



## **Covid-19 Vaccination Hesitancy**

February 2021

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***“To protect our precious NHS and its amazing staff from being constantly overwhelmed.”***

***“I think we have been told everything we need to know. Nobody knows the long term effects, but we have to be brave and take the only chance we have at present.”***

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## Summary

In total over 700 residents shared their views with Healthwatch Bexley about the Covid-19 vaccine. The majority of residents who completed our survey wanted to be vaccinated or had been vaccinated. However, approximately half of the unvaccinated residents do not feel they are at risk of catching Covid-19. Common concerns raised to us were about vaccine safety, effectiveness, make-up and long term effects, with residents wanting more information or to talk to their GP before agreeing to vaccination.

We would like to thank all those who either responded to our survey, shared their views at virtual meetings or worked with us to enable us to produce this report.

## Recommendations

Local communication and engagement from the London Borough of Bexley (LBB), South East London Clinical Commissioning Group (SELCCG) and local partners should continue during the Covid-19 vaccination program to address vaccine hesitancy and address the following:-

- Commonly asked questions, fear and confusion based on media stories and social, religious or cultural beliefs.
- The reasons residents have the vaccine i.e. return to normality or being able to see friends and family as a positive way to address vaccine hesitancy.
- Resident's perceived perception of their risk of Covid-19 such as following government guidelines being enough protection.
- How herd immunity works in protecting the population and promoting a collective approach and a sense of duty rather than a personal approach.

During the mass vaccination program, communication and engagement to patients from their GP Practice or Primary Care Network about the Covid-19 vaccine could be increased as a way to overcome vaccine hesitancy. This could be by text, email or phone. Patients generally trust their GP but felt there had been little communication from GPs and that they are inaccessible at the moment.

Within the next 6 months, Healthwatch and other partners such as the LBB and SELCCG should look in more depth at vaccine hesitancy in groups of the population with lower vaccination uptake rates such as care workers, the BAME community and other less heard groups of the population.

## Introduction

On the 8<sup>th</sup> December 2020, a 90-year-old lady became the first person in the UK to be vaccinated with the Pfizer BioNTech Covid-19 vaccination, this was followed by the introduction of the Oxford-AstraZeneca vaccine on the 4<sup>th</sup> January 2021. This marked the start of a mass vaccination programme by the NHS which will take months to complete. The vaccine will be offered in various locations including hospitals, mass vaccination centres, and pharmacies and by Primary Care Networks. People will be offered the vaccine based on advice from the Joint Committee on Vaccination and Immunisation (JCVI), being prioritised based on criteria such as age and vulnerability (NHS England, 2021).

The media have repeatedly reported various claims about the possible safety and effectiveness of the vaccine, particularly regarding side effects, variant strains of the virus and its effectiveness against these new strains. Stories and claims of side effects have also appeared on social media sites and the internet causing confusion and potential fear of the vaccine, which may affect uptake rates and fuel vaccine hesitancy.

Healthwatch Bexley (Healthwatch) engaged with residents to explore their views on the Covid-19 vaccine, asking if they would have the vaccine, if and when invited to do so by the NHS. We engaged with over 690 residents via our survey and virtual meetings.

We would like to thank all those who took the time to either complete or promote the survey.

## Methodology

The consultation period ran from 15<sup>th</sup> December 2020 to 11<sup>th</sup> January 2021, with 675 people completing the survey. Healthwatch worked with the Public Health Team at the LBB to produce an online survey using 'survey monkey'. The survey was promoted via social media on local community group pages, on our website and was sent to charities, community groups and partners who regularly work with Healthwatch, including the Local Authority and SELCCG.

The survey included both quantitative and valuable qualitative data so that personal views and comments could be collected. This would be shared with our partners, including the SELCCG and LBB to help shape their Communication and Engagement Strategies, to answer resident's vaccine questions, address barriers to vaccination and help overcome vaccine hesitancy. Not all questions were answered by all respondents, respondents were able to provide multiple answers to some questions. The survey was anonymous.

We also virtually attended group meetings for residents with a learning disability, a Nepalese Community Group and worked with a homeless shelter provider, to discuss vaccination hesitancy. Over 40 people were reached in this way.

In total over 700 residents shared their views with us about having the Covid-19 vaccine.

Residents who do not have digital access were given the option by community group leaders, to contact us by telephone if they would like us to complete the survey on their behalf or to discuss their views. Healthwatch asked residents with digital access, to complete the online survey with family and friends who may not have digital access.

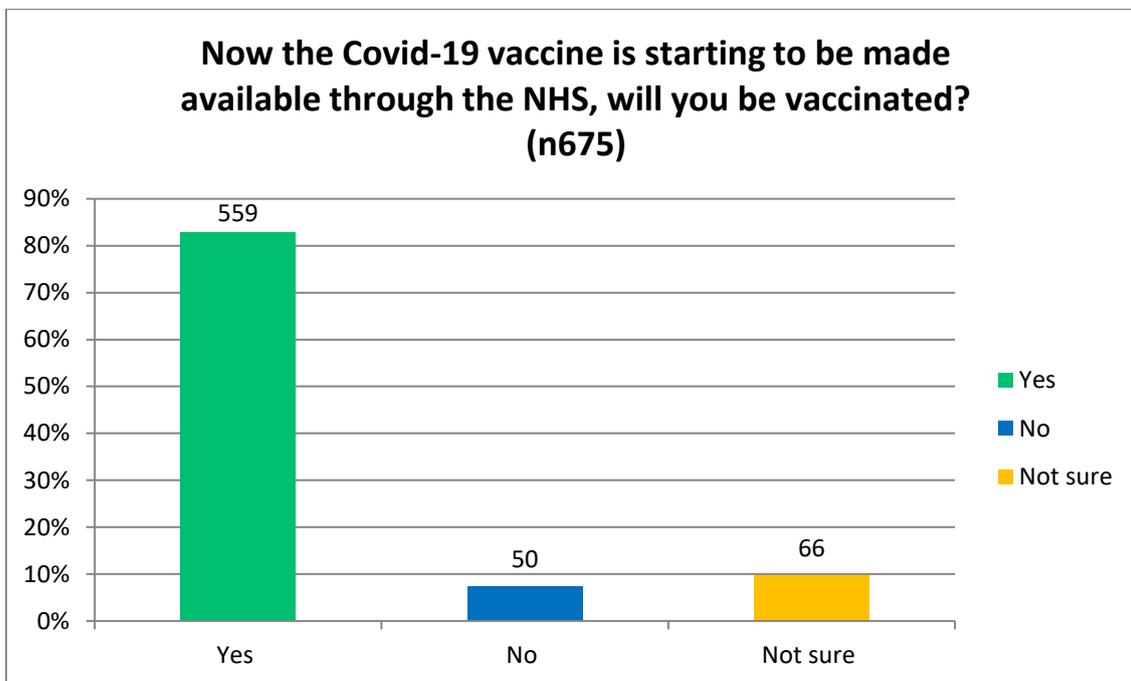
## Limitations

Although residents were given the option to call Healthwatch and comment on the Covid-19 vaccination no one did this. The majority of feedback was gathered online except for the virtual groups we visited. Therefore, the views of those without digital access may not be represented and we acknowledge that the results of this survey may not be representative of the local population.

