



# Vaccine Project- NWL Winter Campaign 2024-25

**healthwatch**  
Hammersmith  
and Fulham

# Contents

Executive Summary

Introduction

Methodology

Key findings

# Executive Summary

This report illustrates the findings from our community initiative exploring the knowledge, perspectives, and experiences of flu and COVID vaccinations across Ealing. This project was a part of the North-West London (NWL) Winter Campaign Fund, which we successfully bid done with an aim of promoting seasonal vaccinations, like flu and COVID-19 boosters, particularly among communities at higher risk of low uptake.

As part of our bid commitment, we organised a series of targeted community events and partnered with Ealing's roving team and Primary care delivery Manager Mariam Shah to deliver them. Initially, we planned two events focusing on people facing homelessness and those seeking asylum. However, we expanded the programme to include four events in total, collaborating with various community partners and incorporating the Tamil community—a group identified as having lower vaccination uptake.

Through these events, we interacted with approximately 170 people, handing out multi-language flyers that provided clear information about local primary care services and seasonal vaccination operations. We further supported wider health engagement by encouraging attendees to have their blood pressure checked through Every Contact Counts initiative, which resulted in over 85 individuals receiving basic health screening. Additionally, we successfully persuaded almost 30 people to either receive their vaccination on the day or to arrange it directly with their pharmacy. As part of the engagement, we had in-depth conversations with 34 participants to understand their views, knowledge, and concerns about vaccinations.

The conversations revealed mixed awareness about how to book flu vaccinations—just over half knew the process, while many remained unsure. Confusion existed about whether GPs still offer flu vaccines, partly due to unclear text reminders without booking links. Awareness of the nasal spray flu vaccine for children was particularly low, highlighting communication gaps about vaccine options for younger age groups. Motivations for vaccination were mainly personal health protection and safeguarding vulnerable family members. Trusted advice from healthcare professionals, especially GPs, strongly influenced uptake. Conversely, non-uptake reasons included beliefs that vaccines were unnecessary for healthy individuals, difficulties following through despite intent, and concerns about side effects or prior negative experiences. Most participants had received the COVID-19 vaccine, motivated by self-protection and the pandemic's risks. Those unvaccinated cited mistrust, competing priorities, reliance on natural immunity, or misunderstandings about vaccine effectiveness, sometimes due to personal COVID-19 experiences.

# Executive Summary

Participants' general views on vaccinations reflected a balance between recognising the historical importance of vaccines and harbouring concerns around side effects, safety, and the evolving messaging about the need for COVID-19 boosters post-pandemic. Some expressed uncertainty about whether annual COVID-19 vaccinations were necessary now that the emergency phase of the pandemic has passed.

A recurring theme was the desire for better information about what happens after vaccination, including transparent discussions about common side effects, their normal course, and the ingredients of vaccines. Participants indicated that clear, honest communication could help address hesitancy, though some individuals remained firmly opposed to vaccination regardless of additional information.

From these insights, borough-level recommendations include clearer, more accessible booking information via GPs and pharmacies, with direct booking links and multilingual materials. Raising awareness of children's flu vaccines and reinforcing COVID-19 booster importance should be part of targeted community campaigns. Empowering healthcare professionals and community leaders to provide consistent advice and address concerns is vital. Expanding flexible, walk-in, and pop-up clinics in trusted local settings can improve access, especially for groups with lower uptake. This project highlighted the value of direct engagement with underserved communities through in-person events that provide information, answer questions, and connect people to broader health services. Ongoing local involvement, tailored messaging, and resident feedback will be key to building trust and improving vaccine uptake across the borough.

# Recommendations

## *Improve Clarity and Accessibility of booking information*

Recommendation 1.1 Our findings highlight the need for clear and consistent communication regarding the booking process for flu and COVID-19 vaccines. Local GP practices and pharmacies play a crucial role in conveying these messages effectively. **We recommend** that text messages from GPs include direct booking links and clear instructions.

Recommendation 1.2 To improve the accessibility of booking information, **we recommend** that public health providers offer easy-to-navigate websites and/or leaflets summarizing booking options, eligibility, locations, and the differences between COVID-19 and flu vaccine services. Healthwatch can leverage its access to GP services to distribute these flyers and monitor the need for additional flyers during patient experience visits.

