

# COVID-19 Vaccine - Attitudes and Experiences



**December 2020 - March 2021**

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## Introduction

Over the course of four months the local Healthwatch organisations for Ealing (HWE), Hammersmith & Fulham (HWH&F), and Hounslow (HWH) engaged with local residents and health and social care professionals through a series of webinars and telephone interviews to find out about their attitudes and experiences regarding the COVID-19 vaccines.

Between December 2020 and March 2021, three Tri-borough webinars were hosted by the three Healthwatch teams to hear people's views about the vaccine and their experiences of receiving the Covid-19 vaccination. In addition to these webinars, a number of telephone interviews were also conducted between February and March 2021. In both the webinars and the telephone interviews, the following questions were asked:

- Would you take the COVID-19 vaccine?
- If you do not want to take it, what are your reasons behind this?
- What would prevent you from taking the vaccine?
- How was your experience receiving the COVID-19 vaccination?

A total of 160 responses to these questions were collected. This report sets out to summarise the data and the feedback from each webinar as well as provide a summary of the COVID-19 vaccination reviews from the telephone interviews. The report will conclude with a short analysis of the data gathered and a summary of how the public's attitudes towards the COVID-19 vaccines have changed over the course of the four-month period.

## Methods of Research

### Questionnaire

Prior to each webinar a set of questions were agreed between the three Healthwatch organisations. A questionnaire using Google Form was shared during each webinar with the questions evolving during the course of the 4-month period. The questionnaires included primarily close-ended questions to collect quantitative data, however during the most recent webinar two open-ended questions were included to enable local Healthwatch to supplement the quantitative data with further insight into the views and lived experiences of residents.

The questionnaires were shared with the participants during the webinar by sharing links on Zoom chat.

### EasyRetro

The online tool, EasyRetro<sup>1</sup> was used during the latest webinar and a series of open-ended questions were asked which participants could answer anonymously.

### Telephone Interviews

To gather more information about people's experience of the COVID-19, HWE and HWH utilised their Patient Experience Programme to conduct a series of telephone interviews with local residents. The interviews consisted primarily of close ended questions; however, one open ended question was included where the interviewee was able to describe their experience in their own words.

### Limitations

Due to the government restrictions on face-to-face interaction, the main source of data was from attendees of the three webinars. Although the number in attendance was consistent, this is arguably less than the number that would have attended face to face engagement events. As a result of the small sample size this report is not representative of all communities and age groups, particularly those that are more

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<sup>1</sup> <https://easyretro.io/>

likely to be digitally excluded. In addition, the sample includes health and social care professionals who may be more inclined to take the COVID-19 vaccine and, therefore, may have had a more positive attitude towards the vaccine.

HWE, HW H&F and HWH agreed to produce a formal report of the COVID-19 vaccine attitudes and experiences after the first webinar in December 2020. Since no demographic questions were asked from the participants of the first webinar, it was decided that with the following two webinars, these questions would also not be included in the questionnaires. The decision was based on time constraints; each webinar had 3-4 guest speakers and the speakers were allocated specific time slots for presentations and question-and-answer sessions. The three Healthwatch teams agreed that the purpose of the webinars should be to give individuals an opportunity to hear about changes to health and social care services and to voice any concerns they had about COVID-19 and the vaccines. Therefore, no demographic data was collected of the webinar participants.

A final limitation for consideration was that the telephone interviews conducted were mainly with people over the age of 65 (77%, see appendices) and 71% of the participants were from British or other white background. Therefore, the views and experiences obtained from the interviews are not representative of the younger age groups or people from other ethnic backgrounds.

## December 2020 Webinar

### Poll Summary

The poll was shared with the attendees of the webinar on the 11<sup>th</sup> of December 2020 organised by HWE, HWH and HWH&F.

A total of 38 attendees participated in the poll, including a mixture of members of the public and professionals from the community and voluntary sector. A summary of results and perceptions can be seen below.

The polling questions were:

1. Which borough do you live and/or work in? (See appendices)
2. Are you a professional, resident or both? (See appendices)
3. Would you consider taking the COVID-19 vaccine?
4. Have you downloaded the COVID-19 app? (Not the NHS Test and Trace app)

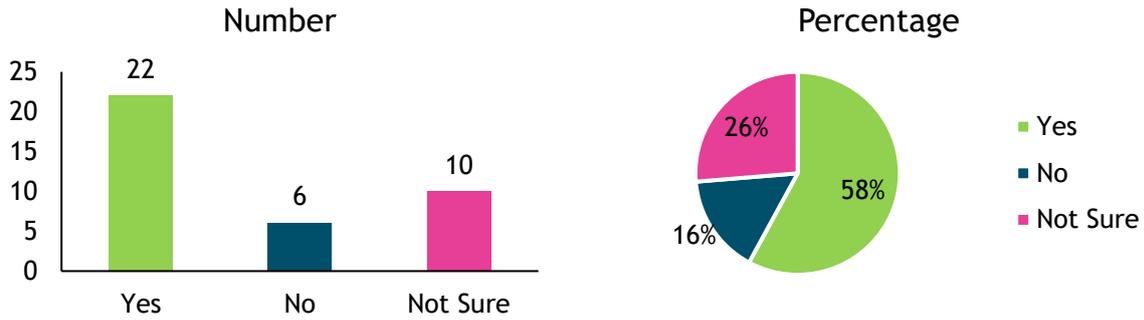
Each question had predetermined answers for the respondents to choose from and for the questions 1 and 2, for which the results are included in the appendices, the participants were able to select multiple answers.

Healthwatch has also provided an analysis of the types of information the public may need or find useful based on the discussions and responses of the public health representatives. As a result, we found that there is a range of knowledge gaps that could be countered with targeted public health campaigns and information programmes.

### Data Summary

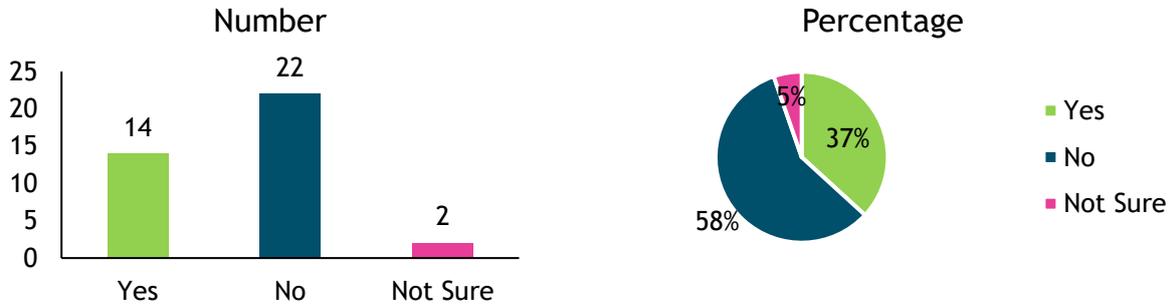
Would you consider taking the COVID-19 vaccine?

Out of a total of 38 responses, 58% (n.22) said they would receive the vaccine, however 16% (n.6) said they would not, and 26% (n.10) were not sure if they would take it, yet.



Have you downloaded the Covid-19 app? (Not the NHS Test and Trace app)

37% (n.14) said they had downloaded it, but the majority of 58% (n.22) had not.



## Discussion feedback

### Concerns

**News regarding adverse reactions:** There was concern amongst some individuals caused by news-media coverage of those who had a severe reaction to the vaccine. The follow-ups on who these individuals were and why they had a reaction does not seem to be as amplified as the news of the initial adverse reaction, itself. Some spoke anecdotally of knowing people who would not take the vaccine because of this news. However, others felt they were not concerned about the adverse reactions of a proportionately small number of people.

**Trial participants:** It was noted that trial participants were not likely to be representative of the most vulnerable populations that the vaccine is being rolled

out to first i.e., over 60s and those with long-term conditions. There was, therefore, some concern that the effect of the vaccine on these groups had not been appropriately tested. Additionally, some were concerned that people with allergies were not included in the trials.

**Trial time-period:** The trial period was perceived to be too short for the COVID-19 vaccine, especially when compared to how long other vaccine trials might take - *“trials take years not months”*.

**Monitoring:** There was an assumption by some that continued monitoring of effectiveness/reactions and the risk of side-effects, as well as perhaps not having a properly representative trial sample, equated to the roll-out making *“guinea pigs”* of the public.

**Immune system:** It was felt there should be more information about the immune system, how to keep it strong, and the effects it might have on the ability to recover from COVID-19. Some participants highlighted a general lack of education and awareness around this topic and noted that when people are isolated their mental health suffers and, as a result, so does their immune system.

