

People's experiences and views about Covid-19 vaccinations in Brighton and Hove



Contact - Dr Lester Coleman

Lester@healthwatchbrightonandhove.co.uk

May 2021

Contents

Headline findings	3
1. Introduction.....	4
2. Findings.....	5
2.1 - Who answered the survey?	5
2.3 What were people’s experiences of the vaccine appointment?	9
2.4 What were people’s experiences after their vaccine?....	12
2.5 What are people’s views about the vaccine (among those yet to have the vaccine)	15
2.6. What are the views of people who were hesitant in having the vaccine?	16

Headline findings

- The survey was completed by 2102 people across Brighton and Hove between February 13th and March 31st 2021.
- 75.5% of people were vaccinated (had received at least one vaccine).
- 76.3% of White-British had the vaccine compared to 66.0% of other ethnic groups (statistically significant difference).
- Reasons for accepting the vaccination were a mixture of personal interests and those for the wider public benefit. e.g., 89.9% ‘to protect myself’ and ‘86.6% to play my part in combating the COVID-19 virus’.
- People were generally positive about the vaccine experience:
 - 92.8% rated the information about where and when to receive the vaccine as excellent.
 - 50.5% were able to ‘book an appointment at a time/date that suited me’.
 - 92.4% said they were very likely to encourage their family and friends to having a COVID-19 Vaccination.
- After the vaccine:
 - 86.8% received written details of the vaccine received.
 - 83.8% received information on the possible side-effects.

“Excellent experience. All very well organised, no waiting and friendly efficient staff and volunteers.”

- The one area of concern expressed in the open-ended comments was that a lower proportion, 38.6%, received information about the time, date and location of the second vaccine.
- Of those yet to have the vaccine, 20.2% were ‘undecided but unlikely to accept the vaccine’, ‘definitely will not accept the vaccine’ or ‘been offered and declined the vaccine’.
- For those hesitant about the vaccine, over 50% mentioned safety, side-effects, strength of evidence of effectiveness, and right to choose as their reasons:
 - 62.1% were concerned about the safety of the vaccine.
 - 65.0% said they have concerns about the effect of the vaccine in their long-term health.
 - 52.5% worried about the possible side-effects of the vaccine.
 - 51.5% worried about the robustness of the evidence from the clinical trials.
 - 58.3% wanted to maintain their right whether to receive it.
- 27.5% of ethnic minority groups were hesitant to have the vaccine compared to 14.9% of White-British (statistically significant difference).
- 30.6% of those with disabilities were hesitant compared to 16.3% of those without disabilities (statistically significant difference).

“I still want to wait at least a couple of years to see the longer-term effects on others.”

“[Will accept vaccine] When it has been robustly tested for 5-10 years and we are given the full published results of this.”

1. Introduction

From February 13th 2021, Healthwatch Brighton and Hove explored people's experiences and views about the COVID-19 vaccine. This included people's *experiences* of having the vaccine, such as making appointments and their experiences on the day of their vaccine appointment. It also included the *views* from those people yet to have the vaccine, as well as those who did not want to have the vaccine. The survey closed on March 31st, 2021.

In total, 2102 people responded to an online survey, which included a mixture of multiple-choice questions, tick boxes, and space for further comments. Those reporting their experiences typically took six minutes to complete the questionnaire, and approximately half that time if they had yet to have a vaccine.

The survey was promoted through a combination of Facebook, Instagram, and Twitter feeds; the Healthwatch Brighton and Hove website; Healthwatch Brighton and Hove mailing list; sharing the Survey Monkey link through our fortnightly COVID-19 updates; and separate promotional activity by Young Healthwatch.

The data were analysed in SPSS (Statistical Package for the Social Sciences) exported from Survey Monkey. The analysis consisted of 'valid cases' i.e., derived from all those that replied to a question (excluding missing cases and 'prefer not to say').

The analysis focuses on frequencies or percentage responses. Further tests drawing comparisons by sex, age, ethnicity, and disability are presented among the subsample who had yet to have the vaccine. This vaccine 'hesitancy' is considered more important to NHS Commissioners compared to those having had their vaccine already. For this comparative analysis, cross-tabs (with Chi square significant tests) are used to assess differences for categorical data (such as by disability or ethnicity).

For these comparisons, the way the results are written are varied and it is important to know how to interpret them. If, for example, a finding shows that 'women were *more* likely to want a vaccine than men' this also means that 'men were *less* likely to want a vaccine compared to women'.

Statistical significance levels are provided where identified (at less than the 0.05 level, or a 95% probability the observations were not due to chance)¹.

The findings will first present the profile of people completing the survey, followed by people's experiences of having the vaccine. The final set of findings will be the views of those yet to have the vaccine.

Headline findings can be viewed in an infographic published in advance of this report². Also, a summary of the pan-Sussex findings has also been undertaken.

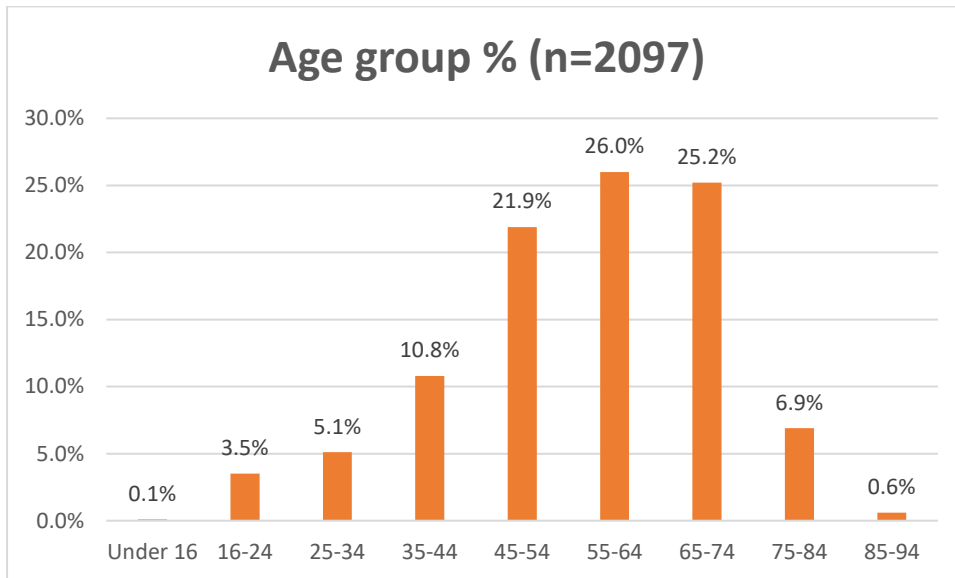
¹ The p or probability value at the level of significance (<0.05) should not be used to indicate the strength or extent of significance – for the extent of the significance, it is more appropriate to look at effect sizes, such as Odds Ratios.

² <https://www.healthwatchbrightonandhove.co.uk/news/2021-04-12/people%E2%80%99s-experiences-and-views-about-covid-19-vaccinations-brighton-and-hove>

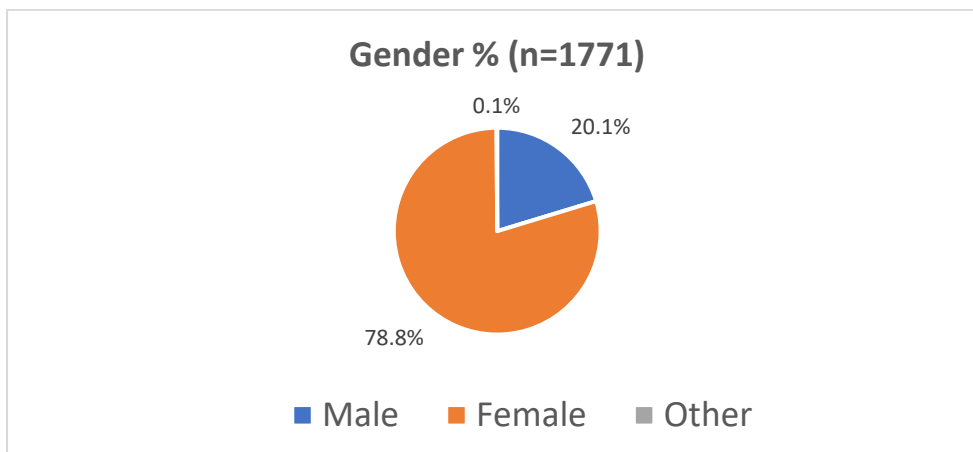
2. Findings

2.1 - Who answered the survey?

