



Vaccine uptake in Bangladeshi and Pakistani communities

August to September 2022

Your
healthwatch
Leeds

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Summary

Introduction

Healthwatch Leeds was commissioned by NHS England to find out with people from Bangladeshi and Pakistani communities:

- Past experience in getting vaccinations including for Covid-19 and flu,
- How they perceive NHS vaccination services,
- Where they access information about vaccinations,
- Identify any barriers to access,
- What influences their decision around vaccines.

This project's driver was national data showing lower and slower vaccine uptake by people from Pakistani and Bangladeshi communities.

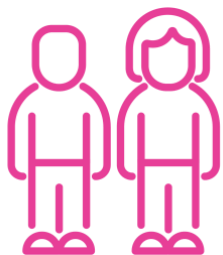
During August and September 2022, we spoke to a total of



31

people where we asked a series of set questions that were

developed by NHS England on the themes above.



3

in-person focus group sessions



6

one-to-one interviews

Key Findings

94%

said they would consider an **additional dose of the Covid vaccine in the future**. However, there is less urgency as fewer people are seen getting seriously ill and dying of Covid in the community and some felt adequately protected because they'd had Covid and/or they'd had some doses of the vaccine.

If there were a surge in cases, a new dangerous variant, or if vaccination was once again required for travelling, people would be more likely to get the vaccine.



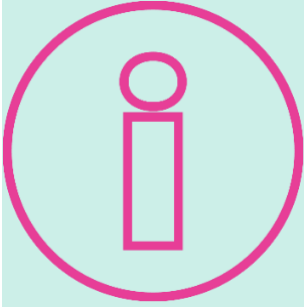
Covid Flu

were unsure or unhappy about **receiving both Covid-19 and flu vaccination at the same appointment**.

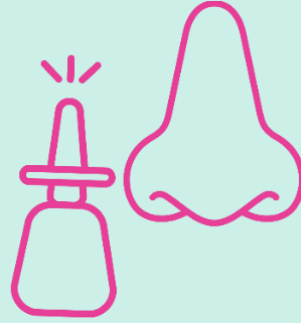
People were concerned about possible increased side effects or complications.



People were also not keen on the idea of family appointments because of the risk of people experiencing side effects simultaneously which might impact the running of the household.



Most participants are aware of the flu vaccine and its purpose although some people were not clear about eligibility, including that over 50s were now eligible for it.



There were concerns raised about the nasal flu vaccine routinely offered to children not being halal. Only one person out of 31 knew that the adult flu vaccine (which doesn't contain pork gelatine) can be offered to children. Knowing the halal status of vaccines was very important to people when making their decision about whether to have them.



Offering Covid vaccines as a walk-in service at local pharmacies was also seen as helpful. However, some people were unaware that pharmacies already offered flu vaccinations. Others would prefer it to be in health settings with patient record access. People with school-age children also suggested schools could have a role to play in both offering vaccinations and/or cascading information to parents.



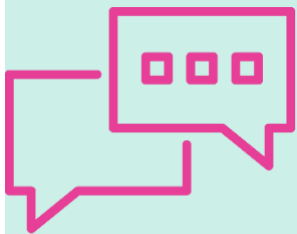
Offering drop-in vaccinations at local community locations within walking distance and providing interpreters would help encourage people to get vaccinated. Additionally offering vaccinations on evenings and weekends was seen as helpful.



People felt that employers giving time off work to get the vaccine and recover would help people get additional doses of the vaccine. This was also important for people who needed to help older family members get to appointments as they helped not only with practicalities like transport but also with translation if the person didn't speak English. During the pandemic, there had been a perceived increase in flexibility and understanding from employers to enable this to happen, but people felt that this was no longer there.



Everyone who was asked said they wanted to be able to book vaccinations by phone or face-to-face rather than via a national website. They also said that they would prefer this to be via their GP rather than via a national call centre. This was particularly an issue for around a third of participants who did not know how to use or have access to any technological devices such as a smartphone, computer, or tablet. For those that were online, text reminders containing a booking link were helpful but for those without digital access, were a barrier.



All participants said they made their own choices and decisions about their health but acknowledged that family members do play an important role in influencing decisions. People generally agreed that if they were told by people of status (e.g., a doctor, a social worker, an Imam) to get the vaccine, they would be more likely to. Some people said they had chosen not to be vaccinated because they didn't trust how quickly it had been developed and that it had only been around a short time.

