



Uptake of NHS Vaccinations amongst elder members of Pakistani Communities

Feedback from eligible groups, 65 years
and above
March 2024



What we did

We gathered feedback for the local Integrated Care Board (ICB) and Public Health team at Buckinghamshire Council on awareness and attitudes towards NHS Vaccinations amongst eligible members of Pakistani communities. This insight was collected to help with their vaccination programme and future campaign planning.

We held five focus groups, four two-person interviews and five individual interviews during January and February. We listened to 51 voices in total. We collected demographical data for 50 people. Demographic questions help us to identify whether there are any key differences in the way people experience or receive health and social care. All questions are optional. One person did not answer any of these questions but took part in the focus group session.

Feedback was gathered amongst Pakistani communities in mosques and social settings across High Wycombe and Chesham. All focus group participants had been vaccinated against COVID at least twice, and most had also previously had a flu jab. So, this sample does not provide insight into the issue of vaccine hesitancy in the Pakistani community, 65 years and above, in Buckinghamshire. Instead, it provides insight into continuing vaccine hesitancy i.e. uptake of COVID-19 boosters and repeated yearly flu jabs.

Strengths and limitations of our qualitative research

Strengths which added value to our research approach and findings:

- Most focus groups and individual interviews were translated into Urdu by one of our session facilitators

- We were able to access mosques and social settings through our community contacts
- Our focus groups and interviews were guided by a set of questions. Conversation was not restricted to these questions giving us the opportunity to explore other topics in-depth
- The sample size was sufficient to reach data saturation. We listened to voices in a variety of settings and gathered enough information to highlight themes and draw conclusions.

Our **limitations** were:

- Representation from eligible communities in Aylesbury. We spoke to two participants living within this postcode area. However, we did not facilitate focus groups in mosques or other community settings
- Our focus group facilitators were female. This meant that they couldn't access the men's side of mosques
- We attended mosques at different sites in High Wycombe that followed traditional Sunni Islam. We approached a Shia mosque near these sites but were unable to arrange a focus group with this community
- One focus group could not take place at a mosque in High Wycombe as a funeral was in procession when we arrived. This was an unforeseen event.

Key findings

The following findings are based on the analysis of voices that we heard across all groups and interviews.

Experience of NHS vaccinations

- + All participants received the first and second dose of COVID-19 vaccinations. Their reasons for having the first two doses were fear of catching the virus and not being able to travel.
- + A quarter of the people that we heard from (13/51) told us that they got the third jab for COVID-19. Seven people told us that they got the fourth booster jab.
- + Just under three quarters (72%) of the sample told us that they had a flu jab in the past. We heard that some people experienced common side effects after their

vaccinations such as colds and stiff joints. Most people who had experienced side effects said that they did not intend to have yearly flu jabs.

- + Only two people told us that they had been vaccinated for Shingles. There was confusion about the virus itself and eligibility for vaccinations.
- + Women were more reluctant to have booster vaccinations for COVID-19 and yearly flu jabs than men.

Vaccination appointments

- + Everybody told us that they received an invitation to COVID-19 boosters and flu jabs by text, letter, or email. Some invitations went to their relatives as a named point of contact.
- + Most people had the COVID-19 and Flu jabs in pharmacies. We heard that they preferred going to their pharmacy as they could 'walk in' rather than making an appointment with their General Practitioner (GP).
- + One person told us that they were looking into home visits for vaccinations due to mobility issues.
- + Almost all the participants were brought to appointments by younger members of their family to help with:
 - transport
 - mobility support
 - translating health information into Urdu or Punjabi

Perceptions of vaccinations

- + Most people were positive about getting seasonal NHS flu vaccinations especially those with relatives working in health care.
- + All participants received the first and second dose of COVID-19 vaccinations. The main reasons for getting vaccinations were fear of catching the virus and not being able to travel. A quarter of these participants (13/51) told us that they got the third jab for COVID-19. Seven people told us that they got the fourth booster jab.
- + Some participants told us that COVID-19 and flu vaccinations can give bad side effects so best to be avoided.
- + A few groups told us that exercising caution protects from COVID-19 and flu viruses. For instance, grandchildren should be kept away from elders if they are sick.

