



Engagement and equality findings report

Understanding the views and experiences of people living in Calderdale of the COVID-19 Vaccine

March 2022

Contents

Engagement and equality findings report	1
Understanding the views and experiences of people living in Calderdale of the COVID-19 Vaccine.....	1
Executive Summary.....	3
1.0 Introduction.....	9
2.0 Background	9
3.0 Principles of engagement	10
4.0 What we already know.....	11
5.0 Methodology	13
5.1 Mechanisms and partnership working.....	15
6.0 Findings from the engagement process.....	16
6.1 Findings from the ‘Citizen’s Talk Back’ survey	16
6.2 Findings from ‘Understanding your views’ survey.....	19
6.3 Findings from ‘Understanding Barriers’ survey.....	25
6.4 Findings from the patient experience survey.....	36
6.5 Key themes from anecdotal feedback.....	49
7.0 Findings from equality.....	51
7.1 Representation.....	51
7.2 Equality feedback themes	53
8.0 Conclusion and main themes	61
8.1 Engagement.....	61
8.2 Equality	62
9.0 How the findings have been used.....	62
Appendix 1 – Legislation.....	66
Appendix 2 – Engagement and Equality Plan.....	68
Appendix 3 – Citizens Talk Back Panel	116

Executive Summary

Calderdale has a population of approximately 210,000 people and includes of towns Halifax, Elland, Brighouse, Sowerby Bridge, Hebden Bridge and Todmorden as well as a number of villages. It is one of the smallest metropolitan districts in of population, but one of the largest in terms of area, with very strong rural elements and has pockets of deprivations. Predominantly in Central locality and some in north locality and one or two other pockets spread throughout the Borough. Calderdale's largest ethnic minority is Asian/Asian British (8.3%) of which the majority (6.8%) are Pakistani. The South Asian community predominantly live in Park ward, Central locality.

NHS Calderdale CCG is the lead organisation coordinating the COVID-19 Vaccination programme for Calderdale, supporting the roll out of the programme has been a priority for NHS Calderdale CCG and partners.

We wanted to understand the views and experiences of people living in Calderdale of the COVID-19 vaccine. There are number of communities where we know there are likely to be more barriers to taking up the vaccine or where different approaches will be needed to ensure they have the information and support required to access the vaccine. These include carers, people who are housebound or shielding, people with learning disabilities, Black, Asian, ethnic minority groups, people from Eastern European communities, asylum seekers, travellers, and the homeless. To make sure we reached these communities we used a targeted approach to engagement.

Joint working and regular discussions across organisations with colleagues were vital to ensure consistency of messages across Calderdale. NHS and council colleagues and all our partners have been integral to the vaccine programme. NHS Calderdale CCG engagement led on the coordination of engagement activity and insight through the system (at place) in relation to the COVID Vaccination programme with as many partners as possible.

- A Calderdale-wide system engagement and equality plan was developed in partnership with the local authority, Healthwatch and the voluntary, community and social enterprise (VCSE) sector as well as an engagement pack with resources and training provided for community conversations

- Fortnightly insight reports on emerging and continuing themes have been shared widely across the system and used to inform our programme and communication messages
- Regular key stakeholders and community meetings which included members of local healthcare services, Children’s Centres, Neighbourhood teams, head teachers at local schools and colleges, Councillors, Public Health, CCG, representation from Council of Mosques, Community Wardens, traffic and transport services, street engagement teams etc.
- Joint working and regular discussion across West Yorkshire with colleagues to ensure consistent messages across West Yorkshire with NHS engagement leads. And the development of a conversations briefing information pack with resources and dedicated page on Calderdale CCG website for COVID & Engagement Champions and training provided

In order to reach a wide range of people and communities in Calderdale, a multi-layered approach was taken to the engagement activity:

- Citizen’s Talk back panel: A short engagement activity to enable a ‘temperature check’ on how people are feeling about the vaccine. This survey captured the views of the public through the Councils Talk Back Panel. The aim was to capture people’s views around the vaccine including why it’s important to them, what would stop them from receiving the vaccine. 424 questionnaires were returned over a two-week period.
- Understanding your views survey: this survey was to ensure that the engagement activity had a broader approach to ensure we were reaching all people living in Calderdale from all demographics and protected groups. To help understand which communities had been most impacted by COVID, including those living in deprived areas, carers, people who were housebound or shielding, people with learning disabilities, Black, Asian, ethnic minority groups, people from Eastern European communities’ groups, shielding and vulnerable groups. Those with the highest occupational risk and people who may be socially excluded such as our homeless population, asylum seekers and people with learning disabilities, The survey aimed to capture people’s views around the vaccine including why it’s important to them, what would stop them from receiving the vaccine. 482 responses in total over a period of approximately eight weeks.
- Understanding barriers to COVID vaccination survey: as the vaccination programme developed further and cohorts of people being invited to have their vaccine widened, we

wanted to make sure this survey captured younger people (40 and under) but also to understand any barriers that people may have been experiencing in being able to access the vaccine. We received 540 responses to this survey.

- Patient experience survey – we also wanted to capture peoples' views and experiences of receiving the vaccine. Including their experiences of making the initial appointment, travel time and anything that they thought could have improved. We received 1009 responses.
- We also recognised that a survey is not always an appropriate tool, so we also asked people to share their stories and experiences.
- We also used more informal methods of engagement to gather people's views and experiences to capture anecdotal feedback. We did this by:
 - Using an online form anecdotal feedback form for people having conversations in their communities to complete,
 - Sharing anecdotal feedback in community-led meetings,
 - Feeding back stories and experiences via email,
 - Weekly partnership meetings were set up to share feedback and leaning.

Fortnightly [insight reports](#) were developed throughout from all the feedback received which informed the COVID vaccination programme and communication messages. The engagement started in January 2021 and continued throughout the year.

Engagement overall findings and main themes

From all the insight gathered its clear there are many mixed views and concerns about COVID-19 and the vaccines.

Overall, there were more people who said yes, they would be willing to have the vaccine when it was their turn or that they had already had the vaccine, than people who said they were unwilling or unsure about having it. Reasons for this people told us was 'to protect themselves' and others' and 'to end the pandemic and get back to normal'.

Of the people who said they were unsure about having the vaccine, this was mainly in the early stages of the engagement. Some people had concerns about the safety of the vaccine, as they felt it had been developed too quickly, and wanted to wait before making a decision about getting it. There were concerns around possible side effects or allergic reactions, and some people wanted to wait and see whether others experienced adverse effects from the vaccine before making their own decision. Some people said they wanted

more information about the vaccine and presented in a way that they could understand. People wanted information from what they believed were a trusted source or from a 'neutral' source.

There was also lots of mistrust in the early stages of the engagement with myths and misinformation being circulated. People were suspicious of what ingredients were in the vaccines. But also questions about the objectivity of information provided and organisations who may have other agendas beyond that of the wellbeing of individuals. People said they wanted to do their own research before deciding.

Some of the barriers that people told us they were experiencing in order for them to have the COVID-19 vaccine were the need for a local vaccination centre that was accessible on foot or by public transport. Other practical barriers for people included travel, work, childcare, and other caring responsibilities. People told us they wanted to be vaccinated in their own community. Other barriers mentioned were health related issues such as concerns regarding allergic reaction to the vaccine, pre-existing health conditions or being ill on the day of the vaccination appointment.

Recurring themes throughout the engagement were concerns around the long-term effects of the vaccine on fertility, pregnancy and breastfeeding, and menstrual cycles. Some younger people didn't feel the benefits of being vaccinated, they felt it outweighed the risk of becoming seriously ill with COVID. People also wanted reassurance that the vaccine would protect them against emerging strains e.g., Delta, Omicron etc. People also told us they preferred a particular brand of vaccine.

Equality overall findings and main themes

It is clear the pandemic affected those who were already impacted by widening health inequalities worse.

The equality insight mirrors much of what is described above, but the impact is felt differently by some groups. While much of the feedback was positive the following views helped us shape our vaccination offer and approaches.

For Black, Asian and minority ethnic groups there were clear messages about trust and confidence, this was exacerbated by lack of accessible and consistent information on COVID and the vaccination. Women from South Asian backgrounds frequently commented

on fertility and maternity concerns. As the pandemic progressed, late 2021, people of Pakistani heritage said they did not want to be engaged further about the vaccine.

Local Muslims expressed significant concerns about the differential treatment of Eid compared to Christmas, when regulations were introduced on the eve of Eid.

Disabled people and communities raised concerns about access to the vaccine, for themselves and carers. They raised the need for reasonable adjustments, including access to information on the vaccines. They gave suggestions on ways to offer the vaccine and travel and transport concerns also featured.

When we engaged younger people to understand how to effectively reach them, we heard about their different motivations to having the vaccine, how they would be influenced, access to information and fertility.

You said, we listened

All the intelligence that we gathered helped the vaccine programme to understand where there were gaps, shape provision of the model and influenced communication messages. We listened to what people told us, below are some of the things we did.

- We provided information about the vaccine and people's concerns in a range of different formats such as easy-read, different languages
- We worked closely with trusted members within our communities such as our Engagement Champions, COVID Champions, community leaders who were able to have conversations in our communities to help with providing the right information about the vaccine
- Question and answer sessions were organised for a range of people who had concerns about the vaccine.
- People who are housebound were offered the vaccine in their own homes
- We recognise the importance of unpaid cares and made sure they were a priority to receive the vaccine and were able to refer themselves and made sure they were able to receive the vaccine at the same time as the person they cared for had their vaccine
- We offered a range of adjustments at GP clinic vaccinations, including quiet clinics in each locality.
- We made vaccination appointments for people with learning disabilities longer, with more time to ask questions and digest information.

- For people with more profound learning disabilities, we set up bespoke pop-up clinics run by our experienced learning disabilities team.
- We sent out easy-read letters to people with learning disabilities, inviting them for their vaccination.
- We held pop up clinics and walk in events for people to access at different times (weekends and evenings) and locations so that we could offer additional support for people to receive their vaccines, such as;
 - Interpreters for language barriers
 - For people who told us they wanted to be vaccinated in their own communities we held pop clinics in mosques, or trusted organisations who work with those who are vulnerable for example, people who are homeless
 - For those who told us work was a barrier
- We worked with young people who developed resources to address the concerns that younger people had told us
- We worked with [ChatHealth](#) so that school-aged children could ask questions or have a discussion about the vaccine with a medical professional via text
- A letter was sent to people who have not yet had their vaccine to let them know that they are able to receive their vaccine at any time.

1.0 Introduction

The purpose of this 'engagement and equality findings report' is to present the findings from the engagement activity 'Understanding the views and experiences of people living in Calderdale of the COVID Vaccine' which took place from January 2021 and throughout the year.

The report describes the background to the engagement, the process followed to deliver the engagement and the findings which include equality. The report also sets out the engagement and equality principles as set out in the Calderdale's ['Involving People' strategy](#) and the legal obligations the CCG must follow. Findings from the engagement are reported by each engagement activity.

2.0 Background

Since March 2020, Coronavirus (COVID-19) has had a significant impact on people across the UK; as such the NHS has planned extensively to deliver the largest vaccination programme in history.

NHS Calderdale CCG as place lead for the COVID-19 vaccination programme established a programme group to work at pace with partners to achieve place-based delivery as "**Team Calderdale**". The group steered the management and coordination of the programme, leading the strategy on the vaccine programme operations at place, deployment, reporting and escalation, risks and issues were managed and fed back to NHS England. Engagement, communication, and equalities leads were very much part of this stakeholder group and provided insight that steered the programme.

Calderdale began vaccinating on 14 December 2020, in line with the [Joint Committee on Vaccination and Immunisation](#) priorities. Many residents and staff in care homes for older adults and over 80s (considered to be at highest risk of mortality and morbidity) were immediately prioritised for a vaccine. Seven vaccination sites were initially established, with the additional roving model to get vaccines out to residents who are housebound, live in care homes and to ensure no-one was left behind. The programme had 16 sites in times of surge. Going into the year 2022 to 2023 spring campaign, currently there are 13 sites with the option to increase capacity and the number of sites, as required by the programme.

To support the work of the programme we wanted to understand the views and experiences of people living in Calderdale of the COVID-19 Vaccine.

There were a number of communities where we knew who were likely to face more barriers to taking up the vaccine or where different approaches would be needed to ensure they had the information and support required to access the vaccine. These include carers, people who are housebound or shielding, people with learning disabilities, Black, Asian, ethnic minority groups, people from Eastern European communities, asylum seekers, travellers, and the homeless. To make sure we reached these communities we used a targeted multi-layered approach to engagement.

3.0 Principles of engagement

Calderdale has an [Involving People Strategy](#) with a shared set of principles for involving people across Calderdale – supporting the delivery of Calderdale Cares, the Wellbeing Strategy and Vision 2024.

The strategy has been developed with all partners and is central in helping embed the voice of patients, carers, families, staff and the public in everything we do. This is a key part of being able to uphold our legal requirements and ensuring we have taken the time to consider all insight and feedback.

Through this strategy the aim is to create strong collaboration across Calderdale and the principles of strategy are the foundation by which local people can expect to be involved by any organisation in Calderdale. This process needs to preserve these principles to ensure public expectations are met.

The principles state that we will:

- Keep local people informed
- Develop solutions together
- Demonstrate active listening
- Creating opportunities for everyone to be involved
- Responding and providing feedback

As part of our Equality Duties, we must consider equality at each stage of any decision-making process. We design our engagement processes to reach our local communities and

will note the groups likely to be impacted and those groups whose voices are not always heard. The plan will reflect our approaches to take account of access and reach.

The engagement activity will often support equality impact assessment to ensure we make fair and informed decisions and identify where we need to take action to mitigate any negative impacts or maximise any positive impacts on equality and ensure we comply with our statutory responsibilities under the Equality Act 2010

Legislation the CCG must work to can be found in Appendix 1. Wider partners may have different legal responsibilities but are all committed to ensuring equality is at the core of our delivery.

4.0 What we already know

In order to deliver our priorities for health and care across Calderdale it is essential that partners work together to understand the views of our local population.

Prior to starting the engagement about the COVID-19 vaccine we wanted to understand what intelligence already existed. Information and intelligence had been gathered locally, regionally and nationally and was used to support the roll out of the vaccination programme, identify gaps and in our understanding and helped to influence communication messages. A summary of this intelligence can be found in Appendix 2 Engagement and Equality plan (Appendix 2B: Summary of insight from public engagement provided by Healthwatch Calderdale)

The emerging key themes are below;

- Overall, significantly more people are saying they would have the COVID-19 vaccination than say they are unwilling or unsure about having the vaccination
- If you are older, you are more likely to be willing to have the vaccine
- If you are White British, you are more likely to be willing to have the vaccine
- Black, Asian and minority ethnic groups are significantly more likely to say they are unwilling to have be vaccinated or are unsure – discrepancies are explicitly clear for Arab, Black African and Caribbean groups
- Older Black, Asian and minority ethnic people are more likely to say they are willing to have the vaccine than younger Black, Asian and minority ethnic people

- Men more likely to be willing to have the vaccine than women; women are more likely than men to say they are unsure, but still predominantly are willing to be vaccinated
- What are the key reasons why people say they would be willing to have a COVID-19 vaccine?
 - To protect myself and others
 - To end the pandemic
 - To get back to normal
- Feeling well informed – some people have had their concerns addressed by finding out more through reputable sources

What are the key concerns that people have about the COVID-19 vaccines?

- Side effects/safety concerns – including allergic reactions and ill health
- The development of vaccines was too quick, meaning they cannot have been rigorously tested
- Long term impact on health and fertility – because of the pace of the implementation, it's impossible to know if the vaccine will have an impact on health in the long term, such as reducing fertility, increasing prevalence of cardiovascular problems, etc.
- Is it worth having the vaccination? For those at low risk of experiencing a significant impact of COVID-19, as they are young and healthy, do the benefits outweigh the risks? Also, will the immunity last long enough to make the programme of vaccination worthwhile?
- Understanding the vaccination – many people do not know how the vaccine works or what is in the vaccine. Particular concerns are raised regarding animal products in the vaccine raised by those who are vegan and Muslim, who are worried that the vaccine is not halal
- Mistrust of government and the pharmaceutical industry – there are questions about the objectivity of information provided by government and pharmaceutical companies who have agendas beyond that of the wellbeing of individuals
- Enforcement of the vaccination – some are worried they will have no choice but to have the vaccination

Preferences regarding the vaccination offer:

- Most people have no preference on where they will be vaccinated, they would just like the vaccination to take place close by and a preference expressed for availability in the evenings

5.0 Methodology

In order to reach the widest range of people and communities in Calderdale, a multi-layered approach was taken by gathering the intelligence from recent activity that we know had taken place. An engagement and equality plan was developed in partnership with engagement, equality and communication colleagues across Calderdale including Healthwatch, Local Authority, NHS Calderdale CCG and the VCSE Sector was developed by all partners which describes. The plan describes the process and approach for the engagement activity to help the COVID vaccine programme and partners understand the views and experiences of people living in Calderdale of the COVID Vaccine. See Appendix 2 for the engagement and equality plan.

The methods used included:

- A short 'temperature check' survey which took place in January 2021 with Calderdale Council's Citizens Talk Back panel (see Appendix 3). There are 650 members across a wide range of people and with a good representation of people with a disability. However, Black, Asian, and minority ethnic groups are not very well represented on this panel so it was recognised that other sources of engagement would be necessary to reach a more diverse range of people and communities.
- A targeted survey guided by conversations to understand how people feel about the vaccine, took place between February 2021 and June 2021. To ensure we reached our diverse communities and protected groups within Calderdale these conversations were conducted by trusted figures in our community such as [Engagement Champions](#), [COVID Champions](#), Voluntary, Community & Social Enterprise (VCSE) organisations.
- In June 2021, a second survey developed to target younger people (40 and under) as different cohorts were being invited to receive their vaccine. Through a targeted survey guided by conversations, we wanted to understand what barriers people may have been experiencing in order for them to have the COVID-19 vaccine.

- We also wanted to understand people's experiences of having had the vaccine so an experience survey was developed for people to complete from February 2021 and throughout the year

We also used more informal methods of engagement to gather people's views and experiences, such as capturing anecdotal feedback. We did this by

- using an online form anecdotal feedback form for people having conversations in their communities to complete
- sharing anecdotal feedback in community-led meetings,
- feeding back stories and experiences via email
- weekly partnership meetings were set up to share feedback and learning

This approach limited our ability to gather equality data but was still a useful tool in understanding community views, which could change often.

Fortnightly [insight reports](#) were developed from all the feedback received which informed the COVID vaccination programme and communication messages. Key themes were updated as and when new themes were identified. The reports included the emerging key themes from the following:

- Temperature check survey (analysis provided by CMBC)
- Understanding your views survey (analysis provided by the CCG)
- Understanding barriers survey (analysis provided by the CCG)
- Patient experience survey (analysis provided by the CCG)
- Anecdotal feedback from all mechanisms (collated through the COVID engagement subgroup)

The insight reports can be found on the CCG website [Understanding the views and experiences of people living in Calderdale of the COVID Vaccine - NHS Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://www.calderdaleccg.nhs.uk/understanding-the-views-and-experiences-of-people-living-in-calderdale-of-the-covid-vaccine)

5.1 Mechanisms and partnership working

Surveys and other engagement resources were developed in partnership with NHS Calderdale CCG, Calderdale Council, VSI Alliance, Healthwatch, the VCSE sector as well as health and care professionals such as GPs and midwives. Copies of the surveys can be found in Appendix 2 engagement and equality plan.

An engagement resource pack was developed to help engagement and COVID Champions as well as staff to support their conversations. The pack included:

- Supporting information
- Hard copies of surveys
- Online links & QR code
- Anecdotal feedback form
- Focus groups forms
- Equality monitoring form
- Promotional material
- Links to other sources of materials.

The pack was shared through the following mechanisms:

- Calderdale Council Engage platform
- Engagement Champions
- COVID Champions
- Neighbourhood teams
- Multi-disciplinary community partnership groups, e.g., North Halifax COVID Coordination Partnership, Park & Warley COVID Coordination group
- Personalised Care Teams in each of Calderdale's Primary Care Networks
- GP practices
- VCSE organisations on a targeted basis
- All partners' websites and social media
- Vaccination centres, including walk-in and pop-up clinics
- Involving People Network.

We also worked closely with the West Yorkshire vaccination programme, which is based on a partnership approach, harnessing the expertise and resources of partners in each Place

to ensure effective delivery for their local communities. A priority focus for communications in West Yorkshire was so that the national campaign was delivered successfully to local communities. Regular updates and briefings were produced at a West Yorkshire level, supplemented by Place-based information and updates as required. Established mechanisms for each Place were used but consideration was given to additional approaches as required to address specific issues or areas of concern.

Training was provided locally to champions to support this work and ensure accurate and consistent messages are delivered and information was provided to support conversations. A community conversations information pack was also developed which was shared with our engagement and COVID Champions and staff having conversations. It was also uploaded to a dedicated page on the website as the pack was intended to support the champions to have conversations, and not a public resource. The pack gave some background information on the vaccines and how it they were being delivered in West Yorkshire and also detailed information on some of the most common concerns we had heard from people, which was the focus for the training.

6.0 Findings from the engagement process

Engagement took place from January 2021 and throughout the year through various methods of activity. The number of responses received were:

- 424 surveys were returned for temperature check with the Citizen's Talk Back Panel
- 483 responses were received for the 'Understanding your views on the COVID-19 Vaccine' survey
- 540 responses were received for the 'Understanding barriers to COVID-19 Vaccine' survey
- 1009 responses were received for the patient experience survey
- Anecdotal feedback was received from a number of sources such as VCSE organisations, neighbourhood teams, councillors etc.

6.1 Findings from the 'Citizen's Talk Back' survey

424 people responded to this survey. Findings are set out below under each of the survey question headings. It is worth noting that not everyone replied to every question, so 100% is

based on the total number responding to that question not 100% of the total responses received. See Appendix 3 for full report.