Key recommendations

- **Target communication about the importance of vaccines and eligibility to receive them in individual communities.** Find ways to get messages out in community languages and by word of mouth, getting local mosques, schools, and community organisations on board as trusted organisations.
- **Always include information about whether the vaccines are halal for Muslim communities.** Clearly inform about any halal alternatives.
- **Offer vaccinations in accessible locations that are local and ideally within walking distance or easily accessible by public transport.** Evening and weekend appointments should be made available, and interpreters should be routinely offered, not just when people request one.
- **Explore the idea of offering more vaccinations at local pharmacies** and raise awareness about this in local communities.
- **GP surgeries should always ask patients about any communication support needs and preferences, including where interpreters are required.** They should make sure that people are contacted according to these preferences and that any communication needs are supported. In addition, any written information should be in plain English, easy to read with images, so it can be more easily understood by people with low levels of English or who have low levels of literacy.
- **To continue with the uptake of the vaccine employers should encourage and allow people to take time off work to get vaccinations for themselves as well as support family members to be vaccinated.**

Background

Healthwatch Leeds was one of 13 local Healthwatch organisations commissioned by NHS England to run focus group sessions with people from Bangladeshi and Pakistani communities.

The aims of the project were as follows:

1. Gain an understanding of where health information including the offer of vaccinations is being accessed by people from Bangladeshi and Pakistani communities.
2. Test the messaging in the COVID-19 vaccine booster reminder letter.
3. Gain an understanding of how people from Bangladeshi and Pakistani communities perceive NHS vaccination services including COVID-19 vaccination and flu, and identifying barriers to access.
4. Identify current health priorities and challenges for people from Bangladeshi and Pakistani communities.
5. Explore health literacy and trust in Bangladeshi and Pakistani communities.

Each of the 13 Healthwatch organisations were separated into three groups, with each group (Group A, Group B and Group C) having a different theme and their own question set which were as follows:

Group A: Communications on COVID-19 vaccination and flu-testing messaging in booster reminder letter.

Group B: Accessibility and decision making.

Group C: Current health priorities, health literacy and trust.

Healthwatch Leeds was part of Group C.

Why we did it



NHS England commissioned this work due to national vaccine uptake data demonstrating lower and slower uptake by people from Pakistani and Bangladeshi communities.

We were keen to be one of the local Healthwatch partners because of the ultimate benefit it would have to the large Pakistani and Bangladeshi populations in Leeds.

What we did

We ran a total of three in-person focus group sessions and six one-to-one interviews. We had a much higher interest from women in attending the focus groups (27 women and 4 men). For this reason, we decided to run the three focus groups as single-sex groups for women and offer the men one-to-one interviews. Two of the women also opted to participate via an interview.

Three of the interviews were done by phone, and three face-to-face, according to participants' preferences. Interpreters were offered and provided where requested for all focus groups and interviews. The table below gives more information about attendance at each of the focus groups.

Focus group/one-to-one interview	Date(s)	Attendance
Focus group 1	18 th August 2022 6-7.30pm	6 females
Focus group 2	1 st September 2022 6-7.30pm	5 females
Focus group 3	22 nd September 2022 12-1.30pm	14 females
One-to-one interviews	August-September 2022 various times	4 males, 2 females
Total	August to September 2022	31 people (27 females, 4 males)

The questions used in the focus groups and one-to-one interviews were set by NHS England and were changed slightly for Focus group 3 which had a slightly different set of questions to the other two focus groups and one-to-one interviews. Details of questions asked are covered in the subtitles of the 'What we found' section of this report.

Other information about the demographics and skills of participants:

- The majority (87%) of participants were of working age (18-65 years) with the largest cohort being in the 25-49 age group (55%). For a full breakdown of age groups, see Appendix 1.
- There was an even split of people from Pakistani (15) and Bangladeshi (15) communities. The remaining one person was Indian.



- The majority (90%) said they didn't have a disability.



- Two people were pregnant or said they had had a child in the last 2 years.

- Just under half (48%) of the participants were a parent of at least one child aged under 18.

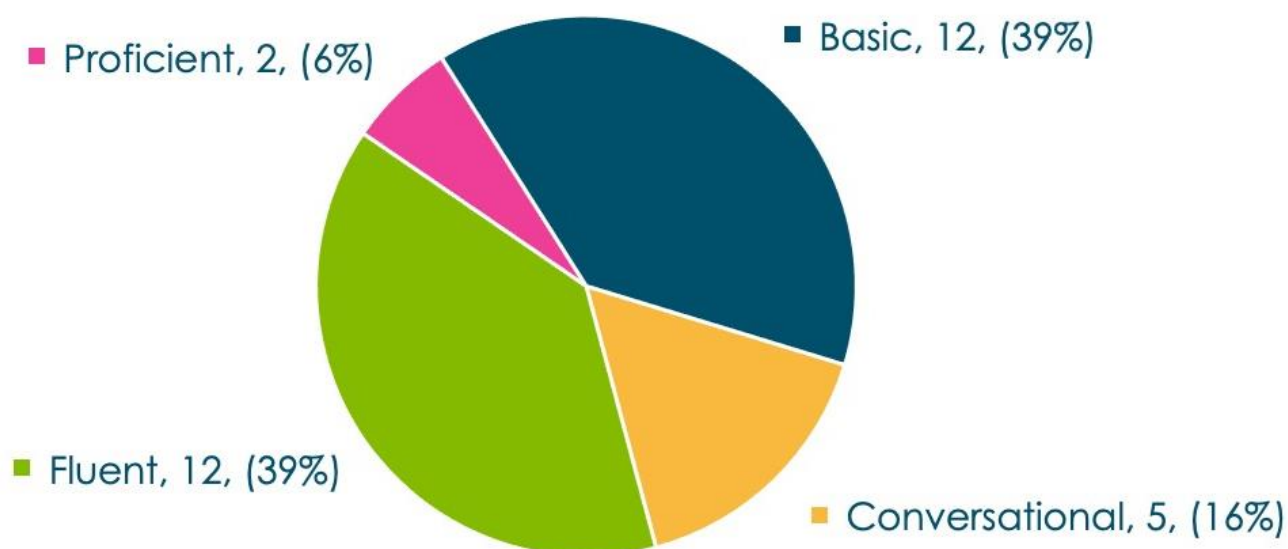
- Around a quarter of participants (26%) said they did not have access to a computer, smartphone or iPad and Wi-Fi. 31% said they did not know how to use a computer, smartphone or iPad.

