

Second RCN COVID-19 Vaccine Survey Report

SURVEY RESULTS



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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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Introduction

Nurses and other health and care staff across the UK have been front and centre of the UK's response to the COVID-19 pandemic. This has left them much more exposed to infection from COVID-19, with nursing and particularly staff working in social care settings having disproportionately higher death rates from COVID-19¹. Evidence shows that people from black and ethnic minority communities are at higher risk of becoming critically ill and dying as a result of contracting COVID-19, and this has been reflected in the disproportionate death rate from COVID-19 amongst black and ethnic minority health and care staff.

Access to vaccination against COVID-19 is critical (alongside access to appropriate safety equipment) to protect nurses and other health and care staff and enable them to continue delivering safe and effective care to patients. We are encouraging all our members to have the COVID-19 vaccine as soon as possible.

In early February we surveyed our members to explore vaccine uptake². From 24,370 responses across the UK we found that 85% of those had had at least one dose of the vaccine. However, 15% were still unvaccinated and of those who had not yet been offered the vaccine, 70% worked in non-NHS settings. This prompted us to call for greater efforts to ensure that staff in non-NHS settings can access the vaccine as soon as possible.

We continue to provide advice and support to members who have experienced issues accessing the COVID-19 vaccine and monitor the provision and uptake of the vaccine among health care staff.

As part of this, we surveyed our members again in April to understand how access has developed over the first few months of the vaccination programme. This period is particularly relevant as nursing and health and care staff were identified as a priority group for vaccination³ and this briefing provides an overview of the findings.

We received 20,370 responses from nursing staff working in different roles and settings across the UK. Overall, 98% of respondents have been offered a COVID-19 vaccine and 94% have received at least their first dose. Of the 6% who have not had the vaccine, 4% (n=804) have been offered it and 2% (n=364) still have not been offered it.

1. www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020 (accessed on 6 April 2021)

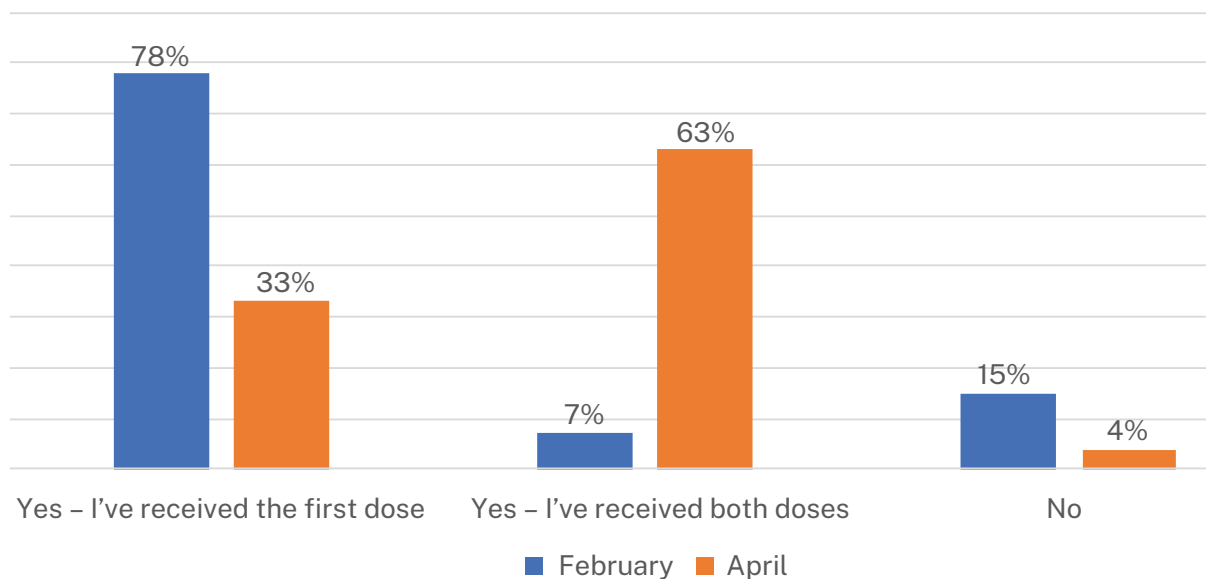
2. rcn.org.uk/professional-development/publications/rcn-vaccine-survey-report-covid-19-uk-pub-009578

3. Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination, 30 December 2020 Updated 6 January 2021 www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020 (accessed on 6 April 2021)

Those who had received vaccines

Of the 20,006 respondents who have been offered a vaccine, 96% have received at least one dose of a COVID-19 vaccine (compared with 85% in February), and 63% have received both doses (compared with 7% in February)⁴.