## Questions

*“Is there anything else that will come out from the roll out itself (information about the vaccine, regarding adverse reactions or that it may not be as effective as promoted) that will make people hesitant to take it?”*

*“Could the COVID vaccine bring back normality?”*

*“If coronavirus mutates, is it back to square one?”*

*“I would like to know how the NHS is addressing people’s additional concerns that have been raised by the reactions which happened on the first day which was unlucky, I think. But, how are you dealing with trying to lessen the concerns and*

*not saying ‘well it’s been tested and there’s lots of scientists’ we’ve heard all that. Is there any real active information or effort coming out?”*

*“If trials are in phase 4, and are being rolled out, does this mean we are all going to be guinea pigs and part of a continued trial?”*

*“What is the timescale to receive the vaccine for younger people in care homes?”*

*“The World Health Organization laid claim to eradicating polio, but because some parents declined to be vaccinated, its back - so should it [COVID-19 vaccine] be made mandatory?”*

*“Is there not a government sponsored Vitamin-D supplement due to start soon for the vulnerable?”*

### Positive Feedback on COVID-19 Vaccine

Having read a wide variety of information, one person felt they trusted the vaccine and were willing to receive it. It should be noted that this was a professional working in the third sector.

*“I am keen to have the vaccine and I think it would give people more motivation if they were given vaccine certificates”.*

*“I know people who will be happy to take it, but not in the 1st phase.”*

Some people would prefer to know how others may react before taking the vaccine themselves, which seems to be a result of a lack of clarity around the evidence, news media, and knowing that there have been some adverse reactions. People may want the vaccine but are wary in these initial stages.

## Case Studies on COVID-19 Vaccination

**CASE 1:** Elderly person has a son with severe learning difficulties, residing in a care home, with co-morbidities. They wanted information on when younger people in care homes would receive the vaccine as news and information has predominantly focused on older people in care homes. They had concerns that people who came forward to be part of the trials would not have had learning difficulties or other co-morbidities and would not have been in the age group of over 60s as trial participants tend to be younger. Therefore, they were concerned about giving permission to be vaccinated on behalf of her son who is unable to give his own consent.

**CASE 2:** An older couple in their 80s are due to receive the COVID-19 vaccine at their home as part of the first rounds of the vaccination roll-out. They did not express any concerns about receiving the vaccine.

**CASE 3:** An older person (70s) living in a bubble with their partner (60s) and parent (90s) is aware they are all in the high-risk category. Therefore, they would like to receive the vaccine - *“I would just go for it. But, that’s just me!”*. They noted balancing the risk of catching COVID-19 and ending up in hospital with a long-term condition or dying, versus feeling more relaxed having had the vaccine with a small chance of an adverse reaction. Additionally, they pointed out that there is a risk involved in taking any drugs as they all potentially have some side-effects. It should be noted this individual was from a middle-class White British background.

**CASE 4:** One person who had coronavirus in 2020 and has had some other health problems was hesitant to take the vaccine. They said that they still suffered from effects of long-COVID after being very ill.

## Recommendations

### Informing the public

- More information about:
  - How vaccine trials work, and the size of trials prior to public roll-out

- The vaccine reviewing process, different regulatory bodies, and the standards that need to be met for vaccinations/ trials
  - How vaccinations work, how much of the population needs to be vaccinated, and how it impacts transmission rates and mortality rates in separate ways (individual-level changes vs population level)
  - How different strains/ mutations of a virus occur and what impact they can potentially have
  - Where the research for this vaccine comes from, and how long the knowledge has existed
  - The breakdown of trial participants, and effects on / efficacy in people who are not young and healthy
  - How to support the immune system in general
- More transparency from health authorities about what “normal” may look like going forward, and what restrictions may continue to be needed.
  - It seems some people already know the basic information about testing etc., but want to know what type of actual engagement strategies the NHS is conducting with communities to further address hesitancy. These queries are most likely to have come from professionals in the third sector.
  - The NHS has put out updates and information around Vitamin D more recently. This information should be shared with the public in an appropriate manner that does not frame it as a solution, but a way to build a stronger immune system which may support recovery.

#### Engagement with public

- Public health professionals should engage the concerns and anxieties people have without judgement, instead of being dismissive or assuming prior knowledge, or that the public trusts institutions to the same degree as themselves.

- Public health professionals discuss vaccine trials with assumed prior knowledge, such as knowing what different trial phases are. All language and information should be simple and easily understandable by lay members of the public with assumed non-prior knowledge.

These recommendations are based on a review of the presentations during the webinar and the feedback received from the attendees.

### Next steps

All three Healthwatch organisations recognise that public health professionals and statutory bodies are constricted by national policy and strategies but would encourage as much local adaptation through learnings as possible. We will continue discussions about COVID-19 vaccine through forums, such as our monthly webinars with local people. Insights will be fed back to local CCGs and public health teams to assist in the vaccine rollout and related communication strategies with the view to improve uptake and engagement with the public to address concerns.

## February 2021 Webinar

### Poll Summary

The poll was shared via Zoom chat during the Mental Health and Older Adults Support webinar organised by HWE, HWH and HWH&F on the **12th of February 2021**. There were 41 responses in total.

The polling questions were:

1. Which borough do you live and/or work in? (See appendices)
2. Are you a professional, resident or both? (See appendices)
3. If you were offered the vaccination for COVID-19 (Coronavirus), at no charge through the NHS, would you get vaccinated?
4. If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you?
5. If you would not want to be vaccinated, what would be your motivation for refusing the vaccine?

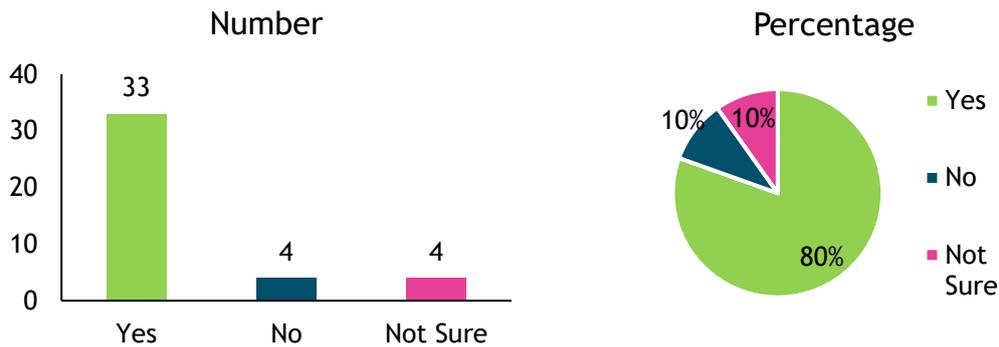
Each question had predetermined answers for the respondents to choose from. For questions 1, 2, 4 and 5, the participants were able to select multiple answers. It should also be noted that the Google Form used for the survey required the participants to answer question 5 even if they would be willing to get the vaccine.

Most of the participants answered positively when they were asked whether they would get the vaccine. However, some noted that there could be some logistical reasons or difficulties around booking an appointment that may prevent them from getting vaccinated. For those who would not want to be vaccinated, the main concerns were around the safety and the efficacy of the vaccine while some noted that they did not trust the ingredients, and some would wait until others had received it.

## Data Summary

If you were offered a vaccine against COVID-19 (Coronavirus), and at no charge through the NHS, would you get vaccinated?

Out of a total of 41 responses, 80% (n.33) said they would receive the vaccine, however 10% (n.4) said they would not, and another 10% (n.4) were not sure if they would take it.

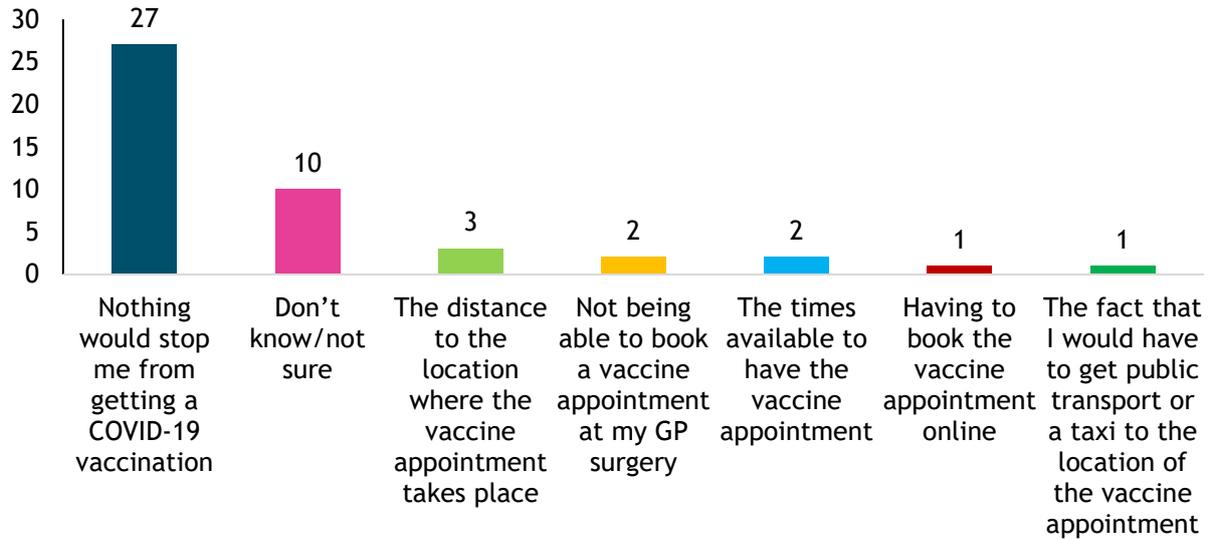


If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you?

