



Healthwatch Kingston

Covid-19 vaccination: What you thought report

Survey March to April 2021

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healthwatch
Kingston upon Thames

Contents

1. About Healthwatch Kingston	Page 3
2. Executive summary	Page 4
3. Introduction	Page 7
4. Methodology	Page 8
4.1. Limitations	Page 11
5. Demographics	Page 10
6. Information sources	Page 17
7. Key findings	Page 19
7.1. Vaccine Acceptance	Page 20
7.2. Vaccine Hesitancy	Page 24
8. In conclusion	Page 31
9. Thank you and next steps!	Page 33



1. About Healthwatch Kingston

Healthwatch Kingston upon Thames is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need. Healthwatch Kingston upon Thames is part of a network of over 150 local Healthwatch across the country.

We're here to listen to the issues that really matter to people in the Royal Borough of Kingston upon Thames and to hear about your experiences of using local health and social care services. We're entirely independent and impartial, and anything you share with us is confidential.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

It's important that you share your experiences – whether good or bad, happy, or sad. If you've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Remember, your feedback is helping to improve people's lives. So, if you need advice, or you're ready to tell your story – we're here to listen.

2. Executive summary

In March 2021 Healthwatch Kingston upon Thames undertook an online survey asking for residents' views on the Covid-19 vaccination programme. The aim was to build a picture of their views as to whether they would or were likely to, or had already participated in the local Covid-19 vaccination programme. We were also keen to work collaboratively with the NHS, the Royal Borough of Kingston upon Thames (RBK) and local voluntary and community sector organisations to better understand people's concerns about the vaccine and why they were hesitant or were refusing to have the vaccine. Our insights were then shared as raw data with the NHS and RBK to help inform the extensive collaborative programme of local communications encouraging vaccine uptake campaigns across the community, e.g., the targeted vaccination roll-out to younger cohorts.

This Healthwatch Kingston report is informed by 831 respondents to our survey.

Vaccination uptake numbers at beginning of survey in March 2021

To 20th March 2021, 38.5% of the eligible population in Kingston had been given their first Covid-19 vaccination. In total, 68,673 first dose vaccinations had been given.

Vaccination update one year on from survey March 2022

To 20th March 2022, 78.6% of the eligible population in Kingston, aged over 16, had been given their first Covid-19 vaccination; 75.8% of the eligible population had been given their second Covid-19 vaccination, 82.8% of the eligible population had been given their Booster. In total 384,703 vaccinations had been given.

Please note that this data is from Foundry and includes data that has not yet been nationally verified or published.

Of the 708 respondents who answered our question about whether they had ‘received’, ‘definitely/probably would receive’ the vaccine, 667 (94%) were either willing or had already had the vaccine.

There were over 100 qualitative responses which illustrated that, even though the majority were willing to have the Covid-19 vaccination, there remained a number of concerns which needed to be addressed.

In summary, reasons why respondents were willing to participate in the Covid-19 vaccination programme included:

- Belief in their civic duty
- To reduce wider transmission
- Protection of self and others
- Ability to visit family in care homes
- Work
- To travel freely
- Fear of restrictions
- Medical advice.

Respondents who were vaccine hesitant expressed concerns which included:

- Issues as to safety of vaccine
- Speed of roll out
- Lack of trust in government
- Side effects
- Too little consistent information and mixed messages
- Anxiety/nervousness
- Fertility
- Inaccessibility.

The qualitative responses identified a number of additional concerns which included more complex barriers, including uncertainties around the longterm consequences of taking the vaccine, stigma, discrimination, lack of confidence and trust because of misinformation and rumours on social media, including conspiracy theories.

It is clear from the results of this survey that there was no single intervention which will successfully address the complexity of vaccine hesitancy. However, a robust clinical evidence base with transparent information was required, coupled with relevant, targeted messages and approaches to different communities. This went some way to address local concerns and to meet the needs of a diverse population.



3. Introduction

Since the UK government authorised the first Covid 19 vaccines for its population, nationally, more than 141 million have since received one or more of the available vaccines in the UK.

Approved Covid-19 vaccination programmes have supported a major reduction in reducing disease transmission, decreased emergency hospital admissions and therefore the severity of negative outcomes. However, this success is wholly dependent on the willingness of people to accept the efficacy of the vaccination and to actively participate in vaccination programmes.

The principle aim of this survey was to build a greater understanding of our local population's views on the Covid-19 vaccination programme in order to get a picture as to what people thought about it, their willingness or not to participate, and the reasons behind people's decisions on either acceptance or hesitancy about the vaccine.

For the purpose of this report we have included the World Health Organisation's Strategic Advisory Group of Experts (SAGE) committee definitions of vaccine hesitancy and vaccine acceptance (which is now widely used in research):

- Vaccine Hesitancy is defined as '*A delay in acceptance or refusal of a safe vaccine despite availability*'
- Vaccine Acceptance refers to '*those who have received, are waiting to receive or are more than likely to receive the vaccine when offered*'.

It is also important to emphasise that vaccine hesitancy is not necessarily the same as vaccine refusal, although it was not within the scope of this survey to distinguish between those who outright refused and those who are hesitant.

The following report highlights the range of views from RBK residents, and the raw data helped to inform the next steps to improve vaccine uptake.

4. Methodology

Between March and April 2021 Healthwatch Kingston ran our ‘Let us know what you think about the Covid-19 vaccine’ survey.

Our aim was to find out what local people thought about the Covid-19 vaccination programme and what they thought about information on the Covid-19 vaccine.

Healthwatch Kingston collaborated with the NHS, Kingston Council and Kingston Voluntary Action to develop this vaccine survey to gather views from communities across the borough. As the Royal Borough of Kingston upon Thames has the largest Korean community in the UK, we produced a Korean version. Other versions were available in Polish, Urdu, Farsi, and in Easy Read/Plain English to enable engagement with other groups in the community and people with a Learning Disability.

‘Co sądzisz o
szczepionce
na Covid-19?’
(Polish)



‘코로나19 백신에
대해 어떻게
생각하는지
알려주세요’
(Korean)

We promoted the survey through the Kingston Community Champions (we received 19 survey responses from Koreans through this face-to-face engagement method), and to seldom heard from groups with access barriers to technology, such as the Kingston Association for the Blind, where we helped people to complete the survey over the telephone.

We held a 'Question and Answer' session at our Healthwatch Kingston Open Meeting supported by the NHS (which helped NHS South West London Clinical Commissioning Group to inform their [Covid-19 web pages](#)), and shared the online survey through multiple platforms, including our Healthwatch Kingston e-newsletter and social media, and through partners in the Kingston and Richmond Communications and Engagement Group.

