An inclusive approach to flu and COVID-19 vaccination service delivery in Scotland

Recommendations from 2020/21

Publication date: 6 October 2021

Other formats of this publication are available on request at:

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1. Executive summary

Purpose

The purpose of this report is to provide a range of recommendations to ensure people across Scotland have equitable access to vaccination services, thereby reducing inequalities.

Who this report is for

Local and national vaccination service planning teams should consider and action the relevant recommendations to enhance service provision and address inequalities in this public health programme. This would include decision-makers in government, NHS Boards, and Health and Social Care Partnerships.

The recommendations aim to ensure equitable implementation of vaccination programmes, optimising reach and impact, and reducing inequalities across all population groups. They include the following key themes:

- communications/marketing
- informed consent
- invitation to appointment
- vaccination services/clinics
- local and national stakeholders
- advice to NHS health professionals
- data and research.

What we did

Public Health Scotland conducted a national health inequalities impact assessment (HIIA) to support flu vaccine and COVID-19 vaccine programme delivery.

The HIIA is a tool that can be used to assess the impact of policy or practice on people. It goes beyond an equality impact assessment by assessing broader impacts, including on health inequalities, protected characteristics, socioeconomic factors and human rights. HIAs allow consideration of the potential differential impacts of policies and practices, and enables measures to be identified to reduce and mitigate the negative impacts and identify relevant protective measures.

During 2020/21, a wide range of stakeholders were invited to consider the potential impacts of the flu vaccine and COVID-19 vaccine programme delivery on confirmed eligible groups for the national flu and COVID-19 vaccination programmes, using the HIIA approach. They were also asked to consider the potential impacts on the proposed eligible groups for a potential COVID-19 booster vaccine programme.

In July 2021, the Public Health Scotland Vaccine Confidence and Equity team developed and issued an online HIIA survey to stakeholder and partner organisations. The high-level findings from the survey were then presented at a national HIIA consultation and engagement meeting held in August 2021. The event was attended by individuals representing 18 voluntary sector organisations, local NHS Health Boards, Deep End GP practice network and national organisations, including Scottish Government, National Services Scotland and NHS Education for Scotland. This report includes the recommendations from both the online survey and the national meeting. It also includes and builds on recommendations from consultation and engagement work held in 2020 and follows discussion and agreement with senior leaders.

Key findings

There have been many positive examples of inclusive planning and practice within the vaccination programme in Scotland. However, there is still more to do to ensure

an inclusive approach is embedded throughout the vaccination programme. The HIA has highlighted a number of key areas that can be built on to achieve this.

Communications/marketing

- Develop national messages to clarify who is eligible, and when and where people can get the vaccine – local communications should complement this.
- Emphasise the importance of getting vaccinated and what vaccines are offered.
- Develop national messages in other languages and formats to support those whose first language is not English – target this locally with communities.
- Clarify how people can make/reschedule appointments, or get vaccinated if they have no fixed address or CHI number.

Informed consent

- Develop a suite of accessible information to support informed consent (pre and post vaccination).
- Tailor information to address key issues of concern to different communities (e.g. vaccine safety or effectiveness).
- Promote information available in different languages and formats.
- Ensure wide dissemination via vaccination clinics, NHS inform, free phone lines (with an interpretation option) and a strong social media presence.

Invitations to appointments

- Ensure people receive an invitation in an appropriate language or format (e.g. letter, phone call, email or SMS text message).

- Develop digital and phone line options to register, book or reschedule appointments.
- Build in appointment reminders to encourage attendance.
- Provide options to attend as part of a household or support network.
- Ensure there are appropriate data information systems (collect communication/language preferences and support required to enable access to an appointment), including triggers to identify people newly eligible for vaccines.

Vaccination services/clinics

- Use local community venues with appropriate communication support and facilities (e.g. interpretation facility, vaccine information in a range of languages and formats appropriate to community, all venues should be wheelchair accessible with rigid seating available, good lighting and transport links).
- Hold outreach clinics or offer drop-in options for populations that would benefit, for example, in areas of high deprivation, at homeless shelters, Gypsy/Traveller sites, and deliver these at the same time as mainstream offering (not as mop up).
- Provide opportunistic vaccination for those 'not known' or recorded on healthcare system – link with relevant third sector or community groups.
- Staff venue entrances to support those with additional support needs (e.g. older people, those with dementia, autism or who have limited mobility).

Local and national stakeholders – building confidence via trusted local voices

- Work with local community organisations to disseminate nationally agreed messages via trusted voices in appropriate formats (e.g. videos, WhatsApp messages and social media assets).
- Educate and support community organisations/leaders so they can speak confidently about vaccine programmes, and share accurate information to allay any community concerns.

Advice to NHS health professionals – a supportive workforce

- Vaccination clinic staff (vaccinators and support staff) should complete inequalities awareness training, such as sensory awareness, hearing loss awareness, **Trauma-informed workforce** and cultural competence training (e.g. **'Raising awareness of Gypsy/Traveller Communities'**).

Data and research

- Collect and analyse robust data on ethnicity and disability to understand any variation in uptake rates to allow targeting of services in communities with lower uptake, and support narrowing of the inequalities gap.
- Gather insights to understand variation in uptake.

Further action

Recommendations in this report will be presented to the relevant national and local organisations and groups with responsibility for considering and implementing them.

Conclusion

All of the recommendations in this report will be included in the future design of Scotland's public health vaccination programmes from April 2022 onwards. Partners should consider the recommendations to assist local and national planning of vaccination programmes.

2. Background

After clean water, vaccination is the most effective public health intervention in the world for saving lives and promoting health. Vaccination is one of the most important cogs in the holistic public health machinery. On its own its impact is significant but of limited utility, but within the machine, led and driven by public health, its impact is leveraged and the outcomes achieved by the public health machine as a whole are immeasurable.

To attain the highest possible uptake of vaccination programmes for disease control and prevention, vaccination services need to be available, accessible and acceptable to all eligible population groups. To ensure equitable provision and the attainment of the highest possible uptake rates, tailored services may need to be designed and delivered for certain groups.

Clinically accurate, accessible public health messages are vital in building vaccine confidence across all communities and in achieving high uptake of vaccination programmes. Vaccine hesitancy was recognised by the World Health Organization (WHO) as one of the 10 greatest threats to global health in 2019. It is defined as a reluctance to receive vaccines that are available. In the **report of the SAGE working group on vaccine hesitancy**, vaccine hesitancy is described using the three C's model, where determinants fall under the categories of confidence, complacency and convenience. An understanding of concerns or issues within communities helps to address vaccine hesitancy. Building vaccine confidence is vital public health work, supported through provision of information on vaccine safety and effectiveness.

The **health inequalities impact assessment (HIIA) tool** helps to assess the impact of the delivery of a new vaccine programme on people, and its potential to impact on health and health inequalities. By conducting an HIIA, the potential positive or negative impacts can be considered, and action taken to either enhance or reduce those impacts. The HIIA goes beyond the public sector's **legal duty of the Equality Act 2010** to assess impact (equality impact assessment) by assessing the impact on

health inequalities, people with protected characteristics, human rights and socioeconomic circumstances. The list of characteristics and population groups considered within an HIA is listed in Appendix 1.