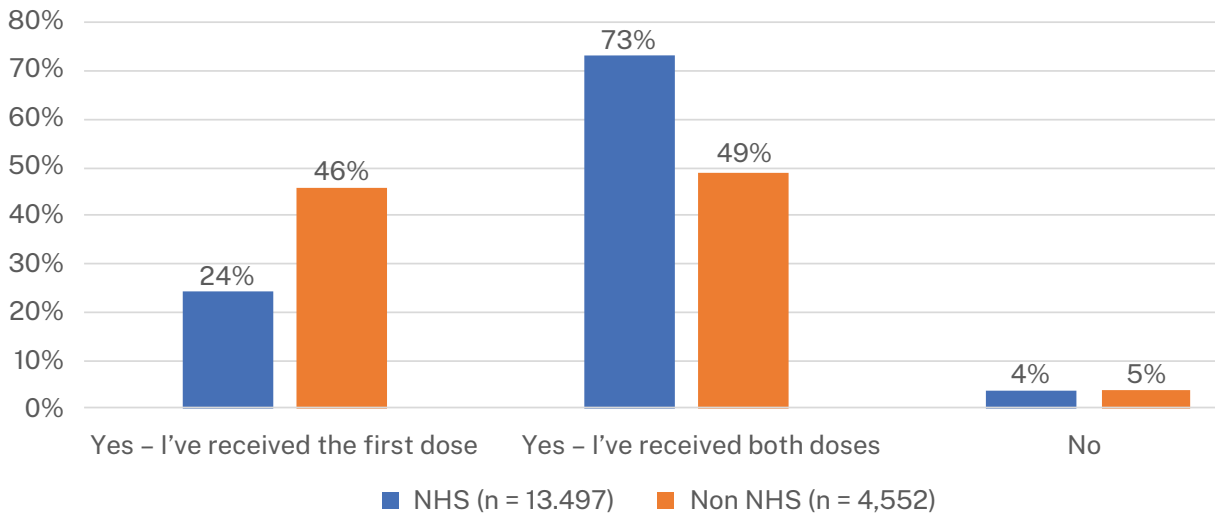
A third of respondents have not yet had the second dose of the COVID-19 vaccine (compared with 78% in February). A small number (4%) have not had a vaccine (compared with 15% in February).



In February, we saw big differences between staff working in the NHS and outside of it, with 71% of non-NHS staff receiving a vaccine compared with 91% of NHS staff. We have now seen the difference improve with 95% of non-NHS staff having received at least one vaccine, which is a similar proportion to the 96% of nursing staff working in the NHS.

However, there are differences between the 6,619 staff who are waiting for their second dose of the vaccine. 46% of nursing professionals working outside the NHS are waiting for their second dose compared with 24% of NHS nursing professionals.

