



Winter Wellbeing & Vaccine Hesitancy

Community Engagement Report
October '23 – March '24

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Healthwatch Westminster

Healthwatch Westminster is set up to promote and support the involvement of Westminster residents in the commissioning, provision, and scrutiny of local health and social care services. Our service is provided by The Advocacy Project.

We collect feedback from residents about publicly funded health and social care services; based on the feedback received, we develop reports and recommendations on how these services should or ought to be improved. We share our data and recommendations with service providers and service commissioners, and monitor if and how the recommended changes are implemented.

For an overview of our previous research projects, please refer to the [Healthwatch Westminster Reports Library](#).

We also offer signposting and advice, directing people to the resources they need; this includes, but is not limited to, helping residents put forward a complaint about services, signposting to advocacy and local support organisations, and explaining how to navigate changes in services.

Introduction

In October 2023, Healthwatch Westminster received funding from the [North West London Integrated Care System \(ICS\)](#) to support them in their Winter Pressures project.

The aim of the project was to share key messages and raise local awareness about eligibility for Covid-19 and influenza vaccines, accessing appropriate health services at the right time, and keeping well over the winter. As part of this awareness campaign, we were also asked to gather feedback and assess residents' responses to the ICS resources and available services.

The ICS supplied us with a set of flyers with information about general NHS services, eligibility criteria for the Covid and flu vaccines, and access to mental health services. The flyers were available in Arabic, Bengali, Brazilian Portuguese, Gujarati, Polish, Romanian, and Somali. The reporting questions and template were also supplied by the ICS.

Undertaking this project allowed us to expand our work on some of our key priorities, namely:

- Spread awareness of NHS Campaigns and key available services and resources;
- Address low rates of vaccine uptake in the borough of Westminster;
- Strengthen relationships with residents through positive health messaging;
- Engage with residents whose circumstances make them more vulnerable to health inequalities.

Following a period of community engagement and data collection, this report presents an overview of our findings and recommendations.

Background

Winter vaccinations and services

Over the winter period, the demand for NHS services tends to increase significantly with the onset of cold weather and flu¹; keeping well by receiving vaccines for seasonal illnesses and taking over the counter medications instead of going to A&E for minor symptoms helps alleviate this pressure.

The flu and Covid vaccine programmes in England began earlier than usual in 2023 – as a precautionary measure following the identification of a new COVID-19 variant² –, and run until March 31, 2024³.

To be eligible for a flu shot, it was necessary for someone to meet one or more of the following criteria⁴:

- Those aged 65 years and over
- Those aged 6 months to under 65 years in clinical risk groups
- Pregnant people
- All children aged 2 or 3 years on 31 August 2023
- Primary and secondary school aged children (from Reception to Year 11)
- Those in long-stay residential care homes
- Carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- Close contacts of immunocompromised individuals
- Frontline health and social care workers

The criteria for someone to be eligible for a Covid-19 vaccine or booster shot, on the other hand, were the following:

- aged 65 years old or over (you need to be 65 years old by 31 March 2024)
- aged 6 months to 64 years old and are at increased risk
- living in a care home for older adults
- a frontline health or social care worker
- aged 16 to 64 years old and are a carer
- aged 12 to 64 years old and live with someone with a weakened immune system

¹ NHS Providers, [Winter Pressures](#)

² UK Government, [Flu and COVID autumn vaccine programmes brought forward](#)

³ North West London ICS, [Winter vaccinations and services](#)

⁴ UK Government, [Flu and COVID autumn vaccine programmes brought forward](#)

As part of the Winter Pressures campaign and as a general self-care tip, the North West London ICS also recommended keeping a well-stocked medicine cabinet at home for common minor illnesses and ailments such as colds, headaches, and diarrhoea⁵.

The ICS campaign also highlighted the importance of keeping on top of prescription medications, and referring to one's GP practice for renewals and timely collection at pharmacies.

Vaccine hesitancy

NHS England defines vaccine hesitancy as "a delay in acceptance or refusal of vaccination despite availability of vaccination services"⁶. In 2019, the World Health Organisation categorised vaccine hesitancy as one of the key threats faced by global health, as it undermines progress made in tackling vaccine-preventable diseases⁷ by weakening herd immunity. The 2021 Covid vaccine rollouts contributed to a widespread fall in vaccine hesitancy across the UK⁸.

Lack of awareness and misinformation only account for some of the motivations behind vaccination attitudes⁹. Vaccine hesitancy can be caused by a number of factors, such as: negative beliefs based on myths, (e.g. "vaccines cause infertility"); misinformation; mistrust in health care professionals or the health care system; the role of influential leaders; costs; and concerns about vaccine safety¹⁰.

Recognising the different reasons that may motivate someone to embrace vaccine hesitant views is important for developing tailored strategies and effective communication to improve vaccine acceptance¹¹.

Vaccine hesitancy in Westminster

Vaccine hesitancy has consistently been identified as a key public health concern within the borough of Westminster.

During the Spring 2021 Covid vaccination drives, Westminster featured among the worst performing local authorities in London for vaccine uptake¹². More recently, the Joint Strategic Needs Assessment Autumn 2023 Report¹³ emphasised low childhood

⁵ North West London ICS, Winter vaccinations and services

⁶ NHS England, [Vaccination: race and religion/belief](#)

⁷ World Health Organisation, [Ten threats to global health in 2019](#)

⁸ UK Office for National Statistics, [Coronavirus vaccine hesitancy falling across the regions and countries of Great Britain](#)

⁹ Yaqub, O., & al. "Attitudes to vaccination: a critical review" *Social science & medicine* 112 (2014): 1-11.

¹⁰ World Health Organisation, [Vaccine hesitancy: A growing challenge for immunization programmes](#)

¹¹ Ibid.

¹² House of Commons Library, [Covid-19 vaccine take-up rates in London](#)

¹³ Joint Strategic Needs Assessment, [Borough Story \(WCC\)](#)

vaccinations uptake, as well as low immunisation levels among residents from a Black or Mixed ethnic background, as priorities to address within Westminster.

As of January 2024, Westminster was the third worst-performing local authority in England for uptake of the MMR vaccine, with only 60% of children under 5 having received the vaccine¹⁴.

