

Getting Vaxed:

Understanding User Experiences of the COVID-19 Vaccination Process in Newcastle upon Tyne



About Healthwatch Newcastle

Healthwatch Newcastle is one of 152 independent not-for-profit Healthwatch services established in England under the Health and Social Care Act 2012.

We help children, young people and adults have a say about social care and health services in Newcastle. This includes every part of the community, including people who sometimes struggle to be heard.

We work to ensure that those who plan and run social care and health services listen to the people using their services and use this information to make improvements.

Healthwatch Newcastle would like to thank everyone who gave their time and expertise to assist with this report.

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1. Introduction and Methodology

Healthwatch Newcastle engaged with local people to understand their experiences booking and receiving all of their Coronavirus vaccination(s). The project was prompted by feedback from a small number of local residents who shared their experiences of the Coronavirus vaccination process.

Through the project, Healthwatch Newcastle looked to understand if these experiences were common place, with a consideration of both the positives and possible areas for improvement. The project had a particular focus on:

- The ease and speed in which respondents booked their COVID-19 vaccinations.
- The provision of information prior to receipt of the vaccination (both at the point of booking and at the vaccination sites).
- The location and accessibility of vaccination sites.
- The physical environment including queues, waiting times, and the levels of privacy across the different site types.

Coronavirus Disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus that emerged in December 2019. Spread through the release of droplets and virus particles into the air, precautions such as mask wearing, hand hygiene, physical distancing, and the uptake of vaccinations were all recognised as important safety precautions in protecting the population.

Vaccines currently used in the UK included Moderna (Spikevax), Pfizer/BioNTech (Comirnaty), Novavax (Nuvaxovid), and Sanofi and GSK (VidPrevtyn Beta)¹. The first vaccine was authorised for use in the UK in December 2020 and as of the end of April 2023, over four hundred thousand COVID-19 vaccinations had been administered in Newcastle². At the point of engagement, vaccination eligibility was as follows:

- Everyone aged five and above could get a first and second dose of the COVID-19 vaccine.
- People aged 16 and above could also get a booster.
- People aged five and above who had a severely weakened immune system (when they had their first or second dose) could have an additional primary dose before a booster.
- Some people, including those aged 50 and over, those at higher risk or those who are pregnant, and frontline health and social care workers, were offered the seasonal booster.

As part of the project, Healthwatch Newcastle spoke to adults in Newcastle who had booked and received at least one COVID-19 vaccination.

¹ NHS. (2022). Coronavirus (COVID-19) vaccine. Available [Here](#). Last Accessed: 4th May 2023.

² Gov.uk (2023). Vaccinations in Newcastle upon Tyne. Available [Here](#). Last Accessed: 4th May 2023.

1.1. Methodology

Healthwatch Newcastle developed a survey to collect feedback from local residents who had received at least one COVID-19 vaccination administered in Newcastle. The survey looked to understand experiences both at the point of booking and at vaccination sites. Survey respondents were invited to share their experiences across all COVID-19 vaccinations they had received.

Data collection ran between the 21st October 2022 and the 5th February 2023. In an effort to engage with the local community and understand their experiences of the vaccination process, members of the Healthwatch Newcastle Engagement Team gathered views at face-to-face outreach events, including at vaccination sites and community venues in Newcastle. The survey was shared on Healthwatch Newcastle social media platforms. Local organisations were also contacted to share the survey amongst the users of their services.

One hundred and fifty-six survey responses were received in total. Two of the respondents had not received any COVID-19 vaccinations and were not included in the main analysis of this report.

2. Respondent Demographics

At the point of providing feedback, the majority of respondents reported that they were fully vaccinated against COVID-19, in line with government recommendations (n=126, 82%).

Where respondents were not fully vaccinated, eight respondents shared that they had a negative opinion about the vaccines often due to a previous adverse reaction or worries around the safety and efficacy of the vaccine. Four of the respondents who were not fully vaccinated, were waiting on their appointment. Three respondents reported that they felt sufficiently protected from the vaccinations they had already received (in two of the cases two COVID-19 vaccinations had been received and at least one of the respondents felt they had also gained some natural immunity from having contracted COVID-19).

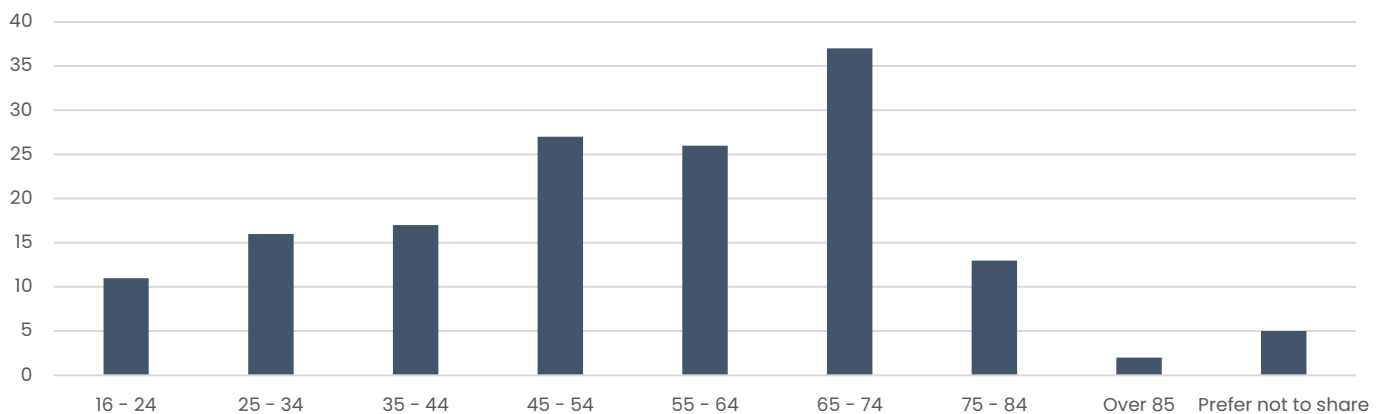
Figure 1: Have you had all necessary vaccinations to be fully protected?



Source: COVID-19 Survey (154 Respondents)

The risk of severe illness from COVID-19 continued to be greater in older age groups and among those with underlying health conditions. Around half of the respondents were aged 55 and over (n=78, 51%) and were therefore eligible for all available doses of the vaccination (at the point of engagement)³. Thirty-nine percent of respondents (n=60) were aged between 25 and 54, with just under half of these (n=27) at the upper end of the age category (aged between 45 and 54). Eleven of the respondents were young people aged between 16 and 24.

Figure 2: Age of Respondents

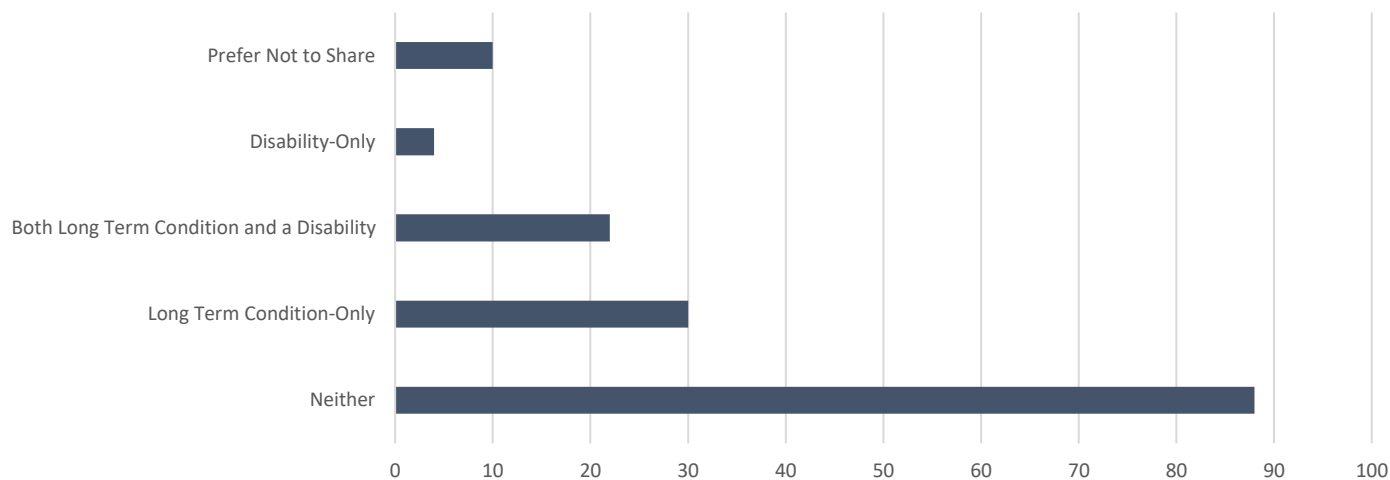


Source: COVID-19 Survey (154 Respondents)

³ First and second dose. First booster and seasonal autumn booster.

Thirty respondents reported that they had a long-term condition only and four respondents stated that they had a disability only. Twenty-two respondents reported that they had both a long-term condition and a disability. Eighty-eight respondents reported that they had neither a disability nor a long-term condition.