A national flu vaccination programme has been delivered in Scotland for many years. During March and June 2021, the Scottish Government confirmed eligibility for the 2021/22 flu season, including several new eligible cohorts. These are:

- all adults aged 50 years or over
- NHS independent contractors, including GP, dental and optometry practices, community pharmacists and laboratory staff (working on COVID-19 testing) and support staff
- nursery, primary and secondary school teachers and pupil-facing support staff in both a local authority and independent setting
- prison population
- prison officers and support staff who deliver direct front-facing detention services
- all secondary school pupils (years 1 to 6).

Since December 2020, four vaccines protecting against COVID-19 have been authorised for use in the United Kingdom by the Medicine and Healthcare products Regulatory Agency (MHRA). The delivery of the programme to eligible groups has been advised by the Joint Committee on Vaccination and Immunisation (JCVI). The Scottish Government followed the advice of the JCVI and confirmed the COVID-19 programme policy for Scotland. Local NHS Boards have been tasked with the delivery of the new COVID-19 vaccine programme at pace. A number of additional eligible cohorts for COVID-19 vaccination were confirmed by the Scottish Government during September 2021, including:

- a booster vaccination programme for those most at risk from serious disease (following acceptance of JCVI advice)

- a third primary dose for people with a severely weakened immune system (following acceptance of JCVI advice)
- primary vaccination (first dose) for all 12–15 year olds (following advice from the four UK Chief Medical Officers).

During 2020/21, a wide range of stakeholders were invited to consider the potential impacts of the flu vaccine and COVID-19 vaccine programme delivery on confirmed eligible groups for the national flu and COVID-19 vaccination programmes, using the HIIA approach. They were also asked to consider the potential impacts on the proposed eligible groups for a potential COVID-19 booster vaccine programme.

Owing to the coronavirus pandemic, the Scottish Government has developed new digital tools to record vaccinations given (the vaccine management tool) and also commissioned NHS National Services Scotland to lead the development of a new online appointment/booking system and national helpline for the flu and COVID-19 vaccine programmes. It is also important to note that the vaccination workforce has grown in size during the coronavirus pandemic to quickly deliver the COVID-19 vaccine programme. These digital developments will impact on future vaccination programme designs and delivery.

The PHS-led HIIA engagement and consultation report has helped local NHS Health Boards develop their own equality impact assessments for inclusive and equitable delivery of flu vaccine and COVID-19 vaccine programmes. The November 2020 report (unpublished) is being used by local NHS Boards to influence and shape their local Equality Impact Assessments. It is also being used by Scottish Government and NHS National Services Scotland to inform planning of the national vaccination infrastructure. For example, the digital and data work stream has used the HIIA engagement and consultation report to inform national solutions.

All of the recommendations in this report and the HIIA consultation and engagement report (November 2020) will be included in the future design of Scotland's public health vaccination programmes from April 2022 onwards.

3. Methodology

During July 2021, the Public Health Scotland Vaccine Confidence and Equity team developed and issued an online HIIA survey to stakeholders and partner organisations. The survey was open for three weeks and closed on 4 August 2021, resulting in 30 full responses from 28 different organisations.

The high-level findings from the survey were then presented at a national HIIA consultation and engagement meeting held on 11 August 2021. Forty people attended the meeting, representing 18 voluntary sector organisations, local NHS Health Boards, Deep End GP practice network and national organisations, including the Scottish Government, National Services Scotland and NHS Education for Scotland. See Appendix 2 for the stakeholders involved. This report includes the recommendations from both the online survey and the national meeting. It also includes and builds on recommendations from the consultation and engagement work held in 2020 and follows discussions and agreement with senior leaders.

Organisations that completed the survey were asked to state which population groups they represented and could select all the groups that applied to their work. The figure below shows that a wide range of population groups were represented by organisations completing the survey.

Figure 1: Number of organisations that completed HIA survey that represented population groups

4. Recommendations for an inclusive vaccination service

Recommendations that aim to improve impacts on health and enhance actions to reduce health inequalities, avoid discrimination and take action to improve equality and enhance human rights are summarised below.

They are organised by the following themes: communications/marketing, information materials to support informed consent for all eligible groups, invitations to appointments, vaccination services/clinics, local and national stakeholders, advice to NHS health professionals, and data and research.

Within each theme, examples of work undertaken during spring/summer 2021 to improve vaccination service delivery are noted.

Communications/marketing

The following recommendations relate to national and local communication plans/campaigns, including TV, radio, digital, social media and helplines.

Recommendations for accessible national and local communications

Provide clear, accessible public health messaging and guidance

- Use 'plain English' to aid understanding (particularly to support those with low literacy levels or those whose first language is not English).
- Embed health literacy into communication plans.
- Ensure imagery is extended so it is relatable and representative of all eligible communities, for example, different ages and ethnicities.
- Any policy changes should be communicated with clear rationale at the earliest opportunity.

Target all eligible groups (especially those with lower uptake) and ensure tailored communication is provided, where required

- Younger age groups who may not feel 'at risk' from disease.
- Carers and young carers – consider campaigns for people to register as carers (to ensure they are invited if eligible).
- People with disabilities – proactive signposting to local help/advice organisations.
- The prison population – ensuring information is shared early within prison/detention settings.
- People experiencing homelessness.
- Gypsy/Traveller communities (e.g. through appropriate Facebook pages and with Gypsy/Traveller liaison officers).
- Refugees/asylum seekers – proactively highlight that NHS Scotland does not pass patient details to the Home Office for the purpose of immigration enforcement and consider potential impact on trauma-affected populations if clinics use military staff.
- Provide clear advice on how people (including refugees and asylum seekers) can access the vaccine if they have had vaccines outside Scotland.
- Confirm that people living in Scotland can get vaccinated, even if not registered with NHS Scotland (e.g. those who do not have a CHI number).
- Provide support to specific populations to register with a GP, for example people experiencing homelessness or people recently liberated from prison.
- Healthcare workers – prioritise earlier communications to encourage staff to take up a vaccine offer as early as possible to protect themselves at work and be 'champions' to the wider population.

Provide non-digital messaging for people with no or limited digital access (those experiencing digital poverty), or who may not be digitally literate or confident

Offer a free helpline with an interpretation facility to give advice/information alongside digital communication

- Helplines should have information as soon as the call is answered (interactive voice response – IVR) about how to request an interpreter for the phone call, i.e. a national equivalent of contact Scotland (BSL) for non-English speakers.

