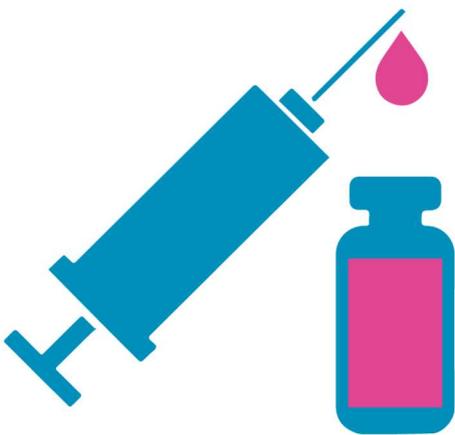




Perceptions and Experiences of COVID-19 Vaccinations: Survey Summary



May 2021

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Executive Summary

Context

As the COVID-19 pandemic has progressed, increasing attention has been placed on the role of vaccines in reducing the impact of coronavirus, especially amongst the most vulnerable.

The scale of the vaccination rollout which started at the end of 2020 is unprecedented in the UK, and Healthwatch East Sussex ran a survey in February and March 2021 to capture feedback from two groups of East Sussex residents in order to explore:

1. The direct experiences of people who have been vaccinated against COVID-19, with a focus on understanding how they had found the process, including what was effective and how it may be improved.
2. The views and preferences of those yet to be invited for their COVID-19 vaccination, including how likely they were to accept a vaccination.

Our goal was to capture a snapshot of people's experiences and views early in the vaccination process, and to share these with service providers, partners and the public across East Sussex to inform how the process evolves. We sought to identify successes and positives, as well as barriers or concerns.

The findings will also be used to guide further Healthwatch engagement activity to better our understanding of people's views on vaccinations, and to see if these change over time or vary between different groups.

This report provides a summary of the 1,855 responses to the survey. It also provides an overview of the methodology used to distribute the questionnaire and analyse the results, the key learning and some recommendations that may assist in evolving the vaccination process moving forwards.

Key Findings

The survey received 1,855 responses:

- 1,558 (83.9%) responses from people who had received a COVID-19 vaccination
- 297 (16.1%) responses from people who had not received a COVID-19 vaccination

Satisfaction rates amongst those vaccinated were overwhelmingly positive with 97.5% of respondents very likely or likely to recommend a vaccination to family and friends, with a similar proportion (97%) feeling very safe or safe when attending vaccination sites.

The most common motivations for accepting a vaccination were 'protecting my family, friends and loved ones' (89.5%) and 'protecting myself' (88.3%), with the next three being 'combating the COVID-19 virus', 'It's the responsible thing to do' and 'Getting back to normal as soon as possible'.

12% of vaccination recipients indicated that they had a post-vaccination concern, with the most common issues relating to post-vaccination side-effects, the long-term effects of the vaccines and anxiety around dates for second vaccinations for those who had not received them.

Only 4% of respondents felt that vaccination sites did not meet their accessibility or other requirements. However, issues were raised about sites in relation to the proximity of car parking

and bus stops/train stations, signage both around and on sites, availability of all-weather waiting areas, adequate seating and staff adherence to PPE and social distancing guidance. Only two-thirds of respondents (65.9%) felt there were appropriate private spaces to hold consent or capability discussion.

Approximately one-in-five people identified an issue which impacted on their ability to attend their vaccination, ranging from seeking time from employers and personal caring responsibilities, through to practical issues such as a lack of suitable transport options and the cost of travel.

Issues were identified around pre and post-vaccination communication and information. Nearly half (47%) of those vaccinated had not received information on support with travel before their vaccination, and a quarter (25%) had no contact details they could use if they had any queries.

Post-vaccination information was similar with fewer than two-thirds (61.7%) receiving written details of who to contact in the event of an adverse reaction, and just over half (58.4%) guidance on need to continue to adhere to Hands-Face-Space post-vaccination.

Of the 297 respondents who had not been vaccinated, 180 (60.6%) indicated they would or were likely to accept one, with 117 (39.4%) would not, were unlikely to or had already declined a vaccination. Of those unwilling or unlikely to accept a vaccination, 47 (40%) had already declined a vaccination.

The 5 most common motivations for those wanting a vaccination are the same as those who have received one. Nearly two-thirds of those wanting a vaccination indicated nothing would stop them from receiving it, although concerns remained around vaccine safety and long-term health effects.

The most common reasons for not wishing to receive a COVID-19 vaccination were: personal choice, vaccine safety, long-term effects and a desire to wait and see if issues arise. When asked what would help people decide, the most common reasons given were more robust evidence, nothing and details of vaccine safety.

Conclusions

The vaccination process is highly regarded by an overwhelming majority of East Sussex residents. Comments identified that most people had a positive vaccination experience and were grateful to the professionals and volunteers involved.

Some issues were identified in relation to communications and the provision of information before, during and after vaccinations, particularly around the booking process, transport and travel, as well as who to seek support from with queries or in response to an adverse reaction.

A majority of those yet to be vaccinated have indicated they will or are likely to accept it when invited come what may, but anxieties do exist around second vaccination dates, vaccine safety and side effects, and the potential long-term impacts on their health.

Vaccine hesitancy exists and was more significant than anticipated. It appears motivated by a desire to retain personal choice, the lack of a compelling case from some people's perspective for vaccinating the whole population and ongoing concerns about short and long-term vaccine safety.

A number of recommendations which respond to these findings are presented at the end of the report.

Methodology

Our survey questions

We reviewed existing research and surveys into COVID-19 from Healthwatch England, academic institutions and local health providers when developing our questions.

Our questions explore several themes, including:

- Experiences of receiving a vaccination, especially information and accessibility
- How safe people felt through the process
- Motivations or reasons for receiving or refusing a vaccination
- People's most pressing concerns or sources of anxiety about the vaccines or vaccination
- The effectiveness of communication and information, especially that used to inform decision-making

Our survey was divided into two sections, one for completion by those who had received at least one vaccination and the other for anyone who had yet to receive a vaccination. Respondents could only complete one of the two sections.

We piloted our survey questions with our staff, Board and volunteers as well as with independent third parties before we made it available to the public.

We also shared the survey questions with our local Healthwatch colleagues (Brighton & Hove and West Sussex) and they ran vaccination surveys during the same time period allowing a Sussex-wide picture to be developed.

How we distributed our survey

Our survey ran from the middle of February through to the end of March 2021 via SurveyMonkey.

The survey was distributed and promoted in a range of ways, including:

- Posts and articles on our website and social media channels (Twitter and Facebook)
- Direct emails to contacts and local organisations for onward promotion and sharing
- Promotion via posters with QR codes at a limited number of vaccination sites in East Sussex
- Collaboration with statutory organisations, health and social care providers, local businesses, voluntary sector partners and community groups to promote the survey and encourage their own staff to participate in its completion. *For a more detailed list - please see Appendix 3.*

We are grateful to all of partners and those who assisted us by promoting and sharing the survey. *For a list of acknowledgements please see Appendix 2.*

We acknowledge the limitations that may result from running an online survey and promoting it primarily through electronic means. Hard copy versions of the survey were available, as was completion over the phone, but no requests were received.

Presentation of the findings

The next section of the report provides an overview of the responses from Cohort One, those respondents who had received a COVID-19 vaccination.

The two sections which follow provide a breakdown of responses for Cohort Two, one section (a) summarising the results from those likely to receive a vaccination, and one for those who unwilling or unlikely (b).

The **Conclusion** provides a summary of the learning from the whole survey and the **Recommendations** set out several suggestions in relation to the vaccination process.

It is important to note that respondents to the survey did not necessarily provide responses to all of the questions. The percentages shown represent the breakdown of responses to a particular question, rather than the proportion of respondents to the whole survey.

Where respondents were able to provide more than one response (e.g. Tick all that apply), the percentages shown represent the response as a proportion of the number of respondents completing the question, rather than the total number of responses to all answer options. Consequently, the combined percentages may exceed 100%. Similarly, due to rounding all totals may not total exactly 100%.

Cohort One: People who have had the vaccine: their experiences

Who did we hear from?

1,558 people completed this section of our questionnaire

We heard from people right across East Sussex, with the highest response from Rother District (28.9%) and the lowest from Hastings Borough (12.8%)

We heard from people of all ages, but those aged 65 and older were the age group who most frequently responded (45.7%)

91.5% of respondents indicated they were White British or White Irish

Just over 69% of respondents recorded their gender identity as Female

Nearly a quarter (22.9%) had an existing health condition

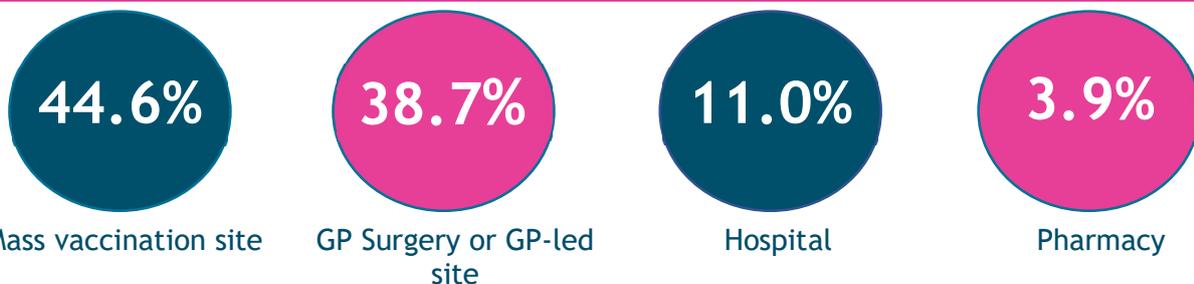
13.3% considered themselves to be a carer

For a more detailed breakdown please see Appendix One

Location of vaccinations

The vast majority of respondents (83.3%) received their vaccinations at either a GP-led location or a mass vaccination centre.

Where did you receive your first COVID-19 vaccination(s)? (1,331 respondents to the question)



Very few responses were received from those vaccinated in Care Homes (0.8%), via mobile vaccination units (0.5%) or in their own homes (0.3%).

Approximately three-quarters (78.1%) of those vaccinated at Hospital sites were Key workers.

Vaccine received

Over three in five respondents had received the Oxford/AstraZeneca vaccine (N823 - 61.1%), and nearly two in five the Pfizer/BioNTech vaccine (N521 - 38.7%).

Only three individuals (0.2%) indicated they did not know which vaccine they had received.

Invitations to vaccinations

Just under one-third (N398 - 29.7%) of respondents had received more than one form of invitation to receive a vaccination.

Some people found receiving multiple invitations unhelpful, especially where they responded to the first, only to find that the second may have suited them better.

“Marginally confusing different ways to apply to get a vaccination but all worked well in the end.”

“Chose the first one I received but would’ve preferred a choice of venue which was available on the 2nd option.”

The two most common reasons used by respondents able to choose where they received their vaccination (those not in care homes, hospital or housebound) were: the sequence in which the invitations were received (147 - 37.0%) and the location and accessibility of the vaccination sites (88 - 22.1%).

“Received surgery offer and then NHS letter. Wanted the first available and was local.”

“I chose GP route as more local and also the appointment came through before NHS invitation letter arrived.”

Comments suggest people generally accepted the first invitation received, especially if this was ‘local’ to them, and where there was more than one that they placed an emphasis on how quickly appointments were available and how easy they were to access.

Only 1.3% of respondents indicated that the gap between receiving an invitation to be vaccinated and the appointment was ‘too short’, with 2.1% indicating it was ‘too long’.

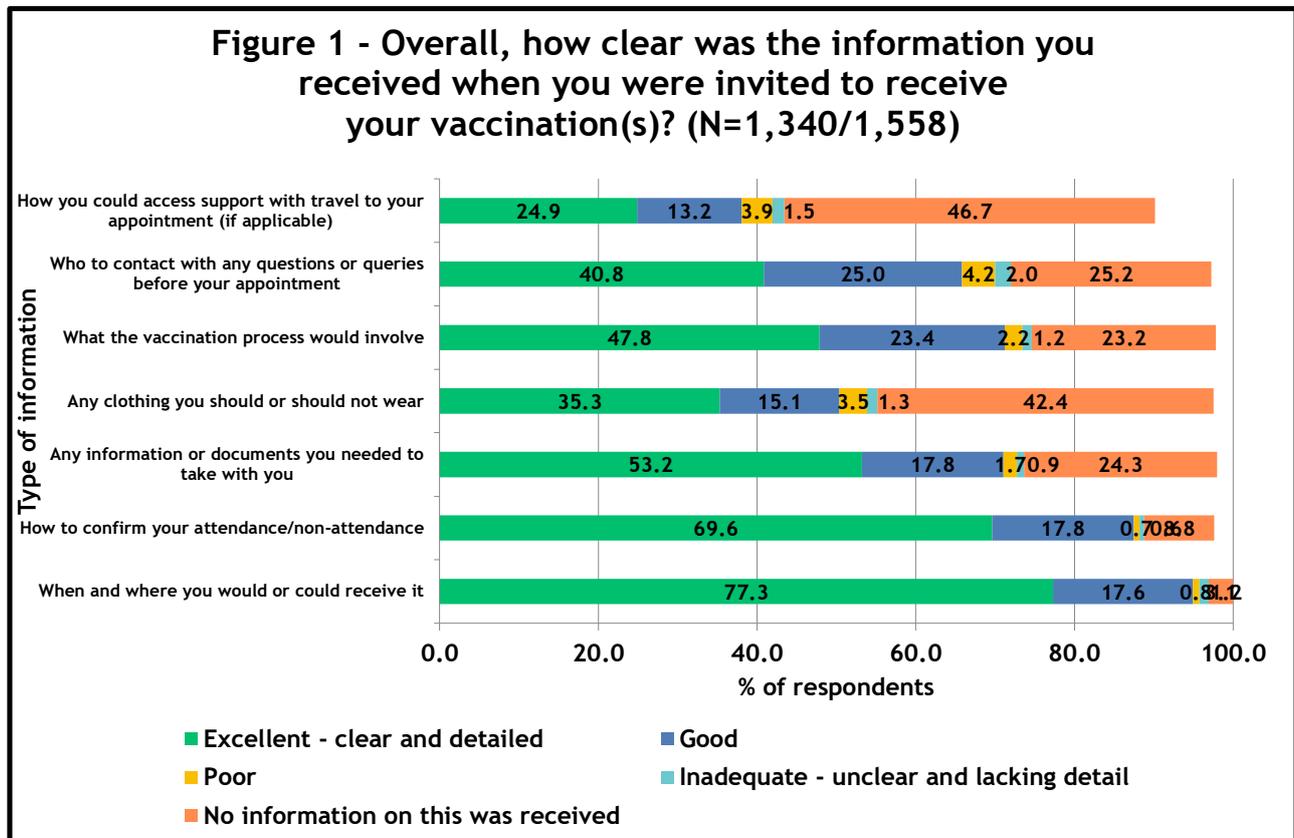
Pre-vaccination information

Survey respondents were asked to rate the quality of the information that they received as part of their invitation to be vaccinated.

Whilst information on vaccination site options and mechanisms to confirm attendance were rated as *Excellent* or *Good* by 94.9% and 87.4% of respondents respectively, other advance information was not as highly rated. For example, only 50.4% respondents received information on clothing to wear to vaccinations and 38.1% respondents on information on support with travel as *Excellent* or *Good*.

Nearly half of respondents (46.7%) indicated that no information on support available with travel to vaccinations was made available to them, with 25.2% identifying that no details were

provided of who to contact with any questions or queries, and 24.3% on a lack of clarity on any documents they may need to take to their vaccination.



Attending vaccinations

Over four out of five people (N931 - 81.7%) indicated no problems in attending their first vaccination appointment.

The most common barriers to accessing vaccinations related to transport and travel, with car parking (9.5%), travel time (4.2%), public transport (3.3%), private transport (3.2%) and travel costs (1.8%) all identified.

“It was a long walk from the bus route.”

“The nearest vaccination centre was 9 miles away with no on site parking. We know it though and where to park. The other Centre they sent an appointment for was 11 miles away with parking but not public transport.”

“Have mobility issues and told parking on site. That was not true.”

“I’m not local born and bred, so even with Google Maps, finding The Hastings Centre was difficult. I ended up having to ask directions from the Conquest Hospital. Clear local signage would be good. It’s unacceptable that we had to pay parking fees at The Hastings Centre.”

“One hour bus ride each way. Alternative which was closer would still have been 9 miles and 2 bus rides so would have taken even longer.”

Other factors included the impact on people’s caring responsibilities and reliance on a carer for support (1.5%) and their ability to get time off work to attend (1.0%).

“No opportunity for helper to accompany me into the vaccination centre.”

A number of comments focused on a lack of advance information on vaccination site locations, and particularly on poor signage between travel hubs (adjacent train stations and bus stops) and vaccine sites. Clear and visible signage is important at all sites, but particularly valuable at mass vaccination locations where a high proportion of people may be travelling from out-of-area.

“Could have been more signs in area of vaccination centre as didn’t know area.”