## Breakdown of Responses

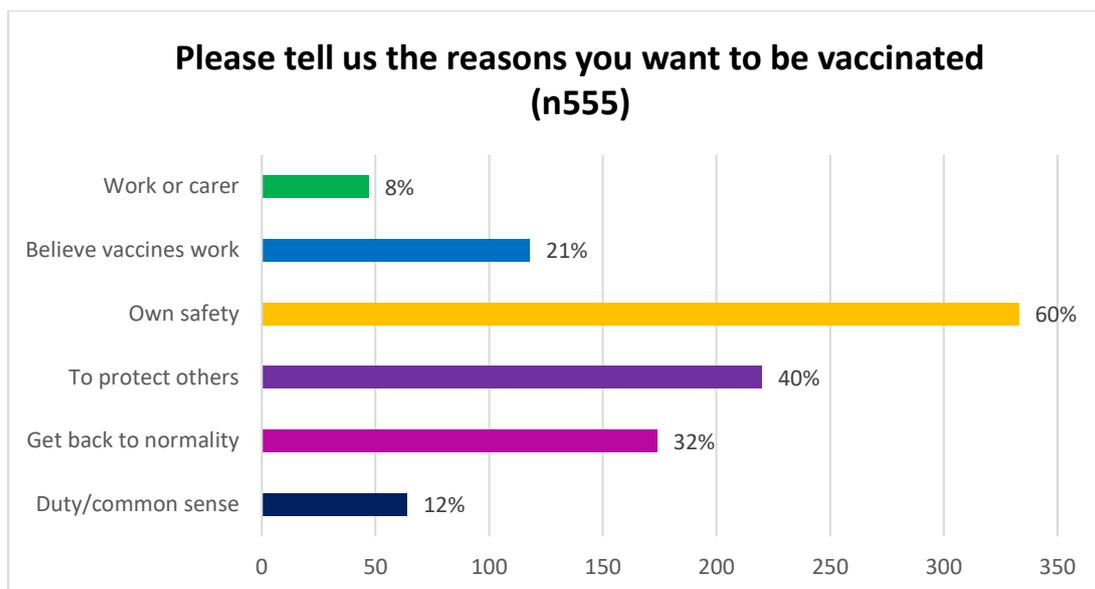
### 1. Now that the Covid-19 vaccine is starting to be made available through the NHS, will you be vaccinated (n675)?

**83%** of respondents told us they would be vaccinated when invited, whilst **10%** were undecided and **7%** would choose not to be vaccinated.



### 2. Please tell us the reasons why you are considering being vaccinated (n555)?

The main reasons respondents wanted to be vaccinated were for their safety (**60%**) or the safety of others (**40%**). **32%** felt vaccination would mean a return to normality with **32%** telling us that they believed vaccination to be an effective way of protecting the population against disease, stating that it had helped eradicate other diseases. **12%** felt it was their duty to be vaccinated and the right thing to do for themselves and others. Only **8%** mentioned the need to be vaccinated for their work including care work.



*"I think it's the right thing to do, not only for myself but the wider community."*

*"For the greater good (I'm not uneducated or selfish). I also don't believe in conspiracy theories."*

*"It has worked in the past with Polio, TB etc. People have become complacent and those who refuse are only safe because most are vaccinated. I am in shielding group."*

*"Vaccinations wiped out Polio, Smallpox, Diphtheria, Tetanus etc. A few side effects from a vaccine are preferable to the possibility of death from Covid-19. I survived cancer and a brain tumour - I don't intend to be wiped out by Coronavirus! My family need me!"*

*"I get the flu jab every year (asthmatic) and this is the same principle "*

*"To protect our precious NHS and its amazing staff from being constantly overwhelmed."*

*"I trust the way the vaccine has been regulated and approved in the UK. I was a health visitor and strongly believe in immunisations etc."*

*"I am a teacher and an asthmatic. I have already had Covid and I want to protect myself and my family."*

*"I want to do the right thing to protect myself as well as others. I am a front line worker and feel this a definite must!"*

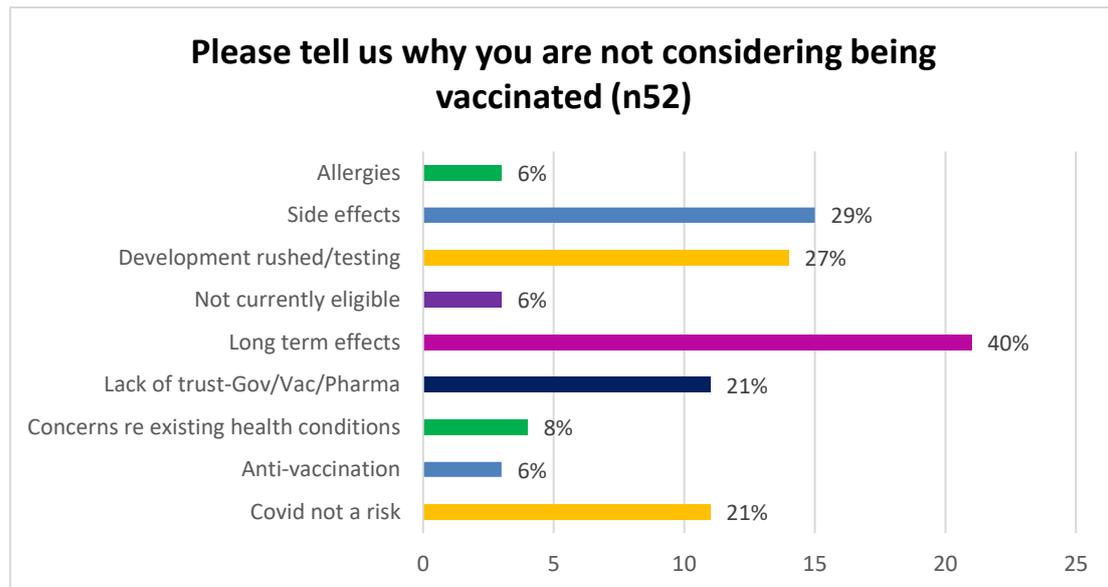
*"Cannot wait I've been classed as high risk, and I also work in a supermarket which is a high-risk place. I have not been able to see my parents as they are at high risk as well."*

*"I want the vaccination so that in the future I can see my children and grandchildren again. I also feel it's my civic duty to have it."*

*".....so I can hug vulnerable family once the risk is low enough."*

### 3. Please tell us the reasons why you are not considering being vaccinated (n52)?

40% told us they would not be vaccinated as the long term effects are not yet known, commenting that they wanted to wait and see what happens to those who have the vaccination. 29% were concerned about potential side effects such as the vaccine causing fertility problems. 27% stated they felt vaccine development was rushed, not tested thoroughly and they questioned how effective it will be. 21% expressed distrust of pharmaceutical companies, the government or the vaccine itself. 8% were concerned about how the vaccine would affect pre-existing health conditions, with 6% respectively, raising concerns about allergies or stating that they do not believe in vaccines. 21% told us they did not consider themselves to be at risk from Covid-19 and 6% are not eligible to be vaccinated yet.



