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Submitted to Building a future NHS vaccination strategy – your views
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1 Do you agree with the description of what services should look like, as set out above? What, if anything, would you add or change?

Do you agree with the description of what services should look like, as set out above? What, if anything, would you add or change?:

The list above broadly reflects the plan established by Public Health England (PHE) in 2021(1), in which accessibility, equitability, attention to the needs of communities, and communication and information were at the core of its vision, aims and objectives. However, we consider some key features of services specification to be missing.

Services must be convenient but also affordable for people to access. Research conducted by RSPH and used by the UK Health Security Agency (UKHSA) lists the main barriers to vaccinations (2), and its findings demonstrated that the timing of appointments, availability of appointments, and childcare duties were among the main barriers to uptake (3). In addition, the cost-of-living crisis has added a new variable to this equation, in which the ability to afford the costs of going to the appointment and taking time off work must be taken into consideration. Transportation barriers to accessing healthcare are a well-known issue and increase the burden of disease on people already living in deprivation (4). The National Institute for Health and Care Excellence (NICE) guidelines on vaccine uptake in the general population emphasises the issue of affordability to attend vaccine appointments, which could be a problem particularly for parents from lower socioeconomic groups (5). Plans for service design and delivery must take affordability into consideration.

The RSPH is carrying out research, sponsored and funded by MSD, to understand children and young adults' perceptions of vaccinations. We are exploring what barriers to their uptake could be, and we expect results to be shared in early 2023. We are keen to share the findings with the NHS, to further support improvements to access to vaccinations.

Services should make it easy for people to understand the benefits of vaccination, but they must also actively combat misinformation and use clear and plain English. The RSPH sent a survey to its members in April 2022, asking about perceptions of vaccines, and obtained 277 responses. Even though 51% of them agreed that there is clear information on how vaccines work, they also questioned whether the information was clear enough for everyone:
1) Information is clear to healthcare professionals, but not always to the general public. One public health professional told us: "[for the general public] it is very confusing because of false news etc via social media and sometimes due to confused government and NHS messaging. Particularly difficult for people and communities who are more marginalised and who experience barriers to public services including healthcare." Another said "As a scientist, I can seek out such information. Not sure I have seen anything recently in layman language".
2) Fake news is a problem: "there is clear information on vaccines, however there is also a large amount of 'fake news / information' which needs to be regulated to allow individuals to make informed choices." Also, "there is clear information available, but I'm afraid that vax deniers and conspiracy theorists tend to shout it down via social media, etc., causing confusion among large sections of the population"
3) Language could be simpler: "vaccines are poorly understood and as a result, suspicion and anxiety arise. Simple cartoon style posters and leaflets may be easier to read than the dense language often used."
Addressing those 3 points would make communication more effective and the benefits of vaccines more easily understood.

Services should be delivered in a way which takes into account inequalities and reflects the needs of communities. Data gathered locally, sharing of good practice, system leadership and use of existing data are crucial, but so is having a skilled and knowledgeable public health workforce that understands the needs of their communities. As much as we agree that services must be provided by an efficient, responsive and well-trained workforce that reflects the communities it serves, this same workforce needs appropriate support, funding for training and CPD and financial resources that allow them to deliver high-quality services. There is evidence demonstrating the positive impact of school nurses in tackling inequalities whilst delivering HPV vaccines (6), however NHS figures show that the size of the school nurses workforce in England has dropped by 30% from 2020 to 2021 (7). School nurses have an important role in the delivery of immunisations for school-age kids and other early intervention and preventative care. Diminished numbers seriously put at risk the health and wellbeing of children. If services are to address inequalities in uptake, plans need to include supporting the public health workforce to deliver and lead.

The RSPH has recently developed a Level 2 Award in Encouraging Vaccination Uptake (8), which equips learners with behaviour change models and motivational techniques to support individuals' decision-making. 32% of learners said the award increased their confidence in having conversations with individuals about vaccination programmes. We would welcome the opportunity to further discuss how we could offer support to the workforce.