Previous community interventions have been undertaken to tackle low vaccine uptake in the borough. In 2022, Westminster Council Public Health, together with the NIHR Applied Research Collaboration Northwest London (NIHR ARC NWL), delivered their Community Health & Wellbeing Worker (CHWW) pilot project¹⁵. The CHWW programme, which was delivered in the Churchill Gardens Housing Estate in Pimlico, ultimately had a positive effect on vaccine, health-check, and screening uptake.¹⁶

¹⁴ The Standard, [Which London boroughs have the lowest measles vaccination rates? Capital's least protected areas revealed](#)

¹⁵ NIHR Applied Research Collaboration Northwest London, [Putting Community Health and Wellbeing Workers at the heart of primary care](#)

¹⁶ Westminster City Council, [Health & Wellbeing Strategy 2023-2033](#), pp. 52-53

Methodology

Engagements

Engagement visits for this project were carried out starting from October 2023 until the end of March 2024. To plan our visits, we targeted food aid services, warm spaces, and Citizens Advice Bureau (CAB) drop-in sessions across the borough of Westminster. Purposefully visiting these spaces allowed us to reach people who are more likely to be experiencing higher levels of deprivation and thus more vulnerable to health inequalities. Apart from the visit at The Salvation Army Foodbank, located in Brent, all engagements took place within the borough of Westminster.

Through previous projects, we had already established working relationship and kept steady communications with most of the organisations involved.

For an overview of the locations visited and more information on areas of deprivation in Westminster, refer to Appendix 3 (“Maps”).

Data Collection

Our data collection approach consisted of short, individual (1-2-1) conversations, lasting approximately 2-5 minutes. We shared the information and ICS materials with respondents, then encouraged them to tell us their views.

We employed a non-judgemental approach and did not push people to change their perspective on the topics; doing so allowed us to collect more open feedback from the residents we spoke with. We did not audio record the interviews, and instead relied on hand-written notes to record the respondents’ feedback and thoughts.

The final report features insights from 70 respondents.

Q3 Engagements

Location	Date	Number of people interviewed
Westminster Council Employment Service Drop-in, Harrow Road	19/10/2023	4
Stowe Centre CAB Drop-in	26/10/2023	6
North Paddington Foodbank	27/10/2023	2
St Mary’s Church Food Pantry	15/11/2023	4
North Paddington Foodbank	15/12/2023	3
Total		19

Q4 Engagements

location	date	number of people interviewed
Abbey Centre Food Pantry	05/01/2024	3
Hallfield Estate Foodbank	09/01/2024	6
Westbourne Park Church Food Pantry	18/01/2024	7
Stowe Centre CAB Drop-in	25/01/2024	8
North Westminster Area (street engagement)	31/01/2024	5
Granville Community Kitchen Food Aid	14/02/2024	11
Abbey Centre Food Pantry	21/02/2024	5
The Salvation Army Foodbank (Harlesden, Brent)	08/03/2024	5
Ebury Edge Community Hall CAB Drop-in	12/03/2024	1
total		51

As part of the ICS grant, we were able to recruit and appoint a temporary staff member specifically for the project. We aimed to offer an employment opportunity within the local community, and the person we ultimately recruited as Community Champion was a Westminster resident, knowledgeable and well-connected to the area.

Between December 2023 and March 2024, the Community Champion was employed on a fixed-term contract of 12 weeks to assist us and carry out some of the work. They supported the project by visiting local community hotspots to share the ICS resources and gather data.

Interview Questions

Questions provided by the ICS focussed on the following topics:

- Effectiveness of communications materials & general attitude;
- Awareness and use of the NHS 111 phonenumber;
- Vaccinating against Covid and flu;
- Renewing repeat prescriptions and keeping a medicine cabinet;

Rather than a rigorous interview guide, we were encouraged to use these questions as conversation starters and prompts. Conversations usually began with our team handing the information flyers to the interviewee and asking them to share their thoughts and feedback on the information contained.

Verbal consent was sought and obtained before beginning the interaction, after stating the intent and aims of the project.

For the full set of questions and the engagement materials used, please refer to Appendix 1 (“Questions”) and Appendix 2 (“Flyers”).

Data analysis

The qualitative data obtained from the respondents was processed with content analysis, to assess the key patterns of responses and determine and quantify the presence of certain topics.

Responses to each question were coded based on the main theme of the response and assigned numerical and alphabetical values, depending on the key words mentioned and key categories touched upon.

For instance, responses to questions regarding vaccines were coded as either “1” (if the respondent was against vaccines), “2” (if the respondent had held pro-vaccine views and had since changed their position), or “3” (if the respondent was pro-vaccines).

Limitations

- Since the reporting template was provided by the ICS, we did not employ the Healthwatch England taxonomies when collecting demographic information from the respondents.

While we collected some personal details (i.e., ethnicity, age, gender, borough of residence), gathering further information from respondents (e.g., disability or long-term health conditions, carer status, socioeconomic status, ward of residence), would have painted a more accurate picture of the needs and opinions of the population of Westminster.

- One-third of respondents (33%, 23) did not report their borough of residence. We retained their perspectives in this report, as they still made use of health and social care services located in Westminster.
- Due to the sensitive nature of the topics, it was at times difficult to gather information and further the conversation with some respondents. Vaccine hesitant respondents

often did not want to share their reasons for opposing or refusing vaccines, and some stopped engaging with us any further once we touched upon the topic.

- Due to project aims and to the nature of the locations visited, conversations were often brief. Longer interviews would have provided more thorough insights on the topics.
 - To capture data, we relied on hand-written notes, rather than audio recordings. Thus, we are not able to include any full direct quotes in this report.

Demographics

Self-reported demographic data of respondents are as follows:

- Gender of respondents:
 - 66% of respondents (46) described themselves as female.
 - 28% of respondents (20) described themselves as male.
 - 6% of respondents (4) did not disclose their gender.
- Ethnicity of respondents:
 - 53% of respondents (37) described themselves as White British or White European.
 - Including: Irish (4), Spanish (2), Italian, Ukrainian, Polish.
 - 24% of respondents (17) described themselves as Black British, Black African, or Black Caribbean.
 - Including: Welsh-Jamaican, Ethiopian, Sudanese, Eritrean, Nigerian.
 - 8.5% of respondents (6) described themselves as Asian British or Asian.
 - Including: Afghani, Japanese, Bangladeshi, Indian.
 - 6% of respondents (4) described themselves as Middle Eastern, North African, or Arab.
 - Including: Egyptian.
 - 8.5% of respondents (6) did not disclose their ethnicity.
- Age of respondents (in brackets):
 - 18-24 years old: 1%, 1.
 - 25-49 years old: 29%, 21.
 - 50-64 years old: 29%, 21.
 - 65-79 years old: 31%, 23.
 - 80+ years old: 3%, 2.
 - Age not reported: 7%, 5.
- Borough of residence:
 - Westminster Residents: 63%, 44.

