

# Let's Talk About the COVID Vaccine

## Experiences of Older and Younger People in Southwark



### healthwatch Southwark

### Let's Talk About the COVID Vaccine

### 'The Experiences of Older and Younger People in Southwark'

### Introduction

This brief report summarises our findings from two online events we held in March/April 2021, as well as a survey we conducted in May/June 2021, to hear from local people in Southwark about their COVID-19 vaccine experiences and concerns.

### Background

Concerns about the COVID-19 vaccine are an important challenge currently in Southwark. We wanted to provide a space and opportunity for local people to discuss their concerns, confidence, and experiences of the COVID vaccine, to inform the vaccine programme as it expands to the whole population.

### Methodology

#### Workshop/Events

We held two 'Let's talk about the COVID vaccine' events:

- One event was targeted at older people (over 50) who were likely to have already had one or two doses of the vaccine (March 31, 2021). This event had **12 attendees**.
- The other event was targeted at younger people (under 50) who were likely to not yet be eligible (14 April 2021). This event had **11 attendees**.

The events were structured as focus groups, with two discussion points tailored to each group, as well as a Q&A with a local GP so questions and concerns could be responded to in real time. The discussion points were:

- Older group
  - $\circ$   $\;$  Experiences of communication about the COVID vaccine  $\;$
  - Experiences of getting the COVID vaccine
- Younger group
  - Attitudes towards the COVID vaccine
  - $\circ$   $\;$  Sources of information about the COVID vaccine

#### Survey

We also conducted a survey, based on questions used by local authorities (including Southwark Council). The survey was shared with our members, Community Health

Ambassadors, and through other community organisations. We received **90 responses**, 6 of which were excluded as the person did not live, work or care in Southwark. 64% of the sample were over 50, and 23% were under 50 (the rest did not give their age). Please see Appendix 1 for full Equalities Monitoring data from the survey.

### Findings from the Events

### Older group: people that have had one or two doses of the vaccine

### What is one word that comes to mind to describe the pandemic right now?

Responses from participants:

- Scary
- Reserved (but the future is looking bright)
- Hope
- Glass half full (or half empty depending on the day)
- Cautiously hopeful
- Disappointed
- Relief

### Communication about the vaccine

There was a mixture of negative and positive experiences of communication from health services about getting the vaccine.

Positive experiences of communication included the following:

- It being easy and straightforward to book i.e. it just being one email with a link.
- Accompanied by personal advice from their GP.
- Close by if they had mobility issues.
- Being given information about or the date of the second vaccine at the same time to eliminate worry.

The common themes in the negative experiences included the following:

- There were inconsistencies in communication, not being asked about accessibility issues, and duplication.
- Some people were concerned that they were contacted a different way to friends or family who had already received the vaccine i.e. wondering what it meant if they were called by the hospital when their husband was called by the GP.
- A participant in the group received a text message telling him to call a number, where he was given the option to go to different hospitals. He described this as 'disturbing' as it felt like a scam, despite being a genuine

invitation from the NHS, and recommended there be a consistent way to contact people. His experience worsened as he had been misinformed by other statutory services throughout the pandemic i.e. not receiving a shielding letter until months into the pandemic, despite having multiple long-term conditions.

- Another person was invited several times to have a vaccine by different health services, including the NHS App, GP and hospital. He felt this indicated a lack of record sharing, which may contribute to a lack of trust in the vaccine programme or system to get things right.
- A big issue was the accessibility of vaccine centre's/venues. For example, one person's friends received both their vaccination at a nearby GP, but he had to travel further to a hospital, despite using a mobility scooter. He stressed that people should be asked about their disabilities and health conditions when they were invited and assigned to the most suitable venue.

### Concerns about the vaccine

- The most common concern was related to the risk of blood clots from the Oxford-Astra Zeneca vaccine, as this had just gained media attention at the time of our events. One person was especially concerned about the impact on their daughter who had just received her first dose of Oxford- Astra Zeneca vaccine and felt angry at the thought of further information about the risks associated with this vaccine coming out.
- New information about the Oxford-Astra Zeneca vaccine was a key theme throughout the discussions, the new information being publicised caused 'significant worry' to those that had already had the vaccine, for example the recommended gap between doses being widened.
- One key concern was about the vaccine causing mutations to DNA, especially for one lady who has underlying health conditions and lives alone, so feels more vulnerable to becoming ill. She expected her GP to 'sit her down' and talk through her personal situation and felt more worried when she didn't receive that.
- Another general concern was the mass of misinformation about the Oxford Astra Zeneca vaccine in particular being circulated online and via social media, and there not being enough of a government response to combat it. One older gentleman took action himself by going to webinars to educate himself, and now encourages his community to go and get the vaccine. Another person worried that the government was 'playing about' with information and not being truthful, which was affecting people's trust in the vaccine.

