

Flu & COVID-19 Vaccination Programme (FVCV) 2023-24

Equality Impact Assessment

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About this document

1. Section 149 of the Equality Act 2010 places a duty (known as the public sector equality duty, or PSED) on public authorities to have due regard to the need to eliminate discrimination, advance equality of opportunity and promote good relations between people who share a protected characteristic and those who do not.
2. The Scottish Government introduced Regulations, (the [Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#)) which set out specific duties to enable better delivery of the PSED. Regulation 5 (5) of the Specific Duties requires that a listed authority must make such arrangements as it considers appropriate to review and, where necessary, revise any policy or practice that it applies in the exercise of its functions to ensure that, in exercising those functions, it complies with the equality duty.
3. The Scottish Government is mindful of the three needs of the Public Sector Equality Duty (PSED) - eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not. Where any negative impacts have been identified, we have sought to mitigate/eliminate these. We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. We have sought to do this through provisions contained in the Regulations, or by current support and guidance available.
4. Therefore this Equality Impact Assessment (EQIA) has been carried out to ensure that the Flu and COVID-19 Vaccination Policy considers the needs above.
5. The vaccination programme is continually developing and responding to emerging clinical advice, and therefore this EQIA represents the position on the cusp of Winter 2023. Given the impact of the Flu and COVID-19 (FVCV) vaccination programme on the population of Scotland, it is vital that inclusion and equality are firmly embedded at its heart and central to all aspects of its work in order to reach everyone and ensure that no one is left behind, both for individual health and our collective community wellbeing.
6. This document details the policy aims and approach, the evidence reviewed and stakeholders consulted in development of this EQIA, an impact assessment for each of the protected characteristics, learning and next steps.

COVID-19 and Flu Vaccine Policy Aims

7. The **Joint Committee on Vaccination and Immunisation (JCVI)** is an independent scientific advisory body charged with providing recommendations to all Governments within the UK, including on the safety and efficacy of vaccines. The advice provided by the JCVI and the UK Chief Medical Officers (CMOs) support the government in the development of a vaccine strategy for the procurement and delivery of a vaccine programme to the population.
8. The safety of all vaccines and medicines is monitored by the Medicines and Healthcare Products Regulatory Agency (MHRA) on a UK wide basis.
9. COVID-19 and Flu vaccines are a critical part of suppressing the viruses to the lowest possible level, in order to save lives, protect health and wellbeing, alleviate pressures on the health and care system, reduce health inequalities and maintain quality of life. The vaccines produce an immune response that we know reduces severity of illness, hospitalisation and death from the viruses. It therefore makes a significant contribution to reducing the impact of the wider economic, educational attainment and work impacts on people, families and communities.
10. The COVID-19 pandemic has produced disproportionate impacts across a range of outcomes for a number of groups, including households on low incomes or in poverty, low paid workers, children and young people, older people, disabled people, minority ethnic groups and women¹. These groups and intersections between them have been considered in development of the policy approach and delivery.
11. Immunisation programmes are designed to help protect the population from serious vaccine-preventable diseases. 2023 has seen the JCVI, and therefore the Scottish Government, continue to transition away from a pandemic emergency response towards pandemic recovery. The primary aim of the programme is now the prevention of severe illness, hospitalisations and deaths. During the current phase of pandemic recovery, whilst the virus continues to circulate and cause illness, the objective is to focus the offer of vaccination on those at greatest risk of serious disease and who are therefore most likely to benefit from vaccination.
12. The COVID-19 and flu vaccination programme contributes to the delivery of the Scottish Government's [National Performance Framework](#) Outcomes 3 and 10:
 - (3) Ensure healthy lives and promote well-being for all, at all ages;
 - (10) Reduce inequality within, and among countries.
13. The approach being taken focusses on ensuring that everyone who is eligible has the relevant information to make an informed choice about taking up the offer of vaccination against flu and COVID-19 this year. Through delivery we aim to:

¹ [Coronavirus \(COVID-19\) and the different effects on men and women in the UK, March 2020 to February 2021 - Office for National Statistics \(ons.gov.uk\)](#)

