



Vaccine Equity Report

Working in neighbourhoods, with older people and ethnically diverse communities, across Brighton & Hove



April 2023



**The Hangleton
& Knoll Project**
Working for a better community

Vaccine Equity

Promotion and Engagement Report

In February 2023 the Trust for Developing Communities (TDC), in partnership with the Hangleton & Knoll Project (HKP), were tasked with promoting the Covid-19 vaccination campaign across Brighton and Hove’s neighbourhoods, ethnically diverse communities and amongst older people.

The approach comprised four strands:

A. Strategic contribution

- Participation in key strategic forums including B&H Covid and Flu Vaccination Programme Board and B&H PCN Health Inequality Collaborative Meeting.
- Contribute to planning the Spring booster campaign across neighbourhoods, ethnically diverse communities and amongst older people.

B. Promotion and engagement

- Cascading of publicity and social media assets across our networks.
- Promote translated information to communities with English as an additional language.
- Promote evergreen offer.
- Promote travel offer to maximise uptake.
- Autumn booster campaign reflections with groups to inform the Spring campaign.

C. MVU support

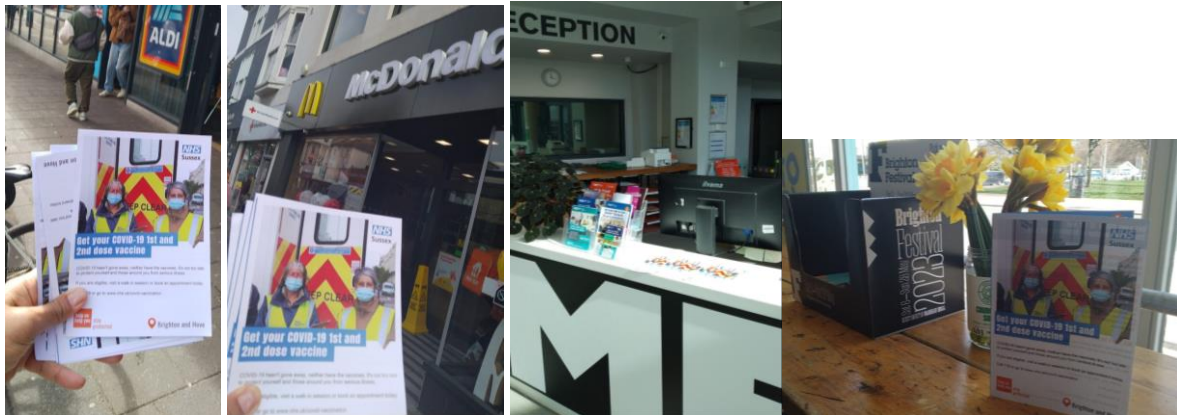
- Attendance at MVU’s (scheduled and pop up) by peer educators depending on availability and need.
- Gathering intelligence at MVUs about what persuaded people to attend.
- Promotion of scheduled MVUs across key communities.
- Promotion of and engagement in pop-up MVUs amongst local communities as needs are identified.

D. Gather and report on intelligence

- Update the body of grassroots understanding with the current position.
- Work with Public Health colleagues to consider the IMD data and continue to develop a shared understanding about the gap in vaccine uptake informed by this work.

The Trust for Developing Communities and Hangleton and Knoll Project– Vaccine Equity Delivery

Promotion and Engagement: Leaflets



Printed leaflets and posters were distributed to venues across the City with high levels of footfall and where most likely to engage with priority and unvaccinated populations.

Feedback: Staff were advised against distributing leaflets in the St. Peter's vicinity due to previous experiences of verbal abuse from people holding anti-vaccination views.

(see Appendix One)

Promotion and Engagement: Social Media



Social media reach to neighbourhood and Citywide networks (see Appendix Two)

Area or community	Personal profiles reach	Facebook groups reach	WhatsApp groups reach	Community newsletters reach	TOTALS
North	536	9175	49	6800	16560
East	1076	15308	25	10750	27159
West	2000	7,900	0	7750	17,650
Central	0	0	0	1600	1600
City wide	175	131064	0	0	131239
City-wide EDC	332	299	822	0	1453
TDC twitter & Facebook					3,559
HKP Twitter & Facebook					1,964
TOTALS	4119	155846	896	20150	201,184

Social media reach via TDC Facebook and Twitter posts (see Appendix Three)