- Just over a third (35%) said they didn't know how to use online services.



- The graph below shows how people described their English language skills. We described 'basic' English skills as needing help to understand some English and being able to speak the basics such as 'Yes' and 'no' in response to a question. We described 'proficient' as able to use an advanced level of English when writing and speaking.

Q18 How would you describe your English language skills?



At the time of the focus groups/interviews, the majority of people said they were either fully (55%) or partially (29%) vaccinated in terms of having the three recommended doses of the Covid-19 vaccine. Four people said they were unvaccinated.

Only 5 out of the 31 participants said they had a Covid vaccine in the last 6 months.

What we found

Q1. In general, how do you feel about NHS vaccination at the moment and why?

(This question was only asked to 14 people who attended focus group 3)

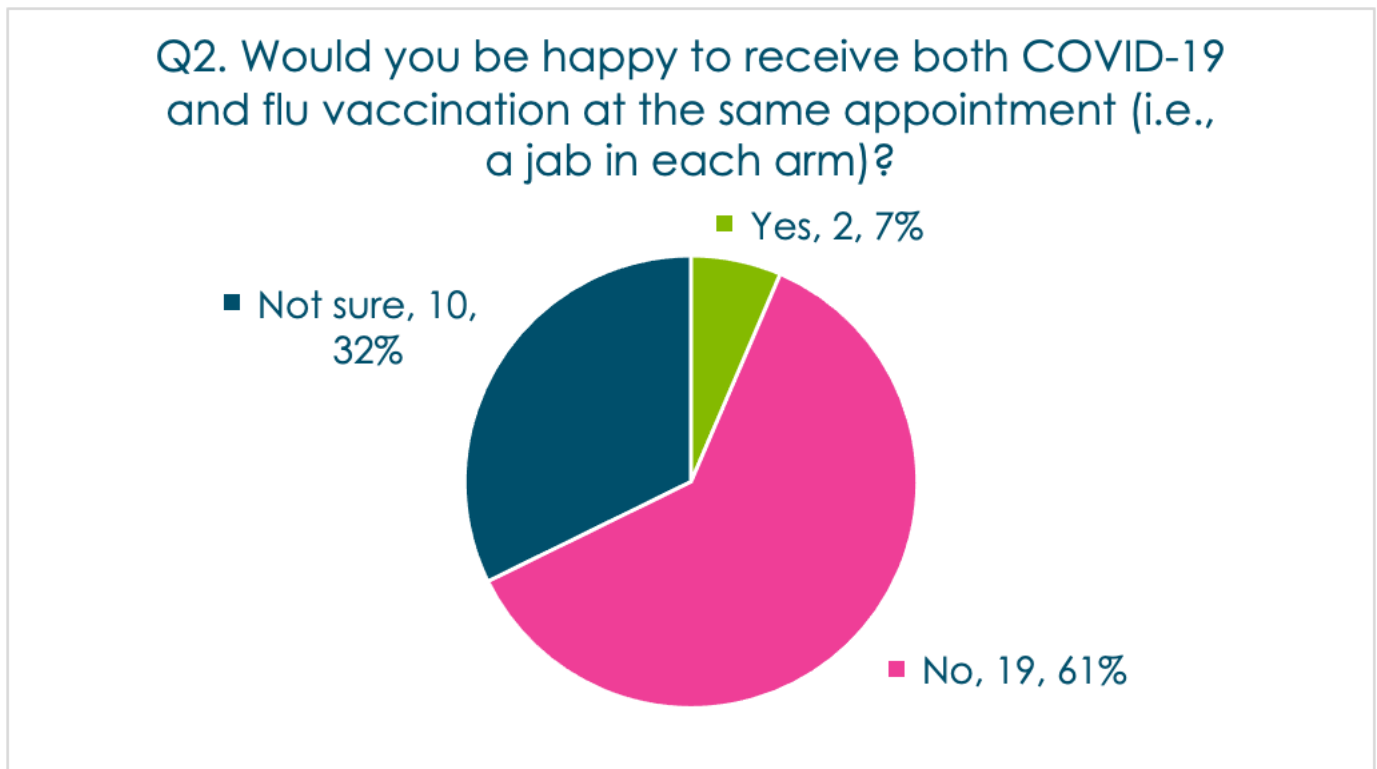
When asked if they would have a further Covid-19 vaccination if invited, initially everyone in the group said “No”. Their reasoning was as follows:

- Everyone in focus group 3 who was asked this question had been either fully (13 participants) or partially (1 participant) vaccinated, so felt they were currently adequately protected.
- The message now seems to be that the threat is not nearly as serious as before and that Covid-19 is not going to be around forever.
- People were no longer hearing of members of their local community dying.