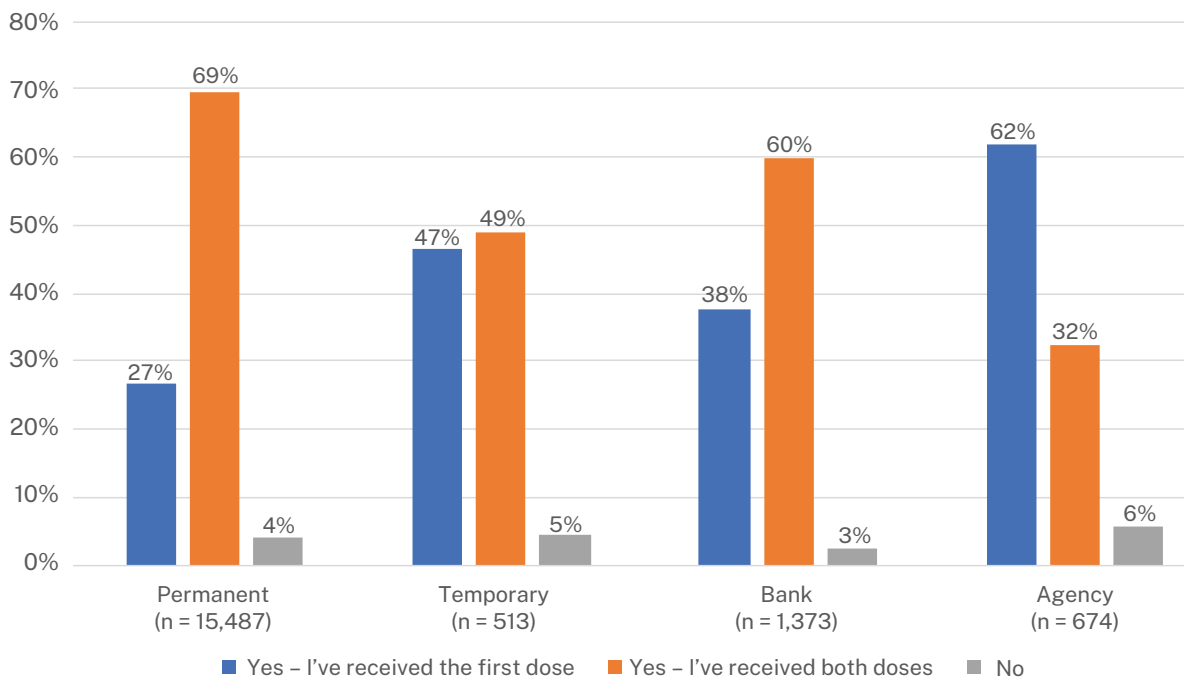
4. When we include data from those who had not been offered a vaccine, 94% of respondents overall have received at least one dose of a vaccine, and 62% of respondents overall have received both doses



Previously, non-permanent staff were much less likely to have had a vaccine compared with permanent staff, but this survey has shown a dramatic improvement:

- 6% of agency staff have not had a vaccine (compared with 44% in February)
- one in 20 temporary staff (5%) have not received a vaccine (compared with 27% in February)
- 4% of permanent staff have not had a vaccine (compared with 12% in February)
- 3% of bank staff have not had a vaccine (compared with 19% in February).

Again, there are differences in respondents waiting for their second dose between permanent and non-permanent staff. 69% of permanent staff have had both doses compared with 60% of bank staff, 49% of temporary staff and 32% of agency staff.



We asked those who had received the first dose (n=6,620) what the plan was for their second dose:

- around three in four (72%) have an appointment scheduled within 12 weeks
- around one in eight (14%) have been advised to return within 12 weeks
- around one in eight (14%) did not know. This specific response was particularly high for those working in care homes where one in five (20%) were unaware of plans for a second dose compared with one in ten (10%) in both hospitals and in the community.

Those who had not been offered vaccines

2% of respondents (n=364) have not been offered a vaccine yet, this compares to 8% of respondents last time we ran the survey.

In this survey there were minimal differences between staff working in the NHS or outside of it. 1% of staff working in the NHS haven't been offered a vaccine (compared with 35% in February). Similarly, 4% of staff working outside the NHS haven't been offered one (down from 72% in February).

We also no longer saw the same extent of differences between permanent and non-permanent staff as we had previously. Though agency staff were still more likely to not have been offered a vaccine compared with permanent staff - 5.6% of agency nursing professionals have not been offered a vaccine compared with only 1.3% of permanent staff.

Those who had been offered vaccines but had not received them

We asked respondents who had not accessed the vaccine but had been offered one (around 4% of all responses), their reasons for not accessing a vaccination (n=804):

- around four in 10 (38%) did not want to have the COVID-19 vaccine at the moment or were undecided – around 1.5% overall
- a quarter (25%) did not want to have the COVID-19 vaccine at all – around 1% overall
- almost one in five (19%) said they can't have/have been advised not to have the vaccine – around 1% overall
- one in 10 (11%) had a COVID-19 vaccination scheduled and were planning to attend the appointment – 0.4% overall
- around one in 13 (7%) had been unable to book or attend an appointment – 0.3% overall.