Date posted	Facebook reach	Facebook impressions	Facebook engagement	Twitter Views
9 th	47	49	1	60
14 th	38	39	0	46
16 th	46	47	1	150
21 st	49	51	1	81
23 rd	50	51	0	48
28 th	59	59	1	32
30 th				64
TOTALS	289	296	4	481

Promotion and Engagement: Ethnically Diverse Groups

Facebook groups	Reach	WhatsApp / Telegram groups	Reach	E-mail	Reach
Mosaic Families Group	200	Mosaic Families	200	Hangleton Park Children Centre staff	
Oromo community	25	Bangladeshi Women's Group	8	MCWG Members (all languages)	149
Syrian Group	tbc	ESOL Group	20	ECCA lead (all languages)	1
Ethiopian Women's Group	tbc	Sudanese Women and Children	44	SIPS Lead and Admin (all languages)	1
Sudanese Community	tbc	Multi-Cultural Bollywood Group	19	Christian Arabic Club Lead (all languages)	1
I Viber	29	Multi-Cultural Yoga	18	Community engagement team B&H City Council	1
Jasmine Group	45	Multi-Cultural Walking group	26	West Area Health Forum	260
Ukrainians in Brighton	tbc	Ukrainians in Brighton	550		
Albanians in Brighton	tbc	Albanians in Brighton	tbc		
		Brighton and Hove Bangladeshi welfare association	39		
		Madina Mosque- sent to the Imam	1		
		Shahjalal Mosque – Sent to the secretary	1		
		Muslim women's Group	35		
		EMAS	57		
		Multi-Cultural parent/Carer group	46		
		BMECP Ethnically diverse community	1		
	299		1,065		380

Promotion and Engagement: Outreach

Peer-educators reached out to their networks, using closed social media groups on Facebook and WhatsApp to advertise their presence at the MVUs, encouraging those who may experience linguistic or cultural barriers to attendance to go along.

Peer-educators distributed leaflets and posters at locations frequented by people from ethnically diverse communities, including places of worship, cafes, shops, and community groups.

Peer-educators engaged directly with people in those locations, starting conversations around vaccine take up and encouraging people to go along to the MVUs at which the peer educators would be present.

The following groups were spoken to in person about the March community support offer at Hove Polyclinic, Tesco, and St. Peter’s MVU sites, and provided with the FAQs leaflets, Community poster and NHS evergreen offer posters as appropriate.

FAQs materials in Bengali, Farsi and Ukrainian were provided for supporting individuals from ethnically diverse backgrounds.

Venue / Group Outreach	Individuals (where noted)
Inclusive jobs fair	22
Jasmine Group	11
Social Prescribing Plus	13
Core Connectors in East Brighton	12
Whitehawk Library	7
Belta Community Room	15
HK50+ Committee	6
HK Community Action meeting	30
Multi-Cultural women’s group	21
50+ Hangleton Get Together Club	15
50+ Befriending Group	25
50+ Board game drop-in	9
Pat Shop - Burwash Road	1
Burwash pharmacy staff	
Hangleton Community centre staff	
Al Nour Academy Ramadan Bazaar attendees	

Autumn Campaign Reflections

(See Appendix Four for full details)

Venues/MVUs

Community health venues for MVUs work well due to good bus links and car parks and being familiar and safe environments. Regular presence makes all the difference to people knowing it's there and being able to tell people about it

The MVU needs to be visible, welcoming and accessible with seating provided.

Barriers

“Covid isn't really news anymore and I don't think people feel very worried about it as much as they were. I hear lots of people say things like 'it's just like having a bad cold' and because of the anti-vaccine info that was spread so far people feel less inclined to have jabs if they don't think it's absolutely necessary”.

Barriers include lack of information, misinformation, apathy, complacency, fear, lack of confidence, lack of support, cultural and language barriers, mental health, lack of trust, not reaching everyone in the communities, stigma for Gypsy, Roma, Traveller communities accessing healthcare, travel costs, follow parent's 'anti-vaccine' opinions, fear of needles (amongst young people).

“Mis-information, in one of the 50+ group I heard a few members talking about info that was shared through WhatsApp about the BAME community being used as guinea pigs for the vaccine, which is why they were being targeted. All of the people in the group had the vaccination as far as I know but they did talk about the information being shared, and this is harder to monitor and address as it's often in closed WhatsApp groups”.

“Some people are determined to never have the vaccine. I know two 65+ individuals who say this- 'I do not believe in it', despite health conditions making them vulnerable”.

“I have had a few people say to me that what is the point of getting the vaccine when they've already had covid three or more times”.

