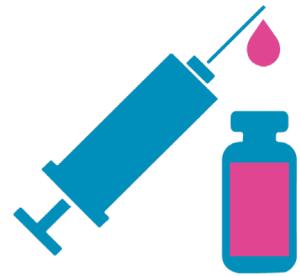


Covid-19 Vaccination - Online Focus Group

February 2021



Introduction

On Tuesday 23rd February, Healthwatch Liverpool (HWL) held an online focus group on the subject of Covid-19 vaccinations. As the vaccination programme continues to be rolled out across the country, HWL has been receiving a number of enquiries in relation to the roll out of the programme in Liverpool.

These enquiries posed a wide range of questions/themes in relation to accessing the vaccine, vaccine take-up and vaccine hesitancy and HWL wanted to give members of the public the opportunity to come together to discuss these issues and to provide feedback about their experiences and those of friends and family.

HWL approached Liverpool Clinical Commissioning Group (LCCG) and asked for a representative to attend the focus group in order to ensure that participants received the most accurate and up to date locally based data and information. Carole Hill, Director of Strategy, Integration and Communications at LCCG attended the focus group in this capacity. Prior to the focus group, Carole was sent a list of questions raised by members of the public who had contacted HWL for vaccine information and guidance (see appendix). Participants were also encouraged to ask Carole any questions they had about the vaccination programme in Liverpool.

18 people attended and participated in the focus group, 5 HWL staff members, 4 HWL volunteers (two of whom facilitated the session), 6 members of the public, 2 BSL interpreters and Carole Hill from LCCG. The focus group took place on Zoom, a video conferencing application. 16 participants joined the group on a laptop, tablet, smartphone or other device, and 2 people telephoned in. Staff and volunteers took notes of the conversation and these notes were used to produce this report.

The session began with an overview of the types of questions, and emerging themes, received by HWL from members of the public. These themes included barriers to accessing the vaccine, the different types of vaccinations available and their suitability in relation to age, faith and culture, efficacy, safety and choice.

Carole then presented an overview of the vaccination roll out in Liverpool to date and explained why LCCG and Liverpool City Council had decided to deliver the vaccines at pop up and satellite vaccination centres/hubs instead of at a mass vaccination site. Carole also talked about how data collected locally had influenced this decision and the targeted approach being taken to reach people who may have difficulty accessing the vaccine and/or have concerns about being vaccinated.

Carole then took questions and feedback from participants and assured attendees that any questions she could not answer or that we didn't have time to discuss during the session, she would take back to LCCG and provide a response in due course.

We would like to thank everyone who participated for their time, their openness, and their honesty. We would also like to extend our thanks to Carole (and LCCG) for taking the time to attend the focus group and answer participants questions.

Summary

Since the roll out of the national Covid-19 vaccination programme began, HWL has received a number of enquiries from people living locally regarding: booking and receiving the vaccine, accessing and travelling to and from the vaccine sites, the safety and efficacy of the different types of vaccine available and whether they have a choice regarding the type of vaccine they receive. People also told us about barriers they face to accessing the vaccine including: not being able to travel/leave their home, language and communication barriers, having a health condition not included on the vaccine priority list and their fears regarding potential short and long term side effects, including concerns regarding fertility.

Our focus group gave participants the opportunity to come together to discuss these issues and to put questions about Liverpool's vaccination programme to a representative of Liverpool Clinical Commissioning Group who are responsible for coordinating the roll out of the programme.

A summary of findings can be found at the end of this report.

The list of questions and responses from LCCG can also be found at the end of this report.

The main topics of discussion fell under the following headings:

Vaccination Uptake and Hesitancy

During Carole's overview of the vaccination rollout, she stated that as of February 18th 2021, over 25% of the Liverpool population had been vaccinated against COVID-19. Carole stated that the supply was actually the limiting factor in the vaccination rollout, not the implementation of the rollout in Liverpool itself. The vaccination rollout was described as a 'balancing act' as Liverpool must vaccinate alongside the national guidelines, but the city itself are pushing to vaccinate as many vulnerable people as possible.