Vaccine fatigue: COVID-19 and flu

- + People said that COVID-19 has been around for a while. They spoke about the global pandemic and the effect that it had on the world. Most participants knew people that had COVID-19 and some that had passed away from the virus. Several people told us that they also had COVID-19.
- + We noted that there was an awareness but also an acceptance that COVID-19 and flu viruses are around.
- + Most participants told us that they would like more information about other viruses such as Shingles and Measles.

Sharing vaccination information

- + Participants told us that they would expect to see information about vaccination services in pharmacies and in GP surgeries.
- + Some of the groups suggested other settings to promote vaccination programmes such as schools, mosques, shops, leisure centres and workplaces.

Our recommendations

Based on what we heard, we recommend that Buckinghamshire Council Public Health and Buckinghamshire, Oxfordshire and Berkshire West (BOB) Vaccination Programme Leads improve their engagement with elder Pakistani communities by:

Involving family members

- Share information about vaccinations with elder members of Pakistani communities as well as their families. Information should be distributed to places such as family centres, schools and food retailers so that the people caring for their older family members are kept informed about vaccination programmes.

Same-sex outreach in mosques

- Share vaccination information with mosques for announcements at prayer times and inclusion in newsletters. Male and Female Community Engagement Leads could talk about vaccinations in separate areas of mosques. It would also be helpful to have a same-sex translator in religious settings.

Verbal Communication in different languages

- Promote a video or audio recording in Urdu/Punjabi explaining seasonal vaccination safety. This could include information about how it works, how long it lasts and possible side effects.

Understanding respect for elders in Pakistani culture

- As part of their Personalised Care Training, it would be effective for health professionals to learn about cultural values when engaging with Pakistani elders especially when communicating face-to-face. This could include both respectful ways of talking to elders and culturally appropriate body language.

Community Health Champions

- Develop community engagement programmes with Pakistani communities by training Health Champions from these communities to speak to elders across Buckinghamshire.

Joined-Up working

- BOB vaccination Programme leads should look at combined ways of working with local health and wellbeing projects i.e. Asian Movers and Shakers. Working with Public Health leads at Buckinghamshire Council, they could feed into physical activity strategies promote vaccination services.

What was the project about?

The purpose of this project was to gain **community insight** into awareness of vaccinations amongst eligible Pakistani groups (65 years and above). The UK Health Security Agency (UKHSA) strongly encourages eligible people from ethnic minority groups to book their flu and COVID-19 vaccines.

Data from the UK Health Security Agency's report on inequalities in emergency hospital admission rates for influenza and COVID-19 in England (December 2023), shows that:

In winter 2022 to 2023, for influenza, the Pakistani ethnic group had emergency hospital admissions rates which were on average 2.7 times higher than the white ethnic group. The black, African, Caribbean, or black British ethnic groups had emergency hospital admission rates for influenza which were on average 1.6 times higher than the white ethnic group.

Who we heard from

We listened to 51 voices and collected demographic data from 50 people. Based on this data, everyone we spoke to was 65 years or over and Muslim.

- 48 of the people we spoke to were Asian /Asian British Pakistanis
- 40 people were married and 9 were widowed
- 18 people said they had a disability and this was mostly "Physical or mobility impairment", or a "Long term condition"