Figure 3: Disability and Long Term Condition Status of Respondents



Source: COVID-19 Survey (154 Respondents)

Just over half of the respondents (n=83, 54%) indicated that they were English, Welsh, Scottish, Northern Irish, British or that they identified as another white ethnicity. Twenty-nine percent (n=45) were of an Asian background (including Pakistani, Indian, Bangladeshi, Chinese, White Asian, or Other Asian). Nine respondents were Arab, another was Caribbean, and two belonged to another ethnic group that they did not state. Fourteen respondents preferred not to share this information.

3. Experiences at the Point of Booking

COVID-19 vaccinations could be accessed through:

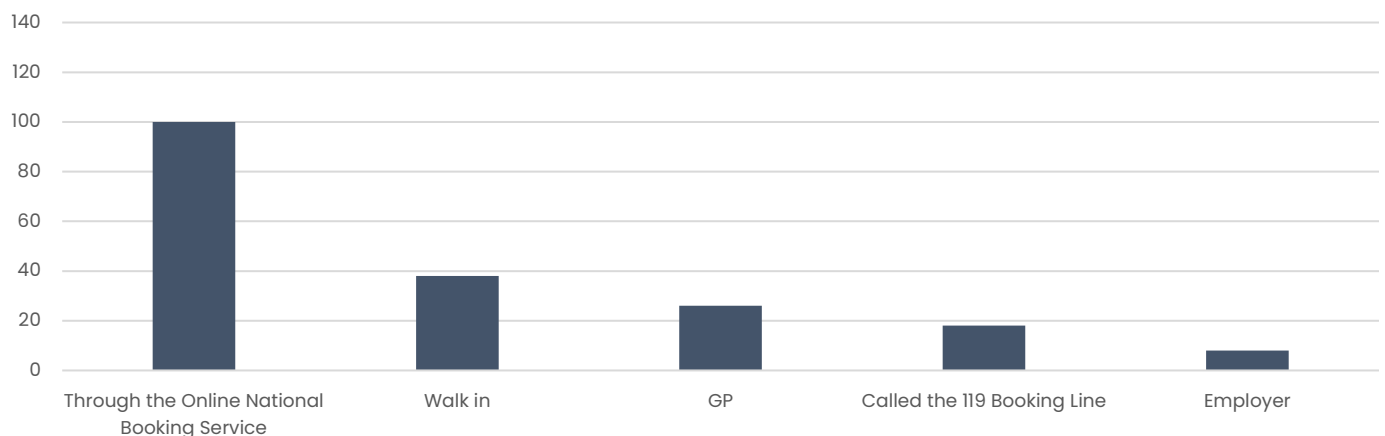
- The [National Online Booking System](#) or through an invitation by a GP surgery for individuals registered with a GP surgery in England.
- The 119 NHS telephone booking line for individuals who prefer not to or are unable to book online.
- Visiting a Vaccination Outreach Bus, either through appointment or drop-in.
- Using a [walk-in COVID-19 vaccination site](#) without the need for an appointment.

Of the 154 respondents who received at least one COVID-19 vaccination, the majority used one method for booking across all the different vaccinations they received (n=126, 82%). Twenty-eight respondents used two methods (18%).

Where two different methods were used, respondents shared their preference. Most often (n=13) respondents preferred the walk in option. Several of these respondents highlighted the convenience of walk-in vaccinations, in terms of both time and location. Often, the lack of queues enabled respondents to slot the vaccination into their day with little disruption and without the need for pre-arrangement. Despite this, one parent mentioned that they preferred to walk-in, however, a lack of availability meant that they had to book online for their children to receive the vaccination.

Eight respondents had no preference and felt both of the booking methods that they had used, most often a combination of online and walk in, worked well. Four respondents preferred booking online. Where online was the preferred option, similar to the walk-in option, respondents attributed this to the choice and level of availability in terms of both time and locations. Three respondents preferred arrangements to be made through their GP.

Figure 4: How did you arrange your vaccination(s)?



Source: COVID-19 Survey (154 Responses)

Overall, respondents most often booked at least one vaccination through the Online National Booking System (n=100, 64%). Just under one quarter of respondents (n=38, 24%) received at least one of their vaccinations through a walk-in service and so had not needed to pre-arrange. Seventeen percent of respondents (n=26) booked at least one vaccination through their GP and 12% (n=18) booked through the 119-booking service. Eight respondents reported that they were either a frontline health and social care worker or a volunteer at a vaccination centre and their role enabled them to receive the vaccination either at the end a clinic or as a priority.

When considered by age group and booking method, young people (those aged between 16 and 24) used the online booking system most often. Only four young people received a COVID-19 vaccination through walk-in. Respondents aged between 25 and 54 used a variety of different methods across the different COVID-19 vaccinations they received, with just over three quarters using the online system (n=46, 77%), and 28% opted for walk-in. Six respondents booked through their GP, four of whom were between the ages of 45 and 54. Three respondents booked at least one of their vaccinations through the 119 booking line, all of whom were over the age of 35.

Among respondents aged 55 and over, 54% booked at least one of their COVID-19 vaccinations through the online booking system. Of these respondents, the majority were aged between 55 and 74 (n=34, 81%), and eight were over the age of 75. Just under one quarter (n=19, 24%) booked through their GP, 11 of whom were aged between 65 and 74. Seventeen of the respondents (22%) used the walk-in method and 14 called the 119 booking line.

Figure 5: Booking Method by Age Category



Source: COVID-19 Survey (“16-24”, n=11; “25-34”, n=16; “35-44”, n=17; “45-54”, n=27; “55-64”, n=26; “65-74”, n=37; “75-84”, n=13; “Over 85”, n=2)

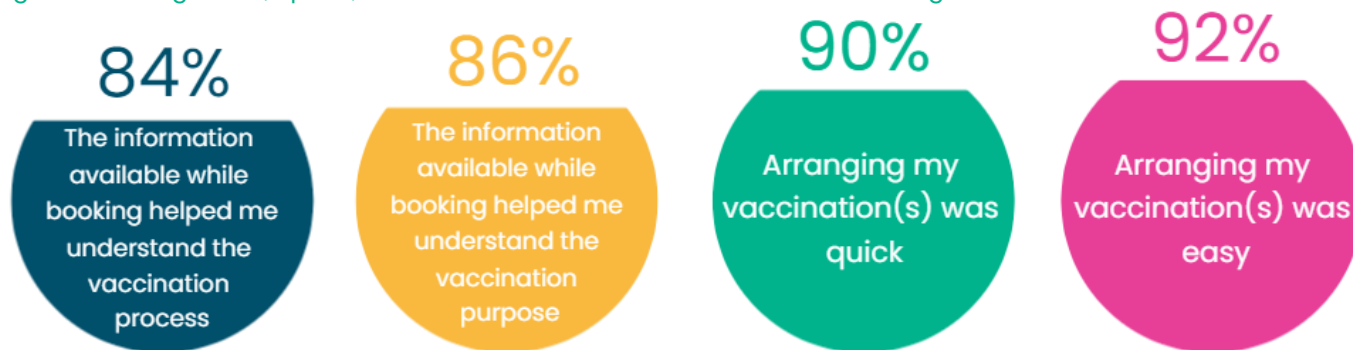
Respondents were asked to consider their booking experiences in terms of the ease and speed of arranging their vaccination and the information provided to facilitate their understanding of the vaccination process and purpose.

Overall, experiences at the point of booking a COVID-19 vaccination were positive. Respondents were asked to rate statements using a Likert Scale from “Completely Agree” to “Completely

Disagree". One Hundred and twenty respondents (77%) shared positive sentiments across all four indicators and selected either "Completely Agree" or "Agree Somewhat".

Ninety-two percent of those who provided feedback (n=141) reported that they found the process easy, 90% (n=139) felt that the process was quick, 86% (n=133) understood the purpose of the vaccination based upon the information they received at the point of booking, and 84% (n=130) understood the process.