In reaction to the comparatively low response to the survey at mid-point, from people that did not want the Covid vaccination we decided to trial a different social media post which led to Healthwatch Kingston engaging in further discussions with community groups that were feeling 'shut down' for questioning the effectiveness of the vaccine.



831 people responded to the Healthwatch Kingston 'Let us know what you think about the Covid-19 vaccine' online and paper survey.

Helping inform local vaccination uptake

Anonymised data was reported to the NHS South West London Clinical Commissioning Group, the Royal Borough of Kingston upon Thames Council (RBK) and to Kingston Voluntary Action (KVA) to support timely, targeted vaccine communications and further engagement in 2021.

4.1 Limitations

Healthwatch Kingston notes, this report is based on data collected during July to September 2021.

We recognise the methodological limitations associated with online surveys but acknowledge that they are a useful tool in gathering information in a timely fashion and for providing insightful snapshots of views and experiences at the time of the community engagement.

It is important to recognise that the world has moved on considerably since we undertook this community engagement work, but it effectively illustrates respondent thinking at the time and offers us a rich body of data on which has supported local service communications, delivery, and Covid-19 public health initiatives.

5. Demographics

In total, there were 831 responses to our online survey (community engagement paper survey responses were added), although some people chose not to answer certain questions. The following demographic section summarises who our respondents were.

5.1 Gender

683 people identified their gender, of whom 479 (70%) were women, 178 (26%) men, 6 respondents described themselves as ‘non-binary’, and 20 people preferred not to say. As already noted in our [‘Living with Long Covid’ report](#), women tend to be more likely to self-select to participate in online surveys ([Smith 2009, Does Gender Influence Online Survey Participation?](#)). Further research on why this is the case may be required for future studies, but is not within the scope of this survey.

5.2 Ethnicity

Of the 713 responses to the question on ethnicity, over 67% of respondents identified as White British (481), and people that said they were 'White Irish', with 49 saying they were 'any other White background'. Only 17 people were 'Western European' with 2 people identifying as 'Eastern European' and 1 saying they were 'Southern European'.

Compared to the usual uptake of Healthwatch Kingston surveys, there was an uptick in numbers of respondents (71 people) who identified as Asian British, which includes more Korean responses (19) than we have collected previously in any one survey and similarly, more Tamil responses (27).

We credit this response to our partnership approach and Healthwatch Kingston's direct work to engage with harder to reach communities, including the translation of the survey in to several languages with the support of NHS South West London Clinical Commissioning Group.

Considering the total number of respondents, few identified as 'Black British African' (6 people), or 'Black British Caribbean' (1 person) and 'any other Black British' (3 people).

23% of respondents identified as non-white British.

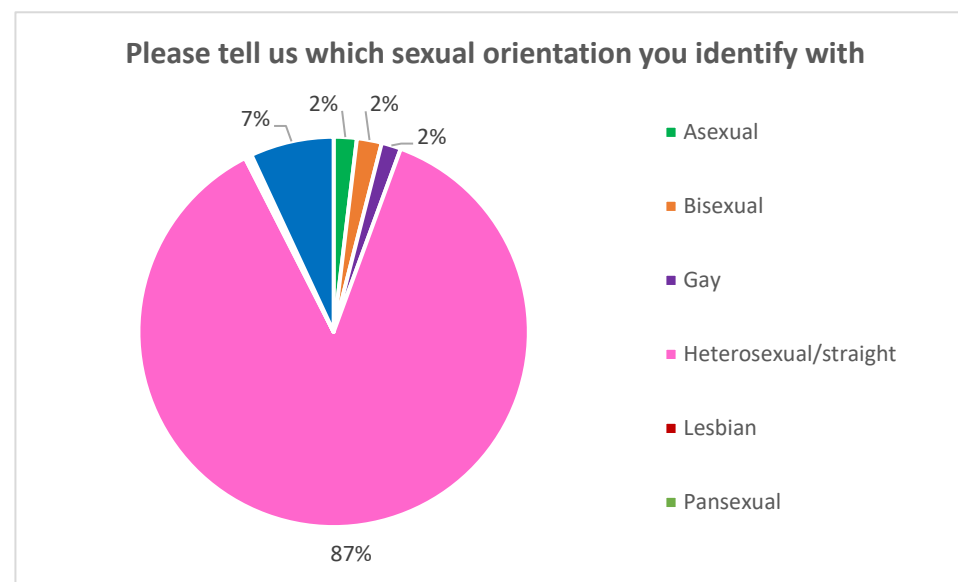
5.3 Sexual Orientation

Out of the 679 responses to this question, the 590 of our respondents identified as ‘Heterosexual/straight’ (86.89%), 11 as ‘Gay’, 14 as ‘Bisexual’, 2 as ‘Lesbian’ and 2 as ‘Pansexual’.

47 out of the 831 ‘Let us know what you think about the Covid-19 vaccine’ survey people preferred not to answer this question.

Please tell us which sexual orientation you identify with

Answer Choices	Responses	
Asexual	1.91%	13
Bisexual	2.06%	14
Gay	1.62%	11
Heterosexual/straight	86.89%	590
Lesbian	0.29%	2
Pansexual	0.29%	2
Prefer not to say	6.92%	47
	Answered	679
	Skipped	153