People were asked if they were planning to have the COVID vaccine when it is made available to them. 363 people (92%) said yes that they will have the vaccine or had already had it and 31 people (8%) said no or that they were unsure. Below are the themes of concerns that people had;

- Possible side effects
- Importance of the vaccine
- Mistrust of information or lack of information
- Safety of the vaccine
- Allergic reactions

People were also asked where they would prefer to get their vaccine and what would be the most convenient time for them? The majority of people (217 / 52%) said they had no preference where they received their vaccine, followed by 190 people (45%) who said their preference would be their GP. A small number of people (13 / 3%) said town centre pharmacy.

The majority of people (286 / 68%) also said they had no preference of a most convenient time for them.

400 people (98%) said that they would continue to keep following advice about handwashing, wearing face-coverings and social distancing after having the vaccine.

When asked what might stop people from having the vaccine the most common themes, the were:

- **Nothing** (190 comments, almost 50%) of the respondents specifically stated that there was nothing that would prevent them from accessing a vaccination for COVID-19, with some respondents being very clear that getting a vaccination would be prioritised over anything else in their life at this time.
- **Health impacts** - the most common response regarding health impacts was a general concern about side effects of the vaccination; some specified the long term and unknown side effects that are not currently clear and concerns about allergic reactions.

- **Practical issues** - some people explained that practical barriers could impact their access to the vaccine. Most frequently, people stated their need for a local vaccination centre that was accessible on foot or by public transport.
- **Ill health at the time of the vaccination appointment** - people stated they would be unable to attend a vaccination centre if they were generally unwell, or if they had COVID-19 or another viral infection.
- **Limits to vaccination trials** - some respondents expressed concerns that the vaccinations have been developed quickly, stating that they feel the vaccines cannot have been properly and thoroughly tested.
- **Safety concerns** – a small number of respondents simply said that they had concerns that the vaccination wasn't safe, or that they wouldn't have it if evidence emerged that it wasn't safe.
- **Value of vaccination** - a small number of respondents also raised concerns that the vaccination will not be effective enough to be worth the investment of time, effort and resource.

People were also asked if there was anything else they would like to know about the vaccine. The most common responses are below:

- **No information needed** – the majority of respondents (198) said that they did not need any further information about the vaccine.
- **Getting the vaccination quickly, with guarantees of a second dose** – people wanted to understand when they would get the vaccination, and when they would get their second dose.
- **Vaccination brand** – people wanted to know the brand of vaccination they are receiving in advance; very few respondents expressed a preference.
- **Health implications** – respondents wanted to understand more about the side effects of the vaccinations, both in the short and long term. Allergies and impact on fertility were specifically mentioned.
- **Length of immunity following vaccination** – a small number of people were asking how long the respondent would be immune from COVID-19 for after having the vaccination
- **Feeling well informed** – a small group stated that they felt they had been able to find all the information they needed through scientific information and news.

6.2 Findings from ‘Understanding your views’ survey

483 people responded to this survey. Findings are set out below under each of the survey question headings. It is worth noting that not everyone replied to every question, so 100% is based on the total number responding to that question not 100% of the total responses received.

Q1. Who is this form about?

483 respondents answered this question, and 0 people skipped the question.

Response	Response Percent	Response Total
Me	15.53%	75
Someone else - using their information	84.27%	407
Other (please specify):	0.21%	1

As shown in the table above of those who responded to the survey, 16% said they were completing the survey about themselves, and 84% said they were completing the survey on behalf of someone else. This reflects the method of engagement used, which was for a trusted figure such as Engagement and COVID Champions to use this survey to lead a conversation with somebody who lives in Calderdale to find out about their views.

Q2. What is the first part of your postcode? (E.g. HX1, WF11, HD6)

483 respondents provided their postcodes, which are shown in the table below:

Postcode	Response total	Response percent
HD1	1	0%
HD6	8	2%
HX1	186	39%
HX2	73	15%
HX3	54	11%
HX4	7	1%
HX5	4	1%
HX6	10	2%
HX7	44	9%

Postcode	Response total	Response percent
OL14	95	20%

Q5. Are you planning to have the COVID vaccine when it is made available to you?

As shown in the table below 483 respondents answered this question, and 0 people skipped the question. 389 people (80.54%) answered 'Yes'.

Response	Response Percent	Response Total
Yes	80.54%	389
No	10.56%	51
Not sure	8.90%	43

Q6. If no or unsure, please tell us about your concerns:

Although 93 people stated they were not planning to have the vaccine or were unsure, 118 people gave a response to this question.

Themes from people who said they were **not planning** to have the vaccine:

- Several people stated they did not believe the virus was real or that the vaccine was legitimate.
- Some people said that they didn't feel they needed the vaccine as they were healthy, not clinically vulnerable, or had not yet caught the virus.
- Some people also mentioned they based some or all their decision on the concerns their family and friends had.

Themes from what people told us who said they were **unsure** about having the vaccine:

- At the beginning of the engagement period, many people told us they were suspicious or mistrustful of the ingredients in the vaccine and wanted to research further before deciding. Others wanted to wait and see whether others experienced adverse effects from the vaccine before making their own decision.

- From the beginning of March 2021, people frequently told us they were worried about blood clots, which may have been related to reports at the time that the Oxford/Astra Zeneca brand of vaccine may carry slightly higher risks of blood clotting as a side effect. These responses were less frequent from the end of April 2021, when the Pfizer Biotech brand of vaccine was used more frequently in Calderdale.
- People frequently commented that they were concerned about the long-term effects of the vaccine on their health, with several references to allergies or fertility.
- Later in the engagement period, people said they were worried about the short-term side effects from the vaccine making them feel very unwell. People often told us they knew people who had been very unwell after being vaccinated.

Quotes:

- “My friends say a lot of negative things about the vaccine and it will not make a difference whether or not I have the vaccine.”
- “Some people I know have said they have had severe side effects for over a week leaving them drained and tired. Another person I know was admitted to hospital and had to be put on a drip for fluids.”
- “I don’t believe the vaccine will be effective against the virus as many mutations will appear over the course of time.”
- “I am struggling to make up my mind at the moment. I have received a text offering it to me but can’t decide whether it is safe enough to have it.”
- “Does it really work, do I need it as I’ve not caught COVID over the last 12 months.”
- “My husband says we need more time to understand things before we decide.”

Q7. Where would you prefer to get your vaccinations? (In future there may be other venues available, yet to be confirmed)

483 respondents answered this question, and 0 people skipped the question.

Response	Response Percent	Response Total
GP surgery	50.10%	242
Town centre pharmacy	3.73%	18
No preference	37.89%	183

Other (please specify):	8.28%	40
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The table above shows that the majority of people told us they would rather be vaccinated at their GP surgery (50%), followed by 38% of people who said they had no preference. Of the 40 people who stated 'other' for this question, 22 people said they did not want to have the vaccine at all. Other suggestions for venues included Calderdale Royal Hospital, local mosques, at work or at home.

Q8. Once you've had the vaccine, you'll be asked to keep following advice about hand-washing, wearing face-coverings, social distancing and so on afterwards. Would you be willing to do this?

483 respondents answered this question, and 0 people skipped the question.

Response	Response Percent	Response Total
Yes	89.03%	430
No	6.21%	30
Unsure	4.76%	23

As the table above shows the vast majority of people (89%) told us that once they've had the vaccine, they would be willing to keep following advice about hand-washing, wearing face-coverings, social distancing and so on afterwards. Low numbers of people said they would not be willing (6%) or they were unsure (5%) about continuing to follow guidance after vaccination.

Q 9. Which sources do you trust to get information about the COVID-19 vaccine? Please tick all that apply.

483 respondents answered this question, and 0 people skipped the question. Respondents were able to choose more than one answer to this question.

Response	Response Percent	Response Total
Social media	10.35%	50
NHS website	39.13%	189

Response	Response Percent	Response Total
Government website (e.g. gov.uk)	29.81%	144
News website (e.g. BBC)	19.88%	96
WhatsApp groups	19.67%	95
GP or other medical professional	83.23%	402
Family and friends	58.80%	284
Local authority e.g. Calderdale Council	30.85%	149
Police	1.86%	9
Local organisations	21.12%	102
Faith leaders	40.17%	194
People I work with	13.66%	66
Other sources (please specify):	4.14%	20

As shown in the table, the majority of people who responded to this question (83%) trusted a GP or other medical professional for information about the COVID-19 vaccine. The next most trusted source were family and friends (58%), followed by faith leaders (40%) and the NHS website (39%).

Almost the same number of people said that they trusted WhatsApp groups (95 people) as mainstream news websites (96 people).

Very small numbers (2%) stated that the police were a trusted source of information.

Quotes from those who chose '**other sources, please specify**':

- "Science websites from reputable organisations. Social media good for updating on local situation."
- "Not sure who can give the correct answers to why I do not trust the safety of the vaccine."
- "I do not trust any of these sources"
- "World Health Organisation (WHO)"
- "Royal Society of Medicine"

- “Research based UK websites”

Q10. What might stop you from having the vaccine?

Of the 483 people who answered this question, 182 people (38%) said nothing would stop them from having the vaccine, or that they couldn’t think of anything that would.

Other themes from what people told us would stop them from having the vaccine included:

- Being ill on the day of the vaccine
- Becoming pregnant
- If their doctor advised against it
- If the Government or NHS said it wasn’t safe
- If a religious leader advised against it, e.g. if a local Imam said the vaccine was Haram
- If people started to experience serious side effects (particularly family)
- If work advised against it

From July 2021, when younger people started to be invited for their vaccination, people started to mention more frequently some practical barriers as to why they may not get their vaccination in responses to this question. Concerns included travel, work, childcare, other caring responsibilities, side effects and effecting on fertility.

Quotes:

- “Health issues; also religion, as it appears that there are animal products and human DNA in the vaccine, which is against my faith. Also I have heard that it can affect your fertility.”
- “Work telling us it is not safe on advice of NHS.”
- “If I found out there were dangerous side effects or it didn’t stop me getting COVID infection”
- “Imaam (religious scholar) saying it is not permitted.”
- “Nothing, I trust the NHS”
- “My own poor health on the day or flooding/ heavy snow if I need to travel out of Hebden Bridge as I did for the 1st vacc. If my family bubble bursts & I need to provide childcare.”

Q11. Is there anything else you would like to know about the vaccine?

Although 483 people answered this question, over half (62%) answered no to this question.

Reasons for this included:

- People were simply happy to have the vaccine (51%)
- People were happy with the advice they had received from doctors or nurses
- People would prefer to research themselves
- People were happy with the information they had received from an engagement champion
- People were happy with the information they received through their work
- People felt there was already too much conflicting information out there

Themes from the people who did ask questions:

- How long will the protection last?
- Will I need to be vaccinated regularly?
- Can I choose which brand of vaccine I receive?
- Will it have an impact on my fertility?
- What could the side effects be, and how likely is it that I will experience them?
- Will it work against all variants of COVID-19?
- Can I still get COVID after I've been vaccinated?
- When will I be offered the vaccine?
- Will the vaccine affect my underlying health condition/other medication I am taking?
- How was the vaccine developed so quickly?

6.3 Findings from 'Understanding Barriers' survey

In total 540 responded to this survey. The aim of this survey was to understand some of the barriers people under the age of 40 might be experiencing in getting their vaccination. People in this age group had started to tell us that they had concerns about the vaccine and side effects, work, caring responsibilities, childcare, and effect on fertility. The 'Understanding Barriers' survey was designed to prompt a more detailed conversation about these issues to help us understand how we could make COVID-19 vaccination more accessible and acceptable to this cohort of people.

The intended audience for this survey were people under the age of 40 who had not yet received their COVID-19 vaccine. The first few questions of this survey are intended to filter out and redirect respondents who have already received the vaccine to our Patient Experience Survey.

Findings are set out below under each of the survey question headings. It is worth noting that not everyone replied to every question, so 100% is based on the total number responding to that question not 100% of the total responses received.

Q2. Have you been offered the vaccine already?

532 respondents answered this question, and 8 people skipped the question. 442 people (83%) told us that they had already been offered the vaccine.

Response	Response Percent	Response Total
Yes	83.1%	442
No	16.9%	90

Although 532 people completed this survey, 442 people (83%) told us that they had already been offered the vaccine. The other 90 people (17%) may not have been eligible for their vaccine at the time of the survey.

Q3. Have you received at least one dose of the vaccine?

439 people answered this question, and 101 people skipped the question. The majority of respondents (58%) told us they had not yet received a dose of the vaccine.

Response	Response Percent	Response Total
Yes	41.91%	184
No	58.09%	225

Respondents who answered ‘yes,’ to receiving at least one does of the vaccine, were redirected to the patient experience survey. This survey was specifically for people who have not yet been vaccinated against COVID-19 so we could understand what the barriers people may have been experiencing.

Q4. Why have you not yet received a dose of the vaccine?

253 respondents answered this question, and 287 people skipped it.

Response	Response Percent	Response Total
I don't want it	11.7%	30
I haven't made up my mind yet	33.2%	84
I can't get to my appointment	10.3%	26
I want the vaccine, but I haven't booked in yet	18.6%	47
Other reasons, please tell us more	26.5%	67

As shown in the table above, the majority of people told us that they hadn't made their mind up yet. More than a quarter of the people who answered this question (26.5%) said that they hadn't been vaccinated yet for another reason. These other reasons included:

- People objected to the vaccine on religious or ethical grounds (9% of respondents to this question)
- People had been juggling other family priorities, such as children being sent home from school to isolate, being 'pinged' by the NHS COVID-19 app, and family illness
- People felt they needed to prioritise work, particularly those who were self-employed
- People had been prioritising studying for exams at school or university
- People were worried about longer-term side effects
- Some people with other health conditions said they didn't want to take other medication

Q5. Please tell us more

247 people answered this question, and 293 people skipped the question. The survey allowed people to respond to this question with open text.

Themes from people who said '**I don't want it**' include:

- People thought the Government or pharmaceutical companies had ulterior motives for promoting the vaccine
- People thought the vaccine was unsafe

- People didn't think the vaccine would be effective

Themes from people who said '**I haven't made up my mind yet**' include:

- Most people said they felt confused, or that there were mixed messages about the vaccine
- People felt that the Government were changing guidance frequently, which was confusing
- People had been too busy to give it much thought
- People didn't think that the vaccine would be effective
- Some people said their friends and family were against the vaccine, which put them off

Themes from people who said '**I can't get to my appointment**' include:

- People had been working overtime, long hours or working away from home
- People were looking after their children as they had been sent home from school to self-isolate
- People were recovering from surgery or other illnesses

Themes from people who said '**I want the vaccine, but I haven't booked in yet**' include:

- Most people in this category said they had been working overtime, additional shifts or working away from home
- People had been prioritising study for exams
- People were recovering from other illnesses
- People had suffered a bereavement and didn't feel ready for the vaccination yet

Q6. Where would you go to find information to book your vaccine?

311 people answered this question, and 229 people skipped the question. Respondents could select more than one answer to this question. The response data is set out in the table below.

Response	Response Percent	Response Total
National Booking System website (www.nhs.uk/book-a-coronavirus-vaccination)	7.1%	22
My local GP website	25.7%	80
NHS Calderdale CCG website (www.calderdaleccg.nhs.uk/)	13.8%	43
Calderdale council website (www.calderdale.gov.uk)	11.6%	36
Search engine	8.4%	26
Call National Booking System by phoning 119	19.9%	62
Contact my GP if I think I've been missed	71.4%	222

A total of 222 people answering question 6 (71%) said that they would contact their GP if they thought they had been missed. 26% of people would visit their local GP website. A small number of people (7%) would go to the National Booking System website.

Q7. When would it be easier for you to get the vaccine?

311 people answered this question, and 229 people skipped the question. Respondents could select more than one answer to this question.

Response	Response Percent	Response Total
Weekday morning	10.6%	33
Weekday afternoon	6.1%	19
Weekday evening	14.8%	46
Weekend morning	10.0%	31
Weekend afternoon	5.8%	18
Weekend evening	14.8%	46
No preference	62.4%	194
Other (please specify):	3.2%	10

The majority of people (62%) said they had no preference on when was easiest for them to get the vaccine. Of the times listed, a weekday evening or a weekend evening were the most popular answers (15% for both).

Comments for ‘**other (please specify)**’ included:

- “Not convinced that I need the vaccine.”
- “when my children are in school”
- “Not sure about this.”
- “Still have my doubts about taking the vaccine.”
- “Saturday mornings”

Q8. What is the first part of your postcode? (E.g., HX1, WF11, HD6)

311 respondents provided their postcodes, which are shown in the table below:

Postcode	Response total	Response percent
HD1	0	0%
HD6	9	3%
HX1	191	61%
HX2	61	20%
HX3	32	10%
HX4	0	0%
HX5	1	0%
HX6	2	1%
HX7	7	2%
OL14	8	3%

Q9. How far would you be willing and able to travel to get your vaccine?

311 people answered this question, and 229 people skipped the question. Respondents could select more than one answer to this question.

Response	Response Percent	Response Total
Less than a mile	26.7%	83
1 - 3 miles	39.9%	124
4 - 6 miles	43.4%	135
7 - 10 miles	3.2%	10
More than 10 miles	1.3%	4

The majority of respondents (43%) said they were happy and able to travel between 4 and 6 miles for their vaccination.

People who said they would be willing and able to travel less than a mile were more frequently from an HX1 postcode. People who said they would be willing and able to travel 7 – 10 miles, or more than 10 miles, more frequently had a HX3 or HD6 postcode.

Q10. How could you travel to your vaccination appointment?

310 people answered this question, and 230 people skipped the question. Respondents could select more than one answer to this question.

Response	Response Percent	Response Total
Walk	40.0%	124
By bike	5.5%	17
By bus	16.5%	51
By train	1.3%	4
By taxi	3.2%	10
Driving myself	40.6%	126
Someone else driving me	64.8%	201

The majority of respondents (65%) said they would ask someone else to drive them, followed by driving themselves (41%), or walking (40%).

People who said they would get to their vaccination by car (with themselves or someone else driving) more frequently had a HX2 postcode, and less frequently had an OL14 postcode. People who said they would use public transport (bus or train) more frequently had a HX7 or OL14 postcode.

Q11. If you had to travel further than this, would it stop you getting your vaccine?

310 people answered this question, and 230 people skipped the question.

Response	Response Percent	Response Total
Yes	42.6%	132
No	57.4%	178

People who told us they would travel to their vaccination appointment by car (driving themselves or someone else driving) more frequently said that travelling further away would stop them getting their vaccine. This could suggest that distance is not as much of a barrier to vaccination as methods of travel that are available to someone.

Q12. Please tell us more.

312 people answered this question, and 228 people skipped the question. The survey allowed people to respond to this question with open text.

The majority of people said that travelling further would not stop them getting their vaccine, and that travel was not an issue for them.

Themes from those who said **travel was an issue** include:

- Mobility issues or difficulty walking limiting the distance people can travel
- People were worried about experiencing side effects immediately after vaccination, and therefore wanted someone else to drive them
- People said they were very busy with work and could not spare any additional time spent travelling
- People said they were caring for their children and other family members, and didn't feel they could leave them nor take them along
- People were unsure about travelling on public transport, and were worried about crowding

- People felt taxis were their only option, and these were too expensive
- A small number of people needed someone to accompany them, for example a carer or someone to interpret for them

Quotes:

- “I do not drive and am unsafe on my own too far from home, I would have to have someone with me.”
- “Sciatica very painful and I don't want to be travelling far in case it makes it worse.”
- “I don't know travel routes, so either walk or catch taxi, but too expensive.”
- “I have mental health issues and don't like travelling and being in a crowd.”
- “Look after elderly relative, so don't want to travel too far.”
- “You have to consider any side effects, and not sensible to drive after having it for a while.”

Q13. People told us that work, transport and caring responsibilities might make it difficult for them to get vaccinated. If this is the case for you, please tell us more, e.g. what type of work you do.

284 people answered this question, and 256 people skipped the question. The survey allowed people to respond to this question with open text.

Themes from responses include:

- People said they were working additional hours and so could only get to a vaccination centre later in the evening or sometimes on a weekend. Occupations that people mentioned alongside this comment include factory work, religious minister, long-distance driving, work in a bank, IT manager, courier, takeaway driver.
- People said they had children to look after so could only attend when they had childcare available
- People said that they did not have time to be vaccinated because their business was a priority. This comment was particularly made by people who were self-employed, including people who ran garages, grocery shops, butchers, and distribution companies.
- People said their caring responsibilities stopped them being vaccinated as they didn't want to risk experiencing side effects after the vaccination.

- People said they were concentrating on studying for their exams and didn't want to be vaccinated in case they experienced side effects
- People said they had been working away from home and had been waiting until they got home to get vaccinated. Occupations that people mentioned alongside this comment include builders, and work in IT.
- People told us that they had been busy with a combination of factors, and had been waiting for some time off /a break to get vaccinated. Occupations that people mentioned alongside this comment include builders, wedding planners, parents, carers and students.

Quotes:

- "I have young children to look after so can only go when my husband can look after the children"
- "My child attends creche in the mornings so that is the only time i have"
- "Work as security guard away from home, so only got back last week, have booked for jab this week."
- "I run a garage, so work 7 days a week, so not got time for jab."
- "Yes, caring for an elderly sick relative, so not prepared to take the risk in case I catch something else."
- "I have just completed studying for my degree exams at Uni, so getting the jab was a distraction as I didn't want to be taken ill like some people."
- "Exam studies so didn't want to mess up as missed exams last year due to lockdown"
- "Yes, I work a lot away from home as a builder, and been on a big job, so only got home this weekend for Eid, so going to sort it."
- "I work flexible times seven days a week, often late and have to travel, so booking an appt is difficult. Taking a week off for Eid and will get done."
- "I am running my own business and am short staffed at the moment so am unable to book myself in."

Q14. Is there anything that would stop you getting your vaccine? If so, please tell us about it here.

311 people answered this question, and 229 people skipped the question. The majority of people answered 'no' to this question. The survey allowed people to respond to this question with open text.

