



## What Are People Telling Us About the COVID-19 Vaccines?

Engagement: February – May 2021

Published: August 2021

## CONTENTS

<b>Foreword</b>	3
<b>Executive Summary</b>	4
About Healthwatch Hertfordshire	5
Introduction	5
Aims	5
Methodology	5
Limitations of the Work and Value Added	6
National and Local Context	6
<b>Part 1: Views of People Who Had Not Received the Vaccine</b>	8
Vaccine Confidence	9
Vaccine Access	13
Information and Communication	15
<b>Part 2: Experiences and Views of People Who Had Received the Vaccine</b>	19
Vaccine Confidence	20
Experience of Receiving the Vaccine	22
Vaccine Access	26
Information and Communication	27
<b>Conclusion</b>	29
<b>Recommendations</b>	30
<b>Next Steps</b>	31
<b>Response from ICS</b>	32
<b>Appendix</b>	33

# Foreword

The creation of several effective vaccines against COVID-19 within such a short space of time, and a successful rollout of administering the vaccine to most of the adult population in the UK has been one of the great success stories in humanity's fight against disease.

At the time of writing this introduction, in Hertfordshire more than 1 million people have had their first dose and over 800,000 the second dose of the vaccine. Volunteers and professionals have worked together to ensure the success of the vaccination programme and Hertfordshire residents have made a real contribution to fighting COVID-19. Despite this success, we must not forget, ever, that over 140,000 people in the UK have lost their lives as a result of the virus.

The purpose of this research was to better understand local views of the vaccination programme. We wanted to find out why they did or did not wish to have the vaccine, how easy it was to access and how well information was communicated.

What we found was that almost 4 out of 5 respondents said that they would definitely have the vaccine, mainly to protect themselves and to protect others. However over the period of the survey the number saying this declined. Concern about side effects was the main reason for this decline. Some people became concerned about the Astra Zeneca vaccine causing blood clots and the possible longer term side effects. Other people believed that COVID-19 was unlikely to affect them, and a small but significant group cited a mistrust of government as the reason for not having the vaccine.

We also looked at people's experiences of accessing and receiving the vaccine. There was some concern about the prioritisation and rollout of the vaccine programme. Some felt that people with disabilities and medical conditions such as asthma and front line workers such as police and carers should have been higher on the priority list for receiving the vaccine. Concerns expressed about housebound patients not being prioritised to receive the vaccine was an issue that Healthwatch Hertfordshire raised with the authorities.

We also explored how people sourced information about vaccination. Perhaps unsurprisingly family and friends was a key source for those who did want the vaccine as well as those who were unsure or firmly did not, and overall the NHS was seen as the most trustworthy source of information and social media the least trusted.

The rollout of the vaccine in Hertfordshire has largely been a success - and those responsible and involved can rightly be proud of what has been achieved. This report has highlighted some of the concerns of residents but also the successes. A huge thank you to all those who contributed to this report and I hope that the report can make its contribution to learning the lessons in fighting this pandemic; a pandemic that has changed how we live.

**Steve Palmer, Chair of Healthwatch Hertfordshire**

A handwritten signature in black ink, appearing to read 'Steve Palmer', with a horizontal line underneath.

# Executive Summary



The UK's COVID-19 vaccine rollout has been the most significant public health exercise in recent history. While the rollout has been an incredible achievement, we wanted to understand people's motivations to either receive or refuse the vaccine, if everyone could access the vaccine equally and if their experiences of getting it were the same. To find out, we carried out two surveys to hear local residents' views and experiences of receiving the COVID-19 vaccine.

**In total 1,820 Hertfordshire residents shared their views with us**

## Key Findings



79% of respondents said that they 'definitely would have' the COVID-19 vaccine when offered to them.



The level of intention to receive the vaccine declined as our engagement period progressed; in February/March, 91% of respondents said they 'definitely would have' the vaccine. By April/May, this had declined to 59%.



Concerns about side effects were persistent across both surveys. Concerns related not only to vaccine safety, but also the implications of taking sick time off work.



83% of respondents across both surveys agreed or strongly agreed that overall 'information from the NHS or the government about the vaccine has been communicated clearly and effectively.' However, agreement with this statement decreased as the engagement period progressed.



People wanted better and earlier communication regarding side effects, second doses, eligibility and questions surrounding pre-existing medical conditions.



People were particularly unhappy with the communication and level of support received from their GP practice throughout the vaccine rollout. This seemed to disproportionately affect people who already experienced barriers to healthcare or accessing the vaccine, such as those with a medical vulnerability or those who are housebound.



Concerns were raised about the distance and accessibility of vaccine centres, affecting not just people with additional needs and those living with a disability, but also those who don't have access to private transport.

## About Healthwatch Hertfordshire

As a charity with statutory powers, we work hard to make sure local people's voices are heard.

Our role is to understand the needs, experiences and concerns of people about health and social care and to ensure that their views help shape and improve services. Using the data from our research and engagement activities, we make evidence-based recommendations to the NHS and social care organisations for the purpose of improving commissioning and provision of local services.

## Introduction

Following the emergence of Coronavirus (COVID-19) in late 2019, the UK has experienced multiple national and local lockdowns in an attempt to curb the spread of the virus and prevent the NHS from becoming overwhelmed. The arrival and progression of the UK's vaccination programme has, for many, encouraged hopes of a return to normality.

In the UK, the Pfizer/BioNTech, Oxford University/AstraZeneca and Moderna vaccines began rollout on December 8<sup>th</sup> 2020, January 4<sup>th</sup> 2021 and April 13<sup>th</sup> 2021 respectively. At the time of writing, 47.1 million people in the UK have received one dose of the vaccine, and 40 million are fully vaccinated with both doses. The figures for first and second doses in Hertfordshire are 1,035,884 and 872,784 respectively.

While the rollout has been an incredible achievement, some people remain concerned or with questions, potentially preventing them from accessing the vaccine.

## Aims & Methodology

The aims of this project were:

- To understand Hertfordshire residents' motivations to either receive or refuse the COVID-19 vaccine.
- To understand Hertfordshire resident's experiences of receiving the COVID-19 vaccine and if everyone could access the vaccine equally.
- To assess the quality of communication and information from the government and local health and social care services.
- To share what the public told us to help inform and improve vaccine delivery from local health and social care services.

### Methodology

To investigate the above aims, we created two surveys. One survey looked at people's attitudes towards receiving the COVID-19 vaccine and the other looked at the experiences of people who had already had the vaccine. Both surveys asked questions on how people found communication about the vaccine and the rollout, where they get their information from and who they trust to provide them with information.

Government guidelines and restrictions meant that virtual engagement supported by telephone engagement was the safest way to engage with people. Online versions of the surveys were created with the option for participants to request the surveys in an alternative format to suit their needs and/or contact us for support.

The engagement period ran for 13 weeks from February 16<sup>th</sup> 2021 to May 17<sup>th</sup> 2021. The surveys were promoted via social media and were sent to statutory, voluntary and NHS services across Hertfordshire to share and distribute via their contacts and social media channels.