Figure 6: Average Ease, Speed, and Information Provision at the Point of Booking



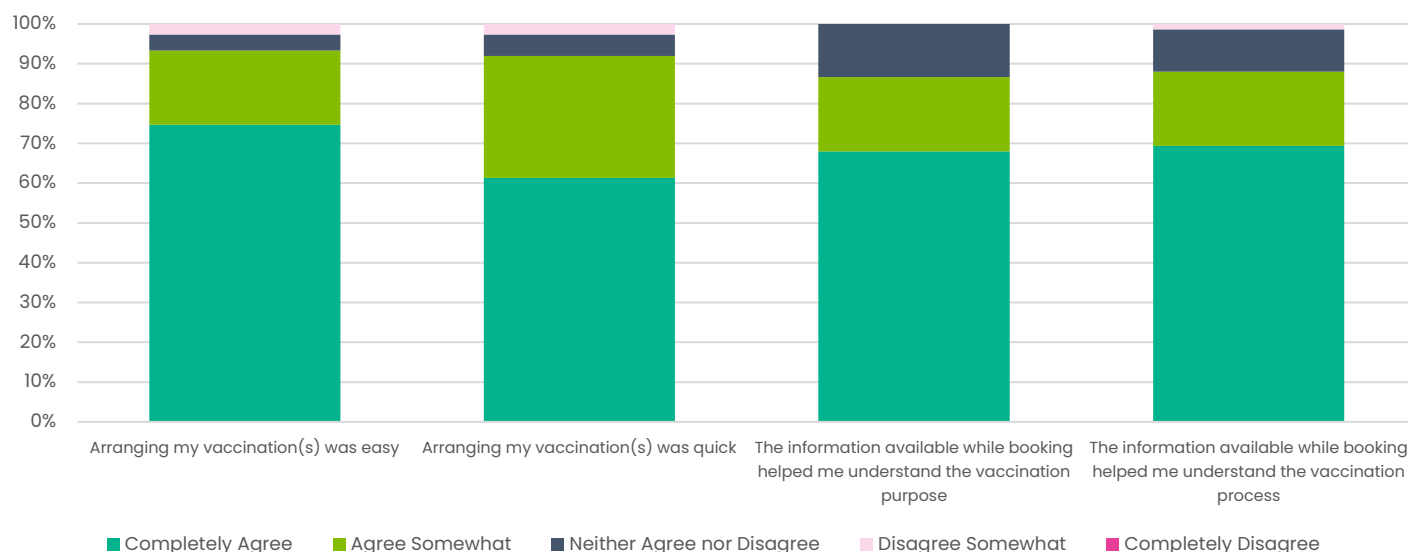
Source: COVID-19 Survey (154 Respondents)

3.1. Online Booking

One hundred respondents booked at least one of their COVID-19 vaccinations through the online booking system. Seventy five of these respondents only used the online national booking service to arrange their vaccination(s).

Ninety-three percent of respondents who booked online felt that, as a process, arranging their vaccination was easy and 92% felt that it was quick. Although still high, slightly fewer respondents at 88% felt that they understood the vaccination process and 87% understood the purpose based upon the information available to them at the point of booking online.

Figure 7: Online Booking System Experiences



Source: COVID-19 Survey (75 Responses)

Only three of these respondents selected “Somewhat Disagree” for at least one of the indicators. Where this was the case, issues appeared to stem from either user or technical errors and included a booking not appearing in the system, appointment availability differing between family members in the same physical location, and that users needed to cancel their existing appointment if they wanted to look at alternative options.

“ The online booking [system] kept telling me I needed to travel up to 40 miles to get the vaccine when there was availability in Newcastle.

I would try to book and it said I had to travel, my partner would try at the same time and he was given the option of the appointments in Newcastle.

“ Easy and quick because I am able to go online. But it is problematic for those who are digitally challenges or don't understand English.

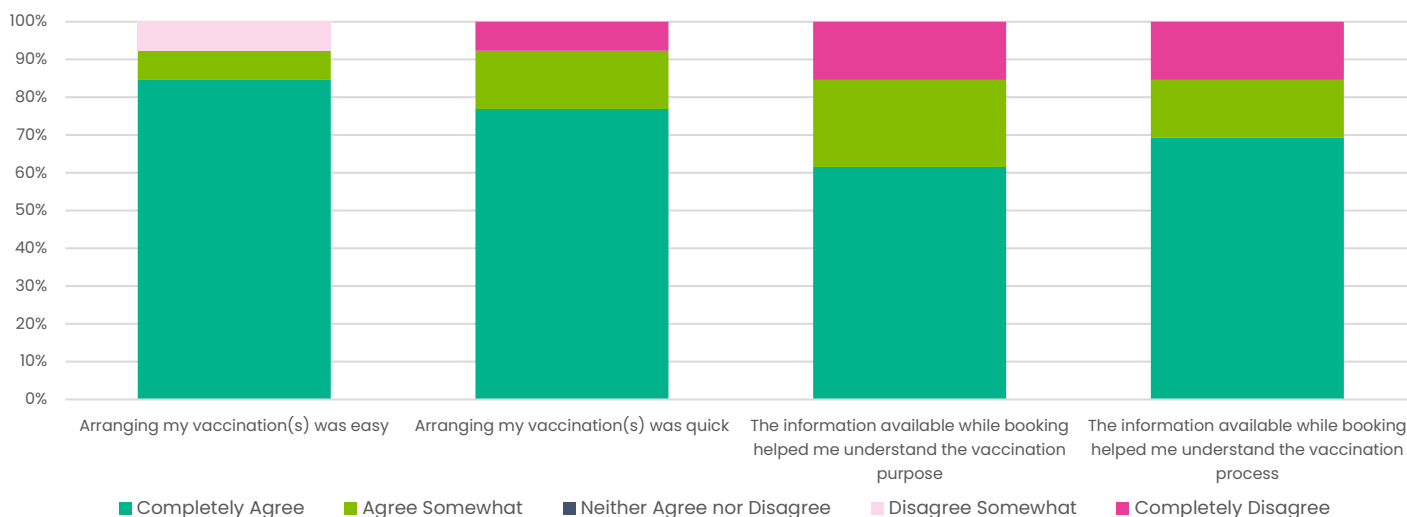
“ [Suggested improvement] Short, clear information with links to further info on the purpose of vaccines, how they work and how we know they are safe.

3.2. 119 NHS Booking Line

Eighteen respondents booked at least one of their COVID-19 vaccinations through the 119 NHS booking line. Again, overall experiences were positive and 12 of the 13 respondents who booked using this method only, felt that the process was quick and easy. Eighty-five percent (n=11) felt that they understood the process and purpose from the information they had received. Only two respondents indicated that they were dissatisfied with the booking method.

One respondent felt that the booking process was quick and easy, however, they stated that the provision of information was lacking. This respondent felt that their health had been “ruined” by the vaccination, but no further information about the impact was provided. The respondent said that they were hard of hearing and while booking through the 119 booking line “worked” for them, experiences at a pop-up vaccination site did not. They reported that they struggled to hear the staff due to their use of masks and felt that they were “impatient, abrupt, and unhelpful”.

Figure 8: 119 Booking Line Experiences



Source: COVID-19 Survey (13 Responses)

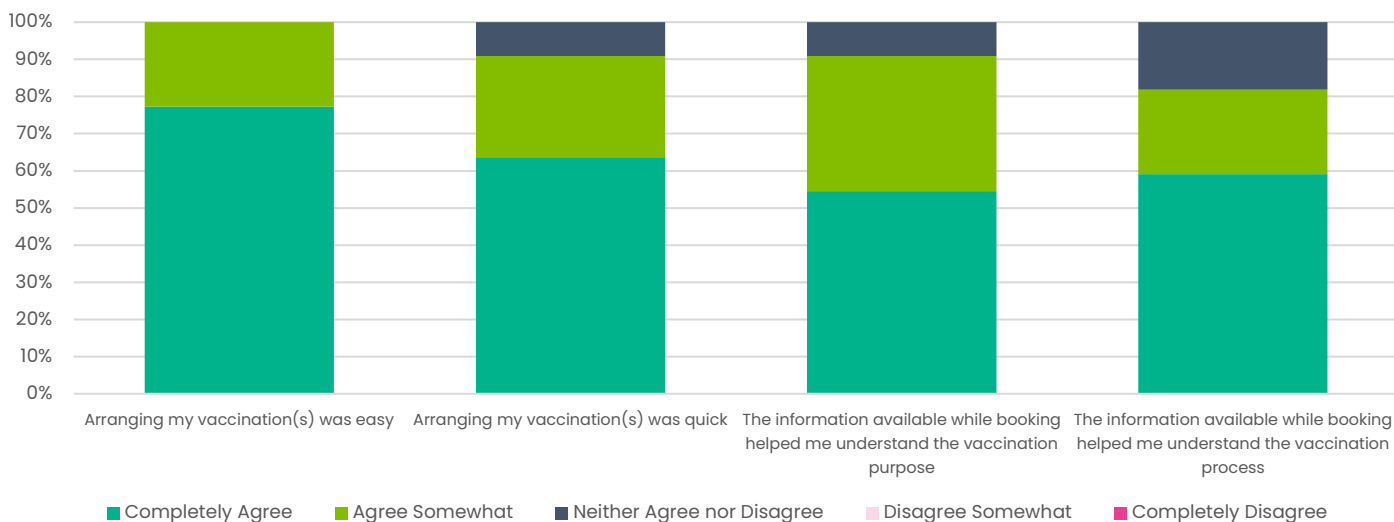
Only one respondent selected “Completely Disagree” or “Disagree Somewhat” across all four indicators. This respondent was not a native English speaker and attributed their lower ratings to the lack of access to translation and interpretation services.

3.3. GP Practice

Twenty-six respondents booked at least one of their vaccinations through their GP, of which 22 used this method only. Where respondents used more than one method, they felt that booking through their GP was a useful option in the early stages of the vaccination process. Others felt that their GP offered a greater range of availability. Conversely, others felt that the availability was poor and did not fit into their schedule.