*"I don't feel it has been trailed for long enough and I have had coronavirus and have my antibodies."*

*"It has not been fully tested and we do not know what the long term effects could be."*

*"Because we do not know the long term effects of the vaccine. I won't take that risk for a virus that has over 99% recovery rate and the average age of death from COVID is 82...."*

*"Quite frankly don't trust the government, their data, and neither the vaccine."*

*"Pfizer has a reputation for producing bad and dangerous drugs and have been in court loads of times."*

*"Not happy with Pfizer's previous record. I won't be touching this one thanks. Also, concerns about the possible long term effects should it require further doses each year."*

*"The government has guaranteed Pfizer will get no come back if there is a problem with the drug"*

*"Because the science doesn't change but what the government are telling people is changing. The second jab in 3 to 4 weeks now changed to 12. Have not a lot of immunity after the first dose now you have. Too many discrepancies"*

*“Not being a Guinea pig for the government/vaccination. It has not been trailed, tested and available long enough. Side effects inconclusive. There is not enough significant evidence it doesn't affect fertility.”*

*“I am not someone who likes to take vaccines. I back myself to be quite healthy. I do not take the flu vaccine at all and I have never caught the flu. I do believe that if I was to ever get COVID I would be in the 97% that would recover fully.”*

*“I don't agree with putting anything into your body and would rather wait if I had to see how it affects people .”*

*“I have an autoimmune condition (discoid lupus) and I'm worried how the live vaccine will interact with my condition, it could cause flare-ups.”*

*“I already contracted the virus.”*

*“I do not have any underlying health conditions and consider myself to be healthy...”*

*“Not enough known about what you are putting into your body! Reports of reactions, Bell Palsy and deaths. Coming from a government we don't trust and are incapable, so if people wish to have that vaccine that is THEIR choice and if they DON'T want it that is also their freedom of choice.”*

#### **4. Please tell us what makes you unsure about being vaccinated (n68)?**

The reasons respondents were unsure if they would be vaccinated are generally similar to the reasons given by those not wanting the vaccine. Additional/specific themes that emerged were:

- Concern about potential effects on fertility, pregnancy and breastfeeding.
- Wanting a choice of a vaccine.
- Wanting to have more information.
- Effectiveness of the vaccine if you still have to socially distance and wear a mask after vaccination.
- Concerns about negative media coverage of vaccination, its safety and effectiveness.
- The perception that they are fit and keep healthy or had already had Covid-19 so do not need the vaccine.

*“At this moment I feel we don't have enough information about the vaccine and how it works. However, by the time the vaccine is made available for my age range, I feel there will be more information and I will feel happier in making a choice.”*

*“Don't know enough about the make- up of each of the available vaccines, what exactly do they do inside your body, how are they made, why has it **not been explained in layman's terms to the public how the vaccine will work, we are not all scientists**, why do you have to have two when only one flu vaccine is required each year, I seem to be allergic to the flu jab, having suffered for many weeks with flu-like symptoms after receiving it, I had it 3 years running, same each year, so last 4years I've not had the flu jab, nor have I been ill.”*

*“Want to hear direct from my GP about what vaccine would be best for me personally.”*

*“Due to the information of possibly making you infertile.”*

*“Wanting a second baby and wondering the impact.”*

*“Currently breastfeeding 2-month-old baby.”*

*“Negative media attention. Concerned about potential long term effects.”*

*“Hearing stories of people dying within days of the vaccine. As a 50-year-old keyworker, with no medical conditions, I have touch wood stayed safe and well. So I want it due to my job as a pharmacy technician but have my reservations due to the negative newspaper and social media stories.”*

*“I heard a medical person state that it's not known if it could cause autoimmune disease and long term effects aren't known. Also, it doesn't stop you from carrying it and passing it to another person. Also may not protect you for very long.”*

*“I would like to know if we have an option regarding which vaccination we get.”*

*“I won't have the Pfizer but probably would have the Oxford.”*

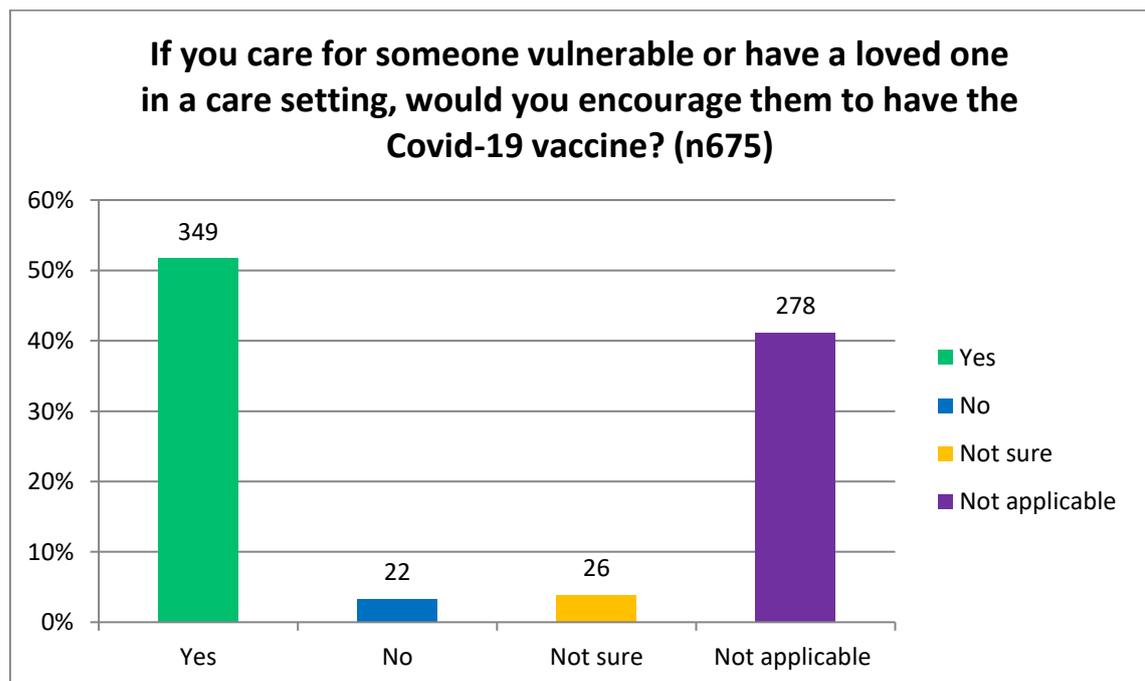
*“I would like a choice about which vaccine I get. I would refuse the Astra Zeneca vaccine but be open to having the Pfizer or Moderna vaccine.”*

*“Because you still have to wear a mask and social distance after. Not sure it would be effective. Plus if you've had it already would that make you immune? Would it work with a new strain?”*

*“I have had mild Covid already, doubt that I need vaccination.”*

**5. If you care for someone who is vulnerable or have a loved one in a care setting, would you encourage them to have the Covid-19 vaccine (n675)?**

Over **50%** would encourage someone they care for who is vulnerable or someone in a care home to have the vaccine. Less than **10%** would not or were not sure if they would encourage others and the question did not apply to just over **40%** of respondents.



## 6. What are your reasons for your answer (n379)?

Reasons for encouraging vaccination were to protect themselves and others including care home staff from Covid-19 and prevent viral spread in care homes. To get back to normality as soon as possible so that friends and family could visit care homes or isolating family. Reasons given for not encouraging vaccination included freedom of choice and potentially feeling guilty if side effects or long term effects are experienced.