“Some of the young people experience sensory sensitivities and there is no way they will get the vaccine – one lad can't even manage the nasal flu spray each year”.

Potential support to reduce barriers

There is a need for **more tailored support and accessible information** for those from ethnically diverse backgrounds to help access correct information, boost confidence, understand the benefits of the vaccine, and to navigate the system.

There is an on-going need to **challenge myths** e.g. relating to fertility and impact on the immune system.

Vaccines could be offered by people from the same community such as ethnic group and more one to one opportunities offered in faith spaces.

Digital exclusion is an issue. We need to reach those who are not on social media or without IT skills with flyers. Support offers are needed to enable people to access information online.

Access to vaccinations for unpaid carers when attending with those they care for could be offered as standard.

Personal invitations from GPs are popular.

Videos targeted towards young people regarding the positive sides of the vaccine could be effective. The videos would directly communicating with young people rather than providing them with a leaflet they may not read.

“Strong clear social media campaigns and adverts in places that they might read it. Lots of the older people I know pick up the metro on the bus so advertise in there if it’s not too expensive or on the bus? Same for all the immunisation programmes”.

Messaging about **needing the vaccine for travel** will build interest in having the vaccine.

Offering vaccines in community settings near where people live is preferable.

“I would recommend events mixed with different topic and activities in order to allow people to trust us and engage with us to promote information and flyers related to Covid vaccination”.

More national communications to explain why vulnerable groups need vaccines would be helpful.

Appointments versus drop-ins

The accessibility of booking appointments online and telephone was very important to everyone, appointments were preferred by older people, others preferred drop-ins for flexibility.

Regular, local venues were much appreciated.

Communications

Clarity is needed around eligibility especially in relation to health conditions. There are frequent issues raised in community about difference between immune compromised and clinically vulnerable.

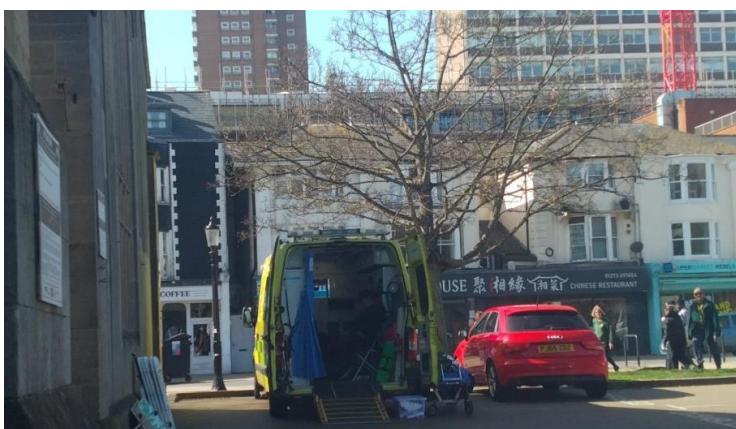
Clear, targeted positive messaging and information about what is available, when, and where at local venues and MVUs is needed.

A diverse range of communication methods are needed; social media and the internet can't be the only sources of information.

Pop ups work to get people who will only access through word of mouth and who need a transport offer.

Communications that are targeted to low-uptake groups, using trusted voices to support cascading correct information, boosting confidence, and overcoming barriers especially for ethnically diverse groups work well.

Delivery: MVU Support



The Trust for Developing Communities and Hangleton and Knoll Project– Vaccine Equity
 Each peer educator had received training in relevant vaccine information and communication skills, with input from TDC, HERE and Public Health.

Peer educators:

- Welcome peers to the MVU, providing a warm smile and a friendly face,
- Informally support peers through their vaccinations, explaining the process,
- Respond to any issues of concern and as appropriate provide reassurance, connect with a clinical professional or refer to a TDC social prescriber,
- Work with the MVU team to deliver an accessible service,
- Offer interpreting support,
- Identify ways of adapting the vaccine service to meet patients’ needs,
- Feedback learning and insights.

It's Not Too Late
 To get your first or second dose of the **Covid-19** vaccine

Covid hasn't gone away. And the Covid-19 vaccine provides the best protection from the virus even if you have already had Covid in the past.

Support for people from ethnically diverse communities

TDC staff available -- including Arabic and Farsi speakers -- for support and a friendly chat.

