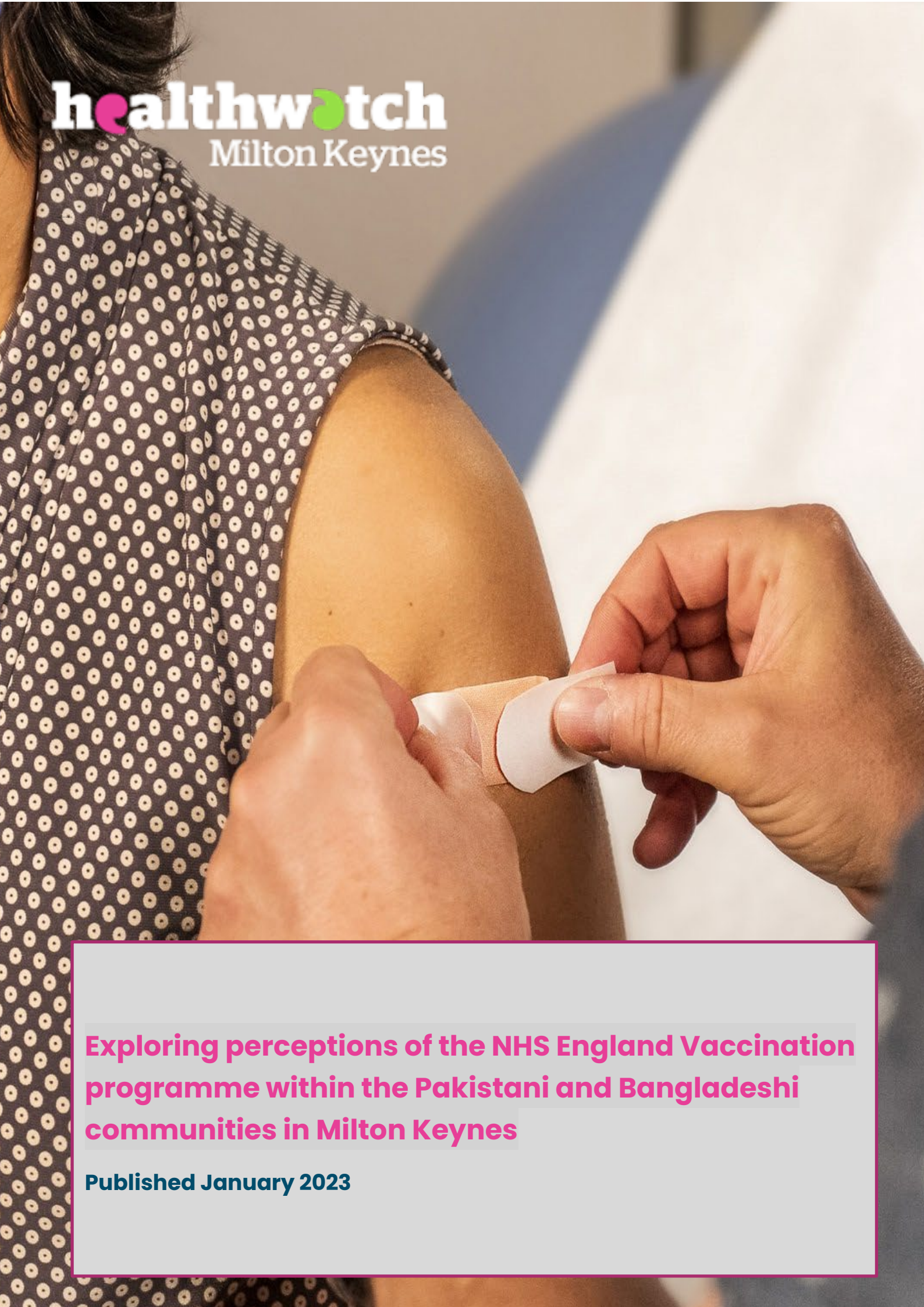

healthwatch Milton Keynes

Exploring perceptions of the NHS England Vaccination programme within the Pakistani and Bangladeshi communities in Milton Keynes

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Who is Healthwatch?

