

COVID-19 Recovery Committee

**15th Meeting, 2021 (Session 6), Thursday,
16 December**

Summary of evidence on improving vaccine uptake

Introduction

At last week's meeting, Members asked for a summary of the suggestions made in the oral evidence around improving vaccine uptake. The following is a brief summary.

At the outset, it might be useful to go over the reasons given for hesitancy. These could broadly be grouped under the following themes:

- Previous life experiences have led to a lack of trust in authorities
- Myths and misconceptions such as the level of research into the vaccine
- Real life experiences of COVID-19 – either they have had it and it has not been too bad, or they have no experience of it and therefore do not really believe the harm is significant
- Lack of communication – this was related to a broad range of factors, including information not in a format that was understandable, both in terms of language, culture and accessibility, or delivered by people who are trusted
- Practical barriers such as; lack of childcare, being able to take time off work, limited access to transport and clinics located some distance away, language barriers when booking online, appointments not arriving.

Suggestions for improving uptake

Suggestions provided by the witnesses for addressing hesitancy and improving uptake included:

- Utilise community groups and individuals who are trusted by the community in order to deliver the message. The message can originate from official sources but if delivered by those at a grassroots level then it can get around the issue of mistrust of authorities.
- Provide more information that the vaccine is safe to take and tailor the message to particular concerns instead of a one-size fits all approach.
- Address faith-related issues – for example, Islam believes it is up to God to decide who lives and who dies so some do not see the point of vaccination. Determine what each religion says about vaccination and get religious leaders on board.
- People from BAME groups are more likely to live in larger families and trust what family and friends say more than authorities. This can result in being influenced by one person who is against vaccination. There had been some work by the Scottish Government to address this using role models but then it stopped. Needs to continue as the job is not done.
- Information for BAME groups needs to be more in-depth and cover practicalities such as how to make an appointment.
- Provide a choice of vaccine.
- Use the ability to travel more freely as an incentive to get vaccinated.
- Information needs to be searchable in different languages. Translated information available but titled in English so gets missed in searches.
- Change the format of translated material so that it is more friendly and in a more accessible format, for example, videos in different languages or with subtitles.
- Be more realistic about the capacity of community groups and the required level of funding for the work they do.
- Disseminate information on Facebook and social media.
- Take the vaccine to the people – suggestions included vaccine buses, clinics in churches and mosques and anywhere else people might be, e.g. cash and carry. This will address many of the practical barriers people face.
- Make the appointment system more flexible, for example, provide drop-in sessions for whole families.
- Treat long queues as a public health opportunity but also provide support to encourage people to stay in the queue (e.g. hot drinks and snacks).
- Need real life people to speak to them and be visible, not just Jason Leitch, but role models who they identify with.

- Provide a one-stop shop for homeless people. Somewhere they can have all their needs attended to and they do not have to go out of their way to access the help they need.
- Provide vaccines in single packs so that GPs can take the opportunity to vaccinate individuals when they can. Currently come in a pack of ten so vaccinating one person would lead to wastage.
- Provide a separate line in NHS24 for people to speak to someone about their concerns.
- Make vaccination more of an event, for example, 'Jolly Jab Day'.
- Address persisting anxiety in pregnant women – let them hear directly from other pregnant women who have had the vaccine and signpost them to sources of trusted information.

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