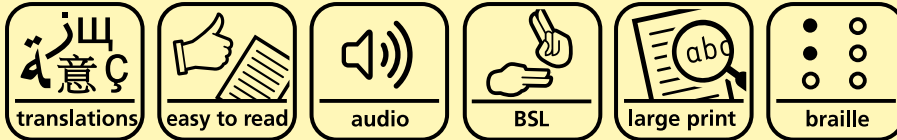



Exploring public views of vaccination service delivery

February 2019

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Scott Porter Research & Marketing Limited

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Abbreviations

BCG: Bacillus Calmette-Guerin (vaccine)

Flu: Influenza

GP: General Practitioner

HPS: Health Protection Scotland

HPV: Human Papilloma Virus

IPD: Invasive Pneumococcal Disease

IT: Information Technology

JCVI: Joint Committee on Vaccination and Immunisation

MMR: Mumps, Measles and Rubella (vaccine)

NHS: National Health Service

SEG: Socio-economic groups

SIMD: Scottish Index of Multiple Deprivation

VTP: Vaccination Transformation Programme

Glossary

Scottish Index of Multiple Deprivation (SIMD): The SIMD is the Scottish Government's official measure for identifying areas of deprivation within Scotland. It identifies small area concentrations of multiple deprivation across all of Scotland in a consistent way.

Socio-economic groups (SEG): These enable the classification and measurement of people of different social grade and income and earnings levels, for market research, targeting, social commentary, lifestyle statistics, and statistical research and analysis. The different classifications are based on the occupation of the head of the household (or chief income earner) and are as follows:

Grade	Social class	Head of household or Chief income earner's occupation
A	Upper middle class	Higher managerial, administrative or professional
B	Middle class	Intermediate managerial, administrative or professional
C1	Lower middle class	Supervisory or clerical and junior managerial, administrative or professional
C2	Skilled working class	Skilled manual workers
D	Working class	Semi and unskilled manual workers
E	Non-working	Casual or lowest grade workers, pensioners, and others who depend on the welfare state for their income

Executive summary

Background

Immunisation is a highly successful public health intervention that protects individuals and communities from serious infectious diseases, saving many lives each year. In November 2017, a Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards was signed to review and transform vaccine delivery in light of the increasing complexity of vaccination programmes in recent years, and to reflect the changing roles of those, principally GPs, tasked with delivering vaccinations. The Vaccination Transformation Programme (VTP) aims to modernise how vaccination services are delivered to communities. VTP aims to empower NHS health boards and local partners to deliver vaccinations rather than the long-standing arrangement of contracting delivery through general practice.

VTP began on 1 April 2018 and will run for three years. New vaccination service delivery models will be developed, tested and implemented, but will only become operational when it is safe and sustainable to do so. As the redesign has to be managed in a way that will not adversely impact on current vaccination uptake rates, it is crucial that members of the public are involved at the outset in discussions about the redesign of vaccination services.

NHS Health Scotland, on behalf of the Scottish Government's VTP Stakeholder Communications and Engagement Group, commissioned this study to explore the views of adults on what they consider to be the key elements of an effective vaccination service delivery model for adults. The findings will be used to inform local health board's VTP planning processes to redesign vaccination services for the adult vaccinations (only) of influenza, shingles and pneumococcal disease.

Aims and objectives

The overall study aim was to explore, based on the views of Scottish adults, how the vaccination service is delivered across Scotland, including how it could better meet the needs of the population. The detailed research objectives were:

1. Explore what the target audiences currently value about vaccination.
2. Identify any factors that might improve vaccination experience or likelihood to get vaccinated including: preferences for venues or locations, which health professionals should deliver vaccinations, communication channels.
3. Identify common barriers to current service delivery and accessing information; and describe how these might be overcome.
4. Identify common facilitators to current service delivery and describe how these might be utilised in the future.
5. Identify factors that contribute to differences in delivery across Scotland.
6. Identify key variations in service delivery across Scotland.
7. Identify learning to further improve service delivery in the future.

Method

Eighteen extended focus groups were conducted. Each group comprised up to 8 respondents (giving a maximum total of 144 respondents) and was 2 hours in length. Recruitment was conducted on a free-find basis following agreed and detailed sample criteria and quotas. Using an informed consent process, respondents signed a written consent form before the focus group confirming their willingness to take part and were offered a cash incentive of £40 as a thank you for their contribution. Groups were held in six NHS health board areas: Lothian, Greater Glasgow & Clyde, Grampian, Tayside, Borders, and Forth Valley.

The sample was split evenly between two main target audiences: those aged 18-64 years with a health condition and therefore in an 'at risk' group eligible for flu vaccination; and those aged 65-75 years, an 'older adult' group eligible for flu, shingles and pneumococcal vaccinations.

All research was facilitated by senior Scott Porter researchers. Each session was based on a discussion guide outlining all the necessary areas of questioning.

Summary of key results

The two sample groups of At Risk and Older Adult gave a broad spectrum of respondent demographics, different personal views, emotional responses and a wide variety of practicalities that affect daily life. The many variables for any one respondent led to only few overall definable sample group responses. Reporting is by exception, with differences noted, otherwise views reflect the whole sample.

Vaccination overall was thought to have value, protecting people from a specific disease, but there was comment that this may not necessarily translate into the belief that a specific vaccine might be worth having at an individual level.

Reasons for vaccination were consistent, led by a desire for protection and disease prevention. At Risk and Older Adult groups provided similar reasons, except Older Adults cited it was easier and more convenient for them to get a vaccine as they can be more time flexible.

Reasons against vaccination fell into three areas. *Fear of something* included a fear of what they had heard by word of mouth or mass media stories, but also a worry about side effects (flu especially), as well as a fear of needles. *Lack of knowledge* exacerbated the worry, prompting questions about whether and why it is needed, and not being clear about the personal consequences that may arise. *The practicalities of vaccination* related to getting a suitable appointment. It should be noted that accessibility issues refer to access to primary care in

general. All in all, respondents felt vaccinations were good but not a high priority through a lack of information and having to overcome the practical difficulties.

No specific patterns, or demographic or geographic differences emerged for the **current delivery process**. Most GP practices had their own systems so it depended where the person was registered as to their views.

There were high levels of knowledge of eligibility for the flu vaccine. Most assumed they had been told by their GP or nurse or hospital specialist. There were lower knowledge levels for pneumococcal and shingles, knowledge increasing with age and most were informed at their GP surgery. In terms of invitation format, most mentions were of a letter, more often by Older Adults, either from the GP surgery or, recently, from the NHS (although they couldn't specify exactly who this was from). Most did not actively engage with the letters. There was some mention of text message invitations, primarily for flu as a 'reminder'. Most were offered a vaccination 'because you need it' and received little information, so the decision was often not active, nor informed consent.

Making the appointment was not deemed easy, the success, or not depending on the individual's GP surgery systems. The vast majority were asked to call in and make a nurse or flu clinic appointment. Most were set appointment times, but some were given block times, e.g. 'come in between 10 and 12 on x date'. Many voiced frustration at getting appointments, especially, but not only evident for younger, working respondents. Appointments were often only available within weekday work hours which meant finding a convenient time was difficult. This system was deemed unfriendly and inconvenient for patients. Older Adults were less worried as they generally had more time flexibility. The only vaccination related issue was a lack of vaccine stock (Grampian, Lothian), which was felt to be disorganised given GP surgeries should know when sending reminders if the vaccine is in stock.

Most cited opening hours as weekdays, 9 to 5. Very few GP surgeries offered Saturday morning, late night, or early morning times (these were likely to be in an urban area) and only a few offered extra flu clinics, usually in October. A couple of respondents mentioned their GP surgery linked to local pharmacies for out of hours appointments. Discussion highlighted that even within the same area opening hours differed by practice.

The actual appointment was quick and practical, unless a drop-in session had too many people for staff to cope with. One or two respondents said they might have glanced at a leaflet waiting to go in and some looked at posters. Many respondents reported nurses did not ask many questions. If they were, they related to how the vaccine was last year, how they were, any cold symptoms, arm preference, and egg allergies. There seemed to be an assumption that by being there people were consenting so no more information was necessary.

There seemed to be no consistent advice about what to expect after immunisations (herein referred to as aftercare. A few were told to sit for 5 or 10 minutes before leaving, but many ignored this. The vast majority left with no information, just an assumption they would know if something felt wrong to contact their GP.

There was a very individual response to the ***future of vaccination service delivery***. If the current process worked for them, then they saw little need for change, if not, then suggestions were made for improvement. However, there was a consensus view that the current service could indeed be improved.

When thinking of future contact there was an expectation that the NHS should note an individual's communications preferences from a raft of formats and use them accordingly. However, for the majority a 'letter from the doctor' still held a certain seriousness and invited the person to take action.

Respondents saw a need for two invitations. The initial (for flu) or single invite (pneumococcal, shingles) should always be an invitation, informing and emphasising the vaccinations' importance. Reminders for flu vaccinations can be simple and quick with a link to more information. Those who miss flu vaccinations would need a repeat 'formal' invitation, saying 'come back' and 'it's important'. The format for the initial or single invite and 'come back' communications was a personal letter, not an 'NHS generic' letter. It should be addressed and feel relevant to the addressee and deliver the information needed. Many noted it could either be in paper or email format. Reminders for flu vaccinations should be quick formats such as emails and texts.

Respondents said information was important and needed. Current leaflets state facts about the disease, but do not clearly state why someone should have the vaccine or tell people of the 'successes' of the programme. Respondents wanted to know more about: what the vaccine is, how it is made, what is in it, what it does, how it works, the side effects, as well as programme results across the years (e.g. number with flu, number hospitalised, likelihood of side effect rates). Respondents also wanted to see information on the consequences of the disease for the individual, their family, their work, and so on, thereby reminding people why flu is serious for everyday life. They felt communications should come across more as 'the NHS recommend you have this because...' More information at invitation stage should awaken interest and confirm the vaccine is a good choice, making the decision a priority action.

Any new appointment booking system should be simple and convenient. This could include easily accessible telephone lines, perhaps a dedicated line. Some respondents suggested developing online booking systems. To support attendance, respondents were clear that opening hours **MUST** include out of hours opportunities, early or late opening, or Saturday or weekend options.

In terms of the appointment, respondents felt this should remain a simple slot, the same as for current appointments, but always be well organised. They also felt standard check questions should be covered, especially as patients may not feel they have the time to ask. Given appointments are quick these questions could either be asked by the health professional, or via a leaflet or checklist for the patient to review while waiting.

There was a unanimous response to who should administer vaccinations, namely an NHS professional, trained at giving injections. A few respondents said some might prefer a nurse they knew but the vast majority did not mind who administered the injection, as long as they were competent.

In terms of where the vaccination should be administered many on first thought said the GP surgery. The positives being that it is a known, safe and secure environment. Having said this, discussion then focussed on that GP surgeries are getting less and less accessible to easily get appointments. So, there were spontaneous suggestions to consider other venues, potentially more accessible; offering longer opening hours; with more space; and a place that isn't 'the doctors', leaving GP surgeries more time to do 'their job'.

A few negatives were mentioned in not having a GP surgery administering vaccines, mainly referring to worries over who would handle the service and the location's safety and hygiene, including whether adequate cold storage would be available. Cost implications were also cited, alongside a definite note that such a service should not be privatised.

After much discussion the vast majority of respondents were open to using other carefully chosen venues, depending on the final cost analysis as to which location would be the most time- and cost-efficient method. Pharmacies were an obvious choice and in addition, mobile units were cited, such as mammogram screening units, or community venues, as blood donation services in the past.

When speaking about a future service in Scotland respondents spoke about the development of an 'NHS service', meaning the NHS as a whole, for Scotland – a central 'Vaccinations Scotland' system.

A system run centrally across Scotland seemed a sensible suggestion for most, simply with the caveat that it is run within the local community, easy to get to, with parking, is clean and private, and a NHS service with NHS staff and all patient information linked back to their central file.

Aftercare demanded thought as, in theory, if the vaccinations were safe then nothing would be needed. However, many felt it would be good to have a specific leaflet or card or link detailing potential areas of concern and when to contact a GP. Many thought side effects should be acknowledged. This information could be reported back in a yearly review of the programme.

Respondents in Lothian and Borders mentioned apps. In Borders they stated it would be sensible to link the programme to the Borders NHS patient access app, enabling people to log on and make appointments. Respondents in Lothian suggested an app with a map of clinics in an area to choose one and register to have the jab there, thereby opening up appointment possibilities. Another format could be text reminders with links embedded for information and an online booking system.

Respondents also noted a need to ensure patient identification was clear and that records were duly kept up to date. Some felt an adult vaccination book or passport would be useful for this, others suggested using the NHS number.

Respondents felt the new service should be from the NHS and should educate people about flu and its seriousness for everyday life, not just hospital cases. It must be openly engaging in giving information on vaccination, the programme and benefits and risks (including side effects). It must be a practical, simple and accessible system, open and inclusive for all and use professional NHS staff (trained in giving injections). The location must be accessible, safe and private. Overall the service must be consistent across Scotland and forward thinking, both in the methods of informing people, and vaccine delivery.

The vast majority felt that such a new system would encourage uptake if it was delivered by the NHS and made the issues 'real', thereby emphasising the specific vaccination is worth doing, easy to do and fits into daily life. Such a system would be for all Scotland, and the set-up would impress on the user that the NHS takes vaccination seriously and recommends its patients should too. This new system was also felt to work for all three adult vaccinations, flu, pneumococcal and shingles. Whilst flu was considered the 'main' vaccination purely in terms of the number of people who need it each year, both pneumococcal and shingles vaccinations should also be treated as important and included in and around the process used for flu giving a view that the whole programme was being administered in an efficient and cost-effective manner.

A few respondents said they would still want to go to their GP surgery, so if this is not possible care would need to be taken with communication of the new service to allay any fears in this regard and make people feel comfortable.

The respondents' ideal process from start to finish for vaccinations would be:

- Patients informed initially from a mix of sources that all feed into a central invite system: from GPs, practice nurses, hospital staff, pharmacists.
- Central Scotland-wide invitation system, with one database that triggered paper or email initial invitations. Reminders for flu would also be sent on other formats. All communications would be as per patient preference.
- Patients would decide based on having information that makes the vaccination relevant and important to them: why do I need this, what are

- the consequences if I don't, what is the vaccine, what's in it, what does it do, what side effects could it have, and so on.
- Alongside this would be ongoing communications promoting the vaccinations service, stating why it is relevant and needed, busting myths, promoting correct information and giving programme updates.
 - The appointment must be easy to make and systems need to be created that can be accessed out of office hours, with self-booking systems and the assurance that appointments will be available with a call back or notification push if someone does need to wait for an appointment slot.
 - On the day the process would be simple, in a convenient/local location, with trained NHS staff, at a convenient time for the patient, by appointment or block time (e.g. 10am to noon for a certain block of patients) or fully-free drop in (only if efficient), ID verified, linked into patient notes, with an information card to read up front and sufficiently engaging that the patient feels able to ask questions if they want to.
 - For aftercare there is a need to develop information cards, giving details of potential side effects, what to do, who to report them to.

Conclusions

People generally know and cite the fact that vaccinations are 'good for them', but there is a sense that the extent of the need for protection has been forgotten.

Flu vaccination still has the highest awareness, out of the three adult vaccines included in this study, but seems to have lessened in importance, not being seen as immediately serious for some. In addition, there is a perception that there is little overt drive from the NHS to encourage people to get any of the three vaccinations and this lessens their perceived seriousness. Adult vaccinations are still seen as important, but in the absence of information to the contrary some are starting to think they aren't needed.

In terms of the current process there is a range of different approaches across Scotland for all three vaccinations. Most GP surgeries have their own systems, from invitation to aftercare. As a consequence, for some patients it works, for others it does not, and there is simply no consistency.

Two main issues hinder the process. The first is a lack of correct knowledge leading to fear, misunderstandings and the aforementioned view that it may not be that important to take up vaccinations. The second is appointments that can be hard to organise and sometimes, for some, not worth the bother. Whilst this affects the At Risk group most, appointment issues affect the Older Adult group too.

The inconsistent or incorrect information about vaccinations leads to worry and misunderstanding. It can also lead to vaccinations, or rather the disease they prevent, not being taken seriously enough. Information about each vaccination is

not sufficiently offered or promoted by the NHS, leaving people sourcing from other, less correct, or less reputable sources. This excess of wrong information provides a good background reason for some not to get vaccinated. Invitations appeared to be inconsistent. The initial invitation, or being told, is often phrased 'you should have this' with no specific reasons why. Only few formal invites are sent out (in any form) and if they are, no information goes with them. Pneumococcal and shingles vaccines are no different. Reminders for flu are just that and have no information. This means assumptions are being made that people are happy to go on their health professional's recommendation, leading to assumed rather than informed consent. This inconsistent, verbal system doesn't champion clear and important information consistently.

The issue of making appointments appears to be an ever-growing problem, not necessarily regarding vaccinations, but instead more a general issue within primary care. A lack of proactive approach from GP surgeries means the onus is always on the patient to follow up. This, and the perception that GP surgeries are too busy stops people trying to make an appointment. Appointment difficulties can be a barrier to people having their vaccinations, especially those with busy working lives.

The majority support the idea of improving the system to be a simple, consistent, organised, easily accessible, central NHS system that promotes and offers information on why vaccinations should be considered important.

Learning for the future

Communication with patients:

- Hard copy and electronic formats are needed, but it will be necessary to keep thinking to the future when developing electronic formats.
- Apps, or an online portal, should be within the communication mix as they would cover multiple functions and offer many benefits: offering and holding information signposts, prompting with notifications for reminders and news or information, being a source for potential clinic sites, and allowing use of online self-booking appointment systems.
- For personal communications (e.g. invites) a tailored format choice should be offered to each patient (to pick one that will get noticed by them the most).
- For general communications the messages about why the vaccination is important need to come across as very relevant to all and ensure that the vaccination then appears to be worth doing for each individual.
- Communications also need to be very visible and memorable.