One major topic within the focus group surrounded the differences in vaccination uptake across different groups of people in the city. Carole spoke with the group largely about the differences in vaccination uptake across members of the BAME community. It was also mentioned that vaccination uptake was affected by area, with uptake being 9% lower in the most deprived areas of the city compared to the most affluent. Carole also spoke about how it was predicted that vaccination uptake would be significantly lower in younger age groups too.

Carole highlighted that hesitancy and fear was the biggest issue surrounding vaccination uptake, as many people have concerns regarding the vaccination's safety and effectiveness. Carole stressed that it is therefore important to provide accurate information to the public to reduce their hesitancy and fear in order to promote vaccination uptake.

Misinformation

Another prominent theme within the focus group was that of misinformation surrounding the vaccination. Participants raised numerous questions regarding inaccurate or unclear information being spread within the community, such as the possible side effects of the vaccination.

One participant spoke about how they had heard many people say that the worse the side effects of the vaccine were, the better it had worked in the body. They suggested that more information surrounding the true facts of the vaccine's side effects should be made available to the community. After this, another participant voiced how they knew someone who was refusing the second vaccination dose after having bad side effects from the first dose; they stressed that there should be clear and honest information about the possible side effects. Carole responded to this through stating that the side effects of the vaccination are very minor, and are no indication of level of immunity.

'There is misinformation going around about the vaccine's side effects, is there any clear information about that?'

'I have read on social media that the vaccine can affect fertility. Is there any evidence of this?'

One participant also voiced their concerns about how many young people believed that they were immune after having COVID-19, and therefore did not believe getting the vaccine was necessary. They also spoke about how many people do not understand that you can still carry COVID-19 after the vaccination, stressing the importance of spreading this information within the community.

One participant stated:

'We are not safe till we are all safe.'

Another participant questioned why some vaccination centres were not following the same vaccination procedures, as they highlighted that some centres were making people wait 15 minutes post-vaccination, whilst others were free to go. The participant highlighted the need for more information to be supplied to those receiving the vaccination regarding this issue.

Targeted Information for Different Groups

During the focus group, it also became apparent that targeted information was being made accessible to the public, more specifically towards the lower uptake communities, to reduce misinformation, hesitancy and fear surrounding the vaccination.

Carole spoke about how areas in the city with a higher BAME population were being targeted to improve information outreach, with many local Muslim community leaders working alongside the CCG as volunteers to promote the vaccination rollout and raise awareness of the safety of the vaccine. She also noted that information regarding the vaccine was available in different languages on the CCG website.

'Is the vaccination permitted under Sharia law? Is it halal?'

'Is there less danger when taking vitamin D?'

One participant raised an issue regarding the Deaf community, stating that the jargon used in letters and information leaflets surrounding the vaccination can be confusing to Deaf people. They suggested that more information should be produced that explains the vaccination in lay terms, in order for the Deaf community to understand it better.

Numerous participants stressed that more information should be targeted towards younger people to provide further education regarding the virus and the vaccination. Carole highlighted during her overview that this would be a focus once the vaccination rollout reached the younger age categories.

Access and accessibility - where and how people can get the vaccine.

"I've had my vaccination appointment through but the venue is quite far from my home, how can I get there? Can I have it nearer to home? "

"I am housebound, can I have my vaccine at home? How will this be arranged?"

"I have received 2 dates for my vaccine, one from the NHS and one from my GP. Which one should I attend/what should I do?"

Carole reported the following points about where people can get vaccinated in Liverpool and the invitation process:

- + There are now 14 vaccination centres, (an increase from 11 in December 2020 - January 2021) delivering vaccines from Primary Care Networks (PCNs). There are pop up centres in areas where take up is low, including in mosques, and they are looking at other sites. Satellite sites have been added in Anfield, Ellergreen and Norris Green and 2 more permanent sites will be set up soon. It was decided to have a lot of local sites rather than a mass vaccination centre so people can access the vaccine locally as much as possible due to factors such as Liverpool's

relatively low car ownership, and people being more reluctant to use public transport during lockdown.