## *Targeted Awareness Campaigns*

Recommendation 2.1 Our research highlights the need to raise awareness among underserved groups, especially around the nasal spray flu vaccine for children and its importance. **We recommend** public health teams raise awareness through trusted community channels like schools, faith groups, and trained local leaders, particularly in communities with lower uptake or higher hesitancy such as people facing homelessness, ethnic minority groups, and others.

Recommendation 2.2 We found that the COVID pandemic significantly shaped how people view vaccines, especially those already skeptical. Some now believe 'COVID is over' and see COVID vaccines as unnecessary. **We recommend** public health professionals and primary care providers address this through clear, up-to-date messaging on the ongoing need for annual COVID vaccinations and ensure there is a safe space available to ask questions about the COVID vaccine.

## *Using Healthcare providers as key influencers*

Recommendation 3.1 Our findings suggest that primary care providers, especially GPs, have significant influence on vaccination decisions. **We recommend** healthcare providers leverage this trust to share key vaccine messages. Local providers should be supported to proactively discuss the benefits and side effects of flu and COVID-19 vaccines during routine appointments. Primary care team should also follow up with those who miss appointments, particularly those who intended to vaccinate but didn't.

# Recommendations

## ***Community led-initiatives to address vaccine hesitancy***

Recommendation 4.1 The research highlights the need for consistent messaging and closing the vaccine knowledge gap. **We recommend** public health providers identify, and support trusted local community figures and peer influencers to act as vaccine champions, especially to reach hard-to-reach groups. These champions can share positive personal stories, engage in conversations, and provide vaccine information sheets and FAQs in main community languages to effectively reach non-English speaking residents.

Recommendation 4.2 To address mistrust and tackle vaccine hesitancy, there is a need for strong, transparent communication channels where people can express concerns, ask questions, and learn more about vaccines. **We recommend** hosting regular, informal borough-level vaccine information sessions with trusted health experts in accessible places like schools, libraries, and community halls to support open conversations.

Recommendation 4.3 To enhance public understanding, **we recommend** vaccine education campaigns and conversations be honest about potential side effects, from common mild ones to extremely rare severe reactions. Health professionals should use real-life statistics and a clear pros-and-cons matrix to explain vaccine effectiveness in reducing illness severity and support informed decision-making

## ***Combat Misinformation Directly***

Recommendation 5.1 Social media plays a key role in spreading misinformation. We recommend public health teams actively monitor local social media and community conversations to identify common myths and provide timely, tailored responses to address them.

## ***Vaccination convenience***

Recommendation 6.1 We found that some people with the intention to vaccinate simply forgot or missed it due to lack of time. **We recommend** public health teams continue to offer mobile vaccinations and pop-up clinics in high footfall areas like shopping centres, schools, and community events. To reach working residents and those with limited daytime availability, some appointments should be offered out-of-office hours, such as evenings and weekends. Public health teams can also work with GPs, third sector partners, and vaccine champions to promote these initiatives effectively.

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# Introduction

## About Healthwatch Ealing

Healthwatch Ealing is the local, independent health and social care champion. We listen to what local people like about health services and what could be improved, and we share those views with NHS leaders and care providers to improve health and care for everyone – locally and nationally, now and in the future. We also help people to get the information and advice they need to make the right decisions for themselves and to get the support they deserve.

## Project Background & Methodology

The project was undertaken as part of our successful bid for NWL Winter Campaign Fund, with a specific focus on promoting seasonal vaccines – flu and COVID-19 boosters– within the borough of Ealing. The campaign targeted vulnerable populations, particularly people facing homelessness and those seeking asylum, who are known to experience lower vaccination uptake and face unique barriers to healthcare access.

In line with bid commitments, we collaborated closely with Ealing's roving health outreach team and Primary Care delivery Manager Mariam Shah to design and deliver community engagement events. These events aimed to explore peoples views about vaccinations while providing accessible information about primary care services and vaccination options available locally. Over the course of this project, we organised four events at key locations Ealing: Hope for Southall Homeless Day Centre (for people experiencing homelessness), Hilton hotel Ealing (engaging asylum seekers), and Tamil temple in Ealing (engaging with Tamil community, a group identified as having low vaccine uptake).