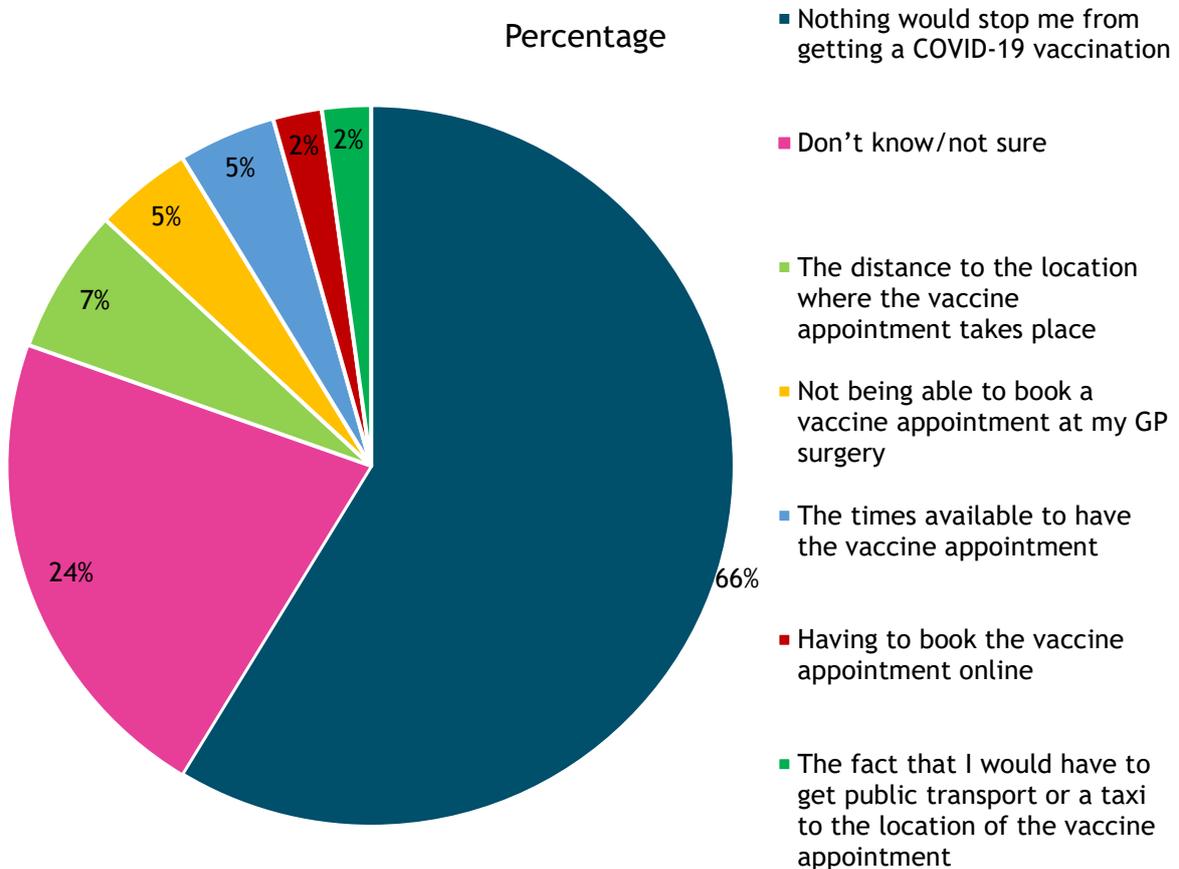
66% (n.27) of the responses said that there was nothing that would stop them from getting the COVID-19 vaccination. However, 7% (n.3) of the responses said that the distance to the location of the appointment might prevent them from getting the vaccine while 5% (n.2) said that the inability to book an appointment with their GP may act as a reason for not getting the vaccine.

Another 5% (n.2) selected the appointment availability as a preventative reason, while taking public transport (2%, n.1) and having to book the appointment online (2%, n.1) might prevent some from getting a vaccine.