Find us 12 - 2pm.
Wednesday: Hove Tescos
Fridays: St Peters Church

All through March

ctdc **NHS Sussex**

To find out more contact us on info@trustdevcom.org.uk or call 01273 234769

MVU Supported Sessions

Venue				
Tesco	08/03/2023	15/03/2023	22/03/2023	29/03/2023-
St. Peter’s Church	10/03/2023	17/03/2023	24/03/2023	N/a
Hove Polyclinic	09/03/2023	16/03/2023	23/03/2023	30/03/2023

Reasons for getting 1 st and 2 nd dose vaccinations:	
For overseas travel	7 people
Had worried about side effects	3 people
To come out of ‘shielding’	2 people

Feedback from MVU conversations

Tesco and St Peter's Sites

Accessibility

"I liked the openness of MVU at Tesco – easy to see when walking past and have a conversation, car park convenient, keeps it discreet"

'St Peter's is not as welcoming for all – closed off, Church and beliefs not suitable for all'

One younger person had not been vaccinated due to work and getting time off.

One anti vaccine protestor shouted from distance at St Peter's

Boosters

Seventeen people enquiring about boosters

Leaflets taken.

Confidence

Two older people said they trusted their own bodies more than the vaccine.

Someone with serious underlying health issues that simply hadn't been out of their house because they were too scared of getting COVID. So had waited this long to get a vaccination.

Timing

Had someone in for a vaccination. It was a man who had a stem cell transplant and needed all his vaccinations again. He came for his first dose today!

Two more people, parent and child just came for their first dose. They didn't initially get the first dose because they were scared of the side effects. Child has asthma and thought vaccine might impact them negatively.

Travel

They have come today because they need to be vaccinated for an upcoming holiday. They said it felt like this was the push they needed to get it done because they have been thinking about getting it done for a while.

"We are getting this done because we are going on a trip soon but we also felt that it was time"

Tends to be younger people needing last minute doses to travel abroad

Young man for travel

Under 18 for travel to USA

Recommendations

Offer well-publicised, predictable and familiar opportunities to be vaccinated

- Community vaccination pop ups or at pharmacies
- Outreach at places where older people live and visit
- Accessible venues – step free, indoors, with seating, and on bus routes
- Offer interpreters at specific sites or on request

Develop tailored communications for specific groups and neighbourhoods

- Make use of community comms networks
- Further explore translated comms cascades
- Consider faith and other cultural issues

Support outreach to promote vaccine and engage people

- Support and outreach at regular MVUs, pop-ups or pharmacies
- Individual support for people to attend as needed

Offer bookable and walk-in sessions

- Direct people to a phone number to book as well as online
- Encourage take up of personal invitations via GPs

Publicise how to get vaccine for international travel

- Promote as part of travel planning

General Communications

- Brighton and Hove specific communications where possible
- Share national campaigns about why Spring campaign needed
- Invite people to get vaccinated 'it's available rather than you must'
- Promote opportunity for evergreen offer as well as Spring programme

Support to help people make a decision

- Offer opportunities to discuss the vaccine with no expectation to get it.
- Provide information about the new vaccine, why different, ingredients etc.

Appendix One

Paper NHS Vaccine and MVU posters were put up in the following locations:

- Aldi
- Burwash Pharmacy
- Burwash Pharmacy
- Hangleton Community Centre
- Hangleton Library
- Hisbe
- Hove Medical Centre
- Links Road Surgery
- McDonalds
- Mile Oak Medical Centre
- Mile Oak Pharmacy
- Phoenix Centre
- Portslade Community Centre
- Portslade Health Centre
- Portslade Library
- Poundland
- St Richards Community Centre
- WellBN – Benfield and Burwash surgeries