## Limitations of the Work and Value Added

### Limitations

- Despite the option for an alternative format, nearly all respondents completed the surveys online, suggesting that most of the respondents to these surveys have access to, and feel competent using, online technology. Consequently, our findings, especially in relation to communication and information, should be seen within this context.
- Across both surveys, only 25 respondents were aged 18-24 years, 10 of whom had already received the vaccine. This lower level of engagement from young people could reflect the fact that the majority of people in this age cohort had not yet received their vaccine at the time our surveys, and may not have expected to receive the vaccine for some time.
- The majority of respondents to both surveys were White British and when we did hear from individuals from ethnically diverse communities, they tended to be of Asian ethnicity. In response to this, we have carried out additional research to acknowledge, value and address the views and experiences of ethnically diverse groups, with a particular focus on working with Black and Asian communities. This research will be published separately in Autumn 2021.

### Value Added

- At the time of carrying out our engagement, there was limited understanding of the experiences of people who had received the vaccine, as well as local views and motivations towards the vaccine.
- Between February and May 2021, we produced interim reports and updates based on early findings for partners in local health and social care settings. By sharing our early findings, partners with a role in delivering and communicating information about the vaccine rollout locally could understand how the vaccine was being received in real time and use it to inform commissioning and communication decisions.

## National and Local Context

### Rollout Progression Throughout the Engagement Period

Since the administering of the COVID-19 vaccine, changing circumstances and unforeseen complications, have meant that public feeling towards the vaccine and the rollout programme has changed as new information has come to light. Providing context of these changes and the advancement of the rollout programme allows for a deeper understanding of the public's responses within this report:

- During our engagement period, the following groups were eligible to receive their COVID-19 vaccine: all residents in a care home for older adults and their carers, frontline health and social care workers, individuals who are clinically extremely vulnerable, individuals aged 16-64 with underlying health conditions and all those aged 38 and over.
- Within our engagement period (early April 2021) the Oxford/AstraZeneca vaccine was linked with the occurrence of rare blood clots. As the rollout period progressed, this contributed to the appearance of additional safety concerns, impacting on vaccine confidence.
- At the beginning of the vaccine rollout, there were two established routes to vaccination: the national booking system or the GP-led drive. Depending on the route people took, resulted in different experiences of being able to book their second vaccine<sup>1</sup>. Confusion around these systems

---

<sup>1</sup> Recipients of the vaccine were able to book their second vaccine at the same time that they book their first if they book through the national booking system. However, if people book their appointment through their GP, they will only book their first vaccination initially, and will be contacted in due course by their surgery for their second dose ([COVID-19 vaccination programme \(bma.org.uk\)](https://www.bma.org.uk)).

impacted people's satisfaction with information on the rollout, caused concern regarding confidence in the second dose and perceived disparity.

- Within the later part of our engagement, the two routes to vaccination above were complemented by pop-up clinics and walk-in appointments. Allowing people more flexibility with appointment dates, times and locations, increasing satisfaction.
- Variations of the rollout progression within the region meant that in some instances, GP surgeries who have worked their way through one age cohort were able to begin vaccinating the next cohort sooner than a GP surgery with a greater population in the first cohort. This contributed to confusion about why people in different local areas were receiving their vaccine ahead of people in higher priority groups in other areas, and again led to perceived disparity.



## **Part 1: Views of People Who Had Not Received the Vaccine**





# Vaccine Confidence

## Motivation to Receive the Vaccine

The majority of respondents said they intended to receive the vaccine, with 79% (452 out of 571) saying that they ‘definitely would have’ the vaccine when offered to them. The top three motivations for receiving the vaccine were the same across the full engagement period and all age cohorts:

1. To protect me against getting COVID-19 (83%; 396 out of 480)
2. To protect people who are vulnerable/at higher risk of getting COVID-19 (77%; 369 out of 480)
3. It is the responsible thing to do (68%; 325 out of 480)

Some participants provided their own reasoning or elaborated on why they wanted the vaccine. The most common additional reason was a desire to return to normality, with 45% of respondents (17 out of 38) citing this as a key motivator to receive the vaccine. For some people, a return to normality signalled seeing friends and family again after many months apart. For others, it concerned their desire to resume their pre-COVID day-to-day activities.

*“I want to be able to go and live life again without fear of getting covid.”*

*“My family have followed every rule to the letter for over 11 months now. Being vaccinated, and my loved ones being vaccinated, may mean we can hug each other before 2022.”*

*“I want my children to return to school and have their childhood back.”*

*“I want to spend time with my family.”*

## Concerns about the Vaccine

A number of respondents demonstrated lower levels of confidence in the vaccine, with 6% (32 out of 571) saying that they ‘definitely would not have’ the vaccine and 8% (44 out of 571) still unsure about receiving it. The top three motivations for intending to refuse the vaccine were:

1. I am concerned about the side effects of the vaccine (75%; 50 out of 67)
2. I don’t think coronavirus poses enough of a risk for me (39%; 26 out of 67)
3. I am concerned about the ingredients in the vaccine (37%; 25 out of 67)

However, concerns about the vaccine were not unique to people who did not want the vaccine. 37% of respondents who said that overall they did want the vaccine (178 out of 487) indicated that various factors may still prevent them from getting vaccinated. The reasons given included concerns about side effects, the link between the AstraZeneca vaccine and blood clots, a belief that coronavirus does not pose enough of a risk to warrant getting the vaccine and a mistrust in the government.

### Side Effects

As illustrated above, concerns about side effects were the most common factor contributing to low vaccine confidence. Additional to the 50 respondents who cited this as a key reason for their intention to refuse the vaccine, of the respondents who provided their own reasoning for refusing the vaccine, 32% (6 out of 19) talked about vaccine safety and side effects. In a following question, when respondents were asked to expand on their reasoning behind not wanting the vaccine, 57% (25 out of 44) again talked about side

effects. The frequency of these concerns impacting intention to receive the vaccine suggests that better understanding and information that addressing such concerns could aid in increasing vaccine confidence.

Most safety concerns tended to relate to long-term side effects. This was commonly associated with concerns that the COVID-19 vaccine is still new and has been developed and rolled out a faster pace than previous vaccines. Linked to this, some respondents told us that they wanted to wait for long-term data to be available before making their decision.

*“Don’t know if there are any long-term side effects.”*

*“Because clinical trials do not end until 2023.”*

*“Worry about lack of test results for at least 2 years...”*

*“It worries me that not enough testing has been done and that it was rushed through also don’t know if there would be any adverse problems in the future.”*

*“It is a new vaccine therefore there is no solid data on long term effects/side effects of the vaccine.”*

*“It’s a new vaccine. I don’t feel I know enough about long-term side effects.”*

However, concerns about the vaccine and side effects did not always mean that a respondent intended to refuse the vaccine. Some respondents indicated that they still wished to receive the vaccine despite their concerns or that they would still encourage their family members to be vaccinated.