Barriers to accessing the COVID-19 vaccine

We asked for reasons why respondents were unable to attend a vaccination to further understand the barriers for those who had been offered a vaccine but were unable to attend the appointment (n=56, or 0.3% of total respondents). Of these, the main reasons were:

- time or date was inconvenient
- had caring responsibilities
- respondents unwell/isolating
- too difficult to get to the COVID-19 vaccine clinic.

Those who chose not to have or were advised not to have the COVID-19 vaccine

It is also important to understand why a small number of respondents were choosing not to have or being advised against having the vaccine (n=711, or 3.5% of total respondents)⁵. The main reasons were:

- the COVID-19 vaccine is unsafe and/or has not been tested enough
- concern about the side effects
- concern about its long-term effectiveness against all strains of COVID-19
- would prefer to wait
- concerns about pregnancy, fertility, and breastfeeding
- concern about the content of the COVID-19 vaccine
- respondent doesn't feel they need it
- having had a bad reaction to vaccines before
- lack of information about the vaccine.

Next steps

The RCN encourages all our members to have the vaccine and consider this as best practice in protecting the public and for protecting individual members and their friends and families. The European Medicines Agency and Medicines Healthcare Regulatory Agency have advised that vaccination remains the best course of action for all adults, the benefit of vaccination outweighs the rare risks which have emerged recently.

Employers across all settings are responsible for ensuring that their staff know how and where to access the vaccine and are supported to do so. We encourage organisations and employers to take a proactive approach and ensure that their staff have easy access to the vaccine in the working day and have access to information and support to address any questions or concerns they have.

5. This also includes 55 respondents who had received their first COVID-19 vaccination but were not planning to have their second.

However, if staff decide against having the vaccine, it is important to understand the reasons for this. It may also be appropriate for employers to consider redeploying staff who have not had the vaccine to lower risk areas.

We do not support staff being forced or coerced into having the COVID-19 vaccine and having the vaccine should not be a condition of employment or part of employment contracts, nor should it ever become national policy. Rather than approaches that instil some form of victim-blaming or fear, more effective ways to improve vaccine uptake are building trust and confidence in the vaccine through providing accessible and culturally-nuanced information, and tackling the issues that have led to poorer outcomes and created the conditions of mistrust and information. This is especially important for black and ethnic minority health and care staff, considering the evidence on the disproportionate risk from COVID-19 for black and ethnic minority groups.

The Joint Committee on Vaccination and Immunisation (JCVI) guidance is clear that the COVID-19 vaccine should be available to all health and social care staff. This is irrespective of where they are employed, including agency staff and those employed in the independent sectors. It is ultimately the employer's responsibility under the Control of Substances Hazardous to Health (COSHH) Regulations to risk assess and put in place control measures to those who may be affected by the work carried out by the employer. Employers therefore need to make sure all their staff can access the vaccine.

The JCVI has also advised that vaccinating a greater number of people with a single dose will prevent more deaths and hospitalisations than vaccinating a smaller number of people with two doses. However, the second dose is still very important to provide longer lasting protection and is expected to be as or more effective when delivered at an interval of 12 weeks from the first dose.

Therefore, governments and health and care systems need to ensure that there are effective procedures in place so that all those eligible including health and care staff receive their second dose within this timeframe. All governments across the UK must continue to take appropriate steps to ensure that all health and care staff have access to both their first and second doses of the COVID-19 vaccine, as we would like to see the same rise in non-NHS staff offer of the first dose between our last survey and this one, in the offer of second doses next time.

We will continue to monitor and gather intelligence from our members and the wider profession about access to the COVID-19 vaccination programme as it progresses and ensure that we support nursing staff across the UK in their contribution to this.

Appendix 1 – Methodology and breakdown of respondents

Methodology

An online survey was open from Wednesday 31 March to Tuesday April 6 2021, with the aim to explore respondents' experiences of accessing the COVID-19 vaccine across all settings in health and social care in the UK, and how the situation may have changed since the first survey in February.

The link to this survey was emailed to all RCN members and publicised through our social media platforms.