The majority of people we spoke to were in the 65-75 years age group

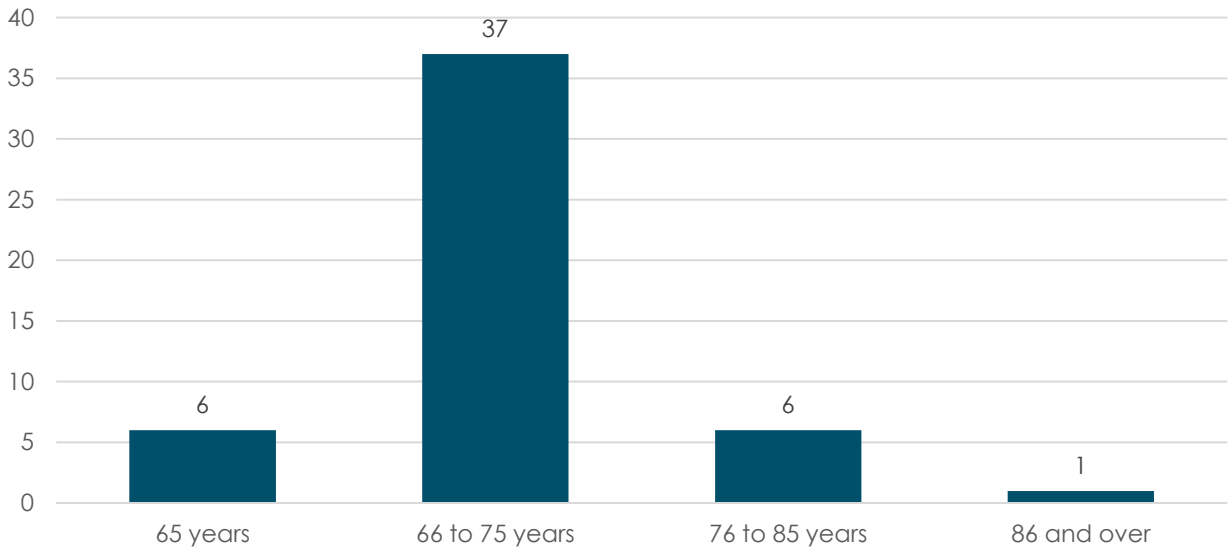
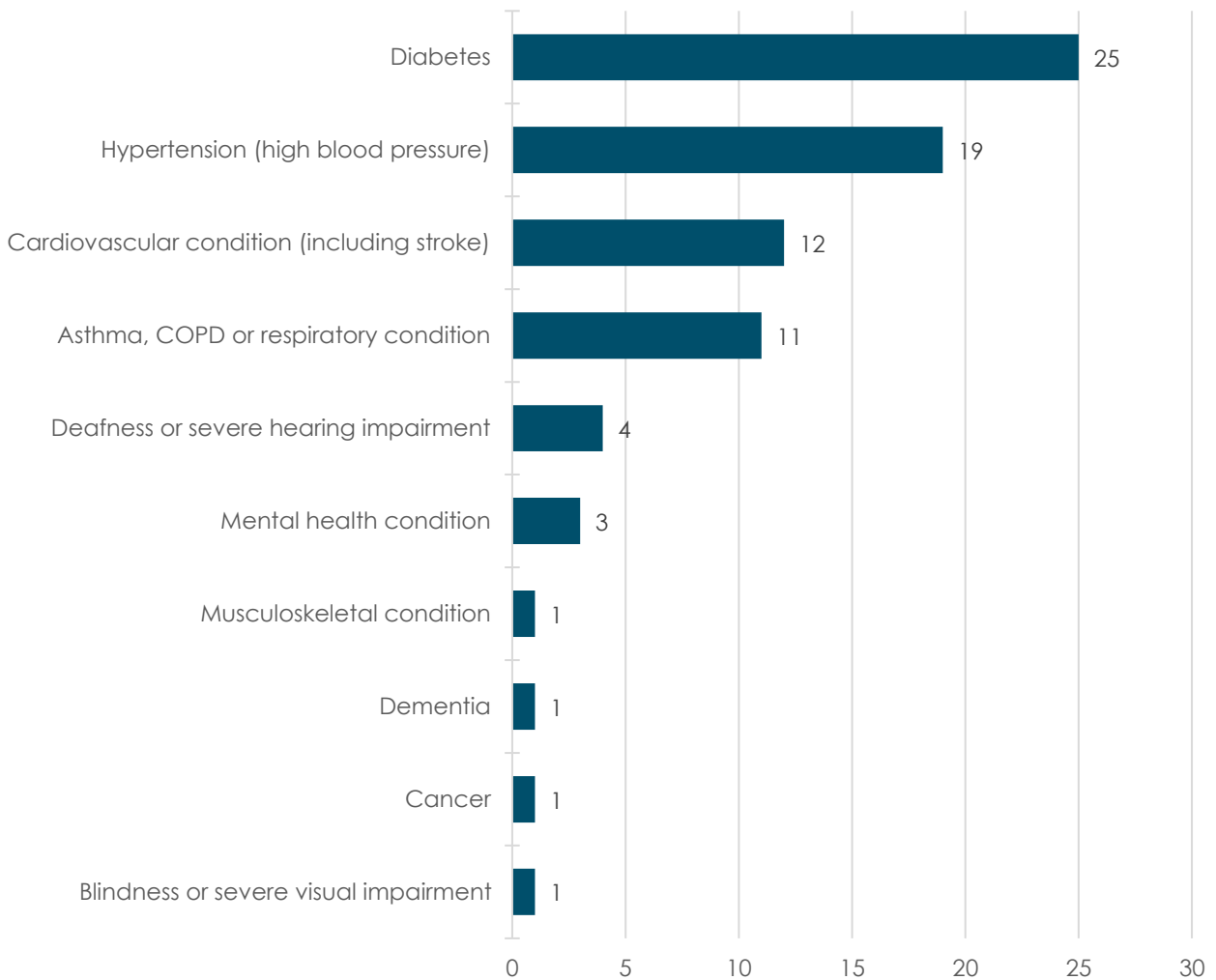