*“I have encouraged my older family members to get the vaccine, but am worried about the unresearched long term effects.”*

*“I do want it. I am a doctor. But. I need to source the AZ one because of my allergies. I am on maternity leave so need to ensure [I’m done] before I return but that having had covid 19 before in first wave, plus having allergies, that I have a plan in place for any side effects I may get for my kids.*

*“I haven’t said I wouldn’t, I said: 1. I want to be able to choose WHICH. 2. I want more info on the side effects.”*

## Oxford/AstraZeneca Vaccine Concerns and Vaccine Choice

Concerns about the link between the Oxford/AstraZeneca vaccine and rare blood clots appeared in response to a number of different questions, including reasons to refuse the vaccine or as something that would prevent receiving the vaccine for someone who does want it. This was linked to some respondents’ desire to choose which vaccine they receive. For example, when people who wanted the vaccine were asked if anything may prevent them from getting it, 11% (7 out of 61) said that they wished to choose their vaccine. Typically, they wished to receive an alternative to AstraZeneca. Similarly, when asked for further thoughts, 4% of respondents (9 out of 256) talked about vaccine choice.

*“Not happy about clot risk with AZ vaccine. Pfizer or Moderna/non adenovirus delivery vaccine only.”*

*“I do not trust the AZ vaccine. If I was offered Pfizer or Moderna I would book tomorrow. I am eligible at 46 but declined to book so far.”*

*“Concern I will be offered AZ vaccine - which I would refuse.”*

## Not Believing Coronavirus Poses Enough of a Risk

Not believing that COVID-19 poses enough of a risk to warrant getting the vaccine was the second most common reason for refusing the vaccine. The 26 people who felt this way, included people who would

typically be categorised as ‘vulnerable’, for example people who were pregnant, carers or who considered themselves to live with a disability or long-term condition.

Other analysis shows that of the 23 of these respondents who indicated what age category they fell into, 57% of these respondents (13 out of 23) were under the age of 44 years. Although numbers are low, this does indicate that people in this age bracket feel less vulnerable to COVID-19 than those in older age brackets. This is to be expected given that vulnerability to COVID-19 typically increases with age.

‘Not believing that Coronavirus poses enough of a risk’ was also apparent in respondents who made political comments about believing that the severity of the pandemic has been exaggerated.

*“To show that a good immune system is all that is needed.”*

*“Why have we got a whole country lining up to be vaccinated against something that has a 99.7% recovery rate and doesn’t even present with symptoms in most healthy people?”*

*“Coronavirus poses little risk to me, yet the side effects could be more detrimental to my health.”*

*“I am concerned about the impact on a healthy person with low risk of death from Covid - why take an unknown to fight something I can fight.”*

## Mistrust in the Government

A number of respondents made a political comment or indicated a mistrust in the UK government. When asked to provide their own reasoning as to why they do not want the vaccine, 32% of respondents (6 out of 19) cited a mistrust in the government as a contributing factor to their refusal to receive the vaccine.

*“The accuracy of the information from the Government and the scientists is unconvincing. Who will take responsibility if the vaccine is unsafe?”*

*“Lack of faith in government/vaccine developed with the public being used as guinea pigs.”*

*“The government’s intentions are clearly malicious and therefore nothing can be trusted about their actions.”*

We see a more in-depth view as to why people may mistrust the government in questions which focus on information and communication. 26% of respondents (93 out of 352) said they do not trust the government to provide them with more information. The top three reasons for not trusting the government were:

1. They are biased/have an agenda (33%; 31 out of 93)
2. They have handled the COVID-19 pandemic poorly (27%; 25 out of 93)
3. They are generally untrustworthy (27%; 25 out of 93)

*“They have made too many wrong decisions, acted too late on so many things...”*

*“I don’t trust the UK Government because they have let us down at every turn over the COVID crisis and say contradictory things constantly - they will say whatever serves their purpose at that moment.”*

*“U turned on every decision, locking down the country and keeping borders open, been a shambles and full of mixed messages.”*

*“I think a lot of this vaccine may be about making money for the government and pharmaceutical companies.”*

This illustrates that positive messages from the government about the vaccine in an attempt to inspire confidence may not be well-received by everybody, and it is essential that information comes from a range of sources to ensure everybody receives information from a source that they trust.

## Declining Trend in Vaccine Confidence

It is interesting to note that within our surveys, indicated intention to receive the vaccine declined as the engagement period progressed. In February/March, 91% of respondents (401 out of 442) indicated that they 'definitely would have the vaccine' compared to 60% (34 out of 57) in March/April and 59% (17 out of 29) in April/May.

Although it is difficult to draw conclusions due to sample size variations, possibilities for the decline in vaccine confidence could be:

- The emergence of the link between the Oxford/AstraZeneca vaccine and an increased blood clot risk starting to cause greater concern for many people than a general worry of vaccine side effects.
- Similarly, as people became more aware of the likelihood of short-term side effects from the vaccine (such as flu-like symptoms) and the possibility of needing to take time off work because of this, it is possible that more people wanted to delay and/or deny their vaccine until a more convenient time.
- During the first month of our engagement period, the majority of responses in this survey were from people who wanted to have the vaccine. As the engagement period progressed, it is possible that we started to reach more people with lower levels of confidence through our communications, and/or people felt more able to express this type of view.

What this indicates is that levels of vaccine confidence can and do fluctuate in response to new information and changing circumstance.





## Vaccine Access

For some people, not getting their vaccine was more of an issue of access rather than an issue of low confidence. Practical barriers to receiving the vaccine were indicated as being factors that may prevent respondents who wanted the vaccine from receiving their job. The top three practical factors that may prevent someone from getting their vaccine were centred around convenience:

1. The distance to the location where the appointment takes place
2. The times available to have the vaccine appointment
3. Having to get public transport or a taxi to the location of the vaccine appointment

Additionally, we received a number of queries through our signposting service about not being able to access the vaccine due to not being registered with a GP. Contacts ranged from enquiries about how to register with a GP practice if they were from overseas or had no fixed address, to queries about what to do if you are refused registration by a GP because of not having ID or proof of address.

As ID, proof of address or having a fixed address are not required to register with a GP practice, these were erroneous and unnecessary barriers for people who wished to receive the vaccine.

61% respondents elaborated or provided their own reasoning on why further factors may prevent them from getting the vaccine. Of these, key barriers identified were medical advice, childcare issues or the Joint Committee on Vaccination and Immunisation's priority order for the vaccine.

*"I work away from home 2-3 weeks at a time."*

*"Need to check if there are any contraindications with my existing medications. Otherwise I am all for the vaccination."*

*"Surgery has me as category 9 when I am category 6."*

## Access & Priority Order Concerns

33% of respondents (84 out of 256) made comments on the Joint Committee on Vaccination and Immunisation's priority order for receiving the vaccine, or described the rollout as a 'postcode lottery' when asked to share any further thoughts that they may have.

*"It should not be just on age - front line workers e.g. police, school staff, carers should be prioritised plus vulnerable adults and children with physical and mental health problems..."*

*"Not enough communication on when each group can realistically expect to receive it in their area. Postcode lottery?"*

*"Confusing who's getting it when and it seems to be a postcode lottery depending on your local health service!"*

Comments of this nature were particularly prevalent amongst those who consider themselves to live with a disability or long-term condition. Respondents in this group sometimes talked about how the Joint Committee on Vaccination and Immunisation was wrong to leave people with various medical conditions, particularly asthma, off the vaccine priority list. This led to frustration and anxiety for people who may have had various vulnerabilities and yet were unable to get their vaccine in a timely manner. Other people expressed concerns that despite their own healthcare needs, they were aware of people without medical

conditions receiving the vaccine, which made the perceived ‘haphazard’ nature of the rollout particularly frustrating.

