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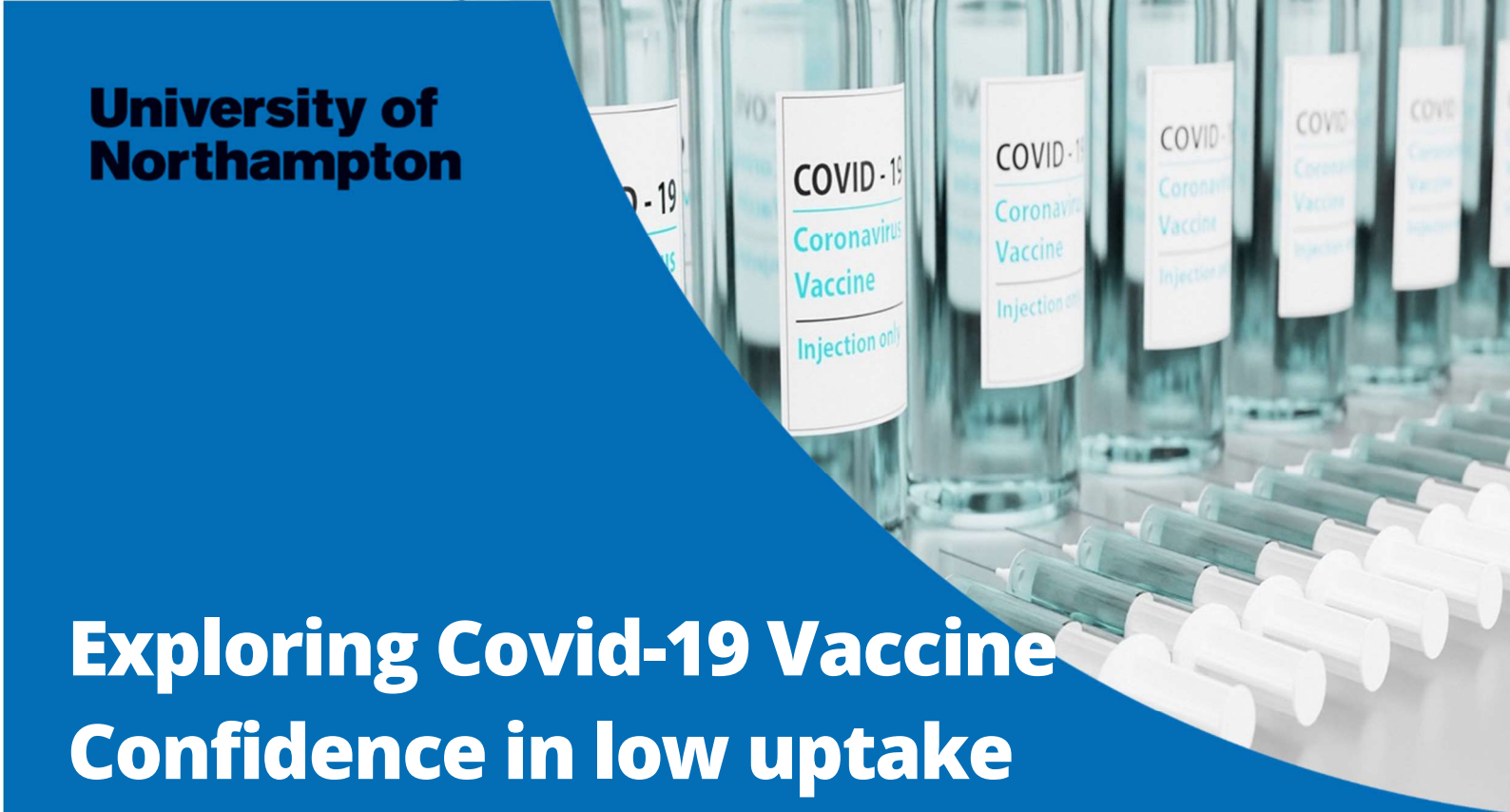
Exploring Covid-19 Vaccine Confidence in low uptake areas and populations in Peterborough and Cambridgeshire – Executive Summary

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Infographics

What you said

Community Members

> I believe that the vaccines ingredients didn't have enough research. (Eastern European)

> I had my 2 doses of Pfizer vaccine, and as situation is unclear now if those 2 doses and booster would protect you from catching Omicron and future variants of Covid-19. I am not happy to get any more doses until there is confirmation future doses would give me proper protection. I get ill with Covid and gone through having a flu. So have some natural antibodies now too. (White British)

> I am aware of things on social media, however, I often feel it is not a credible source of information. The information can quickly become dissolved on social media making it difficult to separate fact from fiction (Eastern European)

> I am not for or against, if I will need to travel I will get the vaccine. (Eastern European)

Community Liaisons

> I think the more we talk to people, the more we can get them to change their minds or maybe think about it twice.

