-19 Vaccination have you received? Please tick all that apply.



465 answered this question, with the majority of people receiving the Pfizer/BioNTech (also called 'Comirnaty') vaccination. 7 respondents could not remember what vaccination they have received. 2 respondents said they had received the 'Spikevax' vaccination.

Q4. If you have had at least one dose of the Covid-19 Vaccination, what was the reason for this decision? Please tick all that apply.



The main figures from the above graph are shown as percentages in Table 2

Table 2: Respondents' reasons for receiving the Covid-19 vaccine ranked in percentages.

	Number out of 459 respondents	**Percentage to nearest whole number**
to protect myself and others	395	86%
It is the responsible thing to do	255	56%
It will help society get back to normal	216	47%
It will help protect the NHS	213	46%
It was a requirement of my profession	81	18%
Friends and family recommended me to get it	57	12%
A medical professional recommended me to get it	54	12%
Travel requirements/family pressures	11	2%

Other comments consisted of 'requirement to travel overseas' (6) and 'because they felt pressured by either a health professional or friends and family' (5).

Q5. What was good about your experience of getting the Covid-19 vaccination?

419 people responded to this open-ended question. The most common answer was that the process of booking and getting the vaccination was quick, easy, organised, and efficient (242 i.e. c.48%). 43 people (c.10%) shared that they were happy that they were protected, and 40 people (c.9.5%) said that the staff at the vaccination site were friendly and helpful. 36 respondents (8.6%) reported the lack of side effects or pain of the vaccine.

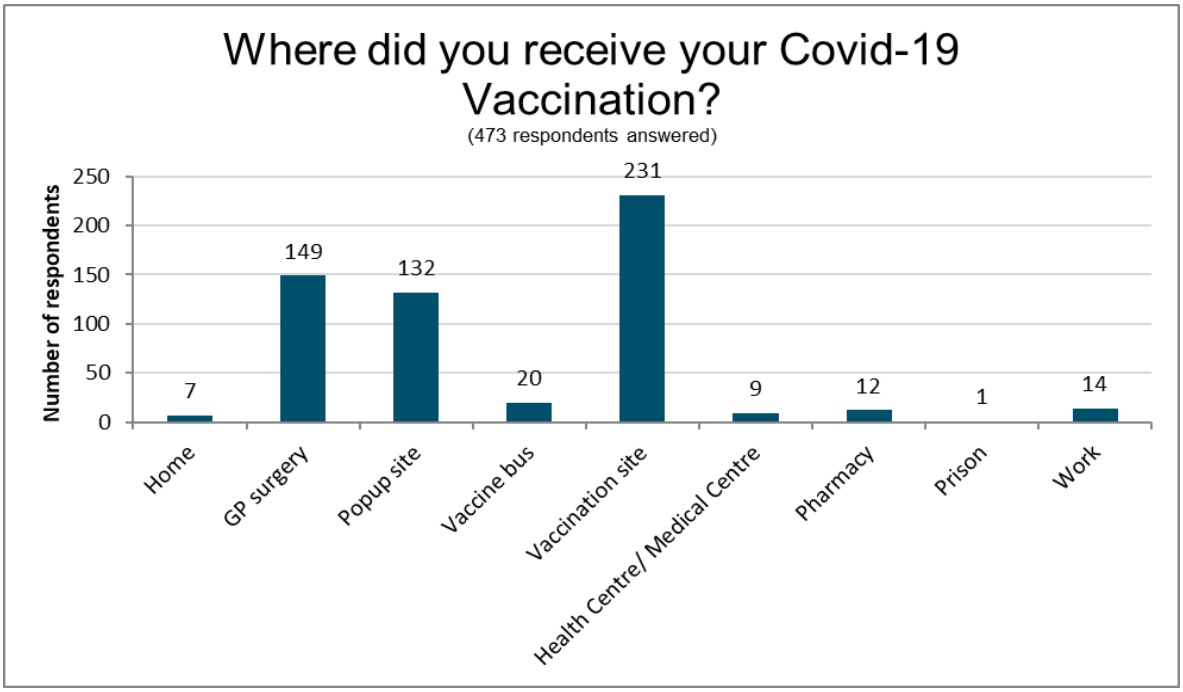
23 respondents (c.5.5%) shared that there was nothing good about their experience of receiving the vaccination.

Q6. What could have been improved about your Covid-19 Vaccination experience?

160 respondents said that there was nothing that could have been improved about their experience. Other comments included:

- shorter waiting times (26)
- closer vaccine site (12)
- more information about the vaccine and possible side effects (12)
- less side effects (11)
- better eligibility criteria and process (8)
- more accessible vaccine site (7)
- less pressure to get the vaccine (5)
- make the vaccine easier to book (4)
- more polite staff (4)
- less strict security (3) and:
- more information about receiving the Covid-19 and flu vaccine at the same time (3).

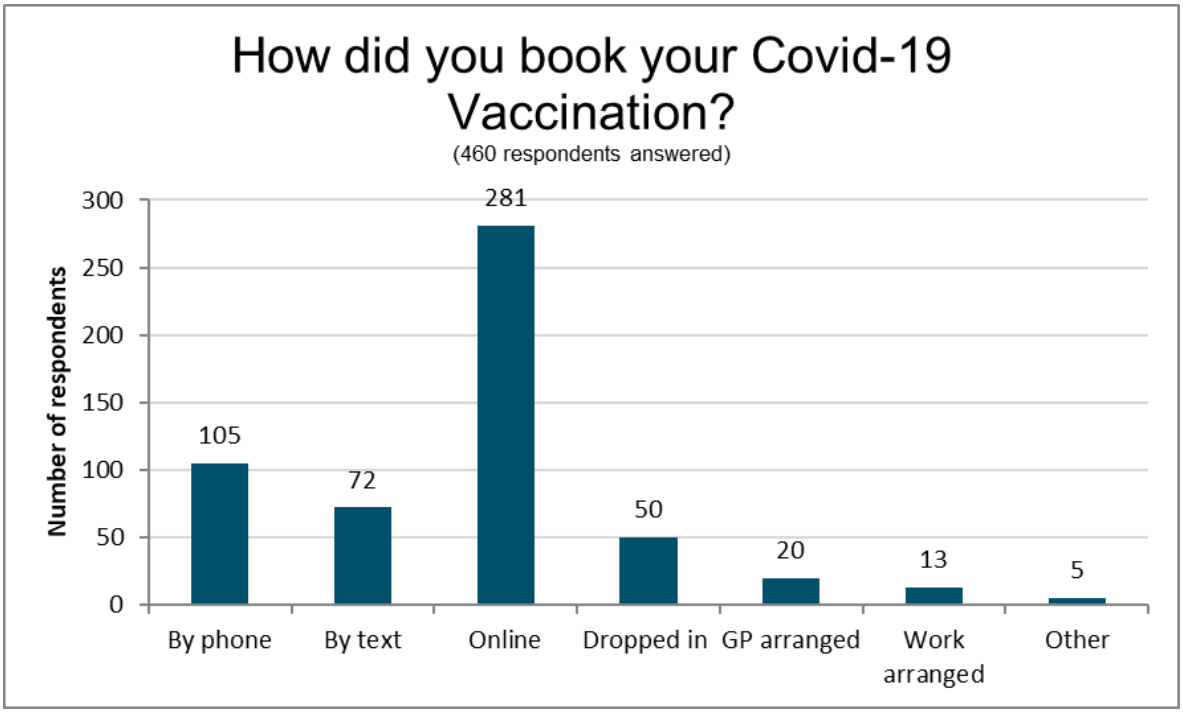
Q7. Where did you receive your Covid-19 vaccination? Please tick all that apply.