*“I feel the roll out has been a bit haphazard for example my 37 year old daughter had hers 2 weeks ago. I’m severely sight impaired and 60 years old and haven’t been offered mine yet.”*

*“As a 51 year old asthmatic teacher I am very concerned that I have been downgraded from group 6 to group 9. I believe that rates will rise dramatically when schools return and I feel greatly at risk.”*

*“I am disgusted that asthmatics have been removed from priority group six and can no longer receive the vaccine ahead of the wider rollout phase.”*

*“Not being recognised as an unpaid carer by the NHS online or phone booking system. My GP not following government guidance to prioritise cohort 6 which includes unpaid family carers.”*

However, in the final month of surveys being open, no one in this survey made a comment on the priority order. It is likely that this has become less of a concern as time has passed because many of the people who were particularly keen to receive their vaccine have since been offered at least their first dose.

## Access to the Vaccine for People who are Housebound

Six respondents told us that being housebound may stop them from getting their vaccine. This was supported by further intelligence collected through our signposting services, where a number of individuals who were housebound contacted us for advice on accessing the vaccine at home.

Experiences shared with us raised concerns about the GP-led drive, particularly at the beginning of the vaccine rollout.

We were contacted through our signposting service by a number of individuals who were housebound looking to share their experiences and find advice on accessing the vaccine at home. The information that came through this service offers an insight into the experiences of this group, raising some concerning issues around the GP-led drive at the beginning of the vaccine rollout.

Between January and March, Hertfordshire residents expressed concern that their housebound relatives had not received the vaccine and came to us seeking advice on how to organise this. In all instances, the clients making the query told us that they had been in contact with their relative’s GP surgery regarding this, but that nobody at the surgery had been able to tell them who was responsible for administering housebound vaccines. In mid-March we were still being contacted with the same issues within parts of the County. This was passed onto the relevant Clinical Commissioning Group which was able to swiftly organise a vaccine for the client’s relative. Since this, a clearer pathway for vaccinating people who are housebound has been established.



# Information and Communication

Information and communication regarding the COVID-19 vaccine and the rollout was generally seen in a positive light. 72% of respondents (356 out of 494) agreed or strongly agreed that ‘information from the NHS or the government about the vaccine and its rollout has been communicated clearly and effectively.’ However, this level of agreement decreased as the engagement period progresses; in the final month of the surveys being open, just 60% of respondents who answered in this time period (14 out of 23) agreed or strongly agreed with this statement. It is hard to draw strong conclusions due to sample size variations, but it is possible that confusing information about the priority order, particularly for medical conditions (as discussed) contributed to this decrease.

## Where People Looked for Information

Respondents looked for and trusted information about the vaccine and the rollout from many different sources. The top three sources for positive information were:

*Table 1: The top three positive and negative information sources, ranked by the percentage of respondents who indicated where they found positive and negative information*

	Top 3 sources of <b>positive</b> information	Top 3 sources of <b>negative</b> information
1.	NHS/Government (65%; 330 out of 505)	Social media (66%; 330 out of 505)
2.	Friends/family (55%; 276 out of 505)	Newspaper/Online news websites (29%; 147 out of 501)
3.	TV/radio (53%; 269 out of 505)	Friends/family (21%; 107 out of 501)

The table shows that the levels of positive or negative information found from different sources are fairly similar for respondents who did and did not want the vaccine, with friends and family playing an important role in forming views on the vaccine for both groups. Perhaps unsurprisingly, social media was the top source for negative information and the NHS/Government for positive information.

Irrespective of whether the information was perceived as positive or negative, and whether one wanted to receive the vaccine or not, the top three sources for accessing information were:

1. News/Mainstream media (65%; 301 out of 460)
  2. NHS/Government/Press conferences (31%; 142 out of 460)
  3. Social media (10%; 46 out of 460)
- Unspecified ‘internet’ or ‘online’ (10%; 46 out of 460)

Interestingly, we found that there were no significant differences in where people find the majority of their information between those who wanted or did not want the vaccine.

## Improvements to Information and Communication

Suggestions for improvements to information and communication were amongst the most popular comments left in the surveys, with 19% (48 out of 256) of respondents sharing feedback. Respondents wanted more information, particularly about eligibility and when people should expect to receive their vaccine. This is especially important to people with pre-existing medical conditions.

*“I think all the people with \*minor pre existing conditions would really like to know when they are getting the vaccine, for example I get the flu jab offered, will I get a [COVID-19] jab before those of my age group?”*

*“It is nationally unclear which ‘group(s)’ are currently being vaccinated - is it group 5, or group 5 and group 6? Which group(s) are currently being vaccinated at local level?”*

*“I would like to have received confirmation of which priority group I (a carer in receipt of [carer’s allowance]) and my son (asthma and epilepsy 20yrs) are in instead of working it out for myself and being anxious that my son may be missed off the vulnerable list. It’s not very helpful to be told not to contact the gp surgery and not be given other means of obtaining factual information.”*

8% of respondents (20 out of 256) talked about a lack of communication from their GP and difficulty contacting them. This often related to believing that their GP had not communicated with them well enough to tell them when they would be eligible for their vaccine, or a frustration that they were not getting the information they wanted from their GP, yet were being told not to contact them. This feedback was further supported by feedback received through our signposting service.

*“My GP is so difficult to engage with despite falling in group 6 and needing vaccination they won’t process this quick enough.”*

*“GPs need to work faster to identify those of their patients who are at risk and who need the vaccine as soon as possible. I haven’t heard a thing and would have thought with my medical history I would have had notification by now.”*

*“My GP sent me texts about vaccination saying don’t contact us, we’ll contact you - but they didn’t. I read on online Sky News that anyone over 56 years of age could book both covid-19 vaccination appointments on NHS booking website, so I did! If I hadn’t done that I’d still be waiting to hear from my GP practice.”*

For respondents who identified themselves as living with a long-term medical condition, some said they would have appreciated additional information that was relevant to them and their particular medical needs.

*“Due to my unusual allergy I’m concerned that I haven’t received any information about whether it will be safe for me.”*

*“I don’t think the communication has been very clear for asthmatics it seems to be constantly changing.”*

*“I wish the info about people with asthma had not been so confusing.”*

*“Difficult to know when you might receive a jab if you have underlying conditions and what is categorised as a condition that would put you in that category.”*

A number of respondents talked about vaccine supply and local progress, and how better information around this could help people be more confident in the rollout by knowing when they can expect to receive their vaccine.



*“I feel it would be good to give people more information on how their local area/vaccination sites are doing so they can keep up with it and be reassured the rollout is working and their vaccination will come. Transparency helps people trust the system.”*

*“Wish we could see how the rollout is going in our local area, percentage of each group having had the vaccine, where we are on the list.”*

*“More local information on the vaccine rollout programme would be helpful. UK and nation level information is not meaningful. I am in a priority group but have no visibility of the estimated timescales within my local borough.”*

## Increasing Vaccine Confidence through Information and Communication

60% of respondents who ‘definitely would not have’ the vaccine (85 out of 141) said that no further information on the COVID-19 vaccine or the rollout would change their mind. However, 28% (39 out of 141) said that further information on the general safety of the vaccine would increase the likelihood of them receiving the vaccine and 27% (28 out of 141) said that further information on possible side effects would increase the likelihood of them taking the vaccine. However, some people told us that they are waiting on long-term data which is not currently available before they make their decision.