### What has increased your confidence to get the vaccine?

- Older people mentioned their experiences of getting vaccinations frequently as children as something that increased their confidence to get vaccinated. One participant remembered, he needed to be vaccinated for many different things growing up and said he didn't understand why there was such hesitancy 'in this day and age'.
- Others mentioned the weighing up of pros and cons of being vaccinated, they accepted the risk of side effects from the vaccine, instead of contracting COVID-19.

### Experiences of getting the vaccine

Experiences of going to get the vaccine were also evenly mixed between positive and negative.

Positives included:

- Clear signage and easy navigation around the venue
- Information about side effects and what to do post-vaccination
- Minimal waiting times
- Good social distancing in the venue itself
- Opportunities for one-to-one conversations were highly valued for people who were hesitant about the vaccine, even up until their attendance at the venue or clinic. For example, one man was very afraid of needles but still described his experience as good, because staff took the time to talk to him and calm him down.

Negatives included:

- Having to travel far away (especially with a mobility difficulty)
- Worries about lack of social distancing for example one person said at the Tessa Jowell Health Centre people were gathering round the entrance as it wasn't clear where to go.
- Other negative experiences were described as 'utilitarian' and 'impersonal', showing the value of those one-to-one conversations.
- Another issue was the inconsistency in the 'standards' expected at vaccine appointments. For example, the group discussed that they should have been offered a glass of water, told to wait 15 minutes in case of immediate symptoms, and informed about the Yellow Card scheme (to report side effects). However, only three attendees were offered a glass of water or told to wait, and only two out of seven knew about the Yellow Card scheme.

### Systemic issues

The older group spoke more about systemic issues within healthcare, and how this caused concerns about the vaccine programme:

- One person felt that the pandemic had revealed the lack of resilience of the healthcare system, and that it was becoming too fragmented.
- The group was concerned to hear that our GP guest was receiving information almost at the same time as the public, via press releases. This seemed to cast further doubt on the reliability of the government's information.
- Another, who shared that many people she knows in Jamaica are against the vaccine, said she was initially hesitant but now thinks there needs to be more focus on engaging with the black (especially Black Caribbean) community.

### Younger Group: people that are not yet eligible for the vaccine

### What are three words that come to mind when you think about the vaccine?

Participant responses:

- Hopeful, protection, good
- Hopeful, freedom, protection, unsure when it is my turn
- Hopeful, exciting, socialising
- Hopeful
- Older people, protection, hopeful, unsure when it is my turn
- Relief, risk (not because of the vaccine, but because people are weighing up risks), reopening
- Freedom, innovative
- Unsure about it, heard many negative things about it and frightening
- Breakthrough, relief, freedom
- Unsure, mistrust, trauma

### Attitudes towards the vaccine

- Around half the group of younger people (age between 20 and 40) had positive attitudes towards the COVID-19: they were keen to get it, felt it was important for society as whole, and felt their careers and lives had been on hold during the pandemic which the vaccine was a solution for.
- Others had more concerns: for example, feeling 'unsure and frightened' because of online media, especially about the ingredients and whether they're harmful for humans. Others agreed that they and others were frightened of a reaction but felt a stronger desire for things to 'get back to normal'. One person felt their trust had been affected by the inequalities of access and poor experiences of NHS services in Southwark, revealed by the pandemic. This person had also experienced the deaths of two relatives from COVID-19.

### Concerns about the vaccine

The main concerns felt by younger people were:

- That getting the vaccine didn't seem urgent for them due to their age and risk of COVID-19.
- That they could see such large and vocal anti-vaccine movements.
- That it was hard to find out what the vaccine ingredients were.
- One person also shared that their mum had doubts because everyone she knows who has had the vaccine has been ill for a day or two and felt that if the vaccine were 'good' it wouldn't do this.