The three most commonly accessed sites were

Fixed vaccination sites, used by 49% (of 473 respondents) GP surgeries, used by 31.5% 'Pop up' sites, used by c.28%

8. How did you book your Covid-19 vaccination? Please tick all that apply.

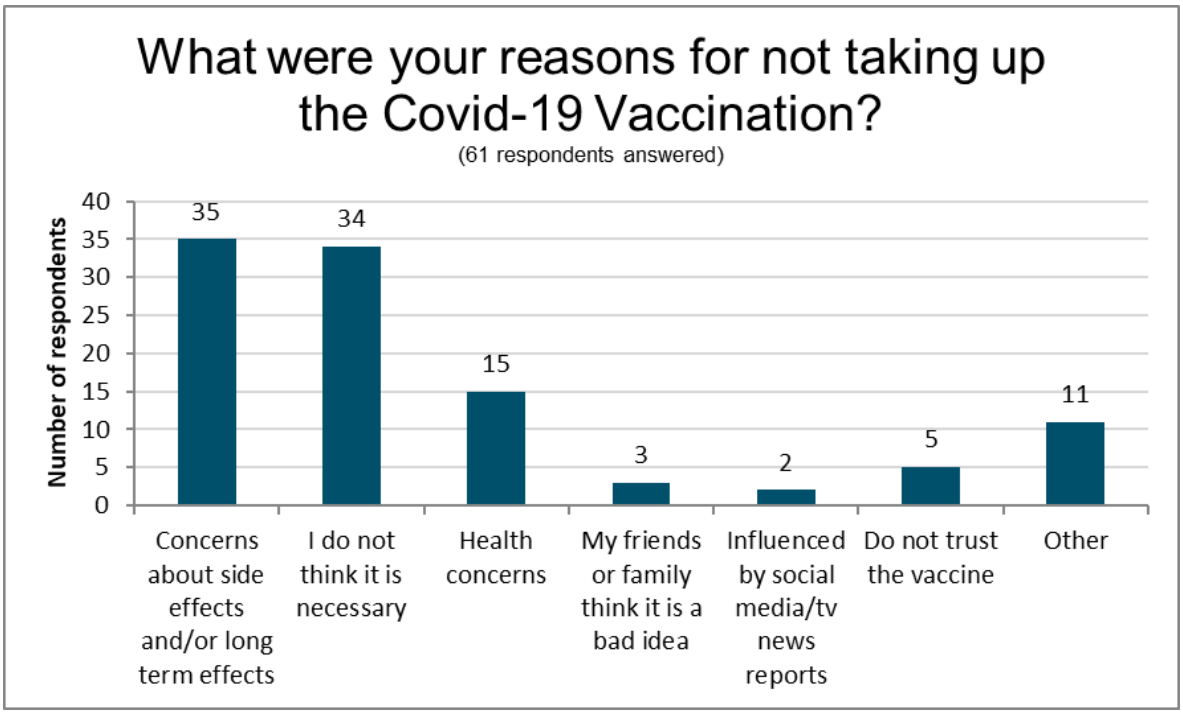


The four most common approaches were:

- c.61% of the respondents booked online.
- c. 23% booked by phone.
- c.16% booked by text and.
- c.11% 'dropped in' (perhaps to receive their vaccination without booking).

Other methods were used: a family member arranging the booking for respondents (3); the respondent's university arranging it for them (1); and the vaccine being sent directly to the individual to administer (1).

Q9. What were your reasons for not taking up the Covid-19 vaccination? Please tick all that apply.



The three most cited reasons from the above graph are shown as percentages in Table 3

Table 3: The three most cited reasons for refusing the Covid-19 vaccine

	Number out 61 respondents	**Percentage to nearest whole number**
Concerns about side effects and/or long-term effects	35	57%
I do not think it is necessary	34	56%
Health concerns	15	25%

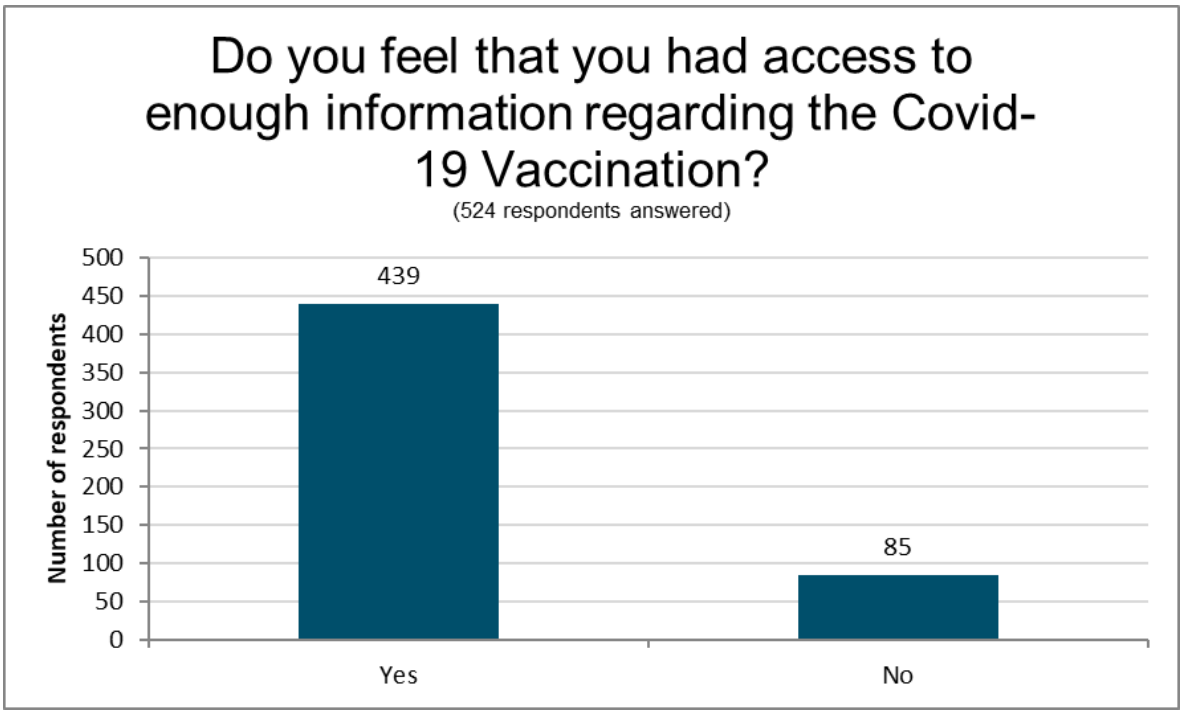
Other reasons that respondents gave for not taking the vaccine were: 'because they were not able to leave their house' (2); 'there was insufficient information on the vaccine being properly trialled' (2); 'medical reasons' (1); 'they were pregnant' (1). A further 2 respondents stated that they had no reason to explain why they had not had the vaccine.

Q10. What would encourage you to get the vaccine?

This was an open question to all respondents who said that they had not had the Covid-19 vaccine. 52 people answered this question.

38 i.e. 73% of respondents stated that 'nothing' would encourage them to get the vaccine. 10 respondents (c.19%) said that more information/research might build their trust and would encourage them to get the vaccine. This would include information on the side effects, impact on health conditions, and where to get the vaccine. Other factors that could encourage vaccine uptake were work requirement (1); for travel (1); GP telling the respondent to get it (1); and having the appointment arranged for them (1).

Q11. Do you feel that you had access to enough information regarding the Covid-19 vaccination?



Nearly 84% of the 524 respondents felt they had had access to enough information about the virus leaving 16% who did not.

Q12. If not, why not?

Out of the 85 respondents that felt that they did not have access to enough information, 71 expanded on why:

30 respondents (35.3%) shared that they felt that at the time they were offered the vaccine there was not enough information available (due to lack of research or trials)

21 respondents (nearly 25%) shared that they felt that there was a lack of knowledge/information on the long-term impacts and side effects of the Covid-19 vaccine.

Conversely, one respondent commented that there was too much information for them to be able to fully understand the impact that the vaccine could have on them.

12 respondents (c. 14%) felt that there was too much *mis*information about the vaccine, including conflicting reports and potential censorship from key sources (for example, the government only promoting information that backed their stance).

Finally, 5 respondents (c.6%) shared that often the information was unavailable in a format that was suitable for them (such as Easy Read) and thus they did not have access to enough information.

Q13. Is there anything else you would like to tell us?

This was an open question, to which 199 people made a response:

- Most gave their personal experience of the vaccine.
- A large majority of respondents praised the NHS and staff involved in the rollout of the vaccine.
- 10 respondents shared that they were waiting for their next booster vaccination, and they were not sure when they would be able to receive it.
- 9 people shared their experience of side effects and/or long-term effects.
- 5 wished that they had never received any doses of the vaccination
- 5 felt forced into getting the vaccine.
- 4 respondents mentioned that they would like more information about the vaccine and,
- 3 respondents said that they did not trust the government's handling of the vaccination rollout.

The following quotations give an insight into the range of opinions expressed:

'In hindsight, I don't think I would have had the vaccinations, as I'm not convinced of the efficacy. I also won't be giving consent for my son to have the vaccination, as I don't know anything about long-lasting/serious side-effects.'

'Reluctant to take any more vaccinations. Not enough known about the long-term effects, and current vaccines do not stop you getting Covid.'

'Given that the priority is for the elderly and the vulnerable, it is important the system is well organised to avoid these people in particular having to stand out in the rain.'

'I feel that some members of [the] community were left out of information regarding the vaccines.'

'It was very efficiently developed and rolled out at such short notice, a credit to the service.'

'I do feel that Type 1 diabetes [sufferers] should have been included in the 4th booster programme due to the figures stating this means a much higher risk of serious complications with Covid-19.'

'If I was given the option to not have the vaccination then I would definitely have considered this. My rights were taken from me due to my job nature!'