*Table 2: The top three trusted and distrusted information sources, ranked by the percentage of respondents who indicated that they did or did not trust this source.*

	Most trusted sources of information	Least trusted sources of information
1.	NHS (77%; 375 out of 485)	Social media (49%; 174 out of 352)
2.	Local GP (60%; 292 out of 485)	Government (26%; 93 out of 352)
3.	Government (58%; 280 out of 485)	Mainstream media (16%; 55 out of 352)

### NHS and GP Trust

People trusted the NHS to provide them with information due to the NHS being comprised of medical professionals and experts with a good level of knowledge on the topic. Similarly, GPs were trusted due to being perceived as sources of unbiased, factual information.

*“Medically qualified to confirm the vaccination is safe and comment on covid scientific information.”*

*“They are medical professionals who, in my opinion, are the most knowledgeable about vaccines in general and this one in particular.”*

*“NHS and GP should be free of political motivation and able to explain the science/health-related queries.”*

However, as highlighted earlier in the report, we discussed how a number of respondents and individuals who reached us through our signposting service felt let down by their GP during the vaccine rollout, suggesting that although the GP is a trusted source, it is not always accessible.

We also found that levels of trust for the NHS and the local GPs was considerably different for people who wanted the vaccine compared to those who didn’t or were unsure.

*Table 3: Levels of trust towards the NHS and local GPs between people who did want the vaccine, and people who didn't want the vaccine or were unsure*

Source of information	Level of trust for people who <b>did want</b> the vaccine	Level of trust for people who <b>didn't want</b> the vaccine or were <b>unsure</b>
NHS	85% (357 out of 421)	28% (18 out of 64)
Local GP	66% (278 out of 421)	22% (14 out of 64)

## Government Trust

Governmental organisations are both trusted and distrusted depending on the respondent's views towards the vaccine. For people that did trust the government, they believe the government to be honest due to their position of authority. For those who didn't trust the government, this was due to believing that the government is biased or has an agenda other than managing the coronavirus pandemic.

*"They have always been a professional and reliable source."*

*"They are professional bodies and have a responsibility to provide accurate, trustworthy information."*

*"Look at how they have handled the covid crisis, will have own gains as their main motivation."*

## Social Media and Mainstream media

Respondents said they did not trust social media due to it presenting opinions and misinformation, as opposed to factual information. People also said they did not believe mainstream media to present clear facts and data, and instead report on information that respondents believe suited an organisation agenda.

About social media: *"It's usually personal opinions and not information being shared by experts."*

About mainstream media: *"It is shameful - they report one thing one day which gives hope and the next day it's something different which takes us back to square one - no wonder people are struggling with their mental health during this pandemic."*

About mainstream media: *"Newspapers especially want to twist everything for sensationalism. Misleading headlines and articles."*



## **Part 2: Experiences and Views of People Who Had Received the Vaccine**



## Vaccine Confidence

### Motivation to Receive the Vaccine

When respondents who had received the vaccine were asked what had motivated them to receive the vaccine, the top three reasons were:

1. To protect me against getting COVID-19 (89%; 985 out of 1,107)
2. It is the responsible thing to do (87%; 963 out of 1,107)
3. To protect people who are vulnerable/at higher risk of getting COVID-19 (83%; 918 out of 1,107)

These reasons were the same at different stages of the engagement period and for different age cohorts, as well as being the same top three reasons as identified in the survey for people who had not yet received the vaccine.

Additionally, the majority of respondents felt positive about receiving their vaccine. 94% of respondents who had received their vaccine (1,037 out of 1,112) reported that they felt positive/neutral prior to receiving their vaccine and 84% (364 out of 431) reported that they felt positive/neutral about receiving their second dose.

*“Can’t wait. Looking forward to boosting the efficacy and locking in the longevity of the vaccine.”*

*“Already have appointment, so I’m crossing off the days on the calendar, cannot wait, will feel safer, so that I can go and see my elderly parents.”*

*“I will feel relieved hugely to get my 2<sup>nd</sup> jab as will be positive for mental wellbeing as have rarely left the house in a year.”*

### Vaccine Confidence - Side Effects

However, the high uptake of the COVID-19 vaccine did not mean that recipients did not, or still do not have, concerns about the vaccine. 8% of respondents who had received their vaccine (88 out of 1,112) reported that they felt anxious prior to receiving their vaccine, and a further 13% of respondents who had received their first dose (56 out of 431) said that they felt anxious to receive their second dose.

For most respondents, this apprehension was due to their concern about side effects, whether that was side effects they had heard about from other people or due to their experience of side effects from their first dose. For some respondents, it was more about concerns of whether the vaccine would negatively affect any pre-existing conditions they had. Importantly, most respondents indicated that they would still get their first or second dose (whichever was applicable) despite their anxiety around side effects. This highlights that having concerns about the vaccine does not equate with being ‘anti-vaccination’, and also emphasises the importance of tailored information for those with medical conditions, which many felt they hadn’t received.

*“Concern of flare up of chronic illness after vaccination.”*

*“Anxiety about side effects, especially nausea or sickness as I have emetophobia.”*

*“Happy to have it but a little nervous about side effects.”*

*“Slightly more worried due to side effects.”*

*“Wary now due to reaction which has been extremely uncomfortable.”*

*“Apprehensive due to recently having bells palsy.”*

Such concerns remained despite the normalcy of side effects; 70% of respondents (365 out of 521) reported side effects.<sup>2</sup> Of these, 55% reported a sore arm, 36% reported fatigue and 36% reported a headache. At times, concerns of side effects and safety were linked to the AstraZeneca vaccine. This includes people who felt anxious ahead of receiving their second dose.

*“Felt ok but after all this blood clotting it does make you a bit worried.”*

*“Overwhelmed and very pleased to be getting it, but also anxious about the side effects and the risk of fatal clots which were on the news on the day of my first vaccination.”*

*“Slightly concerned about possible side effects. Also, since the 1<sup>st</sup> vaccine the link with blood clots and AstraZeneca has been highlighted, despite very low risk it’s a consideration. Still grateful to get the second dose though.”*

*“A little apprehensive due to it being the Oxford one, but it won’t stop me having it.”*

*“The experience itself was fine but I am very nervous about getting my second dose due to the negative reports of the AZ vaccine and its links to blood clots.”*

Concerns about side effects are therefore not limited to people who had not yet received the vaccine; the same safety concerns and apprehensions about the AstraZeneca vaccine remain for people who had already received their vaccine. This also demonstrates that concerns around vaccine safety do not necessarily mean that someone would refuse the vaccine, but it does show the importance of people who have already had the vaccine still having their concerns addressed (in the same way as those who are still waiting), particularly as two doses of the vaccine are needed to ensure its effectiveness.