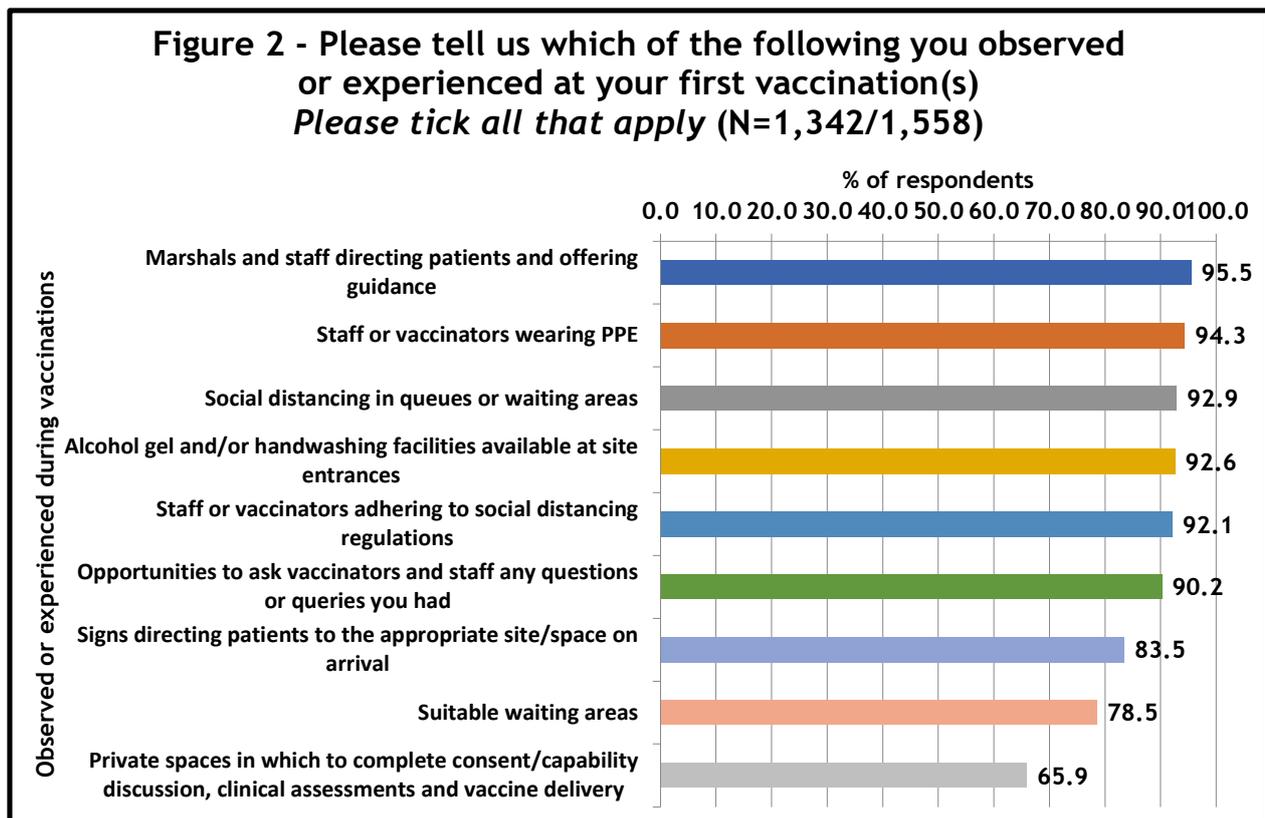
“No signage to indicate which building is the vaccination hub. Had to ask a few people, it is a very large site. Info should have come with what was sent in appointment confirmation.”

Vaccination Site Management

As indicated below, vaccination sites were viewed by a majority of respondents as effectively managed.

“It was very well run, everyone was helpful, it was a calm, efficient environment.”

“Outstanding service, just a huge testament to our public services in this country. Every staff member couldn’t have been improved on, I felt hugely proud of and grateful to them.”



Whilst positive overall, only three-quarters of respondents (78.5%) felt vaccination sites offered suitable waiting areas, and two-thirds (65.9%) suitable private spaces in which to undertake discussions and assessments.

“I didn't see any particularly "private spaces" at The Hastings Centre. It was a large open room.”

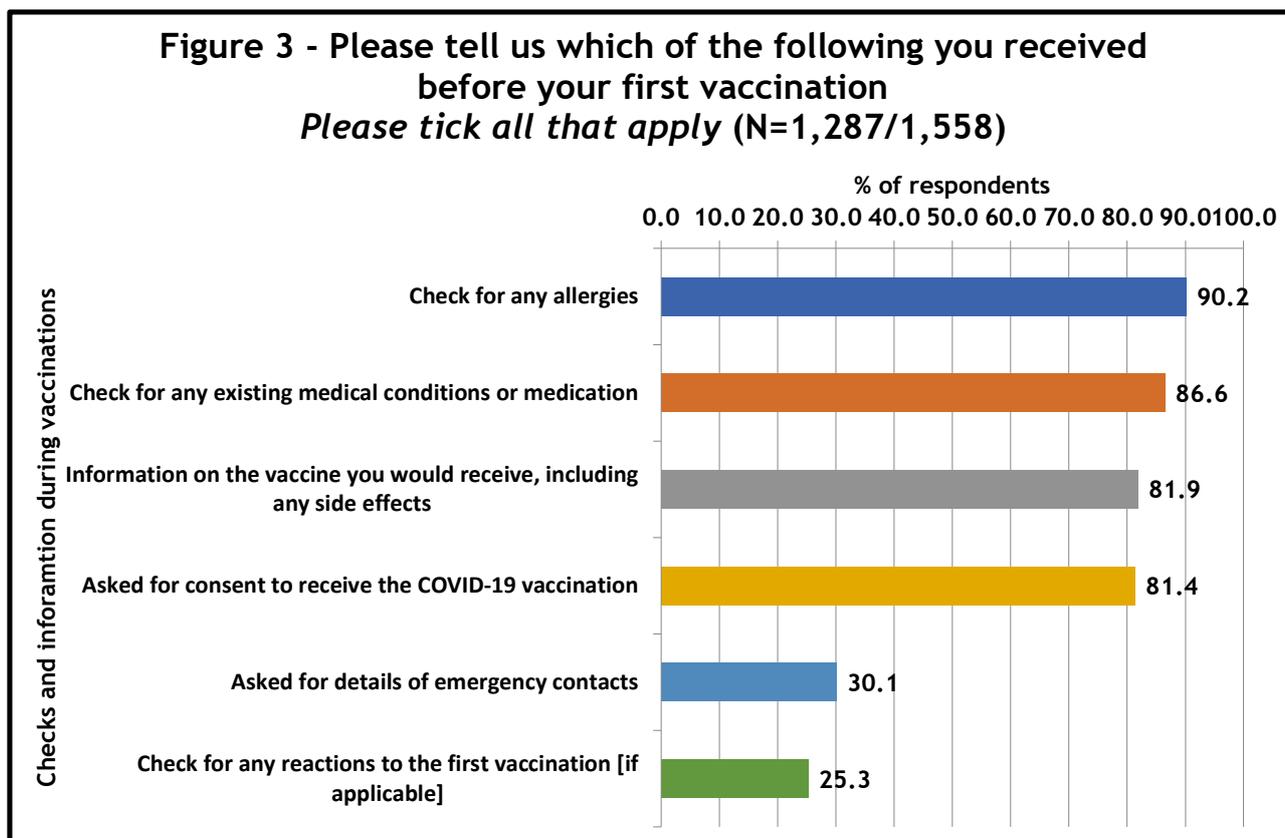
“Standing waiting in the Beacon people were just sort of milling about. There was not a lot of space in the vaccine administrative area and no privacy. Staff great, offered the chance to ask questions. Did not like the waiting area for afterwards which was next door, only one door for both entrance and exit, people dancing round each other. A separate in and out flow would've been better.”

Pre-vaccine checks

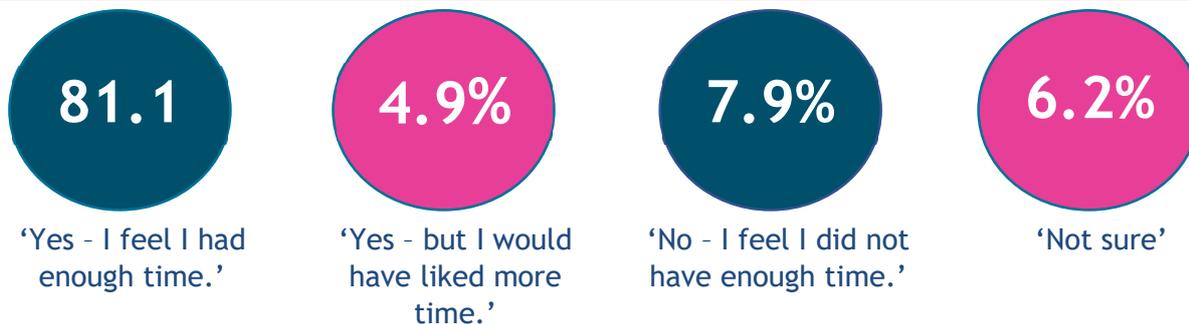
Respondents were asked to identify what checks were undertaken with them before they received their first vaccination.

Whilst an overwhelming majority identified that a robust series of questions were asked or information was provided, it is noticeable that approximately one-in-five people didn't recall being told what vaccine they would receive (including any side effects) or being asked for consent to receive the vaccination.

Similarly, one-in-ten people couldn't remember being asked about any allergies they possessed.



Do you feel you were given enough time to read and understand the information provided to you before consenting to your vaccination? (1,314 respondents to the question)

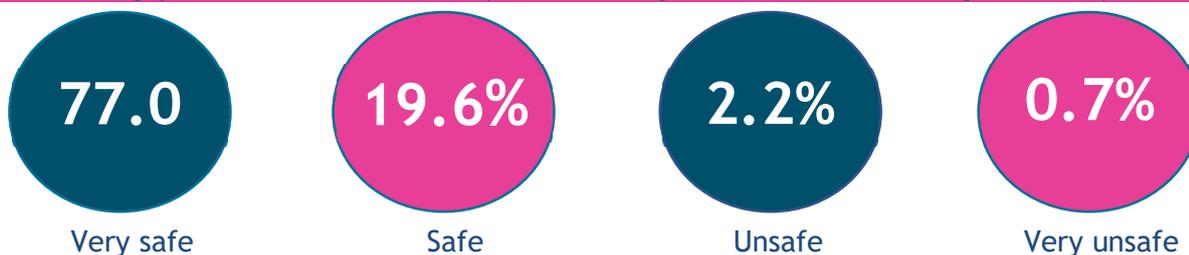


Four-out-of-five people felt they had enough time to read and understand information before consenting to their vaccination, however, 12.8% (168) would have liked more time or felt that they did not have enough time.

Safety at COVID-19 vaccination sites

Vaccination sites were viewed by an overwhelming majority of respondents (96.7%) as *Very safe* or *Safe*.

How safe and secure did you feel at vaccination site(s) or when receiving your vaccination? (1,346 respondents to the question)



Pharmacies were the sites most frequently identified as *Very Safe* or *Safe* (98.4%), and Hospitals the least (92.5%).

Vaccination site (First vaccination)	Very safe	Safe	Unsafe	Very unsafe	Not applicable	Total
Mass vaccination	476	106	11	3	2	598
	79.6%	17.7%	1.8%	0.5%	0.3%	100.0
GP or GP-led site	400	103	10	1	1	515
	77.7%	20.0%	1.9%	0.2%	0.2%	100.0
Hospital	95	40	7	4	0	146
	65.1%	27.4%	4.8%	2.7%	0.0%	100.0
Pharmacy	49	9	1	0	0	59
	83.1%	15.3%	1.7%	0.0%	0.0%	100.0

Whilst clearly identified as Very safe or Safe by a majority of vaccination attendees, concerns were raised by some people about various aspects of sites operation. These most frequently included:

Adherence to social distancing, both whilst outside and inside vaccination sites:

“Crowded and very little social distancing. a bit disorganised, too long a wait in a crowded space, no where to wait post vaccination.”

“Had to organise our queue ourselves by time of appointment very cramped inside building and had to fill out forms with nothing to lean on, or pens available - not told to take one, social distancing impossible.”

Numbers of people at sites in relation to the size or capacity of the venue:

“Very crowded. I am shielding yet crammed in with so many people. Inadequate spacing. No ventilation. I was shocked.”

“Felt that if I were to contract Covid it would be at this centre as it was so packed, and the queues so long, in a snake figuration, lack of ventilation, and 15 min wait area packed, had to queue in a corridor to book next appointment.”

Communications and how people were engaged with:

“No questions. no information.”

“I am not a Dear, darling or love, it upsets me when called so.”

“I felt both safe and unsafe. The whole thing seemed confused and when asking me questions they constantly had to wait for the only professional in charge to be free to speak to as well.”

Building safety and accessibility

“The building was not fit for purpose. There was no place to shelter from the pouring rain. The floors of the entrance and exit were slippery from the rain and poorly lit exit.”

“The condition of the building was poor. Floors at the entrance and exit were slippery. Lighting was poor.”

“I had to wait in pouring rain outside the vaccination centre. On leaving the vaccination centre the exit was poorly lit and steps and pavement were slippery.”

Other less frequently identified themes in comments included inadequate provision of handwashing and alcohol gel, lack of building cleanliness, inadequate use of PPE by staff.

Accessibility of vaccination sites

Vaccination sites were regarded as meeting accessibility or other requirements by an overwhelming majority of attendees (87.3%), with only 3.7% (N=50) of people identifying that they did not.

Hospitals were the vaccination sites where the greatest proportion of respondents indicated that accessibility or other requirements were not met (N=11 7.5%).

The most commonly identified theme in the comments related to accessibility:

“No seating while waiting, exit via steps with no rail, no consideration to mobility needs.”

“Too many steps. No close disabled parking.”

“Online it says no stairs but when you get there are required to go down three or four flights of stairs.”

The availability and proximity of car parking was also frequently mentioned in the comments, especially for those with mobility issues:

“I was advised i couldn't park near the surgery even though i am disabled.”

“Non existent parking. Husband had to wait on double yellows and moved twice due to parking wardens.”

Again, the theme of signage and signposting, both within and outside of vaccination sites was regularly identified:

“I got very stressed trying to work out where to go, which exacerbated symptoms of my underlying health condition.”

“Long way from home, then the vaccine rooms were hard to find.”

Other comments raised the issue of a lack of suitable indoor and outdoor waiting areas, a lack of seating capacity, inadequate toilet facilities and concerns about the crowded nature of the vaccination sites.

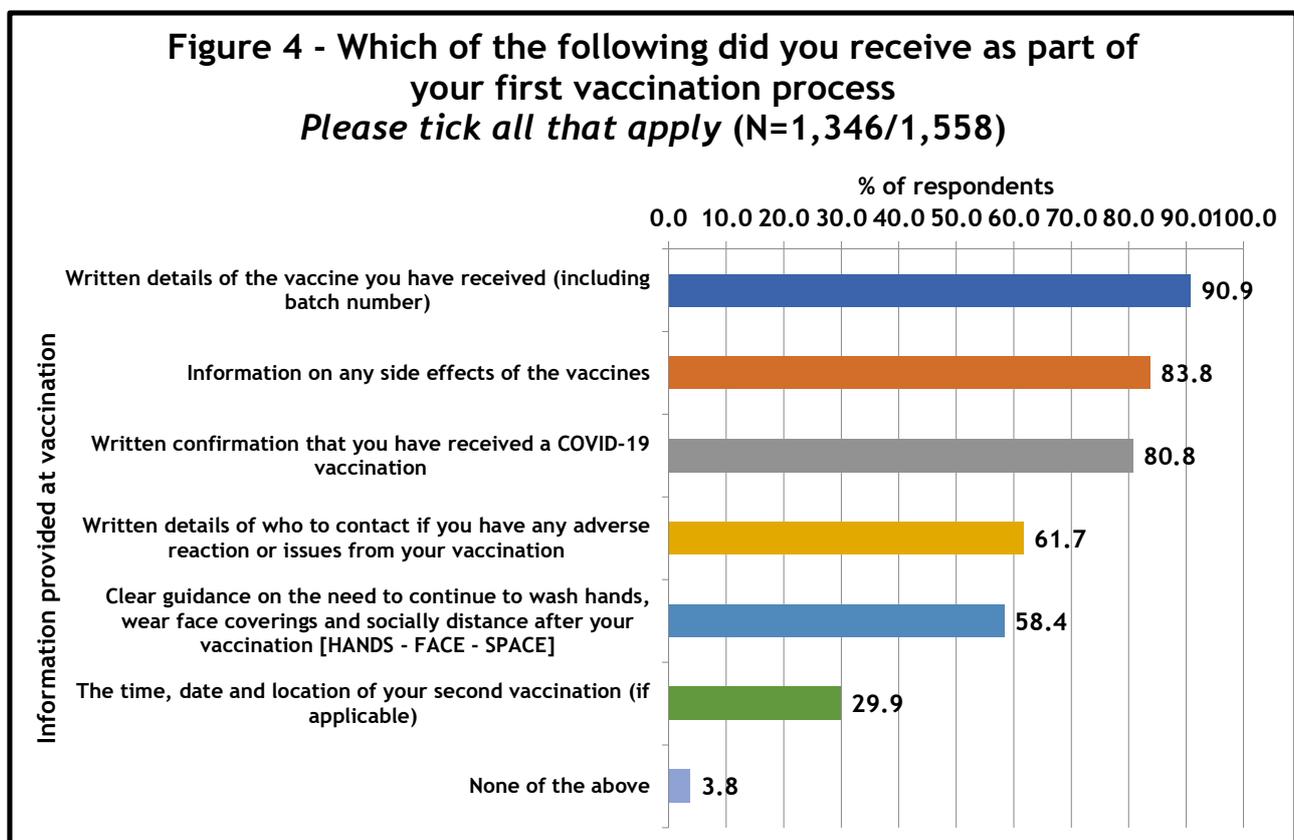
Post-vaccination information

A majority of COVID-19 vaccine recipients received confirmation they had been vaccinated (including written details of the vaccine they received), as well as information on any side-effects that they may experience.

However, only just over half of those vaccinated received written details of who to contact in response to any adverse reaction or issues arising from their vaccination, or the need to continue to adhere to the HANDS-FACE-SPACE guidance.

“The NHSE leaflet after the event is largely pointless. Guidance on behaviours post vaccination is very weak in the materials. Huge print cost highly questionable.”

“Details who to report my reactions to, as very very poorly and GP is already overrun.”



The absence of confirmed dates and times for a second vaccination was a significant source of anxiety and concern amongst those vaccinated at sites where this was not confirmed, as highlighted in 71 of the 123 comments received to this question.

“The date for the second one would be useful, rather than ‘we will contact you’.”

“Whether I needed to book my second dose or whether someone would contact me.”

“Time, date & location of 2nd vaccination to save anxiety of not being contacted.”

A further 20 comments related to people’s preferences around confirmation of being vaccinated.

“A personalised paper and digital evidence of first vaccine dose.”

“I would have liked to have received the sticker saying I'd been vaccinated and I would like proof of my vaccination for work purposes.”

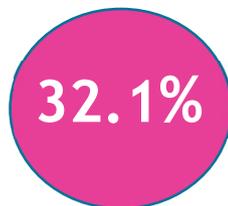
Post-vaccination concerns

An overwhelming majority of people (1,165 - 87.8%) indicated that they did not have any outstanding concerns after their vaccination. However, 162 people (12.2%) did have concerns.

Have you got any outstanding concerns after receiving your COVID-19 vaccination(s)? (% out of 162 comments)



Confirmed dates and times for second vaccinations



Post-vaccination side-effects



Long-term side effects



Safety of COVID-19 vaccines

Confirmed dates and times for second vaccinations (55)

“I am concerned at the interval between the two vaccinations.”

“That my 2nd jab will be late & immune response compromised.”

Post-vaccination side-effects (52)

“Could not believe how ill I felt after the vaccine.”