- Protect people in Scotland most at risk of harm from COVID-19 and flu through timely vaccination;
 - Ensure the programme is person centred and informed by those most at risk of inequalities in access to or uptake of vaccination.
 - Support protection and recovery from COVID-19, minimising the need for non-pharmaceutical interventions;
 - Reduce the pressure on the NHS;
 - Increase uptake rates for those at greatest clinical risk of flu and COVID-19;
 - Focus on a co-administration model, offering flu and COVID-19 vaccinations at the same appointment where possible.
14. The complexity and pace of the COVID-19 vaccination programme has been unprecedented and progress has been remarkable. With the reduction in testing and removal of societal restrictions, vaccination remains our best route out of the pandemic. Whilst we continue to promote non-pharmaceutical interventions such as good hygiene practice and look at ways to protect society in future through COVID-19 Ready Society, vaccination remains our best tool against severe illness.
15. For detail on earlier parts of the programme, please refer to the Flu and COVID-19 vaccination programme - autumn/winter 2021-2022: equality impact assessment, and the Flu and COVID-19 vaccination programme - autumn/winter 2022-2023: equality impact assessment.
16. The COVID-19 and flu vaccination programme has a wide ranging impact across Scotland. The scope of this equality impact assessment, therefore, is extended beyond the list of protected characteristics to include wider socio-economic considerations: including people living in remote, rural areas and island communities; in areas of multiple deprivation; prisoners; migrant workers; those with substance misuse issues and sex workers who are eligible to be vaccinated.
17. As the COVID-19 Vaccination Programme progressed through the younger cohorts, the Scottish Government completed a Children's Rights and Wellbeing Impact Assessment (CRWIA) covering the period up to spring 2022. This is currently in the process of publication. An updated CRWIA for 2023/24 is also due for publication.
18. The Scottish Vaccination and Immunisation Programme (SVIP) communications strategy supports the delivery of all vaccination programmes across Scotland. This framework outlines the overarching approach to all vaccinations in Scotland, this is a joint framework working in collaboration with Public Health Scotland (PHS). The framework's key purpose and ambitions include:
- To outline an overall cross-discipline, cross-agency communications strategy and plan to support the delivery of all vaccination programmes across Scotland.
 - Provide a joined-up strategic approach to all vaccine communications.

- Continue to adopt an audience-first approach to ensure flexibility so emerging issues are addressed.
 - Ensure we address vaccine hesitancy.
 - Hone and improve our communication approaches and tactics on an iterative basis.
 - Work closely with partners/stakeholders to maximise reach and impact.
19. The strategy aims to help maximise vaccine uptake and reduce health inequalities across Scotland. Its policy objectives are to:
- Encourage a healthy level of vaccine uptake to support herd immunity against disease
 - Reduce inequalities in vaccine uptake rates by deprivation and ethnicity.

Eligibility for vaccination in 2023-24

20. The spring campaign focused on those at highest risk, namely residents in care homes for older adults, all those aged 75 and over and those with a weakened immune system aged 5 to 74.
21. We also introduced a new programme for those at clinical risk of Covid-19 aged 6 months to 4 years.
22. As confirmed by the JCVI on 8 August 2023, winter 2023-24 will see a focus on those at higher risk, but unlike previous seasons, those in the 50-64 age group will be offered a flu vaccine, but not Covid-19. The groups eligible for both vaccines are:
- Residents in care homes for older adults
 - All adults aged 65 years and over
 - Persons aged 6 months to 64 years in a clinical risk group
 - Frontline health and social care workers
 - Persons aged 12 to 64 years who are household contacts of people with immunosuppression
 - Persons aged 16 to 64 years who are carers and staff working in care homes for older adults
23. The CMO letter of 18 April 2023 confirmed Scotland's flu cohorts for winter 2023-24. Flu vaccination is being offered to the same extended cohorts that were agreed in 2022-23:
- Frontline Health and Social Care Workers
 - Non-frontline NHS staff (occupational health offer)
 - Residents & Staff in care homes for older adults
 - Persons aged 50 and above
 - Person aged 5-49 in a clinical risk group
 - Persons aged 5-49 who are household contacts of the immunosuppressed
 - Carers & young carers
 - Children aged 6 months to 2 years with an eligible health condition