Timely delivery of immunisations is also important to get right. Vaccination delivery strategies are complex for many reasons, one of them being the maintenance of the right storage temperature. There are international examples of services putting together a network of storage centres, distribution companies and quality control institutions to make sure vials are kept in the right conditions for speedy use by the population, when or if needed (9). These variables must be taken into consideration while updating the strategy, which must include the role of the workforce, infrastructure and resources in delivering vaccinations.

The development and modification of services must be data and evidence-driven. They should embrace new innovations in vaccination only if robust peer-reviewed data signposts them in that direction and a comprehensive body of evidence proves its positive impact on the population. This must include Patient and Public Involvement (PPI) and channels for local/community empowerment. These voices need to be embedded in the development, implementation and evaluation of services if they are to be successful. Equalities impact assessments must also be conducted before the roll-out of programmes.

In response to the point "respond quickly to new diseases or outbreaks of existing diseases", it is of concern that the UK has yet to firmly commit to being

involved in discussions about changes to the WHO International Health Regulations and another international instrument to strengthen pandemic prevention, preparedness and response. Despite the International Negotiating Body (INB) having held public hearings in April and September 2022, so far the people living in the UK have not been openly invited to contribute. This document will likely shape global and local preparedness, response and strategy development for the next major outbreak of disease. If England wants to adequately respond to the next pandemic in a timely fashion and protect communities of all backgrounds, it should develop a mechanism to listen to its population opinions and concerns, and bring those to the INB round of negotiations that will take place next year (10).

Our suggestions are to include / change the following in the list:

• Be convenient and affordable for people to access, based on the needs of local communities;
• Make it easy for people to understand the benefits of vaccination, and how and when they can receive their vaccination, whilst combating misinformation and fake news;
• Embrace new innovations in vaccination whilst being data and evidence-driven, and respond quickly to new diseases or outbreaks of existing diseases using international and national guidance;
• Have infrastructure and resources that allow timely delivery of immunisations;
• Be provided by an efficient, responsive and well-trained workforce that reflects the communities it serves, is well supported and has access to the resources they need to deliver excellent work;
• Have a technology and data infrastructure that continually improves the experience for users and staff and providers empowerment and local ownership to citizens.

References
1. Public Health England. PHE Immunisation Inequalities Strategy [Online] 2021. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957717/immnstn-equity_STRATEGY_v11.pdf Accessed on 11 Oct 2022.
2. UK Health Security Agency. Increasing Vaccines Uptake: strategies for addressing barriers in primary health care [Online] May 2019. Available at https://ukhsa.blog.gov.uk/2019/05/16/increasing-vaccine-uptake-strategies-for-addressing-barriers-in-primary-care/ Accessed on 11 Oct 2022.
3. Royal Society for Public Health. Moving the Needle: promoting vaccination uptake across the life course. Available at https://www.rsph.org.uk/our-work/policy/vaccinations/moving-the-needle-promoting-vaccination-uptake-across-the-life-course.html Accessed on 11 Oct 2022
4. Syed S, Gerber BS and Sharp LK. Traveling Towards Disease: Transportation Barriers to Healthcare Access. J Community Health. 2013, 38(5): 976 – 993.
5. National Institute for Health and Care Excellence. Vaccine uptake in the general population. [B] Evidence review for the barriers to, and facilitators for, vaccine uptake. [Online] May 2022. Available at https://www.nice.org.uk/guidance/ng218/evidence/b-barriers-to-and-facilitators-for-vaccine-uptake-pdf-11072221743 Accessed on 11 Oct 2022
6. Boyce T, Holmes A. Addressing health inequalities in the delivery of the Human Papillomavirus vaccination programme: examining the role of the school nurse. Plos ONE. 2012, 7(9): e43416.
7. Campbell D for the Guardian. Nurses in all UK schools 'would help child mental health toll'. [Online] 20 March 2021. Available at https://www.theguardian.com/society/2021/mar/20/nurses-in-all-uk-schools-would-help-child-mental-health-toll Accessed on 11 Oct 2022.
8. For further information please visit our website: https://www.rsph.org.uk/qualification/rsph-level-2-award-in-encouraging-vaccination-uptake.html
9. Brazilian Government – Ministry of Health. Manual de rede de frio do programa nacional de imunizações (5th edition). Brasilia: Ministerio da Saude, 2017. Available online at https://bvsms.saude.gov.br/bvs/publicacoes/manual_rede_frio_programa_imunizacoes_5ed.pdf Accessed on 11 Oct 2022.
10. House of Commons Library. What is the proposed WHO Pandemic Preparedness Treaty? [Online] May 2022. Available at https://commonslibrary.parliament.uk/research-briefings/cbp-9550/ Accessed on 11 Oct 2022.