The average age of those who engaged with the survey was 56.3 years [2097]. The sample ranged from aged 14 to three people who were over 90 years of age, and the majority age group was 55-64 years [(26.0%) 546]³:



The questionnaire was mostly completed by women (78.8% [1395] compared to 20.1% of men [356]. 'Other' gender was reported by 0.1% [20]. This gender and age profile is a common trend in healthcare research⁴. It is similar to the Healthwatch In Sussex sample of 2185 people who completed the online survey for 'Accessing health and care services - findings during the Coronavirus pandemic' (October 2020)⁵.



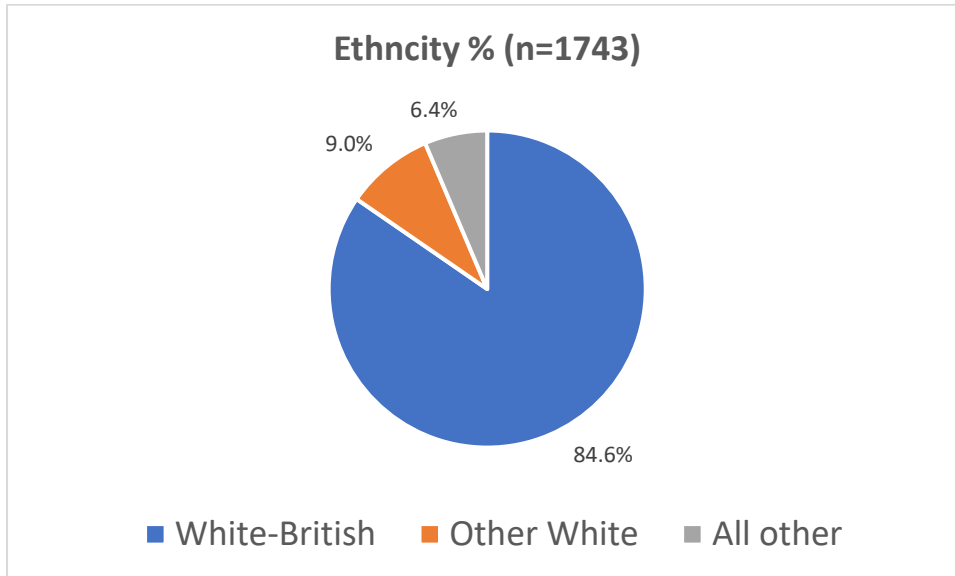
³ For some charts the percentages may not equal 100% due to rounding up or down of decimal points.

⁴ Healthwatch, National Voices and Traverse (2020). The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience. Insight report, June – July 2020.

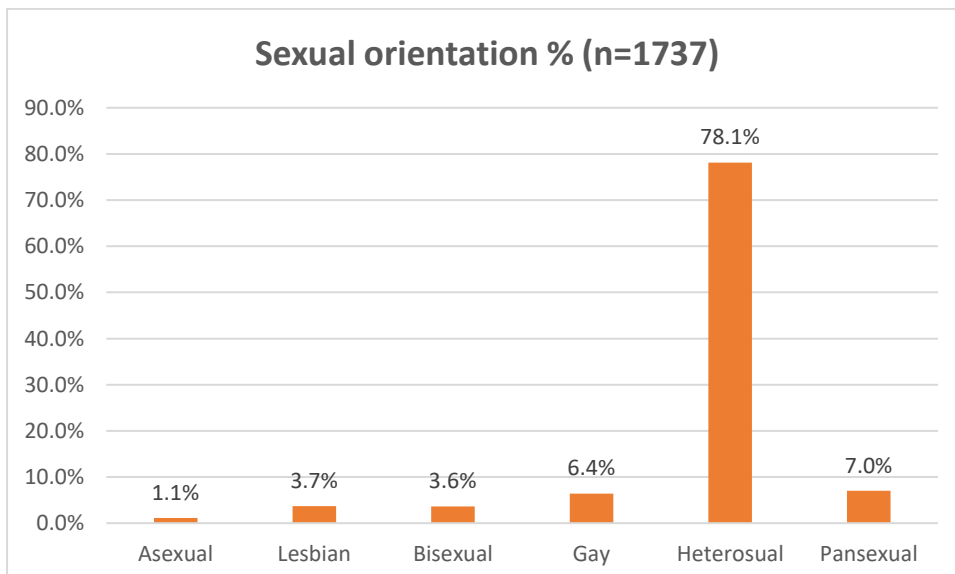
⁵ <https://www.healthwatchbrightonandhove.co.uk/report/2020-10-14/accessing-health-and-care-services-%E2%80%93-findings-during-coronavirus-pandemic>

A total of 13.3% [227] had some form of disability, defined as ‘Do you consider yourself disabled, as set out in the Equality Act 2010?’. A total of 26.2% [448] had a long-term condition.

For additional equalities data, ethnic minority groups comprised 15.4% [239] of the sample, and the remaining (84.6% [1475]) were classified as White: English/Welsh/Scottish/Northern Irish/British. The most common ethnic group aside to White: English/Welsh/Scottish/Northern Irish/British was Other White background at 9.0% [157] of the total sample, followed by 2.1% [37] as White Irish. All other individual ethnic groups were less than 0.7%:



Those who identified themselves as Lesbian, Gay or Bisexual comprised 13.7% [239] of the sample compared to those who identified themselves as Heterosexual (78.1% [1357]):



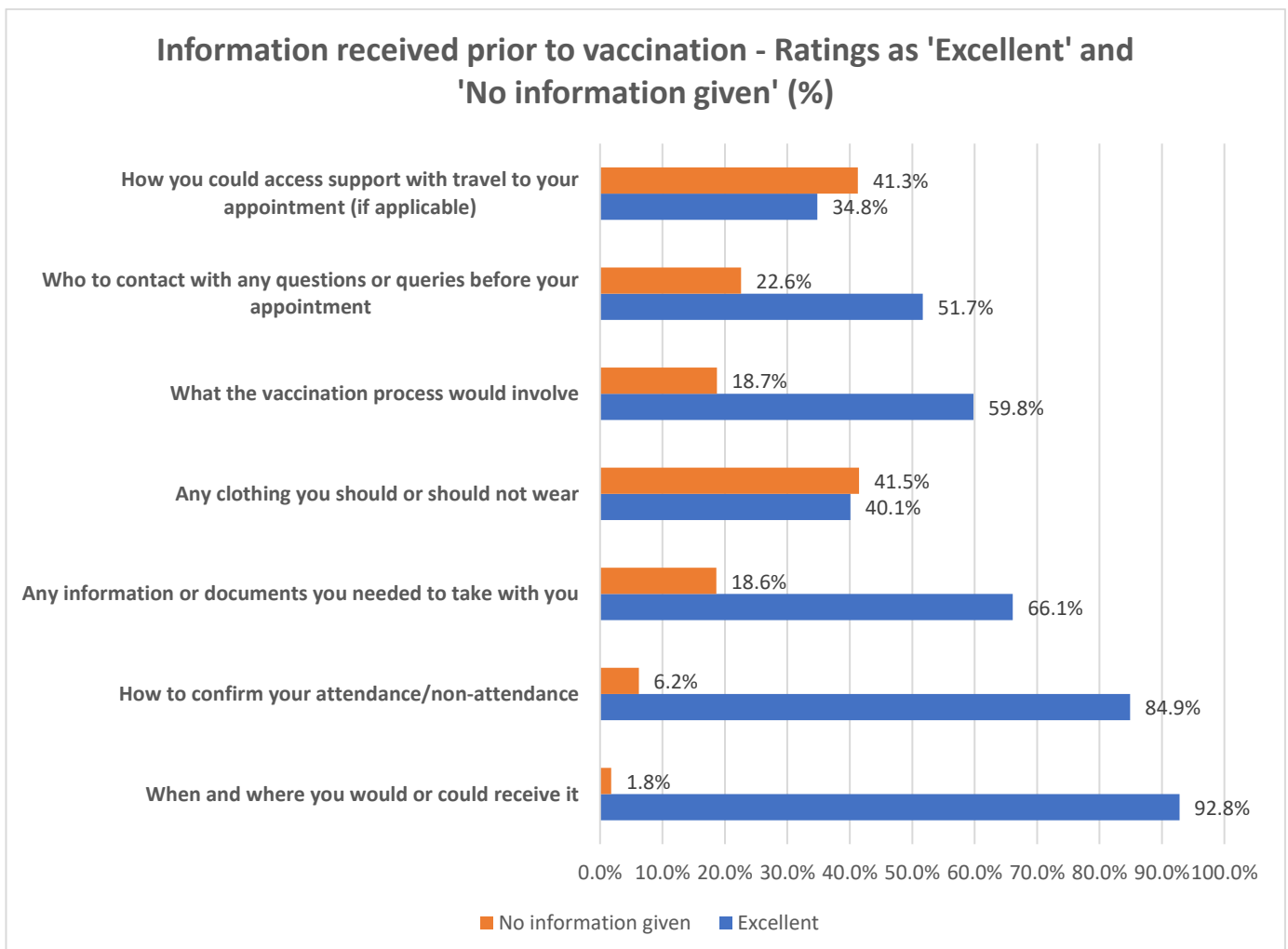
For religion, the most common responses were Christian (all denominations) (40.0% [635]) and no particular religion (55.6% [883]). The largest other individual faith group was Jewish at 1.9% [30].