Healthwatch Milton Keynes was set up in April 2013 as a requirement of the Health and Social Care Act of 2012. We are part of the Local Healthwatch Network, covering all 152 local authorities in England. We work closely with our national body, Healthwatch England, to put local issues in national perspective.

We are the independent champion for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care. Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

How we work

We are here to listen to what people like about services and what they think could be improved. No matter how big or small the issue, we want to hear about it.

We have a statutory role to represent people's views on Health and Social Care services and this gives us the power to make those voices heard. Our reports are written based on experiences shared with us and include recommendations of how services can be improved. We distribute these reports to Healthwatch England, the Care Quality Commission, and the people who pay for and provide local services.

We also offer advice and signposting about health and social care services available locally.

Introduction

In early 2022 Healthwatch Milton Keynes were approached by the NHS England and NHS Improvement COVID-19 Vaccination Equalities Team to engage with our Bangladeshi and Pakistani communities to hear their views on the current offer of vaccinations, and how to improve accessibility for local communities.

This commissioned engagement objective was to gain an understanding of how Bangladeshi and Pakistani groups perceive NHS vaccination services such as COVID-19 vaccination and flu, including identifying barriers to access.

Our approach

We contacted local community groups such as the Milton Keynes Pakistan and Kashmir Welfare Association, the Milton Keynes Bangladeshi Association, as well as some of our local Bangladeshi and Pakistani Councillors and our existing community contacts to ask for their help in finding people to speak with us.

Those community contacts who did respond to our request for help were reluctant to support introductions for this specific topic. One of the reasons given was that the NHS has not sought their opinions in this way on any other areas of concern for the community such as maternity care or Diabetes services.

We revised our approach and spoke to individuals on a very opportunistic basis. We attended the Peace and Humanity Procession and Interfaith Day, hosted by Zainabiya Islamic Centre, and utilised our Assertive Outreach approach to speak to individuals in the community, and contacted people through Bangladeshi run Facebook pages.

Data analysis and reporting

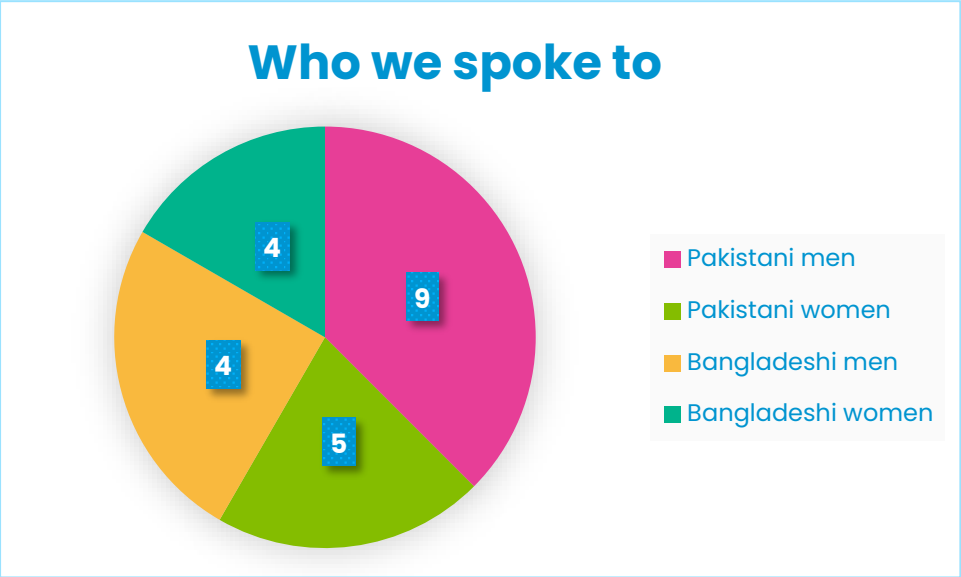
Every conversation started with an outline of the role of Healthwatch Milton Keynes and the purpose of the engagement, including an agreement that while direct quotes from individuals may be used in the report, there would be no details included that may identify that resident.