“Side effects after the first jab make me worried about the second.”

Long-term side-effects (15)

“Still a little unsure of any long term effects.”

Safety of COVID-19 vaccines (10)

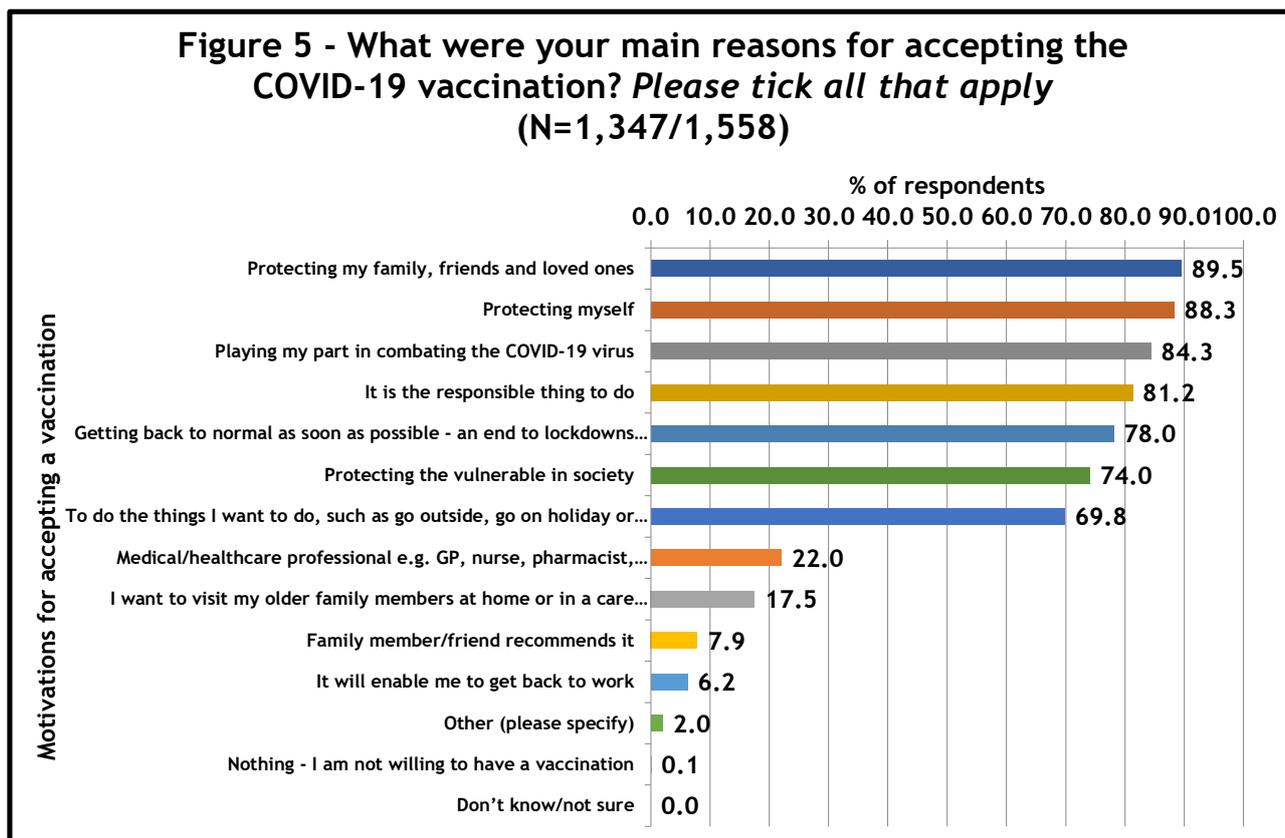
“Not real concerns - but more up to date, less political info on side effects, e.g. that they can come and go over a couple of weeks would have been helpful. Also more info on the very rare likelihood of blood clots.”

Motivations for accepting a COVID-19 vaccination

Respondents identified a range of different motivations for accepting a COVID-19 vaccination.

The most common responses related to people’s desire to protect their family and friends (89.5%) and themselves (88.3%).

The frequent identification of several answer options suggests a combination of two other motivations also had an important part to play; the wider societal benefits in terms of protecting others (especially the most vulnerable), and a desire to bring lockdowns to an end and a return to normality.



No trends were identified in the comments received as part of this question as they covered a wide variety of themes, including: being essential to a job or caring role, helping protect those with underlying health needs, protecting wider society, encouraging others and visiting [elderly] relatives.

“To encourage others to have the vaccination.”

“Protecting everyone else”

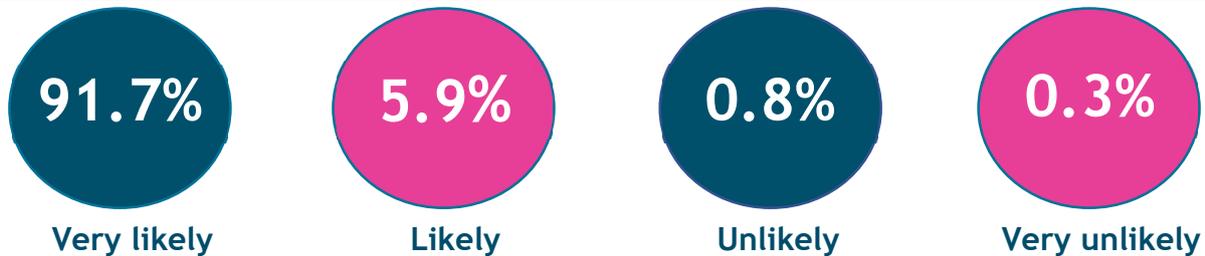
A couple of comments indicated that people felt that they had little choice but to have a vaccination.

“Generally feel we have no choice unfortunately.”

“Coercion.”

Recommending COVID-19 vaccinations to family and friends

Overall, based on your experience, how likely would you be to encourage family and friends to accept a COVID-19 vaccination?
(1,344 respondents to the question)



An overwhelming majority of COVID-19 vaccination recipients (97.6%) are *Very Likely* or *Likely* to encourage family and friends to also accept one.

As the table below shows, there is very limited difference in the likelihood of recommending a vaccination to others as a result of the vaccine received, with 98.8% of Pfizer/BioNTech *Very likely* or *Likely* to recommend it to family and friends and 96.7% of Oxford/AstraZeneca recipients indicating the same.

Vaccine received (First vaccination)	Very likely	Likely	Unlikely	Very unlikely	Don't Know	Total
Pfizer/BioNTech	489	24	1	1	4	519
	94.2%	4.6%	0.2%	0.2%	0.8%	100.0
Oxford/AstraZeneca	737	55	10	3	14	819
	90.0%	6.7%	1.2%	0.4%	1.7%	100.0

Improving the vaccination process for others

419 (26.9%) survey respondents offered their thinking as to how the vaccination process could be improved for others. The most common themes, including examples of the comments, are presented below.

Positive feedback and gratitude (77 - 18.4%)

The greatest number of comments were from people expressing their gratitude at the process.

“Extremely pleased with the whole experience & very thankful to the NHS.”

“No, excellently well organised with a very upbeat atmosphere on both occasions.”

Information and Communications (70 - 16.7%)

Comments focused on the information that people felt they should be provided with in advance of attending their vaccination, but also their ability to digest it during the process.

“Tell people to wear appropriate clothing that can easily expose their upper arm.”

“Provide information on confirmation of appointment, what you need to know i.e. clothing, wear a mask etc would help - luckily I am a sensible person.”

“The process was extremely rushed. I was in, vaccinated and out in just minutes, which while great, was rather overwhelming (the centre was also very noisy and I struggled to hear what was said). I would have appreciated more time (minutes) to process what was happening but understand the need to not waste time. It can't be helped.”

“All the information I was given about the vaccine was given after I'd had it. It would have been useful to get the chance to read this prior to having the vaccine.”

Respondents identified several practical suggestions they felt may assist others. These are a combination of clarifying expectations before attending, as well as how people may be able to access examples and engage with people who have received it.

“I did wonder how and if the needs of people with low levels of literacy or without English as their first language would be met as the explanatory leaflet about the vaccine was long and complicated and forms needed to be quickly filled in just prior to my appointment.”

“I would have liked to see a video (YouTube) of the whole experience before so I knew what to expect. We see parts on the news but not taking you through the experience.”

“Set up a mentor type system for scared/ unwilling patients. Just a phone contact to talk through experiences.”

“A helpline to answer questions and allay fears. People are also keen to hear other people's experiences of the vaccine. A website you could make comments for others to see.”

Site accessibility (45 - 10.7%)

A cross-cutting theme within these comments was a desire for vaccination sites to be widely accessible and not involve long journeys.

“I would have liked a shorter journey. My closest mass vaccination hub is a two hour round trip, and I was not offered anything closer.”

“Make it more local.”

Some specific issues around maximising accessibility for all were also raised:

“Seating for those not able to stand for long periods.”

“More assistance for the hearing impaired.”

“To allow confused older people to be accompanied by someone, there was a frightened confused older lady in front of me.”

Transport (27 - 6.4%)

Comments on transport focused on people requesting greater clarity on the support that is available, especially those who do not drive. There are anxieties around the use of public transport, which are heightened when travel may be to unfamiliar locations.

“More information about transportation help - I had to pay for a taxi, which was expensive for me!”

“Make it easier for disabled people living independently but unable to travel alone to arrange appointments and get to vaccination centres.”

“Some confusion about who is arranging the vaccination appointments in different parts of districts and towns. People concerned about transport have turned down appointments.”

Second vaccination dates (28 - 67%)

Concerns over confirmation of second vaccination dates were raised, with respondents seeking clarification as to when and how they would be informed and whether this would be within 12 weeks of their first vaccination.

“Don’t leave patients in the dark about when and if they will receive their second vaccination. People are naturally concerned and it causes stress if we are kept in ignorance.”

“Clear information by phone or letter 7-10 days before second dose or the first vaccination. Information gives people confidence.”

Social distancing (22 - 5.3%)

“Better social distancing definitely and more compassion from the Marshalls to consider before shouting orders that people have been locked up a long time. It’s very scary.”

“Social distancing enforced better.”

“Controls in place of how many people were in the site at any one time. felt a bit like a free for all.”

Information on side-effects (20 - 4.8%)

“Be a bit more realistic about the side-effects. It’s a 1-2 day ‘flu experience. It cannot be called ‘mild’ and you may need to get supplies in.”

“It would have been nice to be warned in person of some of the side effects and how long they may last, not just read it in the leaflet afterwards when I got in my car, so I knew what to be aware of. I have been a little concerned of the effect so far - only a week post vacc though, and has made me a little concerned for my 2nd one in case this does not improve.”

Booking process (20 - 4.8%)

“Should have had only one call up process. My GP has been a complete waste of space. People getting vaccinations not in line with the government guidelines made people feel stressed.”

“Only offer GP service OR letter from NHS. NOT both.”

“Not clear how “back up” invite would have been initiated if I hadn’t taken action.”

Vaccine eligibility and prioritisation (17 - 4.1%)

“Vaccinate all people who have asthma... even those with mild asthma can have a life threatening attack at any time. exasperated by illness. Given that asthma is highlighted as a part of long covid then surely all steps should be taken to keep asthma sufferers safe.”

“Give to teachers and police- those not able to work from home.”

“Vaccinate unpaid carers who are with CEV’s.”

Vaccination process (17 - 4.1%)

“I did feel as though I was rushed out once I had my vaccine. Somewhere to wait for 5 minutes to make sure an adverse reaction isn’t had would be nice. I appreciate that I don’t have a history of allergies, but that doesn’t mean that a reaction couldn’t have been experienced.”

“The process could be quicker, I had to queue outside then sit in a queue inside and then queue for the vaccination.”

“My vaccinator could have been much more patient and sympathetic. Very disappointed with her attitude and information given.”

“Maybe not so rushed through like a conveyor belt!. Maybe wider spaces to stand and sit in.”

Venue options (17 - 4.1%)

“As I live in a rural area, a more local vaccination point would be desirable.”

“More sites locally as we have only one pharmacy we can book if we are not elderly or vulnerable, difficult if you don’t have your own transport, difficult to get an appointment at the first, second, thirdetc attempt.”

Site signage and signposting (17 - 4.1%)

“The building could have been better signposted on the outside.”

“Better signposting.”

Any other comments or questions?

291 people (18.7%) provided comments on their COVID-19 vaccination or asked questions.

The most frequent theme in the comments related to people's positive experiences (83 - 28.5%):

"It made me so proud of the country I felt very emotional when I had it."

"Congratulations to the NHS and public services in this country on the brilliant roll out of the vaccine. The public sector is fantastic!"

The next most common themes related to the nature and impact of vaccine side-effects (43 - 14.8%) and dates for second vaccinations (33 - 11.3%).

Side effects

"I can understand why you have not been emphasising side effects but as younger people get vaccinated now, there seem to be more side effects. I didn't feel well again for two weeks with flu symptoms for 24 hours followed by intermittent headaches and giddiness and tiredness for 2 weeks."

"Please warn people more about side effects."

"What is the likelihood the second jab will cause reactions if the first jab did?"

Dates for second vaccinations

"Yes. I am finding it impossible to book a second jab. I live in Peacehaven and keep being offered spots all over London. I am concerned the 12 weeks between first and second will run out before I can get a second jab locally (within 15 miles)."

"We'd just like the 2nd vaccine appointment as it's a bit worrying wondering when/if we'll get an appointment & who to contact if we don't!"

A wide-range of other issues were raised and commented on:

"Online booking system is appalling and did not work. Telephone booking system not much better"

"I would like to see a vaccine passport or official stamp in current passport to show vaccine given and which dates."

"Better clarity on who is eligible in all of the priority groups."

"It shouldn't be made mandatory or people feel pressured to have them. Personally I felt pressured as I trust my immune system."

Cohort Two 'A': People who have not had the vaccine: their perceptions - Those who will or are likely to accept a vaccination

Who did we hear from?

180 people completed this section of our questionnaire

We heard from people right across East Sussex. The highest response from Wealden District (26.1%) and the lowest from Hastings Borough (11.1%)

We heard from people of all ages, but those aged 35 to 49 were the age group who most frequently responded (50.0%)

85% of respondents indicated they were White British or White Irish

77% of respondents recorded their gender identity as Female

16.9% had an existing health condition

12.3% considered themselves to be a carer

For a more detailed breakdown please see Appendix One

Likelihood of accepting a vaccination for COVID-19

The 297 respondents yet to receive a COVID-19 vaccination were asked 'How likely is it you will accept a vaccination for COVID-19?' and 180 (60.6%) indicated that they will or are likely to accept a vaccination.

How likely is it you will accept a vaccination for COVID-19?

60.6%

60.6% respondents would or were likely to accept a vaccination

180

180 respondents would or were likely to accept a vaccination

91.7%

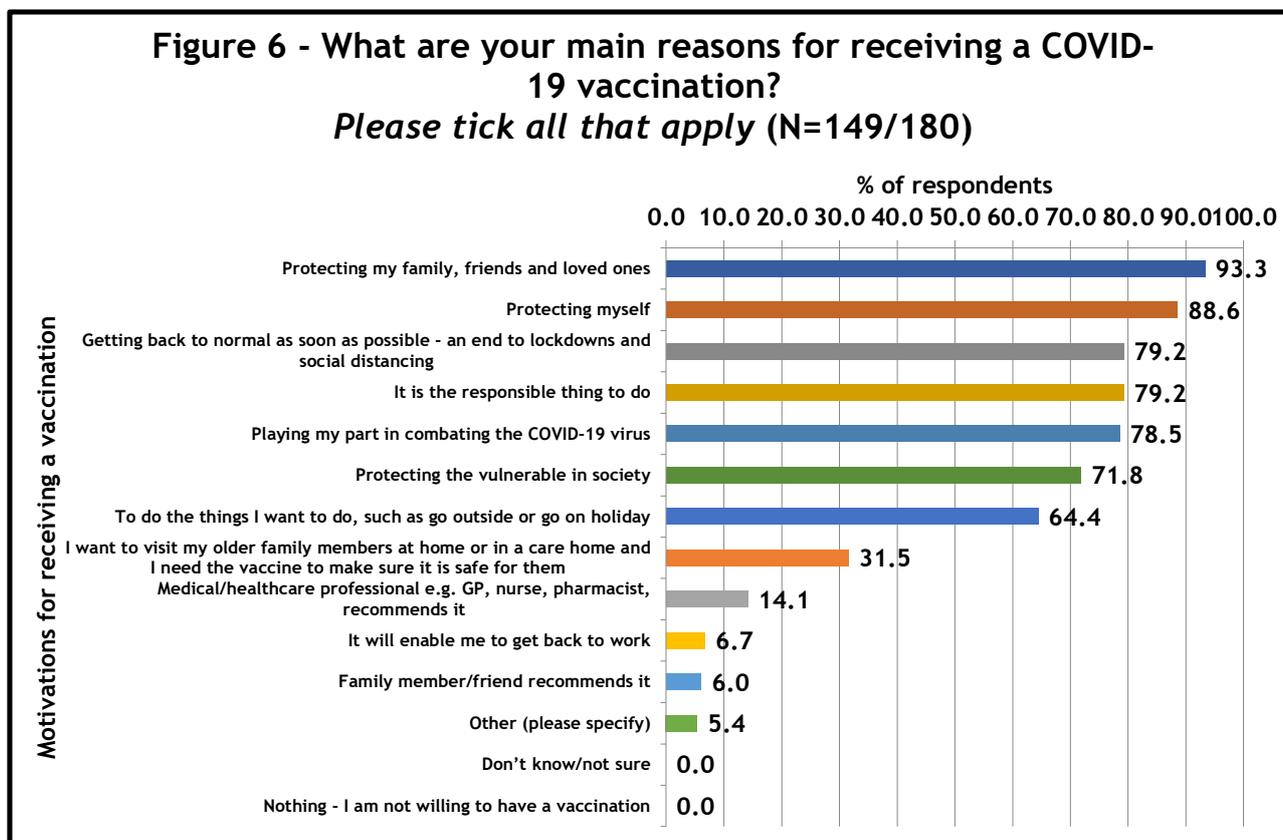
91.7% of the 180 indicated 'I will definitely accept a vaccination'

8.3%

8.3% of the 180 were: 'Undecided, but likely to accept a vaccination.'

Motivations for being vaccinated

As indicated in the graph below, respondents identified a range of reasons behind their decision or preference to be vaccinated.