'I got my first two jabs and I'd like that to stop there. I will be annoyed if I'm put under pressure to have boosters. It needs to be my choice.'

'Security guards were at the centre which made me feel intimidated and didn't want to enter the centre for my vaccine. The pop-up site nearer home was only for younger people and I got sent to Blackburn and I rely on public transport. I have a problem with the clinically extremely vulnerable list. I should have been on it, but I wasn't and so wasn't given the correct support I needed when I was there. I want to know who made the list and why certain people were left off the list when they should have been on it. I missed out on getting my first vaccination as I was not on the vulnerable list.'

'I felt there was no avenue to discuss reasonable adjustments while booking and the question that did ask about any adjustments related purely to physical issues, such as wheelchair accessibility. This led to a delayed first and second dose for me and for others.'

'All issues for myself and disabled son stemmed from the GP's lack of understanding for those who are disabled. Seems to be a constant issue with them, lot of prejudice at the surgery.'

'I am really annoyed that as a severely compromised individual, I no longer have access to a local vaccination centre … The closest places are 30 to 44 miles from me. I feel as though I'm living in the back of beyond.'

To conclude Section 5, much useful quantitative data has been gathered through the online survey. In addition, there is the qualitative data in the form of rich stories and experiences, providing more evidence to underpin the recommendations made in the next and final section.

CONCLUSION AND RECOMMENDATIONS

Section 6: Conclusion and Recommendations

The data pack produced by Lancashire and South Cumbria ICB on 1st June 2022 and shared with HWT, provided evidence that the vaccine uptake rate was at 75.3% in Lancashire and South Cumbria. This is a 17.9% lower uptake rate compared to the national figure which was 93.2% on 1st June 2022[2]. Although a large proportion of the public across Lancashire and South Cumbria have received at least one dose of the Covid-19 vaccination (with most taking up their booster doses), it also showed there is a significant proportion of people who have not received the vaccination.

These findings were mirrored to an extent by this Project's online survey: 70% of the sample had received 2 doses and at least 1 booster; 15% had received 2 doses but 3% had only received 1 dose. 12% had declined to have any doses (See Section 5 above).

Further evidence on vaccine uptake rates was reported in Section 3. Figures were not available for every group and rely on self-reports. Nevertheless, they do suggest the serious issue of vaccine refusal in certain groups (see Table 4):

Table 4: Vaccine decliners as percentage of number of participants in this Project

	Group descriptor	Total number in group	Number of vaccine decliners	Percentage to nearest whole number
Ethnic heritage	Romanian	17	15	88%
	Chinese	15	5	33.3%
	Caribbean	16	3	19%
	Pakistani	79	10	12.7%
Impairment	Mental health	71	18	25%
	Visual	12	3	25%
	Disability	125	15	12%
	Long-term conditions	229	25	11%

NB Only 1 person out of 23 in the Indian group said they had not received any doses

[2] Gov.uk (2022), *Vaccinations in United Kingdom*. Available at: < https://coronavirus.data.gov.uk/details/vaccinations> (Accessed: 23/11/2022)

Healthwatch Together experienced that some communities were reluctant to talk about Covid-19 and the vaccination programme; as they were either tired of discussing the topic or they did not trust that their opinions would be viewed as valid, nor would they influence any substantial change.

As a result, we enlisted the support of the 'Lancashire BME Network', utilising their existing, trusting relationships and reputation to engage with communities which were more reluctant. However, from our engagement we gained insight from specific communities who have strong concerns about the vaccination, as well as those who are unable to access information that would allow them to make an informed decision (see Sections 3 and 4 above).

Through the initial literature review carried out at the start of the project, along engagement findings outlined in this report, it is clear that the Covid-19 vaccination was rolled out at a fast pace (to match demand) with little engagement and consultation with the public. Probably due the urgency of the situation and resource issues, there was an expectation for people to educate themselves about the vaccination, including how to book themselves an appointment. The data from this project suggests that this approach was adequate for the majority of the population. 84% of the online survey respondents were satisfied with the amount of information on the vaccination programme (see Question 11). Government messages clearly got through too many: 86% received the vaccine 'to protect themselves and others' with 56% also seeing this as 'the responsible thing to do'; 47% agreeing 'it would help society get back to normal' and 46% saying 'it would help protect the NHS' (see Question 4). There was also positive comment on the delivery of the vaccination programme. However, this left a considerable number of people for whom the approach seems inadequate.

As seen in this report, disparities between communities regarding uptake, knowledge and concerns highlight a need for strong consistent messaging and education about the importance of the Covid-19 vaccination – and why taking boosters is necessary. Many members of specific communities and cohorts seem to have been left behind and require more support and assistance in understanding the need for vaccinations (including boosters) and how to access them.

A series of general recommendations are now outlined. They are relevant to all Lancashire and South Cumbria. These recommendations will help address many concerns, as well as helping future vaccination programmes to ensure that uptake is as high as possible.

Recommendations:

Access to the vaccination

1. Collaborate with NHS Digital to refine NHS terminology on who is classed as 'high risk' or 'clinically extremely vulnerable.' This is to ensure that there are consistencies with terminology used and clear information is available detailing eligibility criteria. Raise awareness of the role of the GP in providing information on eligibility.
2. Allow individuals to select their preferred language (including BSL) when booking their vaccination and ensure that face-to-face interpretation services are available where possible at local vaccination sites. Where face-to-face interpretation is not possible, offer interpretation services like Language line and Big Word on request. When individuals book their vaccine, they should be notified of their nearest vaccination site which offers interpretation in their preferred language.
3. Continue to utilise and advertise drop-in centres at convenient locations, such as at mosques, community centres, homeless shelters, and bus stations and ensure that there is a consistent approach across the whole of Lancashire and South Cumbria.
4. Utilise a Roaming Covid-19 Link Nurse Team for those most vulnerable/with a disability to administer the vaccine at home. This could include District Nurses supporting with the vaccine roll out to those that are housebound (including family members and/or carers).
5. Vaccination cards discreetly detailing any access needs or considerations (for example, visual impairment or needle phobia), so that the person administrating the vaccine to the individual can adapt accordingly.

Communication and education

6. Advertise a powerful communications campaign detailing the protection significance of the Covid-19 vaccination. Use messaging which portrays the statistical significance of its efficacy, side effects, research carried out, and protection levels.

   For example. 'You are XX% less likely to get seriously ill with Covid-19 if you have the vaccination'.

7. Produce campaign messaging linking the vaccination to current cultural, political, and socio-economic factors to encourage vaccination uptake.

   For example, 'with the cost-of-living crisis taking its toll, being financially well has become a challenge. Don't take the risk of not being able to work, take the Covid-19 vaccine to protect yourself'.

8. Create a strong communications campaign to explain the need to get the vaccine and boosters even for those who are not clinically vulnerable, elderly or suffering from a long-term health condition.

9. Collaborate with community researchers/group leads to establish better communication tools to engage with seldom heard communities and advertise this widely. For example, develop videos and information leaflets in different languages (including BSL) and in Easy Read.

10. Increase diverse imagery and voice in advertisement, campaigns, and promotion of the vaccination, to build trust within different communities and increase vaccination uptake.

11. Increase GP encouragement of the vaccine during appointments by providing up to date and accurate information, as well as providing patients the opportunity to raise concerns.

12. Ensure that relevant organisations who provide healthcare advice and information to members of the public (for example, Healthwatch, Citizens Advice and Social Prescribers) are provided with clear information and signposting materials.

13. Have NHS professionals to deliver vaccination education sessions at local community centres/schools, where people can be given accurate information on how the vaccines work, how they have been developed/trialled give the opportunity for questions to be asked/answered, to increase people's understanding and confidence.

Ethnic and religious considerations

14. Involve members of the community and VCFSE partners from a range of ethnic and religious backgrounds in the planning stages of the vaccination rollout who can provide insight into cultural needs, preferences, and concerns. Involve these representatives in the messaging and campaign process to create sensitive and tailored campaigns to each culture, faith, and community.

15. Create 'community ambassadors' who are health professionals to connect with each community, to address misinformation, overcome concerns and support people with accurate information about the vaccine.

16. Ensure cultural competence within all NHS workers. Ensure NHS staff have mandatory ongoing cultural awareness training, to understand the nuances of different cultures and communities and how this may result in barriers or hesitancy towards the Covid-19 vaccination (and any other potential vaccinations in the future).

17. Set up vaccination hubs at sites which deliver English for Speakers of other Languages (ESOL) courses; to allow better access to the vaccination for those who may experience barriers to accessing information about the vaccination.

18. Improve privacy within vaccination sites, to enable all individuals to feel comfortable in receiving the vaccination.

19. Connect with local VCFSE groups to publicise literature and videos about how to get the vaccination in accessible languages.

Healthwatch Together have also formulated specific recommendations for each demographic captured and should also be taken into consideration when improving the Covid-19 and future vaccination programmes.