A total of 7.9% [164] were classified as 'Clinically extremely vulnerable' and 18.5% [380]⁶ had an underlying health condition (including anaphylaxis).

2.2 What were people's experience prior to the vaccine?

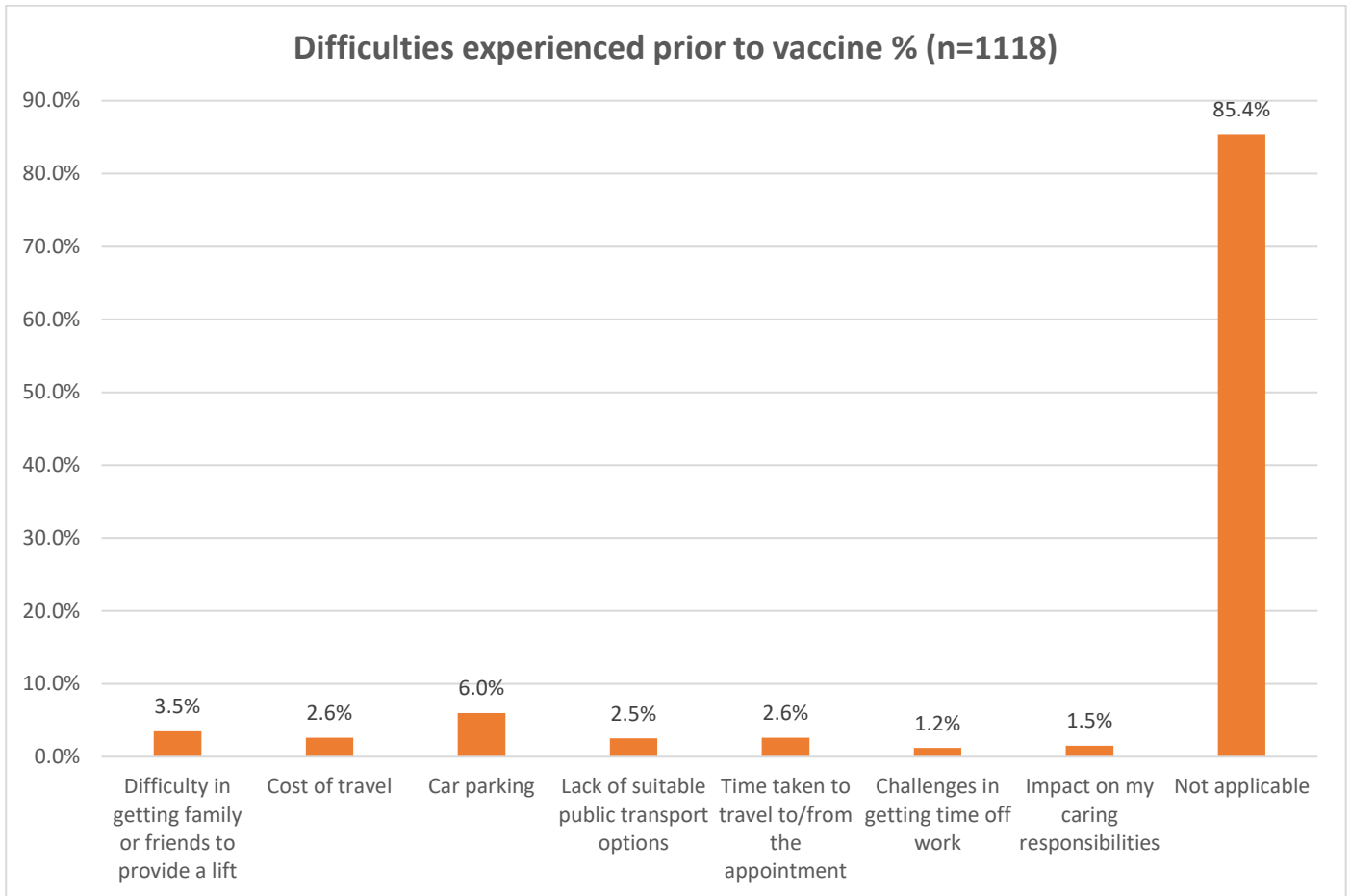
People were generally satisfied with the experience of booking their vaccine. The majority response (50.5%) was the ability to 'book an appointment at a time/date that suited me'. 33.5% said they had 'about the right length of time' between the invitation and appointment.

There were high ratings for some of the information provided before the vaccine e.g., 92.8% rated the information about where and when to receive the vaccine as excellent. The ratings for 'no information provided' show areas of where extra information was not provided. The highest proportion saying 'no information provided' was for 'clothing that a person should or should not wear' at 41.5%:



⁶ From this point the numbers will not be specified in the text (will do so in charts) as the base numbers alternate for those having or not having the vaccine (1587 and 515 respectively) minus those who did not answer an applicable question.

Only a minority of people experienced any difficulties prior to the vaccine, illustrated by 85.4% reporting their response as not applicable. The greatest difficulty people identified, at only 6.0%, was car parking:



Although most of the experiences were positive, some comments expressed people’s concerns about not being given a choice of vaccine, or not knowing what type of vaccine they were going to receive:

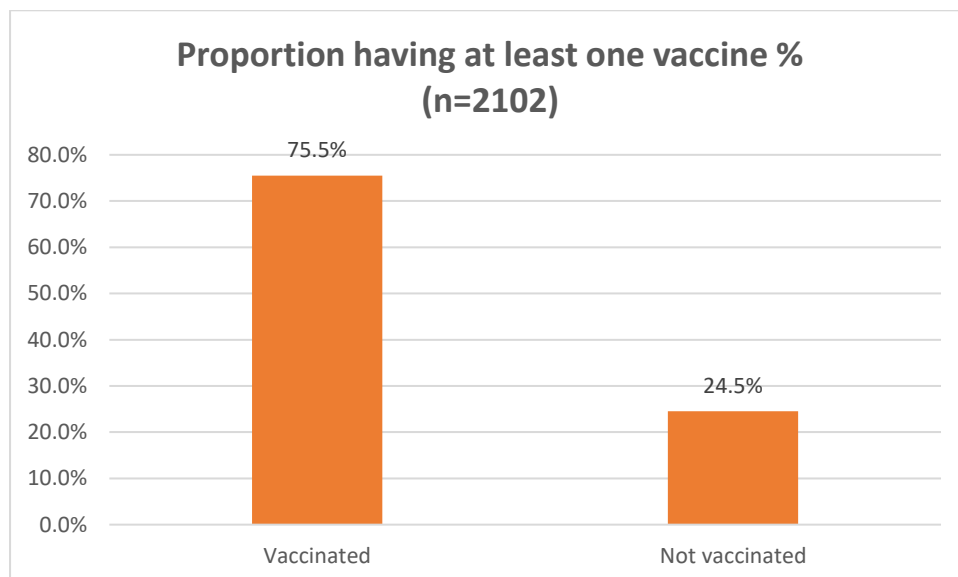
“Having found out as much as I can about the different vaccines available, the methods used to produce the changes to cells to enable them to recognise the virus, I wish to be able to choose which of the available vaccines to have.”

“I have tried 3 different settings now, but each is apparently only offering the AZ vaccine. I am unhappy with the type of vaccine, and the way in which the company has provided mixed evidence of efficacy...I am happy to take the Pfizer having considered the risks, but it seems impossible to elect to choose. This butts up against my personal ethical code, informed choice is essential.”

“I am organic wherever possible so if on vaccine is more organic than the other I would choose that one.”