- + In addition to the local PCNs people can access the vaccine through the national booking system and get slots at places such as St Helens' mass vaccination centre or pharmacies. They are also now starting to give the vaccine at some hospital sites.
- + Certain groups are routed in different ways e.g. 16-64 year olds who are extremely clinically vulnerable are invited for a vaccination via PCNs but the 65+ age group are initially invited via the national booking system. Some groups are being seen at hubs in the city e.g. H&SC staff.

Participants raised the following issues about where people can get the vaccine and the accessibility of systems and information:

- + Some people are being signposted through the national booking system to get vaccinations outside Liverpool in locations such as Leeds, Manchester, Bradford and Warrington which are not always appropriate. This has presented particular problems for some groups e.g. Deaf/ Blind people who face barriers travelling to these locations outside the city.
- + There is no information in standard letters or on the booking system about what to do if you have additional needs and nowhere to input this information on the booking system. This contributes to people being sent to inaccessible locations as they can't flag up their barriers to travel. There is also nowhere for them to flag up other needs such as the need for an interpreter for the vaccine appointment.

Carole advised the following on this issue:

- + the issue with the national booking system needs to be flagged up with NHS England
- + a person doesn't have to take up the appointment through the national system and can wait for an appointment from the GP
- + The CCG have said it is the GP's responsibility to book a BSL interpreter.

However, a participant fed back that a GP had refused to book an interpreter, questioning the need for this for a short vaccine appointment. The participant emphasised the need to understand information given at the appointment and communication about possible allergic reactions etc. Participants also pointed out that re-arranging appointments via GPs to book interpreters, home visits etc. had led to delays for people getting the vaccine and that this is likely to be an issue affecting those whose first language is not English and who require interpreters as well as those who use BSL to communicate.

Carole emphasised that a patient has a right to a BSL interpreter and gave the name of a contact at LCCG to follow up if a GP refuses. She acknowledged that more work needs to be done with PCNs to improve accessibility. She also suggested Rob Barnett (Liverpool Medical Committee) could possibly put something in his weekly bulletin as a reminder to GPs on the issue of interpreters, and that a specific focus group on the issue might help.

Priority groups

“I am a carer, how do I arrange for me and the person I care for to be vaccinated?”

“I am a pregnant woman and have been told that I am not a priority for the vaccination. I believe I am and I want the vaccine sooner, how can I challenge and change this decision and be moved into a higher priority group?”

Carole explained the following about who is being prioritised to receive the vaccine/ when people will receive it:

- + people are being invited for the vaccine based on the level of priority group they are in (often referred to as cohorts).
- + This is based on age (as 65+ vaccinated first).
- + Age continues to be the key factor as those below 65 get vaccinated. However, younger people who are classed as clinically extremely vulnerable according to the National Joint Committee on Vaccinations and Immunisations (JCVI) list are now part of the group being vaccinated.
- + The list of clinically extremely vulnerable people has been expanded looking at wider risk factors, e.g. BAMER, high BMI, immuno-suppressed. If someone now qualifies for this category, they should receive a letter as GP's begin identifying people who need to be added to this list. Shielding has been extended beyond the end of March.
- + The NHS is also now encouraging those from the first 4 groups who didn't take up the vaccine when it was first offered, to get vaccinated.

“The ME Society has reported that some people living with ME/CFS have been told they are in priority group 6, others have not. What is the position on this on Liverpool?”

“Primary progressive MS, secondary progressive MS, as well as relapsing remitting MS, are they treated the same or differently for vaccines?”

“I am not in receipt of Carers Allowance and because of this, have been told by my GP that I must wait to receive the vaccine. Is this true?”

Participants raised the following specific queries about which groups are being prioritised for the vaccine:

- + Younger autistic adults and adults with Special Educational Needs and Disabilities in supported living accommodation don't appear to have been prioritised.
- + People seeking asylum including LGBTQ+ and are HIV+ have reported concerns (some are under 30 years old). Will they be a prioritised? Also. some of these people are destitute and not registered with a GP so how will they be contacted or know when they should be vaccinated? Has the CCG been in contact with Asylum Link to help reach these people?
- + People with sickle cell disease are more vulnerable too, are they being prioritised?
- + One participant had come across the case of a carer who has received their first dose of the vaccine, whilst the person they care for, who is in their 30s, has not received an invitation. The person they care for has multiple disabilities and requires daily care, but none of the disabilities are explicitly included on the JCVI priority list, and the GP has refused to add them to the vaccine priority list.