Demographic	Recommendations
Bangladeshi	• Ensure access to interpretation and translation support is available at more vaccination sites
Pakistani	• Create 'community ambassadors' who are health professionals to connect with the Pakistani community, to address misinformation, overcome concerns and support people with accurate information about the vaccine. • Educate and provide information on the side effects of the vaccine and what the vaccine is for (i.e. not a Covid-19 cure) • Ensure access to interpretation and translation support is available at more vaccination sites. • Promote local pop-up vaccination sites, where people can drop in without booking. • Increase the availability of vaccinations at local mosques and community centres.
Indian	• Improve education and information about the vaccine (including the benefits, potential side effects and the fact that you can still catch Covid-19 once you have had the vaccine). • Reduce security levels at vaccination sites. • Increase privacy offered at vaccination sites, by putting up more partitions. • Increase the amount of detailed information available in different languages.

Asian other	• Increase the amount of detailed information available in different languages. • Produce a document with information about listed side effects of Covid-19 for members of this community who have concerns. (List of research that has been conducted). • Create 'community ambassadors', who are trusted individuals in the community, to address misinformation, overcome concerns and support people with accurate information about the vaccine.
Chinese	• Produce a document with information about listed side effects of Covid-19 for members of this community who have concerns.
Romanian	• Create 'community ambassadors' who are health professionals to connect with the Romanian community, to address misinformation, overcome concerns and support people with accurate information about the vaccine. • Create a strong communications campaign to explain the need to get the vaccine even for those who are not clinically vulnerable, elderly or suffering from a long-term health condition. As well as explaining why the vaccine is safe, being open about its side effects and setting out the rigorous testing process. • Ensure access to interpretation and translation support is available at more vaccination sites and make concessions to ensure language is no barrier to access for those living in the UK who do not speak the language.
Caribbean	• Increase the amount of information available on how the vaccine can impact on people based on different demographics (such as ethnicity). • Utilise bus stations and similar transportation venues to host pop-up centres.
Arab	• Connect with local VCFSE groups to publicise literature and videos about the safety of the vaccination and how to get book an appointment in accessible languages. • Create 'community ambassadors' who are health professionals to connect with those of Arab ethnicity, to address misinformation,

	overcome concerns and support people with accurate information about the vaccine. • Provide people the option of how to receive communications about the vaccine to address language barriers. • Address misinformation circulating amongst communities about the safety of the Covid-19 vaccine.
Asylum seekers & Refugees	• Connect with local VCFSE groups to publicise literature and videos about how to get the vaccination in accessible languages. • Create 'community ambassadors' who are health professionals to connect with members of the Ukrainian community, to overcome deeply embedded concerns and support people with accurate information about the vaccine. • Ensure access to interpretation and translation support is available at more vaccination sites and provide information for communities on where they can receive the vaccination with someone who can speak their language. • Offer incentives to increase uptake, such as food vouchers. • Provide free transport to vaccine sites. • Promote vaccinations within asylum hotels and provide the option to receive doses on site • Liaise with SERCO staff to cover Covid-19 vaccinations as part of people's induction to the accommodation
Physical disability	• Utilise a Roaming Covid-19 Link Nurse Team for those most vulnerable/with a disability to administer the vaccine for those at home. This could include District Nurses supporting with the vaccine roll out to those that are housebound. • Ensure that those who are most vulnerable are prioritised to receive their vaccination at their closest site, including the option to receive this at their GP surgery. • Provide vaccination information leaflets/booklets for each health condition,

	including information on medication side effects and things to consider.
Learning disability and/or autism	• Create Easy Read materials on information about the vaccination and how to book it. Advertise these materials online, in GP surgeries, community centres etc. • Produce Easy Read materials on how to get to local vaccination sites by public transport. • Allow those with a learning disability and/or Autism to be able to book their vaccination at the same time as their support network. • Promote independence for adults with learning disabilities and/or Autism, provide support to encourage individuals to take charge of their own health and/or provide training to use online booking system. • Produce a video demonstrating the process of receiving the vaccination including the vaccination site environment, access requirements, sensory factors and waiting times.
Visual impairment	• Work with community groups and social care professionals to ensure official information about the Covid-19 vaccine reaches people with learning difficulties and other seldom heard groups. • Explore the potential of home vaccinations for those otherwise unable to leave the house. • Provide people with transport information/directions to reach vaccination hubs/centres, especially for those without access to a car in the rural areas. • Offer transportation to those who are unable to travel or offer financial support to help afford public transport • Ensure that information is available upon request which is suitable and in inclusive formats.
Deaf or severe hearing impairment	• Ensure there are posters within vaccination centres displaying a QR code so people can watch information videos in BSL. Advertise these posters in community centres, GPs, hospitals, and other community venues.

	• Increase the availability of BSL interpreters at vaccination centres. Clearly advertise on the NHS website which vaccination sites have a BSL interpreter and ensure this is kept up to date.
Long-term condition	• Improve communication and education for the public surrounding eligibility of the vaccination. Ensure there is consistent messaging within healthcare professionals and that these professionals can provide clear support, advice, and information to their patients. • Improve collaboration between GP surgeries and vaccination sites to ensure any spare vaccinations are prioritised for those with long term conditions. Ensure there is a system and process in place.
Mental health	• Increase efforts to explain the potential side effects of the vaccine and why they outweigh the cost to ourselves and others if we contract Covid-19. • Create a strong communications campaign to explain why the vaccine is safe, being open about its side effects and setting out the rigorous testing process.
Young people	• Produce myth-busting adverts, posters, and social media campaigns, addressing common conspiracy theories and myths via reliable sources. • Work with schools and colleges to provide information and education surrounding human rights and choices, to ensure young people feel in control of their decision about the vaccination. • Provide incentives to groups of low vaccine uptake. For example, have 'vaccination Fridays' at schools and colleges whereby students get a free coffee if they get their vaccination. Other incentives may include travel vouchers. • Have a way to indicate to the professional administrating the vaccine that the individual has a fear of needles. For example, a specific vaccination coloured card.
Over 65s	• Continue to provide vaccine pop-up sites in shopping centres as this is a convenient location for some who may struggle to travel to other vaccination sites.

	• Offer free parking at vaccination sites to encourage uptake. • Increase education and information surrounding the necessity of the booster vaccinations, as well as the safety of receiving the flu and Covid-19 booster simultaneously. • Increase vaccine availability by having increased number of vaccine sites at convenient locations, for example shopping centres.
Pregnant women	• Ensure clear information leaflets, in multiple accessible formats, are given to women during midwifery appointments, including information on its safety, risk factors and how to book an appointment.
Homeless	• Explore and advertise alternative methods to book the vaccine for those who cannot do this via the internet or who do not have a permanent address. • Offer vaccinations at homeless centres by health professionals. • Ensure all GPs are talking to patients about the vaccination including its importance and how to get it if they wish. • Display information leaflets within homeless shelters, libraries, and food banks on how to book the vaccination. • Utilise community champions to attend homeless shelters/groups to discuss the vaccination and how to book an appointment.
General engagement	• Ensure there is a consistent communications presence and campaign focusing on the efficacy and safety of the vaccine. Include celebrities and/or role models including young celebrities to encourage young people to get the vaccination. • Produce information leaflets and social media assets detailing facts of the vaccine. For example, statistics on how wide the vaccine has been tested.

Finally, to improve the ongoing Covid-19 and future other vaccination programmes, ensure that as many individuals as possible can agree that:

- Appropriate information materials, including information about the safety, side effects and importance of a vaccination are available to them in a format suitable to them via a reliable source.
- Clear instructions (on when a particular vaccine is available, how to book it and where to go to receive the vaccine) are given via a method that suits the public.
- The vaccine is easily accessible, with sufficient support provided if required (such as home visits or transport provided).
- Whilst going through the process of receiving a vaccination people are treated with dignity, kindness, and respect.
- The sites where people receive their vaccine are efficient, personable, organised, and hygienic.