Number



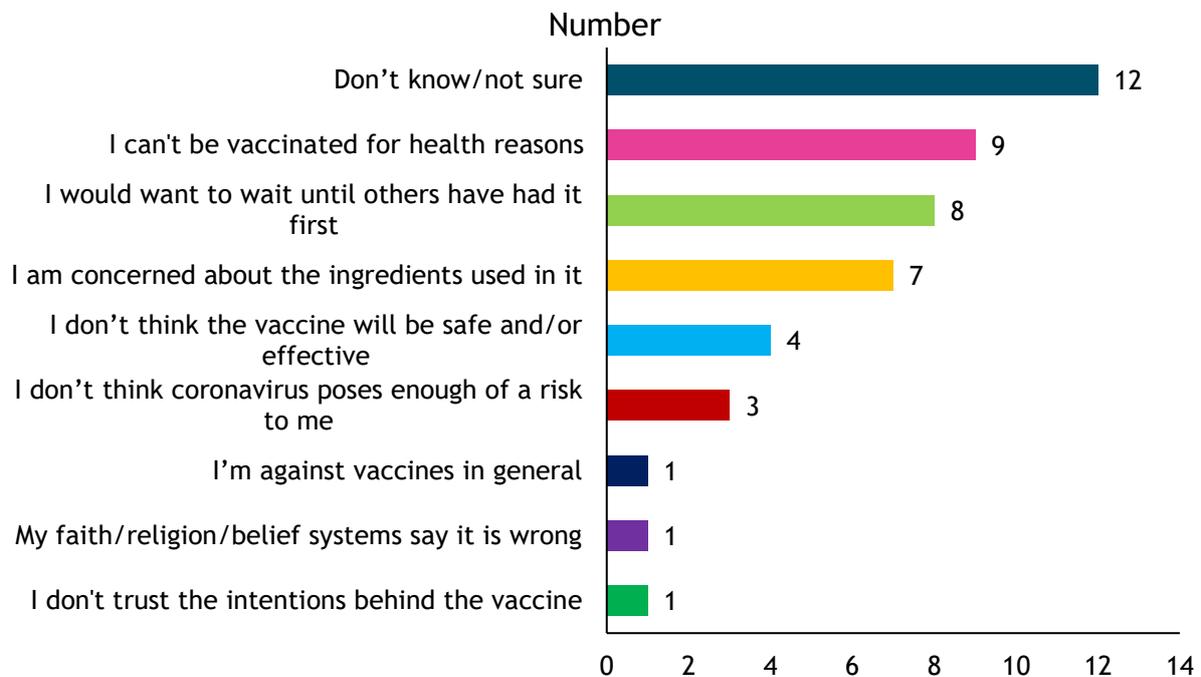
Percentage



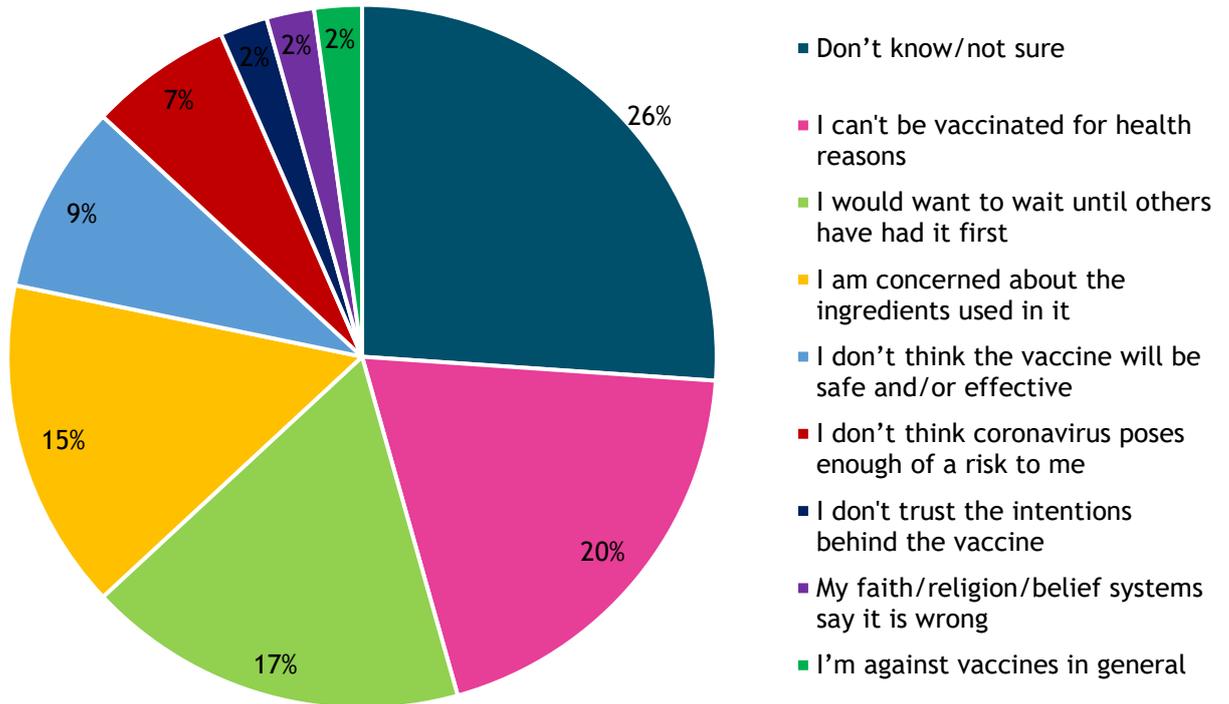
If you would not want to be vaccinated, what would be your motivation for refusing the vaccine?

22% (n.9) said they cannot be vaccinated due to health reasons and 20% (n.8) of the respondents would wait until others have had it first. 17% (n.7) were concerned about the ingredients in the vaccines; 10% (n.4) did not think the vaccine is either safe and/or effective; and 7% (n.3) did not think that coronavirus posed a big enough risk to them. A small portion of the participants said that they either did not trust the intentions behind the vaccine, their faith/religion/belief system prevented them from having the vaccine, or that they were against vaccines in general.

29% (n.12) were not sure of their reasons for refusing the vaccine, however, this may be due to the error on the Google Form (see Poll Summary p.10).



Percentage



### Questions Regarding Vaccination Roll Out

A question was raised during the webinar about the possibility for carers of vulnerable people to receive their vaccination alongside the priority groups.

Carers' Advisor from London Borough of Hounslow informed the group that carers should contact their GP and register on SystmOne<sup>2</sup> as a carer, after which they will be invited for their vaccination as part of Section 6 of the government's list of vaccine prioritisation.

<sup>2</sup> Centrally hosted clinical computer software used by healthcare professionals including GPs to keep patient records <https://www.ghc.nhs.uk/news/system-one-gp-page/>

**Feedback on Vaccination Experience**

*“I would like to share with the group that I had Covid-19 in first week of January and after 28 days that's today I had the Pfizer BioNTech vaccine. The process was very smooth, and a follow up information pack is given to you upon receiving your 2nd dose.”*

## March 2021 Webinar

### Poll Summary

The poll was shared with the attendees of the COVID-19 - One Year On webinar which took place on the **24th of March 2021** and was organised by HWE, HWH, HWH&F. There were 11 individual responses.

The polling questions were:

1. Which borough do you live and/or work in? (See appendices)
2. Are you a professional, resident or both? (See appendices)
3. Have you had the COVID-19 vaccine?
4. If yes, where did you have the COVID-19 vaccine?
5. How was your experience of receiving the COVID-19 vaccine?
6. If you were offered a COVID-19 (Coronavirus) vaccine, at no charge through the NHS, would you get vaccinated?
7. If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you?
8. If you would not want to be vaccinated, what would be your motivation for refusing the vaccine?
9. Since the start of the pandemic, what have been your experiences of accessing health and social care services (GP, Hospital, Physiotherapy, Mental Health etc.)?

The questions 1, 2, 3, 4, 6, 7 and 8 had predetermined answers for the respondents to choose from and for questions 7 and 8 the participants were able to select multiple answers. For questions 5 and 9, participants were able to describe their experiences in their own words.

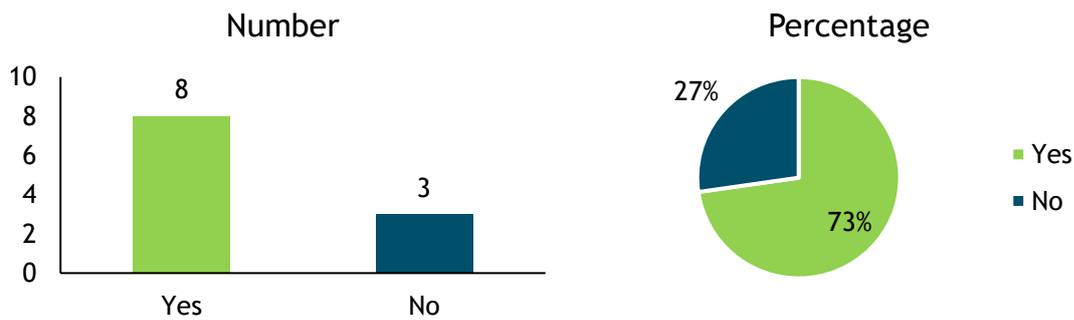
Most of the responses came from people who had already had the COVID-19 vaccine which reflected positively in terms of whether people would be willing to take the

vaccine. Out of the participants who had already had the vaccine, the experiences of taking the vaccine were positive. A small percentage of the participants still had some hesitancy towards the vaccines. Again, in terms of accessing health and social care services during the pandemic, the overall experiences were positive. However, some did report difficulty in accessing their preferred type of appointment (telephone consultation, video consultation, etc.), and some had mixed experiences with minor issues such as delays to telephone appointments.

### Data Summary

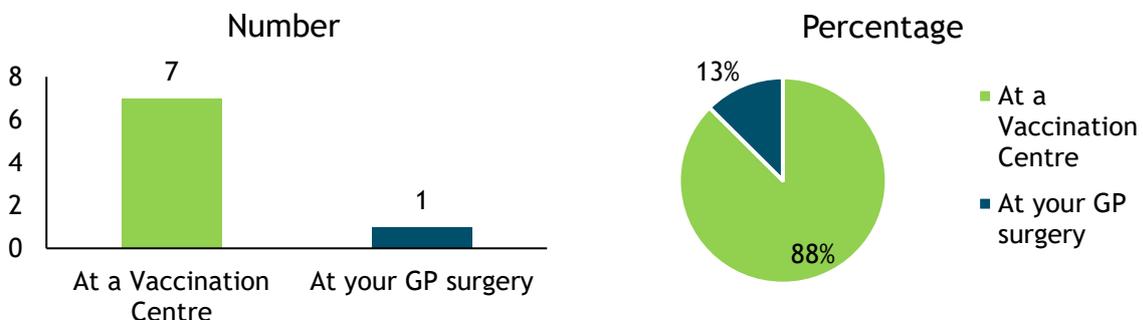
Have you had the COVID-19 vaccine?

Most of the respondents (73%, n.8) said they already had the COVID-19 vaccine.



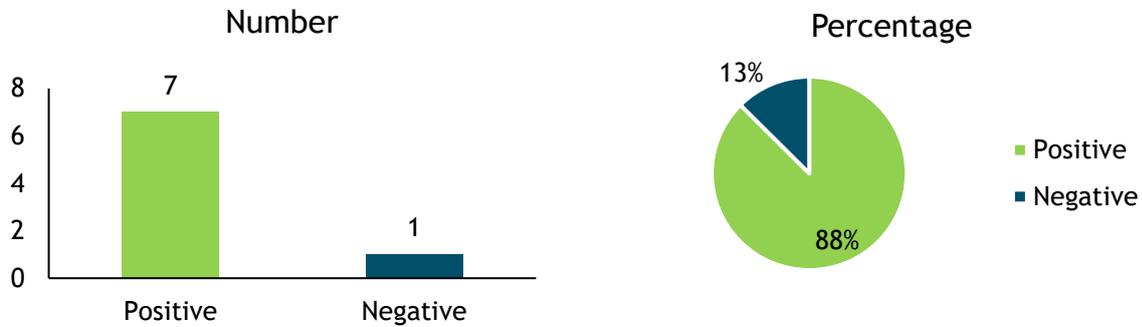
If yes, where did you have the COVID-19 vaccine?

Out of those who had already had the vaccine, 88% (n.7) had it at a vaccination centre while only 12% (n.1) had it at a GP surgery.



How was your experience of receiving the COVID-19 vaccine?

Overall, the participants reported positive experiences (88%, n.7). However, some reported side effects to the vaccine and one participant reported an overall negative experience.