Develop multi-faceted campaigns to raise awareness of vaccine programmes (why, how, when and where to get the vaccine)

- Ensure universal coverage but weight towards areas of high deprivation/ higher vaccine hesitancy.
- Consider different channels to share messaging, such as TV, radio, social media, YouTube and WhatsApp.
- Use community radio stations to deliver messages in other community languages to support those whose first language is not English, for example, Awaz FM.
- Co-produce messages with community leaders, and use local accents and local people to be more relatable.
- Explore producing videos in other languages and seek support from doctors/respected community members from ethnic minority groups to provide information, which may help provide reassurance.
- Create and share TV adverts in alternative languages and formats, for example, British Sign Language (BSL) (consider Signalong and Makaton versions).

- Share clinically accurate messages to combat misinformation, such as social media misinformation originating from other countries.
- Use social media platforms to provide simple, relevant messaging, and provide translated versions of social media assets in required languages.
- Target information on platforms used by younger people, for example, Instagram and TikTok.
- Remind people of their right to an interpreter at vaccination appointments. Make sure it is clear how to request an interpreter in each Health Board area and provide this information on NHS inform.
- Include clear information on how to access vaccination at a later point, if people do not attend for vaccination when they are first invited.
- Use connections with different community groups/third sector/healthcare workers to work out how best to connect with certain populations.
- Provide materials in different, minority languages (not just 'most spoken' languages).

Examples of work undertaken during spring/summer 2021

COVID-19 vaccine explainer videos have been developed in response to issues identified as concerns across a range of population groups in Scotland. It is important that information is shared in a way that is acceptable to a range of communities which answers key concerns in an engaging way. The Scottish Government developed video animations on the following topics:

- Ingredients (faith leaders representing Scotland's many different religious communities have recommended that people get the vaccine – the vaccines do not contain any animal product or egg).
- Side effects (it's normal to experience side effects after the vaccine).
- Fertility, pregnancy and breastfeeding (vaccines are safe).

- Doses and appointments (number of doses recommended, NHS Scotland will contact you when it's your turn to get the vaccine, no immigration checks are carried out and NHS Scotland will not share your information with anyone).

Public Health Scotland developed **videos (with subtitles) to show a walk-through of what to expect at a COVID-19 vaccination appointment.**

The Scottish Refugee Council (SRC) advocated the vaccination programme to the populations they support. They highlighted that COVID-19 vaccine information leaflets may not be accessible despite being available in the required languages. PHS worked with SRC to co-produce a **statement of facts about COVID-19 vaccination**, tailoring it for their community by addressing reasons for hesitancy. The statement confirmed that no immigration checks are required to receive the COVID-19 vaccination and NHS Scotland does not pass patient details to the Home Office for the purpose of immigration enforcement. SRC translated the statement of facts into appropriate languages and community members were filmed reading it. The films were then shared widely.

Information materials to support informed consent for all eligible population groups

Recommendations

The NHS should provide national, clear and accessible information leaflets to support informed consent

- It should be available prior to appointments to support informed consent and must be included with an invitation to the appointment.
- Information in other languages and formats should be promoted (including online translated leaflets and alternative formats).
- Information should be available online and in hard copy (to support different preferences and not digital by default).
- Leaflets should be easy to read (use 'plain English'), avoid jargon and comply with health literacy principles.
- All leaflets should be dated so the most recent version can be identified.
- Ensure imagery in the leaflets is relatable and representative of all eligible communities, for example, different ages and ethnicities.
- Consider if additional information is required to explain Scottish vaccination services for people who have moved to Scotland from a different country.

Information to support informed consent should consider the following

- Include information about the disease the vaccine protects against, what vaccine is offered and how it works.
- Explain the benefits of vaccination, for example protecting yourself, others and NHS staff.

- Advise about risks and potential side effects.
- Advise when and how to seek medical help in case of side effects.
- Address safety and effectiveness concerns.
- Be updated as new evidence emerges about the safety and effectiveness of the vaccine.
- Include information about ingredients (e.g. egg or porcine gelatine) in vaccines and alternatives in advance to avoid concerns and highlight alternative options.
- Confirm that opportunities to discuss benefits/risks of vaccination is possible with the vaccinator (e.g. if individuals have a medical condition some may be fearful vaccination may negatively impact on their existing health condition).
- Provide clear guidance about vaccination during pregnancy or when breastfeeding and ensure information addresses fertility concerns.
- Clarify the number of doses required for each vaccination programme with clear reasons why (e.g. if a booster dose is recommended by the JCVI for COVID-19 vaccination, provide the reason in the leaflet).
- Provide information about what happens at the appointment.

Provide vaccine information leaflets in a range of languages and alternative formats as standard (Easy Read, audio and BSL)

- Alternative languages and formats should be published at the same time as standard English materials, where possible.
- Leaflets should be compatible with screen readers and scanning/switch applications, and videos should be produced with subtitles.
- Online alternative language materials (e.g. Arabic or Chinese) should include a title and short description in the appropriate language, not only in English.

- Clearly signpost audio, Easy Read and BSL vaccine information on NHS inform, making them easy to find/share.
- Alternative formats should be co-produced, tested and quality assured with the target audience to ensure they are appropriate for the community (e.g. Easy Read materials for those with learning disabilities).

Provide tailored accessible information to support informed consent, where required, and ensure professionals in various settings receive up-to-date information to share with different populations. Consider adding vaccine information to packs already provided to the following groups

- Prison population or people newly liberated from prison.
- Young carers.
- Care leavers.
- Those experiencing homelessness.

Undertake insight gathering with eligible groups to understand views about vaccination to help address any hesitancy within leaflets, for example, in the following groups

- Prison population.
- African community
- Polish community.

Ensure wide dissemination of informed consent information

- Information leaflets should be disseminated/promoted by NHS Boards in all relevant settings (advice can be provided by local NHS Board Equality Leads). This might include proactively placing leaflets in settings frequently used by eligible groups (e.g. GP practice buildings and websites, sexual

health clinics, local community venues, supermarkets, and placement on social media such as Facebook or WhatsApp groups).

- Ensure vaccination clinics have leaflets available in the required languages or formats for their community members.
- Leaflets should be available to order by telephone/a helpline.
- Third sector organisations can support their communities to understand the information by sharing content in an appropriate language or format to help them make an informed decision (trusted community members can signpost accurate information and help dispel myths). This might include sharing key messages in different languages or formats such as audio-visual formats or WhatsApp messaging.
- Provide a national script that could be adapted locally for the needs of the community to share messages via their social media sites and WhatsApp groups. Local community members could be invited to voice these messages.
- Provide tailored information to Gypsy/Traveller communities (with advice from Local Authority Gypsy/Traveller liaison teams).
- Consider if Easy Read materials would be useful to other population groups.

Example of work undertaken during spring/summer 2021

Public Health Scotland provides information to support informed consent for all vaccination programmes in Scotland. Information is included when people are invited to an appointment and is available in hard copy or online at NHS inform, Scotland's national health information service. To make it easier to find information in different languages, flu and COVID-19 vaccine leaflets on NHS inform are now grouped by language rather than by publication. COVID-19 vaccine information in different languages is available on the [NHS inform website](#).