- Brent residents: 3%, 2.
- Camden residents: 1%, 1.
- Did not state: 33%, 23.

For a full breakdown of demographic data, refer to Appendix 4 (“Demographics”).

Findings

Our findings revolve around four main themes: general feedback, vaccine hesitancy, awareness of the 111 phonenumber service, and keeping medications at home.

Theme 1: General Feedback

We classified interactions as “positive”, “mixed”, or “negative” depending on the overall response that was given to the information presented, the services available, and to the feedback shared by the interviewee.

In evaluating the sentiments of respondents, we assessed that most interactions were positive. 51 respondents voiced positive feedback and answered our questions in an engaged manner.

We classified only five interactions as negative: in these instances, respondents either held extremely negative views of vaccines and of the NHS, or had language barriers which prevented effective communication.

Feedback to the flyers was more mixed:

Respondents' feedback to leaflets	N of responses
Liked them	38
Had mixed feelings	17
Did not like them	7
Did not specify	8

While interviewees were generally welcoming of the information messages we shared, some of them highlighted issues with the engagement materials.

Among those who expressed mixed or negative feelings, seven respondents said that the materials contained “no new information”, four respondents did not like the materials due to them having content on vaccines, two respondents said that they preferred looking up information online, and three respondents could not fully understand the contents due to accessibility issues (i.e., language barriers, content written too small).

Theme 2: Vaccine hesitancy

Vaccine hesitancy was the most significant theme that emerged from the views we collected, as half of the total respondents (35 out of 70) expressed varying degrees of scepticism and hesitancy to vaccines.

Among vaccine hesitant respondents, we identified two sub-groups with different attitudes.

Some of those who held vaccine-negative views (15, 21% of responses) had previously held pro-vaccine views and had received vaccinations (particularly during the Covid vaccination drives) but had since adopted a different stance on them. Motivations for no longer being willing to take vaccine doses included:

- having felt “pressured” to take Covid shots;
- regretting having taken the Covid vaccines and believing that “[their] health was getting worse” because of them;
- not trusting another dose of Covid booster due to it possibly “being unsafe”, or for fear of potential side effects;
- finding the side effects from taking the Covid vaccines “too painful” and not wanting to experience them again.

Two of these respondents expressed mixed sentiments towards different types of vaccines: specifically, they mentioned that they would not be willing to receive an additional Covid booster shot, but they had no reservations about receiving a flu vaccine dose.

On the other hand, respondents who had never received vaccinations and had always been vaccine hesitant (20, equal to 29% of responses) reported being motivated by political, as well as health concerns. Their reasons often echoed popular conspiracy theory talking points¹⁷, particularly in reference to Covid vaccines. Some of the explanations that were given for being against vaccines are as follows:

- thinking that Covid vaccines were made “to reduce the population”;
- mistrusting vaccines over potentially fatal complications (one respondent attributed a death in the family to their relative taking the Covid shot);
- believing that the Covid vaccines are “making people ill”, causing heart attacks, asthma, high blood pressure, etc.;
- never having had the flu or Covid and not feeling the need for any vaccines;
- being generally sceptical of medications and preferring to rely on herbal and “natural” remedies.

¹⁷ UK Parliament, [COVID-19 vaccine misinformation](#)

Three vaccine hesitant respondents who had children under the age of 18 stated that they also had no intention of having their children vaccinated; two of them mentioned the recent MMR vaccine rollouts, voicing their opposition. Some vaccine-negative respondents refused to elaborate and engage with us any further once the topic of vaccination was touched on.

After reviewing the disaggregated data for vaccine attitudes, we noted that findings were consistent across age groups, ethnic backgrounds, and genders. From the data gathered, there seemed to be no significant difference in vaccine attitudes across different demographic details.

For a full breakdown of the data, refer to Appendix 5 (“Vaccine Hesitancy Data”).

Theme 3: Appropriate care & NHS 111

The NHS 111 phonenumber helps people get the right advice and treatment when they urgently need it; call advisors can provide advice without necessarily recurring to another service, such as a GP or A&E¹⁸. The service is available 24 hours a day, 7 days a week.

Among respondents, we assessed their awareness of the 111 phonenumber, and found that most respondents were familiar with the service:

“Are you familiar with the NHS 111 Phonenumber?”	N of responses
Is aware of the service	52
Is not aware of the service	9
Did not specify	9

Out of 52 respondents who were aware of the service, 28 of them reported having used it at least once:

Respondents’ feedback to NHS 111	N of responses
Liked the service	16
Did not like the service	6
Had mixed feelings	1

Among those who had never used 111 or were not aware of 111, 13 respondents welcomed the information we provided them, said they would use the service in the future.

¹⁸ NHS England, [About NHS 111](#)

Theme 4: Home remedies & prescriptions

We asked respondents whether they kept over-the-counter remedies at home for common minor ailments:

"Do you keep a collection of medications at home?"	N of responses
Keeps a medicine cabinet	29
Does not keep a medicine cabinet	34
Did not specify	7

Most of those who did not keep any over-the-counter remedies (14 out of 34 respondents) said that they preferred only having prescribed medications at home; eight respondents stated that they only buy medications when the need arises; two respondents expressed scepticism regarding medications in general, saying that they prefer using only natural and herbal remedies.

We also assessed whether respondents were capable of booking prescriptions independently, and whether they kept on top of repeated orders.

29 respondents mentioned having order repeated prescriptions recently (one for their next of kin, the rest for themselves):

"What do you do when you run out of prescriptions?"	N of responses
Goes to the GP	10
Orders prescriptions online	9
Phones the GP	3
GP automatically sends it to chemist	2
Goes to GP or phones the GP	2
Did not specify	3

Only one respondent reported struggling with prescriptions renewals and running out of medications during weekends, which they attributed to the pharmacy not sending timely reminders.

Recommendations

Next steps

Westminster City Council and the North West London ICS are currently making efforts to [address low MMR vaccine rates](#) by establishing local vaccination hubs. Nonetheless, intensifying interventions against vaccine hesitancy to vaccines for seasonal illnesses should also be prioritised, due to the risk of potential outbreaks it carries.

Based on our findings, our recommendations are the following:

- **Deliver community outreach and interventions** to raise awareness and communicate with residents; ideally, reinstate the Community Health & Wellbeing Workers in the most deprived areas of the boroughs, to dispel vaccine misinformation and promote other positive health messages.
- **Review content** and improve communication materials, to address misinformation and misapprehensions regarding vaccines.