Vaccination programme information:

- Consider 'going back to basics' when providing information about the programme, such as what the programme is, what it does, why it's important

for more than just ‘old people and the vulnerable’ or ‘ill people who’ll end up in hospital’, what it has achieved.

- Use information as applicable and available to show trend analysis for the programme across the years, for example, perhaps the number of days taken off for flu, the number of hospitalisations, the number of cases of complications, which strains worked or didn’t work so well, and so on.
- Be factual and make the information about life as people know it (not just worst case scenario), for example there may be more impact for many knowing that getting flu could mean losing out on wages for two weeks, or wondering who will look after the children for this length of time.
- Overall be proactive about being the voice of authority in this regard, especially for the flu programme and endeavour to instil that taking part is the ‘done thing’, something that simply should be done.

First invitation:

- First time invitations need to be formal, ideally a personal letter directed at the individual and informing ‘why’ the individual needs the vaccination and the practical details of what to do next.
- Consider referring to ‘flu’ as ‘influenza’ and thereby move it away from being linked to being ‘just a bad cold’ – re-educate and reinforce.
- Focus information on the invitation on the specific vaccination, highlighting why it’s important for the individual, what it is, what it does, the side effects.
- Additional or further information needs to be included, or source-able for the individual in the format of their choice (leaflet or electronic).
- Include programme information – uptake year on year, side effect levels, number of people hospitalised, etc.
- Quick and simple is best in terms of how to get the information across.
- Paper letters still command a respect and get noticed, but electronic email versions need to be offered.

Reminders (primarily for flu):

- Repeat attendees are happy for a quick reminder and texts are well known for this from other services so these would be a useful method for many.
- Ideally add links in the texts to online booking systems or clinic sites, as well as signposting to relevant information.
- Remember to make any information included relevant and not the same each time, but instead highlighting new information, as in ‘this year ...’
- Again, the format will need to be tailored to the individual and a short letter may still be needed for some.

Making the appointment:

- Making an appointment needs to be easy and simple and at the patient’s convenience, so consider dedicated phone lines and develop electronic booking systems for self-service booking.
- Drop in sessions could be considered, but only if run very efficiently.

Opening hours:

- Make people feel they can easily ‘pop in’ to get vaccinated, so extending the availability of opening hours is a necessity, include early mornings (from 6.30/7am), later evenings (to 9/10pm), and weekends.

Clinic location:

- Opening up the range of locations patients can choose may support attendance as people can go to the venue with the most convenient hours.
- The clinic needs to feel local or nearby to all, with easy access (to get to, to park at and to get around), be private, clean, and safe, and have the ability to link to NHS systems (for patient record updates).
- Locations could include any of the following: GP surgery buildings; pharmacies (although limited space was acknowledged); community venues – town/village halls, community/leisure centres; local hotels, function rooms (although maybe not if it was deemed too much like ‘going to the pub’); or mobile units (as blood banks or breast screening), which would be assumed to be in supermarket car parks, or somewhere similar.
- Pick locations that are most cost effective and can become ‘the place to go for vaccinations’ (same place each year).

Central system:

- Everything must be NHS delivered, with trained, professional staff who are experts in giving injections, in vaccines and in the specific programmes.
- Only very few respondents wanted to know the person administering the vaccine to maintain comfort levels, so it would be suggested that there is an option to go to the GP/nurse, or that this is addressed perhaps by introducing the team in year one and then being consistent with the staff across time in individual locations so people can get used to the new team.
- A central service (‘NHS’ equates to ‘all Scotland’) is seen to offer scope for efficiencies in time, expertise, and costs, so ‘Scotland’s Vaccinations Service’ will be accepted and trusted if the system and staff prove their worth.
- The new service should incorporate all vaccines and the same processes should apply for all, so if a central system used, consider for example a twice yearly ‘vaccine time’, say May and October and all who become eligible in the months in between get invited each time.
- ID systems will be paramount if the service moves away from primary care to ensure records are up to date so develop a suitable ID system for all to use, for example: CHI numbers, or bar codes (as in bowel screening). Consider a format people can remember or have their number to hand: for example, a vaccines book/passport, an NHS card of some sort.

The vaccination appointment:

- The appointment should be quick and efficient, but not so quick and efficient that the individual feels unable to ask a question if they want to.

Advice on what to expect after immunisations:

- Consider a 'take away' note, a small leaflet or credit card sized 'keep me' to say 'thank you, it was important to do this'; listing side effects, how people might feel, what to do and when if they feel unwell; with a signpost to more information; and with a reminder for flu that side effects may not happen each time due to the changing vaccine, so please come back next year.

1. Introduction

1.1 Background to immunisation and the vaccination programme

Immunisation is the safest way to protect individuals and communities from serious diseases. The Scottish Immunisation Programme (which is part of the Scottish Health Protection Network) impacts almost every individual in Scotland.

The Scottish Immunisation Programme's schedule involves a number of different vaccination programmes, each of which provides protection against infectious disease to individuals or populations at different stages of life, including:

- routine infant and childhood vaccinations (through general practice);
- school-age vaccinations – including human papillomavirus (HPV) and childhood influenza (flu) (in schools by NHS health boards);
- adult vaccinations – such as influenza (flu), pneumococcal and shingles (through general practice);
- vaccinations delivered to 'at risk' individuals on the basis of specific clinical need or identified risk factors (e.g. people who are immunocompromised) (through general practice); and
- travel-related vaccinations (if NHS funded – through general practice).

In November 2017, a Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards was signed to review and transform vaccine delivery in light of the increasing complexity of vaccination programmes in recent years, and to reflect the changing roles of those, principally GPs, tasked with delivering vaccinations. The Vaccination Transformation Programme (VTP) aims to modernise how vaccination services are delivered to communities. VTP aims to empower NHS health boards and local partners to deliver vaccinations rather than the long-standing arrangement of contracting delivery through general practice.

This programme of change has been prompted by a number of recent developments: the significant expansion in the vaccination schedule, the increasing complexity of vaccinations and the modernisation of the roles of those involved in delivering vaccinations (the majority of programmes having been administered up until now through general practice).

VTP began on 1 April 2018 and will run for three years. Business change managers have been identified in each NHS Health Board and will work with their local Health and Social Care partners, Integration Joint Boards, Primary Care colleagues and communities to redesign vaccination service delivery models. New vaccination service delivery models will be developed, tested and implemented, but will only become operational when it is safe and sustainable to do so.

While the UK Joint Committee on Vaccination and Immunisation (JCVI) will continue to guide national policy and the vaccination programmes, delivery will be managed and implemented by NHS Health Boards and their local partners to suit their local population, geography and workforce.

As the vaccination service delivery redesign under the VTP has to be managed in a way that will not adversely impact on current vaccination rates, it is crucial that members of the public have a say in this and that they are involved at the outset in discussions about the planning and redesign of their vaccination services.

1.2 The vaccination services to be considered

The focus of this research is on the delivery of three adult vaccination programmes:

Influenza (flu) is a highly communicable, acute viral infection of the respiratory tract. Data are currently derived from the information technology (IT) systems of 99% general practitioner (GP) practices across Scotland. The flu vaccine uptake in those over 65 years by GP practice in Scotland (2016-17 season) showed that the average uptake for GP practices is 73% (half of GP practices have an uptake between 69% and 77%). Flu vaccinations are available annually to 'at risk' individuals on the basis of specific clinical need or identified risk factors (18-64 year olds) as well as all adults aged 65 years and older. Seasonal influenza vaccination uptake in the 'at risk' individuals is low, with less than half of those who are eligible being vaccinated.

The live attenuated **shingles** vaccine was introduced in Scotland in 2013. From September 2018, all adults who have recently turned 70 years old will be offered a single dose. In addition, all those who were previously offered the shingles vaccine but did not take up the offer, will remain eligible until their 80th birthday. The shingles vaccine has a number of contraindications. Data are currently derived from GP IT systems (and linked to the Scottish Index of Multiple Deprivation (SIMD)). The latest Shingles vaccine uptake figures for the 2017/18 programme showed a drop in cumulative uptake levels, 42.6% for those offered the vaccine when they turned 70 years old (compared to 44.37% in the same time period 2016/17). When the shingles vaccine uptake rate was studied by deprivation (SIMD) for routine and catch up cohorts in 2016/17, it was found that there was an inequality gap for both the routine and catch-up cohort (i.e. 43% uptake in most deprived areas versus 51% uptake rate in the least deprived areas for 70 year old cohort; 36% uptake in most deprived area versus 45% in the least deprived area for the catch up cohort of 76 year olds).

Pneumococcal disease is the term used to describe infections caused by the bacterium *Streptococcus pneumoniae* (also called pneumococcus). There is a seasonal variation in pneumococcal disease, with peak levels in the winter months. A single dose of the pneumococcal vaccine is available to adults aged over 65 years. At the time of reporting, there is no uptake data available for this vaccine.

1.3 The purpose of this research

NHS Health Scotland, on behalf of the Scottish Government's VTP Stakeholder Communications and Engagement Group, commissioned this study to explore the views of adults on what they consider to be the key elements of an effective vaccination service delivery model for adults.

The findings from this study will be used by VTP business change managers to inform their local health board's VTP planning processes during the period April 2019 to March 2021. High level VTP plans indicate that many of the health boards will redesign the vaccination services for the three adult vaccine-preventable diseases in years 2 and 3 of the VTP.

1.4 Aims and objectives

The overall study aim was to explore, based on the views of Scottish adults, how the vaccination service is delivered across Scotland, including how it could better meet the needs of the population.

Specifically this included views of the adult vaccination programmes: flu, shingles and pneumococcal. The routine infant and childhood, school-age and travel-related vaccination programmes were out of scope for this research as they were being addressed by other means.

The detailed research objectives were as follows:

1. Explore what the target audience currently value about vaccination.
2. Identify any factors that might improve vaccination experience or likelihood to get vaccinated including:
 - establishing preferences for service delivery venues or locations
 - establishing which health professionals are preferred to deliver vaccinations and whether it is important to be vaccinated by a health professional known to them
 - establishing the preferred communication channels to receive information about the infectious disease and the vaccination
 - establishing the preferred form of engagement about getting vaccinated.
3. Identify common barriers to current service delivery and accessing information; and describe where possible how these might be overcome from the perspective of the target audience.

4. Identify common facilitators to current service delivery and describe how these might be utilised from the target audience's perspective.
5. Identify factors that may be contributing to differences in service delivery across Scotland from the target audience's perception.
6. Identify key variations in service delivery across Scotland from the perspective of the target audience.
7. Identify learning to further improve service delivery in the future.

1.5 Report structure

This report details all the results from this research. It outlines the method and samples chosen, then illustrates the findings from the study before drawing together a discussion of these results and providing conclusions and learning for the future service to aid the development of the VTP for these three adult vaccination programmes.

Sections 3, 4 and 5 of the report show the findings from the 18 extended, 2-hour focus groups conducted. Section 3 starts with some contextual background to highlight the respondents' background and then discusses knowledge about and views of the value of vaccinations, and reasons for and against vaccination. Section 4 reviews the current vaccination delivery process in detail and Section 5 provides respondents' thoughts on a future vaccination delivery process. After detailing the findings and discussing them, conclusions and learning for the future service are presented.

Please note all reporting is done by exception. This means that specific audiences are only mentioned if they differ from the majority. If no mention is made to a specific audience then the response illustrated is relevant across the whole sample and there was no difference between sample groups.

Appendices 1 to 4 of the report show all the research material (participant information sheet – 1, consent form – 2, recruitment questionnaire – 3, and discussion guide – 4).

2. Methodology

2.1 Considerations for study design

A number of issues were considered when designing the specifics of the approach to the study and the sample composition.

2.1.1 The sensitivity of the subject

Previous experience with the general public about vaccinations and screening programmes had shown these subjects can be sensitive for some people. Whilst some would be happy to speak about health issues such as this, for others their personal health would not be something they would speak about. Vaccinations, although not linked to having a specific condition, and not, like screening, linked to the potential to discover 'bad news', are nevertheless a reminder of illness and as such some may have been less than happy to speak of their thoughts on this. Any research needed therefore to be treated in a sensitive manner, enabling people to give responses in an open and comfortable way via a route that allowed them to feel that they could respond at the level they wished to.

2.1.2 The potential for peer pressure within group situations

It was also necessary to consider how people may react to speaking about this subject within a group setting. It could be said that health issues would be best considered one-to-one and that in a group setting people would offer responses that conformed to the social norm. However, for the objectives it was necessary to discuss the best process for vaccinations, the practical, as well as emotional aspects that make up a good service. Any one person may or may not have gone through each of the vaccinations and as such may or may not have knowledge of and thoughts about the current processes. Discussing them in a group allowed more and varied experiences to be drawn in the discussion and used as examples of good and bad practice, thereby allowing a better evaluation of the different aspects of the vaccination process.

2.1.3 The need to encourage and develop thoughts within research sessions

The main objective was to understand how the vaccination service could best be delivered across Scotland. However, for the general public, their experiences at first thought may not be very in-depth. It was necessary to encourage discussion within the sessions and also to allow the development of thoughts and ideas so that they could be discussed, reviewed and then the ideal service evaluated. To do this it was necessary to hold extended focus group sessions to enable the incorporation of different research techniques to allow the flow of ideas to be fully developed.

2.1.4 The target audience/sample

The research covers two main audiences: 18-64 year old 'At Risk' and those aged 65 to 75 (Older Adult). Given the need to cover all three vaccinations there was, by definition, an overall older respondent population within the research. It was important to explore how the younger 'At Risk' group's views were different to the Older Adult group and to understand how this may affect the ideal process for each audience.

It was also necessary to think about the impact if a sample comprised respondents from only the most deprived areas in SIMD 1 and 2 postcodes. Recruiting only from these areas would give their views of an ideal vaccination service but not the views of the remaining 60% of the population and higher social grades. This could have meant the service as devised might not have been suitable for the whole population and a caveat to this effect would need to have been added to the results when devising new services. All SIMD postcodes were therefore included within the sample to mitigate this.

The final sample for the study is describe in the later section 2.3.2 Sample.

2.1.5 Three vaccinations and different levels of experience

The different sample groups had different experiences of vaccinations. Taking out the experiences of vaccinations as a child or young person, the At Risk audience only had experience of the flu vaccination and any travel vaccinations they may have had, whilst the Older Adult respondents may or may not have experienced either flu, or shingles or the pneumococcal vaccinations.

In order to ensure that we learned as much as possible about what might make up the ideal vaccination process it was necessary to gather insight from all vaccination processes by recruiting people who had had different experiences across the different vaccinations. Which and how many vaccinations people had experienced was considered when drawing up the sample profile to allow varied views to be included and discussed within the research sessions.

2.1.6 Locations: the need to cover all of Scotland

The vaccination programme is to cover all of Scotland and will be implemented by the different Health Boards, therefore it was necessary to review the current situation across a good mix of Health Board areas to ensure the learning for the future can apply in all areas. Care was therefore needed when looking into research locations, bearing in mind what is currently available in terms of vaccination processes and general infrastructure, from rural to urban locations.

2.1.7 Differences in the current vaccination programme across Health Boards

The differences across Health Boards and between GP practices with regards to current vaccination processes, meant it was necessary to consider how best to allocate the research sample to account for these. For example, if one GP practice routinely contacts those turning 70 to tell them about the shingles vaccination and another does not, then potential respondents from each practice would have a fundamentally different knowledge and view of the service. It was therefore necessary to consider this as a variable within the sample.

2.1.8 Feasible possibilities for the new service

The objectives stated that there was a need to explore how the vaccination service is delivered across Scotland to better meet the needs of the population. With this in mind, it was necessary to consider how blue-sky the research was to be, or how wide and open the responses were to be with regards to what people want of a service. For example, could the response be that a home vaccination service would be desired? If this would not be feasible then knowing this in advance would enable respondents to challenge and temper responses given to ensure the learning for the future is realistic.

2.2 Method

A qualitative approach was deemed the most appropriate given the more exploratory nature of the research objectives. Moreover, a single methodology, consisting of extended focus group discussions was deemed necessary given the different requirements posed by the objectives and sample. An extended group format was therefore used, with a total of 18 focus groups being conducted, each session comprising up to 8 respondents (giving a maximum of 144 respondents) and running to 2 hours in length.

The more creative and interactive aspects of the extended group methodology offered a number of advantages, particularly given project's developmental focus. The more open and discursive approach, together with the longer time available to develop ideas, was ideal in maximising the vaccination programme user learnings, especially in terms of the value associated with the different vaccinations and differentiating critical quality drivers for the process from added value or engagement elements. The research focus could be more strategic in identifying what really mattered and what (else) was valued or desired.

2.3 Recruitment

Recruitment was conducted on a free-find basis using Scott Porter's network of freelance recruiters who followed agreed and detailed sample criteria, quotas and timings. Experienced recruiters from the specific research locations sourced potential respondents from the area who were of the appropriate age and risk category, therefore eligible to receive the various vaccinations. This was done via approaching people on the street and talking to them, and then also by snowballing potential contacts as appropriate.