REFERENCES AND APPENDIX

References

The National Archives (2012), *Health and Social Care Act 2012 – Section 181*. Available at: <https://www.legislation.gov.uk/ukpga/2012/7/section/181/enacted > (Accessed: 23/11/2022)

Gov.uk (2022), *Vaccinations in United Kingdom*. Available at: < https://coronavirus.data.gov.uk/details/vaccinations> (Accessed: 23/11/2022)

Appendix 1: The Project Timeline and Details of Activities Undertaken

Activity		Notes	Dates
Mobilisation	Engagement Proposal & Service Level Agreement	A full proposal for the project with detailed deliverables, timescales and costings set out and signed off by NHS commissioner.	April 2022
	Co-ordination of multi-agency steering group and HW Together project monitoring group	Facilitation of steering group meetings and project monitoring group meetings, to monitor project timescales and Risk Register.	Project life cycle (June – December 2022)
	Literature review and pre-engagement report	Researched and reviewed previous studies regarding Covid-19 vaccinations in Lancashire and South Cumbria, resulting in a gap analysis used to outline	June 2022

		an engagement work plan.	
Engagement Phase 1	Generic Engagement Survey	Survey was designed and created Promoted via website & social media channels. Engagement in a variety of community settings.	July 2022 July – October 2022 July – August 2022
	Preparation for focussed engagements	Identify and approach pre-existing groups for engagement Prepare prompt sheet for focus group and case studies	August 2022 August 2022
	Mid-point report	Produced a report on the analysis and findings from the engagements to date, with next steps outlined. Report presented to steering group	August 2022 September 2022
Engagement Phase 2	Focused engagements	Engagement teams will deliver engagements by using the prompt sheet whilst attending pre-existing	August - October 2022

		groups (and at occasional general engagement).	
	Final report	Produced a report of the overall findings of the project.	November 2022

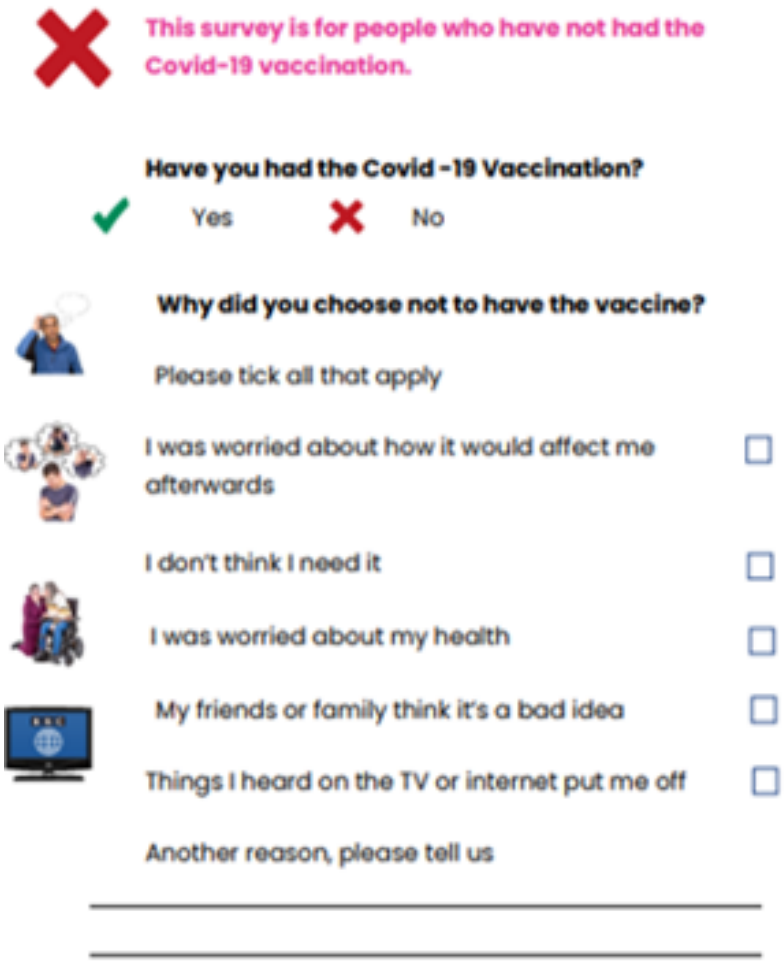
Appendix 2: Sites used for targeted engagements with selected cohorts

In response to the second key task set by the Project Mandate, targeted engagements (focus groups and interviews) took place in the heart of a range of communities. The following is a list of the groups engaged and the sites used:

Bangladeshi	Bangladeshi Welfare Association Women's Group
Pakistani	One Voice Men's group; One Voice Women's group (x2); South Asian Pakistani group
Other Asian	Kiran Ladies' group; Makhtoon Mummies
Romanian	Revolution Community Hub, Blackpool.
Arab	Salma Mesa Community group
Asylum seekers	The Grand Metropole Hotel (SERCO); Hotel Imperial (SERCO); The Majestic Hotel (SERCO)
Refugees	British Red Cross Drop-in Support Service; Burnley FC in the Community Clarets Welcome
Ukrainian Group	Rossall, Fleetwood; Rotary Club, Ukrainian Meet-up
Learning disability and/or autism	Blackpool Speak Out Group; Lancashire Self-Advocacy Group; Cumbria Self-Advocacy Group
Visual impairment:	Knit and Natter group
Deaf	Barrow Deaf Club
Long-term conditions	Fylde Coast Lived Experience Team of Multiple Disadvantage; Pukar Disability Resource Centre

Mental health difficulties	Creative Football; Burnley FC in the community (Claret in Mind); Stand Together and Recover (STAR)
Young people	Athena School (x2); Blackpool Sixth Form; Fleetwood Prince's Trust; Wyre young males; Nautical college; Nelson and Colne College (x2); Youthwatch Blackpool; Preston College; Girls Friendly society, St Marks Church
65+	Garstang Memory Café; Knott-end Library Knit & Natter; Age Concern ; Health and Wellbeing Café
Pregnant Women	Windermere breastfeeding support group; Kendal breastfeeding support group
Homeless	The Foxton Centre, Preston

Appendix 3: Extract from Easy Read Survey



This survey is for people who have not had the Covid-19 vaccination.

Have you had the Covid -19 Vaccination?

Yes No

Why did you choose not to have the vaccine?

Please tick all that apply

I was worried about how it would affect me afterwards ☐

I don't think I need it ☐

I was worried about my health ☐

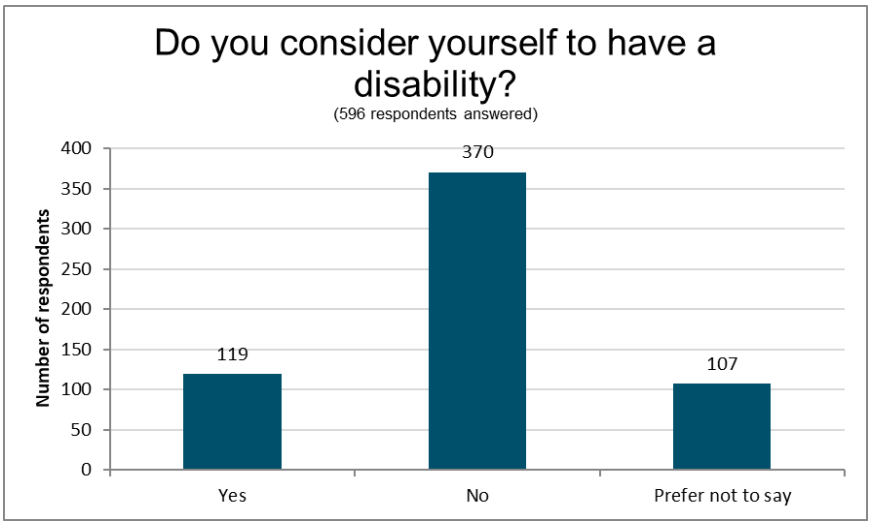
My friends or family think it's a bad idea ☐

Things I heard on the TV or internet put me off ☐

Another reason, please tell us

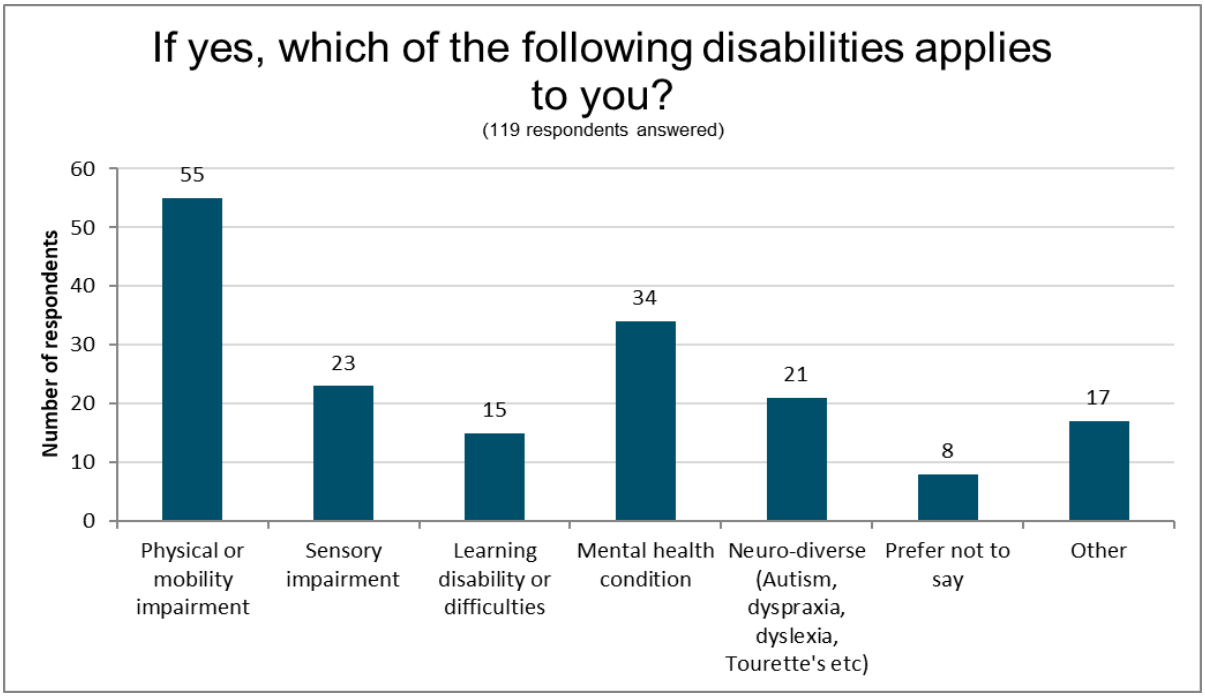
Appendix 4: Graphs illustrating the demographics of online survey respondents

Q14. Do you consider yourself to have a disability?