2 Could local services do more to increase the number of people who accept the offer of vaccination? If so, how?

Could local services do more to increase the number of people who accept the offer of vaccination? If so, how?:

The decision to have a vaccine is not a simple process. Vaccine uptake is influenced by many social and behavioural variables; from the appropriateness of and access to information, to individual and community background and profession (11). Trust also plays a significant role, for example parents who trust their vaccine providers are less likely to miss vaccination appointments (12). It is therefore crucial that local services build a relationship with local communities, understand their needs and gain their trust. The public health workforce does this as a matter of course and is well-placed to work with communities.

Local services must also equip staff with the skills necessary to tackle vaccine hesitance. RSPH offers a Level 2 Award in Encouraging Vaccination Uptake, which helps learners understand sources of vaccine concern and vaccine hesitancy with regard to vaccination programmes. Learners from this award stated that their knowledge about the sources of vaccine concern and vaccine hesitancy increased by 30%. RSPH can provide further details upon request.

We also need more research to understand the reasons why people do not accept the offer of vaccines or are vaccine hesitant. In the survey carried out by RSPH in April 2022 with its members, 87% of respondents said they are comfortable with vaccines, and one respondent brought to our attention that "Covid vaccine has been well explained in the hope of attempting to encourage maximum uptake. However other vaccines are not as explained and from my point of view taken when needed just because one should." More understanding about trust and knowledge of vaccines is therefore necessary.

References:
11. Kaufman J, Bagot KL, Tuckerman J, Biezen R, Oliver J, Jos C, Ong DS, Manski-Nankervis J-A, Seale H, Sanci L, Munro J, Bell JS, Leask J and Danchin M. Qualitative exploration of intentions, concerns and information needs of vaccine-hesitant adults initially prioritised to receive COVID-19 vaccines in Australia. Australian and New Zealand Journal of Public Health. 2022, 46(1): 16-24. doi.org/10.1111/1753-6405.13184
12. Kaufman J, Ryan R, Walsh L, Horey D, Leask J, Robinson P, Hill S. Face-to-face interventions for informing or educating parents about early childhood vaccination. Cochrane Database Syst Rev. 2018 May 8;5(5):CD010038. doi: 10.1002/14651858.CD010038.pub3.

3 Could local vaccination services do more to reach different communities? If so, how?

Could local vaccination services do more to reach different communities? If so, how?:

We consider that there are two actions local vaccine services can undertake to reach different communities: map their communities and service delivery against the 5As taxonomy for determinants of vaccine uptake (13) and work with the public health workforce in the delivery of these services.

The 5As taxonomy is a group of factors which influence vaccine uptake: access, affordability, awareness, acceptance and activation. They help services identify what is more relevant to their community and the problems they need to address. This taxonomy has been used in previous research with the Roma community in Birmingham, Leeds and Liverpool, where language differences, experiences of discrimination and consequent lack of trust in health services impacted community engagement (14). There is no one-size-fits-all model to address vaccine hesitancy, therefore services need to evaluate the situation on the ground and develop tailored interventions.

Local vaccination services must also support their workforce. They are well-placed to understand the issues faced by the communities they serve and are in constant contact with the population. There is evidence showing that school nurses' knowledge about individual pupils' needs and lives helped the HPV programme to deliver vaccines to girls who were more likely to miss their appointments (15). Their knowledge is essential in addressing health inequalities. However, the public health workforce was already stretched before the pandemic, and the situation was worsened by Covid-19. A survey conducted by the RSPH with the workforce in January 2022 discovered that 85% of respondents agree that the demand for services has increased in the past 2 years, with many saying it was a huge challenge. Local vaccination services will not be able to reach different communities without providing the workforce with the resources they need to develop and deliver their services, and this includes adequate funding, the right levels of staffing and support for learning and development.