<sup>2</sup> HwH added questions on side effects into the study on February 22<sup>nd</sup> 2021



## Experience of Receiving the Vaccine

### Pre- Appointment: Booking and Journey Experience

For most respondents, booking their appointment and getting to the vaccine centre was a positive experience. 90% of respondents (831 out of 926) reported no problems with booking their appointment. Areas in which a small number of people had concerns were problems booking over the telephone, problems working the online system or being unable to book their preferred timeslot/venue.

*“No problems, it was very easy to book both vaccine appointments.”*

*“Very simple. Accessed the appointments straightaway and there was a good choice of appointment times.”*

*“I found booking my vaccine very easy and well organised.”*

Examples of problems experienced in these areas included spending a long time in a telephone queue which could sometimes be over an hour, or the website refreshing the page before people completed their booking, meaning that people lost their slot and had to start again.

*“As a non driver it was hard to find places close enough to home. Also first appointment got cancelled so had to re-book again and wait another 2 weeks.”*

*“Initially offered vaccine from NHS centrally but booking system was disastrous - offered dates that were then said not to be available, then when finally offered dates, confirmatory texts/email contradicted each other by “confirming” different locations. Gave up and booked through local GP when offered.”*

*“The first call was from a ‘caller number withheld’. I don’t answer these as they are usually scam calls. No voicemail was left asking me to ring the surgery. As a result I missed my slot and had to wait another two weeks for another.”*

*“...by the time I had booked the second appointment the first was no longer available so I had to start again. It took until the third attempt that I was able to book both appointments.”*

Regarding the journey, the average rating of getting to the vaccine appointment was 4.7 stars and 82% of respondents (784 out of 960) reported no problems in getting to their vaccine appointment. Areas in which a small number of participants raised concerns were access issues and problems with car parking. This included the nearest vaccination centre being too far away unless you have private transport, a lack of available car parking or having to pay to park.

*“Marshalls guided me to where I needed to be, everyone was extremely helpful. The whole process was quick, efficient and so friendly.”*

*“Very well signposted from the main roads. Marshalls were available at the entrance to direct to the car park.”*

*“Had to travel to next town. Parking not very near if you struggle to walk.”*

*“No problems personally but I was aware of people who did not drive and who were shielding having problems accessing a location 7 miles away and not on a bus route.”*

*“Husband dropped me off outside the venue, then waited for me in the local car park. Our bus service is only one an hour at the moment so not convenient to catch the bus there and back.”*

## Appointment and Vaccine Centre Experience

For most participants, their appointment and experience of the vaccine centre was largely positive, with the overall rating of receiving the vaccine being 4.8 stars. 81% of respondents (901 out of 1,124) were seen early or on time and 12% (140 out of 1,124) waited a short time of under 30 minutes. 4% of respondents (42 out of 1,124) had a waiting time of over 30 minutes, although people tended to be understanding.

*“Had to wait two hours as they had a staff shortage. Although it was frustrating, they were very apologetic and had a holding area for cars where they kept patients in order.”*

*“We waited more than 30 minutes past our appointment time as they were running late. We didn’t mind waiting.”*

*“Probably 20 mins because two vaccinators were on tea break! No big deal though.”*

94% of respondents (1,056 out of 1,123) said that social distancing was observed and mask wearing was maintained at the vaccination centre. Only 3 people said this did not happen, although 6% of respondents (64 out of 1,123) said this only happened in part.

However, even though a lack of adherence to social distancing was not a regular occurrence, it could be quite frightening for people who are vulnerable, or have vulnerable family members, and have been shielding since the beginning of the pandemic. This is demonstrated by the slightly higher figure of 9% of people who consider themselves to be living with a long-term condition making a comment on social distancing when asked for suggestions for improvement.

*“...it was clearly too small a space and too many others were just hanging around the space seemingly waiting for others to have their vaccine...”*

*“We have been shielding our child so have not left the house for months so to go to the Clinic and have people less than 2m away from me made me [very] anxious.”*

*“There were too many people in one room without ventilation and half of them were talking. It made me feel quite anxious and it seemed completely unnecessary.”*

*“Zero social distancing at the surgery because they would book multiple people in at the same time.”*

## Positive Feedback

332 respondents across both surveys did leave a positive comment, giving thanks to all those involved in delivering the vaccine rollout programme. This highlights that whilst it remains that there is work to be done to ensure everybody feels safe and comfortable when receiving their vaccine, people remain highly grateful for the rollout and everyone involved.

*“The NHS are doing a phenomenal job in very challenging circumstances to roll out this vaccine programme at pace.”*

*“Service was amazing! Everything was well organised and everyone was welcoming and friendly!”*

*“I would like to acknowledge and thank the thousands of volunteers who have made this possible. Some very kind people still exist in this world and I am very grateful for them.”*

*“It was outstandingly good. There was even a wheelchair available and a volunteer who pushed me through. I felt extremely well looked after.”*

## Suggested Improvements

When asked for suggestions on how the service could be improved, 8% of respondents (68 out of 860) suggested improvements could be made to the vaccine centre they attended. Similar suggestions were made when respondents were asked if they had any final comments. The suggestions for improvements covered a range of areas.

Although staff and volunteers were praised to a large extent, some people felt that staff members were not always as helpful or reassuring as they would have liked them to be. Other people felt that staff members needed better training. This includes a need to be accommodating for people who live with a disability.

*“The number of staff at the vaccination centre all in high-vis jackets was overwhelming. Seemed too many for the number of patients.”*

*“I was questioned on the door as to why I was eligible for the vaccine and ended up having to disclose private medical information in earshot of other people...It was anxiety provoking and upsetting, so I think the staff on the door need much better training...”*

*“Non-hospital/surgery locations need to have staff who can deal with medical problems that arise during vaccination.”*

*“To think about communication barriers for deaf people need to be taken into consideration during vaccination appointment.”*

*“British Sign Language interpreter would be extremely helpful. I [struggle] to hear what was said behind the mask. Or even if the nurse written it down would be a great help too.”*

One respondent was concerned that they were not properly monitored in the 15 minutes following their vaccination:

*“Having driven there, after I had been vaccinated I was told to go to my car and wait in it for 15 minutes before going home. I felt vulnerable in that if I had had reaction nobody would have known. If I had passed out or felt unwell I might not have been able to contact anybody. I think I should have been invited to wait in the tent for a while.”*



One particularly concerning experience was reported by a new mother who was breastfeeding:

*“I was very apprehensive, as I am breastfeeding... so I had read all of the available information on getting the vaccine whilst breastfeeding. Once sat down, the person giving me the vaccine asked if I was breastfeeding, so I said “Yes”, they then asked if I read all of the available literature on this and I also said “Yes”. The vaccinator then started talking about how I could delay the vaccine until after I had finished breastfeeding! This isn’t something I needed to hear - I have read all of the available information, and it’s been a really tough decision to come to in order to get the vaccine. And this person is making me doubt my decision! The vaccinator then said “Have you any breastmilk in the freezer?”. Why are they asking me this - do they know something I don’t about having the vaccine whilst breastfeeding?! I went ahead with the vaccine, but I’m very anxious, so this has made me really upset, as I am doubting I should have ever taken the vaccine... I wish the NHS had trained the people giving vaccines in appropriately speaking to people on the topic, as this would have allayed my fears and made me feel better about the whole situation.”*