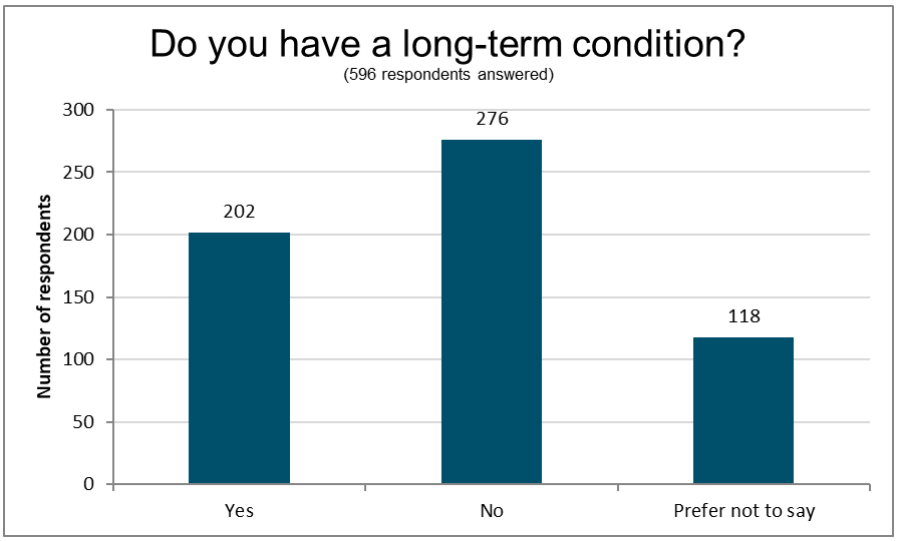


Q15. If yes, which of the following disabilities applies to you?

Please tick all that apply.

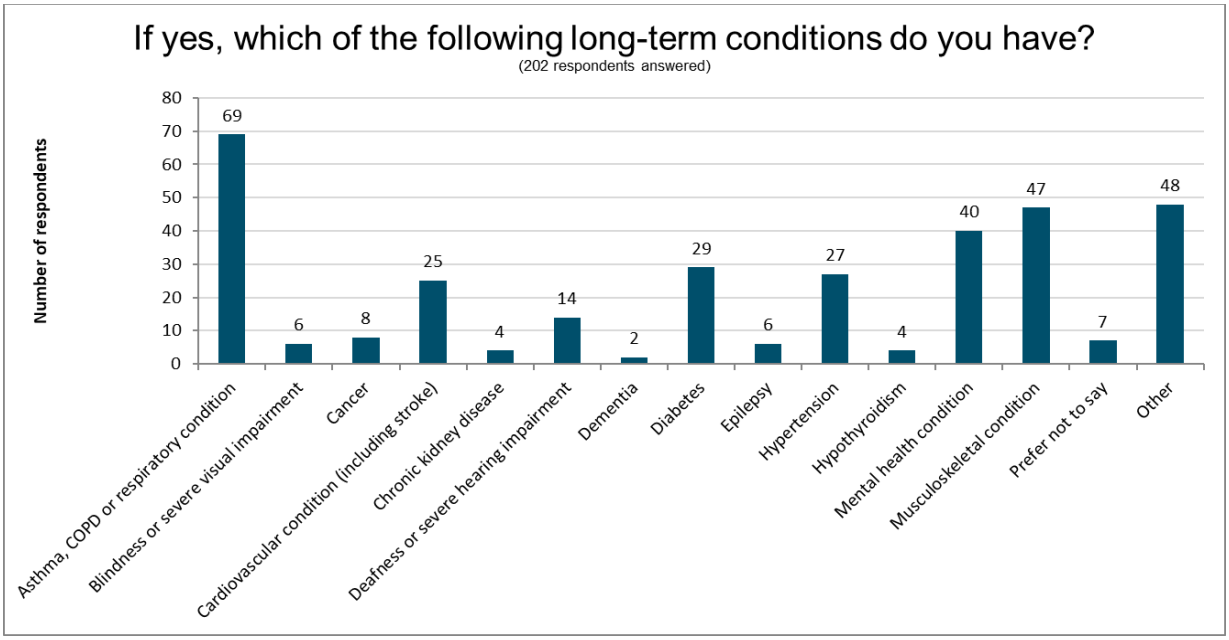


Q16. Do you have a long-term condition?

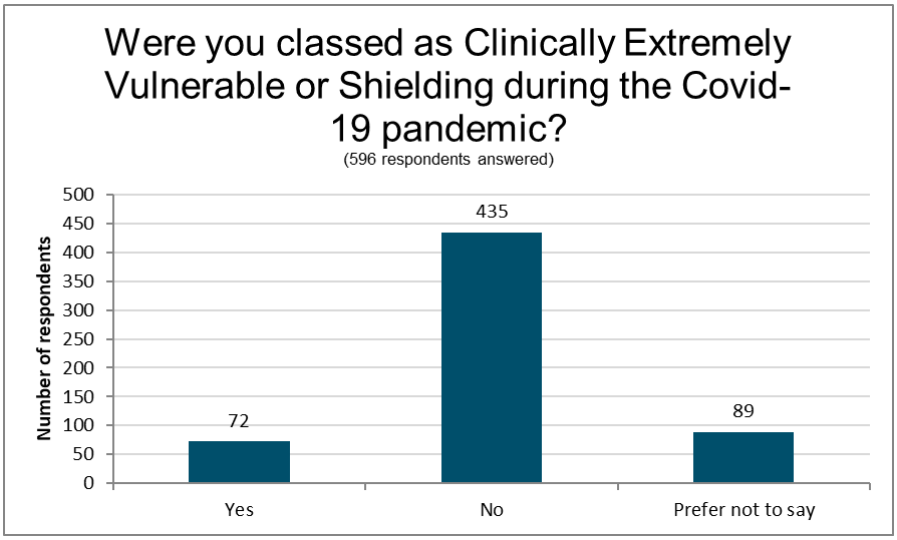


Q17. If yes, which of the following long-term conditions do you have?

Please tick all that apply.

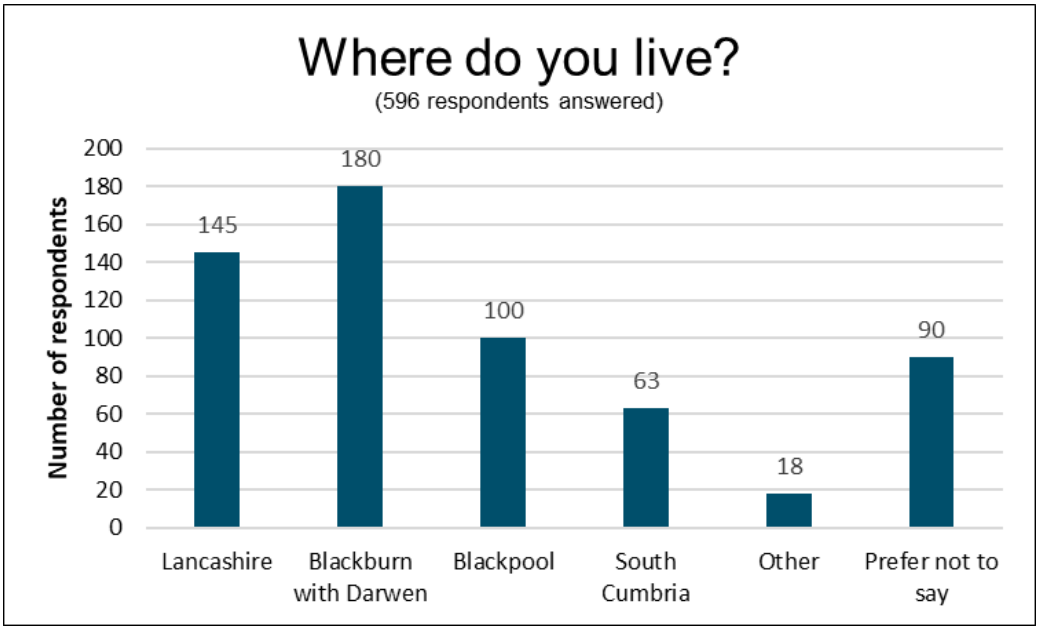


Q18. Were you classed as clinically extremely vulnerable or shielding during the Covid-19 pandemic?