The five most commonly identified reasons were:

1. **Protecting myself** (139 - 88.6%)
2. **Protecting my family, friends and loved ones** (132 - 93.3%)
3. **Getting back to normal as soon as possible/end to lockdowns and social distancing** (N118 - 79.2%)
4. **It is the responsible thing to do** (118 - 79.2%)
5. **Playing my part in combating the COVID-19 virus** (117 - 78.5%)

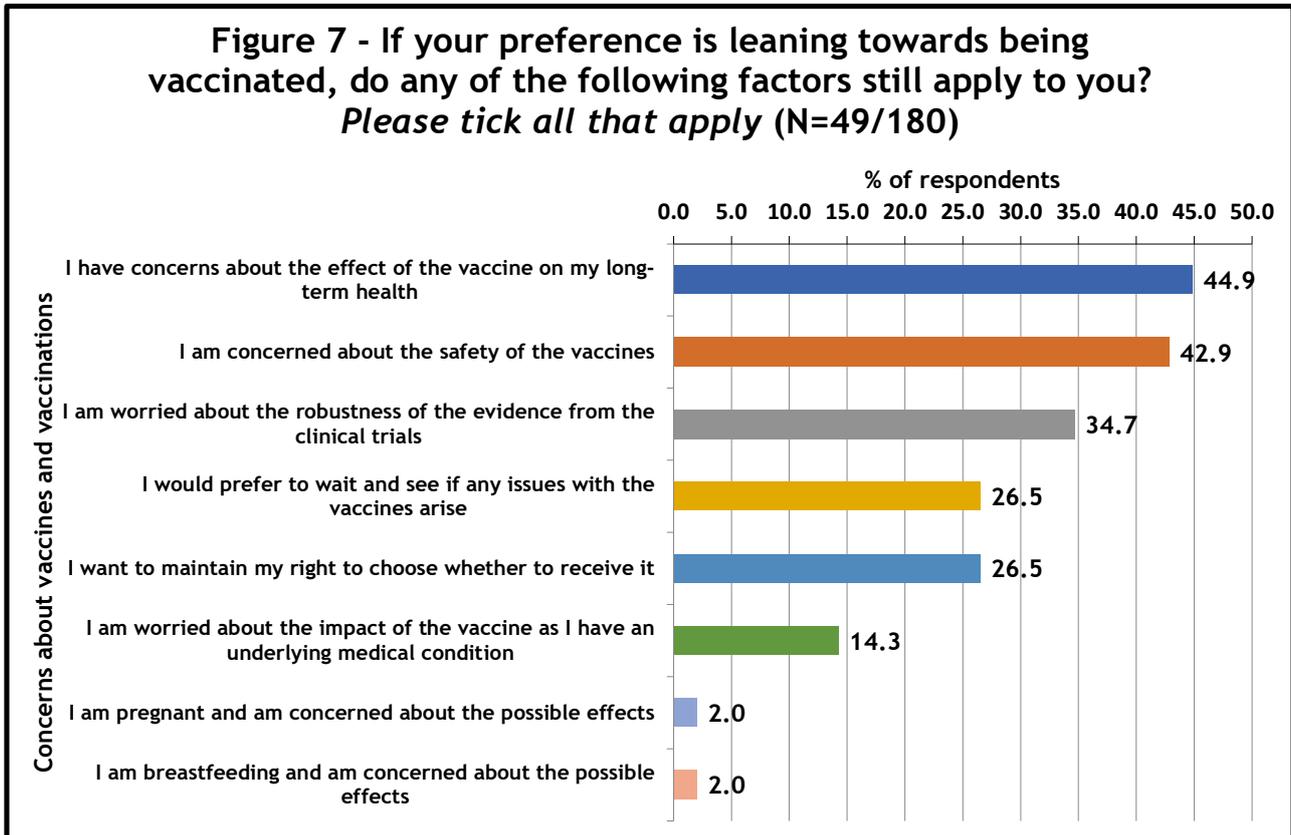
These responses illustrate a variety of different and potentially inter-linked motivations, focusing on the respondent and their family and friends, but also the wider societal benefit that vaccinations may deliver, especially to older and more vulnerable groups. There is also a clear desire to bring an end to the lockdown, social distancing and other restrictions.

Whilst less frequently identified than other responses, it is valuable to note that a key motivation for nearly a third of respondents (31.5%) was visiting older relatives, either at home or in a care home, with vaccinations being seen as a pathway to achieving this.

Anxieties or concerns about COVID-19 vaccines or vaccinations

Respondents indicating they would or were likely to receive a vaccination (180) were asked whether they had underlying anxieties or concerns about so doing, and over a quarter (49 - 27.2%) indicated that they did.

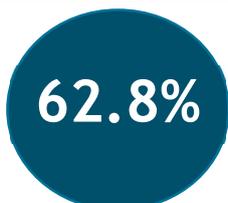
The most identified concerns were the effect of the vaccine on long-term health (44.9%), the safety of the vaccines (42.9%) and robustness of evidence from clinical trials (34.7%).



Barriers to being Vaccinated

Nearly two-thirds of those wanting or leaning towards receiving a vaccination indicated that nothing would stop them from having it.

If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is offered to you? (145 respondents to the question)



Nothing would stop me from getting a C-19 vaccination



If there are reports of problems with people vaccinated before me



The distance to the vaccination site



Another reason might prevent me

Other commonly identified factors which may impact on people’s inclination to take up an invitation, were any problems arising with those vaccinated before them and as well as the distance to the vaccination site.

“Unable to go out to a centre, would prefer they came to me. I live in an assisted living complex and there surely would be others that would prefer the vaccination to come to them.”

“Long term effects.”

Other less frequently identified issues included: the vaccine offered (6.9%), safety at vaccine sites (5.5%), taking time off work to receive the vaccination (4.1%) and impact on caring responsibilities (2.1%).

Seventeen open-ended comments were received, and the most common theme related to pregnancy and fertility (5 comments):

“Trying to conceive, possible pregnancy.”

“If I became pregnant I would need further info before having the vaccine.”

“Do not know enough about effects for someone going for a fertility treatment.”

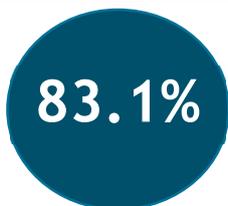
Other comments related to impacts on underlying conditions (including allergies) or treatment, needle phobia, and the availability of the Pfizer vaccine for under-18s.

Sources of information on vaccinations

The survey asked people about the sources of information that they had accessed or used as the basis for their views or understanding in relation to COVID-19 vaccines or the vaccination programme.

Amongst those who will or are likely to accept a vaccination, the most common source of information were government briefings and websites, with over three quarters of people accessing these sources. Over half of the respondents had used the NHS website.

‘Where have you mainly looked or heard about the COVID-19 vaccines or vaccination programme?’ (148 respondents to the question)



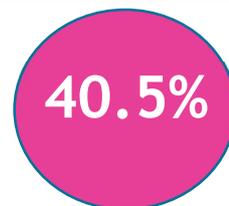
Government briefings or website (Gov.uk)



NHS website (NHS.uk)



Television or radio programmes



Word-of-mouth with family and friends

The two most frequently identified sources are the same amongst those willing or likely to accept a vaccination as those not willing or unlikely, however, the third and fourth most frequently identified sources differ between the two cohorts.

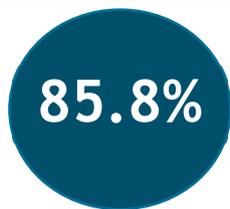
Those willing or likely to accept a vaccination identified television or radio programmes (49.3%) and word-or-mouth with family and friends (40.5%), whilst amongst those unwilling or unlikely identified internet searches (43.3%) and social media (36.1%).

Finding and understanding information on vaccinations

As well as the sources accessed, respondents were asked about the ease with which they could find, understand, determine what is robust and keep themselves up to date with information on COVID-19 vaccines and the vaccination process.

More than three-quarters of those accepting or likely to accept a vaccination indicated finding, understanding, determining and keeping up to date with information was Easy or Very Easy.

**‘How easy have you found it to find, understand and keep up-to-date with the information on COVID-19 vaccines and vaccinations?’
(148 respondents to the question)**



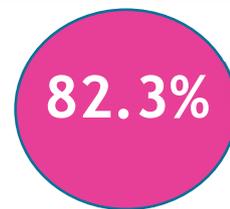
Felt finding information was Easy or Very Easy



Felt understanding information was Easy or Very easy

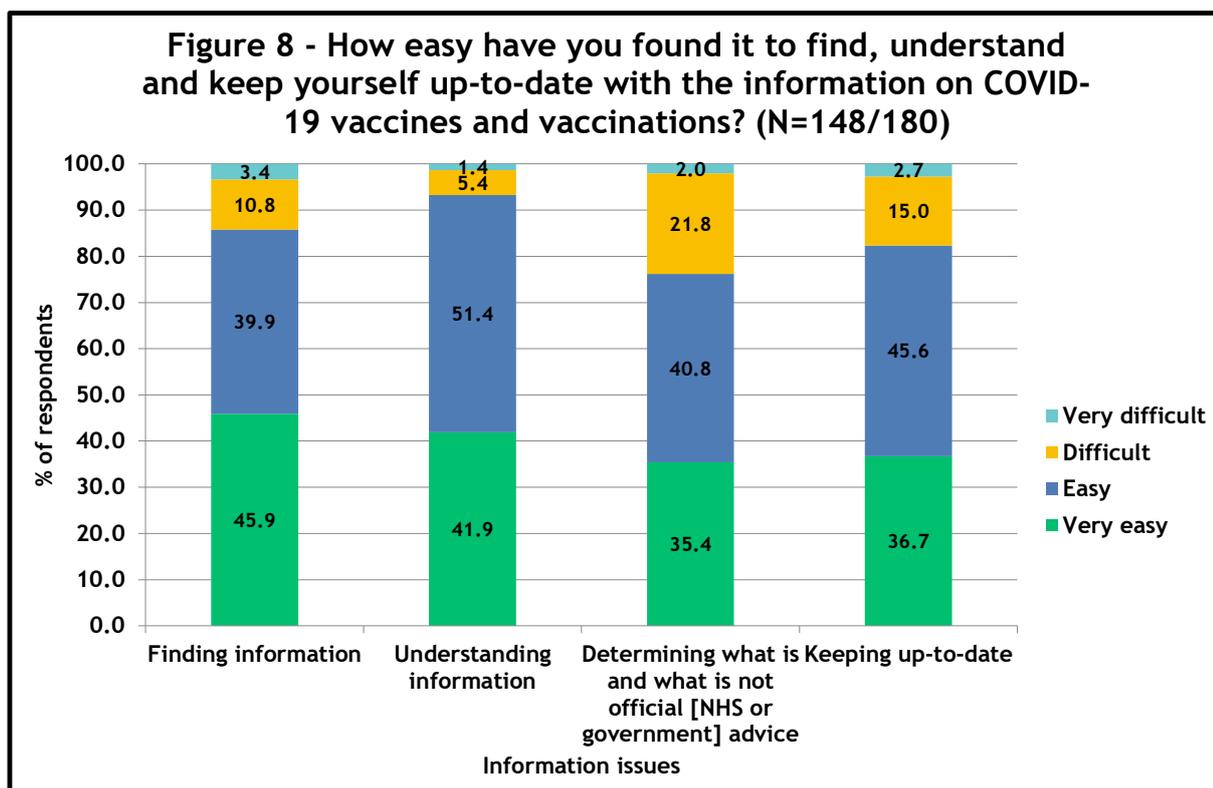


Felt determining what is official advice was Easy or very easy



Felt keeping up-to-date was Easy or Very easy

The theme which the greatest proportion of respondents indicated was Difficult or Very difficult was **determining what is official advice**, with nearly a quarter doing so (23.8%).

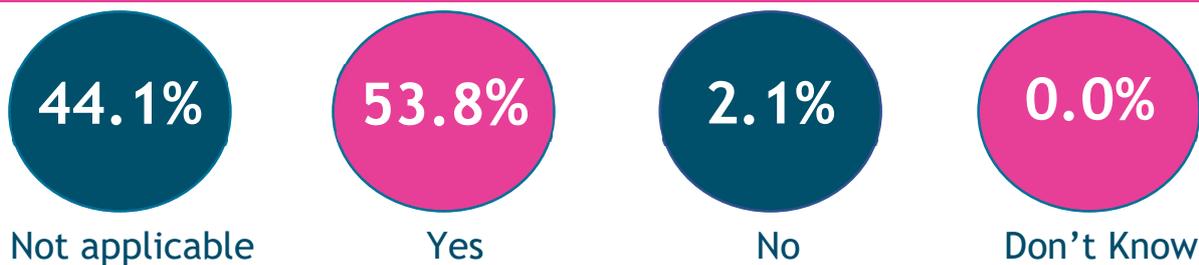


Advice to others

Respondents were asked if they cared for someone who is vulnerable, or had a relative or friend in a care setting, whether they would encourage them to receive a COVID-19 vaccination?

Whilst nearly a third of people indicated this isn't applicable to them, 53.8% said they would, with 2.1% indicating that they would not and 0.0% being undecided.

'If you care for someone who is vulnerable, or have a relative/friend in a care setting, would you encourage them to receive a COVID-19 vaccination?' (145 respondents to the question)



Information to inform decision-making

Respondents were asked 'What additional information, if any, would help you decide whether to receive a COVID-19 vaccination?' and 28 individuals provided comments (out of the 180 respondents in this cohort).

When categorised, the five most common responses were:

Long-term impact (4 - 14.3%)

"Knowing the Longer term effects of vaccine."

Impact on fertility (4 - 14.3%)

"I want it but I am also trying for another baby and the vaccine guidance for women of childbearing age considering pregnancy is a complete mess globally."

Allergies (2 - 7.1%)

"I need more information about allergy as it's applicable to me and there's not much about it despite me knowing people in hospital after anaphylaxis after their jab."

Side effects (2 - 7.1%)

"A guarantee of no side effects or other conditions after having the vaccine."

Government intentions (2 - 7.1%)

“To know what the future intentions are. If there was a set figure given by the government. For example if they said 40 mill people will need to be vaccinated for us to have a strong base of protection across the community then we know and we can get vaccinated in order to contribute to being one of the people to work towards that number. Also, I want to know if by getting vaccinated if my life will get back to normal. I’ve been social distancing for a year now to keep people safe, if I’m still needing to social distance with one then I wonder what the point is of having the vaccine. I’ve asked this question on social media and no one has been able to answer it and I haven’t come across any one who has been able to answer it yet.”

Other comments and feedback

Respondents were asked ‘Is there anything else you’d like to ask us or tell us about COVID-19 vaccinations?’ and 55 individuals provided comments (out of the 180 respondents in this cohort).

When categorised, the five most common responses were:

Prioritisation of vaccinations (29 - 52.7%)

“Very frustrated and the total postcode lottery about getting it early or not depending on your GP so many friends with less reason younger and no added reasons have had it before me.”

“I think it would be worthwhile having a last minute list for those that are willing and or able to get any “spare” vaccinations at the end of the day. I am a teacher and as such am not being prioritised but think any doses left over should go to keyworkers first. This would keep service’s running and keep society safer as those with most interactions would be protected.”

“It’s ridiculous that front-line workers aren’t being given vaccinations before people who can safely work from home.”

Communications (11 - 20.0%)

“Having different types of vaccine available is confusing - which one is best?”

“A local update of vaccine progress in my area.”

Travel and transport (4 - 7.3%)

“The vac centres are difficult to get to without breaking covid restrictions in a big way. I have been offered a vaccination at Etchingham (impossible to get to from Northiam on public transport) and Ore is my nearest centre on the Gov website 9 miles away (2 bus to get there and lots of waiting around in cold weather for connections). I have no support network as family lives too far away and I have not lived in Northiam long. I don’t drive.”

“To expect those who don’t drive to travel over 20 miles by inadequate and crowded public transport, when we have been following the rules all this time is bonkers.”

Date for first vaccination (3 - 5.5%)

I am concerned that my GP practice is so overwhelmed that I will be left behind in the vaccine roll out. I have a heart condition (9 stents in my heart) and high blood pressure. I have to go to work as my job cannot be done at home.”

Greater good (3 - 5.5%)

“I am volunteering as a St John Ambulance Voluntary Vaccinator as I am low risk, with no dependents, and want to do my part in combatting the virus.”

“I have had to travel 1 hour for this appointment and again for the next, although I live opposite my GP practice. I didn't want to wait.”

Cohort Two 'B': People who have not had the vaccine: their perceptions - Those who will not or are unlikely to accept a vaccination

Who did we hear from?

117 people completed this section of our questionnaire, which is 6.3% of the total response to the survey

We heard from people right across East Sussex, with the highest response from Wealden District (23.1%) and the lowest from Lewes District (12.8%)

We heard from people of all ages, but those aged 50 to 64 were the age group who most frequently responded (40.2%)

76.9% of respondents indicated they were White British or White Irish

62.6% of respondents recorded their gender identity as Female

12.5% had an existing health condition

12.4% considered themselves to be a carer

For a more detailed breakdown please see Appendix One

How likely is it you will accept a vaccination for COVID-19? (% of the 117 respondents they would not or were unlikely to accept a vaccination for COVID-19)

117

117 respondents indicated that they would not or were unlikely to accept a vaccination for COVID-19.

40.2%

'I have been offered and declined a vaccination.'

35.9%

'I will definitely not accept a vaccination if invited.'

23.9%

'Undecided, but unlikely to accept a vaccination.'