The flyers provided specified that the Covid vaccine was halal, and that the flu vaccine would not cause the flu nor birth defects. Based on our findings, we recommend to also address the following topics: uncomfortable side effects and how to mitigate them, debunking of conspiracy theories and benefits of booster shots for certain populations.

- **Co-produce communication materials** with local organisations, and tailor communication to the needs of the population by having local groups join the design.
- **Build confidence in the NHS** through local campaigning: improve trust and ensure health workers are visible and trusted in the local community.

Conclusions

In this report, we have provided a general overview of the attitudes and views of Westminster residents to the Winter Pressures campaign undertaken by the North West London ICS.

By gathering feedback from residents, this report has also provided a “community-participatory measurement” of vaccine hesitancy across Westminster. We hope that, as such, it will provide a starting point for commissioners and service providers to design interventions to address vaccine hesitancy that are suited to and in touch with the needs of the local community.

Effective communication is key to address vaccine hesitancy and our recommendations are centred on it.

Although this report has focussed primarily on vaccine hesitance to the Covid and flu vaccines, we believe that building on our recommendations will ultimately counter vaccine hesitancy of any kind.

As the Council and the ICS continue working to tackle hesitancy to the MMR vaccine, we hope that our work will help shed a light on the motivations of vaccine negative residents, as well as the potential communication tools that may be employed to address them.

We are grateful to the ICS for having provided us with the funds to undertake this project. We hope to strengthen our relationship by regularly attending meetings with ICS representatives, and monitoring outcomes to this report.

Acknowledgements

We are really grateful to everyone who made this project come to life.

We would like to thank all the respondents who took time to share their feedback and experiences with us.

Thank you also to the North West London Integrated Care System for funding this project and providing us with the materials for our engagements, and to the local community organisations who supported our research.

Our Community Champion deserves a special thank you, for the fundamental role they played in connecting us with the local community and for helping with the data collection.

Finally, we would like to acknowledge the Volunteers, Advisory Board members, and Healthwatch staff who supported this work.

Appendices

Appendix 1 – Questions/Conversation prompts

Effectiveness of communications materials & general attitude

- Do we think the leaflets are effective?
 - o What types of communication work best?
- What impact do you think the interaction with the public has, and what are the general attitudes towards the messages?

NHS 111 phonenumber

- Do your clients know about NHS 111 or NHS 111 online as the first point of call when unsure where to seek medical help?
 - o Do they use it? If not, what are the reasons?
 - o Will they start using it now?

Vaccinating against Covid and flu

- How many clients have booked flu or Covid vaccination appointments at their GP or Pharmacy?
 - o If not, what are the reasons behind it?
 - o Are they considering it now?
- When it comes to Covid and flu vaccinations, would you prefer both together or only one?
 - o Which one and why?
 - o If none at all, why not?
- Are you planning to vaccinate your child/children against the flu this season?

Repeat prescriptions and medicine cabinet

- What do you normally do when you run out of repeat prescription? What steps do you take?
- Do you keep a collection of medications at home, like pain killers, plasters, or cold remedies? Or do you buy medicines when you need them?

Appendix 2 – Flyers

Know where to get the right help

There are lots of NHS services that can help you. Knowing where to go, and when, can help you get the right care when you need it.

Pharmacy



Local pharmacists are **qualified healthcare professionals**. They can help you with minor health concerns and illnesses including coughs, colds, upset stomachs and skin/eye infections. They can also give some vaccinations and help with medications.

They can be found on most high streets and are a quick and convenient way to get medical advice. They will see you face to face and provide confidential help on the same day, with **no appointment needed**.

GP/doctor services

local GP practice



Your local GP practice can help with a wide range of general health problems, injuries and illnesses that are not life threatening.

Who you see at your appointment depends on the help you need. There are lots of different people who can help including a doctor, nurse, pharmacists, physiotherapist and many other trained health professionals.

They might see you over the phone, online or in-person.

You will need to be registered before you can book an appointment. To register with a GP practice you do not need proof of address, immigration status, ID or an NHS number. Find a GP practice near you at: www.nhs.uk/service-search/find-a-gp

GP help

evenings and weekends

Call your GP practice as normal. The practice answer phone will provide details of where you can get local out of hours appointments. You can also use the **online consultation form** on the practice website if your need is not urgent.

NHS 111



NHS 111 helps people get the right advice and treatment when they urgently need it. 111 can direct you to the best place to get help if you cannot contact your GP during the day, or when your GP is closed.

Doctors, nurses, paramedics and other fully-trained advisors are available 24/7, and can get you the help you need by:

- finding out what local service can help you;
- connecting you to a nurse, emergency dentist, pharmacist or GP
- getting you an appointment if you need one
- telling you how to get any medicine you may need or give self-care advice.

You can contact NHS 111 all day, every day. Visit 111.nhs.uk or call 111.

Flyer 1 – General NHS Services (front)

Know where to get the right help - Continued...

Mental health services



The NHS provides a range of talking therapies for people who feel anxious, worried, down, or depressed. If you need help you can **refer yourself**, you don't need to go to your GP first. To refer your-self and find more information visit: www.nhsstalk2us.org

Mental health services for people in crisis:

If you need help for a mental health crisis or emergency, you can get immediate help on our freephone lines from trained mental health advisers and clinicians **all day every day**.

Ealing, Hounslow, Hammersmith and Fulham	0800 328 4444
Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster	0800 0234 650

999 or A&E



If you, or someone you know, are experiencing a life-threatening medical emergency you should call 999 or attend an A&E immediately.

For adults:

- signs of a heart attack - chest pain, pressure, heaviness, tightness or squeezing across the chest
- signs of a stroke - face drooping on one side, cannot hold both arms up, difficulty speaking
- sudden confusion (delirium) - cannot be sure of own name or age
- suicide attempt - by taking something or self-harming
- severe difficulty breathing - not being able to get words out, choking or gasping
- choking on liquids or solids
- heavy bleeding - spraying, pouring or enough to make a puddle
- severe injuries - after a serious accident or assault
- seizure (fit) - shaking or jerking because of a fit, or unconscious (cannot be woken up)
- sudden, rapid swelling of the lips, mouth, throat or tongue.