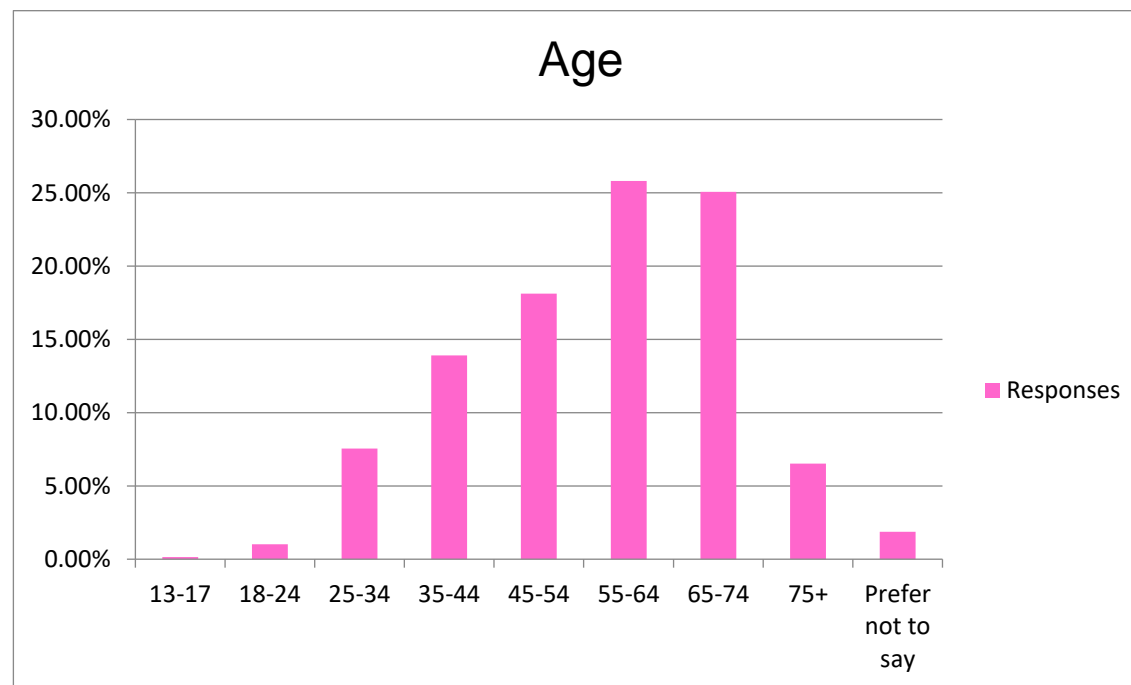
5.4 Age of Respondents

Of the 690 people who responded, the majority (nearly 69%) were aged between 45-74 (476), with 22.46% (156) under 45 years old, and 45 over 75 years old (6.52%), and 13 (1.88%) (preferred not to say). There were 7 respondents aged 18-24, and 52 (7.54%) aged 25-34 years.

Those under the age of 13 were not invited to participate as at the time of the survey, young people were not eligible to receive the vaccine. Healthwatch Kingston did, however, ensure that a parent ‘Question and Answer’ engagement evening was run for Kingston residents, after NHS South West London Clinical Commissioning Group, ran an event for parents in Richmond.

Please tell us which age category you fall into. Please note that we cannot accept responses from anyone aged under 13 years.

Answer Choices	Responses	
13-17	0.14%	1
18-24	1.01%	7
25-34	7.54%	52
35-44	13.91%	96
45-54	18.12%	125
55-64	25.80%	178
65-74	25.07%	173
75+	6.52%	45
Prefer not to say	1.88%	13
	Answered	690
	Skipped	142

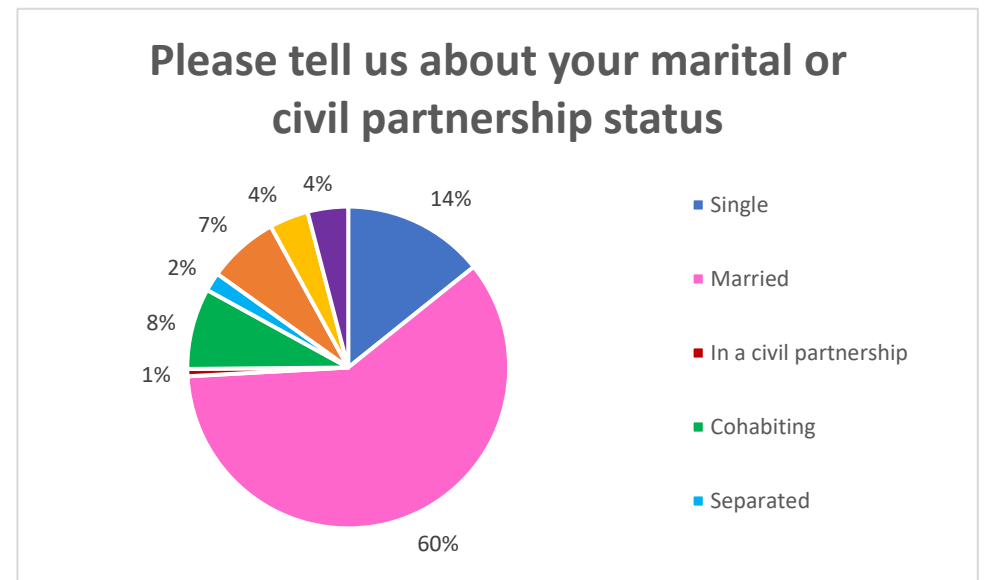


5.5 Marital/Civil Partnership Status

Of the 688 respondents to this question, 411 (59.88%) told us they were married, 98 people (14.24%) said they were single, 5 (0.73%) were in a civil partnership, 56 (8.14%) were cohabiting at the time of the survey, 13 (1.89%) were separated, 49 (7.12%) noted they were divorced, and 27 respondents (3.92%) were widowed.

Please tell us about your marital or civil partnership status

Answer Choices	Responses	
Single	14.24%	98
Married	59.88%	412
In a civil partnership	0.73%	5
Cohabiting	8.14%	56
Separated	1.89%	13
Divorced / dissolved civil partnership	7.12%	49
Widowed	3.92%	27
I'd prefer not to say	4.07%	28
	Answered	688
	Skipped	144



5.6 Carer/Disability/ Long Term Health Condition Status

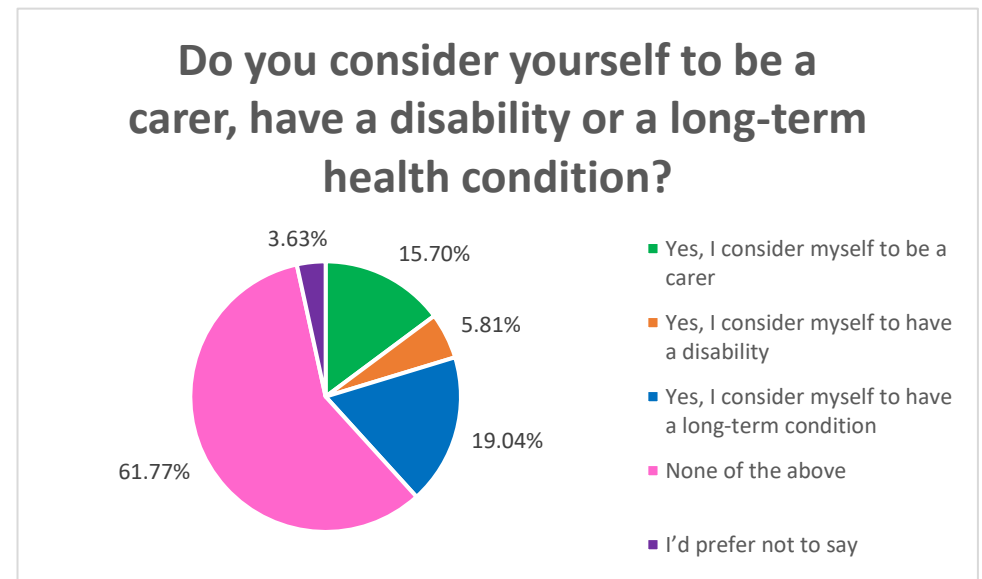
Of the 688 who responded to this question, 425 (61.77%) did not consider themselves to be either a carer/have a disability or describe themselves as living with a long-term health condition.