Likelihood of accepting a vaccination for COVID-19

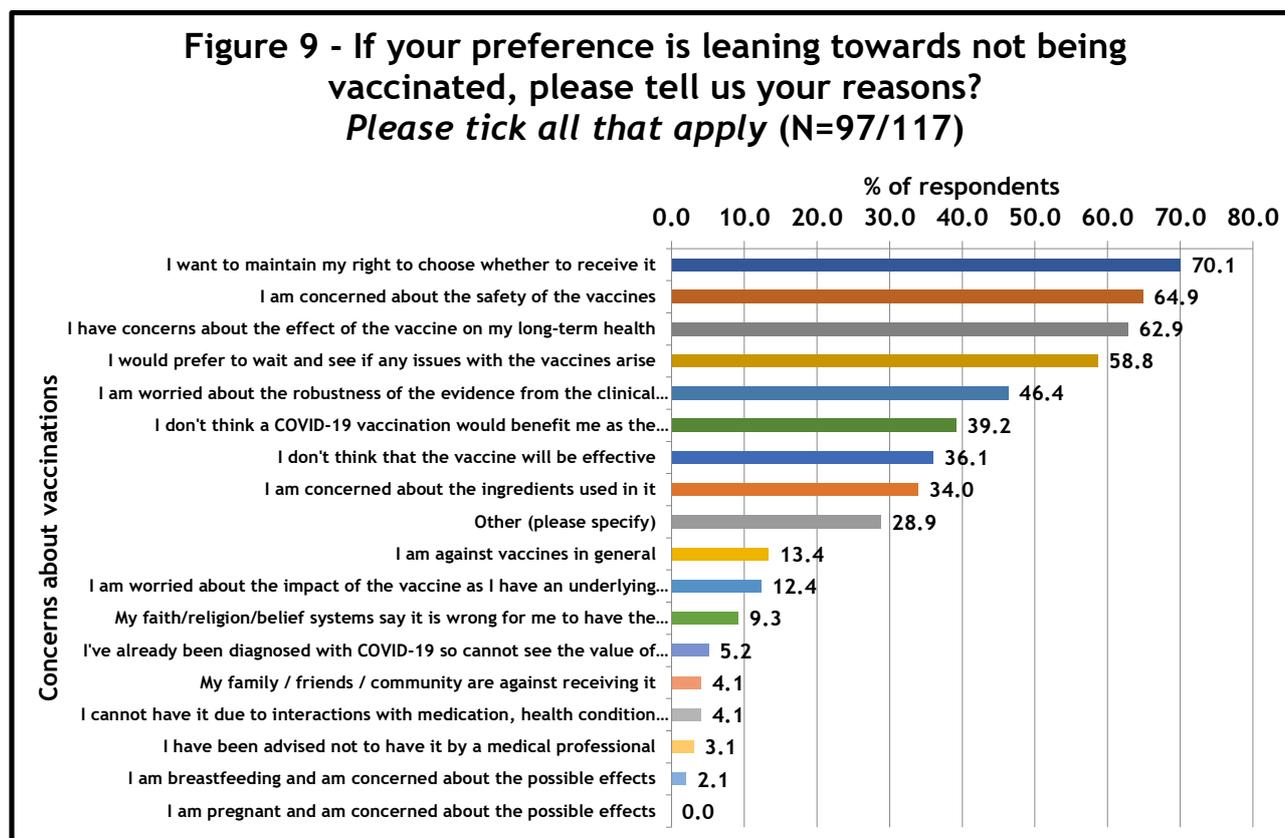
All respondents to the survey indicating that they had not received a vaccination for COVID-19 (297) were asked ‘How likely is it you will accept a vaccination for COVID-19?’, with 117 of them (39.4%) indicating they were unlikely to accept, would not accept or had already declined a vaccination.

It is notable that 40.2% of respondents had been offered and declined a vaccination invitation. Of those indicating they had declined:

- The most common age range was 35 to 39 (N12 - 25.3%)
- The most common place of residence was Hastings Borough/Eastbourne Borough (both N11 - 23.4%)
- Two-thirds identified as female (N23 - 65.7%) and a third as male (N11 - 31.4%)
- Nine had an underlying health condition (9.8%)
- Seven (15.6%) identified as Key Workers
- Five (11.1%) were ‘Clinically Extremely Vulnerable’

Motivations for not being vaccinated

As indicated in the graph below, respondents identified a range of reasons behind their decision or preference not to be vaccinated.



The five most commonly identified reasons were:

- ‘I want to maintain my right to choose whether to receive it’ (68 - 70.1%)

“My freedom to have it or not, and not a vaccine, it’s a experimental drug.”

- ‘I am concerned about the safety of the vaccines’ (63 - 64.9%)

“I know of people who received vaccine and died.”

- ‘I have concerns about the effect of the vaccine on my long-term health’ (61 - 62.9%)

“My family have a history of bad reactions to vaccines such as autism and learning disabilities.”

- ‘I would prefer to wait and see if any issues with the vaccines arise’ (57 - 58.8%)

“I have analysed the data from the clinical trials and determined that the vaccine couldn't possibly be of any benefit to me or anybody else.”

- ‘I am worried about the robustness of the evidence from the clinical trials’ (45 - 46.4%)

“The presumption that we’d take it ahead of large data being available is a cause of concern.”

In addition to the most common responses, there are several less commonly selected reasons, but which it is worth noting as potential influences on people’s decision-making.

Nearly four out of ten respondents (39.2%) indicated that they did not think a COVID-19 vaccination would benefit them as the symptoms are mild.

“I do not believe I need it. Once the vulnerable have been offered their vaccine, then society is relatively safe.”

“I have a perfectly healthy immune system. There is no need for a vaccine against an illness that has more than a 98% survival rate. Vaccines are dangerous, I have done more than thirty years research into the effects of vaccines and there is overwhelming evidence that the public are being lied to about vaccines, there are perfectly good and effective remedies for this so called virus.”

Similarly, a third of respondents (36.1%) did not feel that the vaccine would be effective,

“The vaccines trials won’t be completed until 2023 until the trials have been completed then will I look at the facts and see if I feel it necessary to take it then.”

“I have a healthy immune system and no underlying health conditions, I don't know anyone who has been ill from Covid but I know 2 people who have been seriously ill from the vaccine, one of them admitted to hospital with bell’s palsy amongst other things and had to spend 2 days on a drip.”

with a similar proportion (34.0%) concerned about the ingredients used in it.

“It is not a vaccine. It is gene therapy and completely experimental. We have never had a mRNA human vaccine before and animal trials were unsuccessful. It is completely unnecessary given that Chris Whitty said majority of the pop will not die from CV-19.”

“Manufacturers deny all legal responsibility for adverse consequences?”

It is also worth noting that although not featuring clearly within the closed-answer options, three of the 28 respondents who provided comments indicated concerns related to pregnancy and fertility:

“Trying to conceive after loss.”

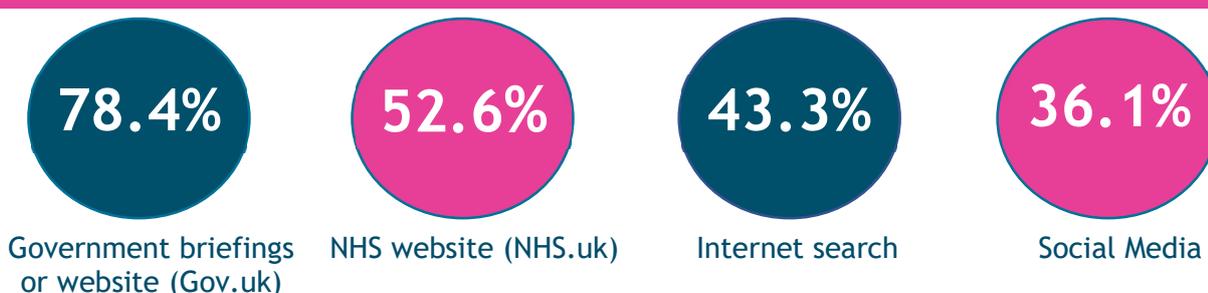
“Worried about effects on future fertility.”

Sources of information on vaccinations

The survey asked about the sources of information that they had accessed or used as the basis for their views or understanding in relation to COVID-19 vaccines or the vaccination programme.

Amongst those who will or are likely to decline a vaccination, the most common source of information were government briefings and the government’s website, with over three quarters of people accessing this source. Over half of the respondents had used the NHS website.

‘Where have you mainly looked or heard about the COVID-19 vaccines or vaccination programme?’ (97 respondents to the question)



These trends largely align with the responses provided by respondents who have not been vaccinated but are willing or likely to receive a vaccination, 83.1% of whom used the government briefings or website and 58.8% used the NHS website.

The greatest variations in the information sources accessed by ‘decliners’ and ‘accepters’ are:

- Higher rates of decliners accessing medical professionals - 27.8% vs 11.5%
- Higher rates of decliners accessing social media - 43.3% vs 26.4%
- Higher rates of accepters accessing tv or radio programmes - 49.3% vs 35.1%
- Higher rates of accepters using word-of-mouth with family and friends - 40.5% vs 34.0%

Finding and understanding information on vaccinations

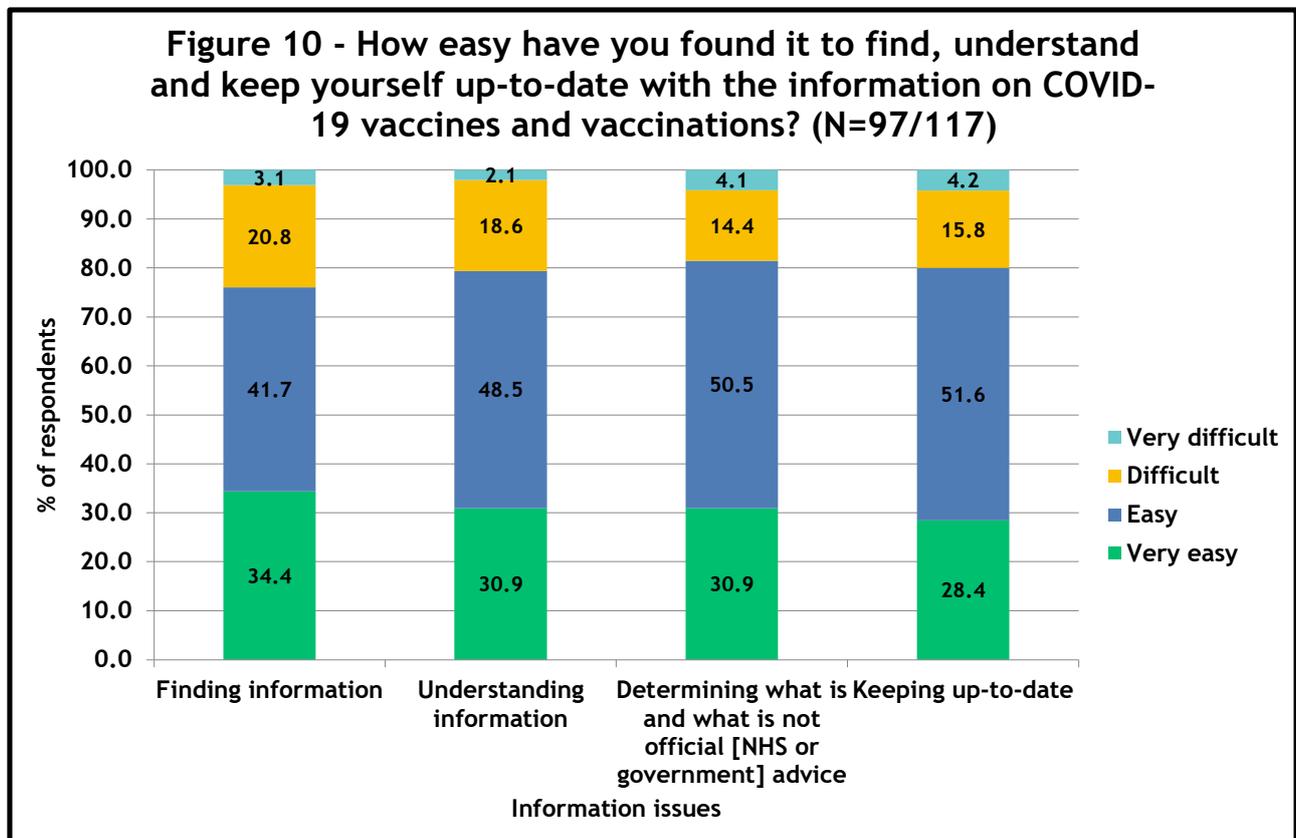
As well as the sources accessed, respondents were asked about the ease with which they could find, understand, determine what is robust and keep themselves up to date with information on COVID-19 vaccines and the vaccination process.

More than three-quarters of those declining or likely to decline a vaccination indicated finding, understanding, determining and keeping up to date with information was Easy or Very Easy.

**‘How easy have you found it to find, understand and keep up-to-date with the information on COVID-19 vaccines and vaccinations?’
(97 respondents to the question)**



The theme which the greatest proportion of respondents indicated was Difficult or Very difficult was **finding information**, with nearly a quarter doing so (23.9%).

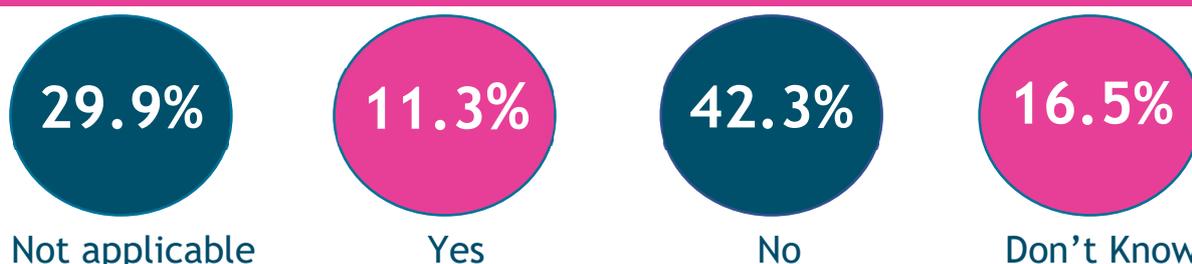


Advice to others

Respondents were asked if they cared for someone who is vulnerable, or had a relative or friend in a care setting, whether they would encourage them to receive a COVID-19 vaccination?

Whilst nearly a third of people indicated this isn't applicable to them, only 11.3% said they yes would, with 42.3% indicating that they would not and 16.5% being undecided.

'If you care for someone who is vulnerable, or have a relative/friend in a care setting, would you encourage them to receive a COVID-19 vaccination?' (97 respondents to the question)



Information to inform decision-making

Respondents were asked 'What additional information, if any, would help you decide whether to receive a COVID-19 vaccination?' and 59 individuals provided comments (out of the 117 respondents in this cohort).

When categorised, the five most common responses were:

More robust evidence (13 - 22.0%)

"Another 20 to 50 years of trials."

"How successful it is at stopping the spread and protecting other more vulnerable people."

Nothing (12 - 20.3%)

"Nothing. And the more they threaten us with "passports" and the like the more I am determined not to have it."

"None, I have researched and made my own decision, as I am entitled to do."

Vaccine safety (8 - 13.6%)

"To see the trial complete after 2023."

"Full publication by MRHA on number of adverse reaction and deaths."

The benefit of vaccinations (7 - 11.9%)

“Why do you want to vaccinate the inter population?? We don't do that with the flu we only protect the venerable, so it doesn't make sense to me when 98% of the population have a immune system that deals with the virus, if the vaccine doesn't stop you getting it or passing it on, well my immune system does the same thing.”

“My immune system is working perfectly and I want it to stay that way. I have evaluated my risk of contracting Covid-19 as lower than the risk of taking an experimental "vaccine" that will neither stop me from getting the disease nor stop me from transmitting the disease. If I get no benefit from it then why risk the potential side effects?”

A desire to wait and see the effects of vaccinations on others (7 - 11.9%)

“I would like to see results of further vaccinations as to whether people have had reactions or side effects further down the line.”

“Time and further long-term trials.”

Other comments and feedback

Respondents were asked ‘Is there anything else you’d like to ask us or tell us about COVID-19 vaccinations?’ and 44 individuals provided comments (out of the 117 respondents in this cohort).

When categorised, the five most common responses were:

Maintaining choice (11 - 25.0%)

“I am 100% against any attempt to introduce vaccine passports, certificates of vaccination or anything that can be used to coerce people into having a vaccination that they don't want.”

“Just that everyone should have a choice and not made to feel bullied or harassed into having a vaccine.”

Vaccine safety (8 - 18.0%)

“It's unsafe. Lies being told. Not necessary.”

“I have my annual flu jab. I'm not against vaccinations. But this is too new for me. May have more confidence by Winter 2021.”

The benefit of vaccinations (7 - 16.0%)

“If it works why is there a ‘third wave’? If it doesn't work why are we all being coerced into having it?”

“Stop trying to force people. Even with it, you can still contract and transmit the virus. So whether I have it or not poses no danger to anyone else.”

More robust evidence (6 - 13.6%)

“What are the predicted results? Will it make a real difference to normal people or are people still at risk afterwards.”

“Release of the statistics of mid- and long-term adverse effects of the vaccination as ADE (Antibody-dependent Enhancement)” begins to become manifest in those who have received the experimental Pfizer vaccine.”

Other (6 - 13.6%)

“What is the profit margin on COVID-19 vaccines?”

“Why did the pharmaceutical industry get a caveat against side effects and beyond? Why is SAGE all linked to pharmaceutical companies?”

“They don’t exist, it’s all part of the agenda to control and transform humanity.”

Conclusions

Cohort One: Experiences of COVID-19 vaccinations

The responses received to this survey indicate a high level of satisfaction with the COVID-19 vaccination process amongst East Sussex residents vaccinated between December 2020 and March 2021. An overwhelming majority of people felt safe across the different types of vaccination site and would recommend receiving a vaccination to their family and friends.

A high proportion of the feedback is positive, with many people commenting favourably on the process and expressing their gratitude at receiving the protection the vaccination offers. People not only recognised the benefit it brought to them, but also to wider society in combating the pandemic and hopefully bringing an end to lockdown and social distancing. The logistical challenges associated with delivering a process of the scale and complexity of the vaccination programme are acknowledged.

Feedback also indicates several aspects that people found problematic or had anxieties about. These most commonly related to communication and information, transport and access, vaccination site management and post-vaccination information and monitoring.

Navigating the vaccination booking process has proved challenging for some, primarily due to the diversity of invitations and booking options, as well as differences in approach between providers. There has also been some variation in the information people receive alongside their invitation, such as what to expect at their vaccination, what to wear, what to bring and how to seek support or request assistance, especially in relation to transport.

Approximately one-in-seven vaccine recipients indicated they would have liked more time to read and digest the information provided to them and have a clear opportunity to ask questions or seek further information before consenting to their vaccination.

Vaccination sites met most people's accessibility and other requirements, although some issues were raised about the suitability of facilities, especially when sites were busy. Advance navigation information and site signage (both external and internal) were felt to be aspects that could be enhanced, especially at mass vaccination sites or those in built up areas.

Other issues affecting people's ability to attend vaccinations included caring responsibilities, convenience and impacts on jobs and employment. These aspects may play an increasing role on uptake as the vaccination process progresses to younger cohorts.

Given that post-vaccination side-effects were one of the most raised concerns, especially when more severe than anticipated, it should be noted that less than two-thirds of respondents received information when vaccinated about who to contact in the event of an adverse reaction. Understanding what to expect, what side-effects are normal and how to ask questions or get support should be provided to all vaccine recipients.