Themes from people who mentioned something that would stop them getting vaccinated include:

- If they became ill, for example with COVID-19
- If they were 'pinged,' or had to self-isolate because they had been in contact with someone who had COVID-19
- If there was evidence of more serious or long-term side effects
- If they were advised not to by a religious leader, or if there was evidence that the vaccine contained animal product
- Not having the option to be vaccinated somewhere local and convenient
- Some people mentioned that hearing negative things about the vaccine from friends or on social media might change their mind

Quotes:

- "If I can't go somewhere locally at a time that suits me."
- "Long term effects on fertility, I want to have kids when I'm older"
- "Yes, travel time and costs, only have it if its locally available."
- "The social media especially from Iraq (my home country) they said anyone vaccinated will encounter health issues after a couple of years. They say the vaccination is not Halal as they have some fats or material extracted from Pigs."
- "Being tracked and traced again or being pinged!"
- "Not really, unless we found out that there were serious side effects"

Q15. Is there anything else you would like to tell us?

273 people answered this question, and 267 people skipped the question. The survey allowed people to respond to this question with open text. 199 people answered 'no' or 'n/a' to this question.

Themes from responses:

- People found the information available about the vaccination offer confusing
- People said they did not trust the government and felt there were lies being told about COVID-19 and the vaccine
- People were worried about the long-term side effects of the vaccine, and didn't think this had been tested enough
- People offered practical suggestions such as more pop-up clinics in community venues, wider promotion of pop-up clinics, and longer opening hours for walk-in clinics
- People said they didn't think that vaccinations should be mandatory, and that people should be left to make their own decisions

Quotes:

- "I like the idea of pop up clinics in the community, but should have been sorted earlier."
- "May be have mobile units for builders to go on site?"
- "May be have more places open all the time for people like me to walk in after work? We don't all work 9 to 5."
- "I am just worried about the fact that a few years down the line we will find out that people are having serious side effects over the long term."
- "The whole programme of vaccinations seems farcical and disorganised at the moment"
- "Why do you not have walk in clinics open 24/7? Make life a lot easier for everyone."
- "Needs to be some clear information, everything keeps changing daily. If the govt don't know, how can we know?"
- "I don't think you should make everyone take it - there will be people with valid reasons as to why they don't want to take it."
- "I hear about pop in clinics after they have happened. they need to be publicised beforehand."

6.4 Findings from the patient experience survey

Over 1009 people responded to this survey. Findings are set out below under each of the survey question headings. It is worth noting that not everyone replied to every question, so 100% is based on the total number responding to that question not 100% of the total responses received.

Q1. Where did you have your vaccine?

All 1009 respondents answered this question.

Location	Response Percent	Response Total
Bankfield	16.75%	169
Boots the Chemist	14.47%	146
Todmorden Health Centre	11.20%	113
Spring Hall	9.42%	95
Nursery Lane	2.28%	23
Northowram Surgery	2.08%	21
Other (please specify):	43.90%	443

The majority of people (43.9%) answered 'Other' to this question. This reflects the way that the vaccination programme adapted to offer vaccines from different venues as the programme progressed. At the time that this survey opened, vaccinations were only being offered at the venues listed, but by 2022 vaccines had been offered at a number of different 'pop-up' locations as well as through more community pharmacies.

Of the respondents who answered 'Other' to this question, the most common 'other' venues are listed below.

Location	Response Percent	Response Total
The Piece Hall	15.20%	153
Calderdale Royal Hospital	4.60%	46
Salem Methodist Church	3.90%	39
St Augustine's Centre	3.60%	36
Brook Pharmacy	2.60%	26

15.2% of respondents told us they were vaccinated at The Piece Hall, a 'pop-up' location.

3.9% of respondents told us they were vaccinated at Salem Methodist Church, which held a

regular vaccination clinic between December 2021 and January 2022 to meet surge demand.

Q2. Please tell us when you attended the vaccination centre.

All 1009 respondents answered this question.

Month	Surveys completed	Percentage completed
pre-Dec 2020	13	1%
Dec-20	7	1%
Jan-21	46	5%
Feb-21	109	11%
Mar-21	84	8%
Apr-21	66	7%
May-21	216	21%
Jun-21	216	21%
Jul-21	31	3%
Aug-21	157	16%
Sep-21	12	1%
Oct-21	6	1%
Nov-21	3	0%
Dec-21	41	4%
Jan-22	3	0%

All 1009 respondents provided the date of their vaccination. The majority of people told us they were vaccinated in May or June 2021. Less than 6% of people who responded to the survey did so after October 2021. A small number of people (13) answered this question with a date prior to December 2020, and in most of these cases it seems that people have incorrectly entered their date of birth for this question.

Q3. What time of the day did you have your vaccination?

1002 respondents answered this question, and 7 people skipped the question.

Time	Response Percent	Response Total
Morning	43.31%	434
Afternoon	48.80%	489
Evening	7.58%	76
Other (please specify):	0.40%	4

There was a relatively even split between the number of people that told us they were vaccinated in the morning (43.3%) and those who said they were vaccinated in the afternoon (48.8%). A small amount of people (7.58%) told us they were vaccinated in the evening.

Q4. How easy was it to travel to the vaccination centre?

1006 respondents answered this question, and 3 people skipped the question.

Response	Response Percent	Response Total
Very easy	66%	665
Easy	28%	286
Neither easy nor difficult	4%	39
Difficult	1%	14
Very difficult	0%	2

The majority of people (94.5%) told us that they found travelling to the vaccination centre easy or very easy. 1% of people found travelling difficult.

201 people (20%) responded to add a comment under 'tell us more' about this question.

The majority of comments mentioned how they had travelled – 55 people mentioned driving themselves, 38 people said they had been very local to the vaccination centre so had

walked, 17 people had been driven by someone else, and 15 people said they had been passing a vaccination clinic and ‘walked in.’

A very small number of respondents mentioned difficulties getting to the vaccination centre:

- ‘When you don’t know the area & you only have a postcode, & your sat-nav has no facility to take postcodes it becomes difficult.’
- ‘I have to be accompanied by my wife and we took our baby with us. It was cold, windy and two buses to get there.’
- ‘It would have [been] difficult as I was doing it on public transport and needed to set off over 90 minutes early to get there on time. Instead, I was offered a lift and there in 20 minutes.’
- ‘It was easy to travel but really difficult to park.’

Q5. How did you book your appointment?

744 respondents answered this question, and 265 people skipped the question.

Response	Response Percent	Response Total
My GP practice rang me to book it	16.7%	124
I rang and booked the appointment	12.1%	90
I booked it online	63.4%	472
A family member / carer booked it for me	7.8%	58

Of those that skipped this question, 261 people told us they had booked their appointment in another way. Of those who responded ‘Another way (please describe),’ 216 people (21% of total respondents) said they had attended a walk-in or pop-up vaccine clinic so had not needed to book. 34 people (3%) said they had been contacted by their GP via another contact methods, e.g. text or email.

Q6. How easy did you find the booking process?

953 respondents answered this question, and 56 people skipped the question.

Response	Response Percent	Response Total
Very easy	68.00%	648
Easy	22.46%	214
Neither easy nor difficult	6.93%	66
Difficult	1.99%	19
Very difficult	0.63%	6

The majority of people (90.5%) told us that they found the booking process easy or very easy. 25 people (2.6%) found booking difficult or very difficult. The majority of the people who said they found the booking process difficult or very difficult completed the survey earlier in the vaccination programme. The majority of comments from this group mentioned not being able to find an appointment locally.

Q7. Were you happy with the amount of time you waited to be vaccinated at the vaccination centre?

999 respondents answered this question, and 10 people skipped the question.

Response	Response Percent	Response Total
Yes	97.2%	971
No	2.8%	28

Quotes from people who answered 'yes' to this question:

- "I knew it would take a fair time. I also didn't feel pressurised to rush reading the notes about the vaccine - I felt I could take as long as I needed to."
- "Very well organised from booking in to receiving vaccine a matter of minutes. Well done 🙌" (applause emoji)

- “My appointment was booked for 45 minutes after my partner but we were able to go in as a couple at the time of his appointment. Didn’t have to wait the extra 45 minutes”
- “Very efficient process, absolutely no waiting time, smooth flow between the various checkpoints. Every one so friendly. Perfect experience and thanks to all involved.”
- “The queue went down extremely quickly which was great as I was so nervous.”

Themes from people who answered ‘no’ to this question include:

- Long queues to be vaccinated
- Insufficient seating
- Having to wait outside in the cold
- Confusion after recommended time between doses reduced from 12 weeks to 8 weeks

Quotes from the people who answered ‘no’ to this question:

- “Was in a queue outside for around 45 mins. Only 1 pod was open. Was just thankful to finally get 1st dose.”
- “Seemed to be too many people for only 3 administering jabs. Waited outside around 25 mins then 7 mins inside including having the jab”
- “No. I cannot stand for long periods of time and there was a queue outside the vaccination centre. My partner stood in the queue for me. When the queue reached the indoors, I took my place and asked for seating. There was no seating so I was given a wheelchair, which a staff member brought to me and then went to collect my partner from the car so he could push me through the centre. I waited around half an hour and then was refused the vaccine due to potential allergy issues”
- “It was very slow. When I had my first vaccine I was in and out in about 2 mins. I waited half an hour for this one”

Q8. Did you feel confident and safe at the vaccination centre?

998 respondents answered this question, and 11 people skipped the question.

Response	Response Percent	Response Total
Yes	97.2%	970

No	2.8%	28
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Quotes from people who answered **'yes'** to this question:

- “Good clinical atmosphere, efficient pleasant staff. Two female staff present throughout, who answered queries very well. Waiting area seats were separated with Perspex screen for social distancing and all staff wore basic masks.”
- “Excellent until 15 minute wait at the end where I was very concerned to see that they did not sanitise the chairs between patients”
- “It was clean. The nurse was trying to inject me while I was standing. I had to inform him I preferred to be seated.”
- “Huge phobia of needles- incredibly reassuring manner from Doctor administering”
- “The pharmacy was clean and well organised. The staff knew what they were doing and the person administering the vaccine was knowledgeable and reassuring.”
- “Absolutely spotless, well maintained and planned out, felt very safe and that they wanted us to be safe. 100/10! Absolutely brill.”

Themes from people who answered 'no' to this question include:

- Queues not socially distanced
- Chairs/equipment not visibly sanitised
- Too many people around
- Not enough seating
- Offered vaccination standing up

Quotes from the people who answered **'no'** to this question:

- “Poor layout, lack of stewarding meant one guy had a back and front queue to try and merge. Also on exit it led straight into the middle of the front queue! Need all to queue at the rear with steward on door and one at front telling people to queue in car park.”
- “I didn't know that I would have to queue outside and inside. It was very rushed and I stood up while I was vaccinated. Felt a bit like a conveyor belt.”
- “I was asked to sit on a chair and wait. I was then asked to move to another seat closer to the door I saw no cleaning down of chairs whilst waiting 20 mins for my vaccine”

- “No sanitizing of the wheelchair between users. Staff using the one-way system the wrong way and passing by the wheelchair in close proximity - not using social distancing measures. I am a shielded person so this made me very nervous”

Q9. Is there anything we could have done to have made it better for you?

992 respondents answered this question, and 17 people skipped the question.

Response	Response Percent	Response Total
Yes	8.9%	88
No	87.1%	864
Not sure	4.0%	40

Themes from people who answered ‘**yes**’ to this question:

- More seating and seating that was visibly sanitised
- More time to ask questions
- More privacy, particularly for those with needle phobias or pre-existing conditions
- Better organised queues
- Providing an interpreter
- Clarity on when and where the next dose will be

Quotes from people who answered ‘**yes**’ to this question:

- “Just wiped the seats”
- “I would have preferred to go to a local facility, but the letter came before the text. I know the letter stated that you could wait for a GP contact but I was not confident that would happen quickly, so I rushed to book”
- “Just maybe more space at the end - where the line bends you are not 2 metres away from the
- “Asked if I needed to be seated for the injection, at the point of booking maybe ask if people have any mobility/access issues before they arrive for the appointment”
- “Why was I originally told to travel 20 miles away to Leeds for my vaccine when there are at least 5 places located very near to me?”

- “A little more privacy. I’m not great with injections. Wasn’t a problem in the end but I find it very embarrassing if I pass out. “
- “Wheelchair access through the doors were tricky everything else ok “
- “Providing an interpreter due to the fact that they asked too many questions before they vaccinated me. My son (10 Years old) was interpreting most of the questions but he is not good in medical terminologies.”

The majority of people who answered ‘not sure’ or ‘no’ to this question did not provide a written response. Quotes from people who answered ‘not sure’ or ‘no’:

- “Staff were absolutely superb, I’m nervous around needles but the staff were spot on - thank you!”
- “Everything went well and all the volunteers were very nice”
- “Maybe allow people to wait in their cars rather than the small room with other people”
- “Maybe seats for people who have to wait a while. We had to stand to queue for our turn which wasn’t a long time but some people might have appreciated seating”

Q10. Would you recommend this service / vaccination to your friends and family?

999 respondents answered this question, and 10 people skipped the question.

Response	Response Percent	Response Total
Yes	96.3%	962
No	1.4%	14
Not sure	2.3%	23

Themes from people who answered ‘no’ to this question:

- The venue was disorganised
- The individual experienced side-effects after being vaccinated
- The venue was difficult to get to

Quotes from people who answered ‘no’ to this question:

- “I would be happy for them to have the vaccination but at a different site.”

- “I wasn’t monitored at all, I reacted very badly afterwards & will not be getting the second/follow up vaccine.”
- “I can't recommend it to my friend due to the distance of the place and travelling ticket is not provided because am not working.”
“I do not want to have the second vaccine because I felt so ill after having the first one. I did a test but it said I didn't have the virus but I don't trust the tests either. I felt really unwell and I don't want to feel like that again.”

Themes from people who answered ‘**not sure**’ to this question were very similar to the themes noted above from people who answered ‘no’ to this question. Quotes from people who answered ‘**not sure**’ to this question:

- “Two family members have had the vaccine and was not subjected to the long list of questions I faced or were they made to wait 15 mins. They were advised to wait in their car for 15mins. I feel there is a difference between vaccine providers and their due diligence.”
- “We all need the jab but I'd prob tell them to book elsewhere and hope better organised”
- “Not everyone has a car and the time needed to get there by bus is ridiculous”

Q10. Are you aware that after having the vaccine you still need to protect yourself and your family, friends and colleagues, by:

- **maintaining social distancing**
- **wearing a face mask;**
- **washing your hands carefully and frequently**

997 respondents answered this question, and 12 people skipped the question.

Response	Response Percent	Response Total
Yes	99.2%	989
No	0.3%	3
Not sure	0.5%	5

Nearly everyone who answered this question responded with ‘yes’ (99.2%).

Q11. Is there anything else you want to tell us about your experience?

279 respondents answered this question, and 730 people skipped the question. People could answer in open text.

87 people (31%) responded with a one-word or very short answer, e.g. 'no' or 'thank you.'

44 people (16%) responded with a comment stating that they will continue to follow guidance around wearing masks, hand-washing etc.

Themes from responses to this question:

- The majority of responses were positive and expressed gratitude for the vaccination, the NHS or the staff at the vaccination centre
- Several people commented on how much more straightforward and convenient walk-in vaccination centres were. A small number said they could have been more widely promoted.
- Some people mentioned having difficulty using the national booking system online
- Some people mentioned side effects from the vaccination, and a small number of people said this has put them off future vaccinations
- Some people said they had received incorrect information about the vaccine, not enough information or had received information later than they felt they should have done, which had caused a delay in them getting vaccinated

Quotes from responses to this question:

- "Staff were able to check the ingredients of the vaccine for me when I informed them of my allergies which was reassuring and enabled me to be sure that I could be vaccinated."
- "I do not feel that HCP's working on the front line should have to wait 3 months for the second jab."
- "Possibly the signage from within Boots chemist itself COULD have been slightly better."
- "I feel I have been forgotten. Shielding has ended but I have no choice but to continue. CEV, unvaccinated and with no end in sight as no-one can tell me when I can have my vaccine."
- "Struggled to book my vaccine online at the John Smith stadium as I could only book the first it kept saying I'd missed my appointment so I waited for the letter. I got the text first

and booked from that. It felt much better as it's my local surgery and wasn't stressful to book unlike the one at the stadium - thank you so much!"

- "Special circumstances should be available for disabled people. Or elderly. Should not have to wait in a queue."
- "I used the GP surgery service which was much more responsive to personal circumstances. My husband used to national online booking system which is slow (appointments a long time in the future) and difficult to rearrange appointments. If personal circumstances make it difficult to be flexible."
- "Felt rushed, I had no opportunity to ask questions. I was told the nurse would run through some questions with me, but she just did the vaccine and left"
- "Really good idea to offer this service when and where people are relaxed and have the time to slot it into their day without hassle"
- "Brilliant idea having pop up vaccination centres open to all. Just could have promoted a bit more perhaps via social media as I only knew about it as was visiting there anyway."
- "The nurse who I saw was extremely kind and friendly. I was nervous due to having a fear of needles she was put me at ease straight away"
- "I was quite worried about a lot of people being there, but my carer and the nurses were really good and this helped me relax."
- "I am exempt but still got funny looks from people as to why I was not wearing a mask!"
- "I have to have both asap otherwise can't go on holiday"
- "I have just come back from abroad and spent 10 days in a hotel in London. Couldn't wait to get out and have the jab!"
- "I just spent 10 days in a hotel in isolation and glad to get the jab."
- "This was a very good experience. Thank you for providing the walk in vaccinations. The volunteers were very nice and the place was very easy to access."
- "Everything is really well organised"
- "Wish I could acknowledge the staff that made the whole experience so stress free and calmed any nerves that I had."
- "Very pleased to have the booster. Especially pleased to be able to book on the same day as the invitation."

6.5 Key themes from anecdotal feedback

Anecdotal feedback was received from a number of sources such as VCSE organisations, neighbourhood teams, councillors etc. Key themes are below:

Second dose -There was some confusion around when the second dose of the vaccine should be booked. However, this was early on when in the vaccination programme when the offer for vaccination was continually evolving.

Ramadan – feedback received that uptake during Ramadan would likely to be very low, as people will be concentrating on fasting, preserving energy, attending prayer etc.

Blood clots as a side effect of Oxford Astra Zeneca vaccine - feedback received were mostly people seeking reliable data and reassurance. Also, small numbers of people refusing the AZ vaccine, and a lower than usual number of DNAs/cancellations.

Issues with SMS vaccine invites - feedback received around not being received a text or text not being clear. Several people had discovered they had not received an invite that had been sent to them by logging onto their patient record portal and seeing one had been sent. Feedback also received the texts were confusing and looked as though they were a 'scam' – this feedback came from people with various disabilities. Other comments received that texts came from a different GP practice than the one registered with, which was confusing and led people to believe this wasn't genuine.

Fertility: continuing reports of concern and lower vaccine confidence due to pregnancy or worries about the effect on fertility. Feedback around fertility was heard frequently particularly from South Asian women and women in their 30s and younger. Some concerns were also received about the vaccine having an effect on menstrual cycles.

A need for 'neutral' information sources: continued feedback that people do not feel confident that information sources are trustworthy, and often feel worried that information has a hidden political agenda.

Side effects after having the vaccine - people were surprised / not prepared for how poorly they felt following the vaccine.

Different strains of the virus: Feedback received that people were wanting reassurance that the vaccine would protect them against emerging strains e.g., Delta, Omicron etc

Myths / misinformation: small numbers of people with concerns around information being shared / circulated that the vaccine contained meat or nuts. Concerns also around information being shared / circulated that the vaccine causing women to grow facial hair and people developing 'ticks' as well as the vaccine causing cancer later in life. A small group of people have expressed concerns that people who have been vaccinated can 'shed' proteins from the vaccine.

Value of the vaccines - variety of feedback from younger people who are taking more time to weigh up the potential risks of being vaccinated vs. not being vaccinated, as they perceive the risk of becoming seriously ill from COVID to be lower to them.

Efficacy of the vaccines - People had concerns how effective the vaccines were due to hearing about the number of people being ill in hospital despite having received both doses of the vaccine.

Validity of COVID-19: small number of people not believing that COVID-19 is real or stating that they do not believe in vaccines

Safety of the vaccine - some people felt that the vaccine was developed too quickly and don't feel assured that it is safe.

Preference for a particular vaccine – feedback around people's preference for a particular vaccine was received widely but frequently from people Asian Communities who said they trusted the Pfizer vaccine more. People also said that they would more likely attend a pop-up vaccination clinic if they were to receive the Pfizer vaccine.

Homeopathy – There is only a small amount of feedback around vaccine refusal on the grounds that this is incompatible with homeopathy.

Less engagement - People also told us that they felt they had received too much contact about the COVID-19 and didn't want to engage. Some people also told us they did not want to engage around COVID-19 as they believe they are 'immune' from COVID, having had both doses of the vaccine. vaccination, through various routes.

Working age adults - Some people told us they felt they didn't have time to attend a vaccination, or that they couldn't afford to have time off work if they felt unwell after receiving the vaccine. People with their own businesses also told us that they are feeling

under pressure to work additional hours due to work lost during the pandemic and staff self-isolating.

7.0 Findings from equality

7.1 Representation

The surveys were separately designed to gather the intelligence we needed through the pandemic to shape our response, so we did not collect the same equality data, what we did collect is described below.

To compare the engagement respondents to the population of Calderdale may not be relevant as some of the surveys were targeted towards certain groups and communities, (younger people, people from the Park Ward area) so the respondents will not be representative of the Calderdale community as a whole. We endeavoured to reach particular communities based on feedback previously received and vaccination data which showed that some groups had lower take up rates.

Patient experience of vaccination survey

Of the survey respondents:

55.8% were female, 42.8% male.

The age ranged from 13 – 96. With 0.3% under 16, 26.4% 19-39 and 7.6% over 70.

The majority were born in the UK, 89.5%, with a range of other countries, including 8 from Pakistan. With 2 or less from the following: Eritrea, Nigeria, Sudan, Syria, Afghanistan, Central African Republic, Cyprus, India, Iran, Mongolia, Trinidad and Tobago, Turkey, Vietnam, Yemen

In terms of religion, the majority had no religion, 44.3%, Christianity 31.7 then 15.9% were Muslim.