For children:

- seizure (fit) - shaking or jerking because of a fit, or unconscious (cannot be woken up)
- choking on liquids or solids
- difficulty breathing - making grunting noises or sucking their stomach in under their ribcage
- unable to stay awake - cannot keep their eyes open for more than a few seconds
- blue, grey, pale or blotchy skin, tongue or lips - on brown or black skin, grey or blue palms or soles of the feet
- limp and floppy - their head falls to the side, backwards or forwards
- heavy bleeding - spraying, pouring or enough to make a puddle
- severe injuries - after a serious accident or assault
- signs of a stroke - face drooping on one side, cannot hold both arms up, difficulty speaking
- sudden rapid swelling of the lips, mouth, throat or tongue
- sudden confusion - agitation, odd behaviour or non-stop crying.

Flyer 1 – General NHS Services (back)


Winter Vaccinations

Flu and Covid-19 can be very serious. Getting your vaccines will help protect you and those around you.

Am I eligible for the flu or Covid-19 vaccine?

Group	Flu	Covid-19
All adults aged 65+	✓	✓
Frontline health & social care workers	✓	✓
Pregnant people	✓	✓
Age 6 months - 64 with clinical risk	✓	✓
People who are immunosuppressed	✓	✓
Persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults.	✓	✓
Children aged 2-3 years on 31 August 2023	✓	✗
Primary school children (reception - year 6)	✓	✗
Secondary school aged children (year 7 - 11)	✓	✗
Residents in care homes	✓	✓

*Some medical conditions increase the risk of complications from infectious diseases, and children and adults with such conditions should be immunised as a matter of priority. These groups may also require additional vaccinations or additional doses of vaccines to provide adequate protection.



Flyer 2 – Vaccines eligibility (front)

Vaccine FAQs

It's important that you have the right information about the flu and Covid-19 vaccines.

I have had the vaccines before, why do I need another one?
If you are eligible for the flu or COVID-19 vaccine, it is important to top up your protection, even if you have had a vaccine before, as immunity fades over time and the viruses change each year.

Can I have the flu and Covid-19 vaccines at the same time?
Yes. If you are offered both vaccines, it is completely safe to do so.

Will the flu jab give me flu?
No. The flu jab cannot give you the flu - it is an inactivated vaccine. This means it does not contain any of the live flu virus.


Is the flu jab halal?
The flu jab does not contain any pork ingredient or gelatine. Only the flu nasal spray for children includes porcine gelatin. The British Fatwa council has permitted the use of the nasal spray in children.

I'm pregnant, will the flu vaccine harm me or my baby?
No it will not. Having the flu vaccine will help protect you and your baby. It is safe to have the vaccine at any stage of pregnancy.

How do I get my vaccinations?
To get your COVID-19 vaccination you can use the NHS App, call 119 or book online at: www.nhs.uk/covid-vaccination

For flu vaccinations, contact your GP practice or find a pharmacy at www.nhs.uk/flu-pharmacy

For more information visit: www.nwondonicb.nhs.uk/Winter



Flyer 2 – Vaccine eligibility (back)

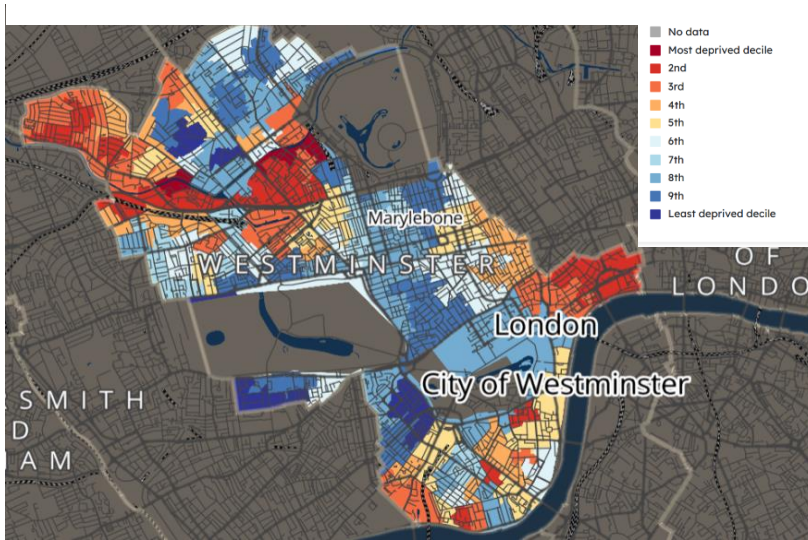
Appendix 3 – Maps



Our engagement visits
 This map provides an overview of the locations we visited across Westminister. Our visits targeted locations in areas of Westminister with a higher index of multiple deprivation (see: Map 2) – namely, Harrow Road, Church Street, and Pimlico South.