Invitations to appointments

Recommendations

Considerations for invitations to appointments

- Invitations, whether by letter, email or text message, should contain key information only.
- Invitations should be provided in an accessible format that would be suitable for all eligible age groups, for example, large font, plain English and digital as well as hard copy.
- Invitations should be sent with sufficient notice of appointment, preferably 2 weeks' notice, so that people have time to organise any support required for attendance (e.g. interpreter).
- Invitations and leaflets should be available in different formats if requested (large print, braille, BSL, audio or different languages) and promoted through relevant stakeholders.
- Invitations should clearly say why a person is eligible for the vaccine.
- Provide options for people to choose/register how they would like to be contacted about appointments, that is, their preferred format (email, text or letter) and in what language or alternative format (e.g. audio, BSL or Easy Read) they wish to receive information to support informed consent (printed or online). Establish a process to ensure people can update their invitation preferences in the future.
- Consider what changes can be made to improve the accessibility of the letter for certain groups (e.g. a braille version for people with sight loss who may miss the invite if they live alone or translated versions for non-English language speakers).

- Include information in invitations about how people can request interpreter support at appointments or get help with transport to appointments. Make this information available on NHS inform and via the national helpline.

Provide information to give reassurance/support in advance of the appointment about the following topics.

- Clinic locations and accessibility of venues.
- Local transport information, for example, local bus connections or parking facilities.
- A support worker, interpreter, sighted guide or guide/hearing dog can attend, if needed.
- Additional support is available from vaccinators if they feel anxious or have a needle phobia.

Develop and deliver an accessible, flexible, simple self-registration and booking system for vaccinations

- Ensure eligible people (such as carers) receive an invitation and have the flexibility to choose a suitable appointment time and location.
- An online booking system should also be accessible by phone.
- An online booking system should by default be compatible with screen readers and scanning/switch applications.
- Develop a recall and reminder service for appointments, for example, a text message reminder and/or voicemail for those who may require it.
- Develop a process for follow-up if people miss an appointment and include information about available drop-in clinics, for example send a follow-up letter/email/text/phone call.
- Consider if the booking system needs to ask a question on gender. If yes, ensure the system provides a clear explanation as to why a gender question

is required, and state the person should select the gender that matches their health record. Call handler training should include awareness of gender reassignment in relation to vaccination, so they can appropriately support callers.

- Ensure the booking system adheres to confidentiality and information governance for all service users.

Provide sufficient information or signposting about how to get the vaccine for the following groups

- People with underlying health conditions (e.g. they can speak to their consultant/GP to address how potential side effects might impact or not on their condition).
- Health and social care workers.
- Independent NHS contractors.
- Refugees and asylum seekers.

Examples of work undertaken during spring/summer 2021

- Gathering feedback from lived experience is a key element of service improvement. Discussions with the Royal National Institute of Blind People (RNIB) Scotland provided useful insight into the invitation process and the layout of the letter. Public Health Scotland worked to amend the letter, so its accessibility was improved. This included increasing the font size, reducing the amount of bold text and removing grey textboxes.
- During 2021, vaccination appointments have been held at a range of venues across Scotland – remote, rural and urban. Some Health Boards have provided travel vouchers with appointment letters to remove any financial barrier for people to attend their vaccination appointment. Other Health Boards have offered community transport to help people get to clinics – this option was highlighted in the national appointment invitation letters.

Vaccination services/clinics

Recommendations

Provide a choice of accessible vaccination clinics to support uptake

- Convenient locations to either home or work (to support work–life balance).
- Local locations with easy access for those without access to private or public transport.
- Offer a range of clinic times such as evenings and weekends (to suit different lifestyles).
- Provide clarity on where vaccination appointments will take place to avoid confusion if they are different to familiar health settings.
- Drop-in clinics may make vaccination more accessible – raise awareness of drop-in clinics by working with partners to share information on appropriate channels and via a wide range of engagement.
- Ensure venues are well-lit and have clear signage to support those with sight loss.
- Consider additional elements that will support attendance, such as physical, social, cultural and logistical issues (e.g. walk-in access, child-friendly/buggy park, mobile sites or private areas to reveal arm/remove clothes in clinics). All venues should be wheelchair accessible.
- Explore the use of school buildings for children and young people and their families, community/leisure centres, council offices, workplaces, religious buildings as either drive-through or walk-through clinics during evenings or weekends.
- Explore and evaluate assertive outreach models for providing health care, especially to people with no fixed address (e.g. those experiencing

homelessness, refugees or undocumented migrants) in partnership with Local Authorities, third sector organisations and NHS Boards.

- Explore the use of a vaccination mobile service/bus (across regions) and drop-in clinics, which may result in higher vaccination uptake rates.
- Consider pharmacy-based services, with flexibility in the number of clinics offered and hours of operation, as well as additional support (for example training, reminders, promotion or education) that can help to reduce barriers to vaccination in an older population, particularly in remote and island communities.
- Make it clear that reasonable adjustments can be requested and encourage people to discuss when making their appointment. This could be considered at local level, highlighting local services available to improve access. Consider highlighting that a sighted guide option is available to support people at vaccination clinics and provide information on how to book this service in advance.

Appointment booking system considerations

- Offer both online and telephone options to book/rearrange appointments (to support groups with no or limited access to the internet, e.g. low income or rural populations with poor internet connection).
- Provide the option to rearrange appointments if preferred to accommodate work, school, childcare/caring requirements or those experiencing gender-based violence.
- Build in appointment reminder texts/emails to the online booking system.
- An online booking system may be more accessible to health and social care staff (to avoid phone queue time).

- Explore options for people to attend as part of their household or support network (carers/advocates) and co-ordinate appointments for the same household to avoid multiple journeys, if possible.
- Young carers must be supported to book an appointment and help their cared for family member to attend, if eligible.
- Provide free phone numbers to book/rearrange appointments and ensure that interpretation is available, if needed.
- Ensure phone lines are appropriately staffed to avoid long waiting times.
- Provide clarity about local and national phone lines in use.
- Explore local Board access to LanguageLine (telephone interpretation) to provide information on contraindications and side effects. Ensure it is clear to individuals how they can access or book interpreter services for appointments.

Consider the needs of specific groups in advance of appointments

- Make longer length appointments available to those who need them, such as people who are nervous/anxious, or who are attending with an interpreter and need a longer appointment time to discuss vaccination. Promote this option in communication materials.
- Consider how clinics can be tailored to support people who may benefit from 'fast-track' queuing through the clinic venue (e.g. blind people or frail individuals).
- Deliver vaccinations at home via community nursing teams for people who may need them, for example, individuals with profound learning disabilities, and their carers, or housebound patients. Routine district/community nurse home visits could include immunisation delivery.
- Consider providing vaccination for certain groups at familiar venues such as a GP practice, as trust has been built on previous engagement and confidence

to attend venue, for example older people or those with sight loss or dementia.