The ethnicity of the respondents was 76.8% white British, 1.6% from mixed / multiple ethnic groups, 12.7% of Pakistani heritage, 1.7% other Asian / Asian British, 1.8% were from Black / Black British backgrounds (1.5% African heritage), 1.1% were Other white backgrounds.

7.2% of the respondents were disabled.

36.3% of respondents had mental health issues, 27.4% long term conditions, 14.4% physical or mobility issues, 13.3% were neurodiverse and 11.9% had a sensory impairment.

13.2% were carers.

Talkback Survey

Of the survey respondents:

57% were female, 40.3% male.

Respondents to this survey were older, with the majority over 41, with 56-70 43%

92.4% were white British, 1.2% white Irish, 1% other white groups

22.7% were disabled or had a long-term condition.

10.3% were carers.

Understanding your views

Of the survey respondents:

50.5% were male, 49.3% female.

48.4% were aged 30-49, with 19% 19-29.

In terms of religion 69.4% were Muslim, 16% Christian.

61.6% were of Pakistani heritage, 3.9% other Asian / Asian British. 25.7% were White British

25.3% were disabled and 28.8% were carers.

17.8% were clinically vulnerable.

Understanding barriers - targeting younger people (40 and under)

Of the survey respondents:

62.7% were male, 36.7% female.

The respondents, as intended were younger with 49.4% 19-29 and 36.5% 30-39.

85.3% were born in the UK and 9.9% Pakistan.

Of the rest, 3 were born in Somalia 3, 2 each Bangladesh 2, Syria and Ireland. With 1 from Canada, Czech Republic, Iraq, Nigeria and Zimbabwe.

In terms of religion 84.2% were Muslim.

77.2% were of Pakistani heritage, with 4.2% Asian / Asian British. 1.6% were African, 10.9% were white British.

16% were disabled.

58.9% had mental health issues, 16.7% had a physical or mobility issue, 13.3% a long-term condition, 8.9% were neurodiverse and 8.9% had a learning understanding, concentrating or memory issue.

29.7% were carers.

59.6% were in receipt of benefits.

2.7% were either pregnant or had given birth in the last 6 months.

7.2 Equality feedback themes

This data was used in tandem with uptake data to target delivery of the vaccination programme and the provision of pop-up clinics and other mechanisms, including the roving model and public conversations to address areas of lower uptake and the inequalities that emerged.

Talkback survey

Gender

There is a 9% difference between men and women when stating whether they plan to have the vaccine, with 91% of men saying “yes”, and 82% of women saying “yes”. No male respondents to the survey said they were not planning to have the vaccine, and women were more likely than men to say they were unsure.

There were very few notable differences between the free text responses of men and women. The male respondents to the survey asked more questions related to the pace of

distribution, so wanted to know when they would get their first dose, and to have assurances around receiving the second dose of the vaccine.

People with disabilities and long-term conditions, and those who are clinically vulnerable

82% of respondents who were disabled or had a long-term condition said “yes”, they would have the vaccine. For those who are clinically extremely vulnerable, 78% would say yes to the vaccination.

For this group, health related issues were mentioned more frequently as barriers to vaccination, for example, concerns regarding allergic reaction to the vaccine, pre-existing health conditions and being ill on the day of the vaccination appointment. They were also more likely to mention the impact of practical issues like local location.

People with disabilities and long-term conditions were slightly less likely than those without to say that there was nothing that would stop them from having the vaccination. This group were also more likely to say they wanted to know more about effectiveness of the vaccination, and which brand of vaccination they would be having.

Ethnicity

Almost all respondents stated that they are White British, with very small numbers of respondents of other ethnicities. As such, it's not possible to compare themes by ethnicity.

Age

Those aged over 65 are most likely to say that there is nothing that would stop them from having the vaccination (51% in that age group, compared to 45% overall). They are also the group keenest to know about the brand of vaccination they will receive, how quickly they will receive it and when they will get the second dose.

Those respondents in the 71-75 age bracket were most likely to mention practical access issues as a barrier to getting the vaccination, and those in the 41-45 age group were most likely to state their concerns about health impacts. In both of these cases, the numbers are still quite small, but they are disproportionate to the response of other age ranges.

Carers

People with caring responsibilities were less likely than other respondents to state that they didn't need any additional information (only 33% rather than 46% across the survey responses). In particular, they stated they would like more information about length of immunity and about the trialling of the vaccines. Again, the numbers of comments are quite small as there are only 43 respondents who are carers.

Collated equality themes from all the other activity

Equality themes from the patient experience survey, the 'Understanding your views' survey and the 'Understanding Barriers' survey were included in the fortnightly [insight reports](#). As different communities' views on the COVID vaccine evolved, real time insight was needed in order to adapt the delivery of the vaccine programme to address areas of lower vaccine confidence.

Themes from Black, Asian and minority ethnic communities:

- Concerns over the long-term effect of COVID vaccines on fertility (frequently heard from young, South Asian women)
- Lack of clear information for pregnant women on the risk of being vaccinated vs not being vaccinated (in each trimester)
- Lack of clear information for women of child-bearing age on whether the vaccine is recommended for women trying for a baby
- Lack of detailed information available on what side effects can occur, how common they are, and whether they affect certain demographics more than others (e.g. ethnically minority groups)
- Misinformation circulating in communities, particularly via WhatsApp groups, about the following:
 - Vaccines containing animal products
 - Vaccines not being Halal
 - Vaccines containing material from aborted fetuses
 - Lateral flow test swabs containing a substance that causes cancer

- Disposable masks containing tiny worms/parasites
- Too many sources of information, too much conflicting information and “fake news” and not clear what is trustworthy
- Concerns that the government has ulterior motives, e.g. moving to a cashless society, tracking citizens etc.
- Concerns that pharmaceutical companies have ulterior motives, e.g. profit rather than safety or efficacy of vaccines
- Due to the above, information is preferred from a professional / medical source, who is thought of as ‘neutral’
- People wanted to hear from trusted members of their communities, including faith leaders, local medical professionals that they recognised, and people who looked and sounded like them. Least trusted groups included the police, and work colleagues.
- Some groups (anecdotally, Black African) have had negative experiences of vaccinations after receiving them in other countries where they were not stored / handled correctly
- Some groups had concerns with accessing public transport and travelling long distances
- Feedback suggesting uptake of vaccine likely to be low during Ramadan, although Imams have agreed taking the vaccine will not break the fast. People likely to be lethargic / weaker, don’t want side effects, focus elsewhere etc.
- Some feedback from women with young children and caring responsibilities in Pakistani communities that they rely on family / husband to make the decision on vaccine. Some comments suggest this is linked to a lack of language confidence.
- Preference for Pfizer brand of vaccine, particularly amongst younger people from Asian communities.
- Some people found it difficult to attend a vaccination appointment because their jobs would not allow them time off work to attend, or would not pay them if they had to have time off due to short term side effects of the virus

- Some people found it difficult to attend a vaccination appointment due to other financial pressures, e.g., having lost income already due to the pandemic, so feeling they were not able to take time off to attend
- Some people did not know how the vaccines work, or what is in them. People who did not speak English as a first language told us that translated material was important, but that pictorial explanations had the most impact.
- The impact of interpreting and translation services were considerable. Where these services were not available, people valued written information that they could take away and digest, and/or being able to have a friend/family member accompany them to translate.
- Some people from Black, Asian and minority ethnic communities told us that they felt that restrictions were not always fairly put in place, for example they felt there were more restrictions around meeting in person during Eid in comparison to Christmas, and more restrictions enforced during worship in mosques than there were during the European Football Championship.
- Later on in 2021, people (especially people from Black, Asian and minority ethnic communities) told us they felt they had received enough information and engagement around COVID-19 and the vaccine, and wanted to be left alone to make their own decisions about how to move forward

Themes from people with learning disabilities and neurodiversity:

- Concerns that vaccination is very likely to cause heightened anxiety - particularly those who are also needle phobic and/or have sensory modulation disorders
- Concerns around large, busy environments - mass vaccination centres largely not appropriate for these groups
- Several concerns about Astra Zeneca vaccine and felt adverse reactions more likely with this brand for some people with additional needs. Some were then wanting to be vaccinated at certain sites where they had heard certain brands were used.
- Lots of anxiety around side effects/reactions with current medication/health conditions/allergies

- Lack of accessible information in a range of formats – Easy Read information and larger text not widely circulated. Also requested audio information as this is often easier to digest.
- Suggested adaptations include:
 - Smaller setting/smaller room
 - Vaccinators experienced in working with people with learning disabilities
 - Familiar staff giving vaccination
 - Support for carers to distract the person receiving the vaccine
 - Longer appointment slots
 - Sensory equipment to help meet sensory needs whilst anxiety is heightened
 - Low lighting
 - Social stories available from voices like theirs
- Call with carer to prepare for vaccination day - some feedback that a similar approach with other vaccinations has really helped
- Lack of genuinely accessible transport (large enough vehicle, disability aware trained driver, longer time allowed). GPs not always aware of accessible transport (early on in programme) and not able to signpost people to access this.
- Confusion that GPs sent out texts containing a link - not everyone found this accessible, and several thought the text looked like a scam.
- Concerns around public transport and having to travel long distances
- Concerns that GP records may not up to date with the person's condition, and therefore they could be 'missed' (frequently heard)

Themes from people with mental health conditions:

- Some people with mental health issues were worried about leaving the house to attend a vaccination appointment

- Lots of anxiety around side effects / reactions with current medication / health conditions / allergies
- Concerns around public transport and having to travel long distances
- Would prefer vaccination at GP surgeries - particularly those with knowledge of their conditions
- Concerns that GP records may not up to date with the person's condition, and therefore they could be 'missed' (frequently heard)

Themes from people who are clinically extremely vulnerable

People who are clinically extremely vulnerable who have significant allergies didn't feel the process for accessing the vaccine was clear. Feedback also received that information about the allergy clinic was difficult to find and access.

Themes from unpaid carers:

- Separate vaccinations for carers and cared for creating barriers, e.g. finding transport, paying for care whilst the carer attends the appointment as access to family and friends/support bubble is limited.
- Lack of clarity over booking process for unpaid carers, the definition of a carer and what evidence might be needed (initially)

Themes from young people (18-25 year olds):

- They don't receive messages from reputable sources about vaccination – they don't watch the news and don't follow Calderdale CCG or council on social media.
- Socialising is a priority, so vaccinations need to be at a location they go to already e.g. college, and not at the weekend or on a Friday. Healthcare settings are not favoured.
- They are more likely to be vaccinated if they see their peers doing this, e.g. if Health and Social Care students are being vaccinated at college, other students are likely to want this also.
- They are happy to get their second dose, it's making time for the initial dose that is the challenge.

- They are more likely to be vaccinated if it means they won't have to miss out on social events e.g. festivals, where they may need to test negative before entering.
- They want to see honest information about the short-term side effects from the vaccine, as well as hearing more from people who didn't experience any side effects.
- Fertility – the long-term effect of the vaccine on fertility continues to be a concern for young people. We have also heard this from 15 and 16 year old girls in Illingworth, through the pop-up event there.
- Risk – there is a perception that the risk that the vaccine poses to young people outweighs the benefits.
- Value – some younger people feel they do not need to be vaccinated, as the most vulnerable are already protected.

Themes from 13 – 17 year olds:

- **Protecting others** – one of the main reasons they wanted to be vaccinated was to protect older or more vulnerable family members.
- **Familiar settings** – although keen to be vaccinated, they were nervous due to not liking injections, worries about side effects or feeling intimidated about being vaccinated alongside adults. Due to this, they would feel more comfortable if they could be vaccinated in a setting familiar to them, or by a GP they knew.
- **Walk-ins and appointments** – some would prefer to attend a walk-in clinic, whilst others felt having an appointment would encourage them to attend and help them plan around other arrangements. People told us both options being available would be best.
- **Vaccine passports** – younger people had questions about vaccine passports, as they felt under 18s would be less likely to have the necessary ID to register on the NHS app. They also felt vaccine passports were being used as a way to pressure younger people into being vaccinated, which they didn't feel was necessary.

8.0 Conclusion and main themes

8.1 Engagement

From all the insight gathered it's clear there are many mixed views and concerns about COVID-19 and the vaccines.

Overall, there were more people who said yes, they would be willing to have the vaccine when it was their turn or that they had already had the vaccine, than people who said they were unwilling or unsure about having it. Reasons for this people told us was 'to protect themselves' and others' and 'to end the pandemic and get back to normal'.

Of the people who said they were unsure about having the vaccine, this was mainly in the early stages of the engagement. Some people had concerns about the safety of the vaccine, as they felt it had been developed too quickly, and wanted to wait before making a decision about getting it. There were concerns around possible side effects or allergic reactions, and some people wanted to wait and see whether others experienced adverse effects from the vaccine before making their own decision. Some people said they wanted more information about the vaccine and presented in a way that they could understand. People wanted information from what they believed were a trusted source or from a 'neutral' source.

There was also lots of mistrust in the early stages of the engagement with myths and misinformation being circulated. People were suspicious of what ingredients were in the vaccines. But also questions about the objectivity of information provided and organisations who may have other agendas beyond that of the wellbeing of individuals. People said they wanted to do their own research before deciding.

Some of the barriers that people told us they were experiencing in order for them to have the COVID-19 vaccine were the need for a local vaccination centre that was accessible on foot or by public transport. Other practical barriers for people included travel, work, childcare, and other caring responsibilities. People told us they wanted to be vaccinated in their own community. Other barriers mentioned were health related issues such as concerns regarding allergic reaction to the vaccine, pre-existing health conditions or being ill on the day of the vaccination appointment.

Recurring themes throughout the engagement were concerns around the long-term effects of the vaccine on fertility, pregnancy and breastfeeding, and menstrual cycles. Some younger people didn't feel the benefits of being vaccinated, they felt it outweighed the risk of becoming

seriously ill with COVID. People also wanted reassurance that the vaccine would protect them against emerging strains e.g., Delta, Omicron etc. People also told us they preferred a particular brand of vaccine.

8.2 Equality

It is clear the pandemic affected those who were already impacted by widening health inequalities worse.

The equality insight mirrors much of what is described above, but the impact is felt differently by some groups. While much of the feedback was positive the following views helped us shape our vaccination offer and approaches.

For Black, Asian and minority ethnic groups there were clear messages about trust and confidence, this was exacerbated by lack of accessible and consistent information on COVID and the vaccination. Women from South Asian backgrounds frequently commented on fertility and maternity concerns. As the pandemic progressed, late 2021, people of Pakistani heritage said they did not want to be engaged further about the vaccine.

Local Muslims expressed significant concerns about the differential treatment of Eid compared to Christmas, when regulations were introduced on the eve of Eid.

Disabled people and communities raised concerns about access to the vaccine, for themselves and carers. They raised the need for reasonable adjustments, including access to information on the vaccines. They gave suggestions on ways to offer the vaccine and travel and transport concerns also featured.

When we engaged younger people to understand how to effectively reach them we heard about their different motivations to having the vaccine, how they would be influenced, access to information and fertility.

9.0 How the findings have been used

Fortnightly [insight summary reports](#) were developed from all feedback received since the engagement began with key themes and patterns that emerged from different communities, and people with different protected characteristics. These were updated as and when new themes were identified.

All insight received was shared with the following stakeholder groups and then shared through each organisation's internal and regional mechanisms:

- COVID vaccination programme board which included all partners
- Primary Care Network vaccine delivery meetings
- COVID engagement subgroup meeting (Safer communities' silver meeting) which feeds into all partners
- COVID Communications, engagement and equality meeting.

All the intelligence that we gathered helped the vaccine programme to understand where there were gaps, shape provision of the model and influenced communication messages. We listened to what people told us, below are some of the things we did.

- We provided information about the vaccine and people's concerns in a range of different formats such as easy-read, different languages
- We worked closely with trusted members within our communities such as our Engagement Champions, COVID Champions, community leaders who were able to have conversations in our communities to help with providing the right information about the vaccine
- Question and answer sessions were organised for a range of people who had concerns about the vaccine.
- People who are housebound were offered the vaccine in their own homes
- We recognise the importance of unpaid carers and made sure they were a priority to receive the vaccine and were able to refer themselves and made sure they were able to receive the vaccine at the same time as the person they cared for had their vaccine
- We offered a range of adjustments at GP clinic vaccinations, including quiet clinics in each locality.
- We made vaccination appointments for people with learning disabilities longer, with more time to ask questions and digest information.
- For people with more profound learning disabilities, we set up bespoke pop-up clinics run by our experienced learning disabilities team.
- We sent out easy-read letters to people with learning disabilities, inviting them for their vaccination.

- We held pop up clinics and walk in events for people to access at different times (weekends and evenings) and locations so that we could offer additional support for people to receive their vaccines, such as;
 - Interpreters for language barriers
 - For people who told us they wanted to be vaccinated in their own communities we held pop clinics in mosques, or trusted organisations who work with those who are vulnerable for example, people who are homeless
 - For those who told us work was a barrier
- We worked with young people who developed resources to address the concerns that younger people had told us
- We worked with [ChatHealth](#) so that school-aged children could ask questions or have a discussion about the vaccine with a medical professional via text
- A letter was sent to people who have not yet had their vaccine to let them know that they are able to receive their vaccine at any time

During the quickly established COVID Vaccine programme, at first vaccine was scarce. To some extent the distribution of vaccine was controlled at a national level, by way of opening of the age cohorts who became eligible for a vaccine - those most at risk, the elderly were prioritised. However, locally Calderdale gathered insight to understand other groups that may be at higher risk to the worse outcomes of COVID-19; such as those living in the most deprived neighbourhoods, people from Black, Asian and Minority Ethnic (BAME) groups, working in frontline jobs and to understand behaviour and what people wanted. To ensure local insight and data was used to shape the programme and inform local decisions a local JCVI and inequalities group was established, to review and make these decisions at place for the people of Calderdale.

We worked closely with communication and engagement colleagues across the West Yorkshire vaccination programme to ensure a partnership approach, harnessing the expertise and resources of partners in each Place. Regular updates and briefings were produced at a West Yorkshire level, supplemented by Place-based information and updates as required, to make sure stakeholders were kept up to date on progress and able to support and contribute as appropriate.

NHS Calderdale CCG and its partners will continue talking and engaging with our communities and the population of Calderdale and take action on insight we receive to

ensure feedback influences messages and decisions into the vaccination programme along with any changes to guidance.

More recently we have heard that our communities predominantly do not want to engage about COVID, they have told us they have more concerning issues such as putting food on their table. We have listened and heard our communities, so we are no longer activity promoting engagement. On this basis we have provided all partners who may still have some conversations with people or our communities with an anecdotal feedback form to capture any new and emerging themes and are aware of how to feed this into the programme.

Information and reports about all this work can be found CCG website at the link below:
[Understanding the views and experiences of people living in Calderdale of the COVID Vaccine - NHS Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://www.calderdaleccg.nhs.uk/understanding-the-views-and-experiences-of-people-living-in-calderdale-of-the-covid-vaccine)

Appendix 1 – Legislation

Health and Social Care Act 2012

The [Health and Social Care Act 2012](#) makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. The [duty to involve local people](#) is set out in [section 14Z2](#) and for NHS England the duty is outlined in [Section 13Q](#) of the Act. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Act includes the CCGs **Health Inequalities** duties to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved

The Equality Act 2010

The [Equality Act 2010](#) unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement activity and in the review as a whole.

The NHS Constitution

The [NHS Constitution](#) came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

Appendix 2 – Engagement and Equality Plan

(Some of the content in this section may not be accessible to all users please contact the Engagement Team at NHS Calderdale CCG if you require the information in an alternative format)



Calderdale Engagement and Equality Plan

Understanding the views and experiences of people living in Calderdale of the COVID Vaccine

Version Control

Version	Title	Status
V1	Engagement lead – CCG	Initial draft
V1.1	Equality Manager – CCG	Draft – Comments
	Engagement lead – CCG	Draft – Additions
V1.2	Neighbourhoods & Cohesion Manager	Draft – Comments
V1.3	Communication Lead – CCG	Draft – Comments
V1.4	Engagement Coordinator – VAC	Draft – Comments
V1.5	Chief Executive Healthwatch Calderdale	Draft – Comments
V2	Engagement Lead – CCG	Draft – Amends
V2.1	Vaccinations engagement group	Draft – Comments
	Engagement Coordinator – VAC	Draft – Amends
V2.2	Engagement Lead – CCG	Draft – Amends & comments
V2.3	Equality Manager – CCG	Draft – Comments
V2.4	COVID Community Response Coordinator – VAC	Draft – Comments
V2.5	Neighbourhoods & Cohesion Manager	Draft – Comments
V2.6	Engagement Coordinator – VAC	Draft – Amends
V2.7	COVID Vaccination Programme Manager - CCG	Draft – Comments
V3.0	Engagement Lead – CCG	Final – Amends
	Engagement Coordinator – VAC	Final – Appendices

Contents	Page
1. Introduction	4
2. Background	4
3. Purpose of the plan	5
4. Principles for engagement	7
5. What we already know	7
6. Aims and objectives of the engagement	8
7. Engagement approach	9
8. Communication	13
9. Equality	14
10. Analysis of data and presentation of findings	15
11. Engagement limitations	16
12. High level timeline for delivery	16
Appendices	17
Appendix A – Legislation	18
Appendix B – Summary of insight	19
Appendix C – Temperature check survey	24
Appendix D – Patient experience survey	27
Appendix E – Broader engagement	31
Appendix F – Anecdotal feedback form	34
Appendix G – Delivery plan	35

1. Introduction

The purpose of this 'Calderdale Engagement, Equality and Communications' plan is to describe a process which will help Calderdale Cares partners to understand the views and experiences of people living in Calderdale of the COVID Vaccine.

This plan has been produced in partnership with engagement, equality and communication colleagues across Calderdale including Healthwatch, Local Authority, NHS Calderdale CCG and the VCSE sector.

The plan describes Calderdale's engagement approach during the roll out of the COVID vaccine programme. Including relevant legislation, what we already know and how we will engage with people who live in Calderdale.