*"If the vaccine is effective and can prevent a worse case of Covid then it would be most helpful in a care setting. May give a 50:50 chance where they may be none."*

*"To protect them. I have trust in the vaccination and the science behind it. The vaccination should increase their chance of effectively fighting Covid, since the new strain is even more transmissible the likelihood of people getting it is high, without the vaccine people (especially in care homes) are left extremely vulnerable."*

*"Older and probably have medical issues and carers may contract it outside the care home and then spread the virus with the home."*

*"I think that everyone at risk should have the vaccine. The risk of getting coronavirus outweighs any risks from the vaccine."*

*"The efficacy of the vaccine is very high and unless you want them to be shielding for the next year or so it's the only option."*

*"So my 92 father can have his granddaughter come and visit."*

*"As their mental health is now deteriorating, they need to get their lives and freedom back asap."*

*"Because I believe the more vulnerable should get it so they can get their life back as much as possible to normality for them."*

Reasons against encouraging others:

*"Although I am keen for my mother to be vaccinated given her age and the fact that she lives on her own, I have not debated the issue because I would not want to be held responsible for any possible adverse reaction which my mother might experience."*

*"Instead, I simply remind my mother to keep away from others."*

*"I would encourage them to have it but it's their choice. They are extremely vulnerable and I consider it to be vital to be protected."*

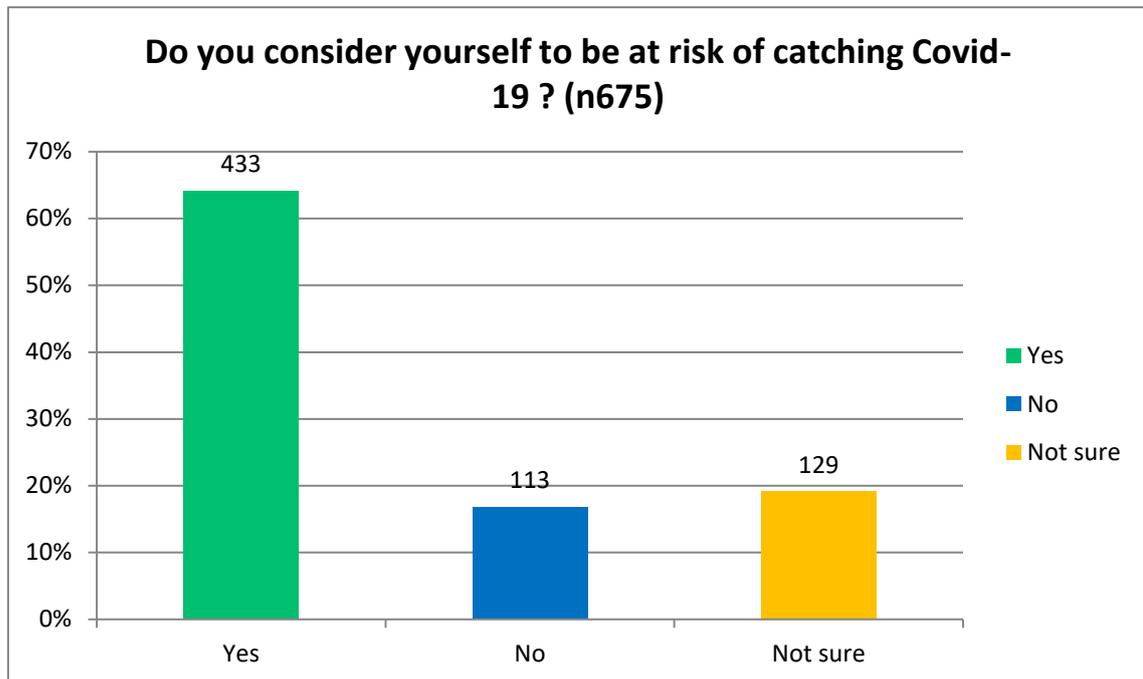
*"My elderly mother is over 90 and does not intend to have a Covid-19 vaccination yet as she is of the view that the testing period remains insufficient."*

*"I am concerned it is being offered to the over 80's first. My step mum is 89 and she won't be wanting it - she feels it's an experiment as no one knows the effects over several years."*

## 7. Do you consider yourself to be at risk of Covid-19 (n675)?

64% of all respondents felt they were at risk of having Covid-19, with the remaining 36% being unsure of the risk or not believing they were at risk. Of those that had not been vaccinated or

are not sure if they will be vaccinated, approximately 50% told us that they were not sure or did not feel they were at risk of Covid-19.



Reasons the respondents not yet vaccinated, who were either unsure of the risk or do not believe they are at risk from Covid-19 included; feeling protected as they had previously had Covid-19 or had not had Covid-19 so far, so thought they may have natural protection. The survey also showed us, respondents think they can manage risk well enough by wearing a mask, socially distancing and following other government guidelines and being or keeping themselves fit and healthy.

*"I've had it in February."*

*"Suspect I have had it. Not worried about it if I do get it."*

*"I feel I may have had it in December 2019, and it took a few months to feel completely better and unsure if you can catch it twice with the same severity. Also, unclear if the data presented in terms of age groups/underlying conditions is accurate."*

*"I already had Covid-19 in March, confirmed by an antibody test at a local hospital."*

*"I've been around a whole household that had it. I've not caught it. Maybe I'm immune?!"*

*"If I was to catch it, I believe I am healthy enough that my body can deal with it."*

*"I eat healthy, exercise 3 times a week, take precautions when out and in shops etc"*

*"I have no health problems that I am aware of and am the fittest version of myself I have ever been. I have also limited my leaving the house since March to grocery shopping only."*

*"I believe that the virus is symptomless in many people. I don't want to catch it and I know the possibility of it being life-threatening is real, but with getting cancer bring 1 in 4 chance and Covid 1 in 100, I believe I will be ok if I follow safe distancing and handwashing."*