- All children aged 2 to 5 years (not yet at school)
 - All primary and secondary school pupils
 - Nursery, primary and secondary school teachers and pupil-facing support staff in local authority or independent settings
 - prison population, prison officers and support staff who deliver direct front-facing detention services
24. Prioritisation in the childhood programme in 2023 will see children aged 2 to 5 years be offered flu vaccination from the outset of the programme, and a request to complete early, to ensure the best protection in that age group is achieved well in advance of the onset of flu activity. This in turn affords indirect protection to the older population, by helping to prevent transmission of the virus.
25. 2023-24 sees a continuation of the extended flu programme, to include all those aged 50 and over. The rationale for expanding the flu programme is to maintain the resilience of services and help reduce winter pressures on health and social care services.
26. The vaccination of frontline health and social care workers (HSCWs) is still advised for winter 2023-24, but the rationale on inclusion has shifted. During the pandemic emergency phase, frontline HSCWs were prioritised for COVID-19 vaccination in order to protect them against severe disease, to protect the resilience of health services, and to reduce the risk of transmission from HSCWs to vulnerable persons under their care. Currently, most HSCWs are no longer at much greater risk of severe COVID-19 compared to the rest of the population and vaccination is of limited benefit in protecting against transmission. There remains potential benefit in offering vaccination to frontline HSCWs in order to protect health and social care services from staff absences due to COVID-19 during the winter months. Similar considerations apply to unpaid carers and young carers in terms of supporting them to continue to care.
27. 2023-24 will also see a shift away from a universal offer of vaccination, referred to as “the rolling offer” in Scotland. Up until this point, any individual could come forward to a clinic, at any point in the year, and request as many vaccines as they were cumulatively eligible for since the start of the programme. This is no longer the case and those aged 5-64 who do not fall into any of the other eligible categories will no longer be able to access any COVID-19 vaccination as of 01 July 2023.
28. Although the COVID-19 programme is contracting in terms of its size and eligibility, our aim remains to deliver our vaccination programmes in a way that ensures no-one who is eligible is excluded, in particular those most at risk from COVID-19 and flu. The offer of COVID-19 vaccination will remain open to those eligible as per JCVI advice and is reviewed regularly in line with JCVI guidance and the COVID-19 Green Book Chapter. The COVID-19 and flu winter vaccination offer will end on 31 March 2024.

Scope of the programme

29. The scope of the FVCV programme has changed for 2023-24. At the height of the pandemic, we had a large number of venues across Scotland, as we attempted to vaccinate the entire population. As we move to pandemic recovery, and end the rolling primary offer, the programme is markedly smaller, with only those at higher risk being offered vaccination. This reduction means that we do not need the same number of venues. There are still over 400 clinics across Scotland and a range of vaccination sites available in each Health Board, so if the location an individual has been given is not suitable, they are able to rearrange via the online booking portal available at [NHS Inform](#) or by calling the National Vaccination Helpline on 0800 030 8013. People also have the flexibility to book into any clinic across Scotland for convenience, for instance if they are away from home for any period of time, or prefer a clinic closer to their place of work.
30. It should also be noted that with the reduction in size of the programme, there are also less spare appointments in the system, so people may have to wait slightly longer to receive vaccination, as they would do for other immunisations. Health Boards began to offer drop-in clinics during the winter 2023-24 programme and these were promoted through a range of communications.

National engagement on inclusion and equality

31. The Vaccine Inclusive Steering Group was set up during the pandemic and brings together a range of partners under the remit of ensuring inclusion is embedded within all vaccination programmes. Its purpose is to provide feedback, challenge, ideas and to advise on planning, communications and delivery of the programme. Membership ranges from delivery partners, such as Health Boards, to third sector and community groups representing the communities we are trying to reach. The steering group provides opportunity to seek advice and feedback from groups who experience inequalities or barriers to vaccination.
32. The Inclusion and Equality Improvement Group is co-chaired by Scottish Government and Public Health Scotland, with the aim of ensuring equality of access to the Flu and COVID-19 vaccine programme for marginalised groups. It provides a forum for delivery partners to discuss challenges and opportunities with regards to inclusion activity, and share best practice among boards. The remit of the group has also been expanded to cover inclusion across all vaccination programmes.