2. Background

Since March 2020, Coronavirus (COVID-19) has had a significant impact on people across the UK; as such the NHS has planned extensively to deliver the largest vaccination programme in history. Providing four different delivery methods:

- Hospital Hubs – focusing on vaccinations of frontline health and social care staff
- Local Vaccine Services – provided by GPs and Pharmacies through PCNs
- Community Vaccination Centres
- Pharmacy delivery
- Roving model – to take vaccinations to care homes; housebound; and people who may not attend a vaccination site - to improve uptake in marginalised groups

Phase 1 – prevention of morbidity and mortality and supporting the NHS and social care system

- Underpinning guidance by the Joint Committee on Vaccination and Immunisation (JCVI) (Dec, 2020) advises that the first priorities for any COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems. As the risk of mortality from COVID-19 increases with age, prioritisation is primarily based on age.
- Secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services.

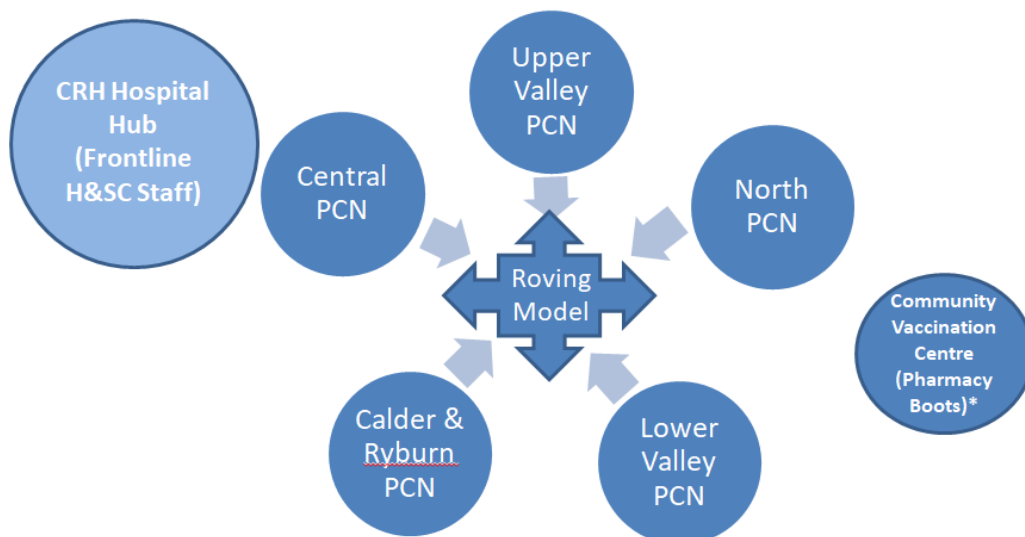
This advice to date has been developed based on:

- a review of UK epidemiological data on the impact of the COVID-19 pandemic so far
- data on demographic and clinical risk factors for mortality and hospitalisation from COVID-19
- data on occupational exposure
- a review on vaccine inequalities associated with COVID-19

Calderdale began vaccinating on 14th December, in line with [Joint Committee on Vaccination and Immunisation \(JCVI\) priorities](#). Calderdale's current COVID vaccination

model ensures coverage across Calderdale to help ensure everyone can easily access a vaccination. This is illustrated in the diagram below:

Calderdale Covid Vaccination Model – 17/01/21



* Sites on the National Booking System

The overall vaccination programme is being led by Leeds Teaching Hospitals NHS Trust on a West Yorkshire footprint but with local delivery through communication and engagement colleagues at a place based level.

NHS Calderdale CCG is the lead organisation coordinating the vaccination programme for Calderdale which is being established at pace with partners:

- A programme steering group occurs weekly on a Monday, which consists of SRO, Programme Managers, partner organisations and all work stream leads.
- Regular frequent meetings occur with each provider to help rapidly mobilise the strategy.
- Programme reporting occurs at ICS level back into NHS E; reporting at place and at CCG organisational level includes quality assurance.

3. Purpose of the plan

The purpose of the plan is to provide information on our approach in Calderdale to engaging with people living and working in Calderdale and key stakeholders. We want to understand the views and experiences of people living in Calderdale of the COVID vaccine to ensure:

- We make good use of what we already know through conversations that have already taken place locally and across West Yorkshire
- A coordinated approach to engagement across Calderdale

- Communications to staff, stakeholders and the public are timely, consistent and coordinated
- We gather views from a representative sample of people across Calderdale
- We tailor communications and approaches to reach all communities in particular those historically underserved and where there is clear evidence of a disproportionate and serious impact of COVID
- We provide consistent and accurate information on the vaccination programme and share all feedback and insight with partners for maximum impact for vaccination delivery

We want to give people the opportunity to help influence how we shape the operational delivery of the vaccine delivery model in Calderdale and the messages we share; through understanding and learning what the public views are of the COVID vaccine and understanding any concerns or misinformation that people may have heard. We will do this through a joined up collaborative approach including work being delivered by Healthwatch, Calderdale CCG, Calderdale Council, VSI Alliance and our communities.

By listening and learning from people's views and experiences we can understand what really matters to people. We want to make sure we hear from all the people and communities in Calderdale - everyone's opinions matter.

The key audiences, communities, partners and stakeholders for this engagement will be:

- All people living in Calderdale from all demographics and protected groups
- Communities that have been most impacted on by COVID, including those living in deprived areas, Black, Asian and Minority Ethnic (BAME) groups, shielding and vulnerable groups
- Those at highest occupational risk
- VCSE groups
- Key partners and stakeholders
- Those socially excluded such as our homeless population, asylum seekers and people with learning disabilities

We will also be collecting anecdotal feedback from staff from health and care services in Calderdale, with a more focussed engagement planned for this group if needed.

As part of the CCGs legal responsibilities we need to ensure we continue to involve people in the development, design and delivery of all our future services in Calderdale. All partners are committed to this principle.

We know that COVID-19 has had the greatest impact in our most deprived communities, and has had a greater health, social and economic impact on BAME communities and those already most impacted by existing health inequalities growing evidence supports this.

Additional funding has been allocated to councils and VCSE groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take up. Through the Community Champions scheme councils and VCSE organisations will deliver a wide range of measures to protect those most at risk - building trust, communicating

accurate health information and ultimately helping to save lives. This will include developing new networks of trusted local champions where they don't already exist. Further work needs to be planned with partners to identify an approach ensuring links are made to the vaccine programme and continuing to work in partnership with an agreement this needs to compliment the overall engagement approach.

As part of our Equality Duties; we must consider equality at each stage of any decision-making process. What this means in practice is that we will consider equality in the development of our plan to enable us to make fair and informed decisions; identify where we need to take action to mitigate any negative impacts or maximise any positive impacts on equality and ensure we comply with our statutory responsibilities under the Equality Act 2010.

Legislation the CCG must work to can be found in appendix A. Wider partners may have different legal responsibilities but are all committed to ensuring equality is at the core of our delivery.

4. Principles of engagement

In addition to the above legislation, as a place Calderdale has a joint [Involving People Strategy](#) with a shared set of principles for involving people across Calderdale – supporting the delivery of Calderdale Cares, Wellbeing Strategy and Vision 2024. The strategy has been developed with all partners and is central in helping embed the voice of patients, carers, families, staff and the public in everything we do. This is a key part of being able to uphold our legal requirement and ensuring we have taken the time to consider all insight and feedback.

Through this strategy the aim is to create strong collaboration across Calderdale and the principles of strategy are the foundation by which local people can expect to be involved by any organisation in Calderdale. This process needs to preserve these principles to ensure public expectations are met.

The principles state that we will:

- Keep local people informed
- Develop solutions together
- Demonstrate active listening
- Creating opportunities for everyone to be involved
- Responding and providing feedback

5. What we already know

In order to deliver our priorities for health and care across Calderdale it is essential that partnership networks work together to understand the views of our local population. There is already a wealth of information and intelligence that has been gathered locally, regionally and nationally which we can use to support the roll out of the vaccination programme.

Utilising existing intelligence will help us identify gaps in our understanding and will help to influence our communication messages.

The emerging key themes from all the intelligence we have so far about the COVID vaccine is as follows; individual pieces of engagement are detailed in a summary of key themes in appendix B:

- Overall, significantly more people are saying they would have the COVID-19 vaccination than say they are unwilling or unsure about having the vaccination
- If you are older, you are more likely to be willing to have the vaccine
- If you are White British, you are more likely to be willing to have the vaccine
- BAME groups are significantly more likely to say they are unwilling to have be vaccinated or are unsure – discrepancies are explicitly clear for Arab, Black African and Caribbean groups
- Older BAME people are more likely to say they are willing to have the vaccine than younger BAME people
- Men more likely to be willing to have the vaccine than women; women are more likely than men to say they are unsure, but still predominantly are willing to be vaccinated
- What are the key reasons why people say they would be willing to have a COVID-19 vaccine?
 - To protect myself and others
 - To end the pandemic
 - To get back to normal
- Feeling well informed – some people have had their concerns addressed by finding out more through reputable sources

What are the key concerns that people have about the COVID-19 vaccines?

- Side effects/safety concerns – including allergic reactions and ill health
- The development of vaccines was too quick, meaning they cannot have been rigorously tested
- Long term impact on health and fertility – because of the pace of the implementation, it's impossible to know if the vaccine will have an impact on health in the long term, such as reducing fertility, increasing prevalence of cardiovascular problems, etc.
- Is it worth having the vaccination? For those at low risk of experiencing a significant impact of COVID-19, as they are young and healthy, do the benefits outweigh the risks? Also, will the immunity last long enough to make the programme of vaccination worthwhile?
- Understanding the vaccination – many people do not know how the vaccine works or what is in the vaccine. Particular concerns are raised regarding animal products in the vaccine raised by those who are vegan and Muslim, who are worried that the vaccine is not halal
- Mistrust of government and the pharmaceutical industry – there are questions about the objectivity of information provided by government and pharmaceutical companies who have agendas beyond that of the wellbeing of individuals
- Enforcement of the vaccination – some are worried they will have no choice but to have the vaccination

Preferences regarding the vaccination offer:

- Most people have no preference on where they will be vaccinated, they would just like the vaccination to take place close by
- Most people have no preference on when they will be vaccinated - if a preference is expressed, it's for availability in the evenings and at weekends

6. Aim and objectives of the engagement activity

The purpose of the engagement is to gather views and experiences from people living and working in Calderdale about the COVID vaccine. We need to understand people's views and experiences and give people the opportunity to influence how we shape the operational delivery of the vaccine delivery model in Calderdale;

Utilising all the intelligence we can gather will help us identify gaps in our understanding and will help to influence our communication messages. Being able to collect supportive messages and positive stories from those who have had the vaccine will hopefully help; alongside national communications and message via the NHS to raise confidence within our local communities.

Through the COVID-19 Community Engagement Sub-group (which is part of the Silver Stabilise: Safer Communities work stream) we aim to bring together organisations through a collaborative approach and coordinate engagement on the COVID vaccine across Calderdale.

The focus will be to understand and learn about public and professional views of the COVID vaccine, feedback to organisations locally, regionally and nationally who are delivering the vaccine and to those developing and sharing communications messages about the vaccine.

There are four key areas that we need to understand people's perspectives, which are;

- How do members of the public feel about the vaccine?
- What has the experience been like for people who have received the vaccine?
- What is the experience of our staff / professionals who are delivering the vaccine
- Collecting lived experience stories of those receiving and administering the vaccine

The feedback will be used to inform and shape the current model for the vaccine and also inform consistent and accurate information on the vaccination programme.

In order to deliver this we need to ensure all views gathered have been captured and considered. We will do this by:

- Communicating clearly and simply any messages in an accessible format
- Using appropriate engagement approaches to engage all stakeholders
- Specifically targeting groups most impacted to ensure we hear their views, and appreciating the JCVI priority cohorts may require different engagement approaches
- Gather feedback which will help to understand if there are any particular impacts protected and other health inclusion groups and those most impacted by health inequalities

- Analysing and identifying key themes including by impacted groups
- Feeding back to people the outcome of any engagement activity
- Ensuring the engagement is captured accurately in order to use the intelligence to inform ways of working and communication
- Ensuring any engagement and equality activity is delivered in line with current legislation

7. Engagement approach

The approach to engagement will be to use existing services and mechanisms who can reach all target audiences. This approach will ensure that the views gathered are done so by using COVID-19 Community Engagement Sub-group as the facilitator with help and support from all partners including the CCG, local authority, and the VCSE sector.

The engagement approach will be multi-layered with different involvement options, and will take place during the systematic roll out of the COVID vaccine programme. The multi-layered approach will be to:

- Gather all the intelligence that we know has taken place from recent activity
- A short engagement activity to enable a ‘temperature check’ on how people are feeling about the vaccine
- A broader piece of engagement activity about how people are feeling about the vaccine to ensure we are reaching our diverse communities and protected groups within Calderdale
- Patient experience activity on peoples experience of receiving the vaccine
- In order to gather people’s views and experiences we understand that a survey is not always an appropriate tool so we will also ask people to share their stories and experiences. This approach may restrict the gathering of equality data but views at this stage will be still encouraged through a range of options

Methods and approaches are described below:

7.1 Methods

7.1.1 COVID-19 Community Engagement Sub-group

This sub group will enable a coordinated approach to all engagement activity across Calderdale to ensure we gather representative views from all communities and protected groups across Calderdale and ensure communication to staff and the public are timely, consistent and coordinated. This sub group will help to coordinate all responses to enable all insight gathered is captured correctly and intelligence shared with all partners locally, regionally and nationally. The group will meet monthly and provide a two-way conduit for information and communication and any specific asks for engagement and share intelligence that may not have been picked up via other methods.

7.1.2 Surveys

A number of surveys have been developed / will be developed asking a number of different questions.

- **Temperature check survey (appendix C)** - A short engagement activity of two weeks to enable a 'temperature check' on how people are feeling about the vaccine. This survey will capture the views of the public through the Councils Talk Back Panel. The survey aims to capture people's views around the vaccine including why it's important to them, what would stop them from receiving the vaccine. Each respondent will also be asked to complete an equality monitoring form. Responses will be gathered by using Snap survey software, the results from the survey will be collated, analysed and presented in a charted results report (displaying frequencies/percentages) by the 3rd February through Calderdale Council citizen talk back panel.
- **Patient experience survey (appendix D)** - This survey aims to capture the views and experience of people who have received the vaccine including making the initial appointment, travel time and anything that could have been done better. Each respondent will also be asked to complete an equality monitoring form. An online link to the survey has been developed along with a QR code using an online survey tool. Additionally the survey can be sent directly to patients via SMS or other practice based methods to gather feedback. This is not the preferred approach given the age cohorts involved but a second survey (with the same questions phrased for more access) has also been developed which could be utilised. Responses will be gathered by using Smart survey and the results from the survey will be collated, analysed using key emerging themes on a regular basis.
- **Broader engagement survey (appendix E)** - Broader engagement to ensure we are reaching all people living in Calderdale from all demographics and protected groups. Communities that have been most impacted on by COVID, including those living in deprived areas, Black, Asian and Minority Ethnic (BAME) groups, shielding and vulnerable groups. Those with the highest occupational risk and people who may be socially excluded such as our homeless population, asylum seekers and people with learning disabilities, The survey aims to capture people's views around the vaccine including why it's important to them, what would stop them from receiving the vaccine. Each respondent will also be asked to complete an equality monitoring form. Responses will be gathered by using Smart survey which is an online survey tool and the results from the survey will be collated, analysed using key emerging themes on a regular basis. The returns will not identify individuals by name but people will be asked to identify if they are completing the survey on behalf of themselves, a carer/family member or a member of staff.

7.1.3 People stories / positive messages

Collect supportive messages and positive stories from people who have had the vaccine. Healthwatch will develop a page on their website to gather additional views and experiences of the COVID vaccine. The public will be asked if they would like to tell their story, which will be used to help build awareness and understanding in our communities. Less positive stories will help to further develop the vaccine delivery model in Calderdale and help with communication messages. As anecdotal feedback will be collected by Healthwatch, they will feed stories into CCG Communications team as and when they receive them, to be shared through usual communications mechanisms.

7.1.4 Anecdotal feedback

VCSE groups, key partners and stakeholders are consistently gathering informal, anecdotal information, provided by Calderdale residents. This insight will be captured by Healthwatch Calderdale through an anecdotal feedback capture form (see Appendix F) and incorporated into a wider learning report (see Appendix B).

7.2 Approach

A detailed at glance delivery plan can be found in Appendix G.

7.2.1 Coordination of engagement

It is proposed that we use a combination of methods and approaches which will include:

- Sharing direct with our communities via community representatives such as food banks, volunteers etc.
- CCG Calderdale Health Forum
- GP practice patient participation groups
- Sharing with our all partners to cascade via their networks
- All partners websites and social media
- Membership databases
- VAC newsletter and database
- Social media
- Media releases
- Websites and newsletters
- COVID volunteer hubs
- Neighbourhood teams

7.2.2 Citizens talk back panel

Calderdale council will engage with their talk back panel which has 650 members across a wide range and with a good representation of people with a disability. However BAME representation is not currently strong on this panel so other sources of engagement would be necessary for these communities which are below. A survey will be used to used obtain a moment in time temperature check to establish how people are feeling about the COVID vaccine. This will be analysed and fed back to key stakeholders through a written report, with an overview of this to be included in the insight summary collated by Healthwatch.

7.2.3 Engagement Champions

The CCG where possible will recruit Engagement Champions to help to support the reach of underrepresented groups across Calderdale. Engagement Champions are individuals working in the VCSE sector who have strong links with their community and have an interest in health and care services. They are able to reach diverse communities and can support people to have a voice. A briefing will be held for the Engagement Champions and they will be asked to gather views and experiences to ensure the voice of those people are

heard. A survey will be used to capture views as well as other mechanisms if identified by the Engagement Champions.

7.2.4 COVID Community Champions

The COVID Community Champions programme was established in Calderdale to support communities facing the highest rates of the virus during the summer of 2020, and is now rolled out across the borough. The motivation was to try to counter disinformation and listen to community concern, recognising that people often pay heed to information given to them by members of their own community. Training sessions giving detailed information about COVID-19 and how it spreads, are run with community members who then cascade their learning through their community in a variety of ways. Regular catch up sessions are available, where the COVID Champions can be given updates on the vaccination programme, but crucially, are encouraged to share information that they are hearing in their communities. This has been a useful way of picking up community concern, exploring what messages are and are not working well, and this is currently fed back into the public health team. COVID Champions will be able to respond to and disseminate surveys and feed in wider anecdotal evidence.

7.2.5 Engagement with Mutual Aid groups

Information on community attitudes to the vaccination programme can be shared via the Mutual Aid Network in Calderdale, which encompasses many of the groups providing direct COVID support. This meets monthly with regular email updates, and there is opportunity for occasional input from the public health team.

An in-depth programme of engagement is also underway in Calderdale, run by local group All1Collective. It is part of the British Council Active Citizens programme and involves a series of 6 workshops which will support individuals and groups who are involved in COVID-19 Response in Calderdale. This provides an opportunity for participants drawn from the COVID-19 response volunteer pool as well as local mutual aid groups to reflect on their work and their involvement in the response so far, to develop their capacity to take action both individually and collectively and to learn from others involved in this work in Calderdale. One of these sessions will focus on a dialogue about the vaccine, and there is further opportunity to follow this up with the second phase of the project titled 'Learning Exchanges'.

Anecdotal evidence from both the Mutual Aid network and from the relevant All1Collective workshops will be fed back to Healthwatch Calderdale using the anecdotal feedback capture form, as and when significant themes arise. This will then be incorporated into the overall insight summary.

7.2.6 Neighbourhood teams

The Neighbourhood teams are carrying out a range of direct engagement and feedback learning on people's attitudes and questions about the vaccine to Healthwatch on a regular basis through the Silver Stabilise Safer Communities group which the COVID Community Engagement group is a sub group of. Findings and intelligence are also reported weekly to

Public Health through the COVID Community Hub meetings in our areas of higher infection rate i.e. North Halifax and Park & Warley wards. They will also be provided with the link to the broader survey to enable to the communities that they are engaging with to complete the survey as well as their usual mechanisms for feedback.

7.2.7 Vaccinations centres

The vaccination centres will promote the patient experience survey to enable people to share their experiences and stories of having the vaccine.

7.2.8 Engaging staff / professionals

Staff / professionals will be made aware of all the engagement activity.

A link to the engagement survey and to Healthwatch vaccine review website will be provided. All communications will be sent via email, internal websites, newsletters and briefings. They will be asked to promote and cascade to cascade to their patients, service users, networks, community groups, etc.

Feedback from staff / professionals will be collected through Primary Care Networks and fed back to Healthwatch on an anecdotal / theme basis. Further and more focussed engagement of staff will be planned if needed.

7.2.9 VCSE groups, key partners and stakeholders

All will be made aware of all the engagement activity and both surveys. A link to the engagement survey and to Healthwatch vaccine review website will be provided. All communications will be sent via email, internal websites, newsletters and briefings. They will be asked to promote and cascade to cascade to their colleagues, patients, service users, networks, community groups, etc.

7.2.10 MPs and local councillors

We will use our regular, scheduled face to face meeting and / or written briefing to ensure the local MP and councillors are informed and involved. In addition the Calderdale Overview and Scrutiny Committees (OSC) will be kept informed and have an opportunity to be involved and respond. This will be coordinated at a West Yorkshire level.

8. Communications

Regional - West Yorkshire

There is a priority focus for communications in West Yorkshire so that the national campaign is delivered successfully to local communities. It will be based on the cascade of information and key messages from trusted representatives, addressing issues specific to local communities and identifying any potential barriers to uptake of the vaccine.

We will predominantly use the established mechanisms for each Place but consider additional approaches as required to address specific issues or areas of concern. Similarly, we will ensure appropriate mechanisms are employed for specific communities, such as

BAME, carers and homeless people.

Information and training will be provided locally to support this work and ensure accurate and consistent messages are delivered.