The conversations were guided by a set of questions provided by the Vaccine Equalities team to ensure that the information gathered was relevant to the project brief. We also aimed to be flexible enough to allow exploration of areas that the people we spoke to felt were important to them and allowed them to share their experiences freely. In most conversation we had, it was difficult to adhere strictly to the question set as participants wanted to be able to share their, often very strong, opinions and thoughts about the pandemic, vaccination and health generally, and their feelings that they were being blamed for getting Covid.

Detailed notes were taken during conversations and these written notes have been collated to provide this thematic report. A summary of the key findings and a set of conclusions and recommendations based on this evidence is presented to inform any future vaccination strategy.

What we found

Whilst we only spoke to a small sample of Bangladeshi and Pakistani people in Milton Keynes, the thoughts and opinions shared with us were very similar across both communities, and the differences appeared in the same places.



Interestingly, our findings reflect those of existing academic studies[1], and of our own more general health inequalities work. This highlights the dangers of viewing individuals and their experiences through a purely ethnicity-based lens without taking the individuals societal, cultural, health, or economic factors into account.

How do you feel about the NHS Vaccination Programme?

When asked 'In general, how do you feel about NHS vaccination at the moment and why?' we found that people's responses varied more by their economic status, occupation, or their education level than their ethnicity. Of course, if this question was asked of more people, as it has been in recent Scientific Advisory Group for Emergencies (SAGE) reports[2], it starts to draw some serious lines between people of different ethnic groups. This then suggests a much larger, and more difficult, conversation needs to be had around why some ethnic groups have far higher representation in lower paid or unstable occupations.

People who worked in healthcare or had close family that did, or those who held jobs that required degree level qualifications were far more likely to express a positive opinion of the NHS vaccination programme and were happy to disclose that they, and their families, had been vaccinated.

[1] https://www.kcl.ac.uk/research/covid-19-vulnerability-and-social-distancing-uk-urban-dwelling-bangladeshis
[2] https://www.gov.uk/government/publications/covid-19-ethnicity-subgroup-interpreting-differential-health-outcomes-among-minority-ethnic-groups-in-wave-1-and-2-24-march-2021

"My wife is a nurse, so I know it's important. My whole family are vaccinated, including my children"

People who were self-employed, or in lower paid, contract, or otherwise unstable work were less likely to disclose their vaccination status to us and were more likely to have a more negative view of the vaccination programme. Their views on the vaccination programme were firmly tied to their views on the overall pandemic response and restrictions and how supported, or otherwise, they had been during this time.

"I had to keep working. No one asked about me then, why do they care what I think now?"

The views on vaccinations and restrictions among people we spoke to who had contracted COVID-19 early in the pandemic were divided more by perceptions of how coherent the rationale behind the restrictions or vaccination rules had been. There was a fairly strong acknowledgement that socio-economic factors played a large part in a person's decision or ability to adhere to COVID guidance.

"My family stuck to the rules – we had the luxury of being able to follow the rules"

Decision Making:

Those who had not felt supported by the Government or the NHS during the pandemic said they felt like they were being blamed for getting Covid-19. They had to work in their front-line roles while everyone else was being told to stay at home. Information on the virus and on the vaccine were not translated into other languages by the NHS until much later which added to the perception that if you didn't speak or read English, you weren't important. The NHS website does not provide any links to COVID information in Bengali or Urdu[3] and searching online it is quite difficult to find any local information in these languages.