Participants in the group expressed that how they currently felt about Covid vaccinations was largely informed by the fact that they were no longer as fearful and anxious about Covid as they had been at the height of the pandemic. During the pandemic, fear and anxiety had been fuelled by media coverage as well as the fact that many of the participants had personally experienced someone from their community dying of Covid.

Q2. Would you be happy to receive both COVID-19 and flu vaccination at the same appointment (i.e., a jab in each arm)?

(This question was asked to all 31 participants)



Two out of 31 participants said they would be happy to have a Covid-19 and flu vaccination at the same appointment. The reasons they gave for this were that it would be purely for their convenience. The remainder said they wouldn't be happy (19) or were unsure (10).

People said they would prefer to have the vaccinations on separate days in case of side effects and in the event of any complications, there would be no way of telling which one had caused them. People also discussed how both vaccines might react to each other and how they might lead to complications with existing health conditions.



“One year I may have no side effects after receiving the flu jab and another year I can become quite unwell.”



“One jab is more than enough, two is too much.”

They felt that if it was safe to have the two vaccinations at once then it would be important to educate people prior to offering the vaccines. They also suggested that they would need people who'd experienced it to convince others that there would be no ill effects of getting both vaccinations at the same time.

People discussed some of the reasons people in the community, particularly those who require language and other support such as transport, may or may not want to have both vaccines at the same appointment:

26% of participants said they took their parents or grandparents to their health appointments. For most, this involved taking time off work, arranging transport, and acting as an interpreter. For their own convenience, they said they would prefer the vaccines be administered at one appointment but felt ultimately that the decision should be taken by the person receiving the vaccines. People also expressed concern about the potentially more serious impact of vaccine side effects and recovery on older people with existing health conditions. This was also echoed by some of the older women themselves.



“I'm not sure because of the side effects and if my body would recover from having two jabs at the same time”.



One woman said she had a medical condition which meant she had to inject medication herself daily. She was aware that she would have to stop these injections if having vaccinations and was concerned whether the NHS patient information system would be able to identify people who can't have two vaccinations at the same time.

6 **“If something goes wrong is the NHS taking responsibility?” “How are health services coordinating patient information?”**



One older woman said that although she didn't want to have both vaccinations together, she was concerned about her daughter having to take time off work twice if she had them separately.

One person suggested the possibility of combining the Covid-19 and the flu vaccine into one jab. Another person said that it probably wouldn't be safe or possible to do this because of the need for the Covid-19 vaccine to be updated every few months due to changing variants.

The six participants from focus group 2 said they felt they needed more information about both vaccines (e.g., ingredients and the role it plays in the body), as this would help them to understand if it was safe to have both at the same time.

Q3. Do you currently, take or plan to take the yearly flu vaccination?

(This question was asked to all 31 participants)

11 participants said they were eligible for the flu vaccine. 8 of these said that they currently take or plan to take the yearly vaccination. The 3 participants (all over 70) who were eligible and had previously taken the flu vaccine spoke about why they plan not to take it this year:

- One person said,

“The vaccine isn’t offered early enough to protect me.”

They also said that despite taking the flu vaccine for many years more recently they had heard through word-of-mouth that the flu vaccine is haram (forbidden) so has stopped taking it.

- One person said,

“wouldn’t take it again because I was poorly for 9 months. I was worried about being hospitalised due to the side effects.”

- Another person said they had been put off by their wife’s experience of getting poorly from the vaccine in the past.

Although people were aware that flu vaccinations were available, they were less clear about which groups were eligible to get them. 11 (35%) of the participants said they were not sure if they were eligible. Four of these were aged over 50 so would have been eligible but weren't aware of this recent change in eligibility.

Most participants said they had been made aware of the flu vaccine via schools, family and friends and the flu campaign running in the autumn. Participants who received communication on behalf of their parents who spoke little or no English and didn't use technology said they had received text alerts sent by healthcare professionals (e.g., their parent's GP) about the vaccine.

All participants were aware that the flu vaccine helps to protect the person and others around them and also prevents people from getting seriously ill.

6 **“The flu vaccine changes so it’s important for me to take it every year, it protects me and others around me, also prevents me from seriously getting ill”.**

“Both me and my wife have medical conditions. Also, my elderly mother lives with me, so I get the flu vaccine to protect myself and others.”