*"I barely go out, travel in my own car etc."*

*"I live alone and stick to the rules, so my risk is very low."*

*"We work from home and don't go anywhere- we have online food deliveries."*

*"I have many chronic conditions, so I am sensible about risk."*

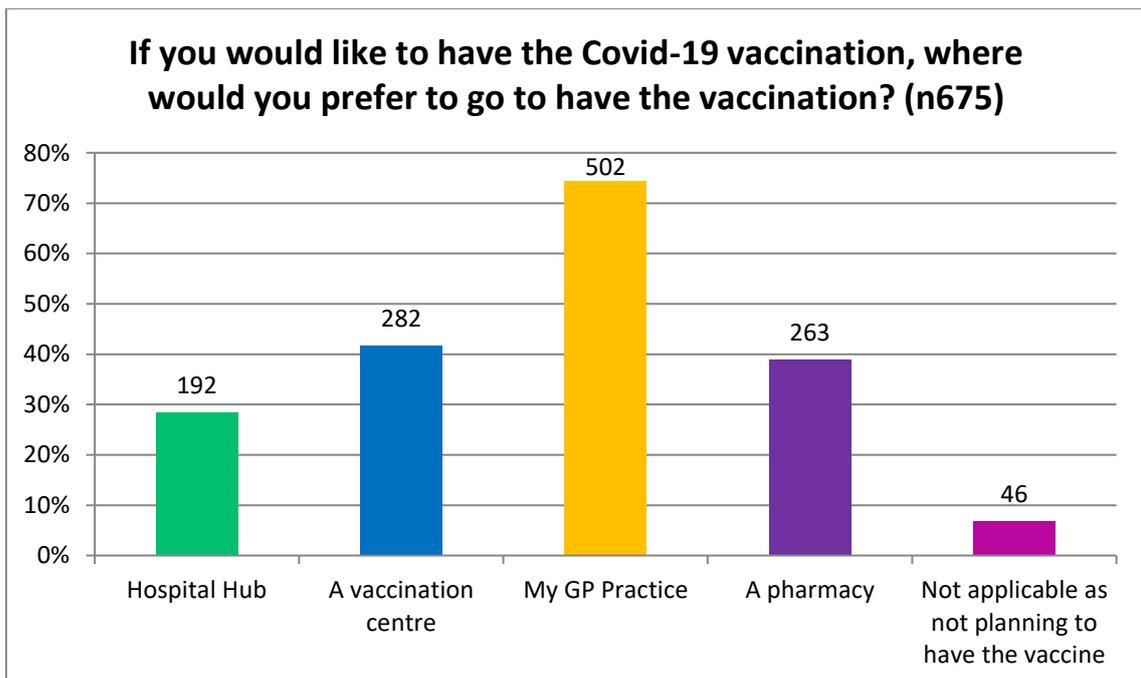
*"Surely we are all at risk of catching any virus? The question is are we at risk of dying or having serious complications and to that, I would answer no."*

*"We have had a few cases in our Prison. My older daughter has been sent home from secondary school to isolate twice for being in close contact (at school) with someone with virus. Me and my older daughter both wear our masks always and my youngest is obsessed with sanitiser. None of us has had the virus."*

*"I've never had any symptoms I've gone this far from not having it so I should be alright."*

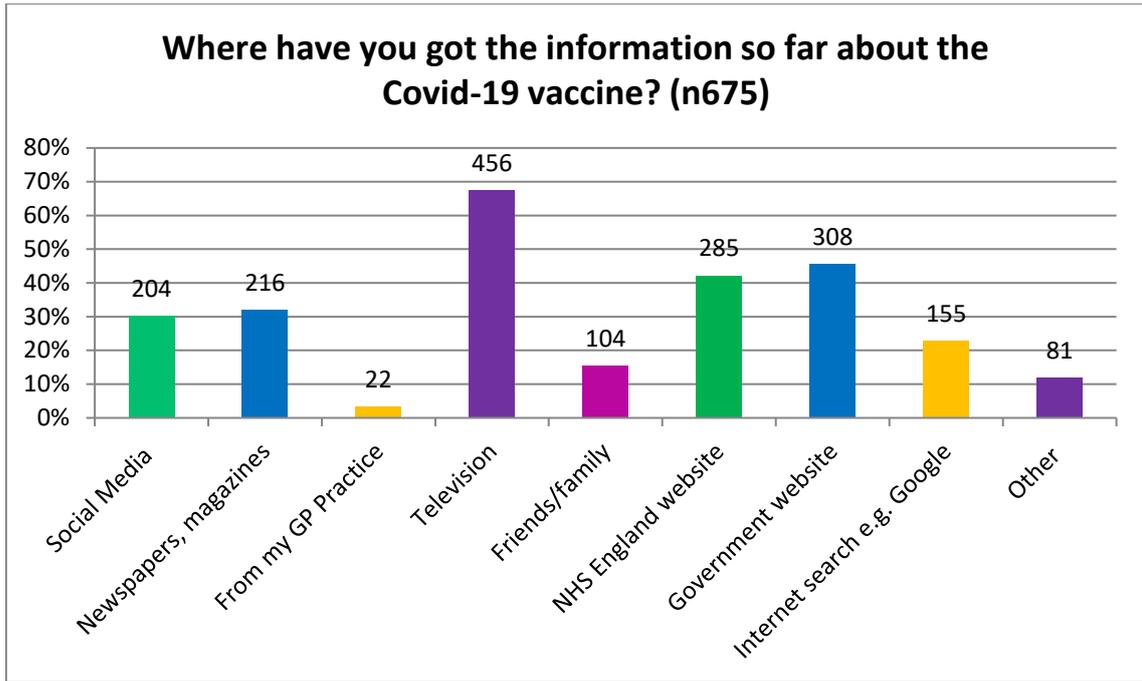
**8. If you would like to be vaccinated, where would you prefer to have the vaccination (n675)?**

Over **70%** of people told us they would prefer to be vaccinated by their GP practice, **40%** would prefer to go to a vaccination centre and just under **40%** would prefer vaccination at a pharmacy.



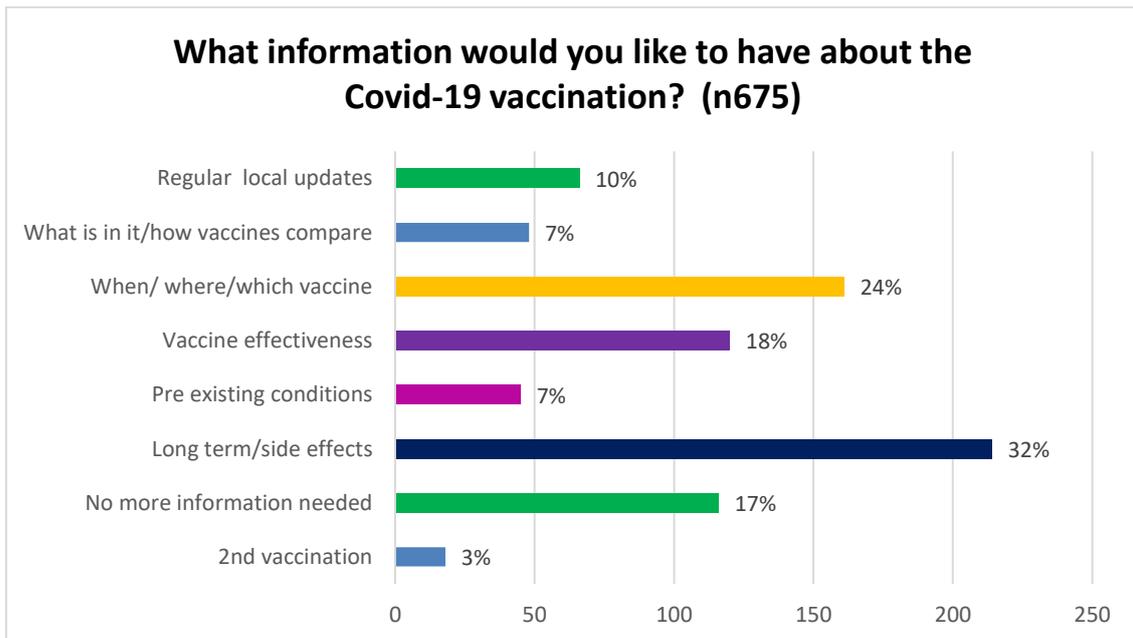
**9. Where have you got information so far about the Covid-19 vaccine (n675)?**

The survey found respondents get information about Covid-19 from many different sources. The most common source was television, followed by NHS England and Government websites. Around **30%** get information from social media, magazines or newspapers and just over **20%** from internet searches.