108 (15.70%) identified as a carer, 131 (19.04%) said they had a long-term condition, and 40 (5.81%) considered themselves to have a disability, 25 (3.63%) preferred not to answer this question.

Data showed that of those that identified as ‘carers’, many were motivated to get vaccinated so that they could return to work.

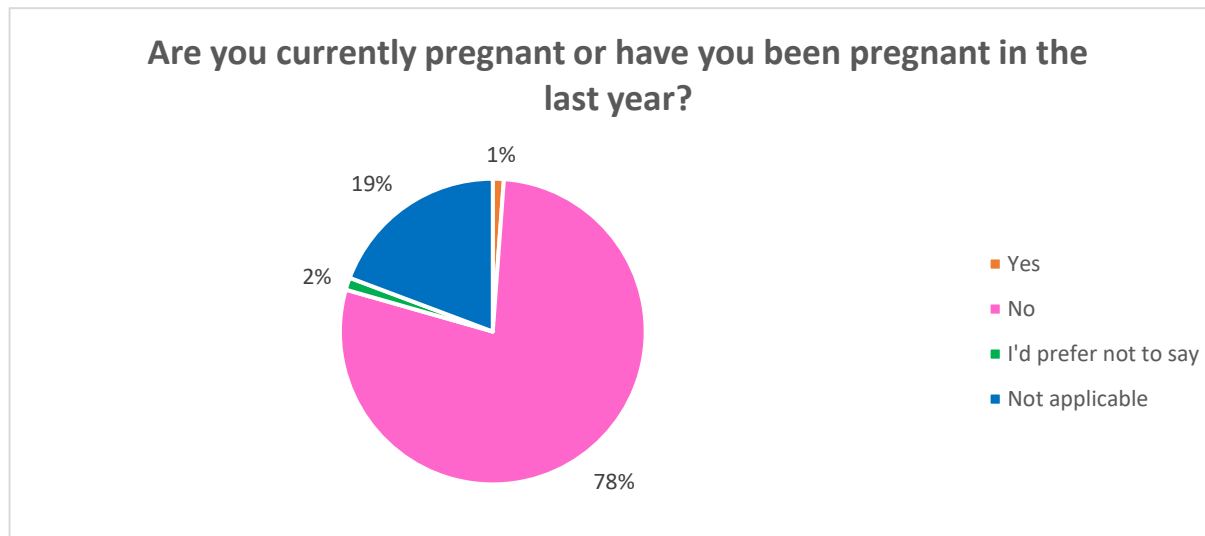
Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply)

Answer Choices	Responses	
Yes, I consider myself to be a carer	15.70%	108
Yes, I consider myself to have a disability	5.81%	40
Yes, I consider myself to have a long-term condition	19.04%	131
None of the above	61.77%	425
I'd prefer not to say	3.63%	25
	Answered	688
	Skipped	144



5.7 Pregnancy

479 (70%) women completed our 'Let us know what you think about the Covid-19 vaccine' survey, 8 stated that they were pregnant. We asked if respondents were 'currently pregnant or had been pregnant in the last year?', to see if people that were or had been pregnant during the pandemic were more likely to be hesitant about having the Covid-19 vaccination. However, even though we were anecdotally aware that pregnant women were expressing concerns about the Covid-19 vaccines, the comparatively low number of respondents to our survey that said they were pregnant did not provide the evidence to confirm that pregnant women in Kingston were vaccine hesitant.



If you would like to find out more/have a specific question about the detailed data collected through this Kingston community engagement survey. Please contact us on info@healthwatchkingston.org.uk and one of the staff team will be happy to help.

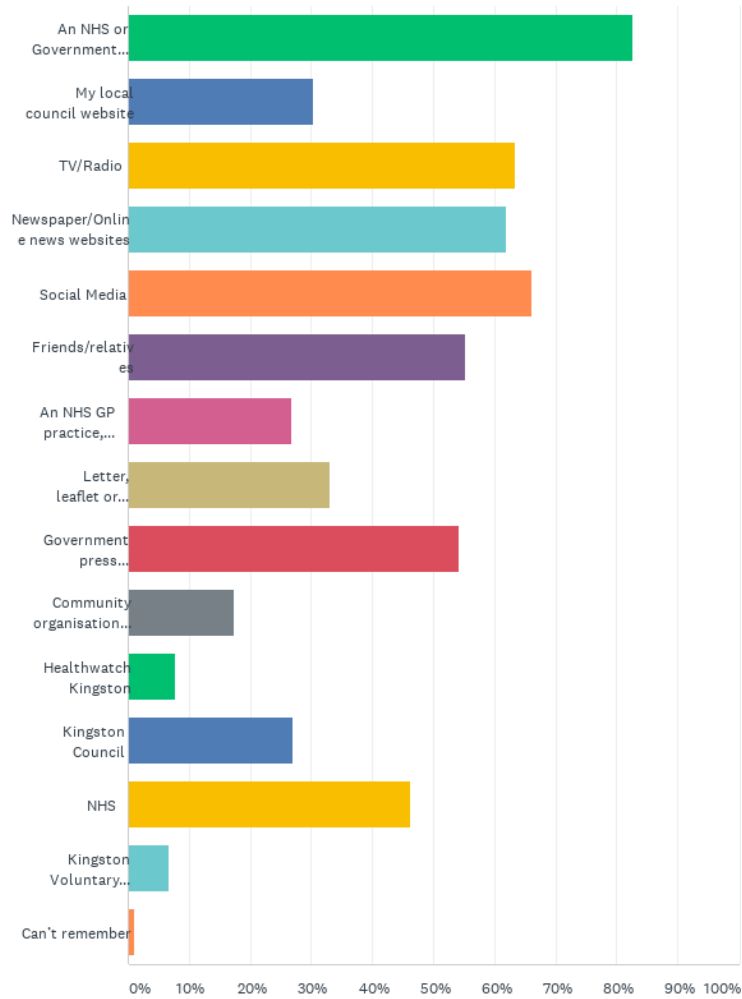
6. Information Sources

When asked: ‘Where have you seen or heard information about a COVID-19 vaccine?’, 703 respondents told us they used a variety of sources for information on Covid-19 vaccines and identified a range of different options. Over 80% of respondents said they received their information from the NHS and other government sources, the RBK website accounted for nearly 40%, and television (especially government press conferences), radio, newspapers, and social media were also widely used. Interestingly, information from friends and relatives accounted for nearly 50% of sources.