Carole advised that:

- + People with learning disabilities are now part of the wider cohort being vaccinated.
- + People in residential care have now been vaccinated.
- + Being age under 30 will put people lower down the vaccine priority list unless their condition is on the JCVI priority list; however, the JCVI priority list has just been expanded to include more

conditions although she was not sure whether HIV is one of them. Where a condition has been added to the JCVI priority list, people with those conditions will receive an invite from their GP soon, inviting them to come for a vaccination.

- + Undispersed asylum seekers are being vaccinated as a priority group (in Liverpool) on the basis that it is difficult for them to self-isolate in their accommodation.
- + Dispersed asylum seekers are subject to the usual national JCVI vaccine priority list.
- + If people are not registered with a GP, they won't be on the list for the vaccination. LCCG is aware that this may be an issue for dispersed asylum seekers and has been working with Liverpool City Council to identify and reach this group.
- + Carole is aware that people have raised issues about the prioritisation of specific health conditions which are not on the JCVI list. She is aware that people affected by ME/ CFS have concerns as this condition is not currently on the priority list.
- + Liverpool has to vaccinate within the national guidance, however, Liverpool has also been pushing to vaccinate more vulnerable groups in addition to those in the JCVI priority list e.g. asylum seekers.
- + Liverpool is planning to vaccinate 1000 people with alcohol/drug issues from the beginning of March; the CCG have been working with charities to bring vaccinations to this group.

Vaccine Uptake and Hesitancy Recommendations

1. It was suggested in the focus group that the CCG should work towards combating misinformation through supplying more readily available information to the community. During the discussion, Carole did respond to many misinformation queries, however, there were some queries, such as the effects of vitamin D, which she had to check post-interview. The CCG later responded with answers to most misinformation queries, including vitamin D, on their Q&A response sheet
2. The focus group recommended that the CCG should create more targeted information towards groups who had lower levels of vaccination uptake such as the BAME community. Carole responded to this by highlighting that the CCG was in the process of creating more targeted material to these communities. More information regarding this is provided in the Q&A response sheet.
3. Supplying more targeted information towards younger age groups regarding the vaccine was also suggested during the discussion. Carole indicated that the CCG were working towards this, however, as the vaccination is only available to the 50+ age group at this moment, this is something to follow up with the CCG in the future.
4. Some participants proposed that the CCG should supply honest information about the potential side effects, as well as information regarding what they should do if they experience side effects. This was taken back to the CCG and detailed information was later added to the response Q&A.
5. Some participants expressed their confusion with regards to the variations between the vaccination centres' handling of the vaccination process and expressed that they wanted clarification on this.

6. Representatives of the Deaf community suggested that vaccination information leaflets and letters should also be explained in more lay terms, in order for Deaf people to have a better understanding of the information presented to them. Carole noted that she would take this back to the CCG for further discussion.

Access/ Accessibility recommendations:

1. It is positive that the CCG has confirmed that all NHS systems and services should be accessible and advised that it will alert NHS England to the lack of provision on the national booking system to flag up access needs such as interpreters. It is important that feedback to NHS England emphasises that this is a wider issue than just the need to request interpreters. For example, the need for a facility to flag up barriers to travel/ travel to particular locations, such as those faced by Deaf/ blind people, was also raised at the focus group.
2. It is welcome that the CCG has confirmed that a person has a right to an interpreter for any NHS appointment. The CCG is currently recommending that people contact their GP to arrange this. However, it is not clear whether or not a GP can arrange an interpreter for an appointment booked with NHS England or only for the GP led appointments arranged by the CCG.
3. The action suggested at the focus group of including a reminder to GPs via a newsletter could also help to address the issue raised of GPs sometimes refusing to book interpreters.
4. The responses provided by the CCG are helpful for understanding options in terms of the national and local appointment systems and different locations for accessing the vaccine. They explain that Liverpool CCG provides access through a lot of local sites and also home visits for those who are housebound, and that taxis can be requested for those who are clinically extremely vulnerable. The option of waiting for a CCG appointment closer to home (when invited to an appointment further away through the national system) was also highlighted. However, it would be helpful if more information could be provided about the options and solutions for those who face barriers with travel/ travel to particular locations but are not necessarily housebound or clinically extremely vulnerable (such as the example raised of Deafblind people).
5. It would be helpful if clarification could also be provided as to whether any help or flexibility for those with barriers to travel is available for NHS England vaccine appointments, or if this is only an option for appointments arranged through the CCG. (This is related to the issue of whether these needs can be flagged up by the NHS England IT system for booking these appointments)