Appendix Two

NORTH: Facebook groups	WEST: Facebook groups	
Moulsecoomb & Bevendean Brighton Community Page	MO&PCG	
Hollingdean News -FB page	FO Vale Pk	
Friends of Hollingdean Park	PPK	
Tavistock Community Gardens(2TREes)	MOP	
CASE FB group	Buzz on Boundary	
HYG	Portlandia	
Friday Fitness	Poets Corner Hove	
Hollingdean Residents Association	Friends of Stoneham Park	
Lucky Dip	Friends of Wish Park	
Friends Hollingbury & Burstead woods	H&K Multicultural Women's Group	
Growing Hollingdean	EAST: Facebook groups	
H. Repair Café	HO Whitehawk	
Hollingdean Food Bank	FO Whitehawk Hill	
Sunflower	BELTA	
M&B Arts	The Vale	
MLAT	What's on in BN2 5	
Bevendean Foodbank	Albanians in Sussex	
St George’s Hall	What’s on in BN25	
Moulsecoomb Hall	Whitehawk Community Notice Board	
Friends of the Bevy	Whitehawk noticeboard	
HNCC	Belta	
Moulsecoomb Community Market	Woodingdean Community Noticeboard	
Bevendean Community Garden	Due East Council	
Bevendean Community	Belta Community Hub	
Job Club On Your Way	CVCA	
Moulsecoomb Community Hall	CENTRAL: Facebook groups	
Brighton Community Learning	AlbionCA	Phoenix RA
VL Food Hub	AANAF	White Street community garden
Hollingdean lucky dip & Repair Cafe	The Edge	
Friends of Hollingdean Park	H&EG CF	
Hollingdean Community News & Centre	Friends of Tarner Park	
Hollingdean Residents Association	St James & KT & EB	
Saunders Park People	Millwood	
Coldean Community Org’, Social & Corner (3)	Mount pleasant RA	

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HKP has extensive community networks via email, what's app and social media and made 9,864+ contacts via these methods. The HKP Community Poster and NHS poster with positive messaging about the 'evergreen offer' were sent as follows:

Social media:

- HKP Twitter
- HKP Website- <https://www.hkproject.org.uk/docs/news/2023-03-02-LeafletVaccB&H.pdf>
- Happenings in Hangleton Facebook group – 7,900 residents
- HKP Staff Facebook page to share.

Emails:

- Health Forum Vaccinations special e-newsletter 227
- HKP e-newsletter to residents 1063
- HK50+ e-list- older residents 240
- HK50+ In shape group-25
- HK50+ Steering group-6

Appendix Three

TDC Facebook posts received 1,208 'likes' with gender/age breakdown below.

Audience

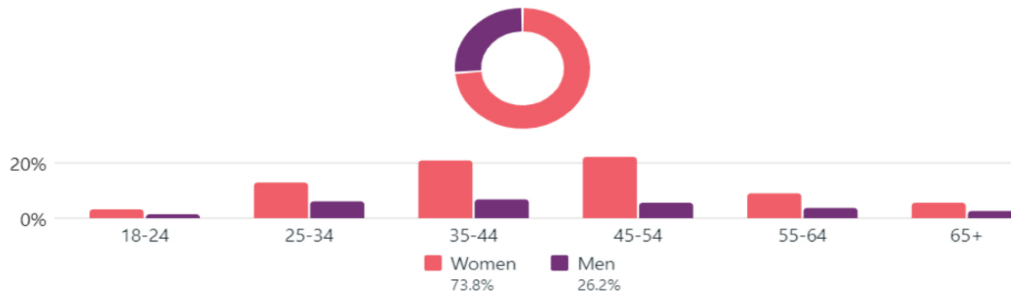
Current audience

Potential audience

Facebook Page likes

1,208

Age & gender



Appendix Four

Thinking about the communities and people you work with, what do you think the current barriers are to them uptaking offers of the spring vaccination (available to those groups above)?

Ethnically Diverse	<ul style="list-style-type: none"> • Language barrier, information, trust, less information about the benefit of Covid vaccination, and not reaching people in their community.
Gypsy, Roma, Traveller	<ul style="list-style-type: none"> • Particularly in light of Irish traveller culture, barriers include possible stigma travellers feel when accessing medical advice outside of their communities, lack of education around the positive aspects of a vaccine, and beliefs in the mass media and their ability to scaremonger the public.
Young People	<ul style="list-style-type: none"> • Vaccine fatigue or an assumption that it's just gone away now • If we think about young people outside of the traveller cultures and their attitudes to the vaccine, barriers for them include: following a parents attitude to 'anti-vaccine' opinions, poverty stricken groups within society being unable to access the vaccine without the money they need for travel ie bus fare. • School pupils sharing their negative opinions (side effects) about the vaccine with their peers therefore putting them off accessing the vaccine for fear of being the odd one out.
Neighbourhoods	<ul style="list-style-type: none"> • Clarity about the offer, having a personal invitation from their GP to take up the offer, language barriers, confidence in the vax, understanding that it is still needed as the symptoms are less severe and not life threatening. • Covid isn't really news anymore and I don't think people feel very worried about it as much as they were. I hear lots of people say things like 'it's just like having a bad cold' and because of the anti-vaccine info that was spread so far people feel less inclined to have jabs if they don't think it's absolutely necessary. • I have had a few people say to me that what is the point of getting the vaccine when they've already had covid three or more times.
Older people	<ul style="list-style-type: none"> • Accessibility of venues, appointments, support and information

Thinking about the communities and people you work with, what do you think the current barriers are to them taking up the offer of a first or second dose of the vaccine?