Other people wanted to see improvements with social distancing and other safety precautions at the vaccine centre:

*“Increased marshalling to ensure safe distances are observed by ALL! This should include outside the venue.”*

*“Social distancing needs to be enforced once inside the GP surgery.”*

*“Need marshals for queues at centre to ensure that social distancing and other sensible safety precautions are observed.”*

*“Please put pavement markers outside for queueing! We have been shielding our child so have not left the house for months so to go to the Clinic and have people less than 2m away from me has made me [very] anxious. Also, I was surprised the people working in the centre were just in masks and not full scrubs and so fourth! Also not enough [windows] fully open. A couple of inches isn’t good enough.”*



# Vaccine Access

## Experiences of People Living with Medical Conditions or Disabilities

34% of respondents (364 out of 1,074) identified themselves as living with either a long-term condition or disability. A number of respondents from this group raised concerns with accessing the vaccine centre. Concerns from this group are varied, but include problems with parking, queuing, travelling a long distance or a lack of step-free access. Such concerns were reiterated when people were asked if they had any additional comments they would like to share. The variation in experiences and thoughts shared here suggest that there is a need for a greater level of general awareness and sensitivity towards people who may have additional needs.

*“Had to travel to next town. Parking not very near if you struggle to walk.”*

*“I have a disabled badge as I have mobility problems but I was told there was no parking where I was going this caused me great anxiety...”*

*“I’ve had covid quite severely resulting in difficulty walking and balancing; ramp was too steep and steps to entrance very difficult for me. No one around to help.”*

## Second dose concerns

When asked for any further thoughts, 7% of respondents (64 out of 860) talked about their second dose. Concerns typically revolved around worries that the length of time between the first and second dose is too long, or the worry that they had not yet been given an appointment time for their second dose. This is demonstrated by the 17% of respondents who had received their first dose (78 out of 467) not knowing the reason for why their second dose was not booked. This caused worry and anxiety, particularly for respondents whose friends and family members had booked their second vaccine. This is likely due to confusion between the GP-led drive and the national booking system, which was arguably not always clearly explained at the beginning of the rollout. However, concerns were more prevalent in the earlier months of the engagement periods, likely because of the surge in second dose appointments from April onwards.

*“Yes give the appointment for the second jab when you get the one for the first jab. I don’t know anybody else in my situation, even my husband has both appointments.”*

*“It’s nerve wracking waiting for second appointment.”*

*“I have no information on this! Not very good, nor does the GP want to answer phone calls!”*

*“I don’t know. Everyone else I know has their second [appointment]. I’m told I will get another text near the time the second jab is due but would be far happier if I already had the date.”*

*“Initially I was given a 3 week date for the 2<sup>nd</sup> injection it’s now been changed to 8 weeks to allow more people to be given their 1<sup>st</sup> injection I understand and agree with that decision, but feel it wasn’t explained properly...”*



# Information and Communication

Respondents who had received the vaccine reported positive attitudes towards information and communication about the vaccine and the rollout; 88% of respondents (960 out of 1,087) agreed or strongly agreed that ‘information from the NHS or the government about the vaccine and its rollout has been communicated clearly and effectively.’ This remained fairly consistent throughout the engagement period, but did increase to 94% of respondents (103 out of 110) who answered in the final month of the survey being open. Additionally, 85% of respondents (944 out of 1,111) knew where to obtain more information about the vaccine should they need it and the average rating of communication from respondents who had received their vaccine was 4.6 stars.

## Where People Looked for Information

People who had had at least one dose of the vaccine said they had broad opinions about the various information sources they had accessed, which played into the level of trust they put in each source. They also found differences in the levels of positive or negative information dependent on the information source they accessed.

*Table 4: The top three positive and negative sources, ranked by the percentage of respondents who indicated where they found positive and negative information*

	Top 3 sources of <b>positive</b> information	Top 3 sources of <b>negative</b> information
1.	TV/Radio (72%; 792 out of 1,095)	Social media (50%; 551 out of 1,093)
2.	NHS/Government (69%; 753 out of 1,095)	Newspaper/Online news websites (31%; 334 out of 1,093)
3.	Newspaper/Online news websites (58%; 631 out of 1,095)	TV/Radio (30%; 334 out of 1,093)

The sources used to access positive and negative information differ slightly between those who had already had the vaccine and those who had not yet. For those who had not received the vaccine, friends and family were included in their top three information sources, in place of newspaper and online news websites for positive information and in place of the TV/radio for negative information.

Respondents were also asked where they access the majority of their information, so that we could determine whether respondents are seeking out more negative information than positive, or vice versa.

The top three sources for accessing information were:

1. News/Mainstream media (65%; 690 out of 1,066)
2. NHS/Government/Press conferences: (36%; 381 out of 1,066)
3. Unspecified ‘internet’ or ‘online’: (13%; 134 out of 1,066)

These top three sources of information suggest that respondents are likely accessing a broad range of positive and negative information. This is important in ensuring that everybody can make an informed choice to receive the vaccine, but it must be ensured that the public do not see an overwhelming amount of false misinformation that is intended to mislead people, often as the result of conspiracy theories, for example.

## Improvements to Information and Communication

9% (102 out of 1,143) felt that more could have been done to provide them with information on the vaccine before they had it and 2% (28 out of 1,143) felt that they were not well informed. While 15% of respondents (132 out of 860) said there could be improvements to information and communication when asked if they had any thoughts on how the service could be improved. 17% of respondents (101 out of 584) made similar comments when asked to share any final thoughts. Respondents wanted more information on a range of topics. For example, some respondents told us that information on side effects would help to both reassure and prepare people. A lack of preparation for side effects not only had implications for needing to take time off work, but could also be quite frightening for people who did not realise that side effects following the vaccine were perfectly normal, and actually quite common.

*“Just to prepare for side effects as I suffered with all the side effects... I think older people potentially living alone might be scared if they get side effects but need support and to be reassured that it's expected.”*

*“More information on how common the after effects are so people can plan around work - I had to take 2 days off I felt so unwell.”*

*“I think better information regarding after/side effects of the vaccine should be available in the form of a handout at the vaccination centre - several friends have asked me whether their after effects are normal.”*

5% (30 out of 584) of respondents wanted to see improvements to the information and communication they received from their GP practice, often to do with a lack of clear communication on when someone would be eligible for the vaccine. These comments are similar to those made by people who had not yet had the vaccine.

*“Better communication from GP would have been helpful and stop people worrying about when and how.”*

*“Very disappointed that I have heard nothing whatsoever from my GP practice regarding the vaccination. I have looked on their surgery website frequently. The learning here is to be proactive and keep up with the national information.”*

*“GP should have communicated with me to let me know which group I was in. I thought I was 6. It turned out I was 4! I've had no communication to advise me of this.”*

One respondent's experience is particularly concerning, as they talked about being left feeling largely abandoned throughout the pandemic with no contact from their GP or local health services.