The process for the recruitment was as follows:

- At the start, the 'invite to research' material was designed to approval.
- Locations were confirmed to ensure sufficient potential respondents could be sourced from which 8 respondents per group could be recruited.
- Recruiters were sent the appropriate documentation and then received a full telephone briefing on the project requirements.
- All screening was done via a recruitment questionnaire devised by Scott Porter and signed off by the NHS Health Scotland prior to recruitment starting. This document included all the criteria needed to determine the sample groups and reach quotas. This can be seen in Appendix 3.
- If they qualified for inclusion and were willing to participate in principle the respondent was given a 'Research Information Sheet', showing full details of the project and who to contact for further information. See Appendix 2.
- Once they had read this and were happy to proceed, formal consent was gained in writing. Respondents were also given a formal invitation confirming the focus group date, time and venue details. See Appendix 1.
- All received a phone call or text message a day or so before the groups to check they were still willing to take part (a further verbal consent).
- In addition, on arrival at the group session respondents were reminded of the research process, including audio recording, confidentiality and data protection, they then gave written consent confirming that they had been informed and were happy and willing to participate.

All respondents were offered a cash thank you for their time and contribution, as is customary in research studies of this kind, receiving a £40 incentive at the end of their participation.

2.4 Sample

To evaluate the vaccinations programme with a robust qualitative sample the full range of sample criteria was reviewed and the relative weighting of each considered, to find a rounded and relevant final sample frame. The following constituted the key variables that were considered when designing the sample specification for this project.

2.4.1 Target audience

The research sample was split by two main target audiences.

- Audience 1: males and females aged 18-64 years with a health condition that placed them in an 'at risk' group eligible for the flu vaccination
 - incl.: asplenia/dysfunction of the spleen, asthma, bronchitis, chronic heart disease, chronic kidney failure, cystic fibrosis, diabetes, emphysema, HIV infection, liver, morbid obesity, multiple sclerosis.
- Audience 2: males and females aged 65-75 years who were eligible for flu, shingles and pneumococcal vaccinations
 - flu and pneumococcal: all ages from 65 to 75
 - shingles: from age 70.

2.4.2 Age

The 18 to 64 age group was split into three brackets to place people of roughly similar ages into one session – 18 to 34, 35 to 49 and 50 to 64 years old. For the 65 to 75 age group there was a nominal split of 65 to 69 and 70 to 75, with the shingles vaccine taking predominance in this second group as people need to be 70 and above to be eligible for this vaccine.

2.4.3 Up-take of the vaccinations

The sample included primarily those who have been vaccinated (although they may not have had all the vaccines they were eligible for) to understand the motivators and barriers to up-take and have some knowledge of the vaccination process. Previous experience of vaccinations was covered in two ways:

- flu: included a mix of those who had been regularly vaccinated every year, those vaccinated at least once, and those who had not been vaccinated at all
- shingles and pneumococcal: as they are both one-off vaccinations it was a yes or no response, so a mix of both were included.

As the research was primarily about the vaccination process, it was decided that it would not add anything to the sample to hold groups pertaining to one or other of the vaccinations alone, the process being more important in this case than the specific vaccination. It was decided to include as many experiences of vaccinations as possible in each session.

Regarding those who had never been vaccinated, a decision was taken, in agreement with the Project Commissioning and Advisory Group, that if a respondent had no knowledge of the system at all they would have little to contribute, and may need 'educating' about the process, which would hinder the discussion, so they were excluded from the research. Inviting people who had a mix of experiences, having taken up one or two, but maybe not all three vaccinations, meant sufficient knowledge could be gained from them of the reasons why they do and do not get vaccinated.

2.4.4 Level of deprivation/socio-economic group

The research brief stated that the research was to concentrate on those who live in more deprived areas as defined by the SIMD quintiles 1 and 2, but given adult vaccination programmes serve the whole population the views of those in SIMD areas 3, 4 and 5, the more affluent areas were also included.

For recruitment, the SIMD 1 and 2 sample reflected the lower social grades of socio-economic groups (SEG) C2, D and E as postcode definitions that define a property in a SIMD area do not necessarily translate into the appropriate social grade household. Likewise, the SIMD 3, 4 and 5 were matched to the higher social grades – SEG C1, B and A.

2.4.5 Gender

The groups would not have benefitted greatly from being single gender, so there was mixed gender in each group.

2.4.6 NHS Health Board area/locality

Respondents lived in a mix of urban and rural locations in NHS health board areas: Lothian, Greater Glasgow & Clyde, Grampian, Tayside, Borders, and Forth Valley. 'Urban' locations were deemed to be larger towns and cities, 'mid-way', smaller towns out of the major conurbation areas and 'rural' to include villages and those living in the countryside. No formal definition was given, but locations were chosen to represent these broad categories.

2.4.7 Exclusion criteria

There were also two recruitment exclusions. The first exclusion was anyone who rejected the concept of vaccinating people against illnesses (agreed strongly to, "I am opposed to the idea of vaccinating people against illnesses"). Anyone who was very anti vaccination overall could have potentially skewed the discussion and it was felt would probably not have contributed positively to thoughts about potential future delivery services. The second exclusion was anyone who currently or previously worked in healthcare or medicine (NHS), marketing or advertising. This is a standard exclusion to avoid having anyone with specific knowledge of the areas under discussion, or the research process itself within the sessions, which again could lead to potential research bias occurring.

2.4.8 Final sample framework

Based on the above variables, and final discussion with NHS Health Scotland and the Project Advisory Group, the sample composition was as follows in Table 1 for a **total of 18 extended 2-hour focus groups, all mixed gender, weighted to SIMD 1 and 2 (social grade C2DE), but including SIMD 3, 4 and 5 (social grade ABC1).**

Table 1: Sample composition for 18 focus groups

	Audience	Age	SIMD	Vaccination status	Location
1	18-64 at risk	18-34	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no	Urban
2	18-64 at risk	18-34	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no	Rural
3	18-64 at risk	18-34	3-5	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no	Mid-way
4	18-64 at risk	35-49	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no	Urban
5	18-64 at risk	35-49	3-5	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no	Rural
6	18-64 at risk	35-49	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no	Mid-way
7	18-64 at risk	50-64	3-5	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no	Urban
8	18-64 at risk	50-64	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no	Rural
9	18-64 at risk	50-64	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no	Mid-way
10	65 to 75 yrs	65-69	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no - Shingles, age 70+: yes/no	Urban
11	65 to 75 yrs	65-69	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no - Shingles, age 70+: yes/no	Rural
12	65 to 75 yrs	65-69	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no - Shingles, age 70+: yes/no	Mid-way
13	65 to 75 yrs	65-69	3-5	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no - Shingles, age 70+: yes/no	Mid-way

14	65 to 75 yrs	70-75	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no - Shingles, age 70+: yes/no	Urban
15	65 to 75 yrs	70-75	3-5	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no - Shingles, age 70+: yes/no	Urban
16	65 to 75 yrs	70-75	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no - Shingles, age 70+: yes/no	Rural
17	65 to 75 yrs	70-75	3-5	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no - Shingles, age 70+: yes/no	Rural
18	65 to 75 yrs	70-75	1 & 2	Mix of uptake per group: - Flu: never/once/always - Pneumococcal: yes/no - Shingles, age 70+: yes/no	Mid-way

2.5 Interview approach

All research was facilitated by senior Scott Porter researchers. Each session was based on a discussion guide outlining the necessary areas of questioning. This was prepared in draft form and forwarded to NHS Health Scotland and the Project Advisory Group for input and approval prior to fieldwork commencing.

The following areas of enquiry were covered in detail and the discussion guide can be seen in Appendix 4 of this document:

- what is valued about vaccination programmes in general
- experiences of getting vaccinated including:
 - factors that made/would make an experience a positive one
 - factors that made/would make an experience negative or off-putting
 - including what deters people from deciding to be vaccinated
 - what did/would help to improve this
 - preferences for service delivery venues or locations
 - preferences for which health professional should administer vaccinations and whether it is important to know them
- how information about vaccination programmes is currently accessed and what communication channels are preferred to receive information about the disease and the vaccination
 - preferred form(s) of engagement about getting vaccinated
 - what might further improve service delivery in the future.

2.6 Method of analysis

Provided permission was obtained from each respondent, each group was audio recorded and then transcribed or notes taken. The method of analysis involved interpretation of the data based upon the required study output (as defined by the objectives) and the discussion guide. An informal, thematic framework was designed around the objectives and used by each researcher to develop their notes which were then used to facilitate thematic and explanatory analysis. All members of the research team then met to discuss the outcomes of their respective sessions and the final findings were pulled together and formed from this discussion.

2.7 Limitations

A limitation of the study was that given the project constraints it was not possible to speak to people across all of Scotland. Therefore, given the research aims were about the process of getting vaccinations there may be issues the research did not uncover. However, by ensuring a wide mix of demographics were covered the design mitigated this as well as it could.

A further limitation was that the respondents all had at least one of the three adult vaccinations under discussion. This was done to ensure that the conversation was pertinent to them, in other words they could talk about the process. However, those who decided not to get vaccinated at all may have decided not to because, for example, appointments were too inconvenient, therefore the extent of these issues may be higher than the research would suggest. Again, recruiting respondents who had received one but maybe not all three vaccinations allowed us to talk about the individual reasons for choosing or not choosing to take the vaccinations and this was done to mitigate this limitation.

2.8 Ethics approval

Following a review of the NHS assessment criteria for research ethics it was confirmed that the study did not require NHS research ethics committee approval. Therefore, the study was reviewed and received a favourable opinion from NHS Health Scotland's Research Development Group.

3. Background views on vaccinations

This section provides some contextual background to highlight the respondents' background and then discusses knowledge about and views of the value of vaccinations, and reasons for and against vaccination.

3.1 Respondent's background – context

The two main sample groups of 'At Risk' and 'Older Adult' gave a broad spectrum of respondents for this research. These two groups built an overall sample that covered many different types of people: from 18 to 75 years old; with self-perceived levels of wellbeing; in different life stages; with a variety of working status including those not working and retired; and from urban populations to rural areas. The whole sample also showed a broad spectrum of different personal views and emotional responses and a wide variety of different practicalities that affect daily life.

Of important note here is that the many and multiple variables for any one respondent led to only few overall definable and specific 'sample group' responses.

3.2 Definition and knowledge of vaccination

Prior to looking at the vaccination process respondents were asked about how they felt about vaccinations overall. This was done to understand how important vaccinations were deemed to be by the respondents, thereby giving background context to their views on the vaccination delivery process. This section details their thoughts on vaccinations.

3.2.1 Definition of 'vaccination'

When asked to think of what comes to mind for 'vaccinations' many respondents spontaneously defined this simply as to 'stop people getting diseases', or that it is 'protection', something for 'just in case'. Equally as many also added that vaccination is generally considered a good idea.

However, this was balanced by as many respondents who cited worries. There were two main areas of concerns at a spontaneous level. The first was a query about the efficacy of vaccination and whether it really worked as described as some respondents said it was hard to 'prove' a vaccination worked as absence of the disease could be the vaccine or it could be not just contracting the disease. The second worry voiced initially was that of side effects, both those reported by others and those from personal experience.

Respondents were much more likely to think of the flu vaccination spontaneously than the other adult vaccinations, including pneumococcal or shingles. This also appeared to be the case in the Older Adult age group where it could be surmised that they would think more equally of all three adult vaccines given they were eligible for both pneumococcal and shingles vaccines.

When thinking of vaccinations other positive thoughts included comments that they help an individual and are easy to receive. Vaccinations also stop disease from spreading, and are for those with low immunity and assist with the ability to fight diseases. Vaccinations were mentioned as being for those with asthma and diabetes, the elderly and vulnerable people (i.e. those with lower immunity).

Other neutral comments focussed on specifics, namely that they cover flu, pneumonia and shingles, that flu is a regular in winter, that they link vaccinations to doctors and nurses, children and school. Some commented that vaccinations were something that goes into the body and that they work after 10 days. Others voiced the question regarding how long they are effective for, a year (if a new vaccine is needed annually), or longer.

Vaccinations also raised more negative thoughts, such as a dislike of needles, pain, and dread. Vaccinations were also seen to be inconvenient as it can be difficult to get an appointment or find time to get to the GP surgery during opening hours.

3.2.2 Knowledge of adult vaccinations

All 18 group sessions spontaneously mentioned the flu vaccination first and most frequently. Otherwise knowledge of other adult vaccinations was less definite and required some consideration by respondents. In spite of this, in most of the focus groups there was at least some awareness of the pneumococcal and shingles vaccinations, although, this tended to increase with age and the likelihood to have been personally offered the vaccination.

Other vaccinations (aside from travel) mentioned by respondents included:

- most mentions: HPV (younger groups only); tetanus; hepatitis A/B/C
- fewer mentions for: polio; MMR/mumps/measles
- individual mentions: bird flu; rabies; tuberculosis/BCG; whooping cough (when pregnant)

3.3 The value of vaccinations

Respondents thought vaccinations had value. This was clearly shown in the spontaneous comments that vaccines stop and protect people from a specific disease, as well as in the frequent follow up comments of 'you just know vaccines are good for you'.

Knowledge about vaccinations was felt to be almost automatically understood, 'a given'. The majority felt that vaccinations had been part of their lives since childhood, but since there were fewer vaccinations for adults, they were thought about less frequently as an adult, maybe only coming to the fore again in later years.

The only exception to this were parents who have had to decide for their children in recent years. A few said they had chosen to review information and consider their consent specifically with regards to their children and vaccinations.

Whilst the general view was that vaccinations were positive and a known entity, there was some comment that this may not necessarily translate into the belief that a specific vaccine might be worth having at an individual level.

3.4 Reasons for vaccination

This section of the report looks at the reasons why someone might get vaccinated, as seen by this sample of those who have received at least one of the three adult vaccinations under discussion.

When verbalising the reasons why someone would get vaccinated generally one of the main reasons was cited as 'for protection', named variously as to reduce the risk of getting the disease, to reduce the risk of the severity of the disease, to protect others, for example as a carer for someone at risk, and also to stop disease spreading in the population more generally.

The word precaution was also used by many, in terms of perhaps an insurance against getting the disease, vaccinations being something which would give someone peace of mind and mean they had 'no need to worry'.

Respondents also talked about vaccinations being important for those who had risk conditions, citing specifically those with low immunity, older people, and pregnant women. Interestingly most of the at-risk audience did not cite their own conditions, highlighting that they did not necessarily define themselves as 'at risk'.

Recommendation was also a factor that many felt would make someone have a vaccination, namely if a health professional told them to. Employers were also mentioned here, with some saying that more companies appeared to be asking people to have the flu vaccine on a regular basis.

Following these reasons came some of the fears that the vaccination would protect against. Fear of the consequences of being ill was a worry for some, who said they generally did not want to be ill as this would impact on day-to-day life, going to work, covering childcare. It was noted here that this showed a worry that was less about what the disease might do and more about the consequences of being ill for more than just a couple of days.

The next fear however was indeed of the specific disease being vaccinated against and a need to protect themselves against it. These respondents said they were scared of the disease, especially if they or someone close had had the disease before, for example flu or shingles.

Some also mentioned that habit came into the equation for the flu vaccine. It was felt to be easy to receive, just one injection, once a year. Linked here was the comment that word of mouth at 'flu time' led some to consider vaccination if they felt that 'everyone was doing it'.

Finally, and mentioned by a few was the fact that it is free (for those who are eligible).

All in all, there were consistent views regarding why people get vaccinated and for these respondents the basic premise of vaccinations led the way, their desire for protection and prevention of the disease. The reasons were also consistent across both the At Risk and Older Adult groups, except, that 'easy to do' and 'convenient' were both more likely to be voiced in Older Adult groups, those who were no longer at work and able to be more flexible with appointment times, or simply likely to be visiting their GP surgery more often.

3.5 Reasons against vaccination

The report now looks at the reasons why someone might not get vaccinated and there were three main reasons why respondents thought people would not get vaccinated.

The first and most mentioned in all of the groups was a **fear of something**. This included a fear of what someone had heard about in word of mouth stories or media stories (where they said most of the 'news' about vaccinations seemed to be), but also a worry about side effects of the vaccination (for flu especially), as well as a fear of needles.

The second reason surrounded a **lack of knowledge**, something that respondents felt could exacerbate the fear. The lack of knowledge was vocalised in a series of questions. 'Do I need it?' was a common question many wanted answered, especially any who would otherwise have declared themselves to be healthy. This was the case for all three vaccines, and also the case for those with at risk conditions where for example, their asthma put them on the flu list, but they felt, was not an indicator of their general health status.

Many also questioned why they should have it. For flu they felt they were not clear of the consequences for them personally that might arise from getting flu. Whilst many cited that it can be serious, the majority also said that they did not know of anyone who had been hospitalised with flu and therefore questioned just how 'serious' it really is, unless someone is very at risk. This appeared to be the same for shingles and also for pneumonia, where many were not aware of the consequences of the disease. It could be said that all three diseases felt somewhat removed from the individuals, with stories about severe cases belonging to 'someone in the news', but not necessarily to them or their close families.

The next set of questions related to whether the flu vaccination gives someone flu. In spite of the leaflets and health professionals informing people that the vaccine cannot give people flu there was still much confusion given that many had themselves, or knew people who have had side effects after having the vaccination.

Given this first-hand knowledge of symptoms that happened after the vaccination some respondents felt they were being 'fobbed off' by health professionals or not listened to in this regard. This built a feeling of uncertainty and lessened the trust in the health system behind vaccinations. In a very immediate way it also turned people off having a vaccine if the symptoms they experienced were sufficiently severe to make them want to avoid a repeat experience.

Perhaps related to this were questions surrounding the flu vaccine's efficacy. With little knowledge of how the vaccine is made each year, how it works, what the different strains mean and how and if people are immune to all the strains, there would appear to be an overall lack of knowledge in this regard. This again raised uncertainties in respondent's minds relating to the worth of the vaccine. Efficacy levels were also raised with regards to what the flu vaccine can do, i.e. does it prevent flu totally, make the symptoms less severe, or does it depend on the strain. This would mean the vaccine was only useful if someone 'happened' to get the right strain. This also lessened some respondents' belief in the potential value of the flu vaccine.