Ensuring that the issues above are clarified and addressed will help to avoid delays due to people not understanding the process. It will also help to highlight good practice, or if there are any groups who are being disadvantaged by the current processes and if any changes are needed.

Questions submitted by focus group participants answered by Liverpool CCG (information correct at time of answering - 22/03/21):

1. I've had my vaccination appointment through but the venue is quite far from my home, how can I get there? Can I have it nearer to home?

Liverpool has chosen to have as many vaccination centres as possible, including some 'pop ups' to keep it as local as possible.

2. I am housebound, can I have my vaccine at home? How will this be arranged?

A roving vaccination team for Liverpool has been established for housebound patients who are unable to attend a vaccination centre for medical reasons. If your GP record shows that you are clinically housebound and you haven't been contacted yet, you should contact your GP practice to request this as soon as possible. However, we would ask people to make every effort to attend a clinic location if at all possible because we can get through patients more quickly in a clinic setting than on home visits.

If existing GP records do not recognise you (or a family member) as housebound, but you think that they require a home vaccination, you should discuss this with the GP practice.

3. I have received 2 dates for my vaccine, one from the NHS and one from my GP. Which one should I attend/what should I do?

Those eligible for the vaccine might receive a national (NHS) text or letters, but they can still choose to be vaccinated through the local GP-led vaccination service if they would prefer. You don't need to get in touch with your GP to request this - you'll be invited when it's your turn.

People may also receive more than one invitation from the NHS, but are asked to only make one appointment.

4. Is the vaccination permitted under Sharia law? Is it halal?

The Covid-19 vaccines are all safe, effective and suitable for Muslims to have. The vaccines do not contain animal products or alcohol, and vaccine use has been fully endorsed by the British Islamic Medical Association.

In Liverpool, many local Muslim community leaders have also been working alongside us as volunteers, right at the forefront of the vaccination efforts. We are extremely grateful to the Abdullah Quilliam Mosque for fully supporting the NHS administering the vaccination for the Muslim community, and also for offering use of the Mosque as a vaccination centre.

With Ramadan approaching, we also want to reassure our Muslim community that taking the Covid-19 vaccination does not invalidate the fast, according to Islamic scholars - so individuals should not delay having their vaccination on account of Ramadan.

Most people feel well, or have only very mild flu-like symptoms for a short time after having the vaccine, which means they can continue their fast. However, it will be important to drink plenty when you can, and to rest during the day.

More information can be found about this at: <https://britishima.org/operation-vaccination/hub/statements/>

5. I haven't been given the date for my 2nd dose of the vaccine but know others who have been, why this discrepancy? What should I do about getting the date for my 2nd dose?

The latest guidance is that a second dose of the Covid-19 vaccine should be given between 77 and 84 days (11 to 12 weeks) after the first. This applies to both the vaccines currently being used (AstraZeneca and Pfizer).

Please don't be worried if you haven't received an invite for your second dose yet because our GP led vaccination sites are only able to book patients a week ahead of time. One of the team will contact you when your second dose is due.

6. How can I find out which type of vaccine I'll be getting? Do I have to have that type if I don't think it's the right one for me?

The type of vaccine you receive will be recorded on your vaccine card.

Both of the vaccines currently available in the UK - the Pfizer/BioNTech and Oxford/AstraZeneca COVID-19 vaccines - have been shown to be safe and to offer high levels of protection against COVID-19.

This means that you can feel assured that whatever vaccine you are offered, it will be worth your while to have.