Of the 22 respondents who booked with their GP, all felt that the process of booking was easy, and all but two of the respondents felt that the process was quick. The respondents who did not respond positively were impartial in their response and selected “Neither Agree nor Disagree”.

Figure 9: GP Practice Booking Experiences



Source: COVID-19 Survey (22 Responses)

Twenty of the respondents felt that they understood the purpose based upon the information they had received and 18 reported that they understood the process. Where respondents did not select “Completely Agree” or “Agree Somewhat”, they selected “Neither Agree nor Disagree”.

“ On one occasion, I waited in a massive queue without moving outside [a large vaccination centre] for 1.5hrs. I had to leave before getting the vaccine and had to rebook. It took another month through the online system as the GP wouldn't let me go through the surgery because I'd started the process online. It was a nightmare.

“ Found more flexibility of locations and times online including local pharmacies which was better for me as opposed to GP which only did on Saturdays

“ While my GP was organising appointments by phone I stuck with that arrangement and ignored the online arrangements. This worked fine. Later I went with the online service and found this ok as I am used to doing things online.

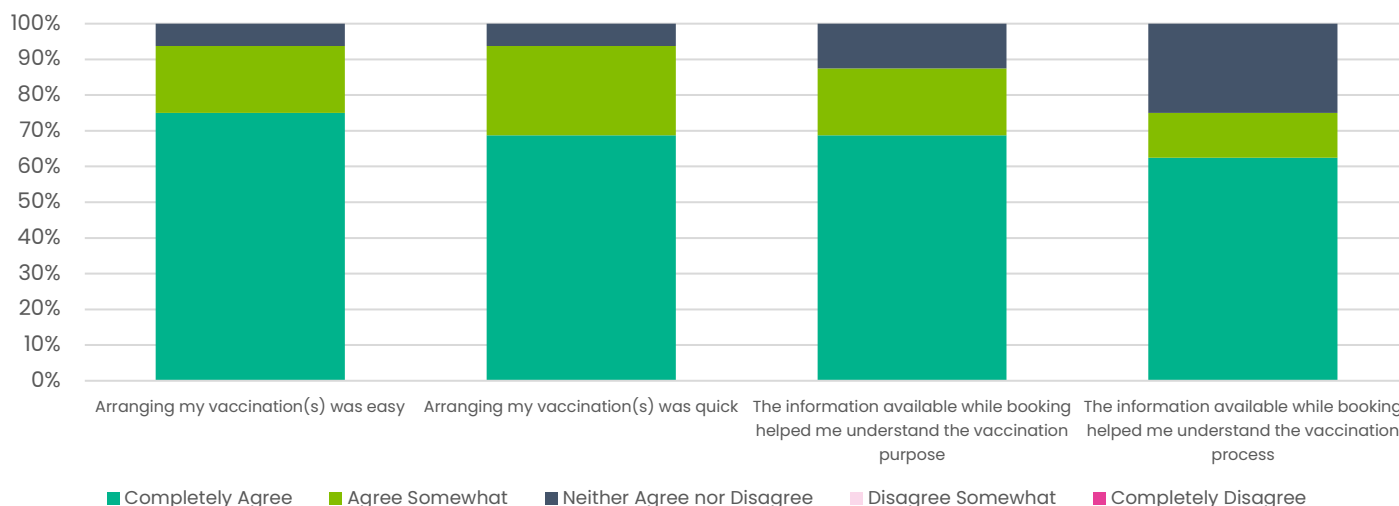
3.4. Walk-in

Thirty-eight respondents reported that they did not pre-arrange at least one of their COVID-19 vaccinations and opted to walk in to a vaccination site instead. Only 16 of these respondents used this method only.

Much like booking through the GP, no respondent selected “Disagree Somewhat” nor “Completely Disagree” when describing their booking experiences. Where responses were not positive, they were neutral.

Fifteen respondents felt that the process was quick and easy, while 14 felt that they understood the purpose of the vaccination based upon the information they received. Twelve respondents felt that they understood the process and four were neutral in their response.

Figure 10: Walk-in Experiences



Source: COVID-19 Survey (16 Responses)

“ When lots of walk in clinics were available that was more convenient. But I had to book for my kids because a kids walk in was never available.

“ Both [online and walk in] worked for me in different circumstances - the walk-in was great when I couldn't get a booking at a convenient location.

“ The local online information was not always completely up to date eg we arrived at a walk-in vaccination centre to be told there would be no walk in vaccinations that day. On another occasion we booked an appointment for vaccination and on arrival were told there were no appointments and we all had to wait well more an hour outside in a queue. Once inside we all waited a further half hour or so. No explanation or apology was given This was distressing for very elderly people and those in poor health and/or disabilities. It felt very disorganised .

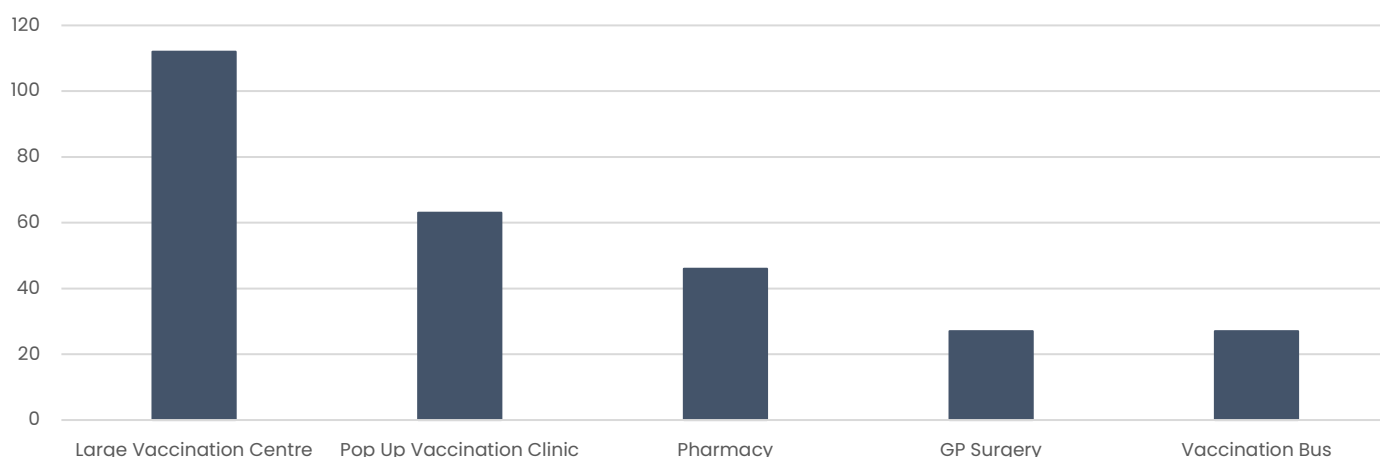
4. Experiences at Vaccination Sites

The data indicated that 153 respondents received at least one of their COVID-19 vaccinations at one of the site types considered in this report.

An additional respondent reported that they were fully vaccinated, but they did not state where they had received their vaccinations. This respondent was positive about the booking process and made one suggestion around the use of Marshalls to help with queue management at vaccination sites. However, due to an overall lack of information in their response, they were not included in the full analysis below.

Large Vaccination Centres were used most often by the respondent group with just under three quarters (n=112, 73%) having received at least one of their COVID-19 vaccinations at a site of this type. Forty-one percent (n=63) received at least one vaccination at a pop up vaccination clinic and 30% (n=46) visited a pharmacy to receive at least one of their vaccinations. Less than one fifth of the respondents (n=27, 18%) received a vaccination at their GP Surgery and an equal proportion were vaccinated at a vaccination bus.

Figure 11: Did you get any of your COVID-19 vaccinations at a...?



Source: COVID-19 Survey (153 Responses)