Figure 1 - Age group

40 people reported they had a long-term condition (LTC) and since a person can have more than one LTC, 78 were reported, as shown in **Error! Reference source not found..**



Most of the participants (63%) lived in levelling-up wards across Buckinghamshire. The government's [Levelling Up White Paper published in February 2022](#) sets out 12 national missions designed to spread opportunity across the whole UK and improve everyday life and life chances for people in underperforming places.

At the time of collecting data, levelling-up wards in Buckinghamshire were:

- High Wycombe: Booker, Cressex & Castlefield, Totteridge & Bowerdean, Ryemead & Micklefield Abbey, Terriers & Amersham Hill, West Wycombe
- Aylesbury: Aylesbury South-West, Aylesbury North-West, Aylesbury North
- Chesham

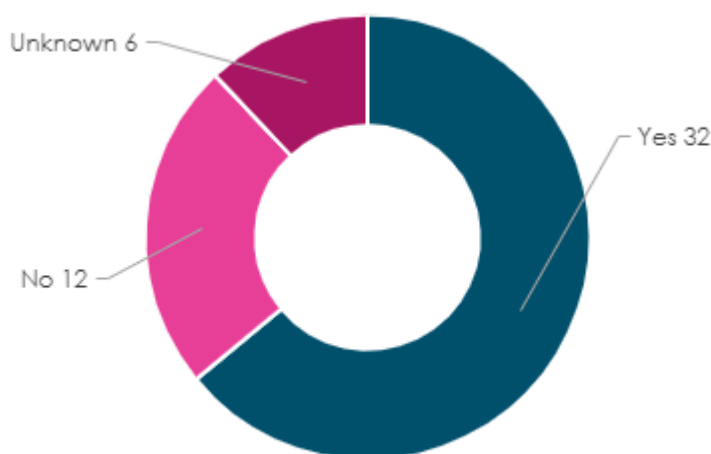


Figure 3 – People living in levelling-up wards

What we heard

Vaccination knowledge and information

Most people were aware of vaccinations for COVID-19 and flu. They had received letters, text messages and emails inviting them to book their vaccination appointments. They told us that they received the invitation because of their age and their underlying health conditions.

Less participations were aware of vaccinations for Shingles with only **two** people receiving this vaccination. One participant told us about their struggle to book an

appointment for the vaccination. Due to underlying health conditions, their son wrote to their GP surgery requesting an appointment for the Shingles vaccination. They asked:

Why is the age over 70 years?

There was confusion about Shingles across all focus groups and interviews. This included misunderstanding about:

- The virus - causes and symptoms
- Eligibility for the vaccination – age requirements

The following guidance for the UK Health Security Agency outlines eligibility for the shingles vaccination:

From 1 September 2023, the vaccine programme is being offered to healthy people turning 65 or 70 years on, or after, that date.