Similarly, only just over half of respondents received guidance on the need to continue to adhere to HANDS-FACE-SPACE after their vaccination and this message may benefit from being strengthened.

A key source of anxiety existed amongst those who had not received confirmation of their second vaccination date, especially where progression towards the widely promoted 12-week interval was imminent. Concerns primarily stemmed from people fearing they might have been missed, but also the potentially declining effectiveness of their second vaccination if this did not occur within 12 weeks of the first. Additional messaging around vaccine supply, second

vaccination prioritization and vaccine timeframes in relation to efficacy may be beneficial in helping to allay these fears.

Cohort Two: Perceptions of COVID-19 vaccines and vaccinations

Of those we heard from who had yet to be vaccinated, six-out-of-ten indicated they would or were likely to accept a vaccination. Of these respondents, nearly two-thirds indicated that nothing would stop them from receiving a vaccination. Motivations were the same for this cohort as for those who had already received a vaccination. The primary concerns related to vaccine safety, the long-term health effects and reports of problems amongst recipients of vaccinations before their turn came.

The rationale provided by those who had, would or were likely to decline a vaccination focused on the retention of choice, vaccine safety and its long-term effects. Respondents wanted to choose if and when to accept a vaccination, with many indicating a desire to wait and monitor the safety and impacts of the vaccines before making their decision.

Whilst some of those who were hesitant requested additional clear, robust, and unbiased information on the effectiveness and safety of the vaccines, around one-in-ten of this cohort indicated that nothing would change their decision not to receive a vaccination.

Overarching messages

The most common cross-cutting theme across all respondents to the survey relates to the long-term safety of the COVID-19 vaccines, and there may be ongoing value in continuing to monitor and communicate both the effectiveness of the COVID-19 vaccines in combating the virus and its safety record. This may be particularly important if there is an ongoing need for people to receive booster or annual vaccinations.

It is important that this and other vaccination-related information is conveyed in a user-friendly and digestible form, which considers varying levels of health literacy.

Recommendations

Health and Care system

We are aware that several initiatives and mechanisms to monitor, enhance and diversify the vaccination process are underway or in development, but wish to propose a number of recommendations drawn from the findings of this survey:

1. Wherever possible people should receive practical information on the vaccination process in advance of attending their vaccination, ideally with their invitation or when they book an appointment. This should include approximately how long the process may take, where they will be injected, any need to wait or queue before or after the vaccination (and whether this is likely to be indoors or outdoors).
2. Details of the support available with vaccination queries should be provided to all patients at the point that invitations are issued, when attending sites for their vaccination, as well as post-vaccination.
3. A step-by-step walkthrough may assist people understand and prepare for the vaccination process and what to expect when attending a vaccination site. This could be in the form of an Easy Read document and/or a video. Similarly, a tick list of things they do and don't need to do or take with them may be a beneficial, especially if aligned with a confirmation of appointment.
4. Providing case-studies and feedback from people who have received their vaccinations may assist in setting the expectations of those awaiting theirs. Including examples from a diverse range of individuals with a cross-section of differing vaccination requirements may assist others in understanding the different pathways available and how to access them.
5. The accessibility of vaccination sites should be maximised through the provision of clear site and travel information, including public transport, travel assistance and parking provision (especially for those with mobility or access requirements), and effective signage directing people to and within sites. Accessibility should also be assessed during periods of high usage.
6. Adequate time and suitable opportunities should be provided between arrival at vaccination sites, receipt of information and delivery of vaccinations for all recipients to digest and understand the process and any implications before providing consent.
7. Wherever possible the date and time of second vaccinations should be provided when people attend their first vaccination. If this is not possible, then a consistent message should clarify the likely timeframe for follow-up contact being made and provide a pathway to raise concerns if an invitation for a second vaccination is not received by that point in time.
8. Reinforcing the HANDS-FACE-SPACE message should feature consistently throughout all stages of the vaccination process, but especially after receipt of the first vaccination.
9. Pro-actively communicating the safety record of the COVID-19 vaccinations, both nationally and locally (East Sussex), will be important in the short-term and long-term to demonstrate vaccine effectiveness. Where possible the likelihood and severity of any risk(s) should be identified and relayed in non-medical terms and aligned with the likelihood of something

occurring in everyday life. Messaging should also be conveyed across a variety of communication channels and tailored to meet the needs and preferences of different audiences and vaccine cohorts, including those without digital access.

10. Maximising flexibility in terms of vaccination sites and operating times may be valuable in maintaining levels of uptake, especially as lockdown restrictions ease. Keeping sites local (or mobile) and accessible outside of working hours may help to encourage those of working age.

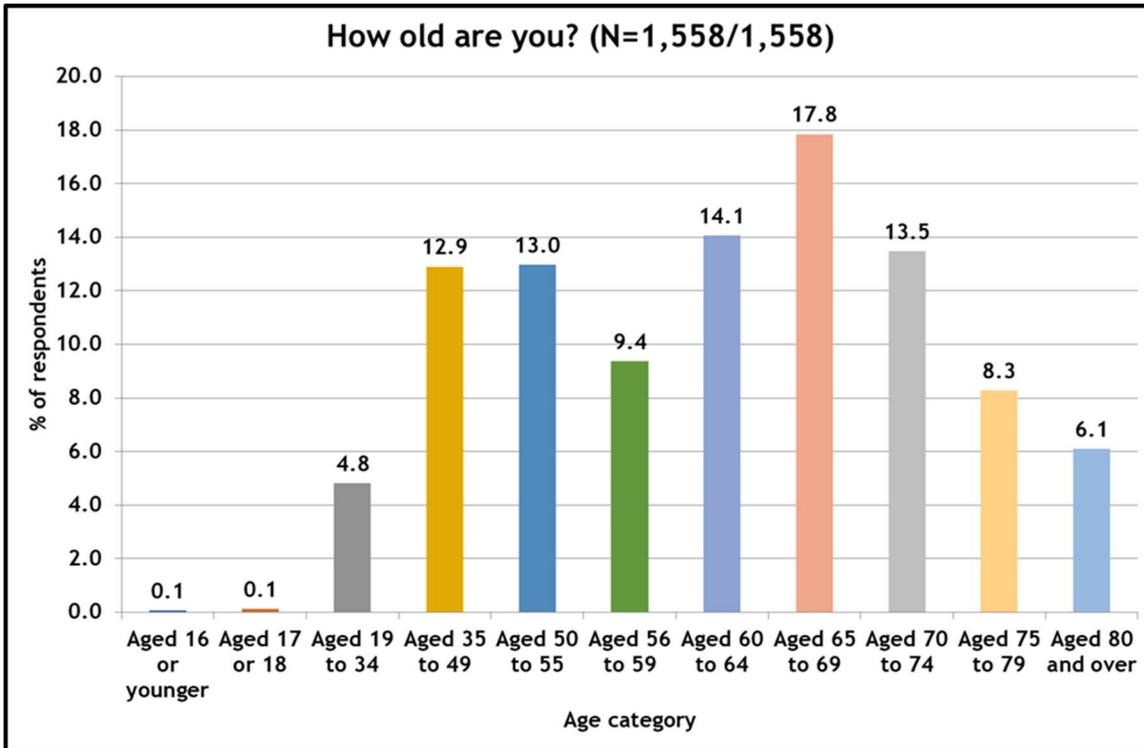
Healthwatch East Sussex

11. Engagement with health and care system partners to explore the findings, conclusions and recommendations from this research and identify mechanisms for ongoing monitoring of patient experience in the vaccination programme as it progresses.
12. Ongoing engagement with East Sussex residents receiving vaccinations in order to understand their experiences, identify any further issues that arise with the vaccination process and provide feedback to the public and the health and care system.
13. Further research to explore the perceptions and intentions of non-vaccinated residents in East Sussex, including greater exploration of vaccine 'hesitancy' or low uptake.

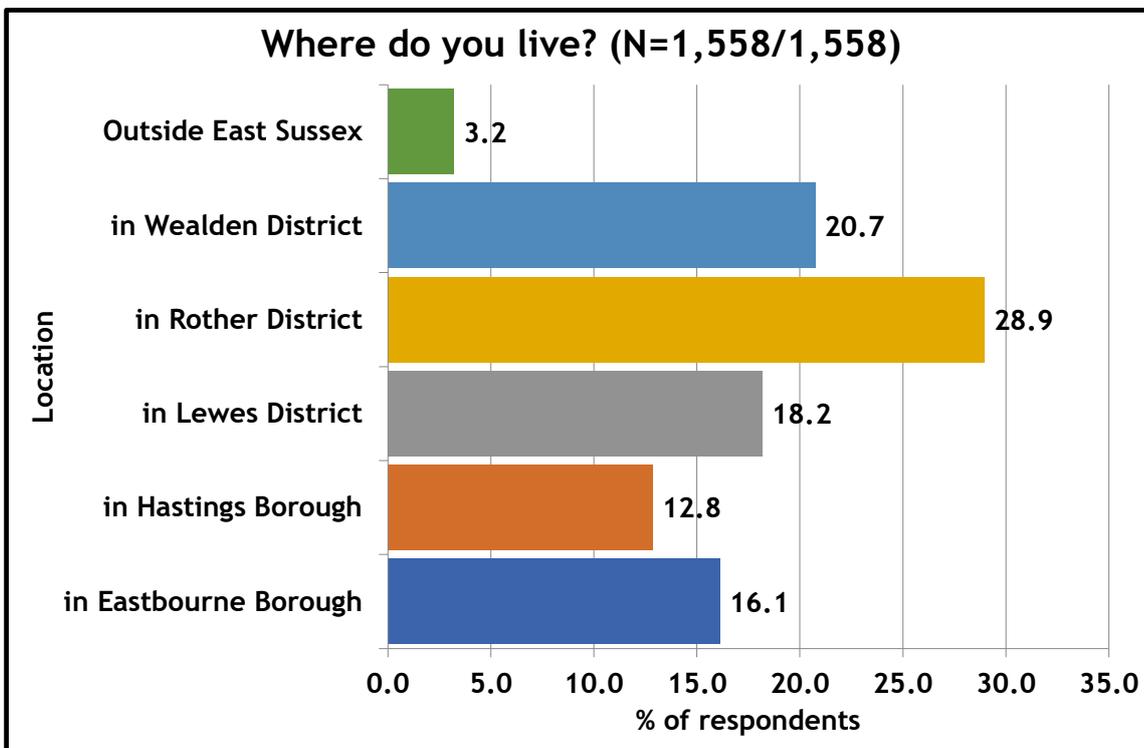
Appendix 1: Respondents Characteristics

Cohort One: Direct experiences of the COVID-19 vaccination process

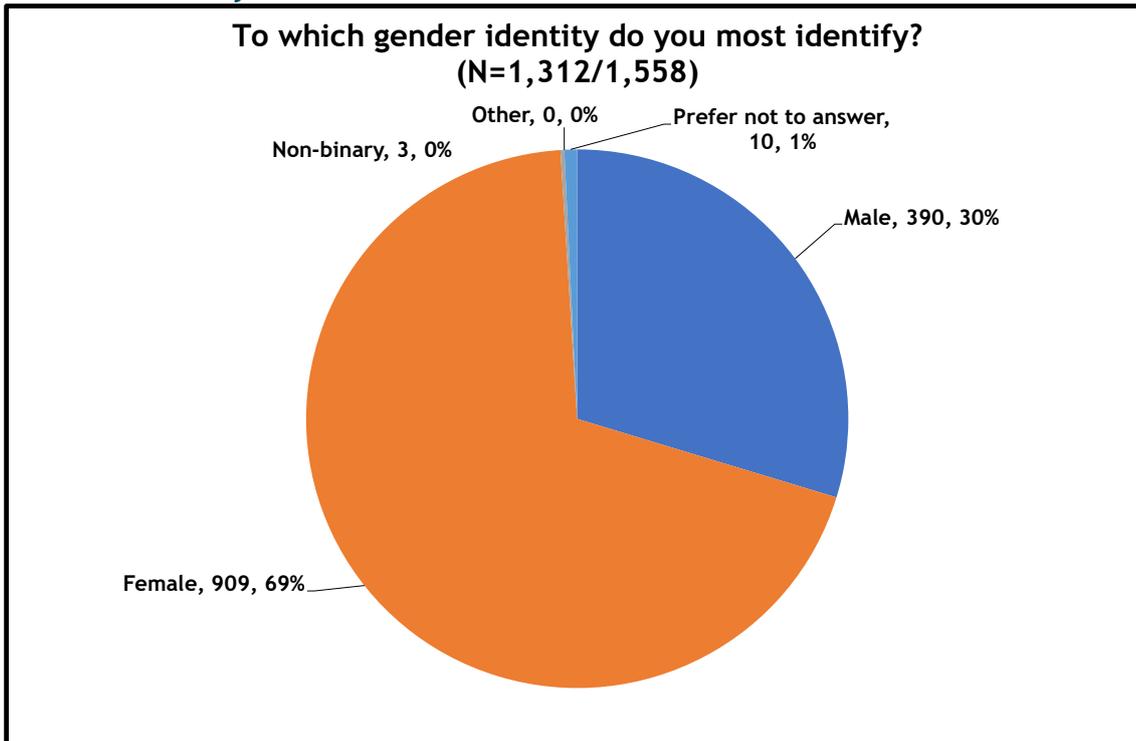
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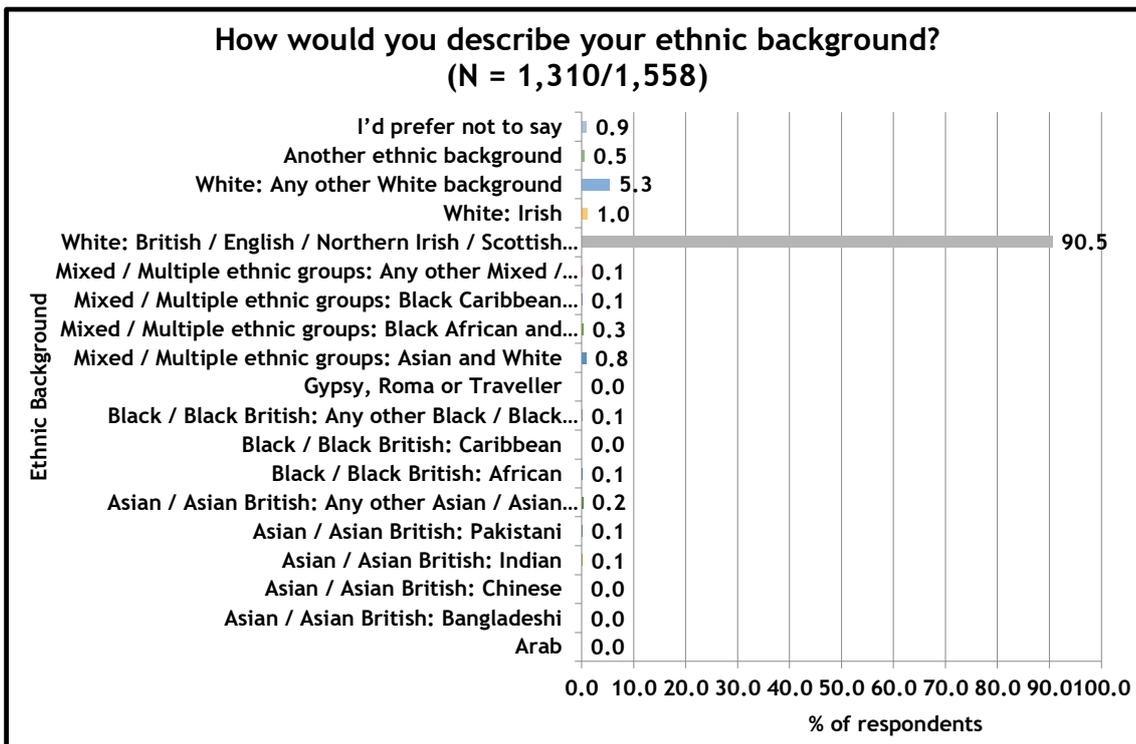
Location breakdown