However, if you do have a known allergy to any of the specific ingredients in either vaccine, or a history of serious allergic reaction known as anaphylaxis, you should discuss this with your GP for advice before having the vaccine.

7. I am over 65 years of age, can you guarantee that the Astra Zeneca vaccine is sufficient for my age group?

Answer as per Q6

Please note: We have also included some additional information below about the recent blood clot information that has emerged - as we know this is likely to be a concern too:

The NHS is closely reviewing reports from Europe, but all the evidence currently available does not suggest that the Astra Zeneca vaccine is the cause. Blood clots can occur naturally, and are not uncommon.

More than 11 million doses of the Oxford AstraZeneca vaccine have now been administered across the UK, and the number of blood clots reported after having the vaccine is not greater than the number that would have occurred naturally in the vaccinated population.

The UK's Medicines and Healthcare Regulatory Agency (MHRA), World Health Organisation (WHO), Public Health England (PHE), and the International Society on Thrombosis and Haemostasis have all recommended continuing the Oxford AstraZeneca vaccine roll out here in the UK.

So we are still firmly convinced that the benefits of the AstraZeneca vaccine in preventing Covid-19, with its associated risk of hospitalisation and death, far outweighing any unproven side effects.

Halting the roll out of a vaccine during a global pandemic also has consequences which puts lives at risk - especially when there are no signs yet of any data that really justify these decisions.

8. The person I care for has received the vaccine but I have not. Why aren't they being given at the same time?

There could be a number of reasons for this as the way the vaccine is being rolled is very tightly controlled, with prioritisation decisions being led by national government.

Carers who meet certain criteria will be invited for a vaccine in the coming weeks. However, not everyone who looks after someone will be eligible.

This priority group includes carers who receive a carer's allowance, and those who are the sole or primary carer of an elderly or disabled person who is clinically vulnerable to severe illness if they catch COVID-19.

Those deemed as clinically vulnerable to COVID-19 includes:

- children with severe neuro-disabilities (you will be informed of this by your GP)*
- those who are designated Clinically Extremely vulnerable (advised to shield)*
- those who need care because of advanced age*
- adults who have underlying health conditions (as defined below)*

The underlying health conditions included within this criteria are:

- ***Chronic respiratory disease***
- ***Chronic heart disease and vascular disease***
- ***Chronic kidney disease***
- ***Chronic liver disease***
- ***Chronic neurological disease***
- ***Diabetes mellitus***
- ***Immunosuppression***
- ***Asplenia or dysfunction of the spleen***
- ***Morbid obesity***
- ***Severe mental illness***
- ***Younger adults in long-stay nursing and residential care settings***

All those who are eligible as carers under these national guidelines should receive an invitation for a vaccine by 30th April.

Anyone in Liverpool who is already identified as a carer in their GP records; those who receive Carer's Allowance; or those known to Liverpool City Council or Liverpool Carers Centre Local Solutions, will be automatically invited for a vaccination.

However, anyone who thinks they might be eligible to receive a vaccine as a carer, but who doesn't currently receive Carer's Allowance or have their carer status recorded with any of the organisations mentioned above, should contact the Liverpool Carers Centre now. This includes carers aged 16 - 18, as well as adult carers.

They can do this either by calling: 07545652775 or by emailing: carersvaccine@localsolutions.org.uk. Alternatively, they can also complete an e-referral form by visiting: www.localsolutions.org.uk/carers-vaccine

Following a short assessment process, if a person is identified as an unpaid carer they will be provided with details to arrange a vaccination.

You can also read more about the definition of a carer in the government's 'Green Book' on immunisation here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961287/Greenbook_chapter_14a_v7_12Feb2021.pdf

9. I am a carer, how do I arrange for me and the person I care for to be vaccinated?

Answer as per above - Question 8

10. I am not in receipt of Carers Allowance and because of this, have been told by my GP that I must wait to receive the vaccine. Is this true?

Answer as per above - Question 8

11. What is being done to engage with BAMER communities to ensure people are fully informed (in their spoken language) about the vaccine and have access to it?

There has been a lot of outreach work, awareness raising with community leaders, community pop-up clinics being held in some areas with higher BAMER population.