The roll out will continue at these ages until all those aged 65 years in 2023 have turned 70 and been offered vaccination (in 2028).

In 2028, the vaccine offer will also be extended to those turning 60, as well as those turning 65.

In 2033, the Shingrix shingles vaccine will become a routine offer at age 60 (by which time all those turning 65 years will have already been offered the vaccine). Once you have become eligible, you will remain eligible for the shingles vaccine until your 80th birthday.

The role of family in healthcare

We heard that family played a big part in influencing healthcare decisions and communicating with health professionals on behalf of their elderly relatives. Family members helped with booking appointments and translating messages.

Speaking about NHS bookings, we were told:

My son helps me with all the digital messages.

It's hard [to attend NHS appointments] without my daughter.

We were told that there were no significant barriers to making appointments for vaccinations. Most people that had boosters for COVID-19 and the flu preferred going to the pharmacy as they did not have to make an appointment. Many participants told us that they found it difficult to make appointments at their GP surgery:

I prefer the pharmacy, don't have to make appointments.

I don't find it easy [to make GP appointments] ... puts me off. I have to wait for my son or daughter to do it.

One participant told us that they were considering home visits for vaccinations and other medical appointments.

COVID-19 vaccinations

All participants received the first and second dose of COVID-19 vaccinations. The main reasons for getting vaccinations were fear of catching the virus and not being able to travel.

Covid came and shook the world. The affect is still here today. Makes you fearful, you know it's around.

I had to get Covid vaccination [to travel] like most people.

A quarter of the people that we heard from (13/51) told us that they got the third jab for COVID-19. Seven people told us that they got the fourth booster jab. One participant told us:

I stopped after the third Covid vaccination. I'll leave it up to God now.

Gender differences

We spoke to 20 men and 30 women. We conducted smaller focus groups with women. We had one large focus group for men with 15 participants. We found that men were more likely to get COVID-19 boosters and yearly flu vaccinations than women. In one group with four female participants, we heard that the perceived risk of getting COVID-19 or the flu was down to fate and general wellbeing. They told us:

I believe in homeopathic remedies.

I am not keen on vaccinations. Eat well and pray.

I believe in God, what will be will be.

Flu is around anyway.

That said, another group of four women told us that they planned to get the yearly flu vaccination and COVID-19 boosters. One participant told us:

We are not afraid of vaccinations.

Both groups of women attended the same **branch** of mosque in High Wycombe (*there are three mosques in High Wycombe which are linked to one central mosque - Wycombe Mosque*).

Side effects of seasonal vaccinations

Participants spoke about side effects that they had experienced after having flu and COVID-19 vaccinations. These included **common** side effects:

- Headaches
- Colds
- Stiff joints

We also heard about one **rare** side effect to the COVID-19 jab which was thought, by the participant, to have resulted in a heart condition.

Flu vaccination:

One lady told us that she received an invitation for a flu vaccination as she was more at risk due to age and being asthmatic. She did not feel well after the vaccinations. After the second vaccination she had pains in her joints. She put it down to older age, but her daughter (in her 40s) also said that she did not feel well after the flu jab. She said that she would not have another flu jab in the future.

A participant in the men's focus group told us that he always got a cold after getting the flu vaccination. He stopped having yearly flu vaccinations when he retired.

COVID-19 vaccination:

One participant told us that they regretted taking the first dose of the COVID-19 vaccination as they did not feel well afterwards. They said that their adult children did not get vaccinated.

Another participant told us they had a heart attack which they believed was due to getting the COVID-19 booster. They said that they were fit and healthy before having the third COVID-19 jab.

Protecting grandparents

A common theme across the focus groups and interviews was the part that school children play in spreading viruses. Participants spoke about avoiding sick grandchildren.

If any of the children have the flu or are sick, he [son] won't bring them around.

As well as spreading the virus, we also heard that grandchildren could be good sources to spread information about protection from viruses.