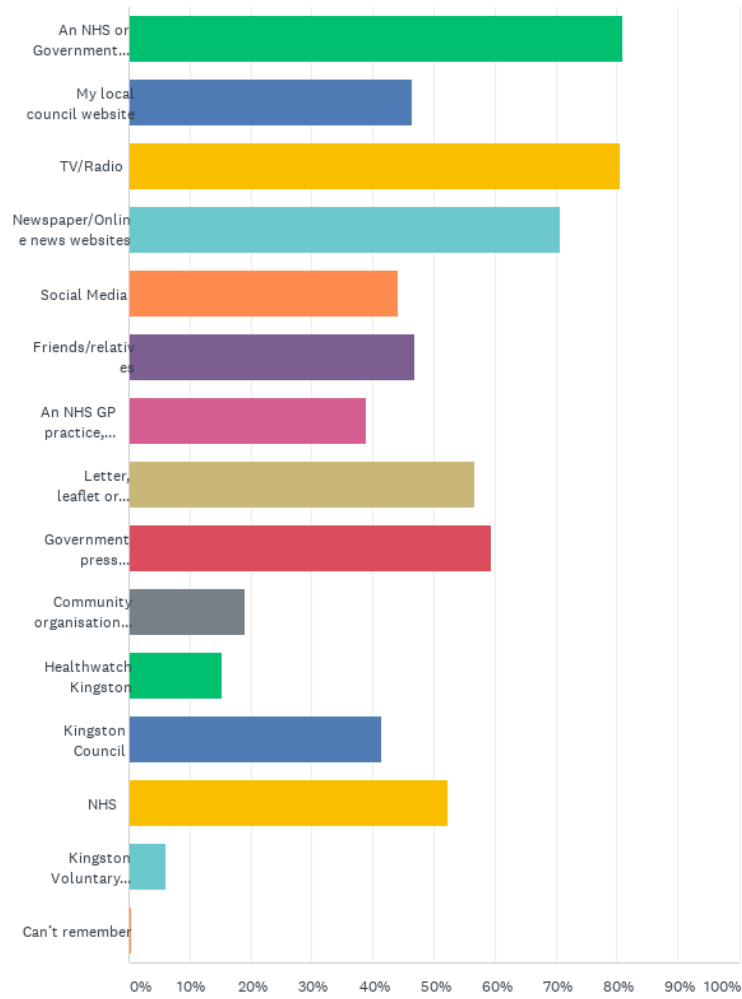
To better understand why some people had hesitancy we asked about their information sources for Covid-19 and the vaccine. We were hoping to find what platforms were being used and if a person’s age impacted their choices. We found that when splitting the age groups (13-54 and 55+) that there wasn’t a substantial difference between either age group. Both used NHS and Governments websites as their main source of information. The younger cohort favoured social media as their secondary source of information, whereas people aged over 55 relied on TV and Radio, although TV and Radio was still popular with people under 55. Social media was only recognised as an information source for respondents over 55 further down the list and registered as the ninth most popular platform.

Community organisations including Healthwatch Kingston (legislated to provide [advice and information, and signposting to NHS and social care services](#) for residents in our borough) and Kingston Voluntary Action (host of Connected Kingston, a web-based directory of activities and services available in our community) accounted for 36% (Healthwatch Kingston 11.81% (83), KVA 6.12% (43) and community organisations/websites 18.07% (127) of information sources. It is also important to note that it was a role of both Healthwatch Kingston and KVA to signpost residents to official government information sources (including the NHS, gov.uk and RBK), and because of this proactive role, both organisations contributed substantially to the roll out of the local vaccination programme.

Healthwatch Kingston Covid-19 vaccination: What you thought report (24 March 2022)



Respondents aged 13-54 years.



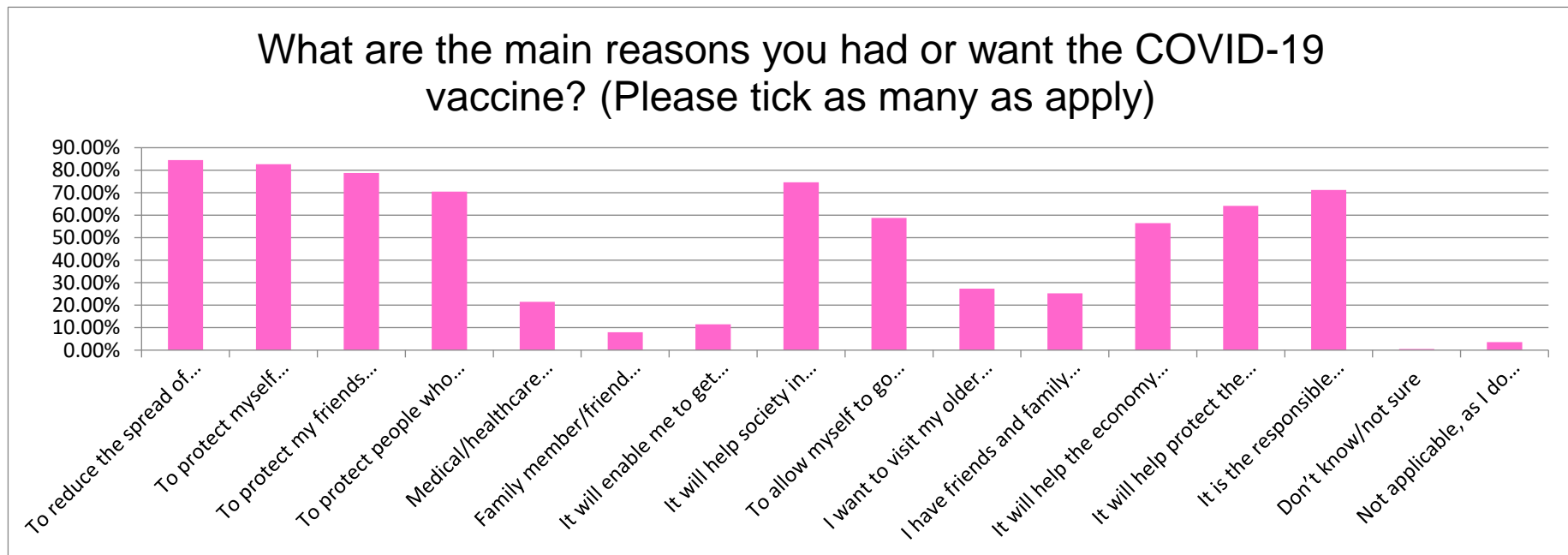
Respondents aged 55+ years.