Approach

33. Scottish Government's overall approach is set out in more detail in these published plans:

- [COVID-19 Vaccine Deployment Plan January 2021](#)
- [Coronavirus \(COVID-19\): vaccine deployment plan: update - March 2021 - gov.scot \(www.gov.scot\)](#)
- [Coronavirus \(COVID-19\): vaccine deployment plan: update - July 2021 - gov.scot \(www.gov.scot\)](#)
- [Coronavirus \(COVID-19\): Scotland's autumn/winter vaccination strategy 2021 - gov.scot \(www.gov.scot\)](#)
- [Scotland's autumn and winter vaccination strategy: progress report and accelerated delivery plans - December 2021 - gov.scot \(www.gov.scot\)](#)
- [COVID-19 Vaccine Deployment Plan September 2022](#)

Please note that as we move from pandemic to pandemic recovery, we are not publishing a deployment plan for winter 2023-24.

Impact Assessment for winter 2023-24

Age

34. The FVCV vaccination programme approach is guided by JCVI advice on prevention of severe illness and mortality and the functioning of health and social care systems. This prioritises people primarily due to their age and other clinical risk factors.
35. Data analysis continues to show that COVID-19 disproportionately affects those in older age groups. Older people undergo hospital admissions with COVID-19 at a higher rate than younger people. As of 31 March 2023, people aged 75-84 were admitted to hospital with COVID-19 at a rate of 1,299 per 100,000 population, and for those aged 85 and over, the rate was 2,471 admissions per 100,000 population. This compared to a rate of 208 admissions per 100,000 population for people aged 45-64.
36. Those most at risk as a result of their age have been prioritised by the JCVI and offered vaccination early throughout the various phases of the programme.
37. Evidence shows that younger people with no underlying health conditions are less at risk from severe illness, hospitalisation and death from COVID-19. Those under the age of 50, with no underlying health conditions, are not being offered a COVID-19 booster vaccination this winter.

FVCV 2022-23 Uptake Data (data source: Public Health Scotland)

Cohort	Flu% uptake	COVID % uptake
Aged 65+	85.5%	90.6%
Older Care Home Residents	89.4%	90.5%
Aged 50 to 64	55.4%	66.0%
Clinically at risk (Flu: 18 to 64 year olds at higher risk of flu / COVID-19: 5 to 64 year olds)	56.9%	63.8%
All health care workers	55.7%	57.7%
All health and social care workers	46.9%	47.9%
All social care workers	36.4%	40.5%

38. What is encouraging is that through the course of the pandemic uptake in the highest age groups has repeatedly been the highest.
39. Lower vaccine uptake in younger age groups may be driven by their perceived lower risk from COVID-19 and flu, with a considerable clinical focus on those in older age groups or those with underlying health conditions. Communications and marketing materials continue to highlight the benefits of vaccination across all

² Public Health Scotland (2023) [Viral respiratory diseases \(including influenza and COVID-19\) in Scotland surveillance report 23 November 2023 - Viral respiratory diseases \(including influenza and COVID-19\) in Scotland surveillance report - Publications - Public Health Scotland](#)

age groups, such that individuals can make an informed choice on vaccination when it is offered to them, especially those with particular clinical risk conditions that place them at greater risk.

40. We have continued to use analysis and feedback from previous parts of the programme to inform and improve how we appoint people. Digital preference and literacy tends to decrease with age, so we have appointed all those aged 75 and over and sent them this appointment via letter. There has been a greater push to encourage more individuals to update their contact preferences during 2023-24 to indicate whether they wish to receive a letter, email or text communications rather than the traditional paper letter invitation for vaccination. This has been promoted at every opportunity. We have retained the National Vaccination Helpline for those who are more comfortable talking to someone, rather than rescheduling online. We have also attempted, where possible, to offer a range of appointment venues and types to cater for older individuals such as housebound vaccinations and local venues, including community pharmacies.
41. Some planned FVCV evaluation activities in 2023-24 include:
 - Analysis of booking methods (e.g. prompts vs scheduled appointments; digital comms v letters; reminders) and delivery of models to support maximal and equitable uptake
 - Evaluation of who engages in outreach settings, including Scottish Ambulance Service mobile units
 - Did Not Attend (DNA) survey in partnership with National Contact Centre; and
 - National survey of Health and Social Care Worker attitudes and experiences of the winter programme (Jan/Feb 2024)
42. Primary schools in Scotland have successfully supported the flu immunisation programme since 2014. Flu can be serious and life-threatening, even for healthy children. The aim is to reduce the risk of children and young people spreading flu to friends and family and to help prevent the flu virus adding additional strain on our NHS services through the winter. To support this aim, the flu eligible groups were expanded in 2021 and remain in place for the winter 2023-24 programme.