The final reason for not getting vaccinated was linked to the **practicalities of getting vaccinations**. Here respondents noted having time to get to the GP surgery during their opening hours and also the difficulties in getting suitable appointments times. Busy lives, some of the Older Adult group respondents included, meant organising and getting vaccinated felt like a chore. The level of difficulty to get the practicalities sorted, linked to where vaccinations came on their priority list could determine if the vaccination took place.

Other reasons why respondents felt someone might choose not to get vaccinated covered a wider range of topics, including:

- religious reasons – mentioned in most groups, but with no further detail;
- concerns about the body building up too much immunity and not being able to fight things itself – something a few were just not sure about;
- shortages of vaccines – for the flu vaccine this year in some areas it was said there were shortages at the point reminders went out which meant respondents had called their GP surgery to book an appointment to be told the vaccines hadn't arrived and they would need to call back (some multiple times);
- don't know eligibility – some felt not everyone would know they were eligible for a vaccination, especially for pneumococcal and shingles;
- some mentioned that someone might have a fear of going to the doctors, not wanting potentially to be asked about other issues; and
- being anti-vaccinations – most groups assumed that some people just wouldn't believe in vaccinations at all.

Looking across all the responses for why someone might choose not to get vaccinated, many of the reasons related to a lack of correct knowledge. However, it could also be said that these responses were driven more from a surplus of incorrect or wrong knowledge which led people to decide not to get vaccinated, or made it seem less serious.

Respondents were more likely to cite knowledge sources for vaccines as being word of mouth or the media, rather than the NHS, and this they themselves said may be why there is a myriad of myths and queries about vaccinations. After discussion, for some it became clear that people 'know' about vaccines, but the majority of this knowledge was not from reputable sources and often not correct.

Some comments that highlighted this were as follows:

"The wrong information is out there, no clear, concise answers to clear up the stories." At risk, 50-64 years, SEG ABC1, Lothian

"I've heard stories about how they missed the right strain, so how do they work it out? It makes you think, what's the point, it's guesswork!" At risk, 18-24 years, SEG C2DE, Tayside

“Last year all we heard was they got it wrong, not what it did right. We need positive feedback from the NHS. Trusted information, admitting the reality.” At risk, 35-49 years, SEG C2DE, Grampian

3.6 The main driver and obstacles to vaccinations

Across the groups, respondents cited the main driver to vaccinations as being protection or ‘insurance’ against the disease.

The main barriers to people choosing to be vaccinated were twofold. Respondents cited the lack of correct knowledge and fear, especially about flu, as one of the main obstacles. Many others also stated that accessibility issues with GP surgeries were increasing and this, along with busy lives was deterring people from making the call to book an appointment. It should be noted here that when respondents spoke of accessibility issues, they were referring to access to primary care in general, not necessarily something specifically that occurs as a result of the vaccinations process (unless vaccines were not available or they attended flu clinics that they felt were disorganised).

All in all, respondents felt that vaccinations were something good however, potentially not a priority through lack of information and practical challenges.

4. The current vaccination delivery process

This section reviews the current vaccination delivery process in detail, what happens now for these respondents within their GP practices.

The first point to note with regards to the current vaccination delivery process is that within and across the focus groups no very specific patterns emerged with regards to the current process. There were also no specific demographic differences with regards to the current service, nor were there any real geographic differences. All in all, each GP practice appeared to have their own system, so the process depended on where the person was registered and therefore this led a respondent's view of the current process. This appeared to be the same for flu, pneumococcal and shingles vaccinations. Indeed, within many of the focus groups respondents themselves expressed some surprise at the differences between GP practices that were noted at such a local level.

4.1 Current process – eligibility

There were high levels of knowledge regarding eligibility for the flu vaccine, although some in the At Risk group commented that it did not always seem to be 'automatic' eligibility if someone has a pertinent condition and they did not understand why this was the case. This was especially apparent when these groups looked at the current flu leaflet, commenting that it lists simply, for example, 'asthma', but they queried if this meant everyone who has asthma.

The vast majority assumed that they had been told they were eligible by their GP or nurse or a specialist in hospital. This would have been on diagnosis of a specific condition, they said, or simply 'at some point', with many unsure when this might have been (it was too long ago for some respondents to remember).

A few found out either through a relative or their carer that it would be useful for them to be vaccinated. A few found out in relation to work and a few individuals said they had checked with their GP.

For pneumococcal and shingles there were lower knowledge levels with knowledge increasing with age. Having said this fewer respondents overall in the Older Adult group had had these vaccinations compared to flu. Most who received them were only told about them at their local GP surgery if the health professional deemed that they 'needed' them and it appeared to be more often mentioned by the nurse than the GP.

Overall, finding out about these two vaccines appeared to be more likely to be verbal at their GP surgery, than via any form of formal invitation.

“I was just told one day ‘we’ll do it while you’re here’. Which is good, no time to worry! But I didn’t get any information about it.” Older Adult, 65-69 years, SEG C2DE, Grampian

4.2 Current process – the invitation

There were a mix of approaches mentioned by respondents when it came to invitations, with little consistency across the groups. Overall, At Risk respondents appeared more likely to have neither received nor seen an invitation, whereas the Older Adult respondents were more likely to have been ‘invited’ by letter or verbally whilst at the GP surgery for another reason. The main formats for invitations show this inconsistent mix.

An invitation by letter was most frequently mentioned, more often by the Older Adult group, either sent by their GP surgery or some said, in a recent change, from the NHS. Those who mentioned these new NHS letters were not sure where the invitation had actually come from, but their assumption was that it wasn’t their GP surgery. Those who received letters were from all age groups, and across the sample it did not appear that many actively engaged with the letters themselves. Letters for flu were in the main seen as a reminder, some even stating that the letter only came out of the envelope as far as the word flu and then they knew they needed to make an appointment. For pneumococcal and shingles there appeared to be less mention of letters as invitations, with many of the Older Adult respondents, as stated previously, being verbally informed at an appointment for another reason.

There was some mention of text messages being used as an invitation, primarily for flu. These were principally a ‘reminder’ in that they informed the person they should get in touch with their GP surgery to make an appointment. These definitely came from their GP surgery, being used as a reminder in the same way, they said, as the text reminders they received for appointments generally (for example for dentist or optician appointments).

As mentioned some were asked by a nurse or doctor (primary care or specialists) if they wanted the vaccination. This tended to happen for flu if someone had just been diagnosed with a risk condition, and for pneumococcal if someone was seeing the doctor for another issue. Some Older Adult respondents had also been invited, or told about a vaccine by GP surgery staff when making appointments or dealing with the reception desk.

A couple of respondents had received a phone call from their GP surgery asking them if they wanted one of the vaccinations. One Older Adult respondent said they received a telephone invitation from their GP surgery to attend for the shingles vaccination and the person on the phone assumed they would simply say yes and pushed them to book an appointment. However, as this respondent knew nothing about shingles and it was 'out of the blue' they felt unable to simply say yes at that moment. They assumed a letter would follow, but it had not thus far.

Other reminders for the vaccinations were taken in via the general communications respondents had seen. Mention was made here variously of posters in the NHS generally and their GP surgeries specifically, the TV ad for flu, notes on the bottom of repeat prescription slips, and an ad in the local paper (from the GP surgery). Hearing others talking about the vaccine was deemed another reminder to think about it.

4.3 Current process – information provided at invitation

The majority were offered a vaccination because they needed it and said that there was little information given to them at the point of offer, for example on why they specifically needed it, what it is, what it does, what the side effects might be and what the consequences could be if the vaccination was not taken and they got the disease.

"I've got problems with my liver, so that's why I get it, but I don't really know WHY I need it." At risk, 18-34 years, SEG ABC1, Grampian

For flu most said they were initially told they were eligible verbally and were given no information. Nearly all then spoke of what they had received in the following years as 'a reminder', simply saying it was an equivalent of 'it's flu jab time, make an appointment'.

Most of the Older Adult respondents had been offered pneumococcal at their flu jab appointment, along the lines of 'you could have this for pneumonia, do you want it?'. This was often said to be 'literally now', with the dose ready to go in straight after the flu jab. A few of the At Risk group had been offered this, but they all had specific conditions and had been told by their specialists that they should have it, so had arranged for it. Again no information was reported as given.

The shingles vaccine had had the least uptake within the eligible sample. Most of these had been offered this at other appointment, a couple of respondents had received a phone call and another couple had had a letter after their 70th birthday. There was however, whichever format, little or no information given with the invitation and often they were not sure why and if they should have it.

Overall there appeared to be an assumption, or perception that the NHS assumes patients do not need more information and therefore the onus was on the patient to find out more if they want to know.

4.4 Current process – the decision

For the majority of respondents, the decision to have one of the three vaccinations was not a particularly active one. After deliberation at the focus groups most also felt it could also be said that it was not one of 'informed' consent.

The reasons for this were that most were recommended to have the vaccination by a health professional. Given vaccinations were somehow inherently seen as good by these respondents a recommendation was all most felt they needed. Indeed, some said it was simply a common-sense decision as they didn't want to get the disease. This mix of reasons was especially the case for pneumococcal and shingles. For flu, those who had the vaccination every year felt that it had become a habit, or a necessity to ensure they didn't get flu.

There was however at this point, little or no mention of leaflets or information being given or sent out to help with the decision.

"You've already decided vaccines are good, so you know you're going to do it, so it's not a decision per se, especially the flu... and it's doctor's recommendation for the others." Older Adult, 70-75 years, SEG ABC1, Lothian

"I just go for it, trust in them (the NHS) that you need it and it'll be ok if they say so." At risk, 35-49 years, SEG C2DE, Greater Glasgow and Clyde

"It's not a decision, it's a necessity." At risk, 18-34 years, SEG C2DE, Lothian

For a minority however it was an active decision (cited by individuals in five groups, four At Risk and one Older Adult). These respondents worked through several questions in order to make their decision, thereby answering the main thought of 'is it worth it?'. They wanted to know why they needed it. Some respondents worried about previous reactions to the flu jab.

A couple of respondents said they liked to research the flu strains chosen each year and decide then whether they thought it was worth having. A couple of other respondents thought about the practical aspects of how long it might take to get an appointment and was it worth the wait. One respondent mentioned they would always do some research if it was a vaccination they had never heard of before.

4.5 Current process – making the appointment

Making the appointment was not deemed easy by many respondents across all groups. This aspect of the process is of course completely driven by the individual's GP surgery processes. The success, or not, of making an appointment therefore depends on these individual GP surgery systems.

The vast majority were asked to call in and make an appointment and for the majority this was usually a general nurse appointment. The appointment could also be within the GP surgery's flu clinics, where they either had specific appointments or were given block appointment times, for example between 10 and 12 on a set date.

Overall there were vast amounts of frustration about getting appointments, the negatives very much outweighing those surgeries where it was deemed 'ok'. The frustration was especially, but not only evident for the younger respondents, those with family, or working, or just generally with busy lives.

Their issues came with the fact that appointments were often only available within weekday working hours which meant that trying to find a convenient slot between the busy GP surgery and their own busy life was very difficult.

The worst system appeared to be that which demanded they call in from 8.30am on the day in the hope of getting an appointment that day. These GP surgeries were often also those which did not allow advance booking of appointments. This system was mentioned by some and generally seen as a very unfriendly and an inconvenient method for patients. Not only did they have to be available from 8.30am in the morning to call, but then everyone else was calling in too, resulting in not being able to get through (sometimes trying for an hour or more). It also meant that everything for that day had to be flexible enough to drop and fit in an appointment, without even being sure an appointment would be available. This was just not possible for many, especially those who travelled to work early and who were therefore out or indeed at work before 8.30am.

“(Call in at 8.30 for an appointment that day) Can't just take a day off to get an appointment, no, not going to happen!” At risk, 50-64 years, SEG ABC1, Lothian

Whilst all ages found difficulties with some of the appointment booking systems the Older Adult group were less frustrated overall as, whilst they did not like the waiting time to get through to make an appointment and the fact that it might take weeks for one to become available, they generally had more opportunity to be more flexible with their time should an appointment be available.

There were only few specific vaccination related frustrations with regards to making the appointment, and this usually related to a lack of vaccine stock. Instances were reported in more than one focus group of being told to call back in a week for three or four weeks in a row due to low vaccine stock. Given that people often called to make an appointment from a reminder or request this was felt to be 'completely disorganised'. Respondents did not understand why this would be the case, and indeed if vaccine stocks were low then they felt the GP surgery should instead contact the patients when they were back in stock.

"Reminders go out too early and they don't have the vaccines in, so people then say if you're not organised I won't be back." At risk, 50-64 years, SEG ABC1, Lothian

4.6 Current process – opening hours

Most cited the opening hours available to them for vaccination appointments as the usual GP surgery hours. For many this was likely to be weekdays and in working hours, from around 9am to 5pm. Some surgeries had nurses who started at 8am and a few ran appointments until 5.30pm, but only a handful of the GP surgeries mentioned by respondents appeared to have either Saturday morning opening, or a late night or early morning surgery.

Only few of the respondent's surgeries opened for extra hours at flu vaccination times, usually throughout October. Mention was made of Saturday clinics, for example from 9am-noon, or early clinics from 7am to 9am on some mornings, or likewise evening clinics from 7pm to 9pm on selected days. A couple of respondents in Lothian and Grampian mentioned their GP surgery linked into local pharmacies for overspill or out of hours appointments which they felt was a useful service to offer.

"Can go to Boots if it's out of hours, you get referred from the local surgery and given an appointment time." At risk, 18-34 years, SEG C2DE, Lothian

The discussions of opening hours within individual group sessions led to some envious comments from respondents who wanted their GP surgery to do likewise, highlighting that even within the same local area opening hours differ by GP practice.

4.7 Current process – on the day of the appointment

The actual appointment was for many a simple task, being quick and practical, many citing that it was usually '2 minutes and you're done'.

The only times this was not the case was where surgeries had tried open drop-in clinics and they had not gone well, with far too many people arriving at one time for the staff to cope with the numbers.

For the majority however the process on the day was to register and wait, usually in the main waiting room, although a few GP surgeries had specific flu areas. One or two individuals across the focus groups were given a leaflet at this point.

During the wait for the appointment one or two said they might have glanced at a leaflet to pass the time, if given them, or if they were within easy reach, but most said there was no information nearby. Some looked at the posters on the waiting room walls, but these tended to be practical in nature (rather than informative about the vaccination itself) with a few stating that specifically for flu season the posters were about how to be prepared for the appointment, such as:

"There's a big poster on the wall that says 'If you're here for your flu jab please take your jacket off, roll you sleeve up and be prepared.' A big poster, so you know, call name, in, jab, out." At risk, 50-64 years, SEG ABC1, Lothian

When called in to see the nurse the appointment was said by all to be no more than 2 minutes. Many said the nurse asked no questions and the process was in essence a hello, the jab, and a goodbye. Mention was made that a couple of GP surgeries did not even ask people to sit down and they (the respondents) stood for their vaccinations.

"I don't even get to sit down it's so quick, you just stand there!" At risk, 18-34 years, SEG C2DE, Lothian

However, some individuals were asked questions, albeit about a mix of a range of different things including:

- 'How was it last year?' – with regards to any side effects noted.
- 'How are you?' or 'Do you feel ok?' – mostly taken at its simplest form, almost passing the time of day.
- 'Have you any cold symptoms at the moment?' – a more specific question to see if the patient has any symptoms which would mean they couldn't have the flu jab that day (note: most not aware this could be the case).
- 'Which arm would you like it in?' or 'Which arm do you write with?' – some nurses asked this with the aim of choosing the non-dominant arm so that if the patient's arm did get sore it would be less of an issue for them.
- 'Are you allergic to eggs?' – to check for any potential allergic reactions.

Respondents said there seemed to be an assumption that by being at the appointment the patient was consenting and happy to proceed and that this implied no more information was necessary. All in all there appeared to be a very random mix of information and questions asked by health professionals, very much dependent on the nurse administering the vaccination (in the vast majority of cases) and also perhaps on the patient's overall health situation.

4.8 Current process – advice on what to expect after immunisations

There appeared to be no consistent advice about what to expect after immunisations (herein referred to as aftercare). Once the vaccine was given respondents said they simply left. A few were told to sit for 5 or 10 minutes before leaving, but no one was checked during this time and as they received no explanation as to why they needed to do this and they assumed the vaccination could not have that adverse a reaction, many simply ignored the instruction and left.

“Take care, see you next year!” At risk, 18-35 years, SEG C2DE, Tayside

The vast majority left with no concrete information on the vaccination, potential side effects, what to do, etc. Only one or two individuals were given something to take away, a small piece of paper with potential side effects noted. Some were told their arm might get sore, or they might experience some cold symptoms, with only a vague instruction to come back if it is bad.

The general view was that there must be an assumption by the health professional that the person knows if something felt wrong it would be up to them to contact their GP. One respondent said ‘it’s like it’s obvious that’s what you’d do’.

This was deemed the same for flu, pneumococcal and shingles vaccinations.

4.9 Positive and negatives of the current process

As mentioned, many of the positives and negatives about the current system have to do with the individual's GP surgery processes. As such some respondents felt the process was good overall, but those from a neighbouring practice could potentially have a much more negative outlook on their service.

The positives of the current process, generally in the minority compared to the negatives, were summed up as follows:

- *invitations*: in theory there were a sufficient number of different formats for all to be made aware of the vaccinations;
- *appointments*: were satisfactory if the person had time to spare, or a good GP practice that had a patient friendly system and appointments available;

- *on the day*: all good if it was quick, simple and on time; and
- *advice after receiving immunisations*: acceptable, if the assumption was that everything was ok and there were no after effects.