*“I have had no contact from any person about the epidemic since it started, or about anything else for that matter. I have only had with delivery drivers in person and some telephone contact with one relative. No one has checked if I am even still alive (75 years old) and live alone.”*

# Conclusion

The report supports local data and intelligence in demonstrating that the majority of Hertfordshire residents are keen to receive their COVID-19 vaccine, and adds to this data that most people who had received their vaccine had a positive experience. Where the findings highlighted concerns of residents, across both surveys, these were primarily regarding access to the vaccine, the lack of information and communication more generally, and vaccine safety.

## Access

Respondents reported that practical barriers such as a lack of flexibility with appointments due to childcare or working patterns, or access to privately owned cars, may prevent them from getting their vaccine. However, in the final weeks of our engagement period, we saw an increase in walk-in and pop-up clinics for the vaccine, allowing people greater flexibility to access, hopefully reducing some of these barriers.

Other access issues, not just in relation to practical barriers of timing or centre location were of concern for people living with long-term conditions or disabilities. Examples of issues included:

- Travel/distance requiring access to a private car
- Long queue times
- Difficulties with communication
- Lack of accommodation for people with restricted mobility

## Safety of Vaccine Centres

Other areas for improvement were around social distancing in vaccine centres. In some instances people felt social distancing measures weren't being enforced as strictly as they should have been, and also felt the staff could have been more reassuring about safety measures in place. Again, this was particularly true for people living with a disability or a long-term condition who may have been shielding since the beginning of the pandemic.

## Information and Communication

Although information and communication was viewed positively by the majority of participants, it was also the area in which we saw the most suggestions for improvement. In particular, respondents across both surveys wanted stronger communication from their GP, the NHS and local government:

- More frequent and/or tailored communication from their GP, especially when they had been told not to contact their GP, or that their GP was uncontactable.
- Clear communication from their GP or the NHS on when they could expect to be eligible for the vaccine. This was particularly true for people with an underlying health condition.
- Better information from the NHS and local government on the common side effects people can expect.

Respondents who had not yet received their vaccine wanted improvements specifically on vaccine safety in relation to various pre-existing medical conditions, as well as information on local supply and progress.

Findings suggest that whilst the majority of the population is now more familiar with the side effects they can expect, this can still be a barrier to having the vaccine. Findings also show that individuals with medical conditions and additional needs still require specific, tailored information so that they can be reassured the vaccine is safe for them.

## Vaccine Safety

It is perhaps unsurprising that the most prevalent concern, and a common motivation to refuse the vaccine, is a worry of side effects - both short and long-term - and concerns related to the Oxford/AstraZeneca vaccine.

We have seen information campaigns to build confidence in the safety of the vaccine and myth-busting concerns of long-term safety effects. Although these are likely to have some success, it is possible that this information is best received coming from the NHS or medical professionals such as an individual's local GP, due to the high levels of trust respondents indicated they had in these information sources.

## Summary

Although the findings highlight many positives about the vaccine rollout in Hertfordshire, the findings also indicate that work still needs to be done to address the concerns of those with lower levels of vaccine confidence. Commissioners and providers also need to ensure equal access to the vaccine, particularly for those who may have pre-existing issues relating to healthcare, as well as improve the standard and communication in a range of areas.

Most respondents, regardless of whether they had or had not received their vaccine were incredibly grateful to the NHS, volunteers and all others involved in rolling out the vaccine locally.



# Recommendations

Based on the key findings outlined in this report, it is recommended that service providers, and those involved in delivering the vaccine rollout, consider the following recommendations:

## Information and Communication

- When discussing concerns with vaccine recipients, it is essential that a non-judgemental and transparent approach is used, to ensure that everybody can feel comfortable in making an informed decision.
- It should be remembered that a ‘one-size-fits-all’ approach will not be effective as different people have different concerns.
- There is a need for further information to be provided on the following:
  - When people can expect to receive their second dose
  - What are the benefits of having the vaccine for individuals, their families and their communities
  - Why it is important for everybody, including healthy people, to receive the vaccine
  - The safety of the vaccine for people with pre-existing conditions or those who take regular medication
  - Vaccine safety
  - The normalcy of flu-like side effects
- GP surgeries should be more proactive in their information and communication and be more accessible to answer specific queries from patients. This is especially important for individuals with an underlying health condition.

## Access

- Those organising the rollout should approach different communities as it is likely that different groups will have different access barriers and concerns that they would like to be addressed.
- Those organising the vaccine rollout should continue to utilise walk-in and pop-up clinics, to ensure people that need flexibility with their schedule are still able to access their vaccine.
- It must be ensured that all patients have a centre within an acceptable distance, and that for those who consider themselves with a long-term condition or disability are not disadvantaged.

# Response from the Integrated Care System (ICS) and its three Clinical Commissioning Groups (CCGs)

We are grateful to Healthwatch Hertfordshire for carrying out this important piece of research and it was very helpful to see interim findings at an earlier stage of the roll-out of the vaccination programme.

We are heartened by the way that the majority of eligible Hertfordshire residents have embraced their opportunity to have a COVID vaccination when offered - in fact more people have taken up the offer than might be expected from the conversations with respondents undertaken for these surveys.

Across Hertfordshire, the latest available data from our immunisation database shows that 69% of 18-39-year-olds, and 87% of 40-59-year-olds and 94% of people aged 60 and above have now had their first vaccination, which significantly exceeds the expressed level of intention to take the vaccination expressed in the surveys' key findings.

We are learning from the experience of phases one and two of the vaccine roll-out and will continue to take on board the insight gathered by Healthwatch Hertfordshire, passing findings and recommendations on to all those involved in delivering COVID vaccinations across our area. This will be particularly important as many more health service venues begin to offer vaccination services across the county in the next phase of the vaccination programme. As some decisions about how the vaccination programme is delivered are made at a national, not local level, we will also pass on Healthwatch's findings to our partners in the wider NHS, including NHS England, as we want to make sure that all those in a position to make changes can do so.

As we continue to encourage and support our younger population and those who are hesitant or face health inequalities to have their vaccinations, and begin the booster vaccination programme, we will work to ensure that people in Hertfordshire have the information they need and are supported to access life-saving vaccination services.

**Dr Jane Halpin, Chief Executive Officer, Hertfordshire and West Essex Integrated Care System (ICS) and its three Clinical Commissioning Groups (CCGs)**



# Appendix

## Demographics

In total, 1,820 Hertfordshire residents responded to our surveys. 579 people completed our survey for those who had not yet been vaccinated and 1,241 people completed our survey for those who have received their COVID-19 vaccine.

57% of respondents (889 out of 1,547) were of 18-64 years old and 42% of respondents (646 out of 1,547) were aged 65 years and older. However, this age distribution varies greatly by survey. Of those who had not yet received their vaccine, 96% (444 out of 464) were aged 18-64, in comparison to just 41% (445 out of 1,084) of those who had received their vaccine. Respondents had varied careers and income.

Across both surveys, 88% of respondents (1,366 out of 1,547) were of a White British background. In comparison, only 3% of respondents (44 out of 1,547) were of an Asian, or a mixed Asian background and 0.5% of respondents (7 out of 1,547) were of a Black, or mixed Black background.

13% of respondents (205 out of 1,530) identified themselves as a carer, 9% (142 out of 1,530) considered themselves to live with a disability and 24% (369 out of 1,530) considered themselves to live with a long-term condition.