[Vaccination Leads] Could give the information to children at school, information is cascaded up.

We asked participants if they thought they were at risk of getting COVID-19 or the flu. Most respondents thought that they were at risk of catching both. However, a few respondents thought they were more at risk of catching the flu.

Covid not anymore. Flu, yes as grandchildren go to school. They get ill easily but stay away when they're ill.

Vaccination decisions

We heard that elder members of Pakistani communities based their vaccination decisions on advice from:

- General Practitioners (GPs) and other health professionals such as nurses and Pharmacists
- Information from family members
- Online information – internet searching and YouTube

Vaccination signposting

We asked participants where they had seen information about COVID-19 and flu vaccinations. Some participants told us that they have seen information on notice boards at GP surgeries and Pharmacies but not as much material about COVID-19 as before. One participant said that there is a lot of information about vaccinations on social media which might scare people such as links to death and heart-related conditions. They said that this affects people's decision to get vaccinated.

We also asked participants where information about vaccinations should be promoted. They said at:

- Workplaces
- Mosques – An announcement could be made at Friday prayer. Information could be posted on notice boards and put in newsletters for members.
- Leisure centres
- Local retail outlets

Verbal communication was preferred over written messages. One participant told us that they couldn't see very well so wouldn't notice posters in public places. Other participants told us that they preferred communication in their native language.

In my own language would be good.

Conclusion

We spoke to people in social and religious settings. As well as talking to our target audience (65 years plus), we also spoke to younger members of Pakistani communities. We observed that respect for elders is important in Pakistani culture. The following quotation features on the Facebook page of Wycombe Islamic Society (WISE) for the Big Elders Lunch Club at The Hive Community Centre in High Wycombe.

Let's all give back to our elders! Our Prophet Muhammad (SAW) said, "The one who does not respect our elders is not one of us".

We found that families are very involved in the care and well-being of older Pakistani adults. Participants told us that family members often booked their medical appointments and accompanied them to these appointments. Younger relatives helped by translating messages into Urdu and Punjabi. They also assisted with transportation to health-related appointments. So, it's important that health professionals understand:

- 1 How older people are treated in the Pakistani family system, and
- 2 Ways of respecting elders in Pakistani communities

Acknowledgements

We would like to thank all the people who talked to us in focus groups and qualitative interviews. We would also like to thank local mosques and community groups for helping us to gather voices by spreading the word about the project and allowing us to visit their settings. We are grateful to the following groups:

- Chit Chat Chi Social Group
- Dosti Women's Social Group
- WISE at The Hive Community Centre

Disclaimer

Please note this report summarises what we heard and what was observed in a research sample of focus groups and qualitative interviews.

It does not necessarily reflect the experiences of all members of Pakistani communities who are eligible for NHS vaccinations in Buckinghamshire.

Appendix 1

More about our approach

We took a qualitative approach to collecting data using focus groups to gather feedback from elder members of Pakistani communities who are eligible for NHS vaccinations (65 years or over). Topic Guide questions are highlighted in Appendix 2. Group sizes varied from four to 15 people. We also conducted two-person interviews and individual interviews.

All participants were informed that:

- Participation in the study was voluntary
- Personal information collected would be stored in accordance with the Data Protection Act 2018
- Transcripts would be anonymised
- Participants could withdraw from the study within 7 days and request that their information be removed and destroyed, where possible.

Who we included

We conducted focus groups, two-person interviews and in-depth individual interviews with elder (65 years and above) Pakistani communities in settings across Chesham and High Wycombe. The groups and interviews took place in:

- Community centres
- Mosques
- Wycombe museum
- Participant's homes
- A public library

Who we will share our findings with

Our findings will be shared with Public Health at Buckinghamshire Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). We will also pass our findings with Healthwatch England, the independent national champion for people who use health and social care services.

Appendix 2

Topic Guide

The following areas of questioning was used as a semi-structured guide in our group discussions and qualitative interviews.

Confidentiality/anonymity statement

Purpose of this discussion – We are gathering information for Buckinghamshire Public Health to help understand attitudes towards NHS vaccination services, and vaccines more generally amongst eligible members of Pakistani Communities (aged 65 years or over).