On the other hand, the negatives cited for the current process generally outweighed the positives and included the following:

- *invitations*: the delivery was inconsistent, with no perceived systemised process, so people did not always know if they were eligible, with little information available at first time invitation;
- *appointments*: often it was difficult to get an appointment, especially with difficult call-in systems, and there was a general lack of suitable appointments available, often due to perceived restrictive opening hours;
- *on the day*: whilst appointments were generally ok, drop-in systems were, more often than not, less well organised, thereby making it a long visit, with usually little or no information proactively offered and inconsistent questions from health professionals; and
- *advice after receiving immunisations*: again here there was little consistency with no or very little explanation or information provision.

4.10 Differences across demographics and across Scotland

No major differences were seen by geography, but more urban based GP practices tended to have early, late, or weekend opening hours, whilst Grampian and Lothian areas appeared to have had most difficulties with flu vaccine provision (stock) this year.

In terms of demographic differences, these mostly centred on whether the person was working or not working or retired. Clearly it appeared to be much easier if the person was not working, as they were more able to work around appointment and opening hour restrictions. It was also easier for those who had other reasons to be at their GP surgery (they saw the posters first and were likely to be asked during another appointment). The At Risk group also seemed to be slightly less likely to be on formal reminder lists for flu, leading them to question whether they should or should not be getting the vaccine.

4.11 The current process and encouraging uptake

Where it worked well the current process did facilitate vaccination uptake. This was the case if personal reminders appeared regularly, appointments could be made easily, access to the GP surgery was easy and convenient, those administering the vaccine took time to ask or check information, and advertising and posters were seen and added to the general awareness of the vaccine highlighting how important and relevant it is to have it.

However, this was often not the case respondents said, and they felt the process could indeed add to the three main obstacles to vaccination.

The first of these was lack of knowledge and from the respondents' point of view there would appear to be insufficient information offered to them to address this at any point within the process. The NHS information about flu did not seem to be immediately and personally relevant or present flu as a serious risk so it could be considered as not important, making some ask why they needed to be vaccinated. For pneumococcal and shingles often respondents simply said they did not know enough to make a decision, even if they did then get the vaccination.

"It says you're high risk, but not why that's then a high risk for flu." At risk, 18-34 years, SEG C2DE, Lothian

The second obstacle, fear, was also not addressed, respondents felt, due to insufficient information being promoted to the public, specifically about side effects. This led people not to risk the vaccination if they felt the side effects could be bad.

In terms of the practicalities, respondents felt the third obstacle was regarding access to GP surgeries generally, which was said to be distancing people more and more from engaging with health professionals with regards to adult vaccinations. They felt if it was this difficult to go and get a vaccination, AND flu is not deemed that important, then why should they make the effort.

All of which meant the more inconvenient vaccination got, the less likely it would be pursued.

5. The future of vaccination service delivery

Having discussed the current process, this section provides respondents' thoughts on a future vaccination delivery process.

The first thing to note, was that there was a very individual response to questions about the future of vaccination service delivery. In principle, if the system worked currently for an individual then they saw little perceived need to change it, but on the other hand, if it did not work, then suggestions were made for improvement.

However, with everyone in the focus groups listening to each other there was a consensus view that the current service could indeed be improved.

As they looked at a more overall level, therefore, respondents saw that any new vaccination service for Scotland would need to cater for all people: from those working and not working; to those who liked to deal with paper and those with electronic communication; to those who preferred a 'just tell me where and when' approach to those who want all the details; and finally to those who were simply getting repeat flu vaccination reminders to those who were getting one-off pneumococcal and shingles vaccines.

The next section will look at all the elements of the service and assess respondents' views and suggestions for the future.

5.1 Future service delivery – communication preferences

When thinking overall of how they would like to be contacted in future there was a simple expectation that, as other service providers do, the NHS should note an individual's communications preferences and use them accordingly. There was also an expectation that different communication formats would and should be available and that paper formats, they felt, were likely to be 'phased down', if not out over time.

However, for the majority a letter from the doctor still held a certain seriousness and it was felt it invited the person to take action. The format does not have to be paper however they said, an email would work too. It was the style of a 'letter' that suggested a level of importance and the detail that was included that could be missed in a text format, for example.

5.2 Future service delivery – invitations

In terms of the invitations needed for the future, respondents saw a need for two basic levels of invitation.

The first was the initial (for flu) or single invite (pneumococcal and shingles). In the first instance, respondents felt there should always be an invitation, rather than just a health professional saying a vaccination is needed. The invitation, it was felt, emphasised the importance of the vaccination and made people take note, informing them about the vaccination and allowing them to come to a decision. This was seen as akin to screening services currently, where an invitation is sent out each time someone is due for screening. Respondents felt if it was important enough to do this for screening to ensure people participated, then it should be the same for vaccinations.

“Letters for pneumococcal and shingles, yes. You don’t know anything, so good to have information before agreeing to it. If you just got a text you would call in and ask why am I getting this.” At risk, 35-39 years, SEG C2DE, Greater Glasgow and Clyde

Reminders for repeat flu vaccinations on the other hand were felt to be seen as something simple and quick. ‘It’s flu jab time’ was all that was needed for many, although having said this, respondents did also then point out that there still needed to be an access point to more information on a reminder (for example a website link).

In addition, it was felt that those who miss flu vaccinations would need a repeat ‘formal’ invitation, ideally saying ‘come back’ and reminding people of its importance.

5.3 Future service delivery – invitation format

In terms of the format for the initial or single invite and any ‘come back’ communications it would appear that for many, at present, a personal letter remained the most appropriate format, rather than a NHS generic letter. Some respondents had noticed that their invitation letters were changing from their local GP surgery headed paper to NHS formatted letters and their assumption was that these letters were now from a central source, although none could identify where this might have been.

“It’s easier to ignore it (NHS letter) ‘cos it feels like generic mail, whereas if it comes from someone you know it’s harder to ignore.” At risk, 18-34 years, SEG C2DE, Tayside

A letter should be addressed and feel relevant to the addressee. It should deliver the information needed at the point of invitation. Many noted however that it could either be in paper or email format. Texts and apps with links to more information were also mentioned as feasible options, albeit with the caveat that they might not get as much information to the individual as desired initially.

Reminders for flu vaccinations were seen as just that and many felt that no additional information would be needed at this point. Simple, quick formats such as emails and texts were felt to work best here, and they also offer the chance to include a link to information for the patient should they want more information.

“Everyone sends text appointment reminders now, doctors, dentists, opticians, it’s the usual.” At risk, 35-49 years, SEG C2DE, Greater Glasgow and Clyde

It was noted that tailoring communication preferences at this point meant people could pick the best format for their reminder that would best spur them to action.

5.4 Future service delivery – thoughts on current communications

All respondents were shown the current leaflets (links below) and a series of template letters (Appendix 5) as examples to remind them of the information available at present. These were not evaluated in detail, but simply used to aid the discussion. It was interesting however that looking at them led respondents to comment on them, many wondering if they were as good as they could be.

The flu leaflet¹ it was felt, did not get to the questions people wanted answered and did not have a design that would be taken seriously. The pneumococcal² and shingles³ leaflets had too much information, with the respondents again feeling they concentrated on information they felt they did not need.

“You really don’t need a picture of someone getting a jab!” At risk, 35-49 years, SEG C2DE, Borders

With regards to the letters, as initial invites there was felt to be insufficient information, but as a reminder they would be deemed to be too much to read.

“See this letter, with the big ‘flu’ at the top you don’t need to read down, that’s reminder enough. I know what to do, I don’t need to read.” Older Adult, 70-75 years, SEG ABC1, Borders

¹ Flu leaflet: <http://www.healthscotland.com/uploads/documents/5486-Flu-I'm%20ready%20for%20you-Health%20Condition%20leaflet-August2018-English.pdf>

² Pneumococcal leaflet: <http://www.healthscotland.com/uploads/documents/29720-Pneumococcal%20vaccine.%20Helps%20protect%20against%20pneumonia%20and%20meningitis-July2017-English.pdf>

³ Shingles leaflet: <http://www.healthscotland.com/uploads/documents/24310-24310-Protect%20yourself%20from%20the%20pain%20of%20shingles-leaflet-August2018-English.pdf>

5.5 Future service delivery – information

Respondents said that information was important and needed. The current leaflets state facts about the disease, but they felt they do not sufficiently state why someone should have the vaccine. They also felt that the leaflets do not tell people anything about the successes of the flu vaccination campaign itself.

All in all, respondents stated they wanted to know more about:

- what the vaccine is, how it is made, what is in it;
- what it does, how it works;
- the side effects; and
- programme results across the years, for example the number with flu, the number hospitalised, the likelihood of side effect rates, and so on.

Respondents also wanted to see information on the consequences of the disease in terms of the individual, their family, their work, and so on, thereby reminding people why flu is serious for everyday life (not just worst case, intensive care scenarios). A couple mentioned here too that flu should be given its full name in information as seeing influenza would remind people it was a serious disease. All in all, information should get across what the benefits of the vaccination are for the individual beyond preventing the disease.

Respondents also felt that communications should come across more as a recommendation from the NHS to have the vaccination, not simply an indication that someone should have it.

5.6 Future service delivery – the decision

When thinking about the initial invitations there was a feeling that more information at this stage should awaken interest in the vaccination and confirm that the decision for this specific vaccination was a good one for the individual personally. This would then make the decision a priority action, or something important enough that it needed immediate action. Alongside this, a simple, easy to do process, it was felt, should also help engage people and turn thought into action. All in all, respondents said if it feels important and is also easy to do then there would be far fewer excuses not to be vaccinated.

5.7 Future service delivery – making the appointment

The findings show that the hit and miss nature of making the appointment could be a barrier.

From respondents' reports it was also clear that the appointment systems were not improving and if anything, that they were getting worse.

Respondents reiterated at this point that any new system would need to be simple and convenient for the patient. This could include, they said, telephone lines that can be accessed easily, perhaps via a dedicated vaccinations appointment line. It could also include self-booking systems, and it was mentioned here that it would be useful to develop online booking systems, for example, respondents in one focus group said, using the app from NHS Borders.

Another route of assistance with making appointments was the opening hours available and respondents were clear that opening hours **MUST** include out of hours opportunities, be they early or late openings, or Saturday or weekend options.

"It would be good if you could pop in at lunchtime. I can't get to the doctors in their hours, my commute is too long." At risk, 18-34 years, SEG C2DE, Lothian

"Electronic bookings on your phone. It would be good if you could click through and pick a slot for you. Easy, simple, done immediately." At risk, 18-34 years, SEG C2DE, Tayside

"Good to go out of hours. You're punished if you're a working person, for all sorts of things. Evenings, mornings, Saturdays are all good and would help people get in to get it done." At risk, 18-34 years, SEG C2DE, Lothian

5.8 Future service delivery – on the day of the appointment

In terms of the appointment, respondents felt for the most part this should continue as a quick, simple appointment slot. However, they added the caveat that this needed to always be well organised if the venue is expecting lots of people, for example for a block appointment (e.g. 10am to noon for a certain block of patients) or a fully free drop-in clinic (e.g. 'open on these days, come when you wish').

They also felt that standard check questions should be covered and not left to the patient to ask, especially as they may not feel they can, some felt, if speed is seen to be of the essence for the appointment slot. Questions which were suggested as coming within this standard list should include:

- 'Want to know anything about the vaccine?';
For flu:
- 'Any cold symptoms?' (not just how are you);
- 'How was last time?' (recording responses to monitor previous reactions and offering a chance to be reassured it might not be the same);
- 'Which arm do you write with?'; and
- 'Are you allergic to eggs?'.

Given that appointments are quick respondents suggested that these questions could either be asked by the health professional administering the vaccine, or it may be prudent to consider a leaflet or checklist for the patient to review while waiting.

5.9 Future service delivery – who administers the vaccination

There was a simple and unanimous response to who should administer vaccinations, namely an NHS professional, trained in giving injections. Nurses would appear to be the sensible first choice as they do most vaccinations now. A few respondents said some might prefer a nurse they knew if they were uneasy with injections, or with visiting the doctors, so that they could keep within their comfort levels. However, the vast majority were not worried by who administered the injection, as long as they were competent and NHS trained.

“As long as they are trained to give injections then fine, I don’t need to know them. You see lots of different people at the GPs anyway.” Older Adult, 70-75 years, SEG C2DE, Grampian

“A central team would be specialists in vaccines, so you could probably ask more questions.” At risk, 35-49 years, SEG C2DE, Borders

5.10 Future service delivery – where it is administered

In terms of where the vaccination should be administered many on first thought said that the GP surgery seems, immediately, the most appropriate place, or indeed the most obvious.

The positives of going to the GP surgery for vaccinations were felt to be that it is known to the person and is a safe and secure environment. Indeed, most assumed that this should and would always remain an option for those who would not like to go anywhere else.

Having said this, respondents felt and indeed discussed that GP surgeries are currently becoming less accessible in terms of opening hours and being able to easily make appointments.

"Take the strain off GPs, they're so stressed and they can't cope." At risk, 35-49 years, SEG C2DE, Borders

"Open up GP surgeries at other hours to get more people in." Older Adult, 65-69 years, SEG ABC1, Lothian

"Have the jabs at a central point, then you don't have to go to the GPs." Older Adult, 70-75 years, SEG C2DE, Grampian

Following discussion within the group sessions spontaneous suggestions were made in many of them to consider alternative venues for vaccinations. Alternative venues were considered beneficial, being potentially be more accessible to get to; offer longer opening hours; have more space; and also to be a place that isn't 'the doctors'.

Finally, many pointed out that moving the vaccinations service out of the GP surgery would give GP surgeries more time and space to deal with all the other issues they need to deal with.

"Why not? The blood transfusion service was always in church halls." Older Adult, 70-75 years, SEG ABC1, Lothian

"How about a mobile clinic, like the mammograms? It's easier to park in Tesco's!" At risk, 35-49 years, SEG C2DE, Borders

Few negative points were mentioned, mainly referring to worries over who would be handling the service and the safety and hygiene of the location, including whether adequate cold storage would be available should the vaccine need to be refrigerated. The cost implications for the NHS were also mentioned, alongside a definite note that such a service should not be privatised. Finally, with an alternate point of view to one of the positives, the fact that it was not a GP surgery worried one or two in terms of what would happen if something 'went wrong' (for example a very adverse reaction to the vaccine) and there was no doctor present or available.

After much discussion about where the vaccinations service could be held the vast majority were open to using other carefully chosen venues as an alternative to, or alongside, the GP surgery. They cited a number of different locations as possibilities and said that they felt it would probably depend on the final cost analysis as to which would be the most time- and cost-efficient method for the service.

In terms of these other locations, pharmacies were another quite obvious choice as they were known to already provide the pay-for service and in a couple of locations to help with overspill from GP surgeries. In addition, others cited the use of mobile units, such as mammogram screening units, or the use of community venues, as blood donation services have used in the past.

Overall, the only stipulations were that the venues chosen for the service in the end were: in the community (i.e. not further away than the GP is now to any one patient), easy to access (walking, public transport and car), safe, hygienic, with private space, NHS run and cost effective.

5.11 Future service delivery – a central system

When speaking about the future for a vaccinations service in Scotland respondents generally spoke about the development of an 'NHS service' and it should be noted that when speaking about the 'the NHS' they meant the NHS as a whole, for Scotland. Respondents did not differentiate by health board, and they also did not differentiate between primary and secondary care as different NHS entities.

Thinking of the service being in another venue than the GP surgery the discussion moved to thinking about a central 'Vaccinations Scotland' system, sometimes voiced spontaneously in these words and sometimes 'defined' by the descriptions of the service in the discussion.

A system run centrally across Scotland seemed a sensible suggestion for most respondents, simply with the caveat that it is run within the local community, easy to get to, with parking, and is clean and private. The final stipulation is that it is an NHS service (not privatised), with NHS staff and that all patient information is linked back to the individual's central file.

"Build in pneumococcal and shingles too, all those due get a letter saying go along. Visit twice a year, make it the Vaccinations Clinic, not just flu. In March and October. Catch everyone at the time who's eligible." At risk, 35-49 years, SEG C2DE, Borders

"Take it around the villages as well, on certain days, so you can get those who live out rural, encourage more in." At risk, 35-49 years, SEG C2DE, Borders

"As long as it's in the local community. I don't want to travel." At risk, 18-34 years, SEG ABC1, Grampian

"It would be more accessible for workers in terms of when you could go." At risk, 18-34 years, SEG C2DE, Lothian

5.11.1 Future service delivery – using an app?

Respondents in Lothian and Borders groups in particular mentioned using apps. In Borders they stated that it would be sensible to link the vaccinations programme in to the NHS Borders app, thereby enabling people to log on and make appointments, and so on. In Lothian the suggestion was for an app for vaccinations that contained a 'Flu Jab Map', namely somewhere to click on to see a map of all the clinics in an area and enable the user to choose a clinic and register to have the jab there. This would then open up the possibilities for people to get the flu jab, for example, in a lunchtime near to work, rather than near their home/GP surgery.

"NHS Borders has a patient access app. So why can't they add it to that. You can make appointments on it too." At risk, 35-49 years, SEG C2DE, Borders

"A map on an app. So you can look on and see where the local ones are and book in." At risk, 18-35 years, SEG C2DE, Lothian

Several groups also suggested that another format for this could be via text reminders that had direct links embedded to click through and find information and an online booking system for immediate action to book an appointment.

5.11.2 Future service delivery – IDs and vaccination passports

Respondents did note that for any systems that were not run from the GP surgery there would be a need to ensure patient identification was clear and that records were duly kept up to date. This was felt to be essential, ensuring both simple upkeep of records and also that no one received, for example, two vaccine shots.