**10. What information would you like to have about the Covid-19 vaccine (n675)?**

**32%** wanted to have more information about the possible side effect/long term effects of the vaccine although it was acknowledged that long term effects may not be known for some time. **24%** wanted to know when, where and which vaccine they would have, whilst **7%** wanted to know how the vaccine works and **3%** the effect delays in receiving the second dose may have on vaccine effectiveness. **17%** felt they already had enough information to make a decision and did not need any more information. **10%** wanted regular local updates of what is happening in Bexley e.g. How many people have been vaccinated so far?



*"Why there are two types - 1 that has to be stored a certain temp and a different one. Is there an issue with the first one or is it just that there is a storage issue?"*

*"How the vaccine is made, animal testing, side effects, potential long term effects, large scale testing outcomes."*

*"How it works, ingredients, side effects, similar vaccines."*

*"What it contains (technical wording them dumb downed version for the idiots), possible side effects vs adverse reactions and the statistics amounting to this. Facts vs fiction information would be helpful for those who follow social media blindly and how it works etc."*

*"Differences between the available vaccines."*

*"More information on how it was passed through so quickly. Whether any research has been done on reacting with medications."*

*"More information on why the vaccine came out so quickly when most vaccines take many more years to be produced, and whether this rush is likely to create any health complications impact on the safety of the virus."*

*"I heard the drug company would not take responsibility if there are adverse effects."*

*"What the possible side effects can be - this isn't really possible to know for a long time."*

*"Side effects as my daughter has had her first vaccine as a nurse & felt ill for two days the same as when she had Covid at the end of October."*

*"More clear honest info and transparency about any side effects. Reported clearly with an understanding of any other conditions people had. Also, a marketing campaign to get buy-in with real stories as there are so many non-believers."*

*"Possible risks as I have had anaphylactic shock before. I have heard rumours of infertility which raises concern for my daughter."*

*"Information on any side effects experienced by people who have already received the vaccine. And figures for any people that are vaccinated and still catch covid-19 due to the speed it has been introduced."*

*"Will it react with my other medicines?"*

*"Will the vaccine make me infectious?"*

*"A list of possible interactions and side effects and full details of how long after the vaccination is immunity achieved."*

*"If any adverse reactions start to appear would trust that everyone will be warned by their local health/government department. Total honesty must be a priority."*

*"Details about the long term effects, how long the protection lasts, and any effects would last."*

*"A firm idea of how long before immunity is reached after being vaccinated. Even if you catch Covid after being vaccinated will it be less severe."*

*"Impact on fertility."*

*"I would like to know how the government can decide to give the second Pfizer vaccine at 12 weeks when this is advised AGAINST by the makers, the WHO and BMJ and BMA. No proof that this will give a good or any result."*

*"Confirmed information from the developers that they have tested and can confirm that an extended period between 1st and booster jab will not reduce the effect of the vaccine in the fight against the virus."*

*"How long do they keep you with them (after vaccination) / contingency for if you have a reaction?"*

*"Dates of vaccinations for different groups of people e.g. under 50 years."*

*"Will it need to be a yearly jab like flu jab?"*

*"Is it safe for people with autoimmune disease?"*

*"I would like to know what will happen with children under 11yrs old if they do not get the vaccination, will this virus continue to develop/mutate and cause prolonged restrictions to our daily lives."*

*"If children are safe to have it?"*

*"Data showing the downward trend of the pandemic due the mass vaccine programme in the UK, and other countries."*

*"How the programme of vaccination is going to be rolled at in Bexley. It would be wonderful to have a timeline."*

*"When all Bexley residents will be completed - are we on course."*

*"I would like to know weekly how many are being vaccinated and how many are declining the offer of it."*

*"Dashboard showing how many vaccinated so far in each target group."*

*"I would like to see follow up reports on people who have had the vaccine and its effects. I'm not against the vaccine but just wanting more evidence."*

*"I would like to be kept updated percentage wise on:*

- *how many people have the vaccination*
- *how many have a reaction to vaccination*
- *how many people are ill after having the vaccine*
- *how many people go back for part 2 of vaccine 3 weeks later*
- *I would like to know how many people are being fined for breaking isolation and tier 3 rules.*
- *tracking of vaccinated people and its effect (calcs/stats would be interesting/useful to see)"*

*"Clear communication on the programme in Bexley and how it will be administered. It's important that GP surgeries take the time to update all of the patients on how the programme will work in advance, so that patients have the relevant information. A simple one-page comms article with FAQs or links to websites for additional information would be useful."*

*"I would like better communication from my GP. So far there's been nothing."*

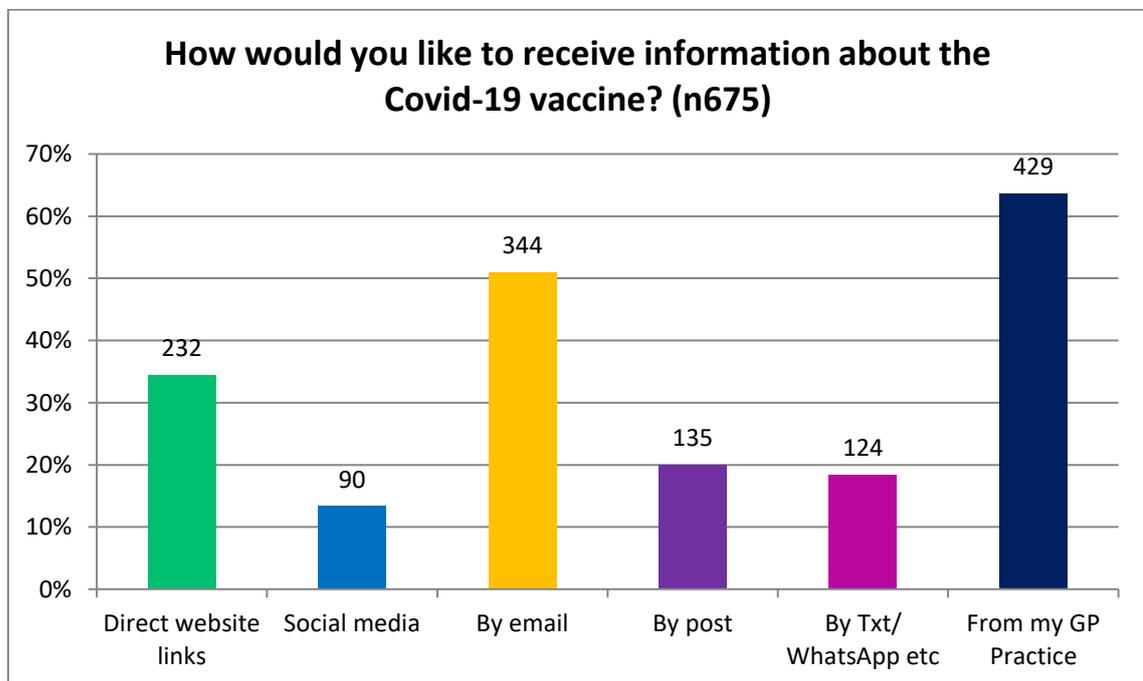
*“More myth/anti-vax busting (fact-checking) and education for the idiots who believe that rubbish.”*

*“Why are front line workers such as teachers not first in line (Drs & care staff should also get it as maximum priority followed by other workers necessary to society... teachers bin men police etc.)”*

*“At present I don't think any information will convince me the vaccine is a 95% safe, maybe when it's been widely used, and no serious side effects have been reported I may rethink.”*

#### 11. How would you like to receive information about the vaccine (n675)?

The majority, **64%** would like to receive information about vaccination from their GP practice, and **51%** would like information by email. **20%** and **18%** respectively would like to receive information by post or text message, whilst **34%** prefer to look online for information.