19 20

Map 1 – Visits



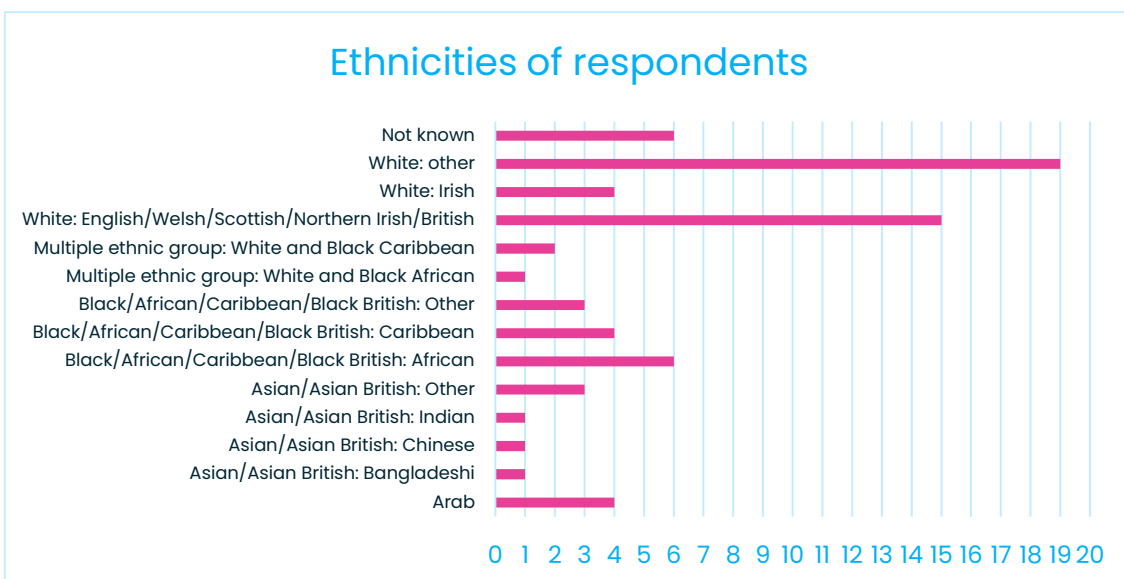
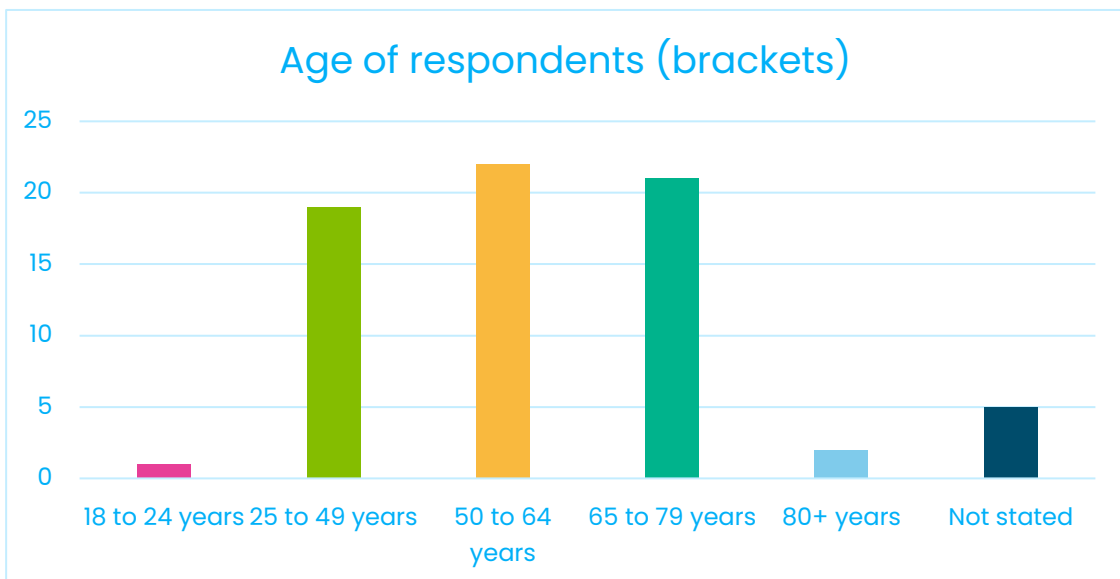
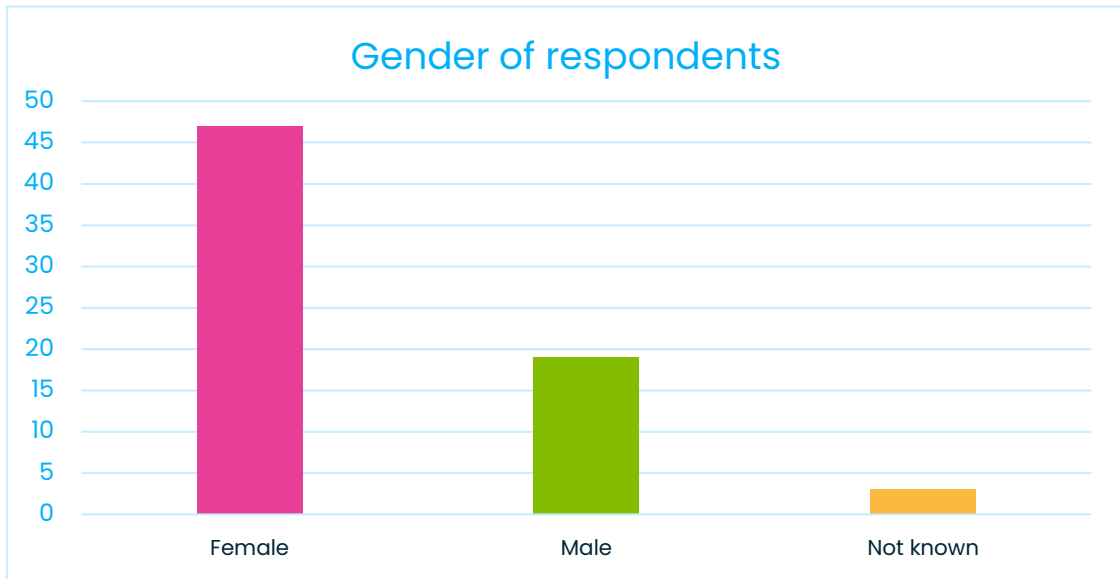
Multiple deprivation in Westminister
 The Index of Multiple Deprivation (IMD) is an overall relative measure of deprivation for small areas constructed by combining seven domains of deprivation (i.e., income deprivation; employment deprivation; education, skills, and training deprivation; health deprivation and disability; crime; barriers to housing and services; living environment deprivation).