> And, of course, it's not helped with all the misinformation about it ...they inject a 5G microchip or all this sort of thing. And people who don't believe in a vaccine will find any excuse to prove their argument really.

> ...the booking sites have been wild at times, you come to book a vaccine and it gives you a site that's 20 miles away - it's not do-able. It's just not.

> So there's a little bit of a sense that the Health Authorities believe there's one true answer and the answer is to get the vaccine. And that's a challenge because there's a sense that if you don't agree with that, there's not a way to have your voice heard.

Challenges of delivering the vaccine programme

Conflicting messaging
Inconsistent messages between local and national government
Changes in vaccine and Covid-19 guidance

Getting the right message
Not putting pressure on people
Range of languages required
Engaging in conversations not a one-way dialogue
No one method can work for everyone

Building relationships
Time and local knowledge needed to build relationships
Changing planned activity (e.g. vaccine bus visit) could damage local relationships and lose trust

Business relationships
Supporting larger organisations to enable staff time for vaccinations and isolation
Different local and national policies for larger organisations
Transitory nature of many workers in the region

Vaccine confidence factors

A number of key factors can impact negatively or positively in the way in which patients make decisions regarding vaccination. Such factors are fluid and changeable

TRUST
Trust in health professionals, in official communication channels, in science, but also in one's own immunity

COMMUNICATION
Consistent, coherent, and effective communication from trusted official source; at the national and local/community level

RISK
perception of risk and willingness to take risk, or risk aversion in regard to both vaccination and Covid infection

COLLABORATION
Effective, multidisciplinary collaboration between health professionals, GPs, social care and community workers, and local authorities

SAFETY
Perceived safety of the vaccine and how the vaccine was developed; long-term effects

ACCESS
Ease in booking vaccine; ease in accessing vaccine centres; litercy level to access the information provided

COMMON FACTORS
Both vaccinated and unvaccinated participants stressed:
- Freedom of choice
- Personal responsibility
- Effective communication and information
- Importance of trusted sources
- Role of families, peers, and employers

RECOMMENDATIONS

Enhancing vaccine confidence is part of a multi-dimensional and multi-professional approach to providing health services across the region. Evidence from the project leads to recommendations which have the potential to achieve a wider impact on other present and future health challenges

EFFECTIVE COMMUNICATION
- Establish a single authoritative and trusted source
- Monitor consistency and coherence of content to avoid contradictions leading to confusion
- Ensure content is appropriate to level of literacy and native language

MULTIDISCIPLINARY COLLABORATION
- Sustain and develop the multi-professional collaborations established during the C19 crisis
- Sustain the collaboration with community-based, employers and other stakeholders services created during the C19 crisis

EDUCATION
- Support initiatives to develop health education for adults and children about vaccines
- Educate the general public about the workings of health, social services and local authorities in response to C19 crisis

COMMUNITY - BASED SERVICES
- Sustain and develop the role of community-based services by drawing on their expertise and knowledge
- Enhance their role as brokers, facilitators and liaison with members of diverse communities

INCLUSION AND DIVERSITY
- Sustain and develop the current approach to engage with diverse and mobile groups
- Enhance the collection and sharing of population data

EVIDENCE-BASED DECISION MAKING
- Develop systems for the systematic and ongoing evaluation of initiatives
- Develop protocols for data collection and sharing across services
- Involve all stakeholders including members of the public in decision-making

Executive Summary

The project, commissioned by the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) in collaboration with Cambridgeshire County Council and Peterborough City Council, aimed to gain greater insights into Covid19 vaccine hesitancy in lower uptake areas and specific populations in Cambridge City, Peterborough City and Fenland, to inform ways of enhancing confidence and vaccine take-up.

Aims and objectives
The following project objectives were identified:
- To gather a deeper and more nuanced understanding of the personal, cultural and social barriers in low uptakes areas and population groups including 'white other', 'other ethnic groups', migrant workers and 50+ users face in taking advantage of vaccination programmes;
- To identify motivational factors and practices which funders and sponsors can use to modify individual's attitudes and behaviours;
- To provide fact-finding and evidence-based recommendations for practice.

Methods
The project included three phases. Phase 1 was an initial 'fact finding' with local authority and NHS staff to rapidly assimilate current local 'soft intelligence' on vaccine hesitancy, identify strategies to date to boost vaccine uptake and to inform the next stages including identification of participants. This was followed by Phases 2 and 3 during which a deeper and more nuanced understanding of participants' personal, cultural and social barriers were gathered, and for which the data was a formal part of the project.

In total, the project gained evidence through a survey, interviews and focus groups from a total of 162 participants, including 12 representatives from across Cambridgeshire and Peterborough representing the Local Authority, Public Health, GPs, and the Voluntary Sector; 13 community liaison leads;

115 questionnaires responses, and 20 members of the community as the main target population.