One person who had taken the flu vaccination explained that she had subsequently gone on to get the flu and had been confused by this until her doctor had explained to her that the vaccination may not prevent contracting the virus, but probably made it less severe.

The 15 participants with children under the age of 18 discussed the concerns in the Muslim community that school children were being routinely offered nasal flu vaccinations which are not halal as they contain traces of pork gelatine which Muslims cannot consume. This is one of the reasons Muslim parents refrain from getting their children vaccinated. They said that the letters from school did not mention the fact the vaccine was not halal, nor did they explain that there was a 'work-around' to it in that parents could request that their child was vaccinated using the injectable form of the vaccine which is halal. Only 1 person out of 31 said they knew that this was an option for children. Once given this information, participants said they would be much more open to flu vaccination, particularly for vulnerable children (e.g., asthmatics). However, one person said that they felt that children have a good natural immune system so they would still choose not to have their child vaccinated unless their child was vulnerable and then they would consider any options available.

Some people spoke about why they wouldn't take the flu vaccine if it was offered to them:

- Some said they felt it was important for their natural immunity to build up.



“I would like my body to fight illnesses and not become immune to the vaccine. Also, many who have had the vaccine do tend to still get the flu.”



- One person said they had been invited to have it but had not taken it up as they didn't have the time.

- During the discussions around Question 1 in focus group 3, all 14 participants said they hadn't generally been aware that people die from the flu every year in this country, as it is rarely mentioned on the media.

4. Was it easy for you to get your COVID-19 and flu vaccines?

(This question was asked to 17 participants from focus groups 1 and 2 and one-to-one interviews)

Flu vaccine

Although not all participants were eligible for the flu vaccine, they were all aware of it and knew that patients were invited for it once a year, generally by their GP practice.

Covid-19 vaccine

10 (59%) people who answered this question said it had been easy for them to get their Covid-19 vaccine. This question wasn't applicable to the four people who had chosen not to take the Covid-19 vaccine. People reported that at that time there were many vaccine centres and pop-up clinics, locations were convenient and within walking distance. Places such as the Bilal Centre and Shantona Women's Centre were mentioned, both in the heart of the Bangladeshi and Pakistani communities. These community organisations were offering women-only drop-in clinics where booking an appointment was not necessary and language support was provided.

One person said they had had several texts from their GP surgery inviting them because they'd had gestational diabetes, so they'd decided to have it. They said that booking and attending had been easy.

Two people were sent links from their place of work to book appointments online which they said made it easy for them.

6 **“I wouldn’t have had a clue, otherwise on where to find the information about how to book a COVID-19 vaccine.”** **9**

A couple of people said it hadn’t been easy to get their Covid vaccine, one because the location was not as advertised and one because,

6 **“I do not speak English, my daughter arranged for me to go to a drop in. I had to queue for a long time and felt it was unorganised and chaotic.”** **9**

Seven out of the 17 participants who were asked expressed that family appointments were not a good idea due to the risk of experiencing side effects at the same time and the impact it would have on the household.

6 **“I wouldn’t like the household to be vaccinated together due to the side effects.”**

“I don’t agree with family vaccines as I’m unsure how we would feel after the vaccine and dealing with children and work.” **9**

Three participants said that a family member had arranged their appointment for them and that they had accompanied them to it. One of these mentioned that on two occasions a family member was given time off work from their employer to attend with them, but that flexibility seems not to be there anymore.

“I think during the pandemic employers were flexible, but I do not feel this is the case anymore.”



Offering it in GP practices was seen as a barrier:

“It’s already difficult to get a doctor’s appointment so it would need to be a completely different system than trying to book a doctor’s appointment, for example when ringing to book a job then maybe you’d need to press 2 or whatever key to book in your vaccination appointment with a nurse”.



However, participants in focus group 1 suggested that GP surgeries write to or text patients, reminding them to book their vaccines. It was also highlighted that people who require communication support should be contacted according to their communication preferences and that their needs are met.

“Not everyone has the ability to read English and use devices so anything online would exclude a lot of people and discourage people from booking appointments.”



5. When planning your journey to get vaccinated, what is the most important factor for you?

(This question was asked to 17 participants from focus groups 1 and 2 and one-to-one interviews).

People from all three focus groups and one-to-one interviews said being unable to get time off work would act as a barrier to being able to get to vaccination appointments:

6 “Employers could offer time off work to get vaccinated or take non-English-speaking parents/grandparents to take their vaccine appointments. Sometimes people are ok or not so ok after taking the vaccine, employers need to understand this.”



People suggested that employers should be understanding and flexible depending on each person's personal circumstances.

Other people mentioned the following factors as important to them when travelling to an appointment:

- The location should be easily accessible by reliable public transport.
- It should be local and easy to get to.

6 “Public transport is important, particularly that it is reliable as I wouldn't want to miss the appointment.”





“Somewhere nearby as I don’t like to rely on friends or family for help to attend appointments.”