Disability

43. In 2021, almost half (47%) of the adult population reported living with a long-term health condition. Women were more likely than men to report having such a condition (52%, compared with 43%). This proportion increased with age for both men and women. Just over a quarter (26%) of all adults aged 16-24 reported living with a long-term condition, rising to almost three-quarters (74%) of those aged 75+. In 2021, a third (34%) of adults reported living with a limiting long-term condition, more than two-thirds of those with any long-term condition. The proportion of adults living with a limiting long-term condition increased with age. Less than one-in-five (18%) of those aged 16-24 reported living with a limiting

long-term condition compared with three-in-five (60%) of those aged 75 and above. Again, women were more likely than men to report having a limiting condition (39% compared with 30%). 1 in 5 Scots identify as disabled and more than a quarter of working age people report having an impairment³.

44. Given the considerable proportion of the Scottish population that lives with disability and the significant impact of the COVID-19 pandemic, access to the individual and public health benefits of vaccination are important. People who are clinically extremely vulnerable or have particular health conditions are eligible for a flu and COVID-19 vaccine as part of winter 2023-24. This does not, however, include all people with disabilities and not everyone with pre-existing medical conditions is disabled.
45. The JCVI advice and Green Book definition of those with a learning disability was widened in August 2022 to include all those on the learning disability register⁴ and this has remained in place for 2023-24. Scotland does not specifically operate a learning disability register and the reference mainly relates to the register in England. In England, anyone with a learning disability can request that their GP add them to the list, regardless of severity. In identifying those who are eligible in Scotland, we have applied the same criteria to our own data.
46. Programme delivery continues to seek to address specific issues that are more likely to affect disabled people, for example:
 - accessible vaccination venues, e.g. for people who use wheelchairs or have sight loss;
 - availability of transport assistance;
 - availability of information in accessible formats and languages including British Sign Language (BSL);
 - elimination of other communication barriers;
 - the provision of quieter spaces, allowing more time for appointments, smaller clinics and appropriately trained staff to support the needs of people with Learning Disabilities, Autism Spectrum Disorder (ASD), Sensory Impairments and mental health conditions;
 - consideration of the needs of people with mobility impairments or mental health conditions who may be unable to leave their home to attend an appointment;
 - provision for the needs of people who may require to attend the vaccination appointment with support (paid/unpaid carer, family member, friend, interpreter, guide support etc.);
 - access to digital and non-digital information and services; and
 - consideration of the needs of those who may be experiencing anxiety or needle phobia at their appointment.

³ Scottish Government (2018) [A Fairer Scotland for Disabled People: employment action plan](#)

⁴ [COVID-19 Green Book chapter 14a \(publishing.service.gov.uk\)](#)

47. Learning and engagement with stakeholders throughout the programme has led to a commitment of embedding more of the above measures and making translation and transport information easy to access. The collection of disability data to support the design and monitoring of Scotland's public health approach to immunisation is also being considered.

Sex / Gender

48. Data analysis continues to show that COVID-19 disproportionately affects men in terms of hospital admissions. As at 31 March 2023, men were admitted to hospital with COVID-19 at a rate of 345 admissions per 100,000 population, and for women the rate was 330 per 100,000.

49. Consideration has been given through the programme to the location, appointment timings and travel to vaccination clinics to ensure people with different working and caring responsibilities are not excluded. Information materials make it clear that individuals can bring their children or people they care for to their appointment.

50. Vaccination uptake data has continued to be monitored. Data suggests that uptake of the COVID-19 vaccine does not vary greatly by sex, with both female and males showing 75-80% uptake. As we descend in age groups, uptake among men is lower than women between the ages of 16 and 39 for doses one, two and three (data correct as per Public Health Scotland (PHS) Dashboard⁵, as of 31 July 2023).