Local - Calderdale

Existing communication channels from all partners will be utilised to reach key audiences, communities, partners and stakeholders and ensure any information on the engagement and opportunities to provide views and comments are promoted. NHS Calderdale CCG communication team is the lead for all communication material. All partners' communication and engagement teams will;

- Promote the engagement activity via all partner websites, Twitter and Facebook
- Support the production and distribution of any engagement materials including any supporting Q&A documents
- Build messaging about the approach to engagement into on-going media
- Develop toolkit for communication messages for partners to use
- Work with colleagues to develop further collateral

The methods below will also be supported by the communication and engagement leads for all partner organisations that will use the following delivery methods to reach each of the named target audiences:

Target Audience	Delivery Method
<ul style="list-style-type: none"> • All people living in Calderdale • Specific groups identified such as those living in deprived areas, Black, Asian and Minority Ethnic (BAME) groups, those impacted by existing health inequalities, shielding and vulnerable groups 	Raise awareness of the engagement through : <ul style="list-style-type: none"> • Membership forums • Third Sector networks • Patient groups • Carers groups • Direct with our communities via community representatives including religious leaders • CCG Calderdale Health Forum • GP practice patient participation groups • Partners to cascade via their networks and partners websites and social media • Provider member database's • VAC / VCSI newsletter and database • Social media • Media releases • Websites and newsletters • COVID volunteer hubs
<ul style="list-style-type: none"> • Engagement Champions 	<ul style="list-style-type: none"> • CCG briefing with toolkit

<ul style="list-style-type: none"> • Staff from all health and care services including hospital, primary care, community and care homes 	<p>A range of methods:</p> <ul style="list-style-type: none"> • Emails • Meetings • Staff briefings • Internal bulletins • Staff Intranets • Cascades at meetings through managers • Membership databases
<ul style="list-style-type: none"> • VCSE groups • Key partners and stakeholders • Involving People Network 	<p>A range of methods:</p> <ul style="list-style-type: none"> • Email • Meetings • Personal discussions
<ul style="list-style-type: none"> • MPs and local councillors / Overview scrutiny committee 	<p>A range of methods:</p> <ul style="list-style-type: none"> • Email • Meetings • Personal discussions

9. Equality

Engagement activity should include all protected groups and other relevant groups. Care should be taken to ensure that seldom-heard interests are proactively engaged with and supported to participate, where necessary.

All engagement activity will be equality monitored to assess the representativeness of the views gathered during the engagement process. Where there are gaps in gathering the views of specific groups relating to the protected characteristics, this will need to be addressed.

Data from all engagement activity will be combined with other data and research to support the equality impact assessment (EIA) that has been developed. This will help us to understand the potential impact of our activity on different groups so that these can be fed into the vaccine programme delivery model so that as the roll out of the vaccine programme develops improvements can be made based on feedback received.

From the beginning of the outbreak of COVID it has become apparent that those in the community often facing the most entrenched health inequalities are also most deeply affected. This includes, for example, those who live in poverty, now exacerbated by insecure or no employment and complicated access to benefits, older people or those deemed vulnerable who have to shield have been advised to stay home bringing significant risks of loneliness. Repeated local and national lockdowns and restrictions have had a significant impact on our communities.

These groups then face compounding issues such as restricted / differential access to food, are less likely to have access to transport, being economically and physically more vulnerable through employment as they may work in jobs which are not able to be done at home, are furloughed for 80% of their wage or in the gig economy; still working but exposed to increased risk of infection.

To ensure that we are able to understand the impact on those most impacted we need to ensure we reach the following individuals and groups;

- BAME groups
- Older people
- Disabled people
- Men
- LGBT+
- Carers
- Parents
- Those living in deprived communities
- People with learning disabilities

10. Analysis of data and presentation of findings

All the intelligence that we gather will help us to understand any gaps and influence communication messages.

A fortnightly summary of all feedback that is received will be gathered by Healthwatch, with support from partners. Intelligence from all sources will need to be captured and gathered into one place to establish a full picture of what people views and experiences of those living and working in Calderdale are of the COVID vaccine. This summary report is a working document and will be consistently updated on a regular basis with what's new section and key themes at the beginning of the summary. Key themes will be updated when new themes are identified and the detail of all intelligence will be added to the document.

The summary will include the emerging key themes from the following:

- Patient experience survey analysis provided by the CCG
- Anecdotal feedback from all mechanisms which will be collated through the COVID engagement subgroup
- Temperature check survey analysis provided by CMBC
- Key themes from broader engagement survey analysis provided by the CCG

The summary report shared with the following stakeholder groups and then shared through each organisation's internal and regional mechanisms

- COVID engagement subgroup meeting (Safer communities' silver meeting) which feeds in to all partners and will meet monthly
- COVID vaccination partners meeting which meets weekly on a Monday
- PCN vaccine delivery meeting which meets weekly on a Thursday

- COVID Communications, engagement and equality meeting which meets weekly on a Friday

Individual findings reports for each of the above mechanisms will also be developed. And a final report of findings will be developed incorporating all of the above information.

11. Engagement limitations

Due to restrictions around the ways we are able to work during this period of the pandemic, we have a limited scope to engage with people using face-to-face methods. Although we are using a range of methods to collect feedback we recognise and acknowledge the challenges and barriers to reaching people and every effort is being made to ensure we engage with all our communities and ensure a wide range of representative views.

12. High level timeline for delivery

The engagement activity will be delivered during the systematic roll out of the COVID vaccine programme.

What	Action by	By when
Preparation and planning for engagement	CCCG & partners	Early / Mid Jan 2021
Sign off draft plan and surveys	CCCG & partners	End Jan
Briefing to all involved	CCCG & partners	1st and 2 nd week of February
Engagement to start – Temperature check survey Patient experience survey Broader engagement	Calderdale Council CCG CCG & partners	15 th January First week Feb Early Feb
Engagement closes – Temperature check survey Patient experience survey Broader engagement	Calderdale Council CCG CCG & partners	1 st February Ongoing Ongoing
Analysis and report of findings Temperature check survey		3 rd February Ongoing throughout the engagement

Patient experience survey		Ongoing throughout the engagement
Broader engagement		
Summary – what’s new and key themes		Fortnightly

Appendix A - Legislation

Health and Social Care Act 2012

The [Health and Social Care Act 2012](#) makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The [Equality Act 2010](#) unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance ‘Equality of Opportunity’, and c) foster good relations. All public authorities have this duty so partners will need to be assured that “due regard” has been paid through the delivery of engagement activity and in the review as a whole.

The NHS Constitution

The [NHS Constitution](#) came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

Appendix B - COVID-19 Vaccination: Summary of insight from public engagement

Including local work sourced from across the region and country January 2021

Introduction

The following report provides a summary of intelligence regarding the public's views of the COVID-19 vaccinations. Learning through engagement work completed by Healthwatch Kirklees and Healthwatch Calderdale, Healthwatch Leeds, Bradford District and Craven Clinical Commissioning Group (CCG) Healthwatch in North West London and Healthwatch Tower Hamlets has been reviewed.

The aim of the report is to assist the Calderdale health and care system in understanding the existing feedback gathered from members of the public regarding the COVID-19 vaccination, both in the Calderdale area, but also from across the region and the country.

Overarching learning from all COVID-19 vaccination public engagement work

- Overall, significantly more people are saying they would have the COVID-19 vaccination than say they are unwilling or unsure about having the vaccination
- If you are older, you are more likely to be willing to have the vaccine
- If you are White British, you are more likely to be willing to have the vaccine
- BAME groups are significantly more likely to say they are unwilling to have be vaccinated or are unsure – discrepancies are explicitly clear for Arab, Black African and Caribbean groups
- Older BAME people are more likely to say they are willing to have the vaccine than younger BAME people
- Men more likely to be willing to have the vaccine than women; women are more likely than men to say they are unsure, but still predominantly are willing to be vaccinated

What are the key reasons why people say they would be willing to have a COVID-19 vaccine?

- To protect myself and others
- To end the pandemic
- To get back to normal
- Feeling well informed – some people have had their concerns addressed by finding out more through reputable sources

What are the key concerns that people have about the COVID-19 vaccines?

- Side effects/safety concerns – including allergic reactions and ill health
- The development of vaccines was too quick, meaning they cannot have been rigorously tested
- Long term impact on health and fertility – because of the pace of the implementation, it's impossible to know if the vaccine will have an impact on health in the long term, such as reducing fertility, increasing prevalence of cardiovascular problems, etc.
- Is it worth having the vaccination? For those at low risk of experiencing a significant impact of COVID-19, as they are young and healthy, do the benefits outweigh the risks?

Also, will be the immunity last long enough to make the programme of vaccination worthwhile?

- Understanding the vaccination – many people do not know how the vaccine works or what is in the vaccine. Particular concerns are raised regarding animal products in the vaccine raised by those who are vegan and Muslim, who are worried that the vaccine is not halal
- Mistrust of government and the pharmaceutical industry – there are questions about the objectivity of information provided by government and pharmaceutical companies who have agendas beyond that of the wellbeing of individuals
- Enforcement of the vaccination – some are worried they will have no choice but to have the vaccination

Preferences regarding the vaccination offer:

- Most people have no preference on where they will be vaccinated, they would just like the vaccination to take place close by
- Most people have no preference on when they will be vaccinated - if a preference is expressed, it's for availability in the evenings and at weekends

Conclusions and considerations

Whilst the public's perception of COVID-19 vaccination overall is positive, with most people indicating they would be comfortable having the vaccine, there are specific groups who feel less sure. People from BAME communities, younger people and women are all more sceptical about COVID-19 vaccination than the wider population. It's important to understand their concerns in greater detail to offer accurate information (where possible) that address those concerns.

It's clear that there is a really strong dialogue amongst our communities about vaccinating for the greater good and to bring an end to the pandemic, which is a clear message that can be shared with the population.

Some of the issues that people pose are not so easy to counter. Whilst information can be provided about what is in the vaccine, how it is administered and how it works, it is not possible to provide information that addresses the mistrust of government and pharmaceutical companies. Instead consideration needs to be given to how Calderdale organisations can be a trusted information source.

What happens next?

This insight summary can be utilised by any Calderdale organisations to support in the development of vaccination programmes and communications messages.

Further insight is being gathered locally; Calderdale Council are preparing a snapshot survey to go to the Talk Back Panel, discussions with neighbourhood teams, adult social care and COVID Community Champions are taking place to capture their experience of interacting with public and professionals around the pandemic.

An update to this document will be produced when that insight is available.

As the vaccination is rolled out across Calderdale, every effort will be made to capture feedback from people who are receiving their vaccination. This feedback will be used to make sure that the processes surrounding the vaccination are working as they should, and assist in identifying any areas for improvement.

The COVID-19 Community Engagement Group will champion the views of the public on this topic, encourage health and care organisations to respond, and continue to capture and analyse insight as the COVID-19 vaccination programmes progress.

Summaries of local engagement

Insight from Healthwatch Kirklees and Healthwatch Calderdale

117 people completed a short interview or survey with Healthwatch staff or volunteers. 103 specifically stated whether they would be willing to have the COVID-19 Pfizer/BioNTech vaccination. 66% said yes, they would be willing, 18% said no they wouldn't, and 16% were unsure. Other respondents gave qualitative feedback but not a specific answer to this question.

Volunteers searched for and reported on feedback about the vaccine from social media sites provided on posts about the vaccination shared by local organisations or in local groups.

Not all respondents completed full equality monitoring information, so summaries of learning based on demographics are limited:

- People aged over 70 were likely to report that they trusted the vaccination, and were happy to have the vaccine to see the return of normal life
- BAME respondents were concerned about the pace at which the vaccination had been developed, and questioned whether the testing had involved high enough representation of people from BAME communities
- Women were more likely to say they were unsure about having the vaccination than men. The reasons given related to limited available information to help them to make a decision
- Carers were particularly concerned about the side effects of the vaccination

Those who stated they are willing to have the vaccination indicated that their key reasons for doing so were:

- To protect themselves and others, particularly family and friends
- To get back to normal
- Trust in the science behind the vaccination; some people have reviewed different research to get a clearer view
- Although some respondents were hesitant about long term effects, they couldn't see any other way to bring an end to the pandemic
- There was a preference for the Oxford vaccine for a small group

All respondents were asked about their concerns regarding the vaccination. Whilst many explained that they were not concerned about having the vaccine, key questions and issues raised were:

- Possible side effects of or safety concerns about the vaccine, including allergic reactions
- The development of the vaccine has been too quick, so it cannot be rigorous enough. Respondents did not trust the science behind the vaccine development, including the vaccine production and the human clinical trials

- Some respondents described themselves as in good health, and they would prefer to catch COVID to allow their own body to build up immunity
- The seasonal flu vaccination does result in some people becoming unwell after it's been given, so people would not want to have either the seasonal flu or COVID-19 vaccine
- Negative press coverage of vaccination is impacting upon people's decision to have the vaccine
- The online recruitment packs for people administering the vaccine have impacted people's confidence in the vaccination process. People would rather have their vaccine given by a GP or health professionals, in a sterile environment, than at a mass vaccination centre

Insight from Healthwatch Leeds

In total, 2881 people responded to Healthwatch Leeds survey seeking views about COVID-19 vaccination. 80% of those people were planning to have the vaccination when it became available to them; 13% were unsure and 7% were not planning to have the vaccination.

- Older people were more likely to say they planned to have the vaccination
- White British people were more likely than other ethnic groups to say they planned to have the vaccination; those respondents from Black African and Caribbean ethnic groups were particularly hesitant regarding the vaccination
- Men were more likely to say they would have the vaccination than women, and women were more likely than men to say they were unsure
- Those with children under 5 were significantly more likely to say they did not plan to have the vaccination

Those who are planning to have the vaccination indicated that their key reasons for doing so were:

- To protect themselves and others
- To get back to normal
- To end the pandemic

All respondents were asked about their concerns regarding the vaccination. Whilst many explained that they were not concerned about having the vaccine, key questions and issues raised were:

- Possible side effects of or safety concerns about the vaccine
- The development of the vaccine has been too quick, so it cannot be rigorous enough
- As a young and healthy person, contracting COVID-19 is quite low risk, so it isn't necessary to have the vaccination
- Will immunity last long enough for the vaccination to be worth having?

Community groups provided insight about communicating with people in Leeds; their key concern was how to dispel myths without unintentionally repeating them, especially when there is limited digital access to information for those with the greatest hesitance to have the vaccination.

In terms of practical arrangements to have the vaccination:

- Most people (68%) would get vaccinated wherever was closest to them, with 21% listing GP specifically

- Most people (69%) had no preference for the time of their vaccination, but those who did state what time would be most convenient said appointments at weekends and in the evening would be best for them

Insight from Bradford District and Craven Clinical Commissioning Group

In total, 2948 people responded to Bradford District and Craven CCG's survey seeking views about COVID-19 vaccination. 80% of those people were planning to have the vaccination when it became available to them.

- There were significant differences in the intention to have the vaccine between White British and BAME respondents. 87% of White British respondents would have the vaccination, but only 47% of BAME respondents would have the vaccination. 27% of BAME respondents said they would not have the vaccination, and 26% were unsure.
- When age is taken in to account, a higher percentage of older BAME people would have the vaccination (67%), but for those under 25, 47% do not plan to have the vaccination.

Those who are planning to have the vaccination indicated that their key reasons for doing so were:

- To protect themselves and others
- To get back to normal

All respondents were asked about their concerns regarding the vaccination. Key questions and issues raised were:

- Possible side effects of or safety concerns about the vaccine
- The development of the vaccine has been too quick, so it cannot be rigorous enough
- Long term impact on health (cardiovascular, fertility, cancer, etc.)
- Lack of information available about the vaccine such as how it works, how it will be administered, what is in it – particular concerns were raised around animal products in the vaccination, i.e. is the vaccine halal? Is the vaccine vegan?
- Mistrust of the government and the pharmaceutical industry
- As a young and healthy person, contracting COVID-19 is quite low risk, so it isn't necessary to have the vaccination
- Is it compulsory to be vaccinated?
- Will immunity last long enough for the vaccination to be worth having?
- Natural immunity against the virus is best

Insight from Healthwatch in North West London boroughs

5177 survey respondents living in 8 North West London boroughs, 269 from outside of the boroughs. Respondents were asked "Would you consider being vaccinated for COVID-19?" 82.9% of respondents said yes, 7.8% said no and 9.4% were not sure.

- Male respondents were more likely than women to say they would consider being vaccinated, with a greater proportion of women saying they were unsure
- 93.2% of respondents from the 64+ age group would consider having the vaccination; overall, increase in age appears to link to a decrease in scepticism about the vaccination

- Approximately 50% of those stating their ethnicity as Arab would not consider having the vaccination; proportion of people from Asian and Black ethnic groups who were unsure was also higher than the average

Insight from Healthwatch Tower Hamlets

60 comments from social media and outreach were analysed and interpreted; these comments suggested that there are 5 different groups of people interacting with information about potential vaccination. Their report offers advice on how to target communications to those groups.

- **Hopeful** – people are confident in the vaccine, and assured that it is the way out of the pandemic
- **Pessimistic** – people are generally pro-vaccination but are worried that despite the vaccination programme, lockdown will continue
- **Cautious** – people would like more information and are worried about long term side effects
- **Distrustful** – people feel like the vaccination production has been rushed and are unwilling to receive the vaccine
- **Anti-vaxer** – people who do not believe in the value of vaccination and feel there is some level of corruption in how the vaccination has been developed

Useful insight was gathered and reported back regarding how different ethnic groups were accessing COVID-19 focused information. Over 65s were most likely to be getting information from TV, radio and newspapers. Those from BAME communities were most likely to access information through friends and family.

Written by Helen Hunter, Chief Executive, Healthwatch Kirklees and Healthwatch Calderdale

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Appendix C – Temperature check survey

COVID-19 Vaccine Survey

Plans are now underway to roll out a vaccination programme that will protect people from COVID-19. We want to hear the views of Calderdale residents to help us make plans for how we are to deliver the vaccination programme in Calderdale. We are working closely with our Partners and other NHS organisations, local Healthwatch, faith sector, voluntary and community organisations to make sure that all the views of Calderdale communities are understood.

For further information about the vaccine please visit www.calderdaleccg.nhs.uk/coronavirus-vaccination-help-us-help-you/

Q1 Are you planning to have the COVID vaccine when it is made available to you?

- Yes
- No
- Unsure

Q2 If No or Unsure, please tell us your concerns:

Q3 Where would you prefer to get your vaccinations? (In future there may be other venues available, yet to be confirmed)

- GP Surgery
- Town Centre Pharmacy
- No preference

Q4 When would be the most convenient time to have your vaccinations? Please tick all that apply.

- Morning
- Evening
- Weekend
- Afternoon
- Weekdays
- No preference

Q5 Once you've had the vaccine, you'll be asked to keep following advice about hand-washing, wearing face-coverings, social distancing and so on afterwards. Would you be willing to do this?

- Yes
- No
- Unsure

Q6 What might stop you from having the vaccine?

Q7 Is there anything else you would like to know about the vaccine?

**Q8 What are your preferred channels for receiving information about the vaccine?
Please tick all that apply.**

- Social media
- By post

- By text, WhatsApp, etc.

- By email
- Other, specify below:

Other:

About you:

Q9 Are you...

- Male
- Female
- Prefer not to say

I describe my gender in another way, please write in:

Q10 Your age....

Under 18	26 - 30	41 - 45	56 - 60	71 - 75	Prefer not to say
18 - 25	31 - 35	46 - 50	61 - 65	76 or over	
	36 - 40	51 - 55	66 - 70		

Q11 The Ward you live in... (drop down list)

- Brighouse
- Calder
- Elland
- Greetland and Stainland
- Hipperholme and Lightcliffe
- Illingworth and Mixenden
- Luddendenfoot
- Northowram and Shelf
- Ovenden
- Park
- Rastrick
- Ryburn
- Skircoat
- Sowerby Bridge
- Todmorden Town
- Warley
- Don't know
- Prefer not to say

Q12 What is the first part of your postcode?

HX1	HX3	HX5	HX7	
HX2	HX4	HX6		
OL14	HD3	HD5	BD13	Prefer not to say
HD2	HD4	HD6	BD14	

Other:

Q13 Your ethnicity....

- White British
- White Irish
- White Gypsy or Irish traveller
- Other White
- Asian/Asian British/Indian
- Asian/Asian British/Pakistani
- Asian/Asian British/Bangladeshi
- Asian/Asian British/Chinese
- Other Asian
- Black/Black British/African
- Black/Black British/Caribbean
- Black other
- White and Black African
- White and Black Caribbean

- White and Black Asian
- Other mixed background
- Arab
- Prefer not to say

Q14 Do you consider yourself to have a disability, or long term illness?

- Yes
- No
- Prefer not to say

Q15 Are you a carer? (Do you provide unpaid care/support to someone who is older/disabled or has a long term condition)

- Yes
- No
- Prefer not to say

Q16 Are you a parent/primary carer of a child or children, if yes, how old are they?

- 0 - 4
- 5 - 9
- 10 - 14
- 15 - 19

Q17 Have you been told you are clinically vulnerable?

- Yes
- No
- I don't know

Thank you for completing our survey, please click on the submit button below to return your responses.

Appendix D – Patient experience survey

Calderdale COVID Vaccination Survey - for people who have had the vaccine

NHS Calderdale Clinical Commissioning Group (CCG), plan and buy health care for local people.

We want to know about your experience of having the COVID-19 vaccine. We are asking so we understand what went well, and what could be improved. This will help us make the service better for people getting the vaccine.

Please take 5 minutes to fill in this survey. It is anonymous, which means that we won't know who has completed the survey.

Some of the questions ask you to tick a box, but sometimes we ask for more information.

Thank you for telling us about your vaccination.

If you would like help to complete this form or would like a form in a different format please contact; paul.carter19@nhs.net or call: 01422 307509

Where did you have your vaccine?

- Spring Hall
- Northowram Surgery
- Todmorden Health Centre
- Bankfield
- Nursery Lane
- Boots the Chemist
- Other (please specify): _____

Please tell us when you attended the vaccination centre (DD/MM/YYYY):

What time of day did you have your vaccination?

- Morning
- Afternoon
- Evening
- Other (please specify): _____

How easy was it to travel to the vaccination centre?

- Very easy
- Easy
- Neither easy nor difficult

- Difficult
- Very difficult

Tell us more: _____

How did you book your appointment?