In total, these events reached approximately 170 people. We distributed multilingual flyers designated to raise awareness about how and where to access primary care services. We also did one-to-one interviews with over 34 people, and collected qualitative insights on vaccine knowledge, attitudes, motivations, and barriers. To support engagement and build trust, our partners offered Every Contact Counts which provided free blood pressure and vital sign checks which helped engage to over 85 attendees. Additionally, we assisted nearly 30 individuals to either receive vaccines on-site via our partners in roving team or to book appointments with local pharmacies, helping to overcome immediate access challenges.

# Introduction

Data from these engagements were systematically analysed to identify key themes and used them to develop practical, borough-level recommendations aimed at improving awareness, uptake, and clarity around service provision in Ealing.



**Some of the pictures from our events at Tamil temple & Hilton hotel**

## Acknowledgements

We would like to extend our sincere thanks to Ealing's roving health outreach team and Primary Care Delivery Manager Mariam Shah for their invaluable support and collaboration throughout this project. We also deeply appreciate the partnership of local charities and community organisations, including Hope for Southall Street Homeless, Hilton hotel, and Shri Kanaga Thurkkai Amman Temple whose cooperation and dedication were essential in reaching and engaging with vulnerable populations. Their collective efforts made this initiative possible and impactful.





# Key Themes



# Key Themes

Lack of booking awareness	Many respondents were unsure or unaware of how to book vaccinations, leading to confusion and missed opportunities.
Lack of awareness for Children's flu vaccine	A notable lack of awareness about the availability of nasal spray flu vaccine for children aged 2 to 11 years was observed.
Motivations for vaccines	Protecting oneself and family members, encouragement from GP were key motivators for vaccination.
Barriers to Vaccination	Lack of perceived benefit, mistrust, misinformation, and competing priorities were common barriers.
General opinions on Vaccination	Mixed responses with some fully trusting vaccines, while others had concerns about side effects, effectiveness, and lack of knowledge.
Addressing Concerns: Transparency and clear information	Respondents stressed the need for improved transparency on vaccines and their aftereffects

Flu vaccine booking confusion

COVID vs Flu Vaccine confusion

Perceived Lack of need

Diverse trust levels

Low awareness for Children's Flu Vaccine

Intention-Action Gap

Mistrust And Misinformation

Transparency And Clear communication



# Our Findings

**This section of the report presents the findings from the feedback collected during our project.**

# Vaccinations: Knowledge, perspective & Medical history

## **Knowledge of booking system**

In England, NHS vaccinations are primarily accessible via GP surgeries and pharmacies that offer them. Sometimes, people can access these services alternatively via maternity services, care home, or employers of frontline health & social care staffs (Flu Vaccine-NHS, 2023).

Majority (55.9%) of respondents were aware of this and reported knowing how to book flu vaccination. However, significant proportion (44.1%) of people felt either unsure or were unaware of how to book it. One of the respondents expressed confusion about the service provision for the COVID-19 and flu vaccines and other was unsure of the role of GP's role, having not received the booking link in the vaccine reminder text.

*“Busy schedule so sometimes unsure which pharmacies do a flu and covid jab.”*

*“I believe GPs are not doing it anymore so there is no booking link when I get the text message reminder”*

In addition to this, there was a notable lack of awareness about the availability of nasal spray flu vaccine for children aged 2 to 11 years with majority (73%) of respondents stating they were unaware of the alternate option. While one of the respondents expressed appreciation upon learning this information, some of them were unsure why was the flu vaccine needed in the first place.

This suggests that messaging about where and how to book the vaccines (both for adults and children) is either inconsistent or unclear, resulting in missed opportunities for uptake.

## **Flu Vaccination**

### **Why people choose to get vaccinated?**

Among those vaccinated against flu (68%), the main motivation (47.1%) was to protecting themselves or some vulnerable family members. Most cited maintaining general health or avoiding illness due to age or compromised immunity, while others aimed to shield elderly relatives from infection. Encouragement from the GP was a key motivator for 35% of the respondents and many vaccinated individuals were frontline health/social care employees who received vaccine as part of their job, thereby boosting uptake.