- Provide NHS onsite clinics for immunisation of healthcare staff, including protected staff time to attend.
- Confirm how people can access specialist support, for example a learning disability nurse at their vaccination appointment.
- Ideally, vaccinators should know about people's additional support needs in advance, so adjustments can be made where necessary to provide a positive and safe experience (e.g. for those with sight loss, people with anxiety/needle phobia, people who do not wish to be vaccinated by a person of a particular gender and those requiring specific vaccines due to medical reasons).
- Better provision and access to formal or informal support and necessary wrap around support, information and services pre- and post-vaccine for people living in poverty, people who are experiencing homelessness, people recently liberated from prison, or people with drug or alcohol dependency issues.
- Coordinate timing of clinics with other visiting professionals who already have established a trusted relationship, and avoid busy times of travel for Gypsy/Traveller communities (e.g. over summer). If multiple doses of vaccine are required, consider how to support different populations if they are moving.
- Explore whether an assertive outreach vaccination model could be offered at support clinics for disabled people, those with alcohol or drug dependency issues, people experiencing homelessness, antenatal appointments or other medical appointments, for example offer flu vaccine at existing medical/support appointment, with the possibility of returning at another time if more information is needed.
- Consider if the vaccination service could be delivered in conjunction with third sector social gatherings which engage older adults in their local communities.

- Potential for third sector to mobilise volunteers to bring older or more vulnerable adults to their vaccination appointments.
- Explore promoting and delivering vaccinations in local religious/spiritual care venues, for example churches (such as African churches), mosques or Hindu temples.
- Consider any concerns about receiving vaccines during religious periods, for example during Ramadan.
- Consider additional accessibility requirements for appointments, considering safety/privacy issues.
- Provide a private, safe space with individuals, to ensure they have space to disclose if required.
- Provide support to help people understand the information. Ensure people whose first language is not English are supported to fully understand the vaccination offer and process (e.g. BSL interpreters, interpreters for non-English speakers or provide LanguageLine connections).
- Adults with chronic medical conditions may benefit from being vaccinated by healthcare professionals they are already in contact with.
- Develop plans to invite those who may work/reside away from their home address for long periods of time (e.g. students or offshore workers), and groups that may struggle to understand existing communications.

Travel support to get to appointments

- Consider providing transportation or travel vouchers to support equitable access, for example for those living remotely/in rural areas/in areas of high deprivation.
- Consider providing direct and affordable transport to appointments such as subsidised cost of taxis or other transport, for example for those with additional needs to attend unfamiliar venues (such as those with sight loss)

- Publicise local transport options via a range of channels (e.g. social media, online, helpline or the local press).

At vaccination appointments

- Consider providing clear face masks at vaccination clinics to support those who lip read.
- Arrange staff at the clinic entrance to provide a 'greeter' role and support those who need extra assistance, for example if someone is blind. The National Volunteer Coordination (NVC) Hub, operated by the British Red Cross, may be able to provide volunteers to local Health Boards to help at vaccination centres.
- Provide accessible information at vaccination clinics, for example, sufficient free interpreters or access to LanguageLine.
- Ensure any questions asked prior to vaccination by staff are easy to understand (or translate, if required).
- Ensure that information provided after the vaccination is available in a variety of formats to support different needs (e.g. Easy Read, BSL or other languages). Consider showing a BSL version to people while waiting in the clinic or share via social media or link via a QR code for deaf BSL users to watch at a convenient time.
- Plan a multifaceted workforce to deliver the vaccine to ensure staff illness/absence has a minimal impact on delivery of the vaccination programme.

Examples of work undertaken during spring/summer 2021

Several examples of outreach approaches to COVID-19 vaccination have been seen across Scotland this year:

- **Supporting people impacted by homelessness** – a ‘pop-up’ clinic was established in a city centre location. The clinic was also designed to provide substance misuse support. This clinic was developed in partnership with a third sector organisation providing hot meals.
- **Increasing vaccination uptake in minority ethnic communities** – working with a local church Pastor, ‘pop-up’ clinics were held at a local church. This clinic was positively received by the local community.
- **Tailoring clinics to engage asylum seekers** – vaccinations were offered in hotels where asylum seekers were being housed. The outreach vaccination service was developed in partnership with the Red Cross, offering on-the-spot emotional and psychosocial support with bilingual staff and volunteers. This recognised the need to deliver additional support in a trauma-informed way to those who had newly arrived in the UK.

Local and national stakeholders

Recommendations

Work in partnership across the NHS, Local Authorities and the third sector to plan, gather intelligence, develop bespoke communications or services, promote services or evaluate vaccination programme delivery. Work in partnership with organisations that support the protected characteristics listed in Appendix 1 and engage around vaccines. Some examples are listed below but it is by no means an exhaustive list.

- Link with community organisations to highlight the vaccination process in an appropriate format and messages for population.
- Seek advice from Scottish Trans Alliance, who will have up-to-date statistics and advice about how best to support/engage with the trans community.
- Reach out to LGBT+ groups, for example, Stonewall Scotland, for advice around NHS vaccine information.
- Work with Scottish Women's Aid to help build links between immunisation services and women who have experienced gender-based violence.
- Connect with carers support groups and consult with Princes Trust about young carers, and support carers to provide information on immunisation to those they care for.
- Work with Gypsy/Traveller liaison teams to plan the best ways to contact/support individuals from the Gypsy/Traveller community.
- Consider working with specific industries (e.g. those with a high Eastern European workforce) to target messaging or services (work with Healthy Working Lives teams).
- Ensure children and young people's voices are heard by connecting with schools and youth groups to understand their views of vaccination and to raise awareness of vaccines offered.

- Use a children's health and wellbeing impact assessment to ensure children and young people's views are considered in service planning.
- NHS nurses, bank nurses and community pharmacists should be kept updated about vaccine delivery and COVID-19, so they can signpost to immunisation programmes appropriately.
- Connect with GP practices to promote vaccination, particularly in areas of high deprivation (e.g. Deep End GP practices).
- Seek advice from local NHS and Local Authority equality and diversity teams (e.g. connection with local groups and distribution of information materials).
- Link with NHS prison health care, probation and criminal justice service, and justice support workers.
- Use specialist disability nurses' skills, knowledge and established relationships to deliver the vaccine and help prepare individuals with profound learning disabilities for vaccination.
- Link with maternity services and family nurses for young mothers (provide accurate information about vaccination to pregnant women via a trusted health professional).
- Explore linking vaccination delivery with looked after nurses/children's team/health visitors.
- Explore if community pharmacy staff can be contracted to deliver vaccinations on behalf of NHS (to increase access).

Consider outreach models to deliver peer education or support sessions to share clinically accurate information, clarify eligibility, combat misinformation, provide points of contact and opportunities for people to ask questions or get the vaccine. This could be supported by awareness raising with different population groups in non-clinical settings (particularly those groups less likely to be registered with health services).

- Clinical and/or peer input from member's representative of a community, for example homeless, asylum seekers, youth groups, people with disabilities, Caribbean, African and Black communities including BEMIS, Ethnic Minority National Resilience Network (EMNRN) and Asylum Health Bridging Team.
- Local religious or belief organisations (to promote or host vaccination services).
- Homelessness organisations (they have knowledge of the best locations to provide information or services).
- Refugee charities, for example, outreach workers linked to refugee groups.
- Link/outreach workers, for example, in areas of high deprivation to help address local needs/issues.
- Carers networks (to encourage attendance or help with additional physical/communication support).