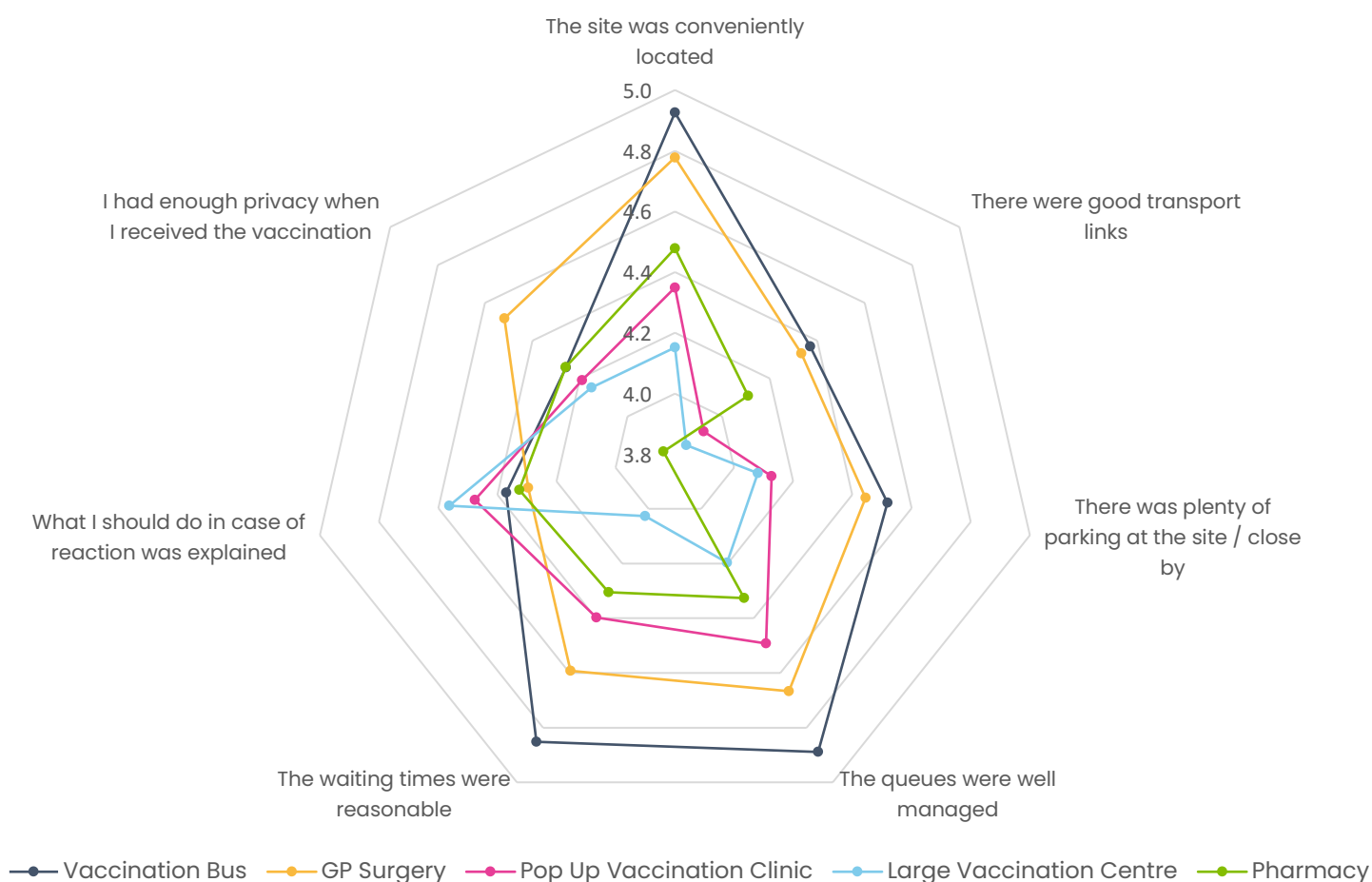
Often vaccinations were administered across different site types. Forty-three percent (n=66) of respondents received their vaccinations at two different site types and a further 25% (n=38) were vaccinated at three or more locations. Where this was the case, experiences across the different site types were largely positive and the use of multiple site types appeared to stem from availability rather than previous positive or negative experiences. Just under one third of respondents (n=49, 32%) received their COVID-19 vaccination(s) at one site type only.

Across all age groups apart from 25-34 and 75-84, around half of the respondents visited two different types of sites to receive their vaccination(s). For the 25-34 age category, most often individual respondents used one site type, with large vaccination centres and pharmacies being the most common among the group.

For the 75–84 age group, three site types were most common, however, most visited a large vaccination centre. Only two of the respondents in this age group used a vaccination bus. In both instances, these respondents indicated that they received their vaccination immediately and were positive about their experiences overall. One of the respondents felt that the privacy levels on the bus could have improved.

Overall feedback across the sites was largely positive. Respondents were asked the extent to which they agreed or disagreed with positively phrased indicators that focused on timeliness & queue management, site location & transport links, information provision, and privacy while being vaccinated. Respondents tended to agree with the indicators.

Figure 12: Average ratings across indicators by vaccination site type (Indicator breakdown)



Source: COVID-19 Survey (Vaccination Bus, n=27; GP Surgery, n=27; Pop Up Clinic, n=63; Large Vaccination Centre, n=112; Pharmacy=46).

Respondents most often “Agreed Somewhat” with the positively phrased indicators for each of the vaccination site types. When ranked across indicator averages, there was little variance between the different vaccination site types. Buses were rated 4.6 out of five, GP Surgeries were rated 4.5, Pop Up Clinics were rated 4.3, Pharmacies were rated 4.2, and Large Vaccination Centres were rated 4.1.

A discussion of these indicators for each of the site types can be found in the subsequent sections of this report.

4.1. Large Vaccination Centre Experiences



Large Centres

51%

Of respondents who received a vaccination at a large vaccination centre said they were in the vaccination chair within 15 minutes of arrival.

4.5/5

Highest average rating: What I should do in case of a reaction was explained.

3.8/5

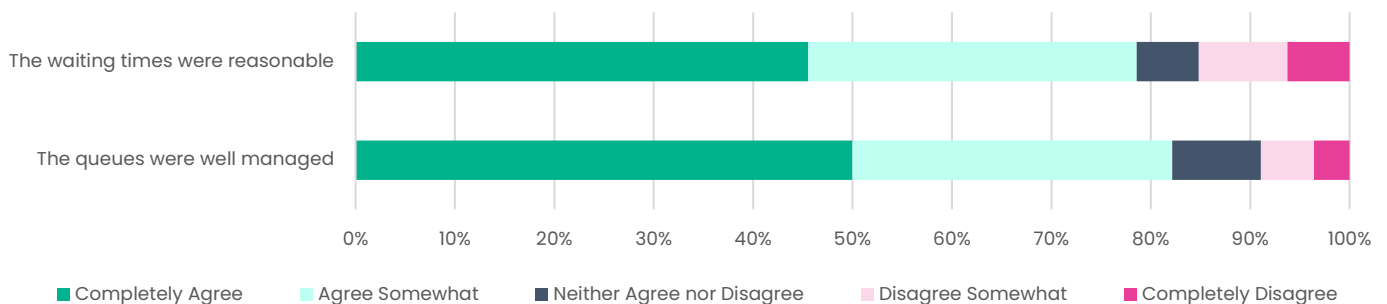
Lowest average rating: There were good transport links.

Respondents most often received at least one of their COVID-19 vaccinations at a large vaccination centre (n=112, 73%). Of these, twenty-eight respondents used a large vaccination centre only.

Overall, respondents who were vaccinated at a site of this type were positive about queue management. Eighty-two percent of respondents (n=92) either “Completely Agreed” or “Agreed Somewhat” that the queues were well managed. Respondents often highlighted the “Helpful” staff and volunteers who were “Well organised”, “Efficient”, and able to provide clear directions, as particularly useful elements during their visit to the large vaccination centres.

Ten respondents did not feel that the queues were well managed. Three of these respondents explained their rating and focused on long queues that “did not seem to go down”, a lack of social distancing, a lack of mask wearing, and not having seats to sit on while waiting. One respondent who shared comments about the lack of masks and social distancing referred to experiences from their most recent booster, when masks and social distancing were no longer mandatory. Despite this, another respondent felt that this was also the case during the initial stages of the vaccination roll out.

Figure 13: Waiting and Queueing at a Large Vaccination Centre



Source: COVID-19 Survey (112 Responses)

Seventy-nine percent of respondents (n=88) were positive about waiting times. On average, just over half of respondents reported that they queued for 15 minutes or less (n=57, 51%). Twenty-eight percent (n=31) of respondents reported that they waited 16 to 30 minutes and just over one-fifth queued for more than 30 minutes (n=24, 21%).

Seventeen respondents felt that the waiting times were too long. Almost all of the respondents who were dissatisfied with waiting times (n=13) waited more than 30 minutes. It is unclear if these respondents waited more than 30 minutes beyond their waiting time or waited because they were early for their appointment. Experiences were shared that indicated some respondents waited in excess of one and a half hours. In one instance, a respondent reported that they had to leave before they received their vaccination and had issues when they attempted to rebook. Other respondents felt that seating would have been helpful, and one respondent would have liked a wheelchair to be available.

One respondent did not receive any of their vaccinations at a large vaccination centre and was therefore not included in the count above. However, they did attend a site of this type with family members and felt that waiting times varied. They attributed such variation to dual use, where both COVID-19 and influenza (flu) vaccinations were administered. They felt that fewer stations should have been used for flu vaccinations, due to smaller queues when compared with those queueing for the COVID-19 vaccination.

Feedback around access to large vaccination sites was largely positive. 81% of respondents who had at least one COVID-19 vaccination at this site type, either “Completely Agreed” or “Agreed Somewhat” that the site was conveniently located (n=91). Seventy-three percent (n=82) felt that there was plenty of parking at the site or close by and almost two thirds of the respondent group (64%, n=72) felt that there were good transport links. Despite this, on average, when compared with other indicators, “There were good transport links” performed poorly with an average rating of 3.8 out of 5.