### Sources of information about the vaccine

The sources of information the younger group were using varied widely:

- One person got most of their information from social media and said, 'most of the people I talk to on Facebook are against it.'
- Others got information from the NHS website, Council leaflets through their letterbox, or news but mentioned taking it with 'a pinch of salt' or only using the BBC because of their 'duty to remain impartial'.
- The group agreed that GPs had been relatively quiet, and you would only hear from them if you had an appointment.
- One person also mentioned their workplace had shared useful information.

### Has the information you have received or seen motivated you to get the vaccine?

- Only one person said that information they'd seen had motivated them to get the vaccine - this was an infographic comparison of the risks of the vaccine to other medications, such as contraception. It was felt this helped to keep the pros and cons in perspective.
- Most of the group said that it hadn't because information provided by the NHS or government was too factual and logical. This was felt to throw up confusion about which vaccine you might get and didn't address wider concerns such as mixed messages and backtracking by the government (the risk of blood clots was given as one example of this).
- One person mentioned that younger people were less motivated to get the vaccine, as they were usually asymptomatic from COVID. On the other hand, the messages that motivated the younger group were economic recovery, the prospect of vaccine passports (although this was felt to be unfair), and the need for herd immunity.

### Concluding remarks

Both groups we heard from had mixed attitudes towards the COVID-19 vaccine, but the majority seemed resigned to getting it (or already having received it). However, to ensure effective uptake of the vaccine across the whole population, it is important to boost confidence, address concerns, and improve people's experience in vaccine clinics as these attitudes and stories will be shared with friends, family and neighbours.

"Individuals need more power and information in healthcare generally, and then we wouldn't be having such an issue now."

### Findings from the Survey

### Vaccine uptake

- 76% of the survey participants had received both doses of the COVID vaccine
- 11% had received their first dose only
- 13% had not received the vaccine

### **Experiences of getting the vaccine**

Like the event participants, the survey respondent's experience of getting the vaccine was evenly mixed between positive and negative comments.

The key positive aspects of their experience included:

- 'Easy' and 'efficient' booking online or by phone.
- Vaccine centres being well organised and efficient.
- Feeling **safe** at vaccine centres, for example because they were clean and calm. A few people mentioned the experience being 'peaceful'.
- Staff and volunteers being 'friendly' and 'kind'.

'Great experience both times, at the Artesian Health Centre. Really kind and friendly, helpful staff. No hanging about. Very efficient.'

'Superbly run service at the Tessa Jowell Centre - peaceful, efficient, professional.'

### 'Very happy to be safe'

12% of respondents mentioned **side effects** following the vaccine, including nausea or a sore arm. Most respondents who mentioned side effects also mentioned positive aspects of their experience, such as ease of booking. This suggests that side effects were not the defining aspect of their experience, nor a deterrent to getting the second dose.

'Easy to book, strong side effects after first dose'

# 'The centre and staff and volunteers there were amazing, and it was very quick and efficient. Unfortunately, I had very unpleasant side effects and felt sick for days after my AZ vaccine.'

Apart from side effects, negative aspects of experience included:

• **Confusion about the location of vaccination sites** because it was far from their home or not clearly signposted within the building. A couple of people specifically mentioned Lewisham Hospital as having these issues.

'I was sent to Lewisham Hospital, a bit far but I didn't mind the walk. When I arrived, there was some vagueness as to exactly where in the hospital vaccinations were taking place. Then the queuing system was also a little vague. Otherwise, the process was smooth.'

'I was offered a vaccination appointment at Lewisham Hospital. (I suppose that even though there were vaccination sites closer to where I live, this was the availability on the date I chose.) When I arrived at the hospital reception, not all staff were aware that vaccinations were being done there and signposting to the correct building could have been better. These matters have hopefully now been resolved.'

• Confusion about priority groups, or **difficulty getting prioritised** for the vaccine.

'I am vulnerable but had to work hard to get myself coded as group 6 (at risk). I then found out there were too many people in group 6 and my name had been removed, along with a lot of other people. Nobody told me this.'

• Waiting times at the actual venue.

'First appointment was a very long wait...the vaccinator had problems with the IT system. Second time was much quicker. Both times the vaccinator was friendly.'

### Vaccine confidence

The most common reasons people gave for getting the COVID vaccine were to protect themself or others against coronavirus, and to reduce the spread of coronavirus. The least common reason was to help the economy. There was no discernible difference in the reasons for getting the COVID vaccine between over 50s and under 50s.