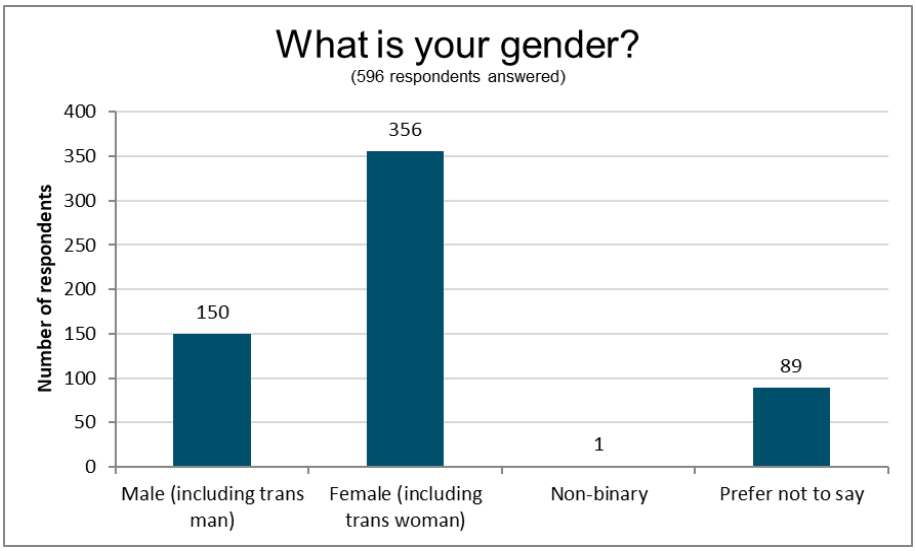


Despite 119 people stating that they considered themselves to have a disability, and 202 people sharing that they considered themselves to have a long-term condition, only 72 people of those who responded to the online survey were classed as clinically extremely vulnerable or were shielding during the pandemic.

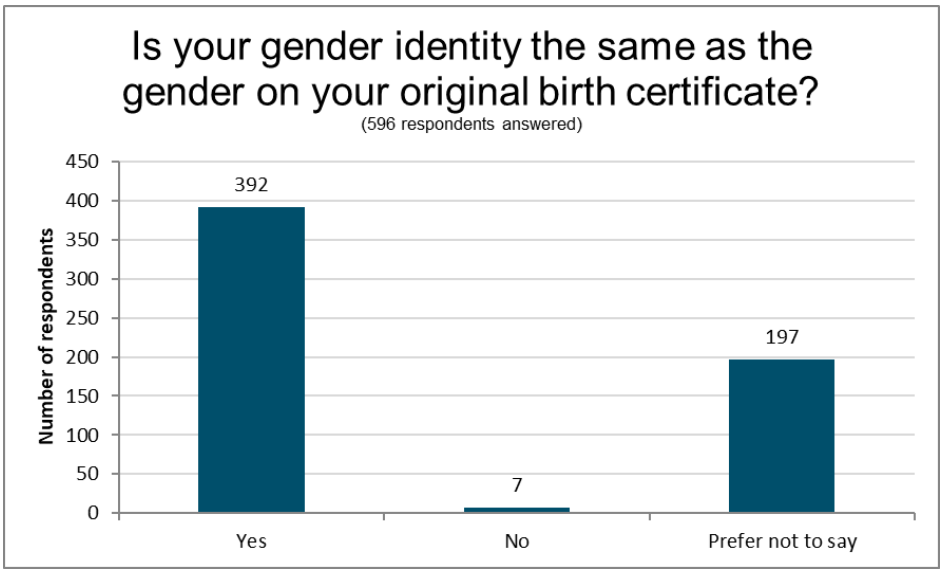
Q19. Where do you live?



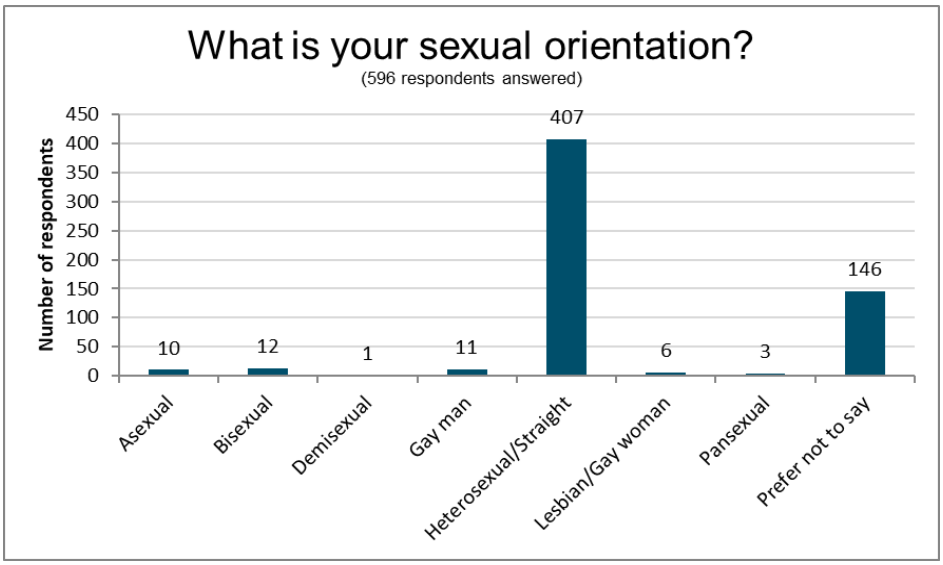
Q20. What is your gender?



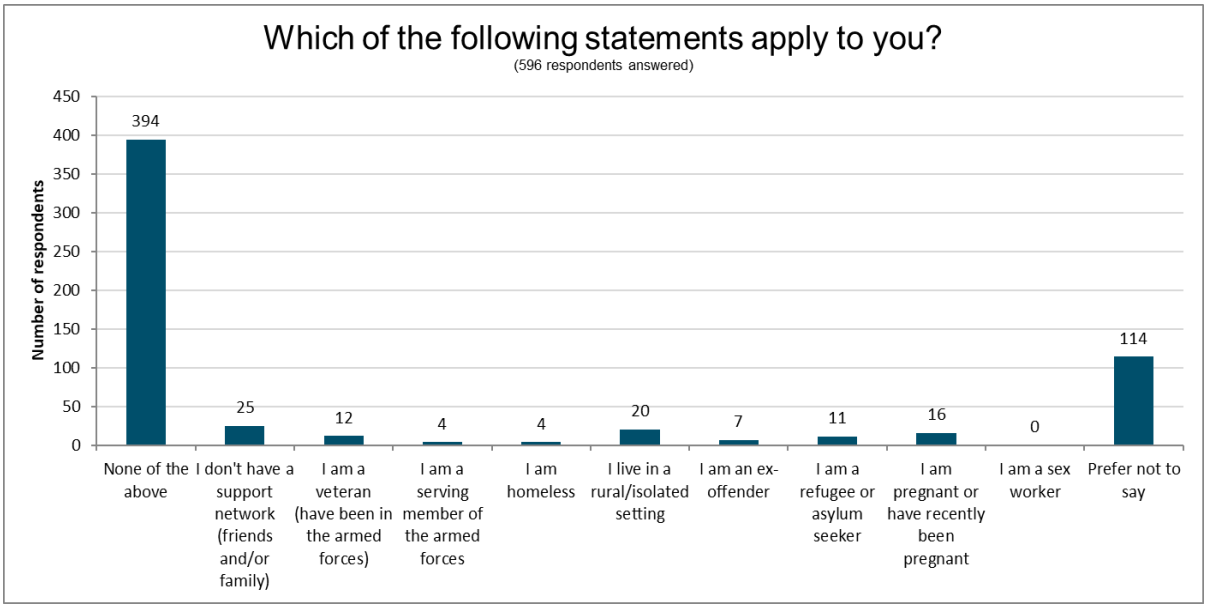
Q21. Is your gender identity the same as the gender on your original birth certificate?