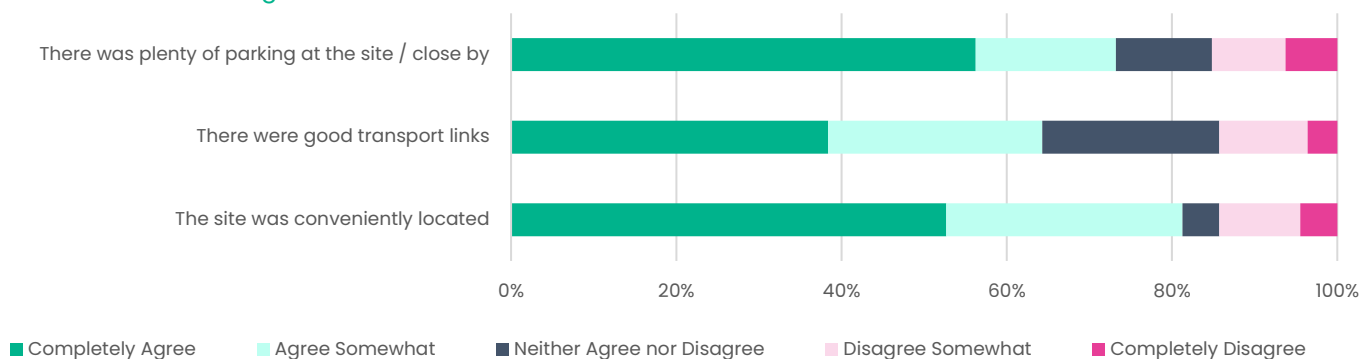
The information provided about what to do in case of a reaction was the highest rated indicator among the respondents. Ninety-one percent of respondents (n=102) agreed with the positively phrased statement. Six of the respondents were neutral in their response and four disagreed with the statement, however, no explanation was provided. Ninety respondents (80%) who were vaccinated at a large vaccination centre felt that they had enough privacy while they received their vaccination. Fourteen

“Queues were too long and needed managing better. Everyone was in the same queue regardless of whether they had an appointment or just walking in. This caused some dissatisfaction and grumbling.”

“Staff explained and were efficient - the first visit was a nightmare because of the waiting and queueing outside.”

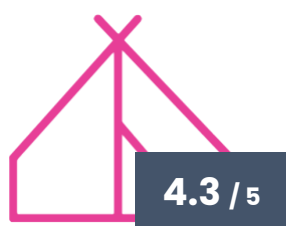
were negative in their response, where four of these respondents “Completely disagreed” with the positively phrased statement.

Figure 14: Access to the Large Vaccination Centre



Source: COVID-19 Survey (112 Responses)

4.2. Pop Up Vaccination Clinic Experiences



Pop Up Clinics

76% Of respondents who received a vaccination at a pop up clinic said they were in the vaccination chair within 15 minutes of arrival.

4.5/5 **Highest average rating:** The queues were well managed.

3.9/5 **Lowest average rating:** There were good transport links.

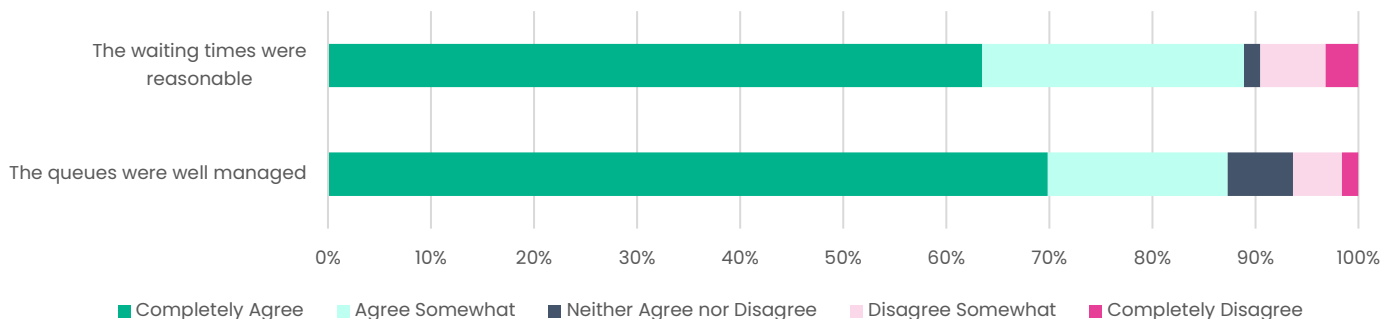
Forty-one percent of the respondents indicated that they received their vaccination at a pop up clinic (n=63).

On average, over three quarters of respondents who received their vaccination at a pop up vaccination clinic reported that they queued for 15 minutes or less (n=48, 76%). Eight respondents waited between 16 and 30 minutes, and seven reported that they waited over 30 minutes.

Almost all of those who received at least one of their vaccinations at a pop-up clinic felt that the waiting times were reasonable (n=56, 89%). Where people were dissatisfied with the waiting times, the time they queued varied. Two respondents waited less than 15 minutes and one waited over 30 minutes. One respondent reported that they did not queue and received their vaccination immediately upon arrival. As this respondent indicated that they were dissatisfied with the waiting time, they may have made an error when they responded to this question.

The management of queues was rated highly when compared with other indicators, with an average rating of 4.5 out of five. Fifty-five (87%) of the 63 respondents who were vaccinated at a pop up clinic felt that the queues were well managed. Four respondents were neutral in their response and another four were not satisfied. The respondents did not explain why they were dissatisfied.

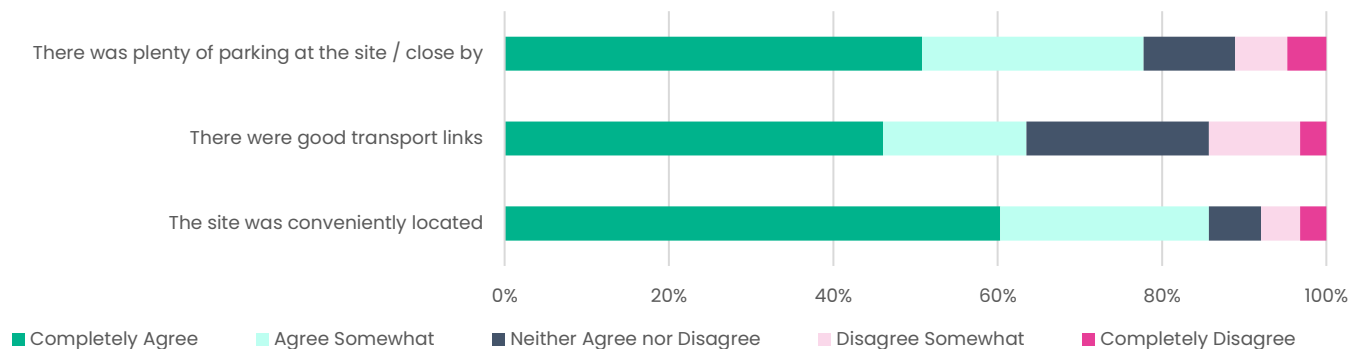
Figure 15: Waiting and Queueing at a Pop Up Vaccination Clinic



Source: COVID-19 Survey (63 Responses)

Pop up clinics in Newcastle were hosted at a variety of venue types including libraries, community centres, health / medical centres, supermarkets, and indoor markets. Clinics were located at sites the general public would ordinarily visit and 54 (86%) of the respondents felt that the clinic they visited was conveniently located. Just over three quarters (n=49, 78%) felt that there was plenty of parking at or close to the site and 63% (n=40) thought there were good transport links. This suggested that getting to the site may have been difficult for some of the respondents.

Figure 16: Access to Pop Up Clinics



Source: COVID-19 Survey (63 Responses)

One respondent was happy across all indicators for the pop up clinics, however, they felt that the signage for the clinics could have been clearer. This was echoed by another respondent who felt the clinic was “tucked away” and could have been advertised better.

Forty-nine of the respondents (78%) felt that they had enough privacy when they received their vaccination at a pharmacy. However, 16 of the respondents did not. Eight of whom were neutral in their response and an equal number shared more negative sentiments.

One respondent who had received vaccinations at both a pop up clinic and a pharmacy felt that the provision of information across both site types could have been better, despite answering “Agree Somewhat” to the statement “What I should do in case of reaction was explained”. This respondent would have liked more information around the side effects and how to manage them from both site types. From the information provided, it is unclear if this respondent suffered an adverse reaction to the vaccinations they received.

“ There was a very long queue - no social distancing and most people weren't wearing masks. I did not feel safe. I was told I did not need to wait after the vaccination and there was no where to wait. I actually felt relieved to leave the building even though I would have preferred to sit for a few minutes. The organisation overall, was poor.

“ I am hard of hearing, the staff didn't seem to listen/care. When I told them I was struggling to hear what they were saying because of the masks, they were extremely impatient, abrupt and unhelpful.

“ Not having to queue- just going straight in. Slot into day without needing to take time off work.

4.3. Pharmacy Experiences



Pharmacies

78%

Of respondents who received a vaccination at a pharmacy said they were in the vaccination chair within 15 minutes of arrival.

4.5/5

Highest average rating: The site was conveniently located.