- My GP practice rang me
- I rang and booked it
- I booked online
- My family / carer booked it for me
- Any other way (please describe): _____

How easy did you find the booking process?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

Tell us more: _____

Were you happy with time you waited for your vaccine today?

- Yes
- No

Tell us more: _____

Did you feel confident and safe at the vaccination centre?

- Yes
- No

Tell us more (e.g cleanliness, trained staff, social distancing measures, PPE etc):

Is there anything that would have made it better for you?

- Yes
- No
- Not sure

Tell us more: _____

Would you recommend this service/vaccination to your friends and family?

- Yes
- No
- Not sure

If not can you tell us why? _____

Are you aware that after having the vaccine you still need to protect yourself and your family, friends and colleagues, by

- maintain social distancing
- wearing a face mask;
- washing your hands carefully and frequently

- Yes
- No
- Don't Know

Is there anything else you want to tell us about your experience?

Equality Monitoring Form

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules. If you would like to know how we use this data please see our privacy notice, which you will find on the CCG websites.

What is the first part of your postcode? (E.g. HX1, HD6): _____

What is your gender?

- Male
- Female
- Prefer not to say
- I describe my gender in another way (please tell us):

How old are you? (E.g. 42): _____

Which country were you born in? _____

Other Country not on list (please tell us) _____

Do you belong to any religion?

- Buddhism
- Hinduism
- Judaism
- No religion
- Prefer not to say
- Christianity (all denominations)
- Islam
- Sikhism
- Other (please tell us): _____

What is your ethnic group?

- Prefer not to say

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background

Black or Black British

- Caribbean
- African
- Other Black background

Mixed or multiple ethnic groups:

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background

White:

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller

- Other White background

Other ethnic groups:

- Arab
- Other Ethnic group (please tell us): _____

Are you disabled?

- Yes
- No
- Prefer not to say

Do you have any long term conditions, impairments or illness? (If yes please tick any that apply)

- Physical or mobility (such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory (such as being blind / partially sighted or deaf / hard of hearing)
- Mental health (such as having depression or schizophrenia)
- Learning, understanding, concentrating or memory (such as Down's Syndrome, stroke or head injury)
- Neuro diverse conditions (such as autism, ADHD and/or dyslexia)
- Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say
- Other (please tell us):

Are you a carer? (Do you provide unpaid care to someone who is older, has a long term condition, is disabled or has other support needs?)

- Yes
- No
- Prefer not to say

LINK TO THIS SURVEY: <https://www.smartsurvey.co.uk/s/CaldVacFeedback/>

QR CODE FOR THIS SURVEY:



Appendix E – Broader Engagement survey

Understanding your views about COVID-19 vaccines

Plans are now underway to roll out a vaccination programme that will protect people from COVID-19. We want to hear the views of Calderdale residents on receiving this vaccine.

We are working closely with NHS organisations, local Healthwatch, faith sector, voluntary and community organisations to make sure that all the views of Calderdale communities are understood. For further information about the vaccine please visit www.calderdaleccg.nhs.uk/coronavirus-vaccinationhelp-us-help-you/

1. Who is this form about?

- Me
- Someone else - using their information
- Other (please specify): _____

2. What is the first part of your postcode? (E.g. HX1, WF11, HD6) _____

3. Are you planning to have the COVID vaccine when it is made available to you?

- Yes
- No
- Unsure

4. If no or unsure, please tell us about your concerns: _____

5. Where would you prefer to get your vaccinations? (In future there may be other venues available, yet to be confirmed) *

- GP surgery
- Town centre pharmacy
- No preference
- Other (please specify): _____

6. Once you've had the vaccine, you'll be asked to keep following advice about hand-washing, wearing face-coverings, social distancing and so on afterwards. Would you be willing to do this? *

- Yes
- No
- Unsure

7. Which sources do you trust to get information about the COVID-19 vaccine? Please tick all that apply. *

- Faith leaders
- Family and friends
- Government website (e.g. gov.uk)
- GP or other medical professional
- Local authority e.g. Calderdale Council
- Local organisations
- News website (e.g. BBC)
- NHS website

- People I work with
- Police
- Social media
- WhatsApp groups
- Other sources (please specify): _____

8. What might stop you from having the vaccine?

9. Is there anything else you would like to know about the vaccine? *

About you

10. What is your gender? *

- Male
- Female
- Prefer not to say
- I describe my gender in another way (please tell us): _____

11. How old are you? (E.g. 42) _____

12. Which ward do you live in? * _____

13. Do you belong to any religion?

- Buddhism
- Hinduism
- Judaism
- No religion
- Prefer not to say
- Christianity (all denominations)
- Islam
- Sikhism
- Other (please tell us): _____

14. What is your ethnic group?

- Prefer not to say

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background

Black or Black British

- Caribbean
- African
- Other Black background

Mixed or multiple ethnic groups:



- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background

White:

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Other White background

Other ethnic groups:

- Arab
- Other Ethnic group (please tell us): _____

15. Do you consider yourself to have a disability, or long term illness?

- Yes
- No
- Prefer not to say

16. Are you a carer? (Do you provide unpaid care to someone who is older, has a long term condition, is disabled or has other support needs?)

- Yes
- No
- Prefer not to say

17. Are you a parent/primary carer of a child or children, if yes, how old are they? (please tick all that apply)

- 0 - 4
- 5 - 9
- 10 - 14
- 15 - 19
- I am not a parent or primary carer

18. Have you been told you are clinically vulnerable?

- Yes
- No
- Unsure

LINK TO THIS SURVEY: <https://www.smartsurvey.co.uk/s/5OWUYE/>

QR CODE FOR THIS SURVEY:

Appendix F – Anecdotal feedback capture form to add

Community insight – anecdotal feedback about COVID-19 vaccines

It is essential that we hear and understand people's views and concerns about the vaccine to ensure that we can all support people to make an informed decision about whether or not they want it, based on accurate information. We also want to hear about any practical concerns people might have about being vaccinated, accessing information on the vaccine, or anything else that you hear from the communities that you support around the vaccination that might help us to better understand and engage with them.

Please return the below information via email to megan.russell@vsialliance.org.uk – you do not need to disclose any personal information about the people you are having conversations with, but it would be useful for us to know which communities these views are coming from. There is no obligation for you to feedback anything regularly – just as and when you notice a trend in what people are telling you. Themes from this feedback will be collated in a fortnightly insight summary, which is used to support decision-makers in health and social care to better plan the delivery of vaccines in a way that works for different communities in Calderdale.

About you	
Your name	
Your organisation	
About the people you are hearing this information from	
What is the general demographic of these people? (e.g. male rough sleepers, Asian women with young children, etc.)	
What is the general area that the people live in? (e.g. Park ward, HX6, etc.)	
Roughly how many people are you hearing this from?	
Feedback	
What are the concerns or views that you are hearing?	
Any other information	
Is there information that you would like to support you in having conversations	

with people about the vaccine? If yes,
please tell us what:

Appendix G – Detailed delivery plan

Activity type	Mechanism	Target audience	Purpose	Analysis/feedback mechanisms	Frequency of update	Delivery method	Actions/status
Survey	'Temperature check' survey	All Calderdale residents	To capture a moment-in-time snapshot of the views of Calderdale residents on the vaccine	Headlines from report to be included in insight summary	One-time - survey open for 2-week period	Talk Back panel	<p>Send copy of findings to be included in plan - completed</p> <p>Confirm date of panel and length of engagement –</p> <p>424 survey responses collated and a results report</p>
Survey	Broader survey for targeted communities	Focusing on: <ul style="list-style-type: none"> • People living in deprivation / most impacted by health inequalities • Vulnerable health groups; homeless, asylum seekers/refugees, substance use, travellers etc • People with learning disabilities • Carers • People classed as 	Building on previous engagement findings, to explore the reasons why some groups are more hesitant to receive the vaccine. To ensure we reach groups that are less frequently heard from.	Survey hosted in Smart Survey - results to be analysed on a fortnightly basis. Headlines to be included/updated in insight summary and circulated with partners.	Fortnightly	Vulnerable health groups: via community representatives such as food banks, volunteers etc. CCG social media, media releases, websites and newsletters VSI newsletter and database	Send survey link to community representatives Comms to escalate all above VSI to send survey to VAC districts

		<p>clinically extremely vulnerable</p> <ul style="list-style-type: none"> • BAME groups <p>As well as other less heard-from groups:</p> <ul style="list-style-type: none"> • Older people • Disabled people • Men • LGBT+ • Parents 				<p>All partner's websites and social media</p> <p>Engagement Champions</p> <p>COVID Champions</p> <p>Neighbourhood Teams</p> <p>Provide member databases</p> <p>Carers groups</p> <p>All1Collective</p>	<p>Comms to send all partners for</p> <p>Newest tranches trainees to pilot - 23/02)</p> <p>Current EC's to briefings</p> <p>Relevant EC's engagement (c</p> <p>Catherine to brief Champions</p> <p>COVID Champions out engagement</p> <p>Kirsten to send Neighbourhood</p> <p>Jill to send sur providers</p> <p>VAC to send s carers groups</p> <p>Catherine to sh link with group she is leading</p>
--	--	---	--	--	--	---	---

Survey	Patient experience survey	People in Calderdale who have received a COVID vaccination	To capture the views and experience of people who have received the vaccine including making the initial appointment, travel time and potential improvements	Data to be fed back to Healthwatch to analyse using Nvivo Headlines to be included/updated in insight summary	Fortnightly	GP surgeries	Contact surgeries with survey link, QR code and leaflets promoting the survey, with the option for the survey to be sent directly to patients after vaccination through SMS link/other practice communication channels to complete
							Staff to be briefed on intranet, staff managers etc and survey link to patients
						Pharmacies - TBC	TBC to contact pharmacies with survey link and leaflets promoting survey, with this to be sent to patients after vaccination through SMS link to pharmacy completion
							Staff to be briefed on intranet, staff managers etc and survey link to patients
						Hospital Hubs	TBC to contact hospital hubs with survey link, QR code and leaflets promoting survey with the option for the survey to be sent directly to patients after vaccination through SMS link/other practice communication channels to complete

						sent directly to vaccination thro link/other hosp
						Staff to be brie intranet, staff n managers etc a survey link to p patients
						Vaccination centres - Boots
						Contact Boots link, QR code a promoting the the option for t directly to patie vaccination thro link/other cent complete
						Staff to be brie intranet, staff n managers etc a survey link to p recipients
						COVID Community Engagement T&F Group
						All stakeholder patient experie through their n reach those va roving team
					Fortnightly	Current EC's to

Feedback template form	Anecdotal feedback	All Calderdale residents	To gather wider informal, anecdotal information about community opinion on the COVID vaccine	<p>Healthwatch to request feedback form from stakeholders as and when they have feedback to share - Helen will send monthly reminder</p> <p>Headlines to be included/updated in insight summary</p> <p>Helen to pass positive stories onto Simon on an ad hoc basis</p>		Engagement Champions	Relevant EC's anecdotal feedback form
						COVID Champions	Catherine to brief COVID Champions (date)
							COVID Champions anecdotal feedback form
						Neighbourhood Teams	TBC to send anecdotal feedback captured through Neighbourhood Teams
						Involving People Network	Item on agenda capturing anecdotal information and as appropriate
							Anecdotal feedback form shared with stakeholders and escalating
						All1Collective	Catherine to share feedback from a seminar with a community engagement group
COVID Community Engagement Task and Finish Group	All stakeholders to provide anecdotal feedback through their networks						

Anecdotal feedback	Anecdotal staff/ professionals feedback	Staff from all health and care services in Calderdale including hospital, primary care, community and care homes	To gather anecdotal information on staff experiences administering the vaccination To assess the need for broader staff engagement	Healthwatch to request feedback form from stakeholders as and when they have feedback to share - Helen will send monthly reminder Headlines to be included/updated in insight summary Analysis to be reviewed by COVID Community Engagement Task and Finish Group and if necessary, further engagement with staff will be planned	Fortnightly	PCNs	Helen to contact anecdotal feedback form
							PCNs and other feedback through engagement route
People stories / positive message	Webpage	All Calderdale residents	Collect supportive messages and positive stories from people who have had the vaccine.	Headlines to be included/updated in insight summary Helen to pass positive stories onto Simon on an ad hoc basis, and Emma (VAC) for promotion on social media channels	As and when	Healthwatch webpage	Healthwatch to page on their website gather additional experiences of vaccine
						Involving People Network	Item on agenda collecting positive stories through Healthwatch webpage
							Link to Healthwatch messages webpage

							with key partners and stakeholders for
						COVID Community Engagement Task and Finish Group	All stakeholders to ensure any positive stories are fed back from their
Other engagement	Various	All Calderdale residents	To ensure the views of those not reached by other mechanisms are heard from	Headlines to be included/updated in insight summary	As and when	Community Research Advisory Group - researching the effect of COVID-19 on diverse communities in Calderdale	Meg to meet with them to share insights from their findings
						Scrutiny Board	To ensure council and other Scrutiny members are aware of current insight report - 04/02/21
							All to ensure council and other Scrutiny members are kept up to date on engagement around the vaccination actions arising
Facebook Q&A	TBC to ensure council and other Scrutiny members are kept up to date on engagement around the vaccination actions arising						

							raised in this s included in insi
							Facebook groups Meg to liaise w Facebook loca
							Potentially - M admins anecd form

Appendix 3 – Citizens Talk Back Panel

(Some of the content in this section may not be accessible to all users please contact the Customer insight Team at Calderdale Council if you require the information in an alternative format)

COVID_19 Vaccine Survey

Results report

Web based Survey to the Citizens' Panel

Report prepared by the Customer Insight Team, February 2021.

www.calderdale.gov.uk

COVID_19 Vaccine Survey 2021

This report displays the simple number and percentage results of the questions asked in the COVID_19 Vaccine Survey carried out online to members of the Citizens' Panel in January 2021.

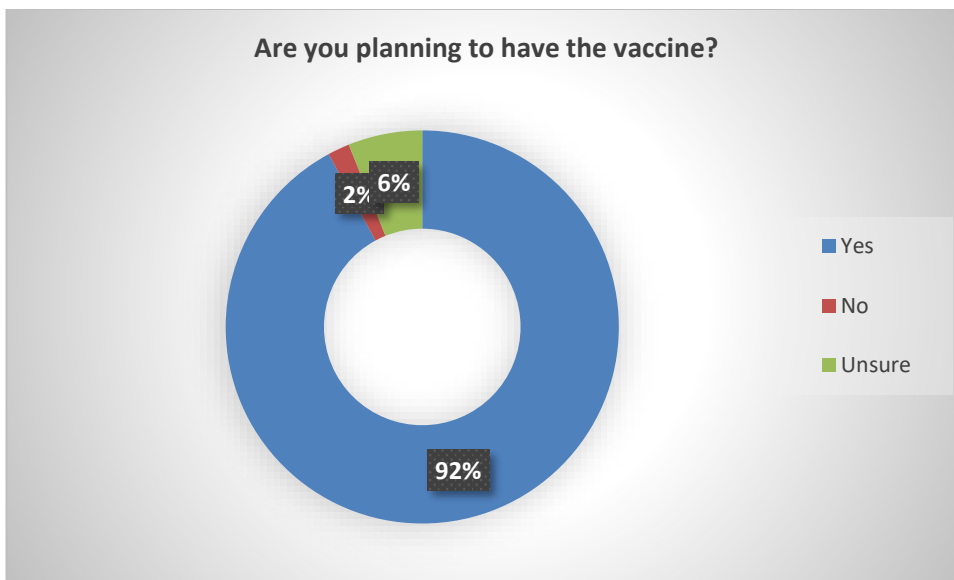
424 questionnaires were returned prior to the closing date (01.02.2021) from respondents using the online survey, the data of which has been used to prepare this report.

Responses to the substantive literal questions are given in the appendices at the end of the report.

Q1. Are you planning to have the COVID vaccine when it is made available to you? (If you have already had the first vaccine injection please tick 'Yes').

Answer	Yes	No	Unsure
Frequency	363	7	24
Percent	92.1%	1.8%	6.1%

Base = 394



Q2. If No or Unsure, please tell us your concerns..

I've already had COVID, not sure why I should have the vaccine. But if it means I get to go on holiday then I'd be tempted.

I am a scientist (I teach on a medical degree programme), and I don't feel all the questions about each vaccination have been fully answered. My particular concerns are whether enough information about those who have existing severe allergic reactions (which includes me) is available for each of the vaccines. I am also concerned about the mechanism for so-called Long COVID, and whether this could be caused by vaccinating those who have already had COVID-19 (as I have). I am most deeply troubled by the changing of the vaccination gap though. This is unscientific, and the consequences are unknown.

Probably will but nervous about unknown long term side effects

I have a serious chronic illness and would probably suffer a relapse if I have the vaccine. Also housebound so someone would have to come to my home to give it to me.

In my view, the vaccine is not properly tested

Trust

Not confident that it has been thoroughly tested yet

Would like to see what the long terms side effects are beforehand. Happy for vaccines but not ones accelerated faster than standard regulations.

Want more information about what's in the vaccine

Just don't want one. No concerns, live alone, obey the rules.

I'm a healthy person. COVID has a 99% recovery rate so why would I need a vaccine that is only effective for a few months and doesn't make you immune anyway.

Don't take medicines at all if can avoid it

Have had bad reaction to flu jab in past and don't want another bad reaction

I am unsure as to which vaccine is most effective AND does not have 'other' side effects. I am not happy about mRNA methodology.

Clinically vulnerable due to respiratory problems caused by chemotherapy drugs which were cardio-toxic and had an anaphylactic reaction to. Unsure if COVID vaccine will exacerbate situation. Asked GP and waiting to hear.

It has been rushed through -- I want to see long-term safety data

Medical research on vaccines and cross reaction and impact on those with nonstandard immunity.

Would rather have the Oxford as it's British and I trust it more, but very sceptical about it all.

Not until I'm sure they are no side effects. Most vaccines are tested for 2 years.

Not convinced its worth it

Not sure the long term effects

I don't know enough about it

I fear that the 21 days between doses will extend further than 21 days. Should this exceed 42 days it will be off label as per Pfizer biontech's statement in the bmj.

Would rather it was given to key/front line workers.

Because of the delay in giving the 2nd dose. I would also like my antibodies tested.

Haven't fully researched the information yet I would also want to know what vaccine I am getting

Will I have to queue in the cold? Who will be vaccinating me?

I have had an anaphylactic reaction to previous vaccines

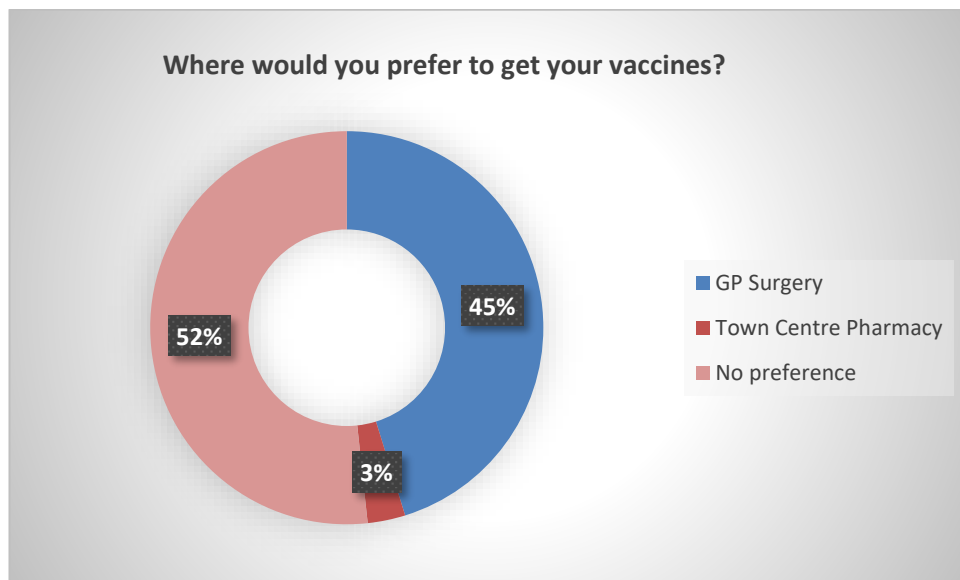
Safety

Not sure if it is safe - After everything else, I no longer trust this government, outsourcing NHS service to profiteers.

Q3. Where would you prefer to get your vaccinations? (In future there may be other venues available, yet to be confirmed)

	GP Surgery	Town Centre Pharmacy	No preference
Frequency	190	13	217
Percent	45.2%	3.1%	51.7%

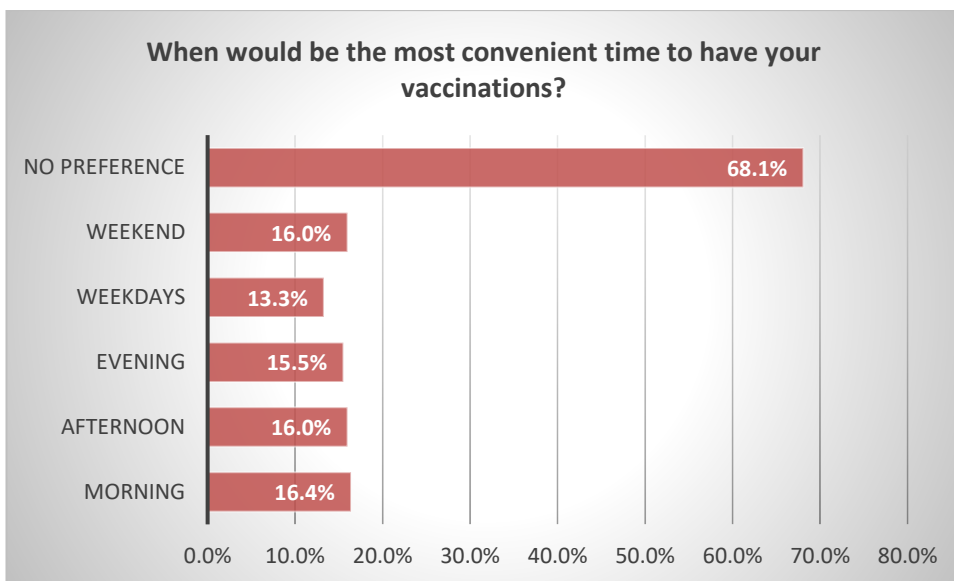
Base = 420



Q4. When would be the most convenient time to have your vaccinations? Please tick all that apply.