An RSPH member said we need "more innovation to deliver vaccination programmes at the convenience of their populations. [We must] ensure that these are equitable and accessible to all ethnic groups. [We need] strong support from Community Leaders." RSPH agrees with that and believes that accessibility and local support will guide local services in reaching different communities.

References:
13. Thomson A, Robinson K, Vallee-Tourangeau G. The 5As: a practical taxonomy for the determinants of vaccine uptake. Vaccine. 2016, 34(8): 1018 – 1024.
14. Bell S, Saliba V, Ramsay M, Mounier-Jack S. What have we learnt from measles outbreaks in 3 English cities? A qualitative exploration of factors influencing vaccination uptake in Romanian and Roma Romanian communities. BMC Public Health. 2020, 20:381.
15. Boyce T, Holmes A. Addressing health inequalities in the delivery of the Human Papillomavirus vaccination programme: examining the role of the school nurse. Plos ONE. 2012, 7(9): e43416.

4 How could experience of vaccination be improved? This might include the way people are invited, how you book an appointment, and on the day experience.

How could experience of vaccination be improved? This might include the way people are invited, how you book an appointment, and on the day experience. :

5 Are there other services or checks that could be offered or promoted at the same time as receiving a vaccination?

Are there other services or checks that could be offered or promoted at the same time as receiving a vaccination?:

6 Is there anything else you think is important to consider when designing vaccination services in the future?

Is there anything else you think is important to consider when designing vaccination services in the future?:

Yes, it is essential that the design of future vaccination services strongly focus on health inequalities and disparities. The UK considers the key components of a successful vaccination programme to include training of staff and surveillance of population susceptibility and coverage, as well as vaccine development and understanding of attitudes to vaccination (16). Health inequalities and disparities must be part of this equation too. More than just influencing attitudes to vaccination, they also affect hesitancy towards vaccines and accessibility. The Levelling Up White Paper recognised the importance of addressing inequalities to ensure life expectancy in different areas across the country increased (17). The same logic should be applied to vaccine programme design.

Moreover, the design of vaccination services must include Equality, Diversity and Inclusion (EDI) as one of its strategic pillars. It is established that ethnicity has an influence on vaccine uptake (18). But EDI helps us focus on other protected characteristics too. For instance, in the case of Covid-19, age is a powerful predictor of uptake (19) and is just one example of characteristics that need to be woven into the development and delivery of vaccine programmes. An RSPH member sums this up by saying we must understand "(...)what health inequality impact assessments are made concerning the delivery of vaccine programmes. What data is gathered and analysed concerning marginalised groups, (...) people living in poverty, gipsy travellers, homeless, asylum seekers, migrant workers etc."

References:
16. Health Education England. National Immunisation Policy and Programmes – e-learning, slide 8. Figure 01. [Online] Available at https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_39333&programmeId=39333 Accessed on 12 Oct 2022
17. HM Government. Levelling up – levelling up the United Kingdom [Online] February 2022. Available at https://www.gov.uk/government/publications/levelling-up-the-united-kingdom Accessed on 12 Oct 2022
18. Cobie-Smith G. Vaccine hesitancy is a scapegoat for structural racism. JAMA Health Forum. 2021, 2(3):e210434. doi:10.1001/jamahealthforum.2021.0434
19. Allington D, McAndrew S, Duffy B, et alTrust and experiences of National Health Service healthcare do not fully explain demographic disparities in

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7 In what capacity are you responding?

Charity, patient representative organisation or voluntary organisation

Other::

8 What age group are you?

30 - 39

9 Marital status:

Married

10 Please indicate your gender:

Female

11 Is your gender different to the one you were assigned at birth?

No

12 What is your sexual orientation?

Heterosexual or Straight

13 Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

Not Answered

Not Answered

Other::

Not Answered

Other::

Not Answered

Other::

Not Answered

Other::

Latin American

Other::