3.8/5

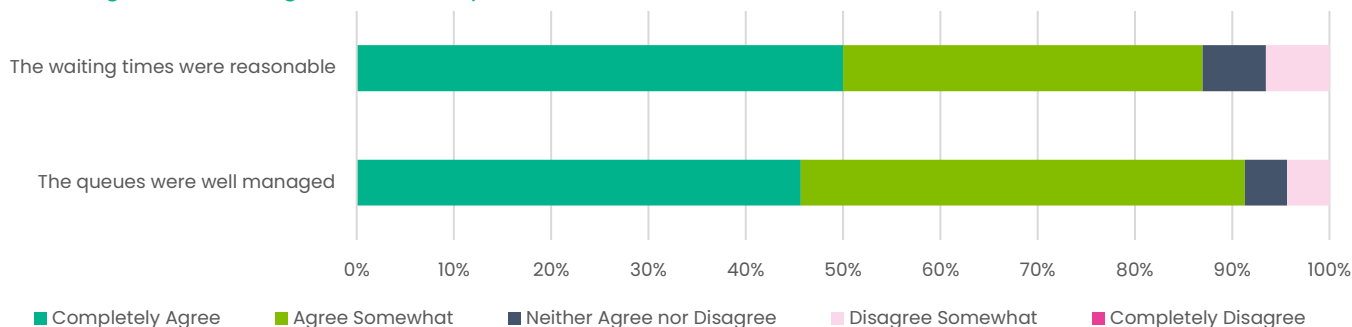
Lowest average rating: There was plenty of parking at the site / close by.

Thirty percent of respondents (n=46) received at least one COVID-19 vaccination at a pharmacy.

On average, over three quarters of respondents who received their vaccination at a pharmacy reported that they queued for 15 minutes or less (n=36, 78%). Seven respondents waited between 16 and 30 minutes. Three respondents reported that they waited over 30 minutes, two of whom pre-booked online and one walked in.

Eighty-five percent of respondents (n=39) were positive about both waiting times and the management of queues. Four respondents were neutral in their response, and three respondents were less positive. No explanation was provided, although, one respondent did feel that the levels of organisation at pharmacies meant that additional needs around access were not always met.

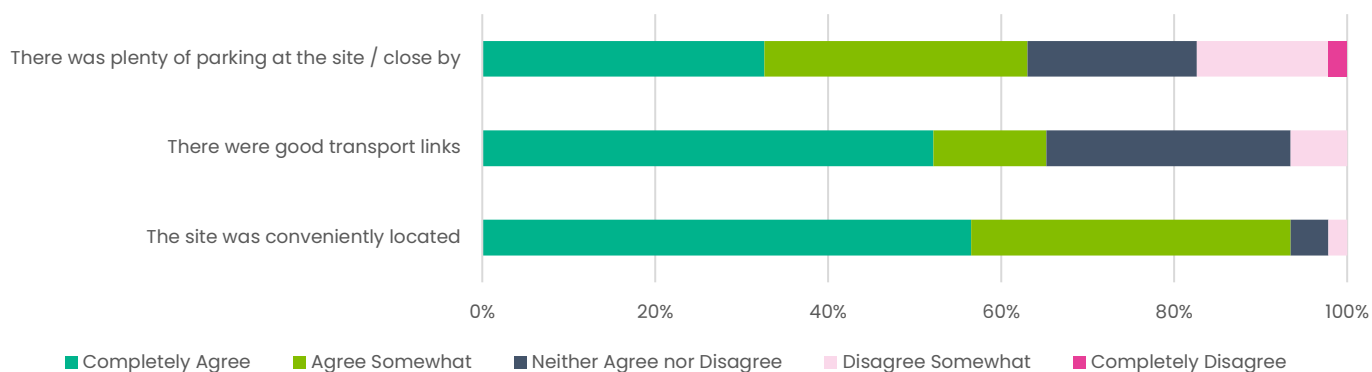
Figure 17: Waiting and Queueing at a Pharmacy



Source: COVID-19 Survey (46 Responses)

The convenient location of the pharmacies was the highest rated indicator for this site type, with an average rating of 4.5 out of five. One respondent selected “Disagree Somewhat” when describing the convenience of the pharmacy location. Three other respondents felt that the transport links to get to pharmacy venues were not good, two of whom felt that the levels of parking availability nearby were inadequate. Six additional respondents also felt that there was a lack of local parking.

Figure 18: Access to Pharmacies



Source: COVID-19 Survey (46 Responses)

Eighty-five percent of respondents (n=39) felt that they had enough privacy when they received their vaccination at a pharmacy. Five respondents disagreed with the positively phrased statement.

Thirty-eight respondents felt that an explanation on what to do in case of reaction was provided by the pharmacy their visited. Five respondents did not feel that it was explained, and three respondents were neutral in their response.

“ If you have any needs (e.g., access, language, or communication) that required support at the vaccination site, were these needs met?

At [the] large venue, [it was] well organised. At [the] pharmacy it was pot luck.

4.4. Vaccination Bus Experiences



4.6 / 5

Vaccination Buses

89%

Of respondents who received a vaccination at a vaccination bus said they were in the vaccination chair within 15 minutes of arrival.

4.9/5

Highest average rating: The site was conveniently located.

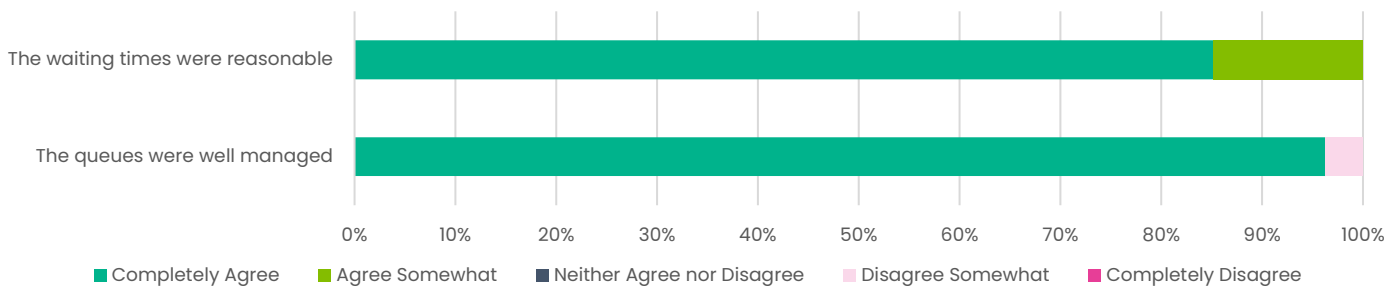
4.3/5

Lowest average rating: I had enough privacy when I receive the vaccination.

Just under one fifth (n=27, 18%) indicated that they received at least one vaccination at a Vaccination Bus.

On average, the majority of respondents who received their vaccination at a vaccination bus reported that they queued for 15 minutes or less (n=24, 89%). Three respondents waited between 16 and 30 minutes, and no one reported that they waited more than 30 minutes. All respondents felt that the waiting times were reasonable and all but one of the respondents felt that the queues were well managed. The respondent that “Somewhat Disagreed” with the positively phrased statement felt that queues for vaccination buses would have benefitted from Marshalls.

Figure 19: Waiting and Queueing at a Vaccination Bus

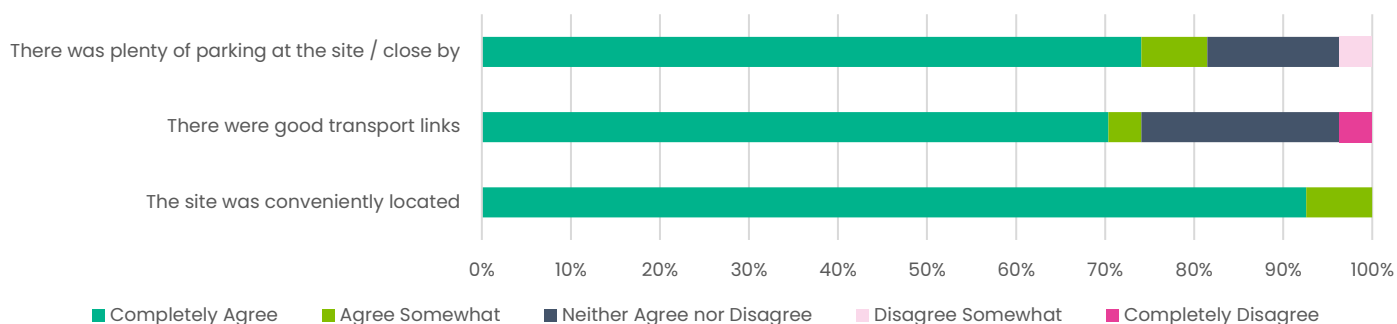


Source: COVID-19 Survey (27 Responses)

Access to the vaccination bus sites was rated highly among the respondent group with the indicator “The site was conveniently located” rated 4.9 out of five. Twenty-five of the 27 respondents who were vaccinated on a vaccination bus “Completely Agreed” that the site was conveniently located and two others “Agreed Somewhat”.

Twenty-two respondents felt that there was plenty of parking at or close to the vaccination site. Four respondents were neutral and one respondent “Disagreed Somewhat”.