2.3 What were people’s experiences of the vaccine appointment?

Around three-quarters of the sample (75.5%) or 1587 people had received at least one vaccination and 24.5% or 515 people had not. Although this proportion will vary through time as the vaccine programme continues, the distinction between the groups does support some extra data interpretation:



Given the lesser proportion who had received their second vaccine (99 people from the 1587 receiving their first vaccine), for the purposes of this report the results will be referring to the experiences surrounding people’s first vaccination.

To explore any differences according to the profile of the sample, the table below shows that there was a statistically significant differences according to ethnicity - with people from ethnic minority backgrounds being *less* likely to have received the vaccine to date, compared to White-British. The full findings are shown in the table, list, and chart below:

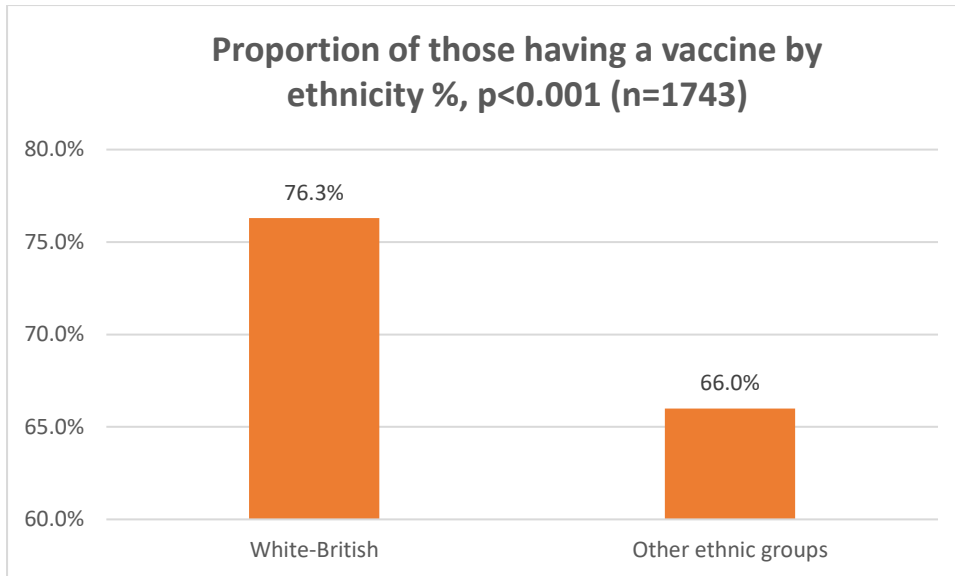
	Mean age	Sex (male/female)	Ethnic minority / White-British	% with disabilities / without disabilities	% Gay, Lesbian or Bisexual / Heterosexual	Overall
Those received the vaccine (n=1587)	56.7 years	74.2% / 74.6%	66.0%/76.3%	78.4% / 73.6%	71.5% / 76.7%	75.5%
Those not received the vaccine (n=515)	55.1 years	25.8% / 25.4%	34.0% / 23.7%	21.6% / 26.4%	28.5% / 23.3%	24.5%

Differences according to whether people had received the vaccine or not:

- A total of 74.2% of men and 74.6% of women had the vaccine compared to 25.8% of men and 25.4% of women that had not yet had the vaccine.
- A total of 66.0% of ethnic minority groups had the vaccine compared to 76.3% of White-British. 34.0% of ethnic minority groups had not received the vaccine compared to 23.7% of White-British. *Statistically significant difference (p<0.001).*

- A total of 78.4% of people with disabilities had received the vaccine compared to 73.6% of people without disabilities. 21.6% of people with disabilities had yet to have the vaccine compared to 26.4% of those without disabilities.
- A total of 71.5% of Lesbian, Gay, or Bisexual had the vaccine compared to 76.7% of those who were heterosexual. 28.5% of Lesbian, Gay or Bisexual had yet to have the vaccine compared to 23.3% of heterosexuals.

The one area of statistical significance is shown below:

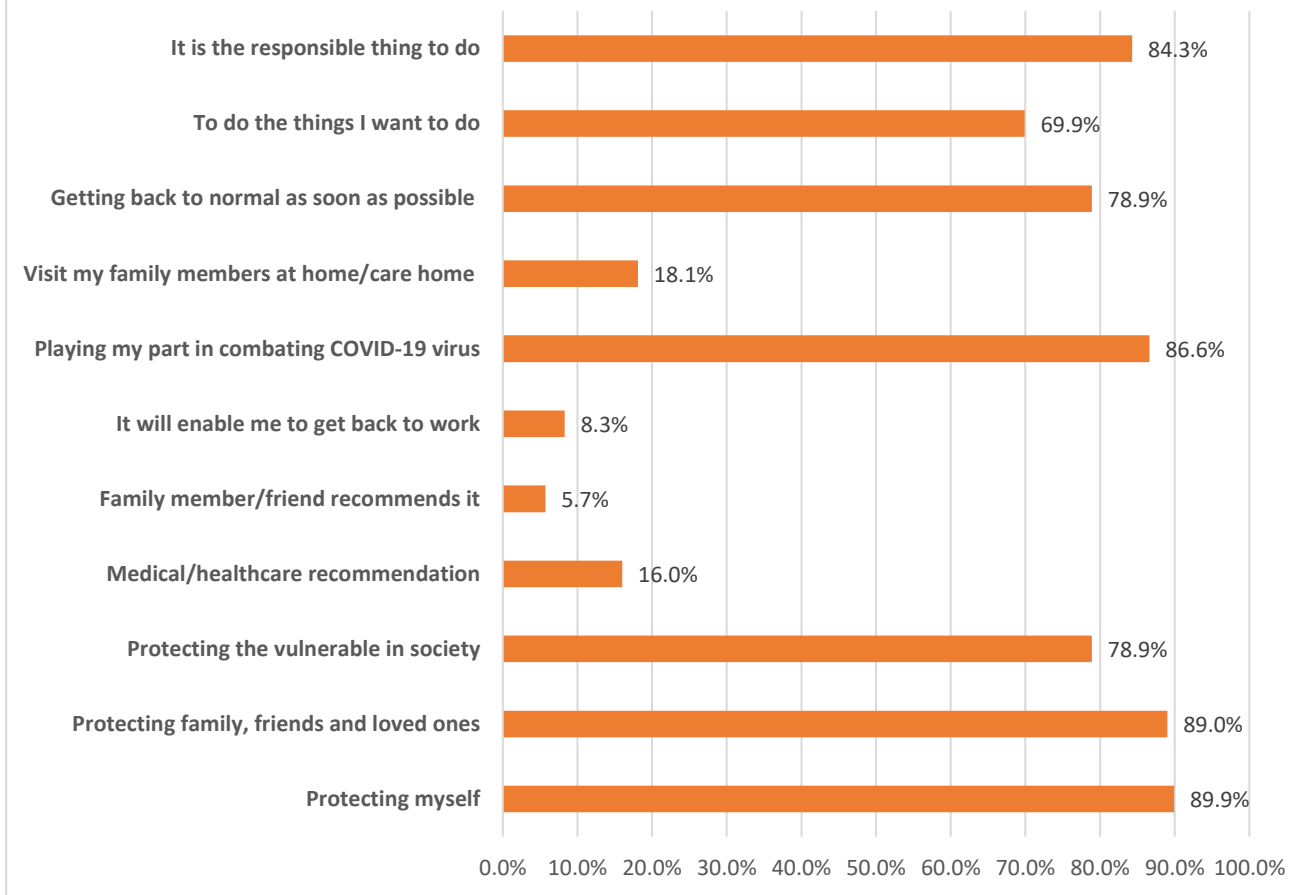


Of those receiving a vaccine, most people had received this at a mass vaccination centre (51.5%), followed by a GP surgery (27.7%) and hospital (17.3%). The most common vaccine was the Oxford/AstraZeneca (58.5%) compared to Pfizer/BioNTech (41.5%).