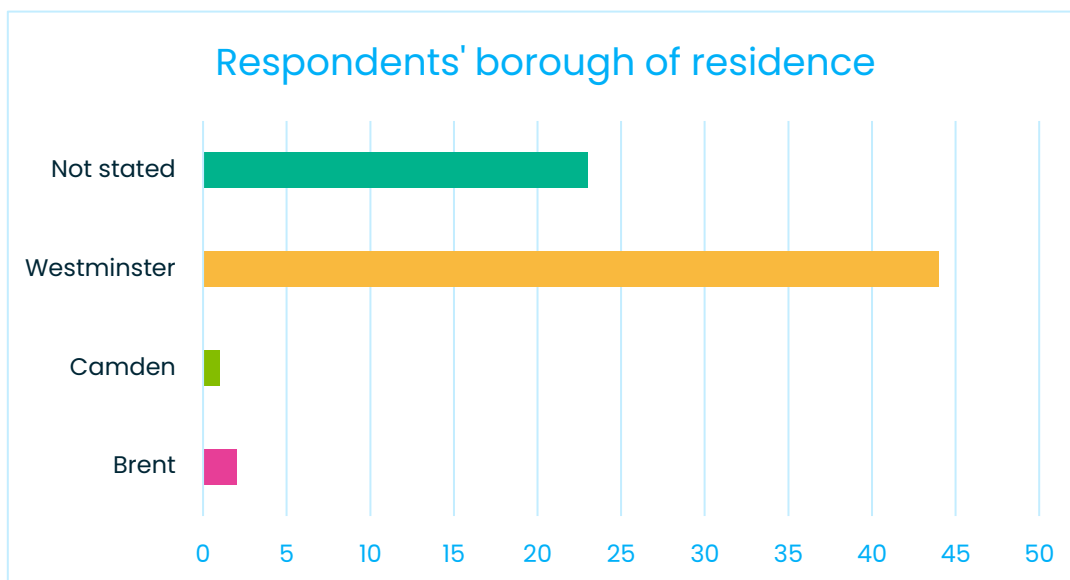
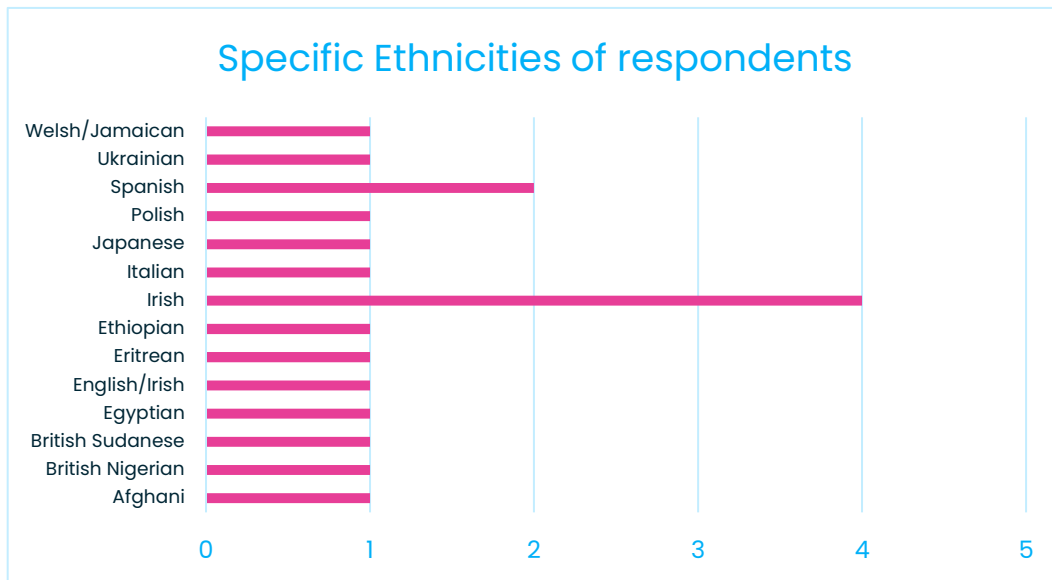
Map 2 – Areas in Westminister by IMD

¹⁹ UK Government (2019), [File 1: index of multiple deprivation](#)

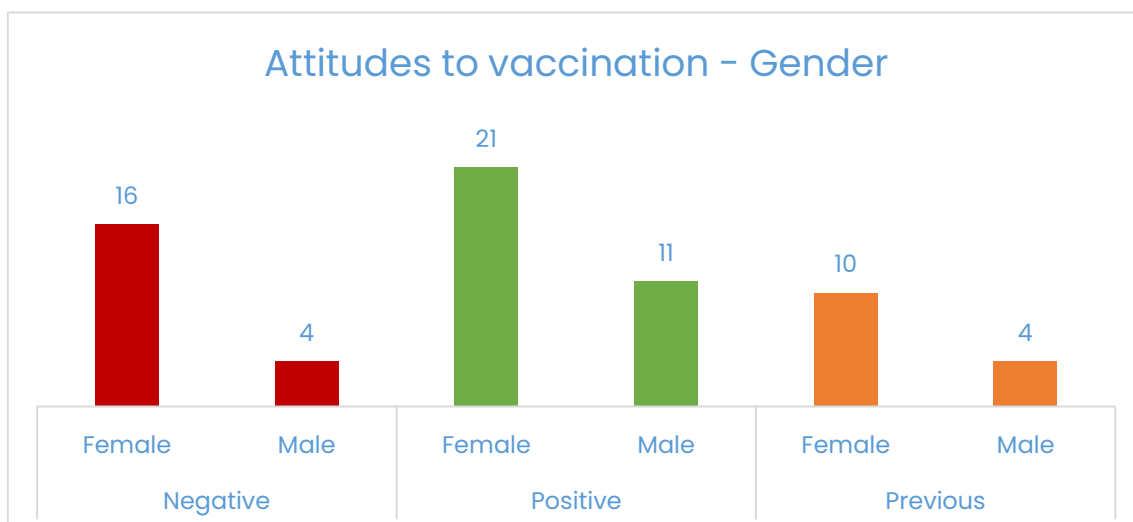
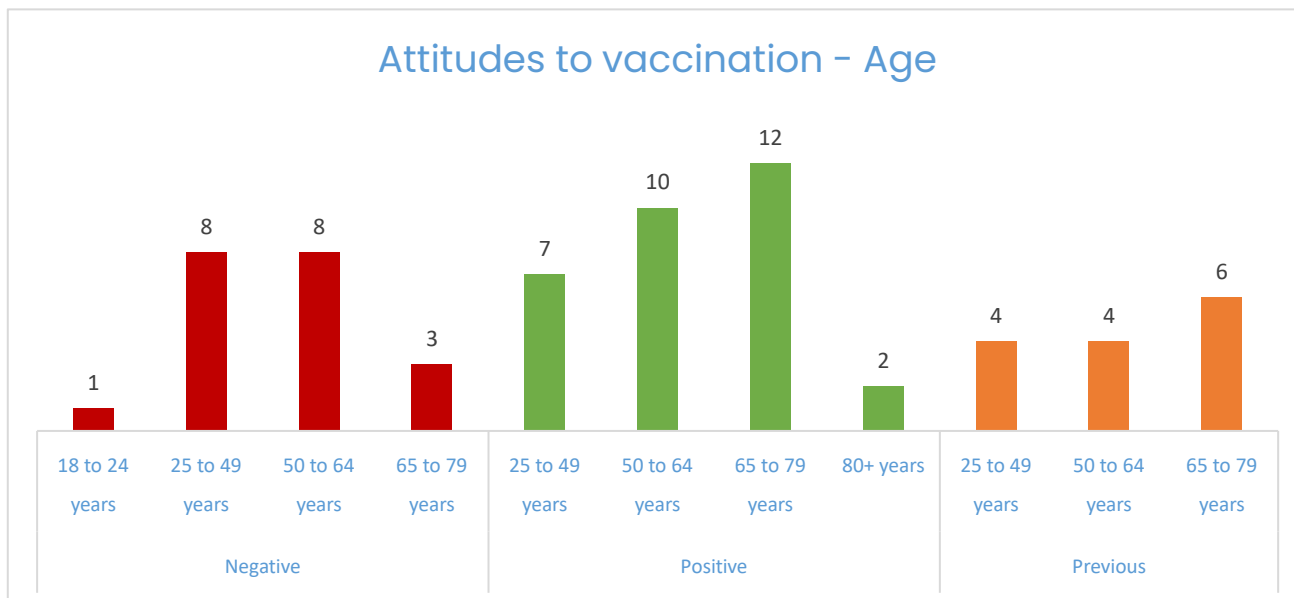
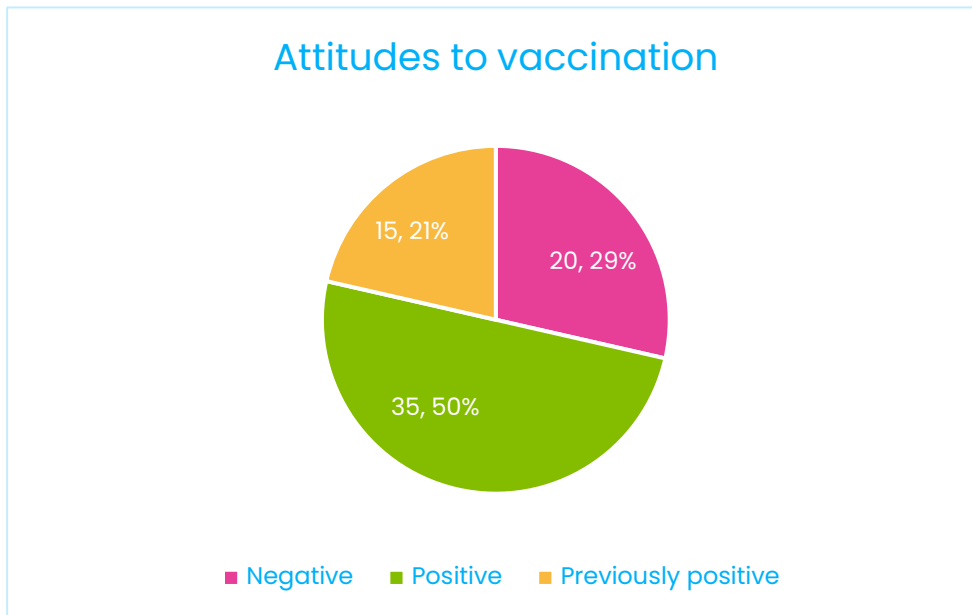
²⁰ Consumer Data Research Centre, [Index of multiple deprivation – City of Westminister](#)