Ethnically Diverse	<ul style="list-style-type: none"> • Myth behind vaccination, it might harm their fertility having children. • Mis-information, in one of the 50+ group I heard a few members talking about info that was shared through WhatsApp about the BAME community being used as guinea pigs for the vaccine, which is why they were being targeted. All of the people in the group had the vaccination as far as I know but they did talk about the information being shared, and this is harder to monitor and address as it's often in closed
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	WhatsApp groups.
Gypsy, Roma, Traveller	<ul style="list-style-type: none"> Side effects that may have been experienced after accessing the vaccine the first time. Fear of needles. Long waiting times.
Young People	<ul style="list-style-type: none"> They've made up their mind about it. My inclination is that there are very few people left who were on the fence, or just haven't got round to it yet. Some of the young people experience sensory sensitivities and there is no way they will get the vaccine – one lad can't even manage the nasal flu spray each year.
Neighbourhoods	<ul style="list-style-type: none"> thinking that they don't need the vaccine, knowing how to get it, prioritising it,
Older people	<ul style="list-style-type: none"> lack of information, misinformation, apathy, complacency, fear, lack of confidence, lack of support

Do you have any ideas of how to increase the uptake of the spring vaccination?

Ethnically Diverse	<ul style="list-style-type: none"> More publicity, more recruitment for people from the same community-ethnic minority, and more flyers translated to different language.
Gypsy, Roma, Traveller	<ul style="list-style-type: none"> Videos rolled out to young people regarding the positive sides of the vaccine, directly communicating with them rather than providing them with a leaflet they may not read.
Young People	<ul style="list-style-type: none"> Go through PACC and Amaze to reach immunosuppressed children. Maybe there would be a way that Rockinghorse would get on board with promotion too?
Neighbourhoods	<ul style="list-style-type: none"> Locally tailored comms, personal invitations, taking vaccine offer to where people are I think people are scared of being 'over' vaccinated and it not being good for their immune system so addressing this might be a good idea (not sure if it is being addressed)
Older people	<ul style="list-style-type: none"> Positive clear messaging and information, targeted work with low-uptake groups, using trusted voices to support cascading correct information and overcoming barriers esp. for ethnically diverse groups Perhaps aligning messaging with that of the Flu jabs for older people, making it more commonplace and less alarmist messaging

Do you have any ideas of how to increase the uptake of first and second doses, at this stage?

Ethnically Diverse	<ul style="list-style-type: none"> Give reward -voucher, more one to one conversation in faith places, school could talk in Assembly about the positive of uptake the first and second doses.
Gypsy, Roma, Traveller	<ul style="list-style-type: none"> Possibly providing young people with resources they could pass on to their parents. Making use of parental email databases to reach parents directly! This way we can insure they are receiving reliable information directly
Young People	<ul style="list-style-type: none"> Pay people? Develop oral vaccines for needle-phobic people?
Neighbourhoods	<ul style="list-style-type: none"> Adverts on social media, articles about it not being too late, focus on

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	<p>needing it for travel, regular space to go to get vaccine that is advertised</p> <ul style="list-style-type: none"> • Strong clear social media campaigns and adverts in places that they might read it. Lots of the older people I know pick up the metro on the bus so advertise in there if it's not too expensive or on the bus? Same for all the immunisation programmes.
Older people	<ul style="list-style-type: none"> • Targeted work with low-uptake groups, using trusted voices to support cascading correct information and overcoming barriers esp. for ethnically diverse groups
<p>Do you have any other comments?</p>	
Ethnically Diverse	<ul style="list-style-type: none"> • I would recommend events mixed with different topic and activities in order to allow people trust us and engage with us to promote information and flyers related to Covid vaccination.
Young People	<ul style="list-style-type: none"> • We did some research on vaccine hesitancy with young people last year. It'd be just checking in that the results are being considered in the round.
Older people	<ul style="list-style-type: none"> • Some people are determined to never have the vaccine. I know two 65+ individuals who say this- ' I do not believe in it', despite health conditions making them vulnerable.