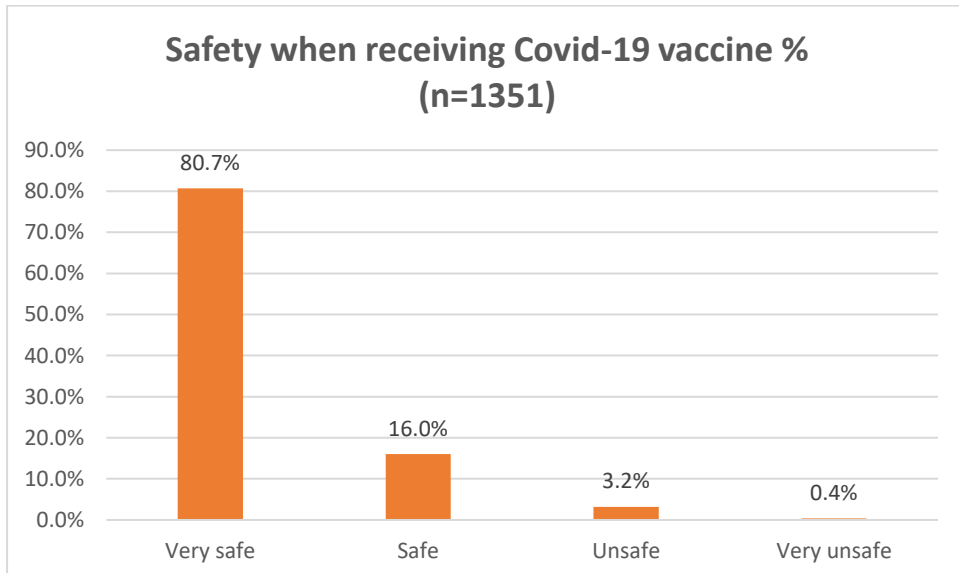
Most booked their vaccination after being ‘invited to receive a vaccination and given a time, date and location to attend’ (30.3%). A further 24.4% ‘received a letter from the NHS and booked a vaccination appointment themselves’ and 20.5% were ‘a Key or Critical Worker and booked a vaccination appointment themselves’.

The main reasons people accepted the vaccination were a combination of personal benefits (e.g., ‘Protecting myself’ at 89.9% and ‘getting back to normal’ at 78.9%) and altruistic reasons (such as ‘playing their part’ at 86.6% and ‘responsible thing to do’ at 84.3%):

Reasons for accepting the Covid-19 vaccination % (n=1343)



People felt 'very safe' or 'safe at the vaccination site, as reported by 96.7% of the sample:



As for the experiences prior to having the vaccine, some open-ended comments illustrate the positive experience on the day of receiving the vaccine:

“Very pleased with the helpfulness, friendliness and professionalism of the team at the racetrack.”

“Excellent experience. All very well organised, no waiting and friendly efficient staff and volunteers.”

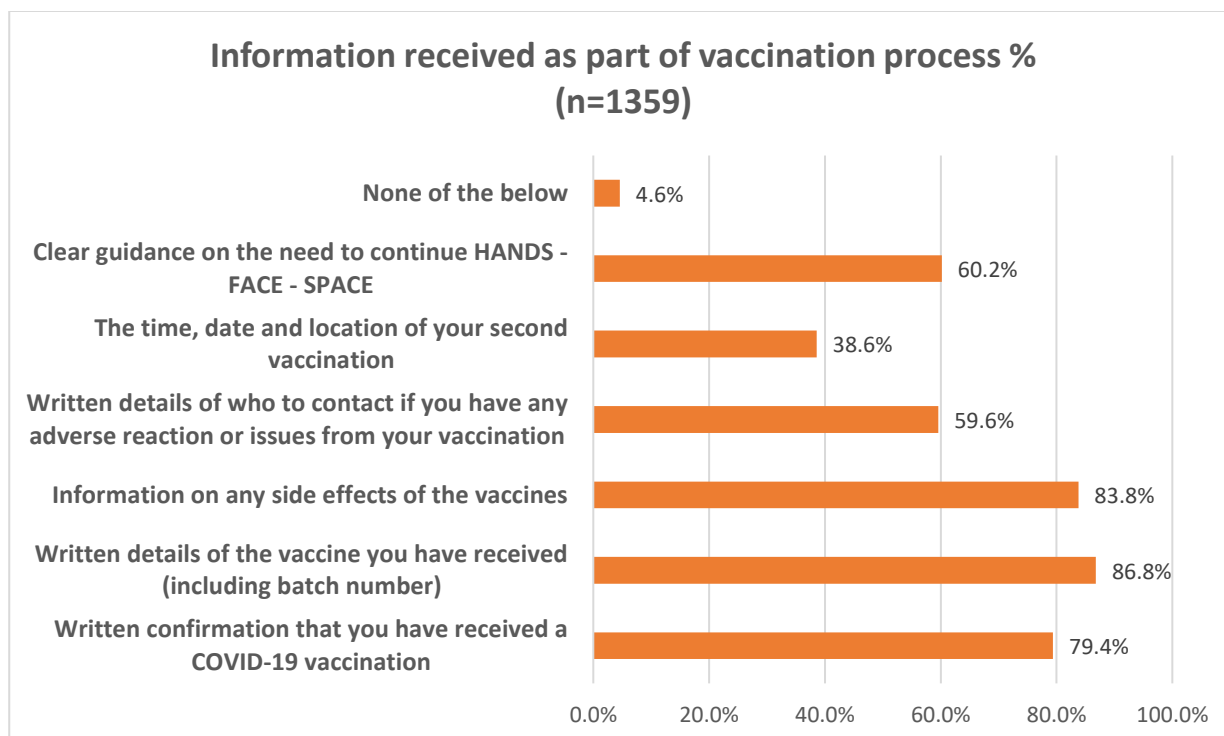
“Just that the system worked really well and all the people involved were helpful, kind and informative. All exactly as you'd hope.”

“I've heard only amazing things about the vaccine rollout in Brighton, it sounds as if everyone is happy to have it and it's a happy atmosphere - it's a privilege and the speed of the appointments is fantastic. I feel privileged to have had the vaccine - thank you!”

2.4 What were people’s experiences after their vaccine?

Overall, people were similarly satisfied with their support after the vaccine. Around 80% or more received details on that they had received the vaccine (79.4%), which vaccine it was (86.8%), and information on any side-effects (83.8%).

The one area where there was less information was regarding the time, date and location of the second (booster) appointment (only cited by 38.6% of the respondents) and 20 percentage points lower than the other responses:



Some comments show the lack of information about the second vaccine, how to request it, and worries about whether people would be offered the booster:

“Certainty of second vaccination appointment to be given at the same time as first injection.”

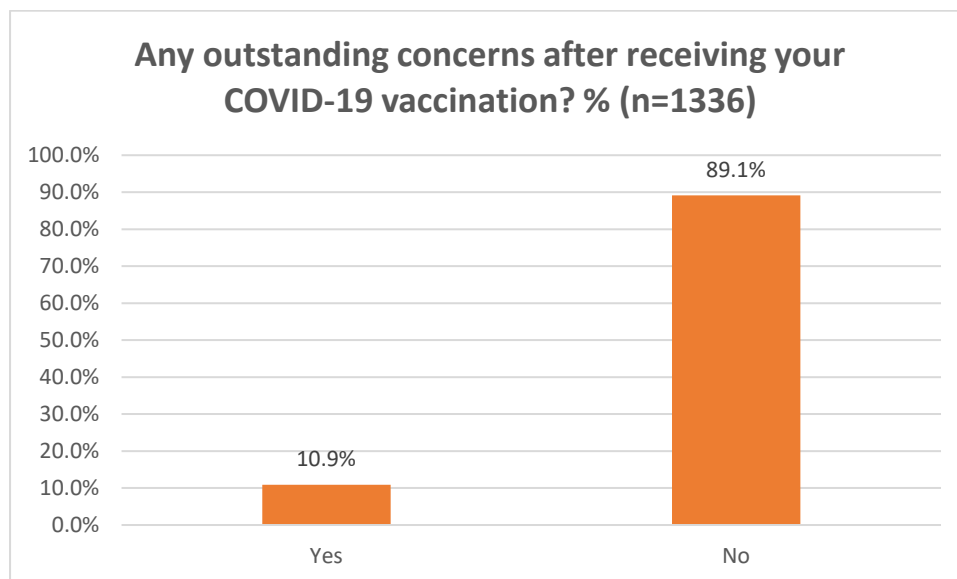
“After my second one, how soon will I need a booster jab?”

“I still don't have as date for second dose and nobody told me if I must book it online or wait for contact as before.”