Public Health Scotland should continue to support other organisations to be informed about vaccination programmes, such as in the following areas.

- Changes in policy or guidance.
- Evidence-based approaches.
- Clarify how people can get the vaccine/explain booking systems to third sector staff who can then champion registration/booking systems.

- Signpost where people can get credible information and order/download information in an appropriate language or format (e.g. Easy Read, audio or BSL).

Consider different places where vaccination programme information (in different languages or formats) could be shared or promoted by staff, for example, posters in well-used community services

- Leisure centre staff.
- GPs – exercise referral staff.
- Domestic abuse support staff.
- Sexual health clinicians.
- Community pharmacists.
- Teachers or school nurses.
- Social workers and learning disability social workers.
- Day centre managers.
- Respite carers.
- Food bank volunteers.
- Healthcare support workers.
- Age Scotland staff.
- Citizens Advice Bureaux staff.
- Home Energy Scotland staff.

Examples of work undertaken during spring/summer 2021

- Third sector colleagues are well placed to help develop and deliver targeted messages to communities, and to address specific concerns or barriers people may have in taking up vaccination. Working in partnership can support equitable vaccination uptake. Public Health Scotland has worked with several organisations to achieve this. One example is partnership work with Feniks – a charitable organisation that supports the integration and wellbeing of the Central Eastern European Community in Edinburgh. We worked together to support their information campaign to ensure COVID-19 vaccination messages reach the Polish community in a way that was meaningful to them. Feniks have hosted several webinars with professionals through a variety of partnerships, providing accurate and up-to-date information to the Polish community.
- Health Boards and Health and Social Care Partnerships have been working in partnership with a variety of organisations. An example includes working with the Fishermen's Mission to ensure all migrant fishermen working from Scottish ports have easy access to the COVID-19 vaccination.
- Using trusted voices can support vaccine confidence and informed consent. Ramadan was identified as a time of behaviour change, which may create additional barriers to vaccination uptake in the Muslim community. Through a partnership with British Islamic Medical Association, Muslim Council for Scotland, the Scottish Government and Public Health Scotland, a webinar was delivered to faith leaders, healthcare professionals and members of the Muslim community. The webinar was promoted via a WhatsApp message. Key messages were delivered including confirming COVID-19 vaccination does not invalidate fasting, ways to manage side effects during fasting and myth busting around common issues such as fertility, pregnancy, breastfeeding and vaccine safety. Materials for faith leaders and key members of the community to share were highlighted and where to access them.

Advice to NHS health professionals

The workforce will have access to quality-assured workforce education materials/ opportunities. This is to help ensure they have the necessary knowledge and skills as appropriate to their role.

Recommendations

Workforce education

- This should include generic equality and diversity education and training, as well as prioritised Continuing Professional Development (CPD) resources that may include sensory awareness, hearing loss awareness, **Trauma-informed workforce training** and cultural competence training (such as **'Raising awareness of Gypsy/Traveller communities'**).

Informed consent

- Provide clear information and guidance to vaccination teams on assessing the capacity to consent (e.g. care home residents).
- Ensure consent information is available to immunisation staff and that they have access to advice on consent issues (e.g. child protection or looked-after children nurses.)
- Professionals should be aware of the potential that family members acting as translators for individuals could be coercing them or providing inaccurate information.

Messaging/communication

- Ensure staff are aware of rights to temporary GP registration – promote awareness of **GP registration**.

- Ensure staff know refugees and asylum seekers are entitled to free health care and that people can get vaccinated without being registered with a GP (CHI number is not required).
- Local healthcare workers could serve as points of contact for third sector organisations to answer questions about access to vaccination.
- Workforce and volunteers are adequately resourced and trained to support patients and answer any queries.
- Staff show compassion, clear communication and acceptance to service users when attending for their vaccination.
- Ensuring the workforce and support network who support individuals (e.g. those with additional needs, those with addictions) are clear on eligibility, messaging and points of contact to ensure clarity around the programme from a trusted and credible voice.
- Vaccinators should highlight the different leaflet formats available for any advice provided after vaccination.
- Raise awareness with key professional groups (e.g. community healthcare practitioners).

Vaccination

- Ensure the eligible workforce has been offered vaccination including clinical and non-clinical and where possible champion the vaccine.
- Explore if vaccination staff could have an assigned caseload for those with disabilities.
- Explore if other staff can provide vaccination to specific groupings (e.g. gender-based violence nurses can vaccinate/work with Violence against Women partnerships, or nurses supporting those with alcohol and drug addictions).

Examples of work undertaken during spring/summer 2021

- It is essential to have a well-informed workforce. As evidence of safety and effectiveness of the COVID-19 vaccine during pregnancy and guidance from the JCVI evolved, joint efforts have been made to ensure an appropriately trained workforce, with resources available to aid decision-making. Working in partnership, the Scottish Government, NHS Education for Scotland, the Royal College of Obstetricians and Gynaecologists, and Public Health Scotland have regularly updated a suite of resources providing clear advice. Alongside workforce education materials for healthcare professionals, communications and social media assets were developed and shared widely. Key messages are clear, and healthcare professionals can confidently advise people on COVID-19 vaccination during pregnancy.
- Public Health Scotland has developed COVID-19 vaccine information and resource webpages to help support partners within NHS, local government and the third sector. This aims to support this wider workforce to be fully informed with accurate, up-to-date information about the COVID-19 vaccine programme so they can support their communities by building vaccine confidence and equity. This information is available on the [Public Health Scotland website](#).

Data and research

Recommendations

Using data linkage, and local and national evaluations of vaccination programmes would help improve and provide a more equitable vaccination programme.

Data collection and reporting

- Engage with Caribbean, African and Black communities to explain the importance of collecting ethnicity information and encourage communities to supply these data. Consider having an epidemiologist assist in collecting and interpreting these data, and undertaking targeted research on behalf of these communities.
- Explore the possibility of distinguishing between Caribbean, African and Black communities, including at regional and local levels.
- Consider reporting Polish and Chinese community data as separate categories, if possible.
- Consider an option to identify ethnicity as Gypsy/Traveller in health records to allow monitoring and uptake of vaccines and to allow support to be tailored to specific needs.
- Prioritise the collection and analysis of data to enable equalities monitoring of vaccine uptake. Ensure data are available at a local level and population groups with complex needs are represented.
- Explore obtaining and analysing data by deprivation and on did not attend (DNA) rates by Scottish Index of Multiple Deprivation (SIMD) category.

Research

- Conduct active research into the ongoing vaccination programme to identify improvements that could benefit different communities and groups, capturing both qualitative and quantitative data.
- Continue to research groups in deprived areas to understand their level of awareness and intention to participate in immunisation programmes.

