



What people think about the COVID-19 vaccine

A snapshot of February and March 2021

About Healthwatch Gateshead and Healthwatch Newcastle

Healthwatch Gateshead and Healthwatch Newcastle are two of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012.

Healthwatch Gateshead and Healthwatch Newcastle are independent not-for-profit organisations. We help children, young people and adults to have a say about social care and health services in Gateshead and Newcastle upon Tyne. This includes every part of the community, including people who sometimes struggle to be heard. We work to make sure that those who plan and run social care and health services listen to the people using their services and use this information to make services better.

Healthwatch Gateshead and Healthwatch Newcastle are part of Tell Us North CIC (company no. 10394966).

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1. Introduction

Healthwatch England designed a survey to help local services and national policymakers understand how they can improve the COVID-19 vaccination programme.

Healthwatch Newcastle and Healthwatch Gateshead used the survey to support local services to adapt and improve the delivery of the vaccination programme locally.

It also gives us the opportunity to share data directly with Healthwatch England so that Healthwatch England can use it to influence nationally.

The survey is still running as we are looking at the gaps in data and how we might address this. The current data is from February and March 2021.

2. In summary

Those who are carers, healthcare professionals or close to either of these groups tend to be more likely to have positive attitudes towards the vaccine.

People said there was a lot of information available and some of the information could be confusing for those without a good understanding of how vaccines and the virus work. There was also a lack of trust around information sources (for example, some participants mentioned a political agenda or to make more money).

There were comments about how the vaccine was merely a symptom suppressor and the vaccine was not effective if you were healthy.

Some mentioned clerical issues with the vaccine rollout or the waiting times between the first and second jab was an issue.

Finally, there appeared to be differences in attitudes based on ethnicity. BAME individuals were less likely to have a positive attitude towards the vaccine. However, our survey sample was too small to make any conclusions based on the data.

We note that three of the eight BAME individuals who took part were healthcare professionals and may have a positive view of the vaccine due to their existing knowledge.

3. Findings

We note that further work is needed to target men and people from Asian and Black backgrounds. We may look at this further if it is not being duplicated elsewhere, given the emerging issues around BAME communities and distrust of vaccines.

Half of the Asian sample were healthcare professionals and had a very positive attitude towards the vaccine, however. the other half were very distrustful of the vaccine.

Two participants mentioned that the statistics around the vaccine were flawed, with one saying specifically that no flu cases had been reported and they found this suspicious.

The idea of a vaccine passport worried most participants and they felt their human rights were being threatened.

One participant mentioned that in their local community centre there was misinformation about the vaccine which they had to deal with.

Both Black participants had been vaccinated but reluctance about the safety of the vaccine was expressed.

There was general concern about longitudinal research into the vaccine and whether effects had been tested. A few participants expressed opinions that they would not be getting the vaccine as they did not want to be guinea pigs.

Real-time issues were raised about travel. Many participants mentioned that they travelled quite far to receive the vaccine and were not receiving their second jab within the three-week time frame that the NHS specified was needed for the vaccine to be fully effective.

There were frequent mentions of discrepancies in the vaccine rollout. Group 5 had not been fully vaccinated in some Trusts whereas other Trusts had advanced to group 6. The confusion added to the distrust in vaccine effectiveness, and the ability to deliver the vaccine safely and effectively.

Vulnerable people needed to prepare for the trip to get the vaccine and, given that sometimes people had to travel quite far to receive it, more detailed information could help ease concerns about the vaccine.

4. Demographics

Total participants = 526.

453 White British = 86.12% which is directly in line with national statistics and Newcastle demographics.

6 Asians = 1.14% which is too low for a representative sample of Newcastle and Gateshead combined (which would be roughly 6ish% as a mean average).

23 White Other = 4.18% which is fine.

2 African/Caribbean = 0.3% which is too low for a representative sample of Newcastle and Gateshead combined (which would be 1.35% as a mean average).

43 LGBTQ+ = 8.17% which is fine.

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