#### Community Groups

We engaged virtually with two groups for people with a learning disability. The majority of those in attendance indicated that they would be vaccinated. Some group members expressed the need to talk to their GP or their parents or carer, as they have underlying health conditions and needed to be personally reassured about their suitability to be vaccinated. However, these groups may not be a representative sample of people with a learning disability because they are regularly supported in health and wellbeing issues by the charities and groups they attend. Those with learning disabilities who do not attend regular groups and may be more hidden in society may have different views.

Healthwatch worked with a local homeless charity support worker who discussed Covid-19 vaccination with a group on our behalf. She told us the main reason for not being vaccinated was a general mistrust of health and social care providers and the feeling of being let down. The group were also not registered with a GP. Healthwatch shared the NHS GP ‘right to register ‘

cards with the group that states they do not need a fixed address, identification or to prove immigration status to register with a GP.

Since our report, the homeless charity are pleased that the people they support have now registered with the nearest local GP practice and agreed in principle to be vaccinated. Vaccination appointments have been booked and the charity is looking at the best way for people to get to the vaccination site.

Healthwatch virtually attended a Nepalese Community Group meeting to discuss vaccine hesitancy. We were told by the group that vaccine hesitancy was an issue initially in-line with the common concerns found in the survey. Additionally, rumours and cultural beliefs were a barrier. The group now feel that vaccine hesitancy is not a concern amongst group members. Group leaders have taken an active role in supporting their members to make an informed choice and have held discussions with professionals to help dispel rumours and address any concerns.

## Conclusion

The majority of people (83%, of those who completed our local survey) wanted to be vaccinated against Covid-19 and considered the vaccine to be a safe, effective, and an important measure to help control the Coronavirus pandemic and get back to some sort of 'normality'. This is slightly higher than a National study by Oxford University showing that 72% were willing to be vaccinated (Freeman et al, 2020). As much remains uncertain about Covid-19 and scientists are still learning about the effects of vaccination, for example, if the vaccine can still be spread by someone who has been vaccinated, we do not yet know the vaccination levels needed to obtain herd immunity. The World Health Organisation suggests 65-75% of the population may need to be vaccinated to achieve herd immunity (World Health Organisation, 2020).

Although the main purpose of our survey was to look at vaccine hesitancy, it is just as important to see what motivates people to be vaccinated. Our study found that the main motivators for respondents were to keep themselves and others safe and protected from catching Covid-19. A desire to return to 'normality' and be able to see friends and family was also a strong motivator.

Others felt it was their duty and morally the right thing to be vaccinated, understanding how if achieved, herd immunity would help bring back normality quicker and protect the NHS. A degree of understanding about how vaccines have eradicated or controlled diseases in the past such as polio was shown. Freeman et al (2020) suggest that increasing understanding of how herd immunity and vaccination works and taking a collective rather than personal approach may help reduce vaccine hesitancy, instilling a sense of duty and appealing to people's social conscience.

The themes of vaccine hesitancy that emerged from our survey included a feeling that the vaccine was developed quickly, rushed and may not be tested thoroughly. Media reports of side effects such as anaphylactic shock and potential fertility problems contributed to questions from our respondents about vaccine safety. There are also concerns about long term effects which may not be apparent until the vaccine has been in use for longer, prompting a 'wait and see' attitude.

For some, a general mistrust of government and pharmaceutical companies has created hesitancy, and unclear messaging such as the change of timeline between the first and second dose has caused confusion and fuelled mistrust. The effectiveness of the vaccine has been questioned due to the need to carry on following government guidelines such as wearing a mask and social distancing. Respondents expressed that they would like a choice of vaccines and to know more about how the

vaccine works, what is in it and its effectiveness against new strains. A small percentage of respondents are anti-vaccination and just do not want any vaccine, telling us it is not compulsory.

The reasons respondents were unsure if they would be vaccinated are generally the same as the reasons given by those not wanting the vaccine. Concerns were raised about side and long term effects of the vaccine, particularly with regards to fertility, pregnancy and breastfeeding. Those with pre-existing health conditions or wanting to start a family were waiting to talk to their GP about their circumstances, to be reassured that vaccination would be safe for them.

Overall the majority (64%) of survey respondents felt at risk of Covid-19. However, of those not yet vaccinated, approximately half do not feel at risk or were unsure of their risk of catching Covid-19. Reasons they gave included feeling protected as they had previously had Covid-19 and believed they could not get it again, or because they had not had Covid-19 so far, believed they may have natural protection. The survey also showed us, respondents think they do not need vaccinating as they can manage risk well enough by following government guidelines, wearing a mask, socially distancing etc and being or keeping themselves fit and healthy. There was also a perception that vaccination may not be needed as they were tested regularly, even though this does not prevent Covid-19 but shows if the virus is present.

Those with pre-existing health conditions may be less vaccine-hesitant if they can speak to their GP about their concerns and be reassured about the safety of having the vaccine with their existing conditions. Although we found mistrust of government and pharmaceutical companies, people generally have a higher level of trust in their GP (Freeman et al, 2020). This may be demonstrated by the high number of respondents preferring to be vaccinated at their GP practice. Our survey also found that most people (74%) wanted to receive Covid-19 information from their GP practice, but as the vaccination program is a national program, only a small number (3%) had received information in this way.

This report does not specifically look at the relationship between vaccine hesitancy and BAME groups. However, national reports show that vaccine hesitancy is disproportionately higher in some BAME groups who may have been hardest hit by Covid-19 and who may already have been affected by health inequalities before the pandemic (Kingsfund, 2020). A high percentage of BAME communities work in the NHS, care homes and provide domiciliary care and research indicates that vaccine hesitancy is higher amongst these groups (Department of Health and Social Care, 2021). Healthwatch will undertake further research to explore vaccine hesitancy amongst BAME and other less heard groups so that inequalities and barriers to vaccination may be identified and addressed.

## Recommendations

Local communication and engagement from the London Borough of Bexley (LBB), South East London Clinical Commissioning Group (SELCCG) and local partners should continue during the Covid-19 vaccination program to address vaccine hesitancy and address the following:-

- Frequently asked questions.
- Fear and confusion based on media stories and social, religious, or cultural beliefs.
- Vaccine positivity – e.g. the reasons residents have the vaccine i.e. return to normality or being able to see friends and family as a positive way to address vaccine hesitancy.
- Risk variance - resident's perceived perception of their risk of Covid-19 such as following government guidelines being enough protection.

- How herd immunity works in protecting the population and promoting a collective approach and a sense of duty rather than a personal approach.

During the mass vaccination program, communication and engagement to patients from their GP Practice or Primary Care Network about the Covid-19 vaccine could be increased as a way to overcome vaccine hesitancy. This could be by text, email or phone. Patients generally trust their GP but felt there had been little communication from practices, and that they are inaccessible at the moment.

Within the next six months, Healthwatch and other partners such as the LBB and SELCCG should look in more depth at vaccine hesitancy in groups of the population with lower vaccination uptake rates such as care workers, the BAME community and other less heard groups of the population.