7. Key Findings

The United Kingdom has been acknowledged to have led a successful and efficient roll out of Covid-19 vaccinations with more than three quarters of the population having received at least one dose by June 2021.

Positivity, controversy, and divided opinion about the use of vaccines is not new to Covid-19 with heated debate often arousing emotional responses. Indeed, the views shared in this survey illustrate some of that controversy, emotion, acceptance and also reluctance. That said, 673 (over 94%) of respondents were ‘very positive’ or ‘positive’ about vaccinations in general.

The following section of our report highlights the varying views of local residents to the local Covid-19 vaccination programme.



7.1 Vaccine Acceptance

There were a wide range of qualitative responses offered by local residents on the vaccination programme and the local roll out which were positive.



I feel privileged to have had the vaccine. I admire the science, creation and roll out of the vaccine so quickly.”



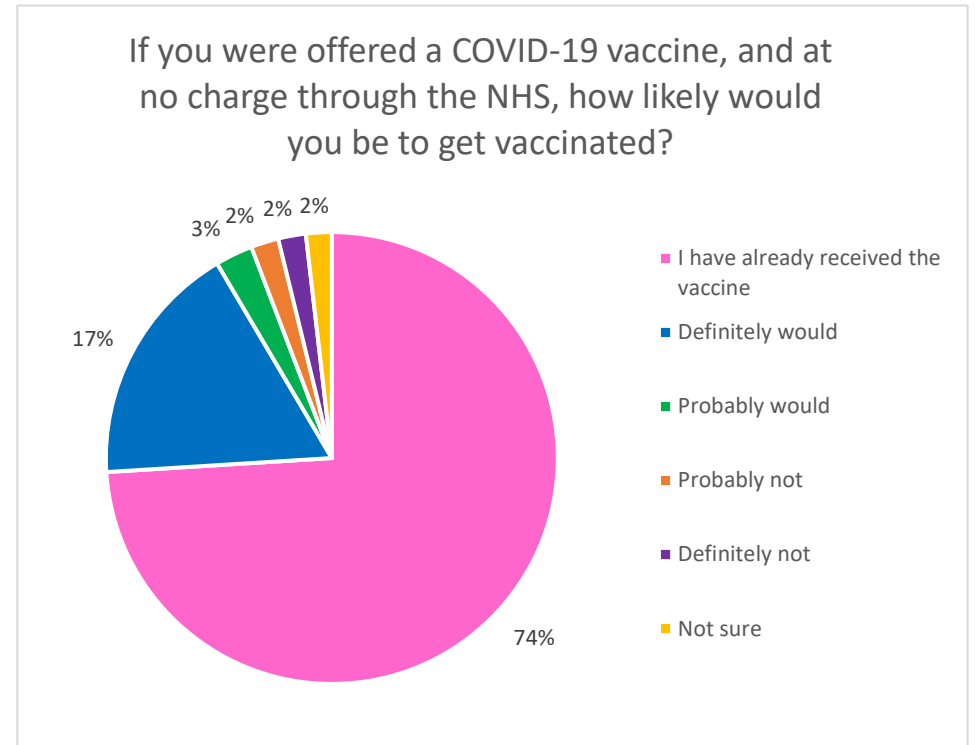
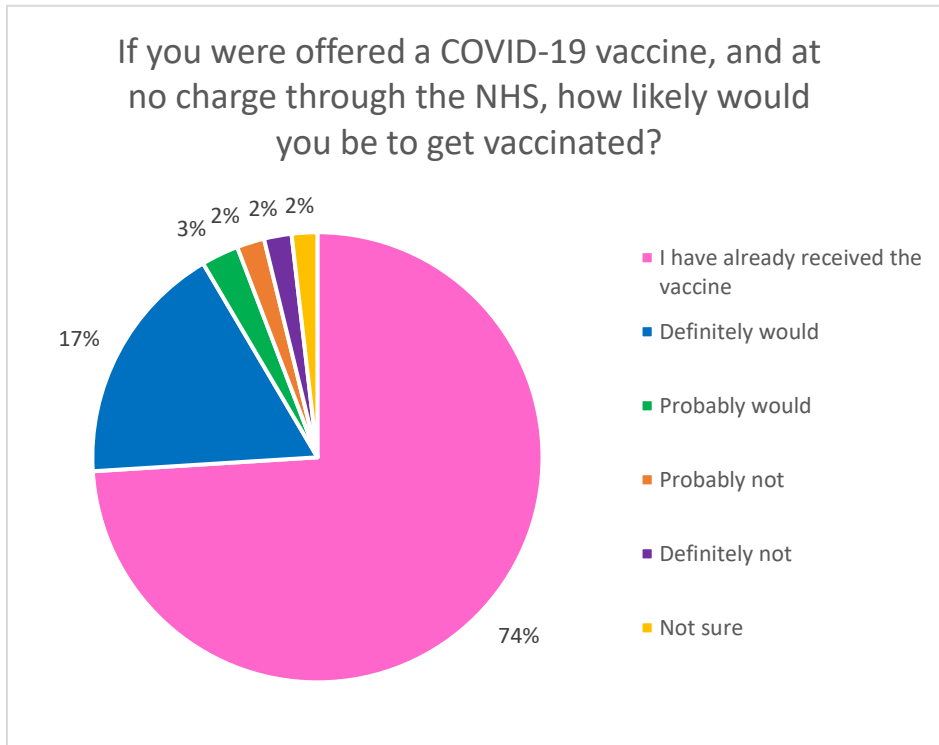
I'm incredibly impressed at the way the NHS has handled the roll out of this vaccination programme. In my opinion it has been an enormous success.”



It's wonderful that it's been developed so quickly, given that there was absolutely no guarantee that any of the vaccines would be effective, especially the mRNA ones. Everyone should be happy at this and do their bit to protect others.”