Example of work undertaken during spring/summer 2021

- Public Health Scotland included uptake of COVID-19 vaccination data in relation to SIMD and ethnicity in COVID-19 statistical reports. These data has been used widely by service delivery partners to plan their vaccination services. Health Boards have, for example, used these data for targeting support to increase vaccine confidence in particular groups showing lower uptake levels. Uptake rates were also analysed by intermediate data zone and outreach support was targeted in the form of 'pop-up clinics' in areas of high deprivation.

5. Potential differential impacts of flu and COVID-19 vaccination on population groups

Age

- Some age groups may perceive themselves as low risk due to their age.
- Some older people have reported anxiety about leaving their homes following periods of 'stay at home' advice.
- Digital exclusion can affect a range of age groups, with some older and younger populations either not having the access or confidence (or both) to go online for information or make/reschedule an appointment.
- COVID-19 restrictions may limit digital access/support (e.g. libraries are closed, unable to see family, friends or carers to read, access or share information online).
- Changes in vaccination delivery (venue/workforce) could be confusing or off putting.
- Access and timing of appointments:
 - working-age adults might be restricted in times they can attend
 - students may have issues with travel and access
 - individuals living in rural areas may have to travel longer distances for appointments which may not be suitable for older people or those with limited access to transport.

Disability

- The national IT system is unable to identify people by disability so communication is not tailored – letters can be very overwhelming.

- Universal information may not answer specific questions for people with disabilities or certain medical conditions.
- People may be concerned about how and when they will receive their vaccination (e.g. if they are housebound or have a long-term condition).
- Some types of publication are inaccessible for certain populations.
- Dementia patients and patients with other medical conditions or disabilities may not have the capacity to consent for vaccination, or families have power of attorney to consent.
- A change of venue/staff may cause anxiety.
- People with learning disabilities or mental health issues may require additional support.
- People with sight loss may be concerned about ability to social distance and the discrimination they might receive if they are not able to adhere to this. The use of face masks by staff may restrict those who lip read.
- People who have been long-term isolated/shielding could find it difficult to attend appointments.
- Possible lack of awareness among staff of disability needs or unable to meet the needs due to time slots.

Gender reassignment

- Possible lack of awareness among staff of gender reassignment. Services need to be aware and supported to respond to the diverse needs of the eligible population.
- Trans people may not feel safe traveling to or attending GP surgeries for their vaccination appointment.

Marriage and civil partnerships

- Potential to make double trips to vaccination clinics which could be an issue if strict measures are in place for the pandemic.

Pregnancy and maternity

- Time off work to attend additional medical appointments and costs around this for transport, childcare, etc.

Race and ethnicity

- Cultural beliefs may act as a barrier to participation in programmes. Information and services should be sensitive to this.
- Cultural confidence in vaccine and historical reasons for lack of trust of governments and healthcare systems. Different healthcare systems in other countries have different processes (e.g. payment for vaccines, doctors providing vaccines instead of nurses) which could result in hesitancy.
- Language may be a barrier and there is therefore potential for low uptake due to lack of awareness or understanding of the purpose and benefit of the immunisation programmes.
- For individuals whose first language is not English, the information provided may not help them to make an informed choice. In addition, low literacy levels in some communities may also be a barrier.
- Gypsy/Travellers may not be registered with a GP or may not engage with services/do not believe immunisation is culturally relevant or safe so may be difficult to engage/they have mistrust of service of health professionals due to previous experiences of discrimination or stigma.
- Gypsy/Travellers may not attend community venues or be known by registered practice for vaccination (could be any location).

- Digital exclusion – some Gypsy/Traveller sites do not have good broadband connectivity especially in rural areas.

Religion or belief

- Need to be aware of cultural sensitivities.
- Concerns about ingredients in some vaccinations (e.g. some vaccines contain a pork derivative).

Sex

- Individuals who are at risk of gender-based violence are less likely to attend vaccinations.
- Individuals who experience gender-based violence may not be able to discuss the medication they are on, if their partner is present, or be able to advise if their partner is medicating them – that might cause a contraindication.

Sexual orientation

- Some concerns with issues around consent for same-sex parents as only the person on the birth certificate can consent.

Looked-after (including accommodated) children and young people

- Some concerns with issues around consent for children in care (e.g. in cases of child protection issues).
- Staff/carers' understanding of legalities (and inviting protected children, e.g. looked-after child whose address cannot be disclosed and how that child will receive an invite to be vaccinated).

Carers

- May be less likely to go for immunisation appointments for a range of reasons (e.g. parents with buggies or people who cannot get time off to attend appointments.)
- May be critical in influencing other family members to attend.
- Clarity over consent for those being cared for in care homes for families with and without lasting power of attorney (especially if a family member needs to provide consent and cannot attend as frequently due to COVID-19).
- Carers not 'officially' identified themselves as a carer, or are informal carers not receiving an invite for vaccination.
- 'Time poor' families may deprioritise the vaccine over other appointments or issues around timing of clinics or transport issues and the potential additional costs may be off putting.
- Some parents worry the vaccine will make their child feel ill/have side effects.
- Young carers may not be able to get their family member onto public transport, meaning they cannot attend another location.
- Young carers may have to take time out of school to accompany their family member to an appointment.

Homelessness

- No known address therefore might not get an invite or information.
- Will be less exposed to adverts in places like TV, online or the cinema.
- People who move home frequently, do not have a permanent address or are between Health Board areas may miss the invitation.

- People may have a lack of self-worth and therefore feel they are not deserving of the vaccine or might be embarrassed to attend the service due to feeling unclean/unwashed.
- People experiencing homelessness may also have multiple complex needs (e.g. trauma/alcohol and/or drug use/mental health problems).

Involvement in the criminal justice system

- Limited access to health information/national campaigns.
- Transfer of immunisation record to/from prison health service.
- Potential stigma around going to GP practices and speaking with reception staff.
- Cross-cutting issues with low literacy, homelessness – access for people on community payback scheme, have an electronic tag or home detention curfew.
- Newly liberated population might not have a fixed address or be registered with a GP.

Substance misuse/people experiencing alcohol or drug dependence

- People experiencing alcohol or drug dependence may have chaotic lifestyles which can make attending appointments difficult.
- People who use drugs often experience poorer health outcomes, have long-term conditions, respiratory problems, etc.
- Cross-cutting issues with homelessness and mental health.
- Experiences of stigma/discrimination may be a barrier, that is, anecdotal information received regarding people experiencing stigma when attending a

pharmacy for a methadone prescription, potential to have stigma around the pandemic restrictions, for example people not wearing masks even though they have a medical reason not to.