Feedback on receiving the COVID-19 vaccine

*“I was seen fairly quickly - I received the Oxford vaccine. I was very unwell for a day - I had the chills, fever, headache, arm ache. But I was fine the next day.”*

*“Bad reaction in second and third weeks - very low pulse, very low temperature, aching muscles, progressing to feeling fatigued (Pfizer BioNTech)”*

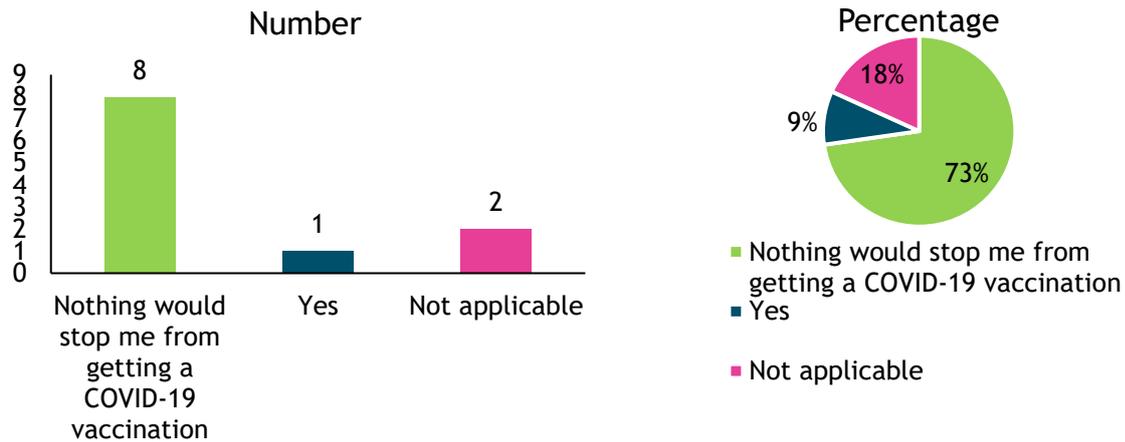
If you were offered a vaccine against COVID-19 (Coronavirus), and at no charge through the NHS, would you get vaccinated?

80% (n.8) said they would get the vaccine; however, it should be noted that some of these responses were likely from the people who had already had the vaccine.



If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you? Please tick as many as apply.

73% (n.8) reported there would be nothing to stop them from taking the vaccine, however, it should be noted that some of these responses came from participants who had already had the vaccine. One participant (9%) said they potentially would not take the vaccine, due to unknown risks.

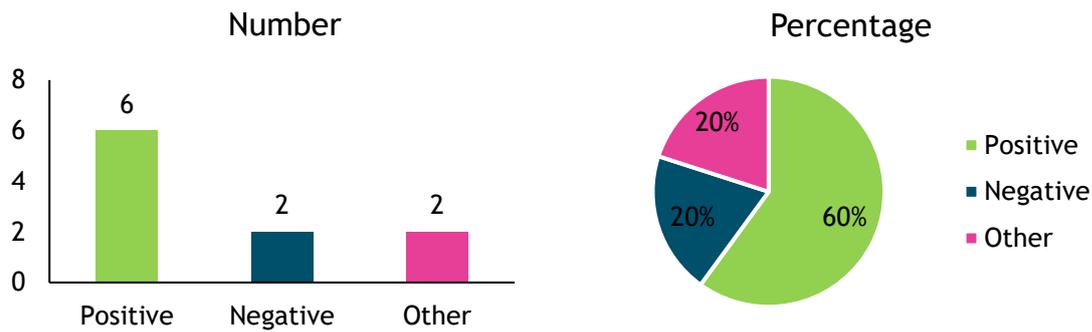


**Participant on why they might not take the vaccine**

*“Unknown long-term risks -- there have been failures with vaccines before.”*

Since the start of the pandemic, what have been your experiences of accessing health and social care services (GP, Hospital, Physiotherapy, Mental Health, etc.)?

60% (n.6) had a positive experience of accessing services during the pandemic while 20% (n.2) of the participants reported that access was more difficult due to the pandemic. 2 (n.2) participants had mixed feelings on this topic.



**Feedback on accessing health and social care services during the COVID-19 pandemic**

“It has been okay. I have been able to get an appointment with the GPs, but the GPs never call you on time and ring you too early or too late. Also, the number comes up as private.”

“Nightmare”

“Quite a long wait to get an appointment.”

“Not able to see my rheumatologist face to face, had a phone call.

Was lucky not to experience health problems during the year that required an appt. with my GP, only once recently and I was able to have tests done at the surgery.”

“I need regular blood tests at the hospital and was able to have them.”

“Brilliant could not fault any of the services.”

“Hospitals have been absolutely horrid. They cancel appointments without follow up, they do not get back to you, they have been horrendous. It is almost impossible to be seen by anyone. The NHS has been a massive let down.”

“Excellent - askmyGP is a brilliant total triage system that has worked brilliantly for our surgery.”

“I had a go over 55 health check last summer and they did a smear test at the same time - all very efficient, getting it all done at once.”

“Probably better than before the pandemic”

### Questions from EasyRetro

During the webinar, a link was shared with the participants to EasyRetro, an online tool where questions regarding participants' experiences of receiving the COVID-19 vaccine had been added and the participants were encouraged to leave their feedback, anonymously. They were also asked to leave any questions on the EasyRetro board that they were not comfortable asking in the Zoom webinar.<sup>3</sup>

EasyRetro questions (left) and answers (right)	
COVID-19 Vaccine - Could your GP/Vaccination Centre have done anything differently to improve your experience?	<i>“It was very easy. Invited to mass testing centre as social care worker but local GP agreed to provide instead.”</i>
COVID-19 Vaccine - What was your experience of the waiting time?	<i>“It was quick!”</i>
How do you feel about returning to usual activities (returning to work, grocery shopping etc.) once the lockdown is slowly lifted?	<p><i>“A bit anxious as I live with someone who is shielding. I don't want to bring anything back.”</i></p> <p><i>“Haven't seen family since September. Looking forward to easing of restrictions but hope</i></p>

<sup>3</sup><https://easyretro.io/publicboard/5bFcE92IRdT2QWuFpcUQDt7rm883/66e6439a-2b22-4fd9-8e1f-920bef11b37b>

	<i>people are sensible this time and manage their expectations. Think of the summer and result on the winter!"</i>
Have you had any appointments cancelled at the hospital, dentist, and/or GP etc? Please tell us more.	<i>"Dentist appointment cancelled. Nightmare to re-book."  "Not personally."</i>
Do you have any reservations about the COVID-19 vaccine, if so, what information/advice would help you make an informed decision?	<i>"Some behind the scenes concern about the long-term possible impact - not based on fact - but cynical attitude. Ultimately more concerned with getting through the pandemic and ending it asap than personal safety."</i>

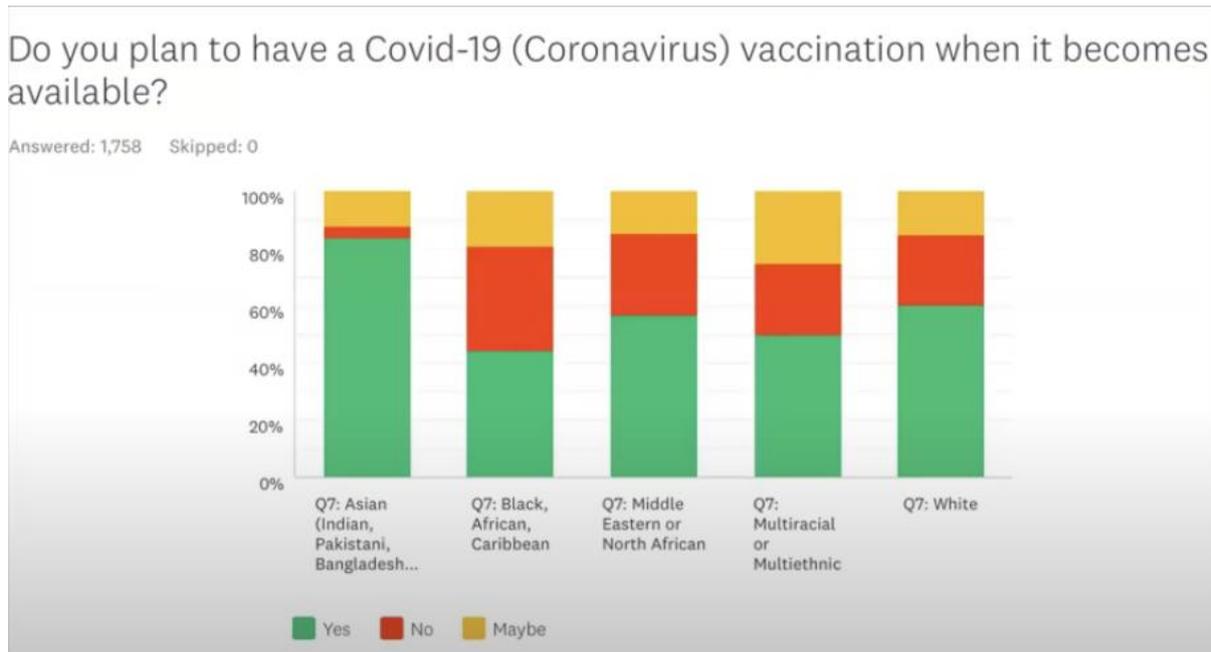
### Key Learnings on Vaccine Hesitancy

- One of the guest speakers for the webinar was a local GP, Dr Tal Mahmud, who is the lead GP at the Healthy in Your Own Skin practice in Hounslow. They conducted a COVID-19 Vaccine Survey<sup>4</sup> amongst their patients prior to the start of the vaccine roll out and received over 2000 responses. Some of the survey results were summarised during Dr Mahmud’s presentation:
  - 75% of the people surveyed said they would take the vaccine. Those people who did not want to take the vaccine or were not sure if they would take it were mostly concerned about the safety (32%) and the lack of information about the vaccines (30%). Other reasons for not