We would like to know where you receive information and advice about vaccinations and what influences your decision around vaccinations.

Experience of vaccinations

1. Are you registered with a GP in Buckinghamshire? Y/N
2. Covid, Flu and Shingles are some of the vaccines offered over the winter. Have you ever received an invitation from your GP to make an appointment for any of these vaccinations? Y/N
3. How did you receive this invitation: *Note taker to indicate.*
 - Letter
 - Text Message (SMS)
 - Email
4. Have you ever had a vaccination for: Y/N
 - COVID-19
 - Flu
 - Shingles

If you only chose to take one of the vaccines offered, can we explore why that was.

5. Do you know why you've been offered a vaccination? (*Eligibility group/at risk*) Y/N
6. Do you take or plan to take the yearly flu vaccination? Y/N

NHS vaccination appointments

7. Are there any barriers getting to vaccination appointments?
Language/Location/Digital bookings/Other
8. What could make these appointments better?

Decision to take/not take vaccinations

9. Do you think you're at risk of getting COVID-19 or the flu? Y/N
10. Do you know anybody who anybody who has had COVID-19? Y/N
11. Have healthcare professionals (i.e., GP, nurse, pharmacist) helped you decide about your health including the decision to be vaccinated?
12. How important is their view to you? *Note taker to indicate -Very/Not very*

Information about NHS vaccinations

13. What information helped you to decide to take/not take the vaccine?
14. Have you seen information about NHS vaccinations in your local area? Y/N
15. Where would you expect to see information about NHS vaccinations?
16. Where/how would you like to receive more information about NHS vaccinations?

Closing comments

17. Is there anything else that you would like to tell us about your experience or vaccinations or vaccinations in general?

Appendix 3

Who did we hear from?

What age group are you in?

	Count
65 years	6
66 to 75 years	37
76 to 85 years	6
86 and over	1
Grand Total	50

Are you a:

	Count
A man	20
A woman	30
Grand Total	50

Is your gender identity the same as your sex recorded at birth?

Please tell us your ethnicity?

	Count
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Asian / Asian British: Indian	1
Asian / Asian British: Pakistani	48
Mixed / Multiple ethnic groups: Asian and White	1
Grand Total	50

What is your sexual orientation

	Count
Heterosexual / Straight	49
Prefer not to say	1
Grand Total	50

What is your religion or belief?

	Count
Muslim	50
Grand Total	50

How would you describe your marital or partnership status?

	Count
Blank	1
Married	40
Widowed	9
Grand Total	50

Pregnancy/maternity status

Not applicable

Do you have a disability?

	Count
Blank	31
Prefer not to say	1

Yes	18
Grand Total	50

Which of the following disabilities apply to you?

	Count
Long term condition	14
Physical or mobility impairment	12
Mental health condition	2
Sensory impairment	0
Neurodevelopmental condition (ADHD, ASD, learning disability or difficulties)	0
Learning disability	0
Prefer not to say	0
Other (please tell us)	0

Have you been diagnosed with any of the following?

Not applicable

Do you consider yourself to be a carer?

	Count
	42
Prefer not to say	2
Yes	6
Grand Total	50

Do you have a long-term health condition?

	Count
	8
Prefer not to say	2
Yes	40
Grand Total	50

Which of the following long-term conditions?

	Count

Diabetes	25
Hypertension (high blood pressure)	19
Cardiovascular condition (including stroke)	12
Asthma, COPD or respiratory condition	11
Deafness or severe hearing impairment	4
Mental health condition	3
Blindness or severe visual impairment	1
Cancer	1
Dementia	1
Musculoskeletal condition	1
Chronic kidney disease	0
Epilepsy	0
Learning disability	0
Prefer not to say	0
Other (please tell us)	0

Resident in a levelling-up ward based on full postcode

	Count
Yes	32
No	12
Unknown	6
Grand Total	50

IMD Quintile based on full postcode (1 is least deprived, 5 is most)

	Count
1	1
2	
3	13
4	6
5	24
Grand Total	44

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