# Vaccinations: Knowledge, perspective & Medical history

## Flu Vaccination

*“I work in [the] NHS. So, I need to take it because I work with vulnerable people.”*

*“I have an elderly mother who could get sick if I do not [take vaccination]”*

These findings suggest that both perceived risk (personal or to others) and trusted healthcare advice (from GP & Nurses) are key drivers for flu vaccine uptake.

### **What makes people vary of vaccinations?**

Among those who opted out of flu vaccine, the most common reason (36.4%) was the lack of perceived benefit due to good personal health. Other barriers included gap between the intention and action (18.3%), lack of awareness (18.3%), concerns about the possible side effects or a negative experience in past (18%). One participant also reported not knowing where to access the vaccine.

*“I do not believe in taking medication, I think that diet and exercise are sufficient to keeping one healthy. ”*

*“I don't get it anymore because I had a reaction because of which I wasn't feeling well for a while. So, I avoid it now. ”*

*“don't know where to get them. ”*

These findings highlight the need to address information gaps around vaccine efficacy, importance of vaccination even in good health, transparency about the possible side effects and clear guidance on how to book a vaccine.

# Vaccinations: Knowledge, perspective & Medical history

## COVID Vaccination

### **Motivations for uptake**

The primary reason cited by 63.6% of respondents was health-related, aiming to protect themselves against the virus due to self-preservation or a weakened immune system. Additionally, 27% of respondents indicated that their decision was driven by the necessity of the vaccine during the pandemic and the need to preserve public health. Some respondents understood the COVID-19 jab as the one administered during the pandemic and did not clearly specify whether they had recently received the annual COVID vaccine.

*“Covid was a very scary time, I wanted to be protected from it”*

*“I get bad colds, had a chest infection over Christmas last year and tend to get colds easy when I go out, so it was to help with that”*

*““Many people lost their lives to Covid. I did not want to be one of the statistics.”*

Two respondents reportedly had complete trust in the COVID vaccine and its ability to prevent infection. In contrast, one asylum-seeking respondent got vaccinated simply because it was offered at the hotel. This highlights how different personal perspectives and contexts can influence both access and uptake.

### **Barriers to uptake**

Among those who didn't receive COVID vaccine, the most common reasons were a mix of mistrust, misinformation, and competing priorities. Some respondents expressed concerns about the potential side effects of the vaccines, while others questioned their effectiveness due to personal beliefs or insufficient information.

*“ I prefer all things to be natural and organic”*

*“Because of my previous experience with vaccines, I do not believe in taking them anymore. I am naturally resistant to diseases anyway.”*

One respondent mentioned that they avoided getting vaccinated because they did not receive a reminder from their GP, highlighting the importance of healthcare providers in ensuring compliance.

*“I didn't get contacted by the GP”*

# Vaccinations: Knowledge, perspective & Medical history

## General opinions on vaccination

When asked about their general opinions on vaccinations, participants had mixed responses. Nearly half (45%) of the respondents fully trusted vaccines and acknowledged their benefits in preventing diseases and curbing the spread of infections. One participant viewed vaccines as a historic public health success, which significantly influenced their decision to get vaccinated.

*“Polio, was I think another vaccination success story as was smallpox. I am grateful and am not going to spurn the help that is provided to me. That is my opinion. I am grateful and I take my jab when offered.”*

However, a significant proportion of respondents (18%) didn't believe in vaccines at all, deeming them useless or unnecessary. The rest were on the fence about vaccines, with most respondents having concerns around possible side effects, doubts about their effectiveness in preventing diseases, and a lack of proper knowledge about vaccines, which made them hesitant to decide.

*“I do not believe in them.”*

*“It is important, but most people have side effects after vaccines which make them scared, angry, and frightened.”*

Two respondents expressed their intention to get vaccinated eventually but were hesitant; one was afraid of needles, while the other didn't think it was urgent to get vaccinated immediately.