## References

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Freeman, D et al. 2020 COVID-19 Vaccine Hesitancy in the UK: The Oxford Coronavirus Explanation, Attitudes, and Narratives Survey (OCEANS) 11 Published by: Cambridge University Press.  
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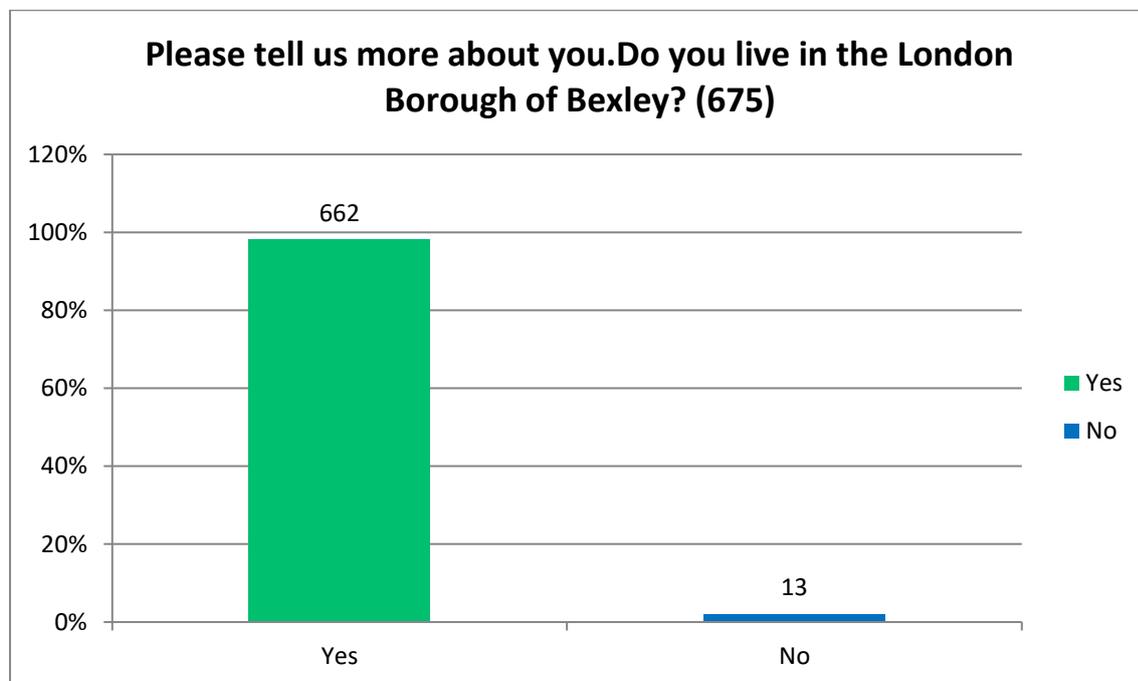
The King's Fund 2020, Hesitancy about the Covid-19 vaccine is 'disproportionately high' amongst Black, Asian and minority ethnic groups. Available at: [www.kingsfund.org.uk](http://www.kingsfund.org.uk) (accessed: 12<sup>th</sup> February 2021).

World Health Organisation 2020 Coronavirus disease (COVID-19):Herd immunity, lockdowns and COVID-19. Available at: [www.who.int](http://www.who.int) (Accessed: 16 February 2021)

## Demographics

All questions relating to demographics were optional.

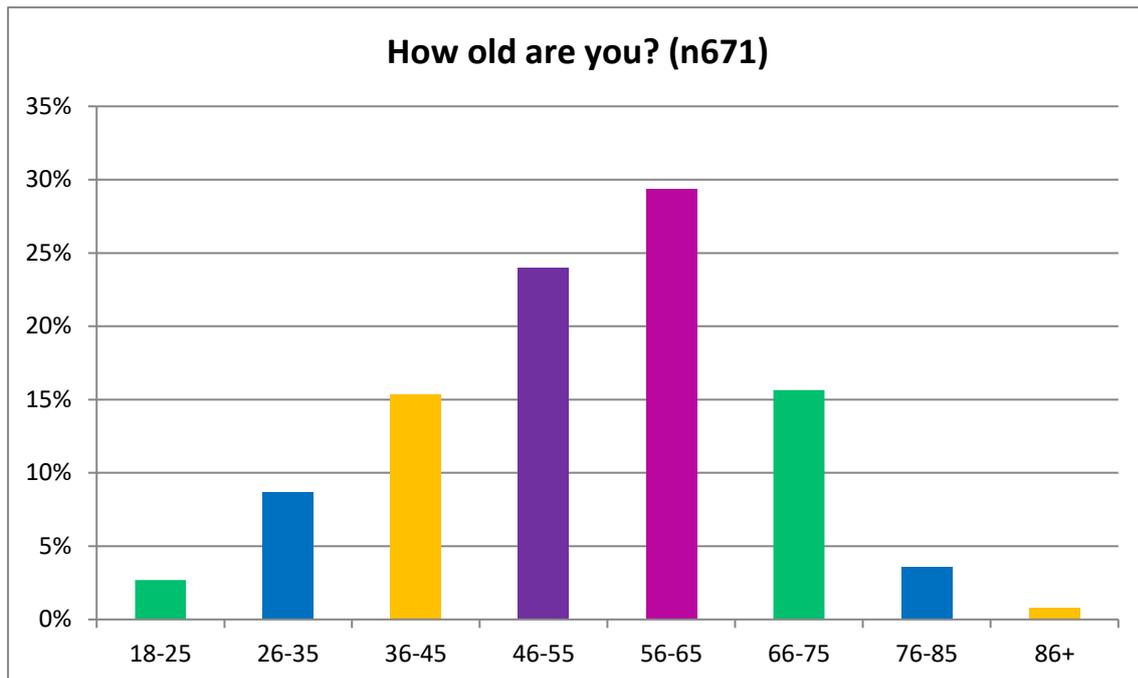
Do you live in the London Borough of Bexley (n675)?



Please tell us the first 4 characters of your postcode (n648)?

| Postcode                | Percentage   | Postcode        | Percentage |
|-------------------------|--------------|-----------------|------------|
| DA1 Dartford            | 2%           | DA5 Crayford    | 8%         |
| DA14 Foots Cray/ Sidcup | 9%           | DA6 Bexley      | 6%         |
| DA15 Sidcup/Blackfen    | 13%          | DA7 Bexleyheath | 6%         |
| DA16 Welling            | 17%          | DA8 Erith       | 12%        |
| DA17 Belvedere          | 4%           | Outside LBB     | 4%         |
| DA18 Thamesmead         | Less than 1% |                 |            |

**Please tell us your age (n671)?**



**Please tell us your ethnicity (n617)?**

Respondents were not given categories to choose from to describe their ethnicity. This has made this data difficult to analyse and choices will be given in future surveys. Below is a summary of the descriptions.

- 58% White British
- 18% British
- 15% White
- 3% Asian-including Indian, Pakistani & Chinese
- 2% European
- 1% Irish
- 1% Mixed
- 1% Other
- Less than 1% Black African
- Less than 1% Black British

**Gender/identity (n672)?**

- 82% Female
- 18% Male
- 1% Prefer not to say
- less than 1% Non-binary