#### 'I wanted to be able to visit a friend without fear of passing on the virus'

People also mentioned a sense of personal responsibility, and getting the vaccine being the 'right' or 'sensible' thing to do or agreeing with their moral principles.

'My faith, prayers, research and practical guidance and exercising my right to choose.'

#### Vaccine concerns

To start with, we asked all those who had not yet received the vaccine whether they planned to get it:



We then asked all the participants about their vaccine concerns, to gain a wider understanding of barriers to getting the vaccine. Just over half the sample (44) said they had 'no concerns' about the vaccine. The key concerns for the rest of the sample were:

- Being unsure about the effectiveness of the vaccine, and how long the effects will last
- Side effects
- Distrust of the COVID vaccine specifically



it, and had some specific concerns about the risk of blood clots from the Oxford Astra Zeneca vaccine as well as new COVID variants.

### "As a female in my early 30s I am concerned that I have received the Astra Zeneca vaccine. I was not offered another vaccine at my second appointments."

However, while many people had concerns, they also seemed to weigh up the benefits of the vaccine as greater than the costs.

### "It's rushed, but with the circumstances we are in it is better to take it and hope there's no major side effects in a few years' time."

### "I feel it is the best thing to do in the climate, but I feel we are all guinea pigs."

When comparing the vaccine concerns of over 50s to under 50s, younger people had few concerns related to trust of the vaccine and trust of pharmaceutical companies. More common concerns for younger people were side effects, needles, not feeling they needed the vaccine, and effectiveness of the vaccine.

### Recommendations



From the survey, the key recommendations to encourage people to get the vaccine are:

- To make it more **accessible**, offering it in community spaces that are close to residential areas and workplaces.
- Continuing to offer **online booking** and a **choice** of where to book.
- Presenting research and responses to common concerns (see Vaccine Concerns section) and myths in a way that is transparent and clear.

When we looked at what would encourage under 50s to get the vaccine, compared to over 50s, we found that younger people were most encouraged by accessibility, mythbusting, and online booking. Compared to older respondents, they were less encouraged by speaking one-on-one with a professional or seeing people they knew get the vaccine.

### 'More should be done by councils to educate and show the benefits statistically of having the vaccine'

From our events, we also made some more detailed recommendations to encourage people to get the vaccine.

**Older People:** to increase the confidence of older people to get the vaccine:

- 1. Create consistency in the way people are contacted about the vaccine, and limit duplication of vaccine invitations by record-sharing.
- 2. Ask about people's accessibility needs at the point of invitation and if they do have an accessibility issue, give them a choice of venue.
- 3. Ask about people's concerns at the point of invitation and (if possible) listen to them there and then - or direct them to a *range* of places where there is an **opportunity for one-to-one conversation**, including: GP appointments, local community events (such as ours!), Health Ambassadors Network. We have already heard that some GPs aren't giving patients the opportunity for these conversations, so there needs to be alternatives in place.
- 4. Information campaigns targeted to older people should focus on addressing myths, being honest about side effects (and presenting them against the risk of COVID-19) and normalising the COVID vaccine in the history of vaccination programmes in the UK.

Younger People: to increase the confidence of young people to get the vaccine:

5. Information campaigns targeted to younger people should focus on mythbusting, presenting the risks of the vaccine in comparison to other risks (e.g., of everyday medications), a return to 'normal' life and work, and the importance of herd immunity.

### To improve the experience of getting the vaccine:

- 6. Ensure procedures around offering water, a 15-minute rest before leaving, and giving information about the Yellow Card scheme are consistent at all venues.
- 7. **Provide people a personalised experience**, even in the limited time for example, checking in with how they are, listening, and being efficient without rushing patients in and out.
- 8. Provide a consistent package of information about 'what's next' at first vaccine appointments, including how the second dose will be booked, side effects to expect, and what to do if they become unwell.

Overall, we commend the rollout of the vaccine programme so far. We hope this information can be used to promote the vaccine to those who have not had the

vaccine yet or are unsure about getting their first or second dose, across all ages and priority groups.

### Follow up

If you have any questions about this report or would like to follow up on any of the issues raised or discussed please contact Alice Godmon (Healthwatch Southwark Research & Intelligence Officer), <u>alice@healthwatchsouthwark.org</u>

### Acknowledgements

Thanks to those who attended the events and filled in the survey to share their thoughts and experiences. Thanks to our Community Research Volunteers for their help in analysing the survey data.



### Appendix 1: Survey Equalities Monitoring