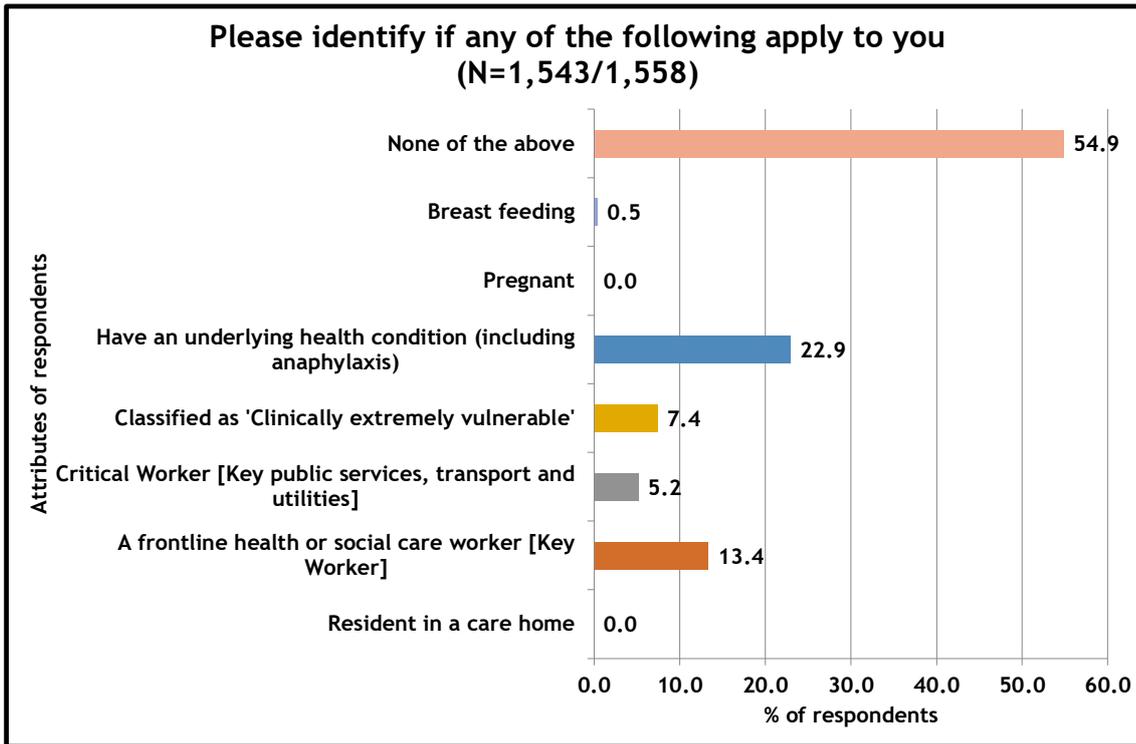
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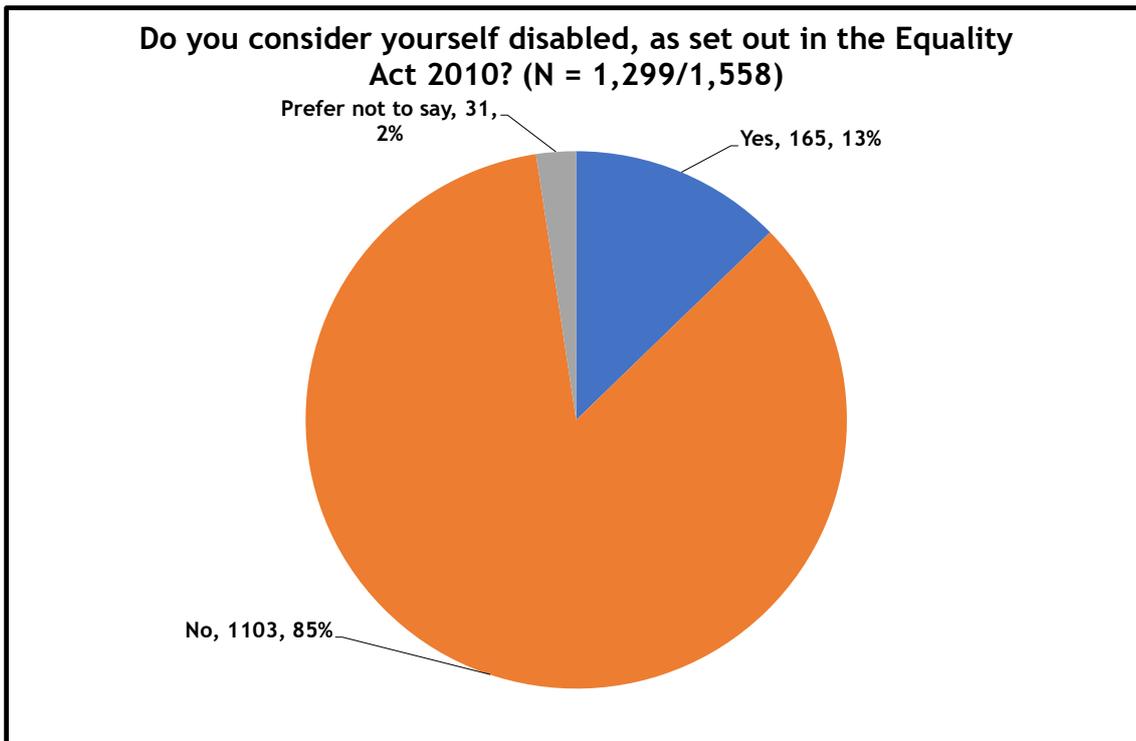
Ethnicity



Respondent status

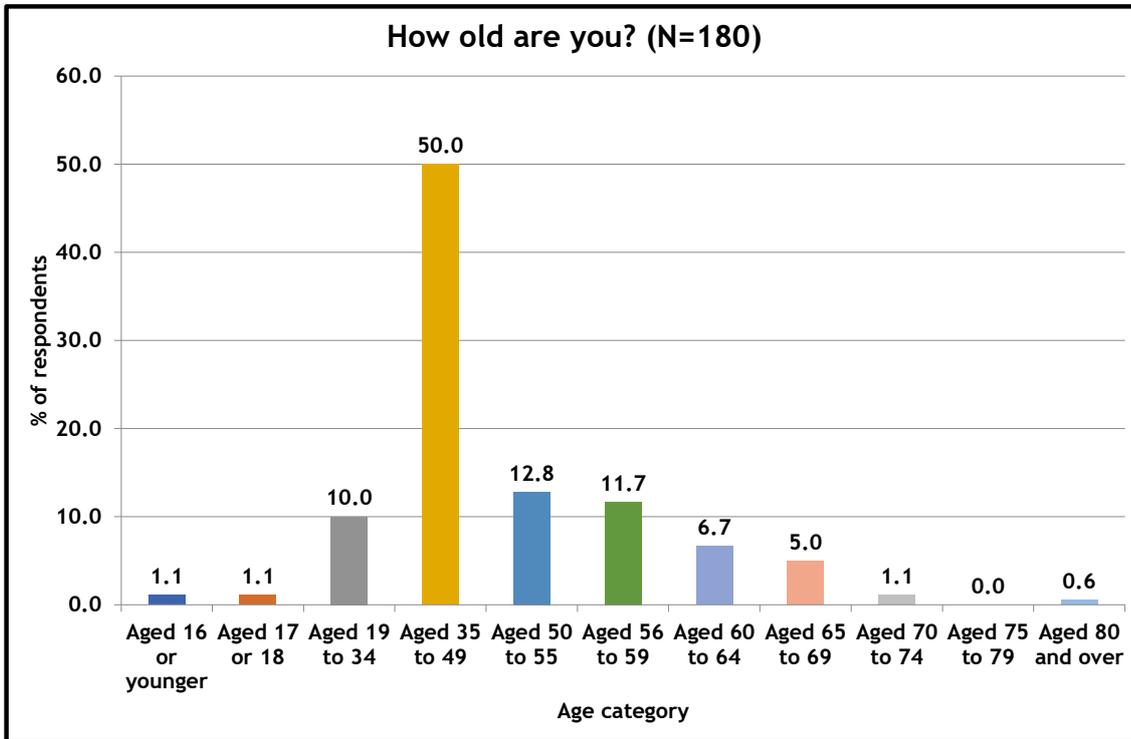


Disability status

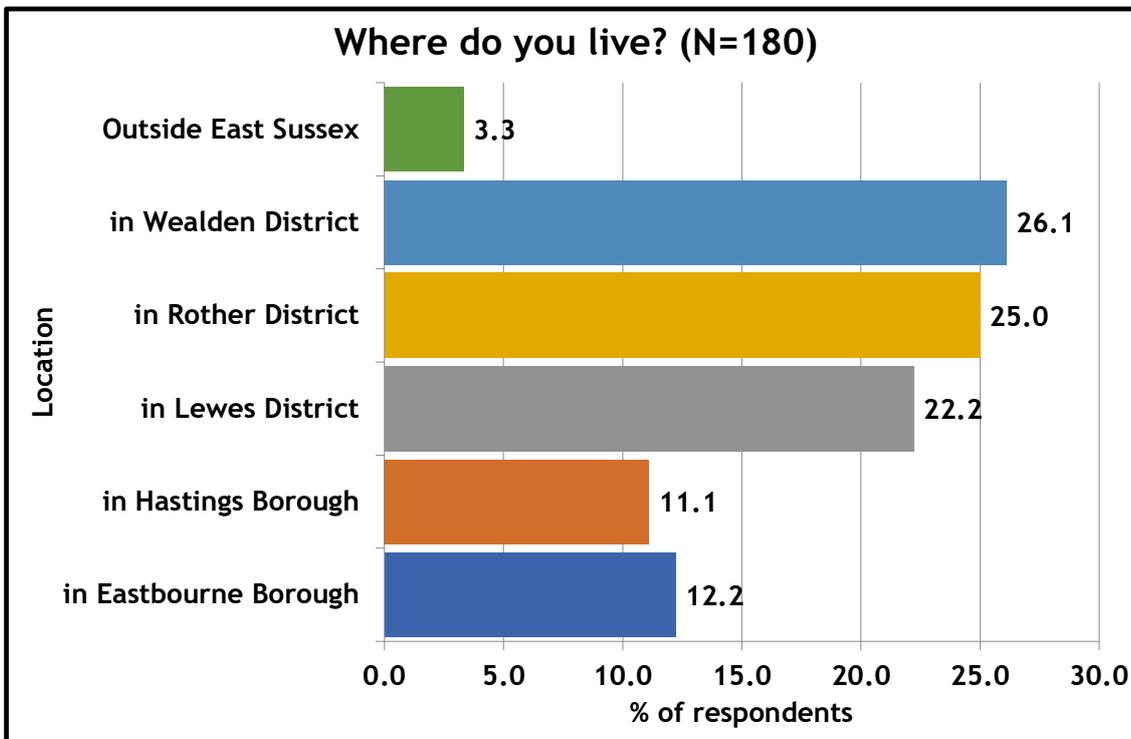


Cohort Two 'A': Perceptions of the COVID-19 vaccines and vaccination process - Those who will or are likely to accept a vaccination

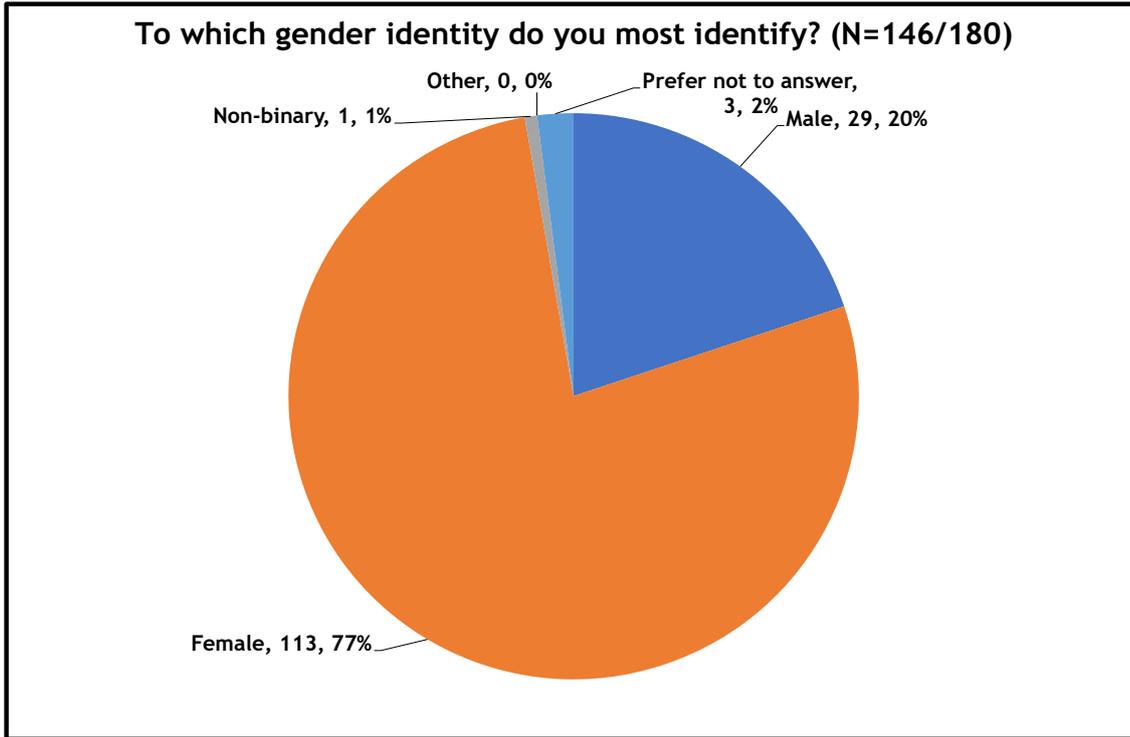
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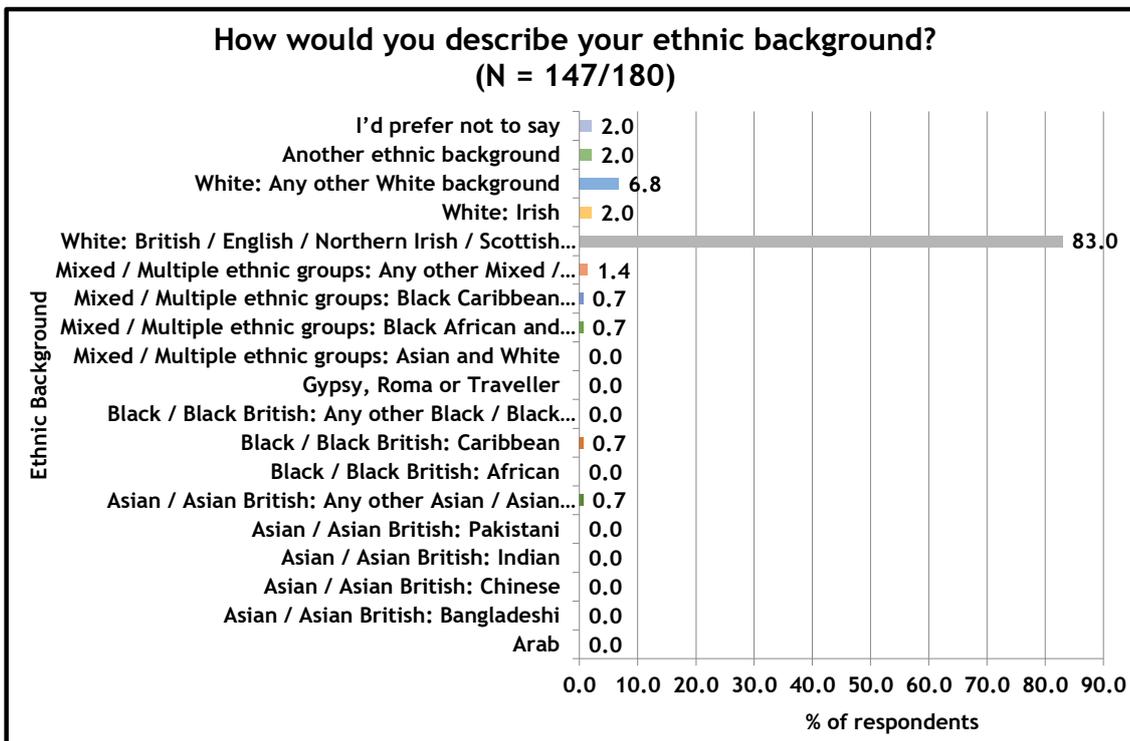
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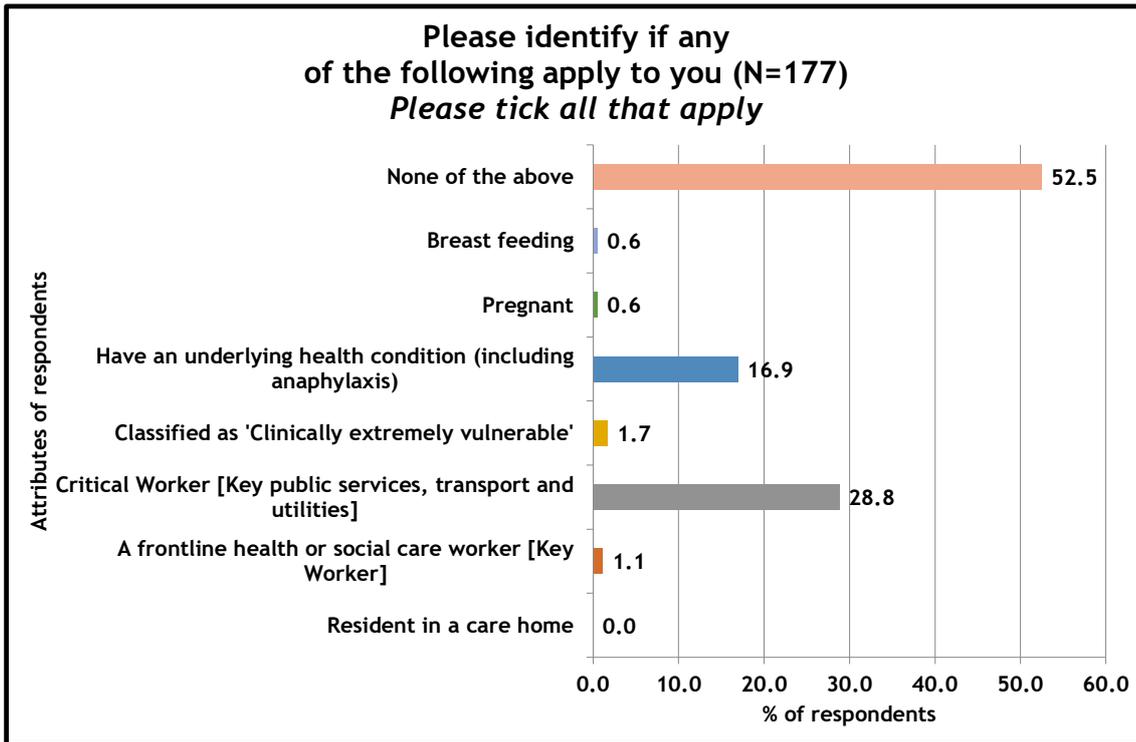
Gender identity



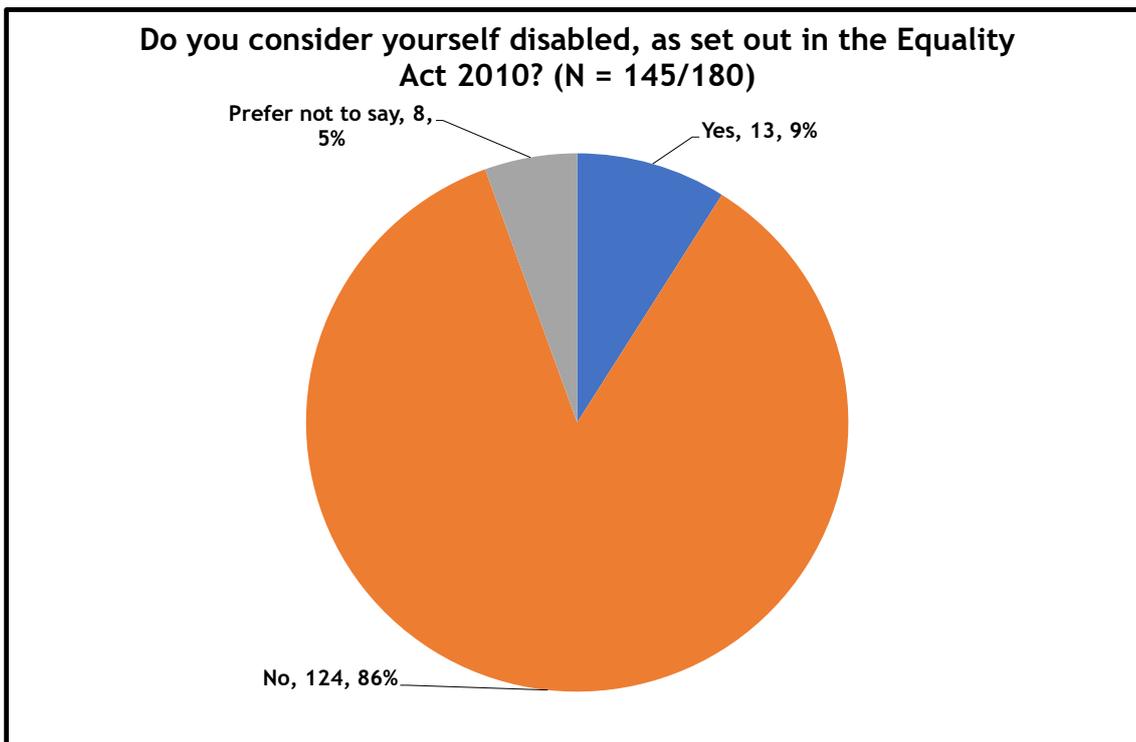
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Respondent status