- Flexible timings and locations of where and when the vaccines are offered e.g. evenings and weekends for those that work and between school hours for those who have school children.
- Five participants said that they would prefer to be offered vaccination appointments at the end of the working week, to give them time to recover from any side effects.



“Everyone was falling ill after getting the Covid jab so I’d plan it towards the end of the week so if I was ill, it would be over the weekend.”



“There are people (friends/family) around to help at the weekend.”

- Information should be in plain, easy-to-read English with images, so it can be understood by anyone with low levels of literacy or who cannot read English. Participants pointed out that this can be common for people of their grandparents’ generation.
- Interpreters should be provided at appointments and people should not have to ask.

6 “It would be easy if there were interpreters present at these appointments, we shouldn’t have to ask for an interpreter. Questions about communication and preference should be asked when booking and arranging appointments.”

“Having someone to take me (transport) also to translate. Offer evening appointments at my daughters’ convenience. Offer language support.”



6. Where would people like you and your family most likely get vaccinated in the future?

(This question was only asked to 14 people who attended focus group 3. However, there was also some discussion amongst other participants when discussing Q4. This has been included below)

A lot of people thought it would make it easier to get a Covid-19 vaccine by offering it as a walk-in service at local pharmacies.

6 “It needs to be in pharmacies. Everyone knows where their local pharmacy is, even people who haven’t been to a doctor for many years, and pharmacies are generally in walking distance so more accessible to more people of all ages, and people generally trust pharmacists.”



Some people were unaware that they could currently get flu vaccinations, medical advice and some medical tests from local pharmacies as an alternative to having to make a GP appointment.

Other people expressed a preference to be vaccinated in health settings which would have access to patient records (e.g., hospital-based walk-in clinics and/or GP surgeries). People didn't want to be offered vaccinations in local facilities e.g., supermarkets or community centres due to the lack of privacy in these settings.

Participants wanted venues which required minimal travel and appointment times that would fit around other commitments such as work and childcare.

In terms of cascading medical messages through the community, participants with children felt that schools could play an important role, because parents generally trust teachers. They suggested that vaccinations via school could even be offered to parents around school drop off or pick up time. This would be convenient as they would already be present and not have any childcare issues which might be a problem when offered vaccination appointments elsewhere.

Q7. Would you or your family be more likely to book vaccination using a national website or telephone number to call, or would you/they prefer to deal with a familiar local GP or pharmacy?

(This question was only asked to 14 people who attended focus group 3)

Approximately a third of people (5) who were asked this question did not know how to use or have access to any technological devices such as a smartphone, computer, or tablet. Everyone who was asked said they wanted to be able to book vaccinations by phone or face-to-face rather than via a national website. They also said that they would prefer this to be via their GP rather than via a national call centre.

Whilst half of the group (7) said they did things like online shopping; few were aware that GP appointments can often be booked online. Only one person said that they booked their GP appointments this way and reported that it was convenient, an easy process and saved time.

There was some discussion about people's GPs' websites as a good place to put information about Covid vaccinations. Just under half of the participants (6) said they would go to their GP's website for health information in the first instance before booking a GP appointment, but also commented that these websites are not always up to date.

Q8. What information or experience helped you to decide to take/not take the vaccine?

(This question was asked to all 31 participants)

Many people who had chosen to get the vaccine said they got it because of the early TV coverage of the pandemic as well as seeing people in their own communities getting seriously ill or dying. One person said they had lost two siblings to Covid-19.

People said it had also been important to them to wait until they had seen the evidence that the vaccine was safe, and its halal status had been confirmed by people who worked in the medical profession.



“People were getting seriously ill and close relatives had died.”



Eight people talked about a combination of factors including pressure from their families and workplaces, but also because they felt it was the right thing to do.



“It is the responsible thing to do and help society get back to normal.”



Several participants had had the vaccination purely because it enabled them to travel abroad, whilst others chose to get vaccinated for health reasons – either to protect themselves or their family members.

13 out of the 31 participants were unvaccinated (4) or partially vaccinated (9). Reasons for why they decided not to get fully vaccinated were given as:

- Some people said that people who have had the vaccine are still dying or falling ill or have had serious side effects from the vaccine.

6 **“It was supposed to protect you from getting ill but then everyone still got ill.”** **9**

- Others said they didn't trust the vaccine because it hadn't been around long and had been developed too quickly. People didn't trust that the vaccine had been properly tested at first, particularly in regard to girls (fertility concerns) and pregnant women (potential to harm their unborn child).
- Some of the younger participants said they didn't trust what the government said, saying that messaging had been confused and contradictory throughout. The group discussed that the older generation would be more likely to take what the government said at face value and fear disobeying any rules.
- People also said current messages from the government and the general feeling in the community were that

6 **“We need to get on with life”,** **9**
especially as the virus now appears less dangerous and all restrictions have been lifted.

Participants who were not vaccinated or only partially vaccinated did explain that they were very careful and avoided mixing with older members of the community. They said they used precautions (hand gels and masks) when going out and were careful not to visit other households when they are feeling unwell.