<sup>4</sup> <https://hiyos.org/my-voice/>

wanting to take the vaccine included not trusting the vaccines, the quick development of the vaccines, and being healthy and therefore not needing it.

- According to their survey, those who were hesitant about taking the vaccine mostly came from Black/African/Caribbean, Middle Eastern/North African, or Multi-ethnic backgrounds. (See graph below)



- The prevalence of vaccine hesitancy within black and other ethnic minority communities was also reiterated by another guest speaker Gurcharan Singh Salotera, a local GP who acts as the Clinical Lead for COVID-19 Vaccination Programme in Hounslow and is a member of the Hounslow Clinical Commissioning Group’s (CCG) Governing Body. During his presentation, he also noted that there is some existing data that suggests a correlation between deprivation and low vaccine uptake in Hounslow.
- Dr Salotera also presented data from Hounslow CCG’s Analysis of COVID Vaccinations by Gender and Ethnicity which showed that not only were there variations in the uptake in terms of ethnicity but also when broken down by gender, females had a higher vaccine uptake than males. For example, 25% of females from black or black British background had been vaccinated, while for males that figure was 19%.

## Suggestions on How to Tackle Vaccine Hesitancy

There were suggestions from both the participants and the guest speakers on how to tackle vaccine hesitancy in the communities with low uptake:

- Instead of trying to force people to take the vaccine, the solution should be to provide peer to peer education to address the fears related to the vaccines and to change the thought processes behind these fears
- There is a need to find the right balance of providing scientific evidence whilst not 'talking down' to those who are hesitant to take the vaccine
- Different communication channels should be used to address different age groups, such as video communication to get information across to young people
- Hounslow borough is using Mobile Vaccination Sites to educate communities to reduce the fear of taking the vaccine and therefore to increase the uptake. This includes local health professionals going to local Mosques, Inpatient Units, Somali ladies' group etc. to reach out to local communities

### Suggestion from one webinar participant:

It is important to get the message out to different age groups: The participants of this meeting are older people, so we should perhaps look at ways to get information across to younger people and get young people to circulate the information amongst their friends through WhatsApp groups, for example. We should also consider different ways to communicate, for example, by making short videos, and make sure we listen to young people as they will know what works with their age groups.

## COVID-19 Vaccination Reviews in Ealing and Hounslow

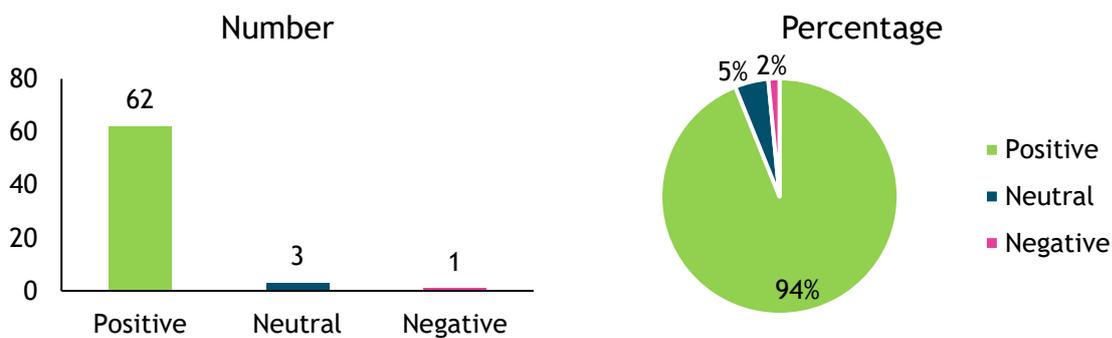
Below is an overview of the public’s experience and sentiments of receiving the COVID-19 Vaccination in the London Boroughs of Ealing and Hounslow.

The reviews were collected through direct telephone engagement between February and March 2021. A total of 70 respondents were asked about their experience of receiving the COVID-19 Vaccination. 66 participants had already had their vaccination, 2 participants had not yet been invited for their vaccination and 2 were hesitant to take the vaccine (see Vaccine Hesitancy- section below for more details). Out of those who had already had their vaccination, the majority (94%, n.62) felt that their experience of the vaccination was positive.

### Data Summary

#### Overview of the Public’s Experience of Receiving the COVID-19 Vaccine

Only one participant reported having had a negative experience at a Vaccination Centre, due to a long waiting time.



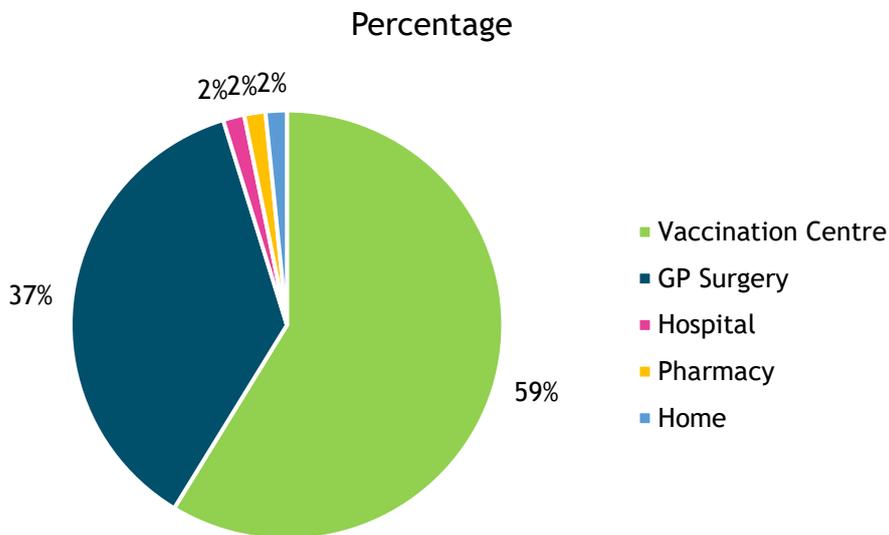
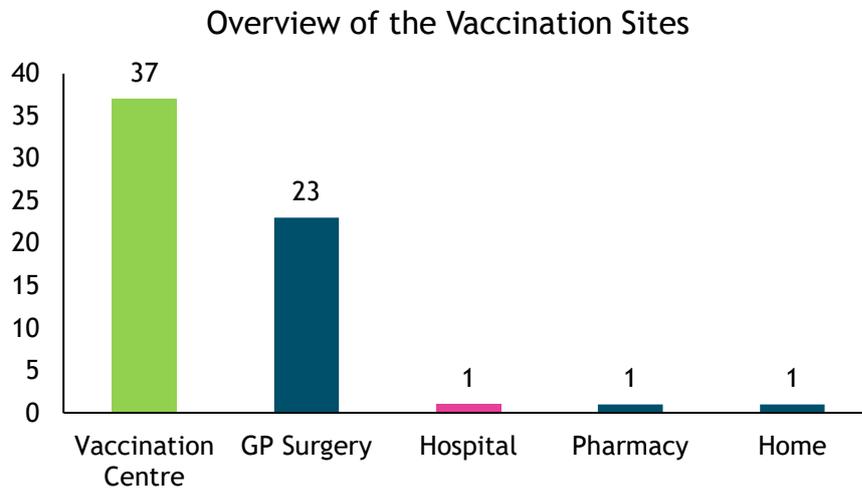
#### COVID-19 Vaccine Experiences

**COVID-19 Vaccination Centre (Chiswick Health Centre)** - *“I had it done back in January. It was not well organised and I had to wait outside out in the cold for a very long time.”*