Of those who responded and offered broader views, 524 (74%) of respondents had already received the vaccine at the time of this survey (between March and April 2021), with 124 people (18%) saying they definitely would have it when offered, 19 (3%) saying they probably would. Therefore, our survey showed that 95% of respondents ‘had/would have/probably would have’ the Covid-19 vaccine.


These figures illustrate a success for the local programme, with qualitative responses supporting the local NHS teams, and wide praise for the people involved in the roll out.



Text message was excellent and very clear. Booked both vaccine appointments without issue. Brilliant service. Well done!”



So glad I’ve been able to have it already and for free. We are so lucky to have our amazing health service!”

 *In contrast to Test & Trace, the vaccine rollout has been a bright spot in these gloomy last 12 months. I have been particularly impressed by the efficiency with which the vaccine programme has been run in New Malden. I received my jab in January, my partner, a teacher, received hers yesterday. Given the scale of the process, getting so many people vaccinated since early January has been remarkable.”*

TEST




TRACE


Between October 2020 and January 2021, Healthwatch Kingston gathered views from Kingston residents about how they felt about Covid-19, as well as the NHS Test and Trace App. Find out what people said in our [‘Test and Trace: What you thought’ report](#).

Please note: The data for the Healthwatch Kingston Test and Trace report were gathered before the vaccine became widely available - first given 9 December 2020 - and that perceptions of the risk of catching Covid-19 may well have altered since our *‘Tell us what you think about Covid-19, as well as the NHS Test and Trace App’* survey.

Some respondents felt very strongly about the need for people to be vaccinated, and expressed their views more vociferously:

 *I get angry with people who choose not to have it but could. I think employers should be able to make it mandatory and venues should have the power to bar people who have no legitimate reason to refuse. I consider it a responsibility, no different to abiding by the law including health and safety law, paying taxes etc.”*

 *I think the vaccine should be mandatory for people who work in health and social care.”*

 *It's a worry that there quite a few people that don't want the vaccine or are nervous about it. Hence, I think it should have been promoted better in some communities, and campaigns need to make use of less mainstream media to help get messages across.”*

In examining what respondents told us about vaccine acceptance more closely, it is clear that people who 'had/were going to have' the vaccine identified specific reasons for their acceptance. To summarise, these included:

- Reduce spread of the virus
- Wanting to visit relatives in care homes
- The ability to travel abroad
- Fear of restrictions if unvaccinated
- Believe it to be their civic duty and personal responsibility
- Protection of more vulnerable people, for themselves and loved ones
- Medical recommendations
- The ability to work safely
- Economic reasons

And succinctly put by one respondent:

 *Vaccination saves lives. I fully support the programme and think all NHS staff are doing an amazing job.”*

In terms of vaccine acceptance, it is fair to conclude that the majority of Kingston residents who responded to this survey were in support of the vaccination programme, were happy to be/have been vaccinated, and expressed clear opinions as to why.

7.2 Vaccine Hesitancy


Healthwatch Kingston asked people “if you were offered a COVID-19 vaccine, and at no charge through the NHS, how likely would you be to get vaccinated?”. Out of the 708 who answered this question in our survey, 134 people were either hesitant or had concerns that may stop them from receiving the vaccine even if they wanted it. Distance to and location of were the highest concerns people provided, followed by transportation and access to public transport. The key finding here is that location of the vaccination centres was important.

Over 100 people provided additional qualifying information that outlined their concerns and reasons for their responses.

Despite the majority being in support of the vaccination roll out, it is clear from many of the respondents that there were still major concerns expressed.


The reasons are summarised in the following broad categories:


I. **Side effects** - both long and short term, including more adverse side effects:

 *The current media coverage re clotting and EU countries avoiding the vaccine is worrying, despite the clotting statistics being reportedly no higher than in normal times. Any detrimental media coverage is worrying.”*

 *Terrible side effects from first Covid jab including chest palpitations lasting 3 days+.”*

II. **Safety** - of vaccines, with many concerns expressed about how “rushed” the vaccine programme appeared to be implemented:


 *I'm not convinced that the media is being completely honest about how bad side effect can be for some people. I have had side effect lasting several weeks, including swollen glands, painful to swallow, heart palpitations for 3 weeks, headaches, joint pain, dizzy and exhaustion. Unfortunately I have several health conditions, I have spoken to my doctor who told me to speak to the centre when I go for the second dose. However I'm scared to have my second as I'm worried that this time it could be worse. I also can't afford to take more time off work due to sickness. No one can answer my questions regarding long term effects, other than to say "could be worse if you catch Covid". I do believe that the vaccine is perfectly safe for most people, but has it been proven to not have negative effects for people with chronic and health condition?"*

 *The people I know who are reluctant to get the vaccine are saying it's because they are scared that it might have long term side effects (they remember the thalidomide case in the 60s) and that it has not been tested for long enough. These people need additional reassurance.”*


And more emphatically expressed...

 *I don't want to be part of the biggest human trial in history.”*


III. Too little definitive evidence based and consistent information available:

 *There was not enough information in early days about the trials testing & results, side-effects noted from trials and actual contents of the Pfizer/BioNTech, AZ/Oxford or Moderna on official sites. The media had some variable information but took time for NHS and MHRA to detail the specific results of trials, testing, and method of contents of the vaccines for informed decision on safety of the vaccines.”*

IV. Inconsistent media coverage which ramps up anxiety:


 *There are safety concerns if they come in via reputable websites and trusted news sites. Am worried about having the second one, the side effects were far worse than anticipated. I think the NHS messaging needs to be more honest in that a lot of people have quite severe side effects, not 'mild, moderate' and other words always used. I was scared as I was not expecting relatives and friends to have high fever and being too ill and weak to walk. Lack of*

honesty is understandable in trying to spin the positive, but it causes panic/worry in those who experience normal bad side effects.”

 *The spin from the NHS and government is so simplistic and relentlessly positive - the impression is that the messaging is aimed solely at trying to get people to have the vaccine, to protect the NHS and economy. As such I do not trust them to give the full truth. For example, the side effects of the vaccine are not just like a flu jab for a great many people I know. Many of my friends have had to retreat to bed, saying it floored them with high temperatures, headaches, weakness. More honesty of what to expect would build trust better.”*

 *The speed of the vaccine rollout has almost certainly cut corners and we have no medium term or longer-term evaluation. Therefore, I don't believe the spin about the global effort as a full explanation, for example the US are still evaluating the AstraZeneca vaccine but we certified it safe almost instantly.”*

V. Anxiety from those with other long term health conditions:


 *With a long-term health condition and undiagnosed allergies, I understand the risks in not taking the vaccine, however, am still concerned at long term effects (if any) in taking the vaccine. Don't like being classed as an*


antivaxxer just because I have questions, so it's difficult to discuss any issues I have. GP wasn't very helpful and told me to talk to the vaccine centre when I go next week?"