In addition, a door drop with additional information leaflets (translated where appropriate) is being provided to these specific postcode areas as part of a Cheshire & Merseyside wide campaign.

The CCG is also continuing to looking at other areas/ venues to help make the vaccine more accessible to these communities, e.g. the Florrie and the Abdullah Quilliam Mosque.

12. If I am not registered, or cannot register, with a GP, how can I access the vaccine?

If you are not registered with a GP in Liverpool – you can still receive a vaccine. No GP practice should turn you away if you contact them to explain your situation, providing you are eligible to receive one.

However, if you are not currently registered to a GP practice, we would strongly recommend that you join one. This is really important – not just to receive a Covid19 vaccination, but also so that you can access ongoing support with any health needs you might have in the future.

You can find some useful information on how to register with a GP practice here: <https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>

13. I have been advised to shield, how can I access the vaccine?

If you are shielding you should have received an invitation to have the vaccine from your local GP network. If not please call your GP and make them aware so that this can be arranged.

Once you have your appointment, see if friends/family can help you get to the vaccination centre. If not, people who have been shielding may be able to get a free taxi to their vaccination. Once you have your appointment, please call the Liverpool City Council COVID Advice Line on freephone 0800 169 3032 and ask about this.

14. I am not classed as clinically vulnerable but believe I am, how can I challenge and change this decision and be moved into a higher priority group?

This is a clinically based decision, so you would need to have this conversation with your GP or another health specialist involved in your care. They really are best placed to make these decisions about your health and risk factors with regards to covid19.

15. I am a pregnant woman and have been told that I am not a priority for the vaccination. I believe I am and I want the vaccine sooner, how can I challenge and change this decision and be moved into a higher priority group?

The Joint Committee on Vaccination and Immunisation (JCVI) has recognised that the potential benefits of vaccination are particularly important for some pregnant women. This includes those who are at very high risk of catching the infection, or those with clinical conditions that put them at high risk of suffering serious complications from COVID-19.

However, it does not apply to all pregnant women. You should discuss this decision with your GP or a specialist doctor involved in your care – as they are best placed to assess your clinical risk.

16. I have read on social media that the vaccine can affect fertility. Is there any evidence of this? What is being done to allay people's fears around this?

The Association of Reproductive and Clinical Scientists (ARCS) and British Fertility Society (BFS) have said that there is absolutely no evidence that the vaccine can affect fertility, and no theoretical reason why it would. The Covid19 vaccination is to prevent a virus that attacks your respiratory system, and it has absolutely no connection with the reproductive system.

You can read further advice here:#

<https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding>

17. The ME Society has reported that some people living with ME/CFS have been told they are in priority group 6, others have not. What is the position on this on Liverpool?

The vaccination programme continues to prioritise people most clinically at risk from Covid, and broadly speaking patients with ME/CFS do not come under the current criteria for underlying health conditions. However, some patients with ME who have more severe or additional health problems may be included. If you believe you are eligible for the Covid vaccine due to an underlying condition, but you haven't been invited to make an appointment yet, you can contact your GP practice to discuss your level of risk and whether you should be included. This is a decision for each patient's own GP to make by applying their clinical judgement, on a case by case basis.

18. Why has everyone with MS been placed in the 'clinically vulnerable' category? It doesn't seem to have any practical meaning apart from 'be more careful'.

These decisions on patient categories and levels of risk are made by government and clinicians, and are based on all of the available evidence around who is most vulnerable to serious illness or health complications if they catch Covid-19.

19. What is the vaccine priority group for those who are very disabled from MS e.g. housebound people receiving care packages at home? Will the vaccines be given at home?

See above.

20. Primary progressive MS, secondary progressive MS, as well as relapsing remitting MS, are they treated the same or differently for vaccines?

Some people with MS would have been advised to shield and should have received an invitation to be vaccinated already, others are in the group currently being invited.

Questions asked during the focus group: answered by Liverpool CCG (information correct at time of answering - 22/03/21)

21. There is nothing on the national website to indicate access needs when booking a Covid vaccine, this leads to delays for the deaf community where BSL interpretation is needed, as they then have to arrange this themselves. Can changes be made?