**Chiswick Health Centre** - *“It was just great. So good. The efficient of it all really, arrived on time, taken in on time. Had the injection immediately. All in and out very quickly.”*

Overview of the COVID-19 Vaccination Sites

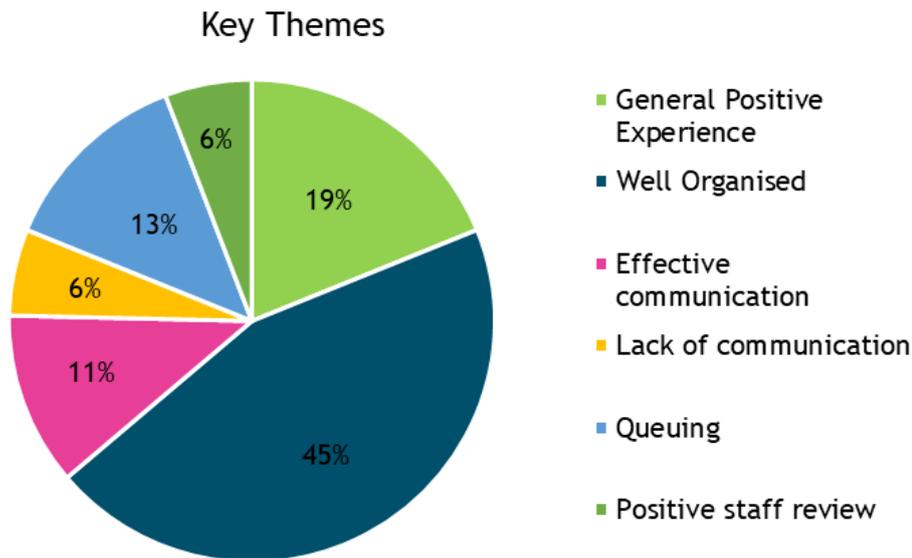
The majority of the vaccinations were administered either at a Vaccination Centre (42%, n.37) or at a GP surgery (37%, n.23).



**Key Themes**

The chart and the table below demonstrate the key themes and sub themes the Healthwatch organisations analysed from the public’s responses to receiving the

COVID-19 Vaccination. The themes, both positive and negative, were identified by grouping responses into categories.



The table below breaks down the experiences of the public into the following themes:

- Treatment and care
- Communication
- Access to services
- Staff

Themes	Subthemes	Sentiments	Reviews
Treatment and Care	Experience Effectiveness Quality	45% of respondents mentioned that the COVID-19 Vaccination hubs were well organised and efficient.	<b>COVID-19 Vaccination Centre (Chiswick Health Centre)</b> <i>“It was all organised very well, worked like clockwork.</i>  <b>COVID Vaccination Centre (Ealing)</b>

			<p><b>Town Hall)</b>  <i>“Couldn’t fault it, the service was great, very well organised and the staff were very cheerful.”</i></p>
Treatment and Care	<p>Experience                      Effectiveness                      Quality</p>	<p>19% of respondents mentioned that they had a positive experience overall.</p>	<p><b>Hounslow</b> <i>“I had a test and my vaccine both done locally. Overall a very good experience indeed.”</i></p> <p><b>Ealing COVID-19 Vaccination Centre (The Dominion Centre)</b> <i>“Very pleasant experience.”</i></p>
Communication	<p>Effectiveness                      Information and                      advice</p>	<p>11% of respondents mentioned there was effective communication about receiving the COVID-19 vaccination.</p>	<p><b>COVID-19 Vaccination Centre (Thornbury Road Health Centre)</b> <i>“I asked which vaccine I will be getting (the Oxford or Pfizer one). I liked the way they explained the vaccines themselves and asked whether I needed any further information. Because I am a vulnerable person,</i></p>

		<p>In conversation 6% of respondents mentioned that there was a lack of communication about receiving the COVID-19 vaccination.</p>	<p><i>the GP offered for me to have the vaccine as soon as possible. I got a letter from the NHS before.”</i></p> <p><b>Hounslow</b> <i>“We had to book the vaccine ourselves because we didn't hear anything from anybody, and we were just waiting and waiting. My mother is on the vulnerable list, so it didn't make sense why nobody contacted us, and why there is a 3-month waiting period after the first dose.”</i></p>
<p>Access to Services</p>	<p>Waiting Times and Queuing</p>	<p>13% of respondents mentioned that they had to wait in a queue. However, respondents mainly had a neutral response to this.</p>	<p><b>COVID-19 Vaccination Centre (Chiswick Health Centre)</b> <i>“Had to queue for an hour in the cold. They were doing their best, but they were waiting for the vaccine to</i></p>

			<p><i>arrive, so we had to wait.”</i></p> <p><b>COVID-19</b> <b>Vaccination Centre (Thornbury Road Health Centre)</b> <i>“I did have to queue, and it was a very cold day. I thought once you got in, it was all very efficient and friendly.”</i></p>
Staff	Attitudes Suitability	6% of respondents mentioned that the staff were friendly and helpful.	<p><b>Argyle Health Group</b> <i>“I was so scared, but everything went well. Took a few seconds, I was told that if I had any follow symptoms, they advised me what action to take. The staff member who injected my vaccine was very kind and polite.”</i></p> <p><b>COVID-19</b> <b>Vaccination Centre (St Mary's Church, Hanwell)</b> <i>“The service was</i></p>

			<i>brilliant. They were very efficient. People were helpful, explained what was going on."</i>
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## Vaccine Hesitancy

Through direct telephone engagement, two respondents provided an insight into their hesitancy around receiving the COVID-19 Vaccine.

Attitudes	Responses
Respondents felt that it would be beneficial to gain an insight into other people's experiences of receiving different vaccinations.	<i>"My mother received the letter about the vaccine, but she made the decision to wait. Nothing to do with religion or anything else. Finding it a bit concerning with different ones. If they could do a 1-2-hour documentary and just explain them [each vaccination]. I know there are websites, but I think people would find it more interesting when people actually talk through the vaccines. Talk about the different vaccines and what they do. I think people would be more in tuned."</i>
Respondent was hesitant to receive the vaccine due to being unsure of the ingredients in the vaccination.	<i>"I don't know yet if I would take the vaccine when it is offered to me. I do not know what is in it, simple. That is why I am 50/50. I am not just gonna jump on the bandwagon because everyone else is doing it. Just tell me what is in it."</i>

## Conclusion and Summary

Our research found that there has been a gradual, positive shift in attitudes towards the COVID-19 vaccines over time as the vaccine roll-out has progressed and, subsequently, more information about the effects of the vaccine has been released to the public.

Initially, when participants of the first webinar in December 2020 were polled about their attitudes towards the vaccine, 58% of the respondents said they would take it. At the time of the webinar, the vaccination programme had recently begun with 130 000 people having received the first dose of the vaccine during the first week (8<sup>th</sup>-15<sup>th</sup> December) of the roll-out<sup>5</sup>, which meant that information on the effects of the vaccine was only just beginning to be released into the public domain. This was evident in the feedback received from the webinar participants who had concerns about the lack of information as well as the fast development of the vaccines and short trial periods that were not representative of vulnerable people.

At the second webinar in February 2021 when over 14 million vaccines had been administered,<sup>6</sup> the overall sentiment toward the vaccination had become more positive, as 80% of the participants said they would get the vaccine if offered. By the time of the third webinar in March 2021 more than 28.5 million people<sup>7</sup> had been vaccinated and this was reflected in our poll with 73% of the participants having already taken their COVID-19 vaccine, and 88% of the participants saying they would take the vaccine when offered.

It was noted by two of the guest speakers in the March webinar that Black Caribbean and African communities and areas of deprivation had a low vaccine uptake. Healthcare professionals in Hounslow had taken action by utilising Mobile Education Sites, for example, to educate the local communities where the vaccine uptake was low. The use of different communication channels, such as social media, and peer-to-peer education to target specific age groups and communities was also suggested

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<sup>5</sup> <https://www.bbc.co.uk/news/health-55332242>

<sup>6</sup> <https://coronavirus.data.gov.uk/details/vaccinations>

<sup>7</sup> <https://coronavirus.data.gov.uk/details/vaccinations>

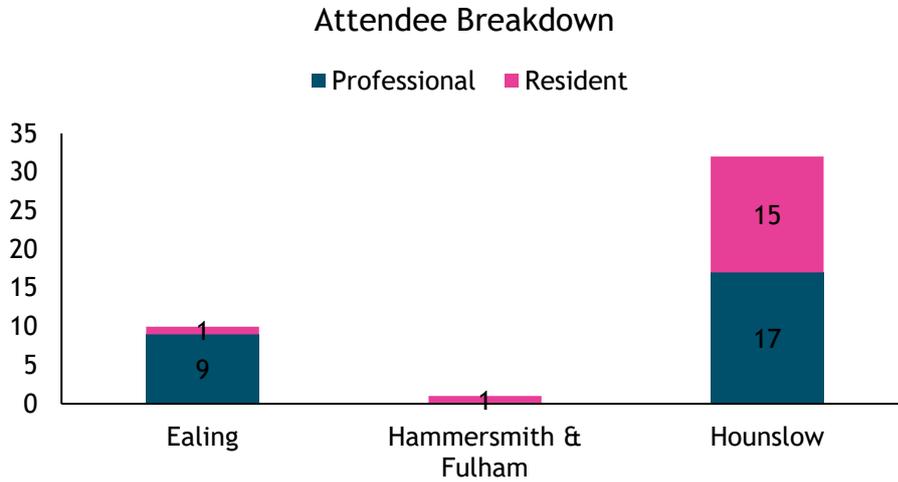
as options to share information on the effects of the vaccine and therefore improve the vaccine uptake.