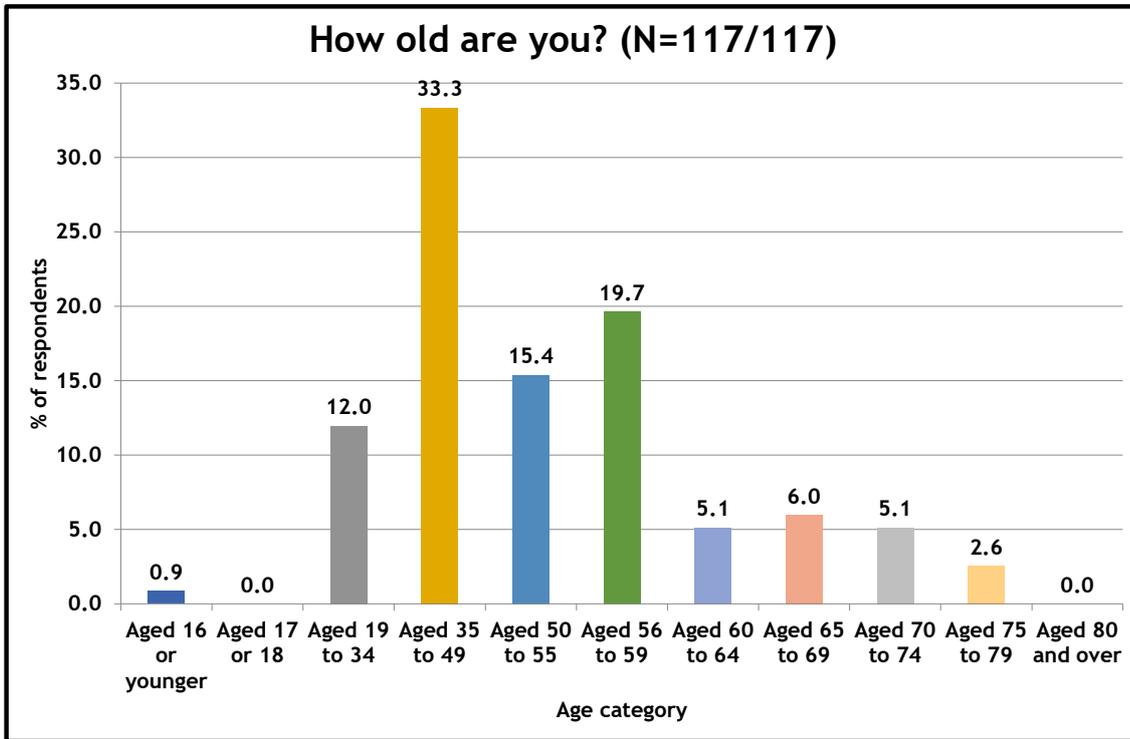


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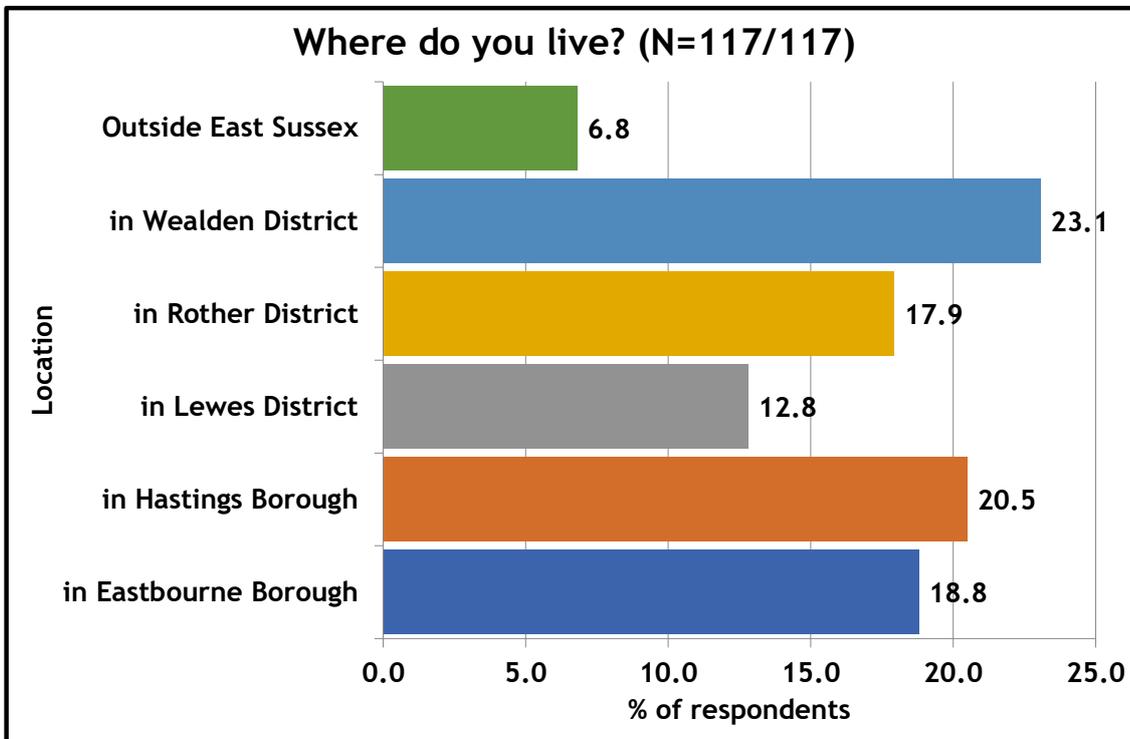


Cohort Two 'B': Perceptions of the COVID-19 vaccines and vaccination process - Those who will not or are likely not to accept a vaccination

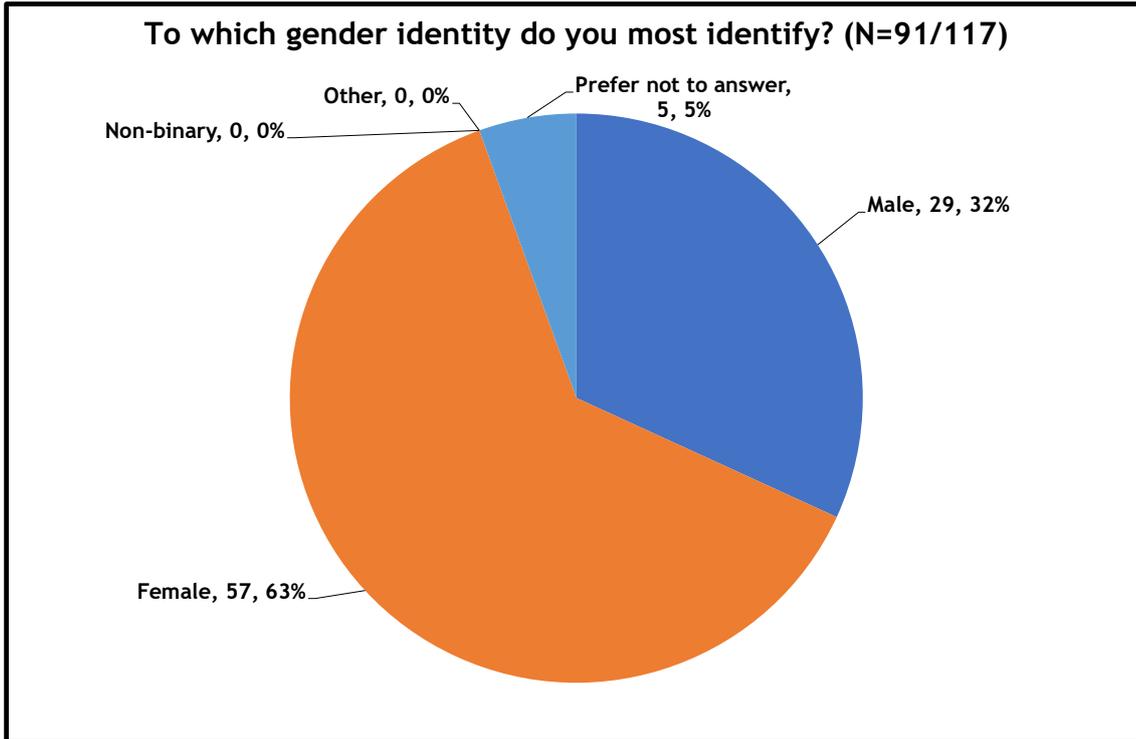
Age breakdown



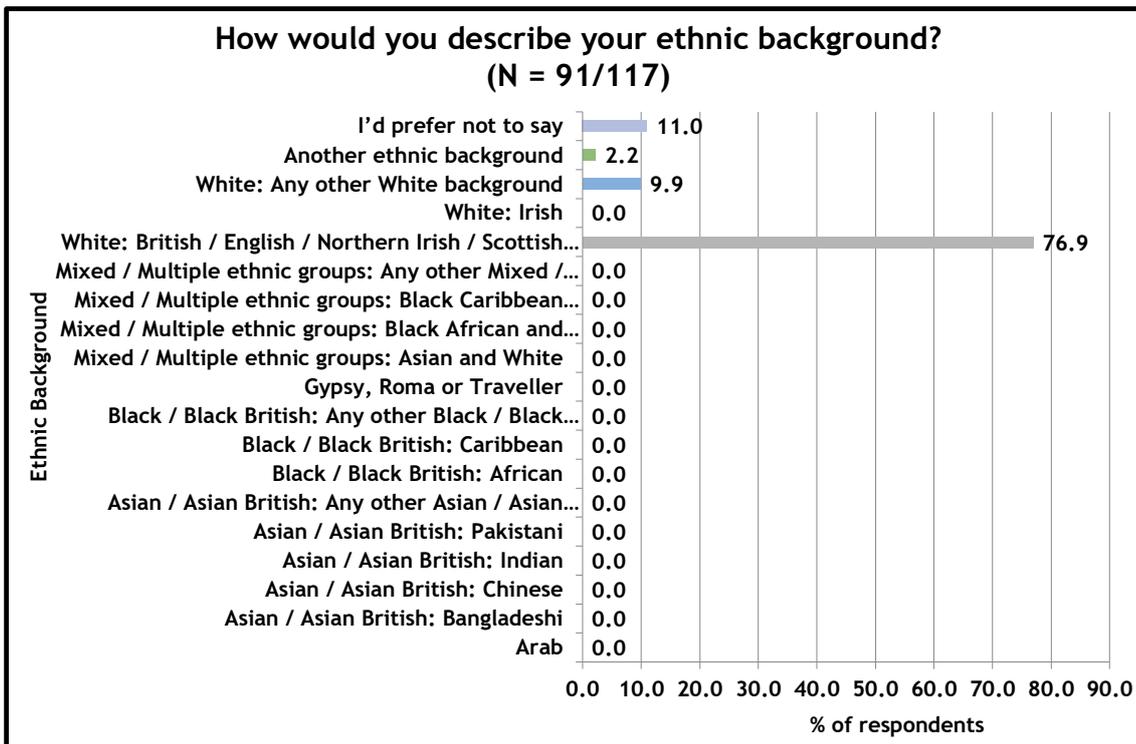
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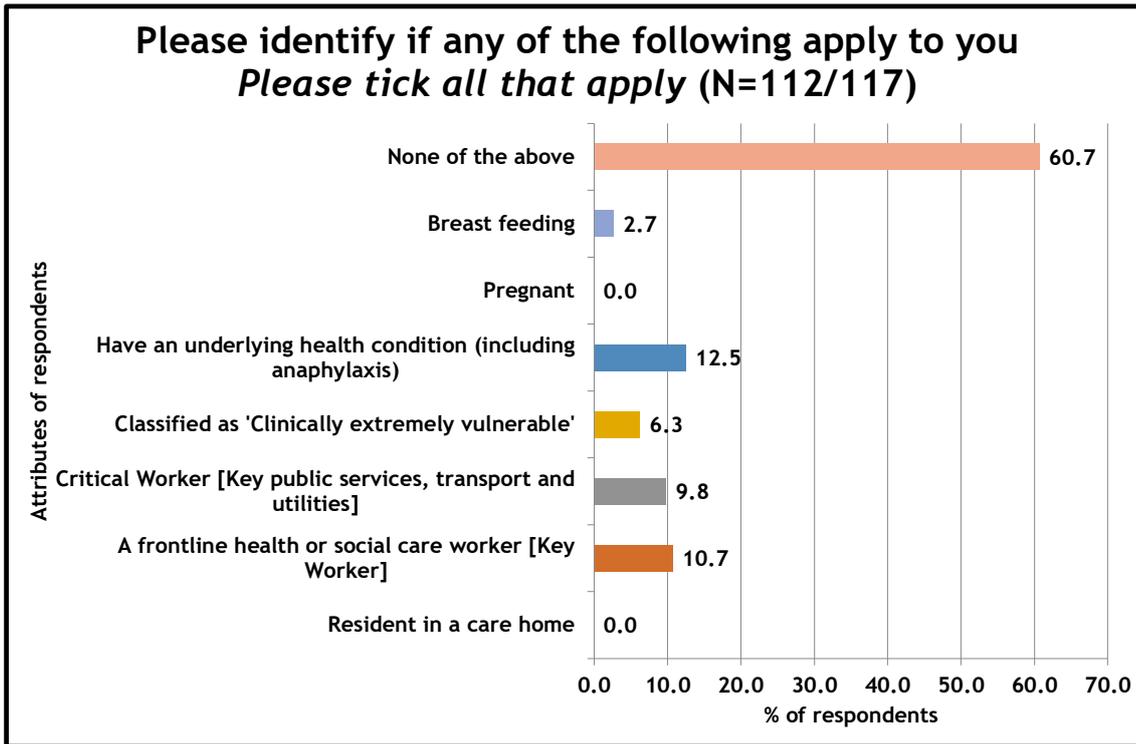
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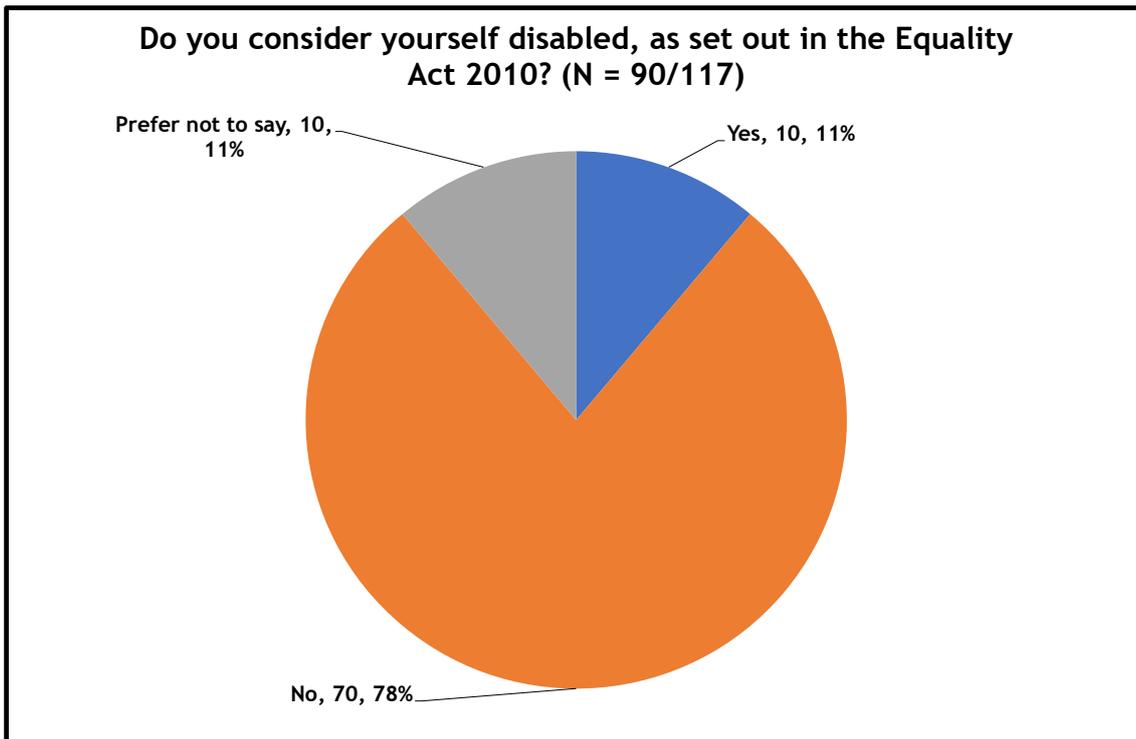
Ethnicity



Respondent status



Disability status



Appendix 2 - Acknowledgements

Healthwatch East Sussex is very grateful for the assistance provided by partners in sharing and promoting its COVID-19 vaccination survey.

These included, but were not restricted to:

- Action in rural Sussex
- AgeUK East Sussex
- Association of Carers
- BBC Sussex
- Bexhill Observer
- Care for the Carers
- Chailey Heritage School
- Chaseley Trust
- Citizens Advice Bureau (Eastbourne)
- DEAFCOG
- Eastbourne Access Group
- Eastbourne Borough Council
- Eastbourne Herald
- Eastbourne Voice
- East Sussex Community Voice Board members
- East Sussex County Council
- East Sussex Healthcare NHS Trust
- East Sussex Strategic Partnership
- East Sussex Town and Parish Council's
- East Sussex VCSE Alliance Development Group
- Fulfilling Lives
- Hastings Borough Council
- Hastings Observer
- Hastings Voluntary Action
- Healthwatch Advisory Group Members
- Lewes District Council
- Memory Lane Dementia group (Eastbourne)
- Rother District Council
- South East Local Enterprise Partnership (SELEP)
- Sussex Clinical Commissioning Group(s)
- Sussex Community Development Association
- Sussex Community NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- The Argus
- Uckfield FM
- Wealden District Council
- 3VA