As a CCG, we don't manage the national booking system - this website is run by NHS England. We will feed this comment back to them, but all of the sites should be fully accessible, as all NHS services are supposed to be.

If you need an interpreter, we would recommend that you contact your GP practice who will arrange one for your appointment.

22. Some Deaf people have had to wait longer to get their vaccine because the GP has to arrange for a BSL interpreter. Also, some GPs have been reluctant to arrange for a BSL interpreter. There may be similar issues for speakers of other languages.

It's a patient's legal right to have a translator/interpreter at every NHS appointment they attend. If a GP practice is reluctant to arrange this for any reason, please feed this back to Sarah Dewar at the CCG at sarah.dewar@liverpoolccg.nhs.uk

23. Will HIV+ status mean someone has greater priority for the vaccine?

The shielding list for clinically extremely vulnerable people has recently been expanded, GPs will send out letters to people soon if their condition is included. If your GP is aware of your HIV status and you are included in this category, you should be receiving an invite in March/April.

24. How will asylum seekers who are not registered with a GP be able to access the vaccine/find out when they can get vaccinated?

Dispersed asylum seekers are subject to the JCVI vaccine priority list, although undispersed asylum seekers are a priority group as it's harder to self-isolate for undispersed asylum seekers. There may be issues with GP registration for dispersed asylum seekers. Roving teams are working with local charities to support vaccinating asylum seekers and assisting in registration.

25. If someone declines a vaccine, but changes their mind, how can they get back on the list (quickly)? (Example give of an older person in the community who declined a vaccine, but changed their mind shortly afterward - struggling to get back on the vaccine list)

We would encourage everyone to take up the vaccine as soon as they are invited to make an appointment.

People who don't take up their vaccine initially will be contacted again, however they may have to wait to be re-invited by a GP-led site.

In the meantime, they could also try to book an appointment themselves via the national booking system at www.nhs.uk/covidvaccine

26. Accessing Vitamin D for over 70s – this has to be done online, so that is a barrier for some?

The free vitamin D offer has now expired, as it just covered people for the winter months. The programme was part of a national offer from NHS England as part of covid19 resilience plans, and although the process to apply was via a website, the advice was that people could also contact their GP practice if they had any issues or queries.

27. Are you allowed to drink alcohol after having had the vaccine?

Yes – there is no advice against doing this, so long as you are feeling well afterwards.

28. There is misinformation going around about the vaccine's side effects. There should be some clear information about that?

Most side effects of the COVID-19 vaccine are mild and should not last longer than a week, such as:

- a sore arm where the needle went in***
- feeling tired***
- a headache***
- feeling achy***
- feeling or being sick***
- You can take painkillers, such as paracetamol, if you need to.***

If you have a high temperature you may have coronavirus or another infection.

If your symptoms get worse or you are worried, call 111.

We understand that some people might have concerns about getting the vaccine because it is still fairly new and there are various rumours circulating online about side effects, particularly on social media, but we would strongly urge people to check the facts with official NHS sources in order to avoid any misinformation.

29. I care for someone who is shielding. I found out they had received vaccine invitation letters, but had just tidied them away and didn't realise they were important. It would be helpful to send vaccine invitations to carers, when someone they care for is invited?

Thanks for raising this. We will certainly feed that back.

30. A carer has received her first dose. The person she cares for has not received an invitation yet, but has multiple disabilities and requires daily care. None of the disabilities are explicitly included on the JCVI priority list, and her GP has refused to add her to the vaccine priority list.

It is quite difficult to comment on the specifics surrounding a patient's care without having all of the relevant medical information – our view is that GPs really are best placed to advise patients on their own personal clinical risk levels, as they will be aware of their full medical history.

But if anyone is unhappy with their GP practice's advice, they should ask to discuss it with the practice further, or speak to another clinician involved in their care (such as a hospital specialist) for a second opinion.

For regularly updated information regarding the roll out and delivery of the Covid-19 vaccination programme in Liverpool please visit;

<https://www.liverpoolccg.nhs.uk/health-and-services/coronavirus-information/frequently-asked-questions-covid-19-vaccinations/>