6 “Although I am unvaccinated, I do not go out and I let others know I am unwell.”

“I stay away from others if I feel unwell, I mainly work from home, or opt to work from home and I do not visit my elderly nan. Since the pandemic I do not attend many gatherings like before”.



When the younger participants were asked if they had any fertility concerns in connection with the Covid-19 vaccine, they all said they had already had children, so this had not been a significant concern. However, they did say they felt relieved when it was confirmed that the vaccination did not cause fertility issues.

Q9. Would you get additional doses of the vaccine in the future?

(This question was asked to all 31 participants)

The majority of people (94%) said they would consider an additional dose of the vaccine in the future. However, some people did discuss the side effects as something that might put them off.

6 “With my first dosage I experienced a high fever and couldn’t get out of bed for days, the second was ok but then with the booster I had body ache and a headache that lasted a week”.



Another person was worried they would not get time off work to recover.

6 “I was too scared to ask for time off or go on sick because all my other colleagues were fine with their vaccines”.



One person said they had contracted covid after their first dose of the vaccination so felt they would now have sufficient natural immunity to not need a second dose.

Some people discussed how people still get Covid even after they have had the vaccine and there was divided opinion as to whether it works:

6 “It must work or there would continue to be hospitalisation and deaths.”

“The vaccine doesn’t work, I’ve had Covid twice, once after my first jab and then after the second jab”.

“If the vaccines work, then why are boosters needed?”



People said they would like to know how effective the vaccine is and how boosters are being developed in accordance with the new variants so that they can make better-informed choices.

Younger people who were not intending to have further boosters did say they would rethink this if people in their community began to die again.

One person said they would still consider getting vaccinated but only if this was required to visit other countries.

“If it was mandatory for travelling requirements, then I would reconsider.”

Another older person aged over 75 felt that they had enough protection with two doses and did not need the booster because they didn't go out and people were careful around them.

“Those that usually visit will not come if they are unwell, so everyone is cautious around me.”

Two people said they'd only get vaccinated if it became a 'must' from the government or if there was a sudden massive surge in Covid cases or a new dangerous variant.

Several participants felt that there isn't a hype anymore so feel less pressure to get vaccinated.



“You can go to work if you’ve tested positive so why would I need to get vaccinated.”



Q10. Have family, friends or others in your community helped you to make a decision about your health including the decision to be vaccinated? How important is their say to you?

(This question was asked to all 31 participants)

All participants (31) said they made their own choices and decisions about their health but acknowledged that family members do play an important role in influencing decisions. This was particularly the case for older people and those with health conditions who did not have easy access to information.



“Family have been important in sharing the right information at the right time.”

“I rely on my daughter for information. I do not read or write in my own language, also I do not watch television. My grandchildren share information with me too.”



Most participants trusted the advice of people in the community who were linked to the health professions. People generally agreed that if they were told by people of status (e.g., a doctor, a social worker, an Imam) to get the vaccine, they would be more likely to. People will look to an Imam to clarify whether a vaccine is haram (forbidden by the Islamic faith) or not.



“The local mosque was instrumental in sharing information about the vaccine which was helpful for the community.”



Participants confirmed that it is not common for members of the Muslim community to listen to the radio, so they were unlikely to receive health messages this way. They did confirm however that older people do watch the news channels in Bangla although there was also some distrust of the media.



“I don’t trust the media in terms of the news, you don’t know what to trust anymore”.



A lot of people said word of mouth was a powerful tool to get health messages out to the community. Social media (Snapchat and TikTok) and WhatsApp were also mentioned as common ways for young people in the Bangladeshi community to get their information, and people felt that this should be explored further for any future health messaging.

Q11. Have healthcare professionals (i.e., GP, nurse, pharmacist) helped you make a decision about your health including the decision to be vaccinated? How important is their say to you?

(This question was asked to all 31 participants)

Two out of the five people who had been vaccinated in the last 6 months said they had been influenced by a health professional.

Most people said they are not regularly in contact with any healthcare professionals and only occasionally seek medical advice for their children or someone else in their family. If they needed to visit a professional, it would be their GP or consultant. All participants said that healthcare professionals hadn't helped them in deciding the decision to be vaccinated.



“My midwife didn't encourage me to have the vaccine.”



Participants spoke about the difficulties they had experienced in booking and getting an appointment at their GP surgery.



“The messaging is ‘don't come to the surgery’ and ‘we are far too busy’.”



One person spoke about the shift from face-to-face appointments to alternatives such as video and phone consultations. They described how they felt this made things more uncomfortable and difficult to ask for further advice and support.

Several people commented that they'd had more conversations with their colleagues and employer than with health professionals.