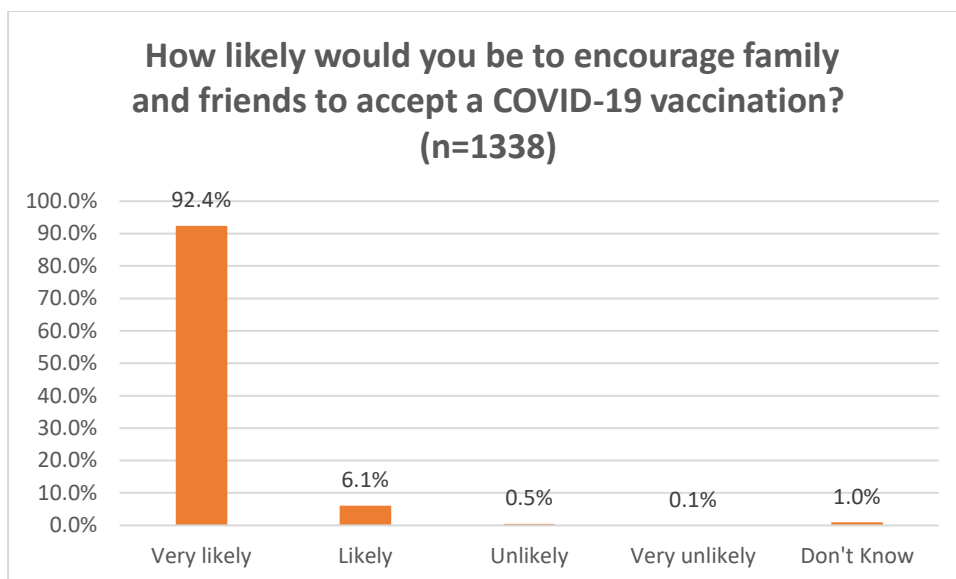
“A second appointment made at the time of the first vaccination, when the first appointment is made by phone, as mine would be good. I feel somewhat in limbo not knowing when my second will be, whereas my partner, who booked online, was able to book both appointments at the same time.”

“2nd appointment date, I worry that I won't get it.”

To gauge the overall satisfaction with the vaccine experience, only 10.9% had any outstanding concerns after the vaccination, and these were mainly surrounding the time, date, and location of the second (booster) vaccination shown above:



Also, 92.4% would be ‘very likely’ to encourage the vaccination to friends and family, and a further 6.1% would be ‘likely’. Only 0.6% would be unlikely to encourage the experience:



Although not reported in the above closed questions, there were some further comments raised about the ongoing side-effects of the vaccine and people’s worries towards having the booster:

a) Side-effects:

“I had my vaccination over 9 days ago and I'm still feeling ill. I felt I was led to believe there would be little side effects and I have felt very unwell ever since.”

“I reacted badly. Nausea, dizziness, losing balance tachycardia over next two days after jab.”

“Still have previous symptoms 2 weeks later.”

b) Worries about the booster:

“I’m worried I will react as badly the second time. I was very unwell six hours after having the first vaccination.”

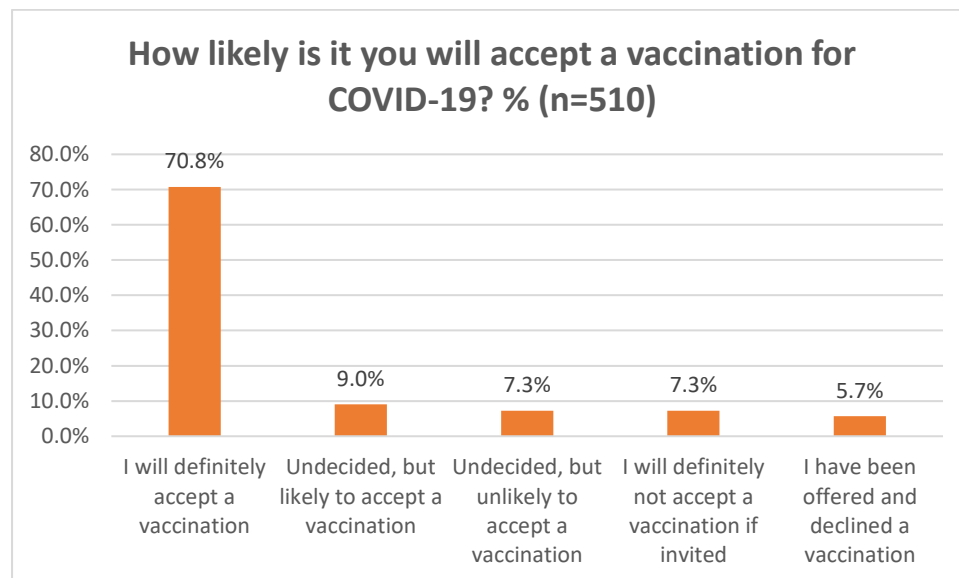
“Information about side effects of second jab not available... I had a strong reaction to first and need to know what to expect second time.”

“That I may have a more severe reaction following the second dose.”

2.5 What are people’s views about the vaccine (among those yet to have the vaccine)

Given the vaccine priority system, it was surprising to find that the average age of those yet to have a vaccine was 55.1 years (for those receiving the vaccine it was 56.7 years), although this situation is changing frequently and may reflect the increased responses at the start of the survey period (February 2021). As shown in the previous table, the only notable difference in not having the vaccine were a greater proportion of ethnic minority groups compared to White-British people.

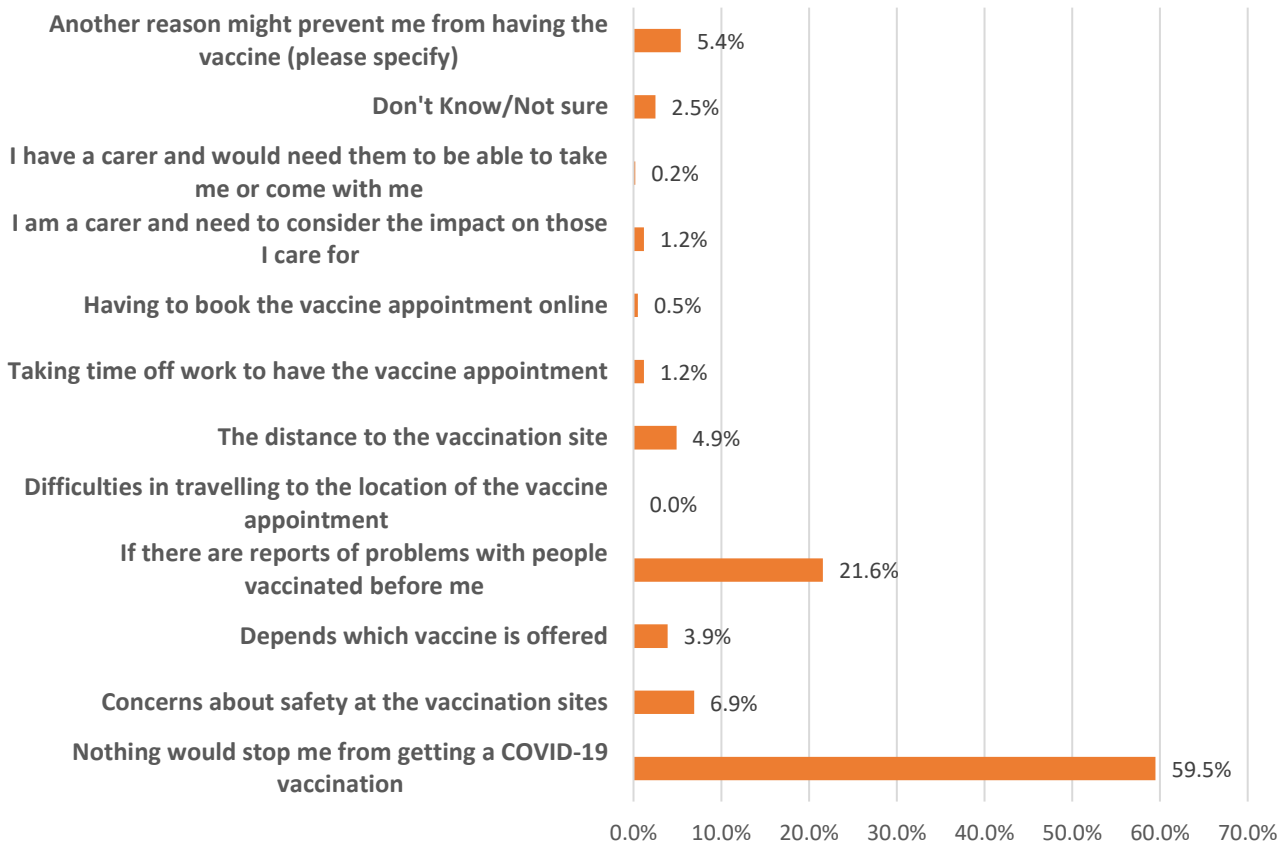
For those yet to have the vaccine, they were asked what their vaccine intentions were in the future. A total of 70.8% said they would ‘definitely accept’ the vaccine and a further 9.0% said they were ‘undecided but likely to accept’. A further 20.2% were ‘undecided but unlikely to accept’, ‘definitely not’ accept and had ‘declined a vaccination’. The numbers were too small to separate out the five groups, however they were able to be separated into those ‘not hesitant’ (79.8% of 407 people) and those that were ‘hesitant’ about the vaccine (20.2% or 103 people). Further analysis of the difference between these two groups is shown towards the end of this report:



Of the 79.8% of people definitely or likely to accept the vaccine, they were asked what their motivations were and what might stop them. The motivations were broadly similar to the reasons why people had the vaccine.