HK50+ Steering Group focus group. Date: 13th March via Zoom. 6 attendees, all 70+ in age. Their reflections on the Autumn booster experience:

Positives:

- Very simple and worked well- no issues at all.
- Very well organised at Racecourse. Gave Bluebird transport a parking space, offered a wheelchair. Lots of volunteers. Very calm and supportive.
- Went online, then called the number. Got an appt with no issues at racecourse. Service and support very good. Took a taxi.
- Travelling: car- 3, Mobility scooter-1, Taxi-1, Blue Bird- 1- bus travel very hard to Racecourse noted
- Lovely to see the volunteers at sessions, it feels like a community endeavour.
- Community drop-ins/pop ups at St Richards and HCC went well- good numbers, mopped up quite a few people who did not have a booster.

Negatives:

- There was no local MVU that we were told about to start with- there was the Racecourse or nothing, then we were told about the Poly clinic MVU via HKP. Had to queue for over an hour at Polyclinic (2 separate times with 60+ people in the queue.)
- Major issue- communications- not knowing where and when it was. Then they offered at PHC, but unfortunately appointments got booked up quickly.
- Wanted to book for Racecourse as knew the Blue Bird Society transport would go there, trying to get an appointment was difficult. Could book it online. Eventually got phone number and booked it. Online easier.
- Racecourse not available every day (race meetings)
- When rang appointment number, offered appts all over the place in Sussex, racecourse only option in city at one point.
- Online appts- Hove Poly Clinic and Portslade Health centre did not appear.
- Poly clinic drop-ins helpful to have but prefer to book an appointment.

What could be done better to improve the experience for Spring boosters for 50+?

- GPs text direct to patients- reminders about Vaccinations, but can they include MVU locations, booking telephone numbers etc.
- Local and accessible venues for MVUs essential e.g. Hove Poly Clinic, Portslade Health Centre – parking, bus links, car parks
- Good PR about what is available and where for Spring booster.
- If drop-in and appointment offered at the same venue- can cause some queuing and chaos, so separate queues needed.
- Central City venue needs to be reinstated - Churchill square was accessible for most, parking, buses.
- Concerns about anti-vaxxers, must remain aware of any issues.

Multi-Cultural Women’s Group Focus group. Date: 16th March 2023. 21 Members attended.

21 members attended, spread over all age range and various characteristics and demographics giving the opportunity for wider participation. Overall, it was a good discussion with a good level of engagement. The group felt comfortable being able to discuss their own personal experiences including their family and friends living in UK and abroad.

Majority spoke highly of the following and positives:

- Text reminders were very useful including the contact details.
- Reliant on prompts from GP’s
- Staff were friendly and welcoming.
- Like the option of drop in’s and community drop in’s
- Noticed/understood benefits/positives of vaccines later.

As well as the positives, there were negatives too along with ideas of improvement:

- Not knowing accurate benefits of vaccines
- Not having access to accurate information
- Not knowing how to navigate the system.
- Making it welcoming for everyone
- Drop In’s had long waiting times for boosters... around 2 hours at polyclinic. Not good system as when got to the end of the queue there was no vaccine left! No seating/waiting areas.
- Staff lack of knowledge/confidence to answer questions, refer to go back to GP to seek advice.
- Mobile Units not noticeable at Poly, too hidden away at back of car park.
- Being asked why attending? When been invited.
- Not having translated information readily available
- Digital exclusion not knowing how and where.
- Confusing messaging about vaccines
- Incorrect info on numbers of boosters and vaccine for vulnerable
- To better understand the information, would’ve liked an interpreter/translated resource.
- Anxious of mixing with people again, reluctant to go out, causing isolation affecting mental and physical wellbeing.

What could be done better to improve the experience for the Spring 23 Boosters?

- Giving people positive and accurate benefits of vaccines
- Accurate information, scientifically, religiously, and culturally backed.
- Accurate information relevant to individual as messaging is confusing.
- Easy and accessible appointment systems
- Navigation system – who when and where to get information and have vaccine?
- Making it accessible for everyone
- Better system for drop in’s.
- Reduced waiting times when attending for vaccines.

- Better management of drop in
- Better and easy booking system
- Good system in place preventing ‘got to the end of the queue there was no vaccine left!’
- seating/waiting areas for drop in’s/MVU’s in better location which is both visible and accessible.
- All staff training, including clinician and staff at drop in’s,
- Staff not asking why attending when they have been invited.
- Having access to translated information – including hardcopies, electronic, online and access to interpreters for face to face, online and phone.
- Accurate info on numbers of boosters and vaccine for vulnerable
- Having one trusted source to go to for help, advice and guidance.
- Guidance ‘after care and support’
- Health and support around mental health and other health conditions
- To include unpaid carers at same as those they are caring for.