 *I'm not sure if it's safe for someone with my condition."*

 *I have an autoimmune illness. The vaccine can make it terrible as some other did in the past. Not enough is known about the long-term effects"*

VI. Fertility concerns:

 *We need a study on impact of vaccine on fertility, virility, Long Covid, alcohol consumers, people with minor ailments with medication, and most importantly the differences between the various types of vaccines available."*

 *Why is the government and the NHS and others saying that these vaccines are safe when they don't know whether there will be a problem in the future?"*



There needs to be more information and testing needed for those people considering pregnancy in the near future. Does it affect your fertility?"

VII. Additional reasons stated for being vaccine hesitant included:

- Anti any vaccine
- Lack of trust in government - suspicious of motive
- Faith, religion, family/friends concerns
- Queries re: government spin and overemphasis on efficacy
- Longer term side effects that are as yet unknown
- Seen as being 'society's guinea pigs'.


Other concerns from respondents included confusion about access to the second vaccine. At the time this survey was being done, the vaccination programme was well underway, and some written responses identified a lack of co-ordination or accurate timings being offered by services which seemed to cause some confusion.



I suspect that difficulty in getting to where the vaccine is given is a large factor amongst people who are reluctant to take it up. For older people transport and language and for younger time of work. When are we going to get the 2nd vaccination? Also, people need to be aware that it won't solve all problems."

 *I got my first Pfizer jab on 23/01/2021 at NMWP Group in New Malden. Still waiting for an appointment for my 2nd jab!! why the long delay?"*

 *I had to fight to get on list as NHS classed me as inactive because I hadn't visited GP."*

 *I had my first jab 15th January but given no date for the 2nd whereas most people I know were given a date for the 2nd when they had their 1st? I am now concerned that the time for the 2nd is stretching out further and further and I'm not comfortable going out and about until I have the 2nd one. I have been isolating for the last year as I am 76 and the jabs are now being given to younger people and even talk about exporting it."*

8. In conclusion

The availability of a safe, reliable, and effective vaccine to help prevent diseases was already a cause for celebration long before the Covid-19 pandemic, and has eradicated or reduced serious infectious diseases such as, small pox, polio and diphtheria. The attention of epidemiologists in western Europe therefore became focused on longterm conditions rather than infectious diseases. It should be remembered that the Covid-19 pandemic is probably the first pandemic with an unknown virus since the 1918 'Spanish Flu'. Therefore, evidence for both prevention and treatment of infection could only be gathered in 'real time', and this was an inevitable source of scientific uncertainty.

Wide use and availability of the internet, social media and smart phone apps have been a welcome tool for self-education, but their use also provides a serious challenge in the form of misinformation, conspiracy theories and incomplete and inconsistent messages which can be impossible to challenge, let alone navigate when faced with so much inconsistency and uncertainty.

This survey highlighted much of the reasoning behind people's decisions to vaccinate against Covid-19, or not. It is clear that the reasons are varied, and complex, and as increasingly threatening new variants may emerge, and the global world begins to reopen, there are still many uncertainties about future trajectories of disease. How best to ensure accessible and relevant consistent messages to our local populations will remain a challenge and will remain so for the foreseeable future. Lack of confidence in the vaccines could pose a direct threat to health and some epidemiologists believe it could derail efforts to end the current pandemic.

The respondents also identified some confusion about timings, inaccessibility, and lack of coordination as to why they had problems getting the vaccine - particularly the second vaccine. Barriers to access included lack of direct messages, mixed or multiple messages from different sources, delivery times, location, transport and in some cases, costs to get there.

As the world reopens, and people start returning to work, embracing their social and family lives and their commitments, the need to develop local approaches by engaging directly with communities and producing communications and materials about the vaccines available that meet our populations needs is necessary. This will be imperative if we are to continue to effectively meet the challenges presented by Covid-19.

In conclusion, although we have come a long way since this survey was conducted, the following qualitative response sums up succinctly the complexity experienced by people in determining their actions, and how much work is still required to ensure that we retain clear dialogue and specifically address the concerns in non-stigmatising language, increase trust in both the vaccine and the messaging, and most importantly, to protect our populations.



As I am responsible for 6 social care services and their staff team, I have seen firsthand people's reactions and held numerous discussions on various issues around vaccine take up. In my view there are many reasons for hesitation and it is clear that a significant proportion of people's hesitation is not based on logic. Many are skeptical or have placed too much weight to a particular myth/media story/conspiracy and some have deeper emotional responses rooted in previous experiences/knowledge of vaccinations which have led to complications. Overall, my belief is that time is a factor that is not considered enough. I see much effort being focused on driving uptake focusing on particular groups who may be more vulnerable or where uptake is particularly low. However, in my view these same groups are the people who have been through the most trauma at the hands of Covid-19 and who society has now asked to be first in line for a new range of vaccinations which are all based on revolutionary new technology. I think we should, as a society, show greater understanding that this is a big ask and allow people time to come round. In my experience, logic has much more traction when people do not feel pressured or targeted."

9. Thank you and next steps!

Clearly, NHS and other stakeholders recognised early on, that there was no single intervention that was likely to address ongoing concerns about vaccine hesitancy across all population groups. Engaging more closely with members of our different communities to co-produce communications and materials that addressed concerns head on and met population needs was an important next step and a positive intervention.

Numerous studies in the UK have identified people from BAME communities, lower socio-economic households, unemployed and socially disadvantaged people, and people who distrust the government messages are at greater risk of transmission and are 2-4 times more likely to die from Covid-19. Ongoing stigma and discrimination, misinformation on social media, fears of being misled, and previous unethical research account for much of the concern.

Promoting the uptake of vaccines in the future will require much more research and a clearer understanding for hesitancy, but to address this health inequality head on, we also need to maintain a solid evidence base, excellent clinical and other support services, with clear signposting. This, coupled with transparent, robust, unbiased, and accessible information may provide opportunities for supporting vaccine acceptance and in addressing issues around vaccine hesitancy.

Kingston Healthwatch would like to thank all those who responded to this survey - the contributions have been invaluable to better understand the needs of our local residents as we move forward.



Tell us what you think about NHS and social care.

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