Our recommendations

- **Target communication about the importance of vaccines and eligibility to receive them in individual communities.** Find ways to get messages out in community languages and by word of mouth, getting local mosques, schools, and community organisations on board as trusted organisations.
- **When sharing information about vaccines with Muslim communities, information about whether they are halal should always be included.** Information about any halal alternatives should also be clearly communicated.
- **Offer vaccinations in accessible locations that are local and ideally within walking distance or easily accessible by public transport.** Evening and weekend appointments should be made available, and interpreters should be routinely offered, not just when people request one.
- **Explore the idea of offering more vaccinations at local pharmacies** and raise awareness about this in local communities.

- **GP surgeries should always ask patients about any communication support needs and preferences, including where interpreters are required.** They should make sure that people are contacted according to these preferences and that any communication needs are supported. In addition, any written information should be in plain English, easy to read with images, so it can be more easily understood by people with low levels of English or who have low levels of literacy.
- **To continue with the uptake of the vaccine, employers should encourage and allow people to take time off work to get vaccinations for themselves as well as support family members to be vaccinated.**

Next Steps

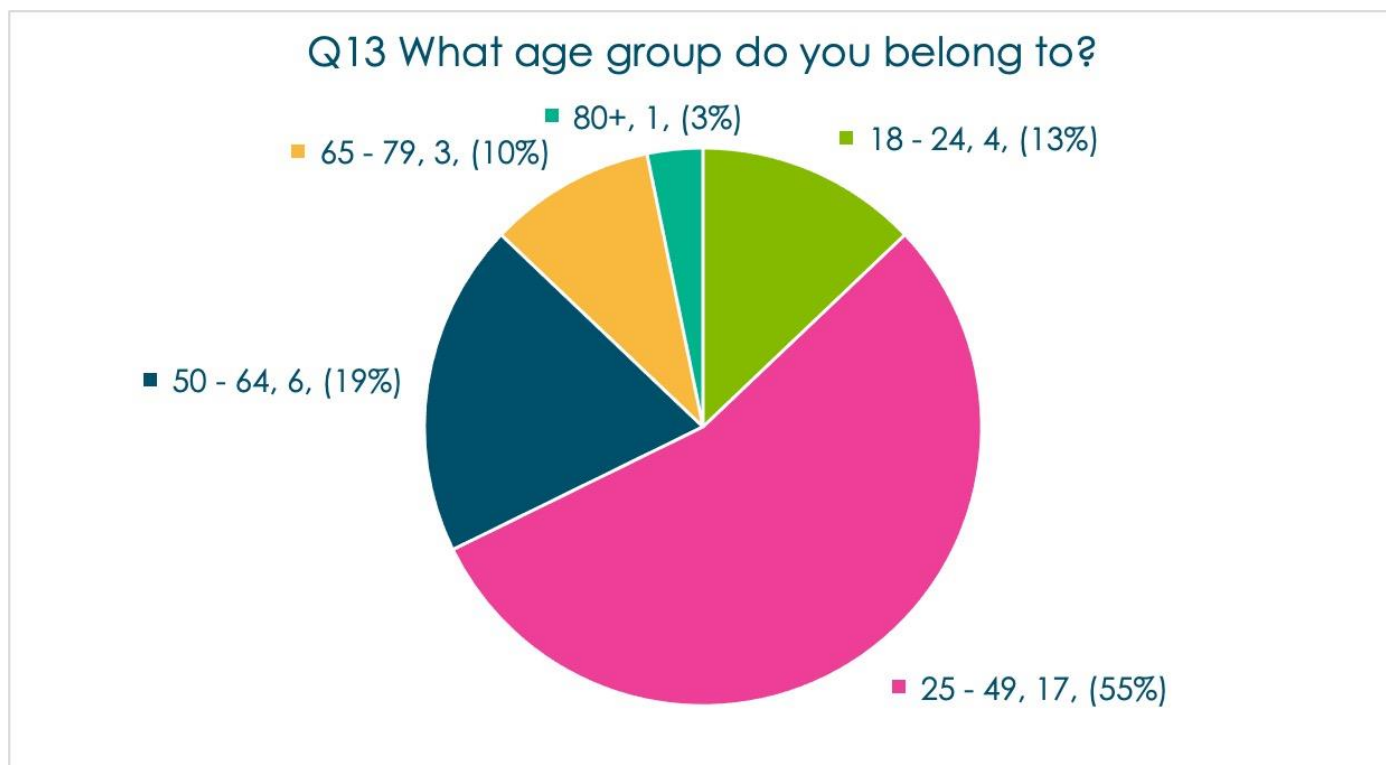
The report will be shared with NHS England who commissioned us to carry out this work along with 12 other local Healthwatch organisations. They will collate the findings of all these local projects and produce a national report which will influence recommendations on how future vaccines are promoted and offered in Pakistani and Bangladeshi. This report will also be published on the Healthwatch Leeds website.

Thank you

This report has been written by Parveen Ayub and Harriet Wright, Community Project Workers at Healthwatch Leeds. Thank you to all the people who attend the focus groups and one-to-one interviews and also to Janet Onslow, sessional worker and Rameen Haq, volunteer who helped run the focus groups.

Appendix 1

Age of participants





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