The most helpful link to more localised support and information around COVI-19 is found deep within an NHS London Social Prescribing resource pack and is information provided through the Race Equality Foundation.[4] The NHS videos given by Health Professionals in other languages are good. However, because of the way the You Tube algorithm works, by the third COVID-19 video is suggested to you, it is already moving into misinformation and videos about how to naturally cure COVID-19. The people who told us they had looked online for information about the vaccine were less likely to have positive views about it. Only two people told us that they had checked the information they found online with someone in their family or their community.

[3] https://www.nhs.uk/about-us/health-information-in-other-languages/

[4] https://raceequalityfoundation.org.uk/health-and-care/covid-19-translated-materials-resources/

Some people told us that they felt the double standard of expecting them to work in the company of complete strangers everyday while not being able to visit their families seemed pointless.

> *I am an essential worker, I go home to my [extended] family. If I catch COVID they are going to get it, my children will take it to school, their friends will take it home and give it to their family. What is the difference if I was going to a friend's house, or a funeral?*

Some people we spoke to suggested that the messages they were being given by the faith leaders, and their wider faith community, had had a greater influence on their decision making than the official government messaging. This was followed by comments that they knew their faith community would only give them information that was true, and that was appropriate for their particular faith.

Most people we spoke to would search out answers from someone in the community, someone with a high level of education. Although this was not necessarily someone with a medical or health related degree, it was always someone who spoke their language, and demonstrated an adherence to traditional or cultural values.

People who worked in Health, or had family who did, were more likely to seek answers to specific questions from health professionals, although this was generally only after their faith leader had advised that the vaccination was *Halal* (permissible).

> *"For us [Shia Muslims], vaccination is for all of us, it's for the community"*

The people we spoke to who told us they were vaccinated said they would have future vaccinations as necessary, although some of these people did not get the flu vaccine as they were not eligible for a free jab. Of those who told us they were not vaccinated, one person we spoke to was unable to have the vaccination due to existing medical conditions but said their adult family members got vaccinated in order to protect them. Another told us they were not going to get vaccinated as they had caught COVID early on in the pandemic and they 'didn't die'. They felt they were young, healthy, and believed they proved they had a natural ability to fight off the disease.

Access:

When asked about access to appointments most people took the opportunity to tell us about the difficulty getting through to their GP practice on the phone. Some people, whether they agreed with the vaccine or not, told us that they didn't think it was a good idea for GPs to give the vaccines as it made it harder for everyone else to get an appointment for actual health problems. Mention of GPs just wanting to make money from the vaccine programme was also made by everyone who talked about issues getting appointments.

People who had been vaccinated appreciated the Mass Vaccine centres as they were generally easy to get to and had good parking available. The walk-in option was preferred as it was more convenient and the appointment system did not always work well.

Three people had appreciated being able to take their children or parents with them once the vaccine centres were able to be open to everyone. This had been logistically easier for the families and also meant that people with older family members didn't have to arrange appointments online, or on the phone, for those without internet access or the language skills to do it themselves.

Those who would have both flu and COVID vaccines were still a little hesitant to have these done on the same day but agreed it would be very convenient for this to be available for those who wanted it.

Recommendations

Important National health messages should be made available in other languages and formats at the same time as they are put out in English.

Avoid making assumptions, or targeting messaging, on the basis that people or individuals from a particular ethnic group are having the same experience.

Ensuring that faith leaders, community role models and community leaders are involved and educated early will mean that there are fewer gaps in knowledge that could be filled with misinformation.

Having seasonal, all ages, central vaccination centres working on a drop-in basis in the future will allow families to come together and all be vaccinated at the same time.

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Healthwatch Milton Keynes
Suite 113, Milton Keynes Business Centre
Foxhunter Drive
Linford Wood
Milton Keynes
MK14 6GD

www.healthwatchmiltonkeynes.co.uk
t: 01908 698800
e: info@healthwatchmiltonkeynes.co.uk
@Healthwatch_MK
Facebook.com/HealthwatchMK