The main reasons that may stop them for being vaccinated was unsurprisingly ‘nothing would stop them’ at 59.5%. However, there were possible indications of safety concerns, with 21.6% saying they might stop if there were any reports of problems with people being vaccinated before them.

Reasons that may stop people from accepting the vaccine among those intent % (n=407)



2.6. What are the views of people who were hesitant in having the vaccine?

Those who are vaccine hesitant are of particular interest to Commissioners that are trying to encourage people to accept the vaccine.

A total of 20.2% of those yet to have the vaccine were either ‘undecided but unlikely’, ‘will definitely not accept’ or ‘have been offered and declined’. This equates to 103 people, one-in-five of those not vaccinated, or 5.1% of the total sample. Around four times as many intended to have the vaccine (79.8%).

The demographic composition of those responding to this question are as follows and show that ethnic minority groups and those with disabilities were statistically significantly *more* likely to be vaccine hesitant, compared to White-British and people without disabilities, respectively. Note that ethnic minority groups were also less likely to have received the vaccination as shown earlier.

	Mean age	Gender (male/female) ⁷	% Ethnic minority/ White-British	% with disabilities / without disabilities	% Gay, Lesbian or Bisexual / Heterosexual	Overall
HESITANT - Those 'undecided but unlikely', 'will not', or 'declined offer of vaccine' (n=103).	56.7 years	25.0% / 16.4%	27.5% / 14.9%	30.6% / 16.3%	8.8% / 16.5%	20.2%
NOT HESITANT - 'Those definitely will', or 'undecided but likely' (n=407).	54.5 years	75.0% / 83.6%	72.5% / 85.1%	69.3% / 83.7%	91.2% / 83.5%	79.8%

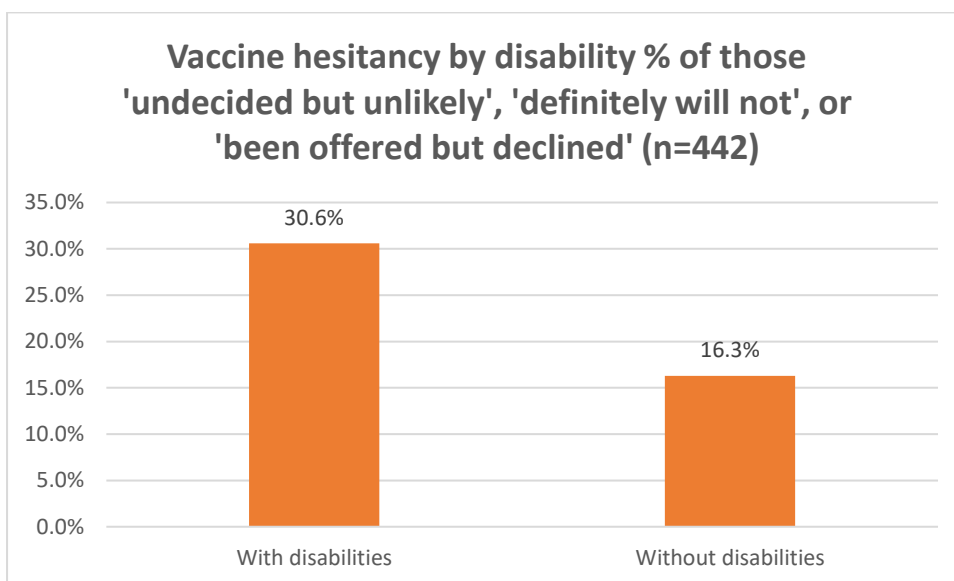
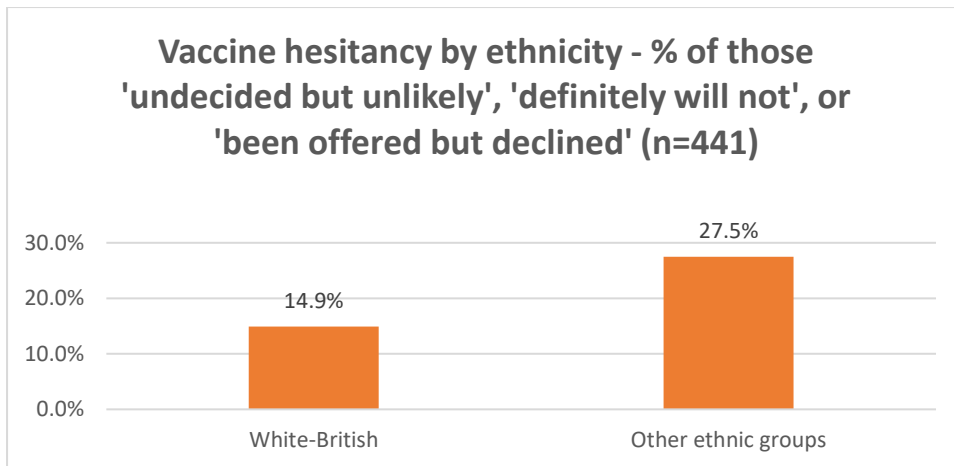
Differences according to whether people were not hesitant or hesitant to have the vaccine are as follows:

- Within gender, 25.0% of men and 16.4% of women were hesitant to have the vaccine. 75.0% of men were not hesitant compared to 83.6% of women.
- Within ethnicity, 27.5% of ethnic minority groups were hesitant to have the vaccine compared to 14.9% of the White-British. 72.5% of ethnic minority groups were not vaccine hesitant compared to 85.1% of White-British. *Statistically significant difference (p<0.01).*
- 30.6% of those with disabilities were hesitant compared to 16.3% of those without disabilities. 69.3% of those with disabilities were not hesitant compared to 83.7% of those without disabilities. Statistically significant difference (p<0.05).
- For those who were Lesbian, Gay or Bisexual, 8.8% were hesitant compared to 16.5% of those who were heterosexual. 91.2% of those Lesbian, Gay or Bisexual were not hesitant compared to 83.5% of those who were heterosexual.
- A note of caution about the people with disabilities and Lesbian, Gay, Bisexual groups where the numbers are smaller (less than 20) compared to the gender and ethnicity comparisons.

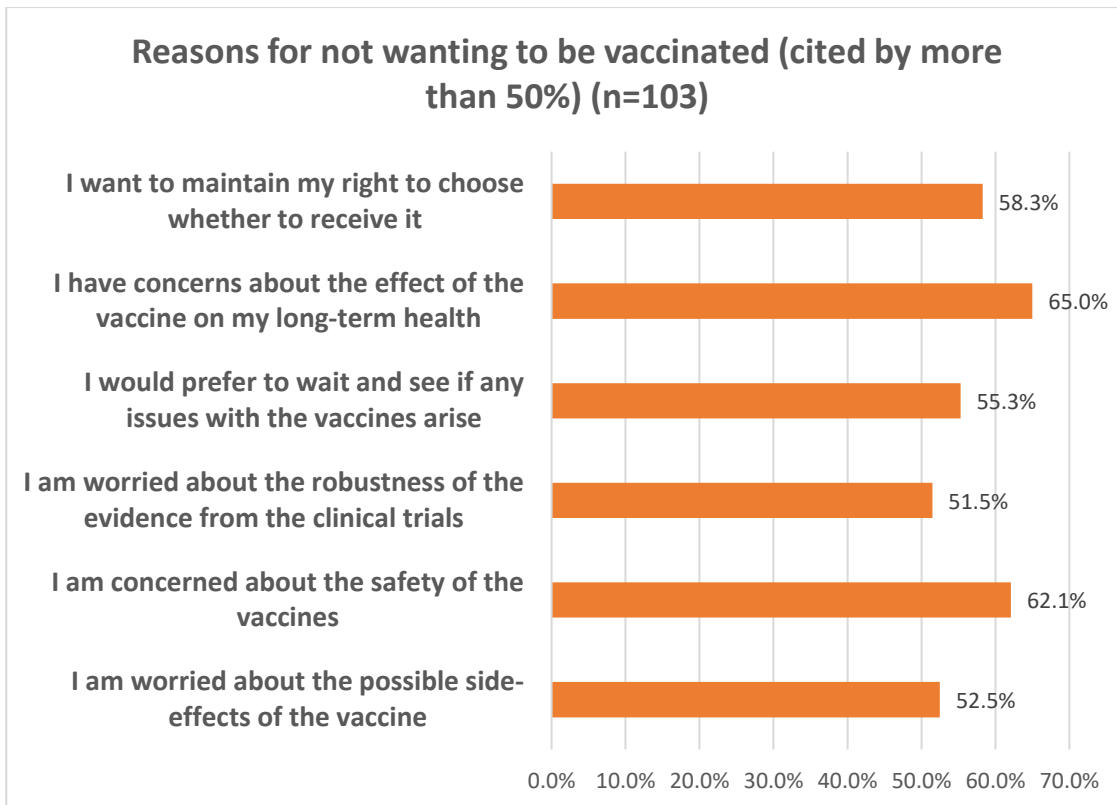
The two areas of statistically significant differences are shown below⁸:

⁷ Note percentages for those hesitant and non-hesitant are those who have not yet had the vaccine so differ to the earlier percentages reported among the whole sample.

⁸ For ethnicity, there were 441 from the complete cross-tab and 77 was the total comparing hesitancy. For disability, there were 442 from the complete cross-tab and 79 was the total comparing hesitancy.

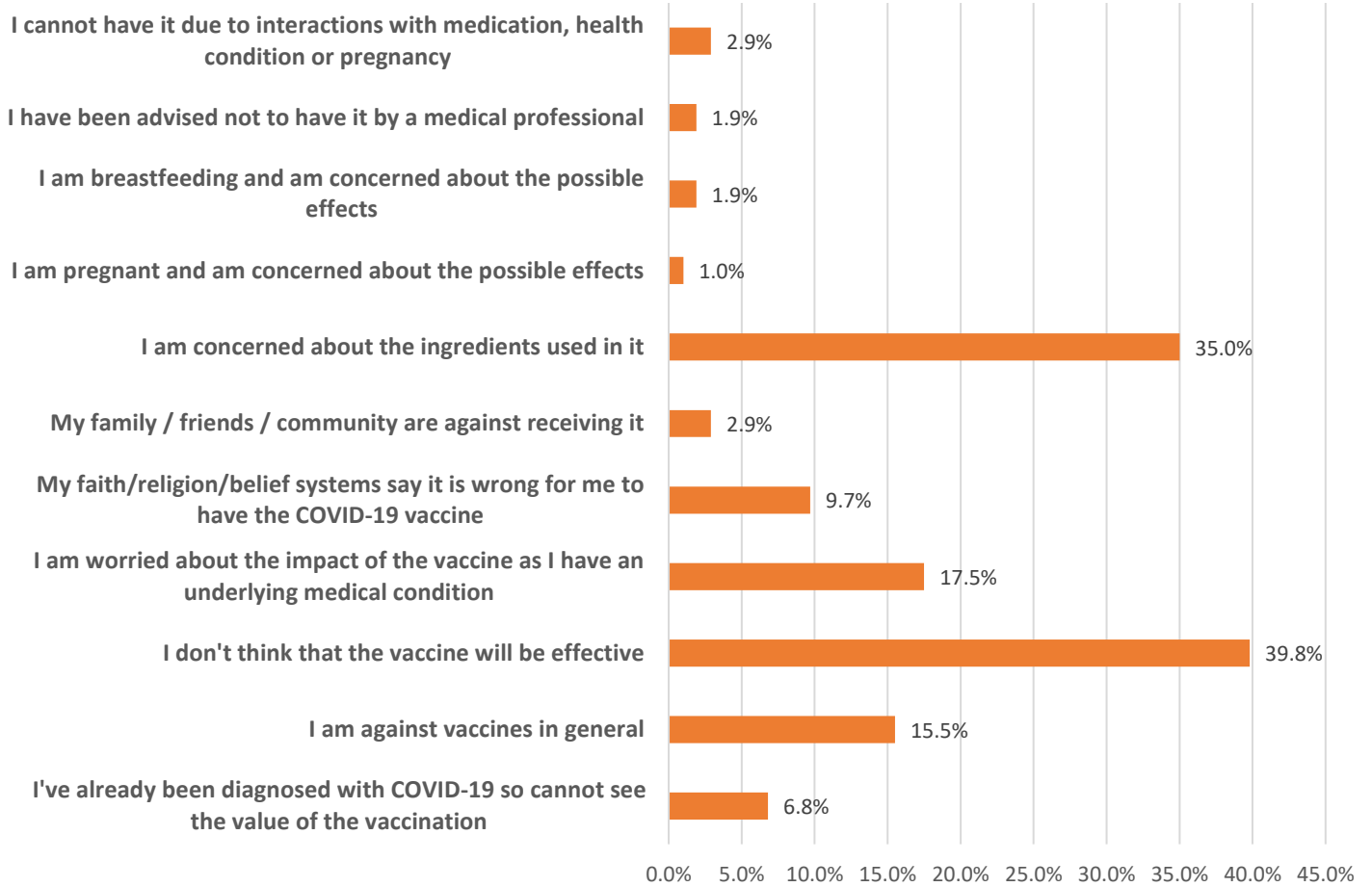


The reasons for not wanting the vaccine were as follows. The first chart shows the main areas chosen by 50% or more of the vaccine hesitant sample. As shown, the main reasons were centred around safety and side effects, the strength of the evidence, and a person's right to choose whether to receive it. A total of 65.0% said they were concerned about the effect of the vaccine on their long-term health and 62.1% were worried about the possible side-effects of the vaccine.



For interest, the following chart shows the lesser concerns for not wanting a vaccine. Although concerns around the effectiveness and the ingredients used are around 35-40%, many of the additional reasons are less frequently cited. There were slightly raised proportions mentioning faith reasons and how the vaccine may affect underlying health conditions (which may help to explain why people with disabilities were more hesitant to have the vaccine relative to people without disabilities).

Reasons for not wanting to be vaccinated (cited by less than 50%) (n=103)



Related comments towards vaccine hesitancy are as follows and reflect concerns over side-effects including those long-term; evidence of effectiveness and trialling; freedom of choice; and ingredients:

a) Side-effects including those long-term:

“Some honest true things about the potential side effects.”

“When it has been robustly tested for 5-10 years and we are given the full published results of this.”

“I still want to wait at least a couple of years to see the longer-term effects on others.”

“We do not know the long-term side effects. People should not be coerced into a medical trial in order to regain their freedoms and when they are taking this medication should be fully informed that long term data is not available in order to ensure informed consent. As a health professional it puts me in edge that members of public are taking this medication without understanding fully the lack of long-term data.”

b) Evidence of effectiveness and trialling:

“Concrete proof that the vaccine is both effective and harmless. If the companies producing the vaccines accepted liability.”

“How can they be guaranteed to be effective enough against new variants of the virus, without having to get a new jab every time a variant appears? I don't particularly want to keep pumping my body with vaccines that haven't been tested long enough.”

“The truth being told about this still being an experimental treatment. People being informed that everyone involved in the vaccine has been given immunity from any prosecution for any adverse effects with a Government bill that was passed in November.”

c) Freedom of choice:

“It's about personal choice, freedom of rights & civil liberties. People should make their own choice & not be forced or encouraged by others.”

“Mostly importantly it needs to be about free choice. No one should be forced or encouraged to get a jab so they can go to the pub / holiday. People should be able to make their own choices. We are meant to be a free country with civil liberties.”

“Ability to freely decide if I would like to take on or not. Not being coerced to have one to be able to shop, access leisure facilities or travel. Being treated like human beings with freedom to think and act accordingly, rather than corralled into something many of us may not even need.”

d) Ingredients:

“The exact ingredients and the side effects - short & long term.”

“What is in the jabs, I'm worried that there are harmful things such as mercury.”

“Stop pushing people to have toxins injected into their bodies.”

This report has shown that people's overall experience of the vaccination process has been positive across Brighton and Hove. Notable areas to tease out further in a series of follow-up interviews will be to understand concerns regarding the time, date, location and possible side-effects of the second vaccine. Further views will also be explored among the three separate hesitant groups (who volunteered for a follow-up) - those 'undecided but unlikely', those 'definitely not' and 'those declined' to uncover their attitudes and beliefs behind their responses.