We received a total of 20,370 responses from nursing staff across the UK, working in different roles and settings. A further breakdown of respondents by different groups can be found below.

Analysis of responses by NHS/Non-NHS, type of employment and place of work does not include those who selected 'student nurse' or 'retired' as their main role.

Breakdown of respondents

Respondents by country

- England – 81%
- Northern Ireland – 3%
- Scotland – 10%
- Wales – 5%
- Channel Islands – 0.4%
- Isle of Man – 0.2%

Respondents by main role

- Nursing support worker/health care assistant/assistant practitioner – 5%
- Nursing associate/trainee nursing associate – 1%
- Registered nurse/midwife/health visitor – 83%
- Student nurse – 4%
- Nursing degree apprentice – 0.2%
- Retired – 6%
- None of the above – 2%

Respondents by employer

- Employed by NHS – 74%
- Not employed by NHS – 26%

Respondents by place of work

- Hospital – 50%
- The community (eg, general practice, district nursing team, hospice, school nurse, etc) – 28%
- A care home – 8%
- Other – (including non-hospital urgent and emergency care, home visits, prisons, etc.) – 14%

Respondents by employment type

- Permanent – 86%
- Temporary – 3%
- Bank – 8%
- Agency – 4%

Respondents by ethnicity

- White: British (including English, Northern Irish, Scottish and Welsh) – 78%
- White Other (Including Irish, Gypsy, Irish Traveller, and any other White background) – 7%
- Black/African/Caribbean/Black British (including African, Caribbean, Any other Black/African/Caribbean background) – 8%
- Asian/Asian British (Including Indian, Pakistani, Bangladeshi, Chinese, any other background) – 4%
- Mixed/Multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed/Multiple ethnic backgrounds – 1%
- Other ethnic groups – 1 %
- Prefer not to say – 1%

Respondents by age

- 17-24 – 2%
- 25-34 – 8%
- 35-44 – 14%
- 45-54 – 29%
- 55-64 – 38%
- 65+ – 8%
- Prefer not to say – 1%

Respondents by gender

- Female – 91%
- Male – 9%
- Non-binary – 0.1%
- Other – 0.1%
- Prefer not to say – 1%

Respondents with a disability

- No – 91%
- Prefer not to say – 2%
- Yes – 7%

Respondents by pay scheme/scale

- Agenda for Change (AfC) pay band – 65%
- Clinical grade – 4%
- Organisation’s own pay structure/rate – 31%

Organisation’s own pay scheme/scale corresponds to...

- Agenda for Change (AfC) pay band – 16%
- Clinical grade – 17%
- Neither – 67%

Agenda for Change (AfC or equivalent)

- Band 2-4 (or equivalent) – 5%
- Band 5 (or equivalent) – 33%
- Band 6 (or equivalent) – 30%
- Band 7 (or equivalent) – 21%
- Band 8a (or equivalent) – 6%
- Band 8b (or equivalent) – 3%
- Band 8c or higher (or equivalent) – 1%
- Band 8d or higher (or equivalent) – 0.4%
- Band 9 or higher (or equivalent) – 0.2%
- Very senior management (VSM) – 0.1%
- Unsure – 0.4%

Clinical grade

- A – 1%
- B – 1%
- C – 1%
- D – 8%
- E – 15%
- F – 13%
- G – 10%
- H – 2%
- Unsure – 50%

Basic hourly rate

- £8.19 or under (£14,965 or under) – 1%
- £8.20 – £8.71 (£14,966-£15,915) – 0.4%
- £8.72 – £9.29 (£15,916 – £16,975) – 1%
- £9.30 – £9.99 (£16,976- £18,254) – 2%
- £10.00 – £11.99 (£18,255 – £21,909) – 3%
- £12.00 – £15.49 (£21,910 – £28,305) – 10%
- £15.50 – £19.09 (£28,306 – £34,883) – 31%
- £19.10 – £22.49 (£34,884 – £41,096) – 17%
- £22.50 and over (£41,097 or over) – 22%
- Prefer not to say – 9%
- Unsure – 3%

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

rcn.org.uk
0345 772 6100

April 2021
009 712



Royal College
of Nursing