Staff

- Hard to get time off from employer for health appointments.
- People on zero-hour contracts in this economic climate may not choose their health over a wage.
- Too busy to read information.
- Misunderstanding of vaccine can cause hesitancy (e.g. some might believe flu vaccine causes flu) and possible questions about returning to work after vaccination.
- Possible lack of awareness that social care staff can receive flu vaccine.
- Accessibility of flu vaccine in current area of work (e.g. staff working from home in another Health Board area/time to get vaccine (part-time staff)/peer-to-peer vaccines given but depends on workforce capacity/online booking systems). If further restrictions around travel are in place due to the pandemic this may restrict staff who are working from home able to travel to receive vaccination out with their Health Board area.
- Clarifying staff roles for vaccine delivery.
- Managing changing workloads to ensure recruitment and retention of skilled vaccinators.
- Potential for reduction in staff due to isolating.
- Ageing workforce.

Low income

- There is evidence that people in less affluent areas are less likely to take part in immunisation programmes.
- In some cases, people cannot afford the bus fare to appointments.
- Limited or less access to the internet to access online information/social media campaigns.
- Might not see adverts in places like the cinema.
- Travel and expense to get to clinics, especially if multiple trips for families are needed.
- Some people might see vaccination as a low priority if they are worrying about paying bills. They also may not have flexibility in working hours to attend clinics.
- Some people may not own a car and therefore are excluded from drive-through clinics.

Low literacy/health literacy

- If letters are the only method of contact for appointments, this might negatively impact on people with low literacy.
- Individuals may have a poor understanding of the vaccination programme and how/where to receive vaccinations.

Living in deprived areas

- Similar to issues raised under 'Low income' above.

Living in remote, rural and island locations

- Access to service itself may be restricted, for example, opening times, transport, weather and cost.
- Transport (bus fare cost), the cost to Board to deliver the services, are often high (travel time for staff and individuals).
- If use central clinic model, higher cost of travel for adults/parents/carers.
- Workforce may be difficult to recruit and already supporting multiple programmes dealing with the pandemic.

Discrimination/stigma

- Consider groups more likely to experience stigma, for example, people with mental health issues.
- Stigma could be displayed from staff or other individuals.
- Potential to have stigma around the pandemic restrictions, for example people not wearing masks even though they have a medical reason not to.

Refugees and asylum seekers

- Some may be under-vaccinated as different countries have different routine schedules and vaccination may be a low priority.
- Reluctance to get involved with services (NHS/government) if they are a migrant or asylum seeker. They may not be registered with a GP.
- May have little understanding of entitlement to free health care despite immigration status and the healthcare system.
- Language may be a barrier if they have little or no English.
- Those with no CHI number/no fixed address will not receive an invitation.

- May not read official leaflets/documents about vaccination programmes, even if it is in their own language.

6. Appendix 1 – Population groups and factors contributing to poorer health considered within an HIIA

Public Health Scotland. **Health inequalities impact assessment: workbook summary**. Public Health Scotland. February 2015.

- **Age** – older people, middle years, early years, children and young people.
- **Disability** – physical, sensory and learning impairment; mental health conditions; long-term medical conditions.
- **Gender reassignment** – people undergoing gender reassignment.
- **Marriage and civil partnerships** – people who are married, unmarried or in a civil partnership.
- **Pregnancy and maternity** – women before and after childbirth, women who are breastfeeding.
- **Race and ethnicity** – minority ethnic people, non-English speakers, Gypsies/Traveller, migrant workers.
- **Religion or belief** – people with different religions or beliefs, or none
- **Sex** – men, women, experience of gender-based violence.
- **Sexual orientation** – lesbian, gay, bisexual, heterosexual.
- **Looked after (including accommodated) children and young people**
- **Carers** – paid/unpaid, family members.
- **Homelessness** – people on the street, staying temporarily with friends/family, in hostels, B&Bs.

- **Involvement in the criminal justice system** – offenders in prison/on probation, ex-offenders.
- **Substance misuse/people experiencing alcohol or drug dependence.**
- **Staff** – full/part time, voluntary, delivering/accessing services.
- **Low income.**
- **Low literacy/health literacy** – includes poor understanding of health and health services, as well as poor written-language skills.
- **Living in deprived areas.**
- **Living in remote, rural and island locations.**
- **Discrimination/stigma.**
- **Refugees and asylum seekers.**

7. Appendix 2 – Stakeholder involvement

The following organisations have contributed to the national HIA engagement and consultation work on flu and COVID-19 vaccination programme service delivery during 2020 and 2021.

- Aberdeen City Council
- Age Scotland
- Alzheimer Scotland
- British Deaf Association Scotland
- Carers Trust Scotland
- Chest Heart and Stroke Scotland
- Children's Health Scotland
- Community Food Initiative (NE)
- Community Renewal
- COSLA
- Crisis
- Crohn's and Colitis UK
- Cyrenians
- deafScotland
- Deep End GP
- Diabetes Scotland

- Down's Syndrome Scotland
- East Ayrshire Council
- Ethnic Minority Resilience Network (PKAVS, Scottish Council of Jewish communities, Citizen's rights project, Inspiring Families, MECOPP)
- Feniks - Counselling, Personal Development and Support Services
- Glasgow City Council
- Glasgow Council for the Voluntary Sector
- Gypsy/Traveller Impact Group
- Healthcare Improvement Scotland
- Helensburgh & Lomond Carers
- Homelessness Network
- Improvement Service
- MECOPP
- Midlothian Council
- MS Society
- Neurological Alliance of Scotland
- NHS 24
- NHS Ayrshire and Arran
- NHS Borders
- NHS Dumfries and Galloway
- NHS Education for Scotland

- NHS Fife
- NHS Forth Valley
- NHS Greater Glasgow & Clyde
- NHS Lanarkshire
- NHS Lothian
- NHS National Services Scotland (NSS)
- NHS Orkney
- PAMIS (Promoting a more inclusive society)
- Public Health Scotland
- Red Cross
- RNIB Scotland
- Royal Voluntary Scotland
- Scottish Borders Council
- Scottish Commission for Learning Disability
- Scottish Government
- Scottish Social Services Council (SSSC)
- South Lanarkshire Council
- The Food Train
- Versus Arthritis
- VSA

8. Appendix 3 – Acknowledgements

This report was informed by various stakeholder and partner organisations both formally through workshops, survey participation and sharing evidence-based insights and informally through taking the time to engage in conversations with us and share their expertise. We'd like to thank those who have contributed in this way and all the organisations that have played a role in informing this work. In particular, we would like to thank:

- Third sector organisations
- Vaccine Inclusive Steering Group
- NHS Scotland Health Boards
- NHS Equality Leads Group
- The Scottish Government
- Public Health Scotland
- Scottish Immunisation Programme Group

The following reports have informed the development of this work:

- Voluntary Health Scotland. **Vaccine inclusion: reducing inequalities one vaccine at a time**. Voluntary Health Scotland; 2021.
- Public Health Scotland. Extended flu and COVID-19 Vaccination Health Inequalities Impact Assessment (HIIA) Engagement and Consultation Report. Public Health Scotland; 2020.

Further information and evidence can be accessed here:

- **COVID-19 vaccine information and resources**
- **COVID-19 research repository**
- **COVID-19 data and intelligence**

For further information on this report, please contact pht.screeningandimmunisation@pht.scot with the subject header 'FAO Vaccine confidence and equity'.