Convenient times	Morning	Afternoon	Evening	Weekdays	Weekend	No preference
Frequency	69	67	65	56	67	286
Percent	16.4%	16.0%	15.5%	13.3%	16.0%	68.1%

Base = 420

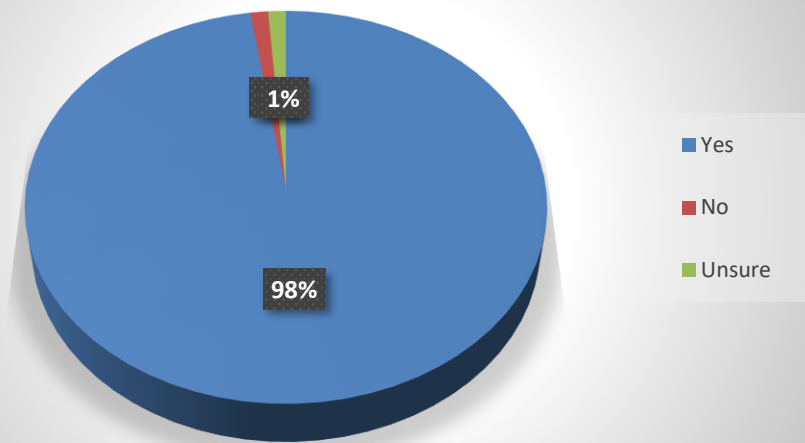


Q5. Once you've had the vaccine, you'll be asked to keep following advice about hand-washing, wearing face-coverings, social distancing and so on afterwards. Would you be willing to do this?

Answer	Yes	No	Unsure
Frequency	400	5	5
Percent	97.6%	1.2%	1.2%

Base = 410

Once you've had the vaccine will you keep following advice?



Q6. What might stop you from having the vaccine?

See Appendix I for full literal responses

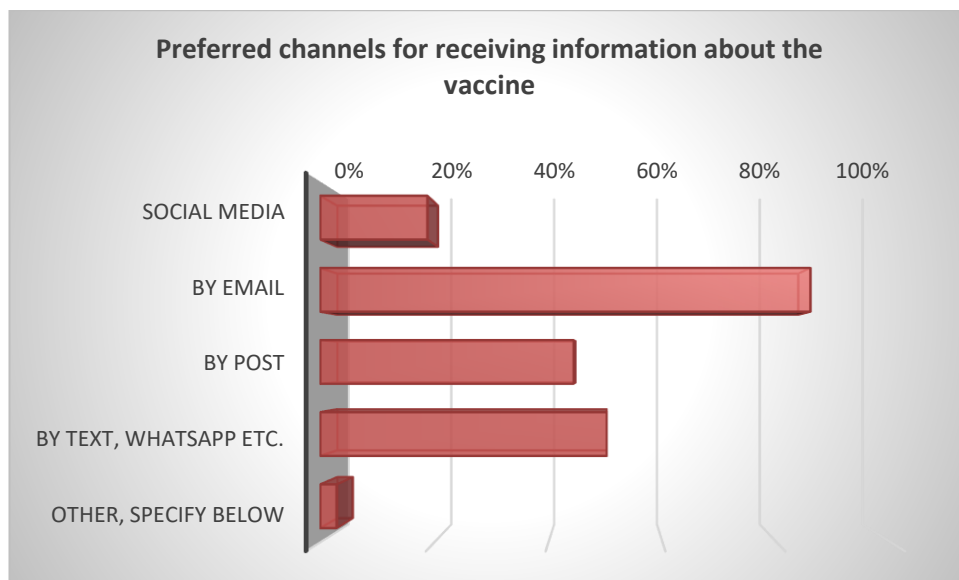
Q7. Is there anything else you would like to know about the vaccine?

See Appendix II for full literal responses

**Q8. What are your preferred channels for receiving information about the vaccine?
Please tick all that apply.**

Preferred channels	Social media	By Email	By post	By Text, WhatsApp etc.	Other, specify below
Frequency	77	352	182	206	12
Percent	18.8%	85.9%	44.4%	50.2%	2.9%

Base = 410



Q8a Other

- Technical info from scientific journals
- Local news, national news
- 12 x Telephone
- Information should be readily available on both the Government and Local Authority website
- Local media (if available)
- 2 x I will do my own research
- 2 x Any means
- 3 x tv
- phone call from my GP
- Guardian newspaper, family in NHS
- Text = yes: WhatsApp less so
- media or phone
- Newspaper local press

About you...

Q9. Your gender

	Male	Female	Prefer not to say
Frequency	164	232	11
Percent	40.3%	57.0%	2.7%

Base = 407

Q9a. I describe my gender in another way:

zouk

Genderqueer

2 x non binary

Fluid

Q10. Your age

AGE	18 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 - 75	76 or over
Frequency	3	3	7	21	37	38	38	66	59	57	62	24
Percent	0.7%	0.7%	1.7%	5.0%	8.7%	9.0%	9.0%	15.6%	13.9%	13.5%	14.7%	5.7%

Base = 423

Q11. The ward you live in

Ward	Frequency	Percent
Brighouse	28	6.8%
Calder	38	9.2%
Elland	23	5.6%
Greetland and Stainland	29	7.0%
Hipperholme and Lightcliffe	21	5.1%
Illingworth and Mixenden	17	4.1%
Luddendenfoot	22	5.3%
Northowram and Shelf	25	6.1%

Ward	Frequency	Percent
Ovenden	12	2.9%
Park	1	0.2%
Rastrick	25	6.1%
Ryburn	26	6.3%
Skircoat	41	9.9%
Sowerby Bridge	17	4.1%
Todmorden	33	8.0%
Town	26	6.3%
Warley	19	4.6%
Don't know	9	2.2%
Prefer not to say	1	0.2%

Base = 413

Q12. What is the first part of your postcode?

Postcode	HX1	HX2	HX3	HX4	HX5	HX6	HX7	OL14	HD2	HD3	HD4	HD5	H
Frequency	14	63	94	28	18	36	44	32	4	9	2	-	63
Percent	3.4%	15.2%	22.7%	6.8%	4.3%	8.7%	10.6%	7.7%	1.0%	2.2%	0.5%	-	15

Base = 414

Q13. Your ethnicity

Ethnicity	Frequency	Percent
White British	378	92.4%
White Irish	5	1.2%
White Gypsy or Irish traveller	-	-

Ethnicity	Frequency	Percent
Other White	4	1.0%
Asian/Asian British/Indian	-	-
Asian/Asian British/Pakistani	2	0.5%
Asian/Asian British/Bangladeshi	1	0.2%
Asian/Asian British/Chinese	-	-
Other Asian	-	-
Black/Black British/African	-	-
Black/Black British/Caribbean	-	-
Black other	1	0.2%
White and Black African	-	-
White and Black Caribbean	1	0.2%
White and Black Asian	-	-
Other mixed background	1	0.2%
Arab	-	-
Prefer not to say	16	3.9%

Base = 409

Q14. Do you consider yourself to have a disability, or long-term illness?

	Yes	No	Prefer not to say
Frequency	95	308	16
Percent	22.70%	73.5%	3.8%

Base = 419

Q15. Are you a carer? (Do you provide unpaid care/support to someone who is older/disabled or has a long-term condition)

Carer	Yes	No	Prefer not to say
Frequency	43	365	10
Percent	10.3%	87.3%	2.4%

Base = 418

Q16. Are you a parent/primary carer of a child or children, if yes, how old are they?

Age of children	0 - 4	5 - 9	10 - 14	15 - 19
Frequency	27	21	28	25
Percent	26.7%	20.8%	27.7%	24.8%

Base = 101

Q17. Have you been told you are clinically vulnerable?

Answer	Yes	No	I don't know
Frequency	47	342	30
Percent	11.2%	81.6%	7.2%

Base = 419

Appendix I: Q6 What might stop you from having the vaccine?

180 X Nothing/No/Not applicable

Concern about long term effects

If information becomes available that it isn't suitable for breastfeeding mothers.

if I have a cold

Side effects which are not known

The fact that changes to the vaccination gap have been made AFTER people had given consent based on the scientifically tested vaccination gaps. This means that their consent was void. If we later find out that the gap now used is sub-optimal, those people will have a strong moral and legal case to sue. The changes also put the medics who gave the initial vaccinations in a horrific legal position, as the consent forms (which protect the medics from suing) are now void. I do not want to be one of those people.

Inaccessible location, appointment in the middle of the night

Not been able to get there on public transport or it been walking distance from home

If my consultant tells me not to have it.

I have often fainted after injections, so having the option to lie down and a recovery space is helpful

Shortage of vaccine

Nothing other than all the other priority groups have been vaccinated first.

Illness / vaccine preference eg. Oxford vaccination

Being ill at the time

If suffering from other viral type infection

My Underlying health conditions

Pfizer version not appropriate for me - immune system problems

If safety fears emerge during roll out

If I am poorly or need to be with lots of other people

News of a vaccine resistant strain or newly discovered side effects.

Nothing. From a practical point of view, convenient parking is best

Distance of travel

my own health condition

we need proper testing before they are introduced, I don't trust government advice

Very little bit definite trust concerns with current government

If advised not to because of allergies

Concern about side effects and efficiency of the vaccine

Length of time before actual clinical testing is confirmed. What the purpose of it is if you still require to wear face masks and social distancing after receiving it.

Conflicts with work appointments but vaccination would take precedence.

Large numbers of adverse side affects

Inexperienced non medics administering the vaccine

I need to be accompanied because I faint after injections. If no one is available to go with me, I won't be able to have the vaccine.

Don't want the American version of vaccine

catching COVID!

Allergy contra-indication

Bit scared about the effects

If I thought it was unsafe .

only if I cannot get there

If it's Dangerous

unable to get to vaccination hubs if not available locally

If the place of vaccination is not accessible because I don't drive

I am a little concerned about the possibility of the vaccine being sourced from aborted foetus but I will probably go ahead with the vaccine but with a heavy heart

Mixing the Pfizer dose with the Oxford one.

Being told I wasn't suitable candidate due to a current health issue

Due to my age and health I probably won't get the vaccine for some time, the only thing that might stop me is a lot of side effects being discovered in the meantime

I'd be DEAD

The fact that pharmaceutical companies are for-profit companies. They may cut corners and not fully disclose side-effects. The mRNA vaccine is new technology, the full understanding of all side-effects may take a few years.

If advised not to because of allergies

not being invited to have it

Certain ingredients/ Risk of complication

illness

Nothing unless for some reason I could not get to the vaccination centre

Any significantly high side effects not identified through trials or people vaccinated so far.

Needle phobic

It doesn't stop you having the virus and passing it on, just lessens the symptoms. I'm not in an at risk category so don't feel the need.

If I was in Hospital with COVID

if side effects became problematic

If people died after having it and was shown the vaccine was at fault

Feeling unwell or bad weather

Don't take medicine. Use herbal remedies

Nothing unless proved unsafe

Massive reaction

I am bed bound and unable to walk at all.

Godzilla standing over the entrance, other than that not very much

Shortage of vaccine

My current health and meds

Uncertainty over deaths with Pfizer vaccine.

if my breathlessness was made worse than it is already 1 year after receiving chemotherapy drug Herceptin

Illness

which make will it be

Availability

Only incapacity.

I've already had it

Shortage of vaccine

Cost

If it was found to be ineffective or have serious adverse effects (both unlikely given evidence)

death

concerns about long-term safety as previously stated

Potential issues with my wife's health.

Allergic reactions

Lack of testing

fear of side effects

If dr advised me not to for some reason

Absolute evidence it was unsafe

If I get offered a time when I am at work

If an unusually high number of recipients report having severe adverse reactions to it

Lack of vaccine availability

The emergence of dangerous acute side effects.

Other illness

Icy conditions

Adverse side effects

If it is proved not to be working

I would be reluctant to go to a large vaccination centre as I would be concerned about catching the virus in the vaccination centre if there was inadequate ventilation and people not wearing masks correctly.

side effects

If I got COVID

Nothing unless I can prioritise others in front of me.

Nothing. Being sick at the time with COVID?

Would not want to travel long distance by public transport and I do not have a car

Reports of unexpected side effects

If anything happens to other people (side affects)

Nothing unless having a cold, flu or indeed COVID itself would necessitate delaying.

Concerns around mRNA versions

If there are any reactions to it

Not sure of long term effects

If I'm ill

If something was discovered medically wrong with it

Side affects

Illness only

If it is shown to be ineffective or to have caused problems by the time I can have it

the unknown

Adverse news coverage or reports of ill effects from friends/family

Lack of certainty of timescales for the second dose. The government seem to be more concerned about headline figures and being "better" than other countries by staying the figures of first dose only inoculation.

Uncertainty a round risk. Not being certain that I will be given the course of vaccine that the vaccine makers intended.

Already stated

Only on medical advice

Medical advice against it.

If it is the Pfizer one as I have allergies which require me to carry an Epi pen.

Bad reaction

Negative information

evidence of reactions

Illness

Catching COVID before I get it!

If it is shown to be ineffective or to have caused problems by the time I can have it

Not being able to get to a vaccination centre

already had vaccine on 12th Jan

If I got COVID

Queuing. Unqualified vaccinators

distance to clinic

Reactions to vaccines

If husband is working when appointment time is allocated, as I need help being disabled. Second reason is that if I have died before being allocated vaccination time. Otherwise I will be there as soon as a time is allocated despite snow, rain or floods.

Proven adverse reaction

Lack of availability

News of major side effects

significant reporting of major side effects

Illness

If audit of outcomes of those who have already had the vaccine causes concern to the health authorities and they advise that the vaccine programme should go on hold.

Concerns

Not being well on the day of the appointment

Someone else who needs more than I do getting it first.

Significant side effects that are identified from those who have already had the vaccination.

Reliable news that there was a problem ie on BBC news

Possible side effects

Concerns around mRNA versions

Nothing unless I can prioritise others in front of me.

Nothing Will Stop me, in my eyes it's the Beginning of Freedom

Unavailable time or date or too far away from my home

I do not trust the government that says it is effective and safe. I do not trust private companies to deliver it safely.

Fear Of Needles.

The fact that changes to the vaccination gap have been made AFTER people had given consent based on the scientifically tested vaccination gaps. This means that their consent was void. If we later find out that the gap now used is sub-optimal, those people will have a strong moral and legal case to sue. The changes also put the medics who gave the initial vaccinations in a horrific legal position, as the consent forms (which protect the medics from suing) are now void. I do not want to be one of those people.

I have often fainted after injections, so having the option to lie down and a recovery

Length of time before actual clinical testing is confirmed. What the purpose of it is if

I need to be accompanied because I faint after injections. If no one is available to go

I am a little concerned about the possibility of the vaccine being sourced from aborted

Due to my age and health I probably won't get the vaccine for some time, the only

The fact that pharmaceutical companies are for-profit companies. They may cut corners and not fully disclose side-effects. The mRNA vaccine is new technology,

Any significantly high side effects not identified through trials or people vaccinated

It doesn't stop you having the virus and passing it on, just lessens the symptoms. I'm

if my breathlessness was made worse than it is already 1 year after receiving

If it was found to be ineffective or have serious adverse effects (both unlikely given

I would be reluctant to go to a large vaccination centre as I would be concerned about catching the virus in the vaccination centre if there was inadequate ventilation

Lack of certainty of timescales for the second dose. The government seem to be more concerned about headline figures and being "better" than other countries by staying

Uncertainty a round risk. Not being certain that I will be given the course of vaccine

If husband is working when appointment time is allocated, as I need help being disabled. Second reason is that if I have died before being allocated vaccination time. Otherwise I will be there as soon as a time is allocated despite snow, rain or floods.

If audit of outcomes of those who have already had the vaccine causes concern to the health authorities and they advise that the vaccine programme should go on

Significant side effects that are identified from those who have already had the

I do not trust the government that says it is effective and safe. I do not trust private

Appendix II: Q7. Is there anything else you would like to know about the vaccine?

188 x No/Not really/Not applicable

no - i read up widely on the vaccine in respectable sources

Can we get it out even faster?

No, I feel confident and reassured having listened to many discussions regarding the vaccine

Does it protect against the new variants? Is it lifelong immunity?

risks

No, I trust the scientists

Lots!

Husband and wife across age bands

I think info has been very good.

Stated above. This information does not currently exist though.

Which vaccine .

If I'm able to have it due to past allergic reactions

Whether it contains any antibiotics to preserve it

Long term Side effects & risks

How truly effective is the Astra Zeneca version

Long term impacts

Yes, which one it is, likely affects

Increased follow up data on aspects such as fertility

A target date for both jabs would be good (especially if you manage to improve on target dates...!)

Any side effects

more detail about when the second dose would be given and whether this schedule is approved by manufacturer and tested by them in clinical trials

Would be interested to know which vaccine beforehand - but it will not make any difference

additional effects it may have

Things that aren't currently know - length of protection, whether one can infect others while being immune, etc

Does everywhere carry both the Pfizer and Astro Zeneca vaccines

Which vaccine is being used in Calderdale. When would a second dose be given

yes lots it has to been developed or reported in medical journals like other vaccines are - at great length in fact.

Which vaccine would I be getting?

suitability for breastfeeding mothers

How long does the immunity last

No-information provides is sufficient

No, I've done my own research

What side effects have been reported?

Given we're being restricted to a one shot vaccine and a wavering commitment t a follow up 12 weeks later, I'd prefer to have the moderna or Pfizer vaccine

No already asked husbands neurologist

I am allergic to penicillin ,is this affecting the ability to have the vaccine .

Interested to know which vaccine I receive

See question 6

Be updated on efficacy and known risks/ adverse reactions and side effects

What the differences are between the various vaccines

Does it protect against the new variants? Is it lifelong immunity?

when will I get the second dose

That companies will be liable to side effects.

Does everywhere carry both the Pfizer and Astro Zeneca vaccines

which one will be available to me.

How long will the protection last

Why I can't have my second shot in the 21 days it states on the handout I was given when I had the first one

No, but I am in the (just) over 70 category, my wife (just) is below that cut-off - wouldn't it be sensible for us to have the vaccine together making just one trip out

Whether we are putting at risk the overall duration and strength of immunity by not following manufacturers advice on dosage. I understand that all chief medical officers support this, but wonder why we are the only country in the world to take what seems an obvious approach if safe and effective. Wouldn't want to sacrifice long term safety for short term gains.

Figures for people who have refused

If it is only effective for a few months what is the point.

Which one will it be?

When well I get it

How important is it to have the second vaccine in a 12 weeks of the first

know enough

Just how soon will we get it.

Will next dose be done in 12 weeks

Yes, why hasn't it entered a more rigorous trial?

What guarantee is there that I'll get the second booster shot?

Is there a risk of anaphylactic reaction

Only things like how long the immunity is likely to last but I think that's not yet known.

Will I have one or two doses

When can I get it

Assurances that the second dose will be delivered within the 12 weeks stated.

can i have one of the denighers vaccines early

When is the second dose due please?

no, curious about how it stops Muslims?

am I getting a 2nd jab??

full list of ingredients

The full details of the testing undertaken, the scientific papers not brief summaries or press/government reviews or summaries

What happens if you don't get the 2nd one in a timely fashion! As they are not doing follow up ones and they should be as per guidelines

How long immunity lasts from the vaccine. If the vaccine protects from all current strains of COVID

Does it mean that I cannot inadvertently pass the virus on to others?

My daughter had severe allergies (has to carry EpiPen's) so I need to know which one she should have

Ongoing research and info as it's available from the scientists

No I have trust in our approvals process

effectiveness or otherwise of 12 week delay between 1 and 2

It would be interesting to know which vaccine I am given just for information.

Will 2nd doses be given

How often will we have to have the jab

Can I have the Oxford vaccine

Which one are we likely to have in Calderdale?

Ingredients

No. Plenty of info in the medis

WHEN CAN I GET IT

Ongoing research results

How much protection against variants?

Many things we need to know, but are as yet unknown eg effect on transmission, length of immunity, and whether proof of complete vaccination will open up overseas travel opportunities.

How safe is it

Only the long term effects

What are the side affects

Efficacy following first dose

Whether it contains any antibiotics to preserve it

how long does the immunity last

no - feel well informed - but will need more info about roll out and when my turn is coming up

I would like to know what vaccine I was going to get, prior to having it. I would want to know the percentage around how effective it would be and by when.

Reassurance about 2nd vaccine in 12 weeks' time

Might it harm fertility in 23 year old women if taken

Which one is it.

Which company supplies it

When will the Oxford vaccine be ready.

Why do we have different vaccines and which is the best one.

life afterwards

does your second vaccine have to be the same brand as the first

Why isn't inoculation mandatory?

Which vaccine will be given them me

When can I have it?

is it safe

Can you ask for a list of ingredients and side effects?

When I will get second vaccination. Some people get a date when they have the first vaccination, and some don't. The former is the preference

No it's the only path out of this mess

Will everyone definitely get their second dose. I've not heard anything about my mother's cancelled 2nd appointment.

Can I travel abroad if I'm not vaccinated

Which company has made it

When I will receive it and which one it will be.

The BBC is full of it so no thanks.

What we know about side effects afterwards

I would like to understand who took part in trials- i.e. how it has been tested, I would like to understand the gap between vaccines is this what was trialled, I would like to understand the level of immunity and what it takes for the vaccine to have an effect, and how it works only alongside reducing the infection rate and more to be discussed around this. I would like to understand how often we have to be revaccinated. I.e. I know barely anything, despite being willing to have this vaccine. But in the communities I work (outside of Calderdale) I have heard people saying that they will not have the vaccine as they don't believe BAME people have taken part in trials and that there is a lack of clear information - we need to ensure information is easily available and clear and can cut through the disinformation and fake news.

I Preferer the Oxford Serum Because our Brains Made it

Is it safe to leave 12 weeks for the second dose?

I would be interested to know which MPs have turned it down

Longer term implications and its efficiency in relation to the new strains