When HWE and HWH conducted telephone interviews with people who had already received the COVID-19 vaccine, the overwhelming majority had had a positive experience with their vaccination. Feedback indicated that the vaccination sites were well organised and efficient, with polite and friendly staff. However, there were a few individuals who were hesitant about taking the vaccine and at the time had not yet done so, as they felt more information about side effects and ingredients were needed.

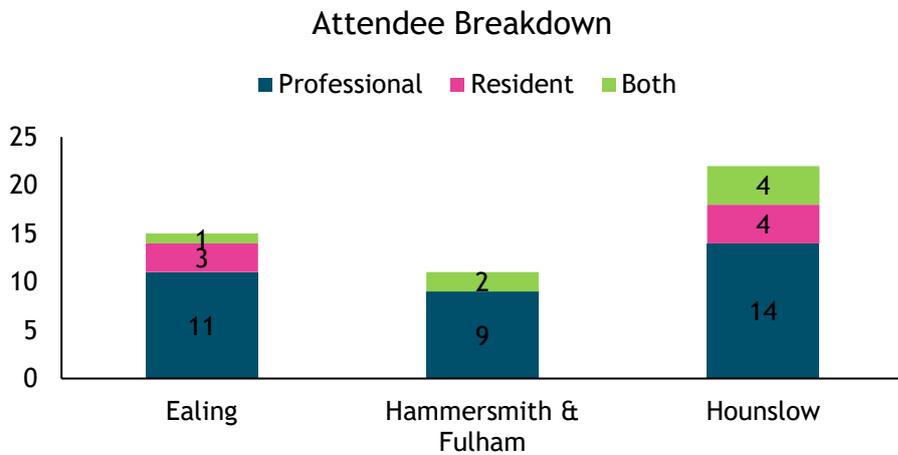
In conclusion, the efficiency of the vaccination roll-out and consequently, the number of vaccinated individuals, has helped to reduce the earlier concerns regarding the COVID-19 vaccines. Whilst some concerns remain, especially within certain communities and areas, these could be, and have been, addressed by engaging with communities at a local level and using different communication methods to target specific groups of people. However, as the findings seem to indicate, the most impactful strategy in decreasing vaccine hesitancy could be the continued success of the vaccination rollout at local and national level. Once most of the population has been fully vaccinated, the fears of those who have been hesitant about taking the vaccine may eventually be alleviated. The findings from this report indicate that this continued success and the safety of the vaccination itself must continue to be effectively communicated to members of the public in a language that is easily digestible to the lay member of public, taking into account those that require further translation if English is not their first language.

## Appendices

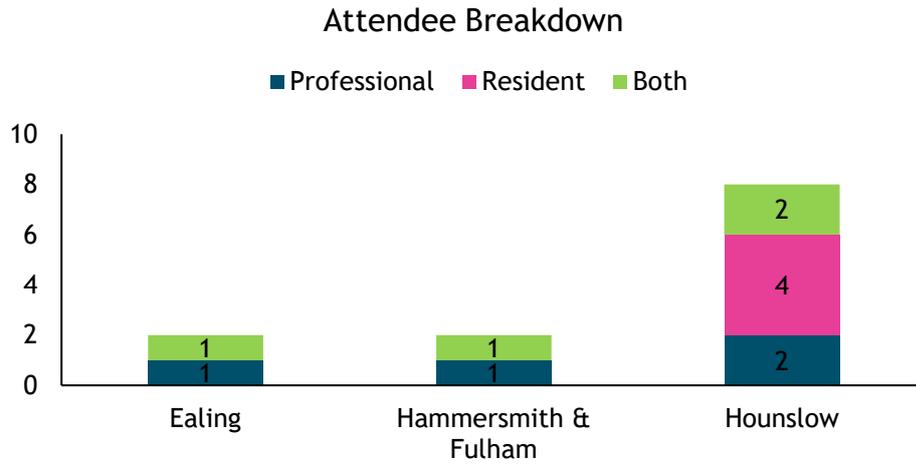
### Webinar Dec 2020 - Attendee Breakdown



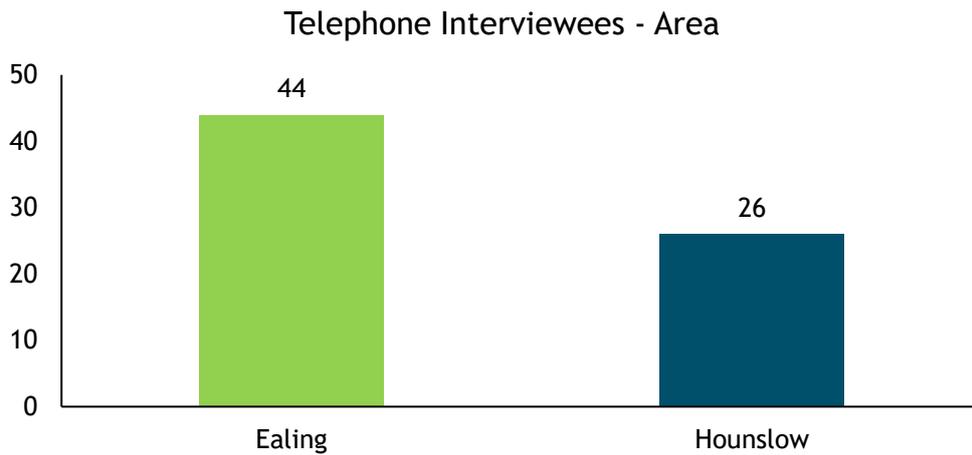
### Webinar Feb 2021 - Attendee Breakdown



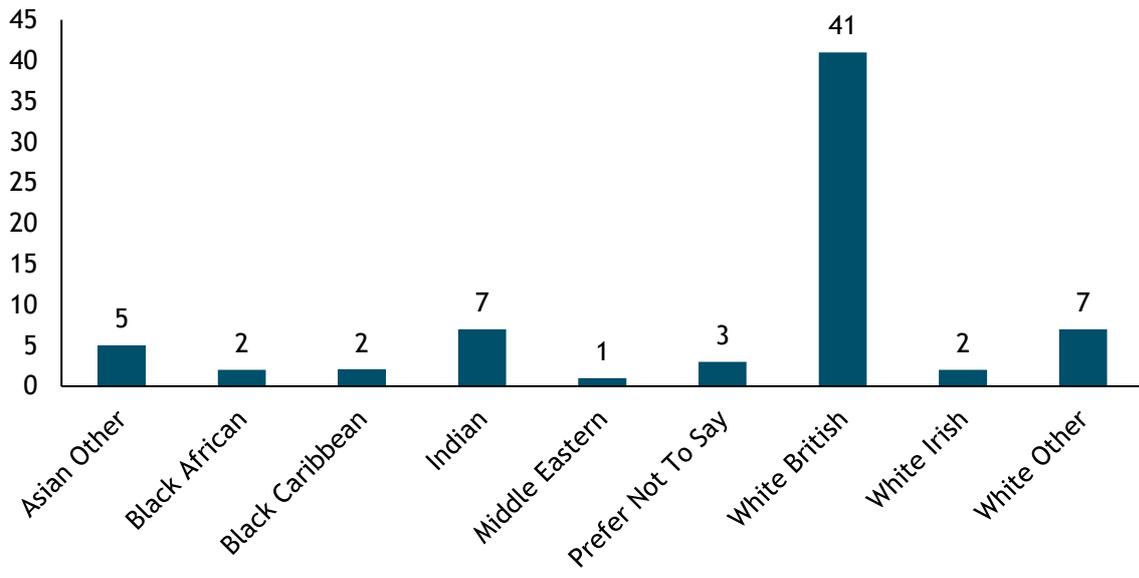
## Webinar Mar 2021 - Attendee Breakdown



## Telephone Interviews Feb-Mar 2021 - Participant Breakdown



Telephone Interviewees - Ethnicity



Telephone Interviewees - Age Groups