Some felt a vaccination book/passport (like children have) would be useful for each adult to accomplish this, others suggested simply asking people to use their NHS number as ID, for example using an ID sticker as for bowel screening.

"How will they know if you're due the others? What about a vaccines card? Or ID number so you can see on the system, your national health number. Like kids and their red book." Older Adult, 70-75 years, SEG C2DE, Grampian

"As long as you have a number or ID so they know you've done it. Like a bowel screening ID number, or a vaccinations book... or like the scanner cards for Tesco, on your keyring and a link to your address, an NHS card." Older Adult, 65-69 years, SEG ABC1, Lothian

5.12 Future service delivery – advice after receiving immunisations

Aftercare was a complicated aspect to consider for respondents as, in theory, they said if the vaccinations were safe then no aftercare would be needed. However, given their views and experience of the side effects of the flu vaccination many felt it would be good to have a specific leaflet, card or other source of information giving any potential areas of concern and at what point to contact a GP.

Linked to the discussion here was a feeling from many that specifically for flu, the side effects were often brushed aside or did not appear to be recognised by health professionals, so this they felt would acknowledge that something occurs and that these experiences are taken seriously.

This information they said could perhaps also be added to the review of how each year's flu vaccination programme was received and could be reported back the following year, highlighting the reported side effects and helping to give a reason to come back the next year when someone had experienced side effects from the vaccination.

5.13 Future service delivery – respondents' sum up

Respondents summed up a new service as needing to be the following:

- from the NHS;
- educating people again about flu and its seriousness – for everyday life, not just hospital cases;
- openly engaging in giving information on vaccination, the programme, its high and low points (including side effects);
- a practical, simple and accessible system;
- open and inclusive for all;
- using professional NHS staff (trained in giving injections);
- in a location that is accessible, safe, private;
- consistent across Scotland; and
- and forward thinking, both in the methods of informing people by thinking about the use of apps and so on, and also in how the vaccine is delivered, where some suggested looking to develop a home delivery system where the vaccine would be self-administered, but probably, and ideally for most, via another administration system than an injection.

The vast majority of respondents felt that such a new system would encourage uptake if it: was 'NHS' and had information that makes the issue 'real' and one to take note of for everyday life, thereby emphasising that the specific vaccination is worth doing, if it was easy to be vaccinated, and if it fitted into daily life.

All in all such a system was seen as being something that would be for all of Scotland (such as current screening programmes are managed), and whose communication would impress on patients that the NHS takes vaccination seriously and recommends the individual should too.

This system was also felt to work for all three adult vaccinations, flu, pneumococcal and shingles. Whilst flu they said would remain the main vaccination purely in terms of the number of people who need it each year, both pneumococcal and shingles vaccinations should also be treated as important and included in and around the process used for flu. This it was felt would give a view that the whole programme was being administered in an efficient and cost-effective manner.

However, it should also be noted that if a move is made away from GP surgeries to a central system a few said they would still want to go to their GP surgery, so this may need to remain an option, especially perhaps for older patients visiting their surgery more often. If this is not possible then it was stated that care would need to be taken with communication of the new service to allay any fears in this regard and make people feel comfortable.

The ideal process from start to finish for vaccinations then, from these respondents' point of view, would be as follows:

- Patients would be informed initially from a mix of sources that would all then feed into a central invite system: from GPs, practice nurses, hospital staff, pharmacists.
- The invitation system would be a new central, Scotland-wide system (akin to screening), with one database held that triggered initial invitations sent on paper or email and with information included as per the invite format. Reminders for flu would also be sent, but in all likelihood on other formats. All communications would be as per patient preference.
- The decision would be based on the patient having the information that makes the vaccination relevant and important to them, including: why the individual should have the vaccination, the consequences if they do not, what the vaccine is, what is in it, what it does, what side effects it could have, and so on.
- Running alongside all of this would be ongoing communications promoting the vaccinations service and stating why it is relevant and needed, busting myths and promoting correct information and also giving information on how the programme is doing over time.
- The appointment must be easy to make and systems need to be created that can be accessed out of office hours, with self-booking systems and the assurance that appointments will be available with a call back or notification push if someone does need to wait for an appointment slot.

- On the day the process would be simple for the vaccine itself, but the future would see a system that is in a 'local to me' location, with NHS staff that are trained well, quick and efficient, at a convenient time for the patient, by appointment or block time or drop in (only if efficient), ID verified, linked into medical records, with an information card to read at the start and sufficiently engaging that the patient feels able to ask questions if they want to.
- For aftercare there is a need to develop an aftercare information card, giving details of potential side effects, what to do and who to report them to.

6. Discussion

The main requirement of the research was to explore, based on the views of Scottish adults, how the vaccination service is delivered across Scotland, including how it could better meet the needs of the population.

The findings revealed in the first instance that people do value vaccinations as a means of protection against diseases and stopping their spread. This feeling of value is a learned response to something which the vast majority have known since childhood themselves and often for their own children. This value also forms the basis for the main reasons for getting vaccinated, a kind of 'insurance' or protection.

However, interestingly the discussions showed that the diseases under consideration may not now always be felt to be worryingly serious. This comes from a lack of in-depth knowledge about influenza, pneumonia and shingles. Whilst people would state that they are indeed serious, a lack of personal experience, and indeed a lack of 'talk' in the media or from the NHS generally about the serious consequences of the conditions would lead people to perhaps no longer see them as something to worry about unduly.

This lack of knowledge about the diseases and an excess of incorrect information about the specifics of the vaccinations programme contribute to one of the main reasons why vaccinations are not taken up, fear of what it is, and how it might affect them. This, allied to a feeling that vaccinations are for something that doesn't feel necessarily personally relevant means vaccinations are not a priority.

In addition to this, the ever-growing difficulties of being able to contact and attend GP surgeries for appointments makes some question why they should bother.

Talking through the current vaccinations process it becomes clear that in theory it should be a simple process, namely, get an invitation, make an appointment, go along and, for flu, receive a reminder for next year.

However, when looking across all of the focus groups conducted the one thing that stands out is the large range of different processes that are currently in place. With respondents reporting that it felt like every GP surgery appears to have their own system, both for vaccinations services and also generally for making appointments and opening hours.

This means that, when looking across Scotland all that is highlighted is an apparently disorganised and mismatched process, from the local level of neighbouring GP practices up to and across health boards. This is not to say that some GP practices are not getting it right for appointment and vaccination systems, but that for every 'good' practice there would appear to be a 'badly' organised one as well.

As a result of these local GP practice differences there are very few apparent general differences across demographics and geography. The only differences in demographics are between those who work and those who do not and this difference is a simple case of having more time to accommodate the GP surgery's appointment system.

In terms of health boards current differences are only noted in NHS Grampian and NHS Borders where it was mentioned that flu vaccine stocks being delivered late in the 2018/2019 season and in NHS Borders where a patient app was reported.

All in all, after reviewing the current service there are clear areas where improvements could be made, with the majority of respondents seeing that a more organised system for all of Scotland should result in time and cost efficiencies. People see this as an NHS service, organised centrally to make sure there are no wasted resources.

It is no surprise therefore that the suggestions made during the focus groups aim to do this, as well as to give the whole programme a sense of importance to make sure people think it is definitely worth being vaccinated.

Therefore, the suggested and improved process would include formal, personal invitations to the individual, leading to a more informed decision, improved and accessible appointment systems that link to an easily accessible location with an expert NHS team conducting the vaccinations, backed up by communications that emphasise the serious reality of the diseases and the day-to-day and emergency consequences of the disease for the individual and for society.

Underlying this would be a clever and forward thinking use of paper and electronic communication formats, tailored to the individual to gain the best reaction and commitment to the vaccination programme.

Finally, respondents recommended a strong NHS voice to promote accurate information about vaccination programmes, informing people of the details and the successes of the programme, reinforcing that being vaccinated is a good choice.

7. Conclusions and learning for the future

7.1 Conclusions

People generally know and cite the fact that vaccinations are 'good for them', but there is a sense that the extent of the need for protection has been forgotten.

Flu vaccination still has the highest awareness out of the three adult vaccines included in this study, but seems to have lessened in importance, or to have stopped being seen as immediately serious for some who do not have any personal, family/friend or even media story experience of the illness to draw on and therefore do not see it as a serious concern for them personally. This is leading some to start to question why they need it.

In addition, there is a perception that there is little overt drive from the NHS to encourage people get any of the three vaccinations, but perhaps especially the pneumococcal and shingles vaccines, either via local GP surgery actions or via general communications and this lessens the perceived seriousness of the vaccinations. Used as an example the bowel screening programme appears to get more of this overt 'push', as all receive a specific invitation letter and there is a well-known and well recalled TV ad. Adult vaccinations are still seen as and felt to be important, but in the absence of any information to the contrary some are starting to think they aren't needed.

In terms of the current process there are countless different approaches across Scotland for all three vaccinations. Most GP surgeries appear to have their own systems, all the way through the process from invitation to aftercare. As a consequence, for some patients it works, for others it does not, and there is simply no consistency.

Two main issues hinder the current process. The first is a lack of correct knowledge leading to fear, misunderstandings and the aforementioned view that it may not be that important to ensure vaccinations are taken up. The second is access to appointments that can be hard to organise, are not convenient and sometimes, for some, not worth the bother. Whilst this affects the At Risk group most, appointment issues affect the Older Adult group too.

The current process is therefore hindering access to vaccinations.

Looking at these issues in more detail, the inconsistent, missing, or incorrect information about vaccinations leads to fear and misunderstanding, for example, about what is in the vaccine, the side effects, and so on. It can also lead to vaccinations, or rather the disease they prevent, not being taken seriously enough. Information about each vaccination is not sufficiently 'offered' or 'promoted' by the NHS and this leaves people to find information from other, less correct, or less reputable sources. This surplus of the wrong information then provides a good background reason for some not to get vaccinated.

Part of this problem is the invitations, which are currently very inconsistent. The initial 'invitation', or being told that a person is eligible, is often phrased 'you need or should have this' with no specific reasons why given. Only few formal invites are sent out (in any form) and if they are, no information goes with them. Pneumococcal and shingles vaccines are no different. Reminders for flu are just that and also have no information with them. This means that assumptions are being made that people are happy to simply go on their health professional recommendation and this means that often assumed, rather than informed consent is taken. This inconsistent and often verbal system doesn't champion clear and important information consistently.

The other issue is that of making appointments and this appears to be an ever-growing problem, not necessarily regarding vaccinations, but instead more a general issue within primary care. It can be very hard to contact surgeries, especially the 'call at 08.30 for today' approach. It can also be hard to get an appointment that suits with long waits of up to 4 weeks and surgery hours being 'impossible' to get to (e.g. only office hours). A lack of proactive approach from GP surgeries, especially when vaccines are not in stock means too that the onus is always on the patient to chase and keep trying. This, and the perception and awareness that surgeries are too busy and have no time is a barrier to people trying to make an appointment. Appointment difficulties are therefore pushing people away from going to have their vaccinations, especially those with busy working lives.

Looking to the future there is not necessarily a spontaneous 'shout' for a new vaccinations service, but this is perhaps due to resignation at a topline level, a thought that they have to accept what is there. However, the current perceived barriers in terms of primary care processes do hinder vaccination uptake, so on consideration the majority see that the current system could be run more efficiently and more in the patient's interest. It seems therefore a 'no brainer' for respondents that improving the system to be a simple, consistent, organised, easily accessible, central 'NHS' system that promotes and offers information on why vaccinations should be considered important would be ideal for the future.

7.2 Learning for the future

When looking at learning for the future the following would be aspects to review and consider when developing a new vaccination delivery system for Scotland.

Communication with patients:

- Hard copy and electronic formats are needed, but it will be necessary to keep thinking to the future when developing electronic formats to stay up to date.
- Apps, or an online portal, should be within the communication mix as they would cover multiple functions and provide many benefits: offering and holding information signposts, prompting with notifications for reminders and news or information, being a source for potential clinic sites, and allowing use of online self-booking appointment systems.
- For personal communications (e.g. invites) a tailored format choice should be offered to each patient (for them to pick one that will get noticed by them the most).
- For general communications the messages about why the vaccination is important need to come across as very relevant to all and ensure that the vaccination then appears to be worth doing for each individual.
- Communications also need to be very visible and memorable.

Vaccination programme information:

- Consider 'going back to basics' when providing information about the programme, such as what the programme is, what it does, why it's important for more than just 'old people and the vulnerable' or 'ill people who'll end up in hospital', what it has achieved.
- Use information as applicable and available to show trend analysis for the programme across the years, for example, perhaps the number of days taken off for flu, the number of hospitalisations, the number of cases of complications, which strains worked or didn't work so well, and so on.
- Be factual and make the information about life as people know it (not just worst case scenario), for example there may be more impact for many knowing that getting flu could mean losing out on wages for two weeks, or wondering who will look after the children for this length of time.
- Overall be proactive about being the voice of authority in this regard, especially for the flu programme and endeavour to instil that taking part is the 'done thing', something that simply should be done.

First invitation:

- First time invitations need to be formal, ideally a personal letter directed at the individual and informing 'why' the individual needs the vaccination and the practical details of what to do next.
- Consider referring to 'flu' as 'influenza' and thereby move it away from being linked to being 'just a bad cold' – re-educate and reinforce.
- Focus information on the invitation on the specific vaccination, highlighting why it's important for the individual, what it is and does, the side effects.

- Additional or further information needs to be included, or source-able for the individual in the format of their choice (leaflet or electronic).
- Include programme information – uptake year on year, side effect levels, number of people hospitalised, etc.
- Quick/simple is best in terms of how to get information across.
- Paper letters still command a respect and get noticed, but electronic email versions need to be offered.

Reminders (primarily for flu):

- Repeat attendees are happy for a quick reminder and texts are well known for this from other services so these would be a useful method for many.
- Ideally add links to the texts to online booking systems or clinic sites, as well as signposting to relevant information.
- Remember to make any information included relevant and not the same each time, but instead highlighting new information, as in 'this year ...'.
- Again, the format will need to be tailored to the individual and a short letter may still be needed for some.

Making the appointment:

- Making an appointment needs to be easy and simple and at the patient's convenience, so consider dedicated phone lines and develop electronic booking systems for self-service booking.
- Drop in sessions (with no appointments) could also be considered, but only if run very efficiently.

Opening hours:

- Make people feel they can easily 'pop in' to get this done, so extending the availability of opening hours is a necessity, include early mornings (from 6.30/7am), later evenings (to 9/10pm), and weekends.

Clinic location:

- Opening up the range of locations patients can choose may support attendance as people can then go to the one with the most convenient hours.
- The clinic needs to feel local or nearby, with easy access (to get to, to park at and to get around), be private, clean, and safe, and have the ability to link to NHS systems (for patient record updates).
- Suggested locations include: GP surgery buildings; pharmacies (although there would probably be too little space); community venues – town/village halls, community/leisure centres; local hotels, function rooms (although maybe not if it was deemed too much like 'going to the pub'); or mobile units (as blood banks or breast screening), which would be assumed to be in supermarket car parks, or somewhere similar.
- Pick locations that are most cost effective and can become 'the place to go for vaccinations' (same place each year).

Central system:

- Everything must be NHS delivered, with trained, professional staff who are experts in giving injections and also experts in vaccines and the specific programmes.
- Only very few want to know the person administering the vaccine to maintain comfort levels, so it would be suggested that there is an option to go to the GP/nurse, or that this is addressed perhaps by introducing the team in year one and then being consistent with the staff across time in individual locations so people can get used to the new team.
- Running the service centrally ('NHS' equates to 'all Scotland') is seen to offer scope for more efficiencies in time, expertise, and costs, so 'Scotland's Vaccinations Service' will be accepted and trusted if the system and staff prove their worth.
- The new service should incorporate all vaccines and the same processes should apply for all, so if a central system used, consider for example a twice yearly 'vaccine time', say May and October and all who become eligible in the months in between get invited each time.
- ID systems will be paramount if the service moves away from primary care to ensure records are up to date so develop a suitable ID system for all to use, for example: CHI numbers, or bar codes (as bowel screening). Consider a format people can remember or have their number to hand: for example, a vaccines book/passport, an NHS card of some sort.

The vaccination appointment:

- The appointment should be quick and efficient, but not so quick and efficient the individual feels unable to ask a question if they want to.

Advice on what to expect after immunisations:

- Consider a 'take away' note, a small leaflet or a credit card sized 'keep me' to say 'thank you, it was important to do this'; listing side effects, how people might feel, what to do and when if they are bad; with a signpost to more information; and with a reminder for flu that side effects may not happen each time due to the changing vaccine, so please come back next year.

8. References

1. Flu leaflet:
<http://www.healthscotland.com/uploads/documents/5486-Flu-I'm%20ready%20for%20you-Health%20Condition%20leaflet-August2018-English.pdf>
2. Pneumococcal leaflet:
<http://www.healthscotland.com/uploads/documents/29720-Pneumococcal%20vaccine.%20Helps%20protect%20against%20pneumonia%20and%20meningitis-July2017-English.pdf>
3. Shingles leaflet:
<http://www.healthscotland.com/uploads/documents/24310-24310-Protect%20yourself%20from%20the%20pain%20of%20shingles-leaflet-August2018-English.pdf>

Appendix 1: Participant information

SCOTT PORTER
Research & Marketing



Research to explore public views of vaccination delivery Participant Information Sheet 28/09/18; V3 Final

Invitation to take part:

We'd like to invite you to take part in our research study. Taking part is entirely up to you, and before you decide whether to take part or not, we would like you to understand why the study is being done and what it would involve. [Please read this information sheet carefully.](#) Discuss it with others if you wish. If you have any questions, or if anything is unclear, please ask a member of the research team (details are at the end of this document).