Appendix 4 – Demographics

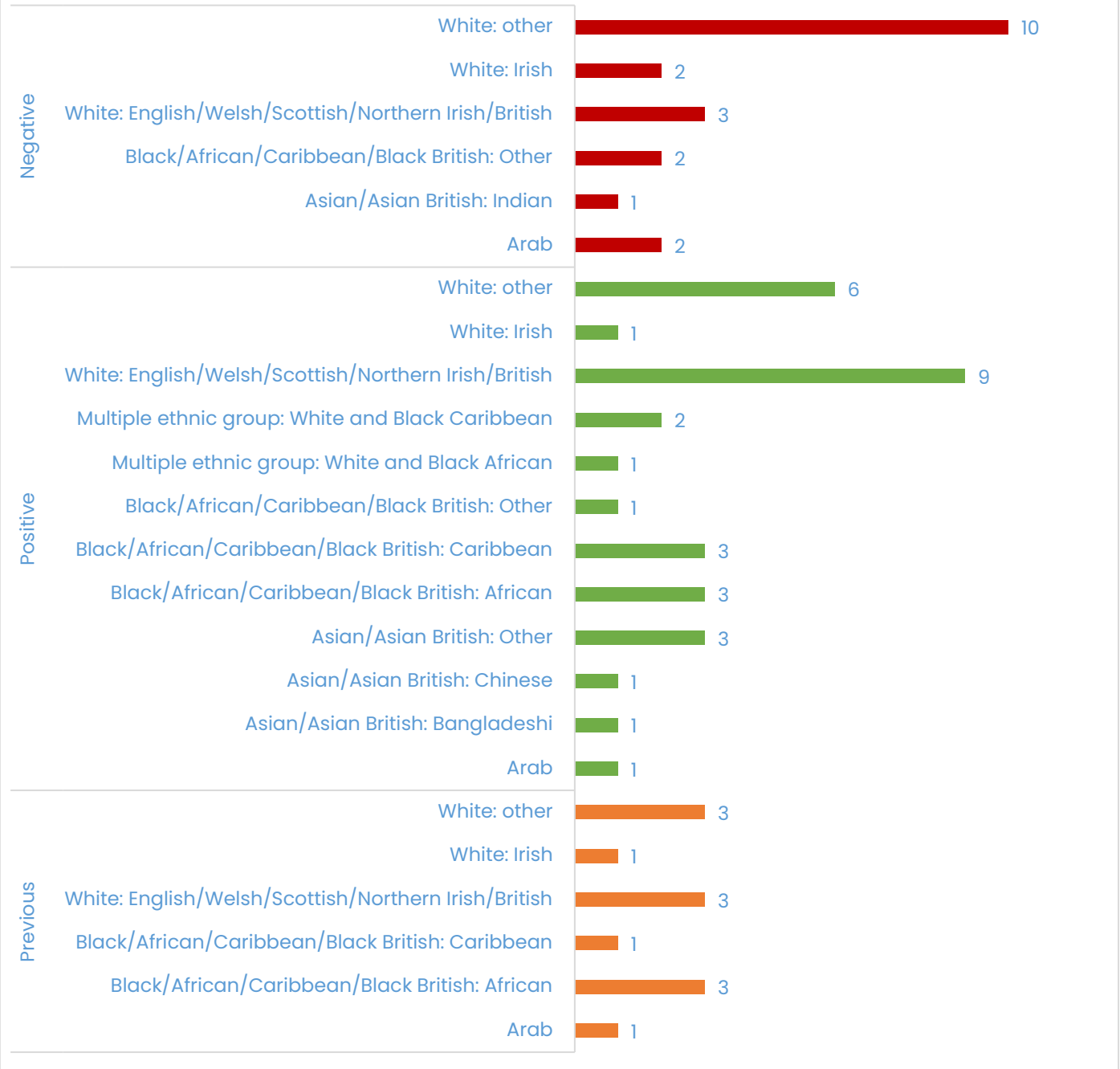




Appendix 5 – Vaccine hesitancy data



Attitudes to vaccination - Ethnicity





Healthwatch Westminster
Stowe Centre
258 Harrow Road
London
W2 5ES

www.healthwatchwestminster.org.uk
t: 0208 106 1480
e: info@healthwatchwestminster.org.uk
🐦 @Hw_westminster
📘 Facebook/healthwatchwestminster