*“I am afraid of needles, but they (Vaccines) are better than pills.”*

Some of the participants reportedly developed hesitancy around vaccines after the introduction of COVID vaccine in pandemic and their experience with it. One expressed scepticism about its novelty while other was confused about its need as they were already taking flu vaccines.

*“There is less information about what is in this medicine like COVID vaccine. So, I don't take it anymore.”*

*“I always thought they were useful, but I am not sure anymore. Now they say, COVID is like flu, and you should take vaccine every year, but the pandemic is gone so why is there a need to take it. Also, if it's like flu then why take it. I take flu already.”*

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This yet again highlights the impact of the COVID-19 pandemic vaccination drive on how people view vaccines. Therefore, there is an urgent need to take vaccine hesitancy seriously and address concerns by offering factual information on why vaccines are important for protecting against disease.



# Vaccinations: Knowledge, perspective & Medical history

## Addressing concerns around vaccines

The overall response to openness towards vaccination, if concerns were addressed, was mixed. Out of the 15 respondents who answered this question, only six expressed a completely positive response to taking the vaccine if their concerns were addressed. Almost all of these were individuals who were already taking the vaccines anyway, with one stressing the need for improved transparency on vaccines and their aftereffects.

*“I already take them and would suggest others do that to”*

Around five respondents were unsure of their decision, as their willingness to accept the vaccine depended on how well their concerns were addressed, as they didn't want to feel like they were being experimented on. Meanwhile, four respondents were firm in their decision not to take the vaccines.

*“Maybe. They should first explain what happens after vaccines like what is normal - fever or cold. Explain the side effects properly and also tell that some people can die from it. ”*

*“No, during COVID- no one checked properly. So, its kind of hard to take it seriously if these are useful or not. ”*

Additionally, around three people who were on the fence or unwilling to get vaccinated were put off by their experience with the COVID vaccine, indicating the need to address uncertainty around the COVID vaccine and have in-depth conversations about their past experiences.

# Appendix



# Demographics

Gender	%	Number
Man (including trans man)	60%	18
Woman (including trans woman)	33%	10
Non-binary	0%	0
Other	0%	0
Prefer not to say	0%	0
Not provided	7%	2
<b>Total</b>	<b>100%</b>	<b>30</b>

Age	%	Number
16-17	0%	0
18-24	0%	0
25-49	3%	1
50-59	10%	3
60-64	7%	2
65-79	47%	14
80+	27%	8
Prefer not to say	0%	0
Not provided	7%	2
<b>Total</b>	<b>100%</b>	<b>30</b>

Please select any that apply to you:	%	Number
I have a disability	13%	4
I have a long-term condition	47%	14
I am a carer	7%	2
None of the above	17%	5
Prefer not to say	0%	0
Not provided	23%	7
<b>Total</b>	<b>100%</b>	<b>30</b>

	%	Number
Arab	0%	0
Asian/Asian British: Bangladeshi	0%	0
Asian/Asian British: Chinese	0%	0
Asian/Asian British: Indian	20%	6
Asian/Asian British: Pakistani	3%	1
Any other Asian/Asian British background	7%	2
Black/Black British: African	17%	5
Black/Black British: Caribbean	13%	4
Any other Black/Black British background	3%	1
Mixed/multiple ethnic groups: Asian and White	0%	0
Mixed/multiple ethnic groups: Black African and White	0%	0
Mixed/multiple ethnic groups: Black Caribbean and White	0%	0
Any other Mixed/Multiple ethnic group background	0%	0
White: British	27%	8
White: Irish	3%	1
White: Gypsy, Traveller or Irish Traveller	0%	0
Prefer not to say	0%	0
Not provided	7%	2
<b>Total</b>	<b>100%</b>	<b>30</b>

# Demographics

Financial Situation	%	Number
Very comfortable	0%	0
Quite comfortable	13%	4
Not very comfortable	23%	7
Not at all comfortable	3%	1
Prefer not to say	0%	0
Not provided	60%	18
<b>Total</b>	<b>100%</b>	<b>30</b>

Which area do you live in	%	Number
Ealing	73%	22
Enfield	3%	1
Hounslow	10%	3
Prefer not to say	0%	0
Not Provided	13%	4
<b>Total</b>	<b>100%</b>	<b>30</b>