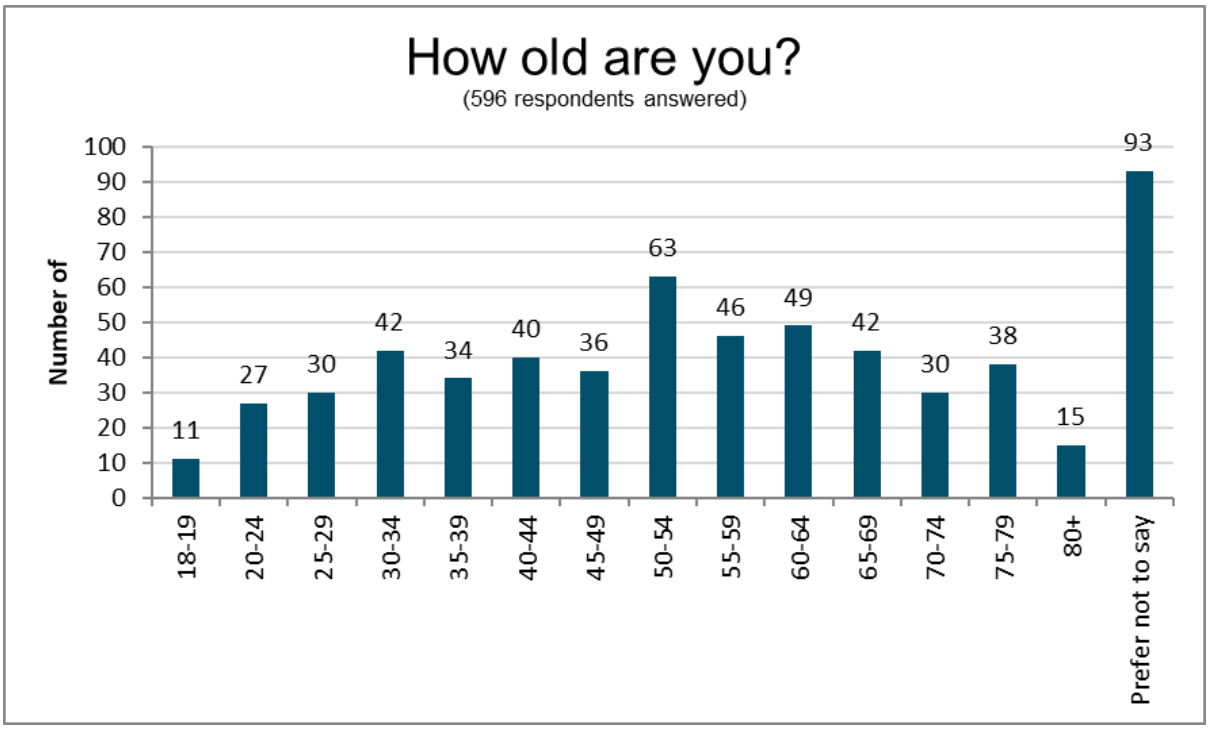
Q22. What is your sexual orientation?



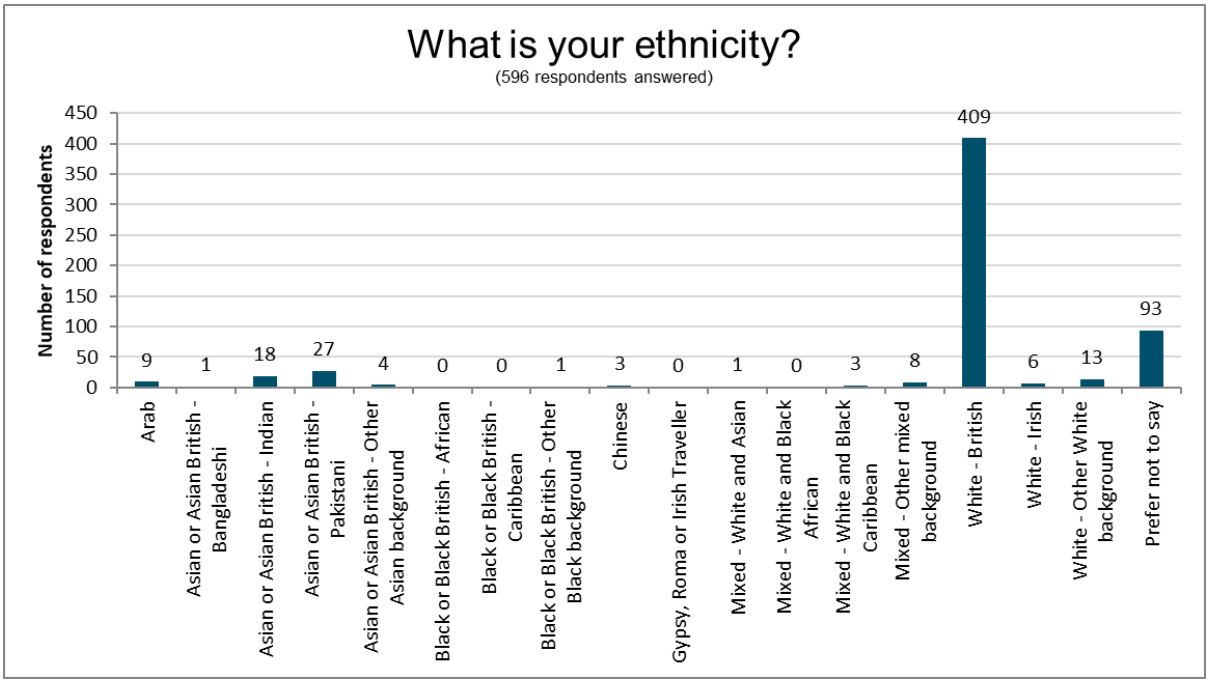
Q23. Which of the following statements apply to you? Please tick all that apply.



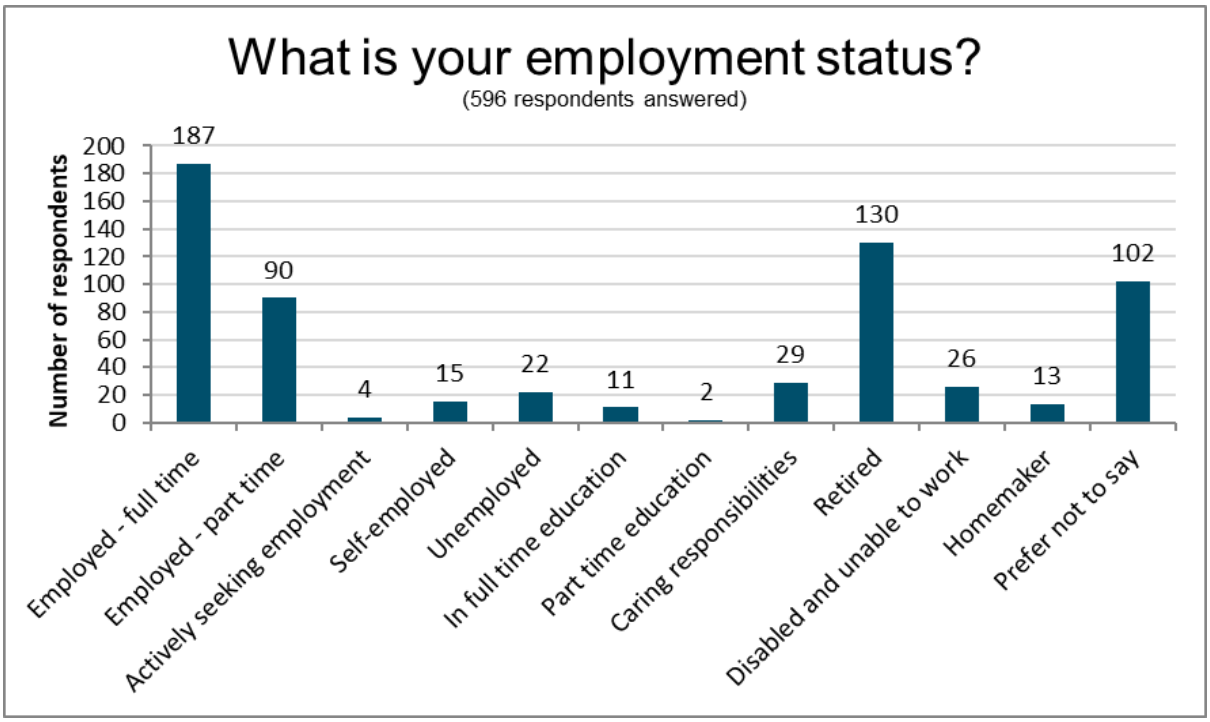
Q24. How old are you?



Q25. What is your ethnicity?



Q26. What is your employment status? Please tick all that apply.



Healthwatch Together

Blackburn with Darwen, Blackpool, Cumbria and Lancashire working in partnership