Figure 20: Access to Vaccination Buses



Source: COVID-19 Survey (27 Responses)

Seventy-eight percent of respondents (n=21) felt that they had enough privacy when they received their vaccination on a vaccination bus. Four respondents disagreed. Privacy was the lowest rated indicator with a rating of 4.3 out of five for the vaccination bus site type. Three of the respondents who disagreed with the statement were older adults aged 65 or older.

Twenty-two respondents (81%) reported that what they should do in case of a reactions was explained on the vaccination bus. Five respondents were either neutral in their response or disagreed with the statement.

“ A bit more privacy on the bus but they did the best they could. Other people could see me getting the Vaccination. ”

“ Please explain anything that you found particularly helpful during your visit to the COVID-19 vaccination site. ”
 The wide spread of centres available across the north east and different variations such as buses

4.5. GP Surgery Experiences



GP Surgeries

93%

Of respondents who received a vaccination at a GP surgery said they were in the vaccination chair within 15 minutes of arrival.

4.8/5

Highest average rating: The site was conveniently located.

4.3/5

Lowest average rating: What I should do in case of reaction was explained.

Just under one fifth (n=27, 18%) indicated that they received at least one vaccination at their GP surgery.

On average, almost all of the respondents who received their vaccination at their GP reported that they waited for 15 minutes or less (n=25, 93%). Two respondents waited between 16 and 30 minutes, and no one reported that they waited more than 30 minutes.

Eighty-nine percent of respondents felt that they had enough privacy while they received their vaccination at a GP practice. Two respondents disagreed and one was neutral in their response.

The provision of information in the form of an explanation on what to do in case of reaction was rated lowest among the indicators for vaccinations received at GP practices with a rating of 4.3 out of five. Twenty respondents were positive in their feedback, four were neutral, and three disagreed.

4.6. Access, Communication, and Language Support Needs

Respondents were asked if they had any needs around access, language, or communication that required support at a vaccination site. 89% of the respondents felt that they did not have any additional needs.

Seventeen of the respondents felt that they did have additional needs around access, communication, and language. Of these, ten respondents felt that their needs had been met and seven felt that they had not been met.

Where respondents reported that their needs had not been met, their issues tended to revolve around the provision of information in accessible formats due to lack of interpreters and information translated into different languages.

The four respondents who had a disability stated that they did not have any additional needs. All but two of the people who reported that they had a long-term condition felt that they did not have any additional needs. Of the two respondents who did have additional needs, one respondent shared positive comments and the other felt that their needs were not met. The well organised environment at a large vaccination helped meet the needs of the respondent who shared positive comments, however, they felt that it was "Pot luck" as to whether the same experience was mirrored at pharmacies.

For the respondents who had both a disability and a long-term condition, eight reported that they had additional needs. Feedback was positive from half of these respondents, examples of how needs were met included separate entrances for those with mobility issues, home visits from nurses to administer vaccinations, and helpful staff.

“The leaflet that we were given and the NHS app was good useful information to have with me, and when the nurses explained what the leaflet was. Their explanation were useful to help me understand the importance of the information in the leaflet

“The first time I got my vaccination it was busy and the lines were too long. The location of the vaccination clinic at the large industrial site what too far and hard to get to

5. Conclusion and Recommendations

Between the 21st October 2022 and the 5th February 2023, Healthwatch Newcastle heard from 156 local people about their COVID-19 vaccination experiences. One hundred and fifty four of the responses were useable and provided insight into the experiences of people while booking their COVID-19 vaccination. One hundred and fifty three people shared their experiences receiving their COVID-19 vaccination.

As efforts develop to ensure the residents of Newcastle take up the opportunity to be vaccinated during the seasonal boosters, it is important to learn from experiences thus far.

Overall, the feedback demonstrated positive experiences at the point of booking and at the vaccination site.

- Experiences while booking their COVID-19 vaccination were positive for most respondents. The process was considered quick and easy by the large majority of those consulted and the information provided at the point of booking helped most people understand the vaccination purpose and process.
- Booking through the national online system was the most common booking method for the respondent group. A maximum of around one quarter of respondents used each of the other booking methods.
- Large Vaccination Centres were the most common site type used by the respondent group. Introduced as vaccination site types later in the vaccination roll out, pop up clinics and pharmacies, although still common, were used to a lesser extent. Use of GP practices and vaccination buses were less common among the respondent group.
- Across the seven vaccination site indicators measured as part of the project, experiences at vaccination bus were rated positively most often. The privacy offered by individual consultation rooms within a GP surgery were rated highly by those who received a vaccination at this site type. Explanations provided in case of reaction were rated most positively at a large vaccination centre, this may be due to the large sites being used at the earlier stages of the vaccination roll out, when people had little knowledge of the vaccination.

Through the analysis of the feedback from local people, a number of potential actions were identified.

- Continue to ensure there are a number of booking options available to meet the communication and technical needs of the public.

- Continue to ensure that different types of vaccination sites are available to meet the access needs of the public. Where the site is not accessible through walking or through public transport, there should be ample parking.
- To promote the uptake of the walk-in vaccination option at pop up clinics, and ultimately take advantage of this option allowing people to slot the vaccination into their day, ensure the clinic is well advertised through large signage in prominent locations.
- Feedback around queue management and waiting times was largely positive and most vaccinations were received within 15-minutes of arrival at a vaccination site. However, where large queues are expected, ensure that provision is in place to ensure queues are well managed.
 - If the site is to be for dual vaccine use, ensure that the number of stations for each vaccine type is reflective of the need. Ensure the public understand why dual use sites are in use and promote the uptake of both vaccinations wherever possible.
 - The use of Marshalls who are adequately trained in customer service and dealing with people with different needs. As walk-in and pre-booked options continue, ensure those with a booked appointment are able to receive their vaccination as close to the booking time as possible. The use of separate queues, clear signage, and adequate filtering through Marshalls could help with this.
 - Where possible, ensure sites have adequate physical infrastructure in place to maintain comfort and reduce feelings of discontent, for example, adequate seating and canopies in case of adverse weather conditions.
- The overall feedback suggested that the vaccination roll out has been positive for the majority of people. However, those with additional needs or language barriers did not have the same experiences as people in the general population.
 - Vaccine Safety information is already available online in several different languages⁴. To improve awareness and feelings among the public that they have received the vaccination with informed consent, ensure the information is well advertised and available in formats other than online.
- Thinking specifically about the spring booster, available from April 2023 and currently being offered to those aged 75 and above, and those aged five and above with a weakened immune system, consider:

⁴ Newcastle City Council. (2023). How to get your Covid-19 Vaccination in Newcastle. Available [Here](#). Last Accessed: 2ns May 2023.

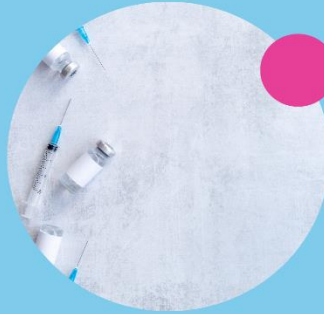
- The findings indicated that few people aged 75+ used walk-in options and preferred to either book online or through their GP. Provision should be adequate to ensure that booking arrangements continue to meet the needs of this at-risk group.
- People are open to receiving their vaccination(s) from a range of different site types, but the data indicated that levels of use of vaccination buses among older people could improve. Engage with local people to promote the use of vaccination buses not only for COVID-19 but also for the health checks and the blood pressure readings available through the buses.

Recommendations

Let's make COVID-19 Vaccinations Accessible

Where are the Sites?

- Site signage should be clear, visible, and in large, accessible fonts.
- Location information should be available in multiple languages.
- A range of site types should continue to be offered. Each site type (and location) offer advantages and disadvantages to different types of people.
- All sites should be accessible either through walking, public transport, or driving / parking.



Individual Needs

- Some people prefer to get vaccinated in a private setting for religious, cultural, age, or other personal reasons. Where a private room isn't possible, consider use of a privacy curtain.
- Ensure language barriers do not prevent uptake or experiences booking and receiving the vaccination.
- Continue to ensure different booking options are available to the public.
- Continue to offer homebased vaccinations for people who are housebound.

Information Provision

- What should be done in case of any reaction should be clearly explained across all settings.
- The ingredients in the different vaccine types should be available across all vaccine types.
- Ensure information is available in different formats: Online, printed, and that it is verbally explained to people before they receive the vaccination.
- Plenty of resources already exist. Ensure these resources are well advertised.
- Always consider whether a person is able to make an informed decision based upon the information they have accessed / been provided.

Queue Management

- As sites continue to move to dual usage (e.g., for COVID-19 vaccinations, flu jabs, general health checks), ensure the number of stations allocated to each function is inline with demand.
- Where locations are expected to be busy, employ Marshalls who are trained in customer service and competent dealing with people with different needs.
- Where possible, ensure sites have the adequate physical infrastructure in place including seating and canopies in case of adverse weather conditions.
- Some people are not comfortable in crowds and around others who are not wearing masks, try to be respectful of this and organise queues with this in mind.

5. Acknowledgements

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- St Martins
- South Mountain

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