MVU staff experiences in delivering this work, their views and feedback they are getting from the service users:

- young people who are planning an overseas trip are coming to get vaccinated due to travel requirements.
- someone who had been shielding for a couple of years came to get vaccine.
- 2 people came earlier in the day. Apparently, people arrive in the morning generally rather than later in the session. The first person was planning to travel to America so that was their motivation to get vaccinated. The second person was a 17-year-old boy – he had been trying to get his second dose (from Tesco) for several weeks but kept presenting too early.
- 1st and 2nd doses – college kids who are planning on travelling to Asia are getting all there vaccines up to date and so decide to get the Covid one to be on the safe side despite not necessarily knowing there are specific restrictions in countries. Obviously not so common but people who have had stem cell transplant have to restart the entire course. So even if they have had 5 vaccines, they have to start again following the transplant. Some YP who have just turned 16 years old turn up for second vaccine.
- Someone came who was pregnant- turned away.
- They have been averaging about 4 people each week across all 3 sites. More people turning up wanting boosters but being turned away.
- People were coming to these sites through word of mouth,
- Students and university students tend to use the drop In’s
- Ukrainian Community attending MVU’s to get vaccinated.
- Younger men coming for 2nd jab, booster.
- Good level of advertising and outreach, working with community/charity organisations actively involved in the area. (e.g. HKP publicity at the Polyclinic)
- Communication to hear both sides of patient details– bring letter.
- Communication and clearer messaging needed.

The Trust for Developing Communities and Hangleton and Knoll Project– Vaccine Equity

- Advertising these MVU sessions – such as TV and radio – as People have feedback ‘they came as it was on the news.
- Accepting people without documents -then be given a card to show they have been vaccinated (but have no control/power over how their Country’s authority perceives this)
- Wider Advertisements and comms including community groups and social media, TV and radio.
- Saw advert at the Polyclinic itself.
- It is not a high traffic area as Tesco car park, people come just to go to the polyclinic so local and targeted audience for drop in rather than footfall.
- A lot of older people find out via word of mouth and family members.
- Good uptake from older people, they keep appointments, arrive early.
- Younger adults less reliable.
- FAQs leaflets ok to use if there is a queue as it gives something for people to read. If no queues, find it best to focus on the individual and their needs and answer questions direct.
- A lot more family groups from diverse ethnic communities attend the MVU at St Peters, plus Asian students.
- Some anxiety and reticence from younger men- 20s-30s age group
- A lot of people just turn up and want to get it done without much talking.
- More visibility of the MVU unit – as hidden away at the back of car park
- Better management of drop in system.
- Seating/waiting area access to refreshments and toilets.
- Having established locations
- Staff training as ever-changing rules/guidance. So, staff and service users on the same page
- Print outs of information for Immunosuppressed
- Ever evolving changes to guidance – staff felt overwhelmed. Same for users.
- Communication and clearer messaging
- Clear messaging about ‘Clinically at risk /vulnerable’
- Retrain – on going training for staff and briefing.
- Improved Communication to hear both sides of patient detail – bring letter.

HKP Staff feedback:

1. Thinking about the communities and people you work with, what do you think the current barriers are to them up taking offers of the **spring vaccination**?

Answer: accessibility of venues, appointments, support, and information

2. Thinking about the communities and people you work with, what do you think the current barriers are to them taking up the offer of a **first or second dose** of the vaccine?

Answer: lack of information, misinformation, apathy, complacency, fear, lack of confidence, lack of support, cultural barriers

3. Do you have any ideas of how to increase the uptake of the spring vaccination?

Answer: positive clear messaging and information, targeted work with low-uptake groups, using Trusted voices to support cascading correct information and overcoming barriers esp. for ethnically diverse groups

4. Do you have any ideas of how to increase the uptake of first and second doses, at this stage?

Answer: targeted work with low-uptake groups, using trusted voices to support cascading correct information and overcoming barriers esp. for ethnically diverse groups

5. Do you have any other comments?

Answer: some people are determined to never have the vaccine. I know two 65+ individuals who say this- 'I do not believe in it', despite health conditions making them vulnerable.

TDC is a charity tackling inequality in Brighton and Hove through community-led solutions.

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HKP is a community development charity working for the community with the community and managed by the community.

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**The Hangleton
& Knoll Project**
Working for a better community



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