Location:		
Date:	Start time:	Finish time:
Name of recruiter:	Recruiter's tel:	
Name of interviewer:		
Please remember: <i>Please arrive at the venue 10 minutes before the start time so we can start the session promptly. If you usually wear reading glasses, please bring them to the group session.</i>		
We will 'phone you the day before the group, to check you are still happy and willing to take part.		

What is the study about?

We are doing this study to find out what people think about adult vaccination services in Scotland (e.g. how you are offered your flu jab). Many vaccination services are currently provided by local GP practices/surgeries, so we are interested in finding out how you think they could be delivered in the future.

Who is organising and funding this study?

This study is being carried out by Scott Porter Research on behalf of NHS Health Scotland who are funding the study. The views gathered during this study will be used by planners to develop appropriate vaccination services for members of the public.

Why have I been invited to take part?

You've been asked to take part in the research as you are eligible for and may have already received the flu and/or shingles and/or pneumococcal vaccines.

What does taking part involve?

If you agree to take part, you'll be asked to attend a focus group. This would be one of 18 which are being held with members of the public across Scotland in October/November 2018. All discussion groups are led by a researcher, with 7 or 8 other people attending and they are very informal in nature. Each group will last 2 hours and will take place in a convenient location near to you – a hotel or community centre for example.

During the focus group you'll be asked to discuss your thoughts about the different vaccination services and what you think an ideal vaccination service for Scotland might be like. There will

be no pressure to answer a question if you do not want to, and you can leave the study and the focus group at any time without giving us a reason.

With your permission, we'll audio-record the focus group to ensure that the information you provide is accurately documented. Also, with your permission, you may be re-contacted by one of the research team within a couple of weeks after the focus group for quality control purposes.

Will my taking part in this study be kept confidential?

Yes, all information collected from and/or about you will be kept confidential. You will never be identifiable in any study outputs, such as reports or presentations. We may use some direct quotes from what you say in study reports and presentations but where we do this, we will make sure we do not include identifying information.

What will happen to the results of this study?

Your anonymous data will be combined with that of other participants and this will be used to produce study reports and presentations to be shared with NHS Health Scotland. At the end of the project the research report will be available on NHS Health Scotland's website:
www.healthscotland.scot

Do I have to take part?

No, it is entirely up to you. Participation is voluntary; you do not have to participate if you do not want to. If you decide to take part, the recruiter will give you this 'Participant Information Sheet' to keep and will check whether you are still happy to take part a day or so before the focus group. Then on the day of the focus group the researcher will ask you to sign a 'Participant Consent Form' to confirm that you are happy and willing to take part.

What will happen if I don't want to carry on in the study?

Even if you tell our recruiter you want to take part or sign the consent form, you're still free to pull out from the study at any time, either during the focus group or even afterwards, without giving a reason and without any negative consequences for you. Be assured, pulling out will have no effect on any care you receive or any services you use, or indeed any care or services you'll be offered in the future.

If you decide you don't want to take part *before* the date and time of the focus group, please contact the recruiter (details of which will have been provided). We'd appreciate it if you could give them as much notice as is possible. Should you decide you don't want to take part *during the focus group*, simply let the researcher know you'd like to stop. If you decide that you don't want your information to be included in the study *after* you've completed the focus group, please contact Rachel Bishop at Scott Porter Research (contact details over the page). Please note that we will not be able to exclude the information you have provided after it has been combined with that of other people taking part and we will need to keep the information you've already provided. Your rights to access, change or remove your information will be limited at this point as we need to manage your information in specific ways for the study to be reliable and accurate. However, to safeguard your rights, be assured we will use the minimum amount of personally-identifiable information possible.

What are the possible benefits of taking part?

The information you provide will be used to plan adult vaccination services for the public in Scotland. There will be no immediate direct benefit to you should you decide to take part, nor will there be any personal benefit in the level of medical care you receive. However, to thank you for your time and contribution, you will be offered £40 for taking part. You will receive this in cash at the end of the focus group. Please note that for accounting purposes you will be required to acknowledge receipt of the money via a written form. This form (containing your name, address and signature) will be securely retained by Scott Porter Research for the required period (currently 7 years) and then it will be securely destroyed.

What are the possible risks of taking part?

We hope that taking part won't cause you any harm and we've tried to minimise any harmful effects of taking part. You might be asked questions you find difficult to answer, or you might find out information about vaccines that causes you some concern. If this happens, the researcher will check whether you wish to continue. They may also ask permission to give you a follow-up phone call. Details of organisations have been provided at the end of this document whom you may contact should you wish to speak to someone else.

Data Protection information

NHS Health Scotland is the Data Controller for the research study, which means that they are responsible for looking after your information and ensuring it is used properly. Information collected from you as part of the study will be processed by Scott Porter Research and their third-party transcribers (who produce written transcripts of recorded focus groups). The information collected will only be used for the purposes of this specific study.

Personally-identifiable information is used to help us conduct research to ultimately improve health, care and services. As a publicly-funded organisation, NHS Health Scotland have to ensure that it is in the public interest when we use personally-identifiable information from people who agree to take part in research. This means that when you agree to take part in a research study, we will use your data in the ways needed to conduct and analyse the research study. Your data will be processed only so long as is required for this study.

In order to collect and use your personal information as part of this research, we must have a basis in law to do so. The basis that we are using is that the research is 'a task in the public interest'. As we may be collecting some data that is defined in the legislation as more sensitive (information about your health), we also need to let you know that we are applying an additional condition in law: that the use of your data is 'necessary for scientific or historical research purposes'.

During the study, your data will be stored in secure, locked cabinets or secure password protected servers for electronic data with access limited to the research team at Scott Porter Research. To safeguard your rights, we will try to minimise the processing of personal data wherever possible. If we are able to anonymise or pseudonymise the personal data you provide, we will do this at the earliest opportunity. This means that personal details such as your name and contact details will be removed from the data, and a number will instead be assigned to it. That number will then be used whenever transferring your data (e.g. sending a

recording to transcribers) and/or whenever we may need to refer to it. Only the research team, an approved transcriber (both of whom have agreed confidential and secure data storage systems in place) and select individuals in NHS Health Scotland will have access to the data. Once our quality checks have been completed and/or one month following the completion of the project (whichever is the soonest), we securely destroy any information left on the file which may identify you (e.g. recruitment questionnaires and focus group schedules containing your name and contact details). It is a condition of the funding agreement for this research that NHS Health Scotland can request that any data, documents and material relating to the research be returned to them upon completion of the study, or if earlier, upon termination of the agreement. If this occurs, this will be transferred between Scott Porter Research and NHS Health Scotland via an encrypted device. Electronic and hard copy data will be couriered between the two organisations. Data held in long term storage by NHS Health Scotland will be on secure, password protected servers. Any hard copy or paper data will be stored in a locked cabinet with restricted access.

Who do I contact if I want more support or information about flu, shingles, or pneumococcal vaccination services?

Should you wish to seek further support/advice about any of these vaccinations, please either contact your GP practice or phone the **NHS Inform helpline** on 0800 22 44 88. Alternatively, for further information visit:

- flu: <https://www.nhsinform.scot/flu>
- shingles: <https://www.nhsinform.scot/shingles>
- pneumococcal: <https://www.nhsinform.scot/healthy-living/immunisation/vaccines/pneumococcal-vaccine-for-adults>

Contact details

If you have any concerns or questions at all about taking part in the study, please contact the lead researcher Rachel Bishop at Scott Porter Research on 0131 553 1927 or email: rachel@scottporter.co.uk.

If you are still concerned or are unhappy about any aspect of the study, please contact the NHS Health Scotland study lead – Heather Williams, Health Improvement Manager, NHS Health Scotland on 07917 814 534 / 0131 314 5382 or email at heather.williams3@nhs.net.

If you wish to raise a complaint on how your personal data has been handled please contact NHS Health Scotland's Data Protection Officer: Duncan Robertson (email: duncanrobertson@nhs.net or by phone: 0131 314 5436).

If you are not satisfied with our response or believe we are processing your personal data in a way that is not lawful you can complain to the Information Commissioner's Office (ICO). For information on how to make a data protection complaint you can visit their website (<https://ico.org.uk/concerns/>) or contact their helpline (telephone: 0303 123 1113).

Thank you for taking the time to read this and considering taking part. Please take this sheet away with you.

**Research to explore public views of vaccination delivery
Participant Information Sheet: 28/09/18; V3 Final**

Please note amendment at the end of this section (03.10.2018):

Data Protection information

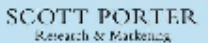

NHS Health Scotland is the Data Controller for the research study, which means that they are responsible for looking after your information and ensuring it is used properly. Information collected from you as part of the study will be processed by Scott Porter Research and their third-party transcribers (who produce written transcripts of recorded focus groups). The information collected will only be used for the purposes of this specific study.

Personally-identifiable information is used to help us conduct research to ultimately improve health, care and services. As a publicly-funded organisation, NHS Health Scotland have to ensure that it is in the public interest when we use personally-identifiable information from people who agree to take part in research. This means that when you agree to take part in a research study, we will use your data in the ways needed to conduct and analyse the research study. Your data will be processed only so long as is required for this study.

In order to collect and use your personal information as part of this research, we must have a basis in law to do so. The basis that we are using is that the research is 'a task in the public interest'. As we may be collecting some data that is defined in the legislation as more sensitive (information about your health), we also need to let you know that we are applying an additional condition in law: that the use of your data is 'necessary for scientific or historical research purposes'.

During the study, your data will be stored in secure, locked cabinets or secure password protected servers for electronic data with access limited to the research team at Scott Porter Research. To safeguard your rights, we will try to minimise the processing of personal data wherever possible. If we are able to anonymise or pseudonymise the personal data you provide, we will do this at the earliest opportunity. This means that personal details such as your name and contact details will be removed from the data, and a number will instead be assigned to it. That number will then be used whenever transferring your data (e.g. sending a recording to transcribers) and/or whenever we may need to refer to it. Only the research team, an approved transcriber (both of whom have agreed confidential and secure data storage systems in place) and select individuals in NHS Health Scotland will have access to the data. Once our quality checks have been completed and/or one month following the completion of the project (whichever is the soonest), we securely destroy any information left on the file which may identify you (e.g. recruitment questionnaires and focus group schedules containing your name and contact details). It is a condition of the funding agreement for this research that NHS Health Scotland can request that any data, documents and material relating to the research be returned to them upon completion of the study, or if earlier, upon termination of the agreement. If this occurs, this will be transferred between Scott Porter Research and NHS Health Scotland via an encrypted device. Electronic and hard copy data will be couriered between the two organisations. Data held in long term storage by NHS Health Scotland will be on secure, password protected servers. Any hard copy or paper data will be stored in a locked cabinet with restricted access. **Electronic and hard copy data will be kept for a minimum period of 3 years from study completion then securely destroyed.**

Appendix 2: Consent form

	Research to explore public views of vaccination delivery Participant Consent form 28/09/18; V3 Final	
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PARTICIPANT COPY FOR REFERENCE PURPOSES

Study number: **2018/19 RE002**
 Project title: **Research to explore public views of vaccination delivery**
 Participant ID No: _____
 Name of researcher: _____

Please read each of the statements below. If you have any questions, please ask a member of the research team at Scott Porter. Please initial to confirm that you've done this and only sign the form when you are happy with ALL statements.

This consent form is to ensure that you understand the nature of this research and have given your consent to participate. Your participation is entirely voluntary, and you are free to change your mind about taking part at any time. Just contact the lead researcher (Rachel Bishop) if you wish to do this.

By signing this form, you agree to take part in an audio-recorded group discussion to share your views and experiences on/about adult vaccination services in Scotland.

Please initial box

Statement	Initial
1. I confirm that I have read and understand the participant information sheet dated 28/09/18 (V3 Final) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered to my satisfaction.	
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time, either during the focus group or afterwards (up to the point my information has been combined with that from other people) without giving a reason and without there being any negative consequences. I understand my medical care or legal rights will not be affected.	
3. I understand that I do not need to answer any questions that I do not wish to.	
4. I agree to the focus group being audio recorded and direct quotes being used.	
5. I understand that direct quotations from the focus group may be used for research purposes (e.g. research presentation, publications and reports) but my identity will not be revealed.	
6. I give permission for members of the research team to have access to my anonymised responses.	
7. I understand my anonymised responses may be transferred to NHS Health Scotland at the end of the study.	
8. I give my permission for members of the research team to use my contact details to re-contact me for quality control purposes.	
9. I agree to take part in the above study.	

Name of Participant _____	Date _____	Signature _____
Name of person taking consent _____	Date _____	Signature _____

5

RESEARCHER COPY

Study number: 2018/19 RE002
Project title: Research to explore public views of vaccination delivery
Participant ID No:
Name of researcher:

Please read each of the statements below. If you have any questions, please ask a member of the research team at Scott Porter. Please initial to confirm that you've done this and only sign the form when you are happy with ALL statements.

This consent form is to ensure that you understand the nature of this research and have given your consent to participate. Your participation is entirely voluntary, and you are free to change your mind about taking part at any time. Just contact the lead researcher (Rachel Bishop) if you wish to do this.

By signing this form, you agree to take part in an audio-recorded group discussion to share your views and experiences on/about adult vaccination services in Scotland.

Please initial box

	Statement	Initial
1.	I confirm that I have read and understand the participant information sheet dated 28/09/18 (V3 Final) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered to my satisfaction.	
2.	I understand that my participation is voluntary and that I am free to withdraw from the study at any time, either during the focus group or afterwards (up to the point my information has been combined with that from other people) without giving a reason and without there being any negative consequences. I understand my medical care or legal rights will not be affected.	
3.	I understand that I do not need to answer any questions that I do not wish to.	
4.	I agree to the focus group being audio recorded and direct quotes being used.	
5.	I understand that direct quotations from the focus group may be used for research purposes (e.g. research presentation, publications and reports) but my identity will not be revealed.	
6.	I give permission for members of the research team to have access to my anonymised responses.	
7.	I understand my anonymised responses may be transferred to NHS Health Scotland at the end of the study.	
8.	I give my permission for members of the research team to use my contact details to re-contact me for quality control purposes.	
9.	I agree to take part in the above study.	

Name of Participant

Date

Signature

Name of person taking consent

Date

Signature

Appendix 3: Recruitment questionnaire

Scott Porter Research & Marketing Ltd
31 Bernard Street
Edinburgh
EH6 6SH
Tel: 0131-553 1927

Job No: 1578
September 2018
Participant ID #: _____

NHS Health Scotland VACCINATION SERVICES

Recruitment questionnaire – Final

INTRODUCTION

Good morning / afternoon, my name is..... from Scott Porter Research.

We are an independent market research agency and are currently doing some research on behalf of NHS Health Scotland to discuss people's thoughts on the how adult vaccination services are run in Scotland (e.g. how you are offered your flu jab) and how this could be done in the future. Is this something that you might be interested in taking part in?

The research will take the format of a focus group, where a discussion is held, led by a researcher and with 6 or 7 people similar to you. This will be held locally and will last 2 hours. If you are eligible and would like to take part in the research, you will receive a cash 'thank you' of £40 for your time and input.

All research carried out by Scott Porter is conducted in a confidential manner in line with the Market Research Society's Code of Conduct. As such, nothing you say within the research can be traced back to you and you will remain completely anonymous at all times. You do not have to answer any questions that you do not want to and you may terminate this recruitment interview and your participation in the focus group itself at any time. This recruitment interview and the focus group itself will be done in line with our privacy policy and data protection laws, details of which I can provide.

On this basis, would you be happy for me to ask you a few questions to see if you would be eligible to take part?

Yes, I give consent to the recruitment questions 1 CONTINUE

No, I do not want to continue 2 THANK AND CLOSE

CLASSIFICATION

Gender:

Male 1

Female 2

Even mix in each group

Age: Write in: _____

Under 18..... 1 CLOSE

18-34 2

35-49 3

50-64 4

65-69 5

70-75 6

75+ 7 CLOSE

Recruit as applicable for group

Ensure good mix in each group

Chief income occupation:

.....

ABC1 1

C2DE 2

Recruit as applicable for group

Ensure good mix in each group

What is your postcode?

					:			
--	--	--	--	--	---	--	--	--

Check postcode and match according to SEG and relevant SIMD area:

SIMD 1 and 2 1

SIMD 3, 4 and 5..... 2

Vaccine taken – from Q6:

Seasonal flu 1 *All*

Pneumococcal 2 *65+ only*

Shingles..... 3 *70+ only*

Recruit as applicable for group

Where multiple vaccines applicable – ensure good mix

Segment:

Under 65s at risk 1

65 to 75-year olds..... 2

SCREENER

1. Do, or have you or any of your family/close friends work in the following occupations?

Journalism..... 1 CLOSE

Public relations 2 CLOSE

Advertising 3 CLOSE

Market research 4 CLOSE

Marketing..... 5 CLOSE

Scottish Government 6 CLOSE

Healthcare services 7 CLOSE

NHS..... 8 CLOSE

None of these 9 CONTINUE

2. Have you ever attended a market research group or interview?

Yes 1 GO TO Q3

No 2 CONTINUE

3. How long ago did you attend a market research discussion / interview?

Within the last 6 months 1 CLOSE

6 months - 1 year ago 2 SEE INSTRUCTION*

SUBJECT specify _____

**CLOSE IF RELATED TOPIC (I.E. HEALTH, VACCINES)*

Over 1 year ago 3 CONTINUE

4. Can you please tell me which of the following statements best describes your attitude to vaccinations?

I am *opposed to the idea* of vaccinating people
against infectious diseases 1 CLOSE

I am *open to the idea* of vaccinating people
against infectious diseases 2 CONTINUE

I *feel that it is important* to vaccinate people
against infectious diseases 3 CONTINUE

5. Are you personally affected by or living with any of the following medical conditions?
SHOWCARD A

Asthma 1
Other lung problem/disease..... 2
Heart problem/disease..... 3
Diabetes 4
Kidney problem/disease 5
Liver problem/disease..... 6
Neurological conditions (including e.g. strokes, TIAs,
multiple sclerosis (MS), cerebral palsy) 7
Lowered immunity due to disease or treatment..... 8
None of the above 9 *Thank & close At Risk groups*
Continue for 65 to 75 groups

*All At Risk must have one or more of the listed conditions – aim for a mix,
including asthma/other lung conditions, diabetes, and heart problems/disease*

6. Can you tell me which of the following statements reflects your personal experience of these three specific vaccines? **Explain as necessary:**

6a: **Seasonal flu** – for this please think about last Autumn/Winter (2017/2018)

6b: **Pneumococcal** – may have been when you were around 65...