Key findings
The evidence confirms findings from international literature showing that vaccine hesitancy is a complex phenomenon in which a number of factors contribute to vaccine hesitancy or confidence.

Evidence from community members in particular show that vaccine hesitancy should be viewed on a flexible continuum in which their views are not fixed.

The current study identifies that while diverse groups of people have specific needs, their attitudes towards vaccination are not necessarily determined by the group they belong to.

The study shows that there is evidence of community liaisons, local authorities and NHS staff having used a multi-dimensional and flexible approach while being forced to adapt to fast changing situations on the ground.

A further insight of the study shows that even vaccinated individuals are no less sceptical, wary and confused about the information they received about the pandemic and the vaccine itself.

Key factors
A number of key factors can impact negatively or positively the way in which

community members make decisions regarding vaccination. Such factors are fluid and changeable:

- **Trust** - Trust in health professionals, in official communication channels, in science, but also in one's own Immunity;

"I trusted our scientists and medical professionals to produce a vaccine that was as safe as possible given the speed with which it needed to be available." (Community member)

- **Risk** – Perception of risk and willingness to take risk, or risk aversion in regard to both vaccination and Covid infection;

"I wasn't sure whether I wanted to take the vaccine because I didn't mind going through symptoms of Covid in case I would get it. However, when I heard that people who have problematic health conditions and elderly would have worse symptoms, it changed my mind because I wouldn't want to pass on an Illness ..." (Community member)

- **Safety** – Perceived safety of the vaccine and how the vaccine was developed and its long-term effects;

"I believe the vaccines are dangerous and the propaganda campaign to have experimental vaccines wrong." (Community member)

- **Communication** - Consistent, coherent, and effective communication from trusted official sources, at the national and local/community level;

"We were given good information and advice why we should take vaccination. Our community had good Covid coordinators who gave the most updated advice on Covid 19 & vaccination. The information came from NHS Doctor who is part of our Covid team." (Community member)

- **Collaboration** – Effective, multidisciplinary collaboration between health professionals, GPs, social care and community workers, and local authorities;

"…work in partnership, aligning priorities, collaborating where it makes sense to do so and where there is agreement to do so. It's looking at this partner-wide style of working, working with our communities rather than doing things to them is very much the essence of the role." (Community liaison)

- **Access** – Ease in booking vaccination; ease in accessing vaccine centres; literacy level to access information provided.

"So, they can't get appointments, they don't know how to use the booking system or can't access the booking system; appointments aren't available at the right time, mixed messaging around bookings." (Community liaison)

Challenges of delivering the vaccine programme

- **Conflicting messages** – Inconsistent messages between local and national government; changes in vaccine and Covid-19 guidance;
- **Getting the right message** – putting pressure on people; the need to deliver the message in multiple languages; engaging in conversation rather than just sharing information; adapting the message to the target group;
- **Building relationships** – Time and local knowledge needed to build relationships; consistency with planned activities (e.g. vaccine bus visit) to avoid damaging local relationships and trust;
- **Business relationships** – providing support to larger organisation to enable staff time off for vaccination and isolation; coping with different

local and national policies for larger organisations; transitory nature of many workers in the region, including highly mobile academic and student population.

Key recommendations
Recommendations focus on access and participation with the vaccine programme, to continue to develop inclusive approaches to communication and support which foster access and participation, which meet generic, group specific and individual needs of community members.

In regard to access, both physical access to vaccination facilities and access to knowledge and information about the vaccine, it is recommended that the extensive work already carried out and the knowledge and expertise developed in regard to effective means and channels of communication continues and is developed further as a way to cope with a possible Autumn vaccination initiative, but also in regard to other future and ongoing health initiatives.

In regard to fostering participation, it is recommended to foster two closely related aspects of participation, that is, the involvement of community members as key stakeholders in the development, implementation and evaluation of policies and practices the involvement of community

members as respected and valued decision makers independently from their views about the vaccine, and providing educational opportunities.

In regard to communication, it is recommended that communication teams continue with their best practice work of using different formats/approaches, working through local organisations and trusted individuals and providing materials in different languages. The report also acknowledges the challenges in responding locally with nationally agreed communication strategies. Consideration could be given to priorities that enable face to face engagement, messaging form health professionals, or coproduced communications through collaborations with local communities. The emphasis could be placed on encouraging a two-way communication to enable different sides of the vaccine debate to be considered. Further recommendations relate to the timely address of misinformation and fears of the vaccine (e.g. how the vaccine was developed in the time frame, impact on immune system, value of having a booster with so many still getting Covid) and showcasing the positive impacts of the vaccine (e.g. how time off for staff is lower, customer confidence increased) can highlight benefits that will resonate with businesses and individuals.

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For further information about the project or to provide feedback on the findings and how these have informed your practice, please contact:

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