FYI: the pneumococcal vaccine protects against serious and potentially fatal pneumococcal infections. It's also known as the 'pneumo jab' or pneumonia vaccine. Pneumococcal infections are caused by the bacterium Streptococcus pneumoniae and can lead to pneumonia, septicaemia (a kind of blood poisoning) and meningitis.

6c: **Shingles** – may have been offered to you following your 70th birthday...

Depending on age of respondent: ask for each, up to 3, of the vaccines:

READ OUT FOR EACH VACCINE:	a. Seasonal flu Ask all	b. Pneumococcal If 65-75	c. Shingles If 70+
I have never been invited by my GP to have this vaccination	1	1	1
I have been invited by my GP, but just didn't get around to go and get it	2	2	2
I have been invited by my GP, but I chose not to have it	3	3	3
I have been invited by my GP and had the vaccine	4	4	4
I wanted this and got in touch with the NHS myself to have this vaccination	5	5	5

All should have had at least ONE of the vaccinations

→ **At Risk** – ALL should have had the flu vaccine at least once

→ **65-75s** – Ensure each group has mix of experience of different vaccines

ASK FOR EACH VACCINATION RESPONDENT HAS HAD IN THE PAST

7. When did you have this vaccination?

For **FLU**: When was the last time you had the seasonal flu vaccination?

	Write in the year:
Seasonal flu	
Pneumococcal	
Shingles	

At least half in each group should have been vaccinated recently for at least one of the vaccines, i.e. within the last 12 months

ASK THOSE WHO HAVE HAD THE FLU VACCINE

8. When you think of the seasonal flu vaccine, which of the following comes closest to your experiences? **READ OUT**

- I have the flu vaccination every year1
- I usually have it, but have missed it on a couple of occasions2
- I usually don't have it, but have had one or two over the years3
- I had it once and then decided I did not want to have it again4

- *At Risk – ensure mix per group of 'Always', 'Sometimes', 'Only once'*
- *65-75s – aim for a mix in each group*

COMPLETE CLASSIFICATION AND CHECK RESPONSES OVERALL FOR QUOTAS

IF ELIGIBLE: Thank you. From your responses, I can confirm you are eligible to take part in this research. Would you be happy to take part in a focus group?

- Yes 1 Thank & go to consent page to go through details
- No 2 Thank & close

CONSENT PAGE

READ OUT VERBATIM: With your permission, as part of the project and Scott Porter's quality control process, the research team will be given your details to check I have recruited the right people for the project in the correct manner. They will also need to get in touch with you to confirm you are happy to take part. To do this I will need your name, address, telephone number and email. We will keep these details for up to one month after the end of the project before securely destroying them. The information will not be passed on or used for any other purpose other than to confirm/assist the planning of the focus groups and for quality control. In line with new data protection laws could you tell me:

	Yes	No
Do you at this point in time consent to taking part in the focus group in line with and as described to you?	1	2
Do you consent to me passing your personal details to Scott Porter for the reasons described above and hence to the data processing associated with this?	1	2
Can you confirm that you have been given a Participant Information Sheet and written consent form to complete and give you additional information?	1	2
Do you consent to Scott Porter contacting you to confirm your consent and attendance?	1	2
Do you consent to Scott Porter contacting you to confirm that this interview was conducted appropriately at the end of the study?	1	2

RESPONDENT DETAILS: *If consent given above complete:*

Name:

Address:

.....

Phone number:

Email:.....

Go through the Participant Information Sheet and give them this (including the copy of the consent form) and the invitation with the group details, date, time, venue to take away with them

RECRUITER DECLARATION: **MUST BE COMPLETED**

I declare this interview has been carried out strictly in accordance with your specification, within the code of conduct, and with a person totally unknown to me. I also confirm that the respondent was asked and verbally responded to the consent questions

Consent given: On (date):..... At (time):

Interviewer name:

Interviewer signature:

Signed on (date):..... At (time):

Scott Porter

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Appendix 4: Discussion guide

Job no: 1578

SCOTT PORTER
Research & Marketing

NHS Health Scotland Vaccination Services Group discussion guide Final – 12th October 2018

2 hours (120-minute) sessions

NOTE: the moderator will amend the language as appropriate depending on the respondents and will be sensitive to their situation

Introduction (10 mins)

- Welcome and introduction to session
- Self, Scott Porter, MRS Code of Conduct, confidentiality, audio recording
- Research aim: *Today we'll be thinking about the vaccination services for adults offered by the NHS in Scotland and how these can be optimised/improved for the future to provide the people of Scotland as good a service as possible. (note: not travel vaccinations, or those for children)*
- Respondent intros: name, family, work and/or hobbies and interests

1. Views of vaccinations overall (10 mins)

- What are your thoughts on vaccinations overall? Why do you say that?
 - does this depend on which vaccination it is/what it's for
 - or who gets it? – adults or children
- How do they make you feel? Which and why?
- How do you find out about vaccinations you personally might be eligible for?

2. Reasons for being/not being vaccinated as an adult (10 mins)

Let's think now of being vaccinated as an adult

- What vaccinations are there for adults (apart from travel vaccinations)?
Spontaneous, then prompt with names, but don't give details at this point!
- Why would someone choose to get vaccinated? What might their reasons be? Think of as many as you can.

Moderator: write each reason *WOULD* get vaccinated on a card, ask why

- *allow spontaneous, then probe:* the specific vaccine, what it means to have it, experience of the illness/condition – personal/friends/family, 'proven' effect, what read/heard about it, how feel about it, how it is given, where, who gives it, anything else?
- *also probe differences for specific vaccines* – flu, shingles, pneumococcal
- *rank in terms of the main/most important reasons for vaccination*

- Now let's think of reasons why someone might **not** want to be vaccinated – why would someone choose not to have it done?

Moderator: write each reason *WOULD NOT* get vaccinated on a card, why

- *allow spontaneous, then probe:* the specific vaccine, any associated issues, what it might do to you, whether it will have any affect, what have read/heard about it, how feel about it, how it is given, phobias, where, who gives it, anything else?
- *probe:* any issues with finding out any information you may need
- *also probe differences for the specific vaccines*
- *rank in terms of the main/most important reasons why someone might NOT get vaccinated*

30 mins

Scott Porter Research

1

3. The current vaccination service process (20 mins)

Let's think specifically of the PROCESS of being vaccinated as an adult

- What is the process now? Imagine I knew nothing about this at all and tell me what happens. Start at the beginning ... what happens next ... etc.?

Moderator to write each aspect on appropriate stage card (Invitation stage, etc.) and then place on the table in order of the process

Allow spontaneous response to whole process, then probe if not mentioned and also for details of what happens:

- **Invitation stage:** who is it from, how is it delivered, what does it say, what information comes with it (leaflets etc.)
- **Decision stage:** how do you decide what to do, do you do any research, talk to someone, etc.
- **Making the appointment:** how is this done, how easy is it
- **Going for the vaccination:** what happens, where, who does it, what do you know about this beforehand, is this sufficient at this point
- **Afterwards:** does anything happen, looking out for any side effects, etc.

Ask for each stage:

- What is good about the process at this stage? What works well?
- What doesn't work so well at this point?
- Has everything been as you expected it, or have you come across any surprises (good or bad)? What and why?
- How do you feel at this stage?
 - which stage makes you feel the best, and which the worst – why
- Do you think you have all the information you need at this stage? Why?
- What else is needed at this stage? What's missing?
- How does this change for each of the vaccinations (*ask as applicable for group audience*): flu, shingles, pneumococcal
 - what makes each vaccination different
 - which differences make the process better and which make it worse (or are they all the same)
- *Once reviewed entire process:* What would you say was the biggest obstacle to you getting vaccinated? Why? What about your family members? Why?
- How does this process compare with other vaccines you know of, for example for children, or adult travel vaccines, and for screening invitations we might get (e.g. cervical, mammogram, bowel, AAA – *as applicable for age and gender*)
 - what differences are there – give examples
 - which is the best process, which the worst – why
- Are there any differences across GP practices in terms of the process? Have you noticed any differences when moving to a new house and/or GP, or talking to friends or family about this?
 - what are they – which are good and which are bad – why
 - how do they make you feel – why

50 mins

The ideal vaccination service

(60 mins)

Let's think of the ideal vaccination service for these vaccines, flu, pneumococcal, shingles. We'll use these for reference as we think about this. Hand out the 3 example leaflets and template invitation letters, allow time to review

- If you had to devise a service for vaccinations that would be used across all of Scotland what would you do? Let's work through from the beginning.

Moderator to write each aspect on appropriate stage card and then place on the table – using the previous cards to assist as necessary

→ check as this is done if the thoughts are pertinent to all 3 vaccinations, and if not why not and which they are for

Invitation & decision stage:

- How should you find out about a vaccination you might be eligible for?
- Who should an invitation to have a specific vaccination be from?
 - allow spontaneous, then probe if not mentioned: a specialist vaccination team, a community vaccination team, someone at your GP surgery, etc.
 - would it be appropriate for other people, besides the NHS to send you a reminder – for examples social services, a charity etc. – why/why not
- How should it be delivered – post, email, text, letter, card?
- What should it say? What information should come with it (leaflets etc.)?
- What messages need to be on the information at this time?
- How should these be communicated to us? What are your thoughts on the language and tone used?
- What do we need to think about to ensure everyone can access information ('access' = e.g. large font, easy to read, different languages, etc.)?

Making the appointment:

- How should you do this – call, email, text, etc.?
- Which is better – for whom and in what circumstances?
 - discuss: have an appointment on the invitation; you get in touch and make one; a drop-in service – what are the pros and cons of each and how should you be able to do this – call, text, email, etc.?

Going for the vaccination:

- Where should it be done, what location?
 - a local centre, local hospital, GP surgery, mobile units (in car parks etc.), community centres, supermarkets, etc. – discuss pros and cons for each
- Is there anything we need to think about in terms of how accessible the location is – getting to or around it (public transport, steps/ramps, etc.)?
- At what time of the day? What should the opening hours and days be?
- What should happen when you get there?
- How much should you be told beforehand? And what should you be told on the day about what is to happen?
- Who should give the vaccination?
 - which health care professional – someone you know, someone from a specialist vaccination team, local nurse, GP, etc.
 - does it matter if you know them or not – why
 - when should you be told who will give the vaccination

Job no: 1578

Afterwards:

- What if any follow-up should there be?
 - for example, should you be reminded to look out for any side effects
- Who should be the contact at this point? Why them?
- Thinking back to some of the issues, or barriers, or obstacles we talked about with the current process and vaccinations generally, how can these specifically be overcome in the new, ideal process?
 - *probe for each mentioned if not addressed in the ideal discussion so far*
- What specifically should be emphasised in terms of the good points about vaccinations that would encourage people to go and have the vaccination?
 - which aspects should be promoted and why – the vaccine and what it does, the process and how it happens, etc.
- What are the **TOP 3 KEY ASPECTS** that the service must have to best encourage people to take note of and take up the vaccination invitation – why these?
 - are they the same for each of the three vaccinations we have talked about – which and why
- What are the '*nice to haves*' which would be useful, but not absolutely necessary to have for the new service– why these?
 - are they the same for each of the three vaccinations we have talked about – which and why
- Is there anything else we should think of when thinking about the ideal service? What?
- Is there anything we can learn from the process of other vaccination or screening services that can be incorporated into this new service for vaccinations across Scotland? What and why?
- Is there anything we should be especially careful of, or to watch out for, or indeed avoid in terms of a new service? What and why?
- All in all, do you think if we set up a service like this it would encourage people to take up the invitations to have these vaccinations?
 - what else could be done to encourage people even more – why

1 hour 50 mins

- 4. Overall and sum up (10 mins)**
- Overall then what are the key points that we need to consider when setting up this new service?
 - the must haves / the nice to haves / the things to note, be aware of
 - Is there anything else that can be done to encourage people to take up the vaccinations? What and why this?
 - Final thoughts – anything else to add?

Thank and close – 2 hours

Stimulus: 3 vaccines leaflets, examples of template letters

Appendix 5: Template letters

Dear **[insert patient's name]**

Shingles vaccine for people aged 70 to 79 on 1 September 2018

Shingles can be a very painful nerve and skin condition and is more common among older people. There is a vaccine that can reduce your chance of getting shingles, or if you do get shingles, it can reduce how severe or long lasting the symptoms can be.

The vaccine is given as an injection in your upper arm and you only need to get it once in your lifetime.

Supplies have been provided to GP practices to immunise patients who were aged 70 to 79 on 1 September 2018. As you were aged 70 to 79 on this date, you are being invited to have your shingles immunisation at your GP practice. The leaflet enclosed describes shingles and the benefits of the vaccine.

More information is available at www.nhsinform.scot/shingles or you can call the NHS inform helpline free on **0800 22 44 88** (textphone 18001 0800 22 44 88). The helpline is open every day and also provides an interpreter.

What to do next

[insert details of GP practice appointment procedure]

At your appointment, **it is important** that you tell the health professional giving you the shingles vaccine if you:

- have a weakened immune system (for example, due to certain cancer treatments; blood disorders such as leukaemia or lymphoma; taking steroid tablets; or you've had a transplant)
- have had a severe reaction to any of the ingredients in the vaccine, or to a previous dose of the chickenpox vaccine.

Please bring with you a list of any current medications you are taking, and this letter, when you attend.

Yours sincerely

[GP practice contact]

Dear [insert patient's name]

I am contacting you because your health records show that you are at particular risk from the flu virus.

We now have this year's flu vaccine ready at the surgery for everybody who is eligible.

I would be grateful if you could call the surgery on [insert surgery phone number] so we can arrange a convenient time for you to come in and receive your free vaccination. [insert details of particular flu clinics if appropriate]

Flu can be more serious than you think. It's highly infectious and can lead to serious complications like pneumonia and hospitalisations. The vaccine offers the safest and best defence against flu. It's free and only takes a few minutes.

The flu virus changes every year. If you had the flu jab last year, you still need to have this year's vaccine to be protected.

I hope you will take this opportunity to help protect your health before winter arrives, and look forward to seeing you at the surgery soon.

Yours sincerely,

[insert Doctor's name]

My appointment date:

.....

For more information about flu, including how the vaccine works and who needs it, visit:
www.nhsinform.scot/flu

Stay healthy – get this year's free flu vaccine



CHI:

Dear Sir/Madam

The free flu vaccine to help protect you against flu this winter will shortly be available at your GP practice. People aged 65 or over are at particular risk from the flu virus, so we recommend you get this vaccine to help protect yourself against flu.

Why get the vaccine?

- Getting the vaccine is the best protection available against flu.
- You have to get the vaccine every year because the virus changes constantly and your immunity reduces over time.
- The vaccine helps protect against more than one type of flu virus.
- The vaccine **can't** give you flu; it can stop you catching it and spreading it to others.

The majority of people aged 65 or over in Scotland choose to get the flu vaccine each year. Even if you think you may have had flu this year, you should still make an appointment to get the vaccine when you're feeling better. The flu vaccine is also recommended for people with a health condition and pregnant women.

What happens next?

Each GP practice makes its own arrangements for offering the flu vaccine to their patients. Flu immunisation usually begins in October. If you haven't heard anything from your practice by mid-October please contact them to ask about an appointment.

Other vaccines

A free pneumococcal vaccine is also available for everyone aged 65 or over. This helps protect you against pneumonia and meningitis. Most people only ever need one dose of this vaccine and it is available all year round. When you go for your flu vaccine, ask your GP or nurse about this.

Yours faithfully

6206 5/2018

For more information about the vaccines available, you can call the free NHS inform helpline on **0800 22 44 88** or speak to your GP, nurse or pharmacist.

More information about the flu vaccine and other vaccines can also be found at nhsinform.scot/flu



Stay healthy – get this year's free flu vaccine



CHI:

Dear Sir/Madam

The free flu vaccine to help protect you against flu this winter will shortly be available at your GP practice. People aged 65 or over are at particular risk from the flu virus, so we recommend you get this vaccine to help protect yourself against flu.

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What happens next?

Each GP practice makes its own arrangements for offering the flu vaccine to their patients. Flu immunisation usually begins in October. If you haven't heard anything from your practice by mid-October please contact them to ask about an appointment.

Other free vaccines you can get:

- A shingles vaccine – available to people aged 70-79 years and helps protect you against shingles, which can often lead to long-lasting pain and is more common in older people.
- A pneumococcal vaccine – available for everyone aged 65 or over and helps protect you against pneumonia and meningitis.

Most people only ever need one dose of the shingles and pneumococcal vaccines, and they are available all year round. When you go for your flu vaccine, ask your GP or nurse about these other vaccines.

Yours faithfully

6206 5/2018

For more information about the vaccines available, you can call the free NHS inform helpline on **0800 22 44 88** or speak to your GP, nurse or pharmacist.

More information about the flu vaccine and other vaccines can also be found at nhsinform.scot/flu