Pregnancy and Maternity

51. In December 2021, following the recognition of pregnancy as a risk factor for severe COVID-19 infection and poor pregnancy outcomes during the Delta wave, pregnancy was added to the clinical risk groups. Pregnant women in their 1st, 2nd or 3rd trimester remain eligible for both vaccines this winter.

52. Uptake within the pregnant women group remains challenging and lower than expected.

53. In order to maximise uptake and protection for pregnant women as part of the Winter 2023 programme, the preferred approach to the vaccination is for co-administration of both flu and COVID-19 vaccines by midwifery teams at existing appointments. The Chief Midwife of Scotland continues to endorse this approach and where possible Health Boards are asked to offer co-administration with seasonal flu within their local arrangements, where practicable. In areas where this is not possible, midwives are given training and are expected to encourage pregnant women to access vaccination via community clinics.

⁵ [Public Health Scotland - Vaccination Surveillance](#)

54. The data on COVID-19 vaccinations given to pregnant women that was last published on 28 September 2022 (providing data for up to the end of July 2022) came from the COVID-19 in Pregnancy in Scotland (COPS) study. COPS was a time-limited study set up to conduct surveillance and research on COVID-19 infection and vaccination in pregnancy during the pandemic. The study closed at the end of September 2022.
55. To support ongoing monitoring of vaccination in pregnancy, since the COPS study ended PHS has been working to establish the Scottish Linked Pregnancy and Baby Dataset (SLiPBD). SLiPBD will provide regularly updated information on all recognised pregnancies in Scotland, which can then be used to identify vaccinations given in pregnancy. We expect SLiPBD to be able to publish this data next year.
56. Specific pregnancy leaflets have been updated for winter 2023-24 and provided to maternity settings. There is also an updated pregnancy resource on NHS Inform: [Vaccines in pregnancy | Ready Steady Baby! \(nhsinform.scot\)](https://www.nhs.uk/infomanagement/articles/vaccines-in-pregnancy-ready-steady-baby/)

Sexual Orientation and Trans Gender

57. No differential impacts have been identified.

Race and Ethnicity

58. The PHS Health Inequalities Impact Assessment (HIIA) and PHS FVCV programme evaluation report 2022 identified a number of potential issues affecting access to vaccination and uptake relating to race and ethnicity. This included lack of trust in organisations promoting the vaccine; lack of available information which is culturally and linguistically appropriate; lack of flexibility in vaccine appointments and perceived harms from vaccine promoted via social media (especially in the Polish community).
59. The programme approach has been to consider these issues and to constantly adapt to intelligence and data regarding uptake in consultation with third sector and community groups. Initial activity included:
- Informed consent materials are available in 25 different languages on NHS Inform and in accessible formats such as Easy Read, BSL and audio
 - QR codes on all vaccination appointment letters which direct individuals to this information so they are fully informed ahead of their vaccine.
60. The PHS and FVCV report recommended that Scottish Government, Public Health Scotland, and local Health Boards should continue to work in partnership with trusted voices and stakeholders representing minority ethnic communities to better understand the distinct needs of different groups, reduce practical barriers, and inform service improvements.
61. For winter 2023-24, PHS will continue to provide a breakdown of vaccination uptake data by ethnicity and deprivation. Boards will be able to see this updated

data weekly, with the data being publicly available from the middle of the programme. This in-depth analysis will assist Scottish Government and Health Boards in monitoring the impact of Boards inclusivity plans and how they can more effectively target resources to reduce health inequalities amongst particular groups and geographical areas.

62. Work was carried out by Dr Josephine Adekola of Glasgow University in 2022 which looked at the African, Caribbean and Black communities' experiences during the COVID pandemic and their attitudes towards COVID-19 vaccines also involved several Health Boards this year when the film of the research was shown in their areas and facilitated Q&A sessions with health board staff and community members. All boards involved have reported that they had made stronger connections with the community as a result of this work.
63. Data reveals that from the beginning of the programme, uptake among African, Black, Caribbean, Polish and Gypsy/traveller communities has been significantly lower than the general population, with individuals from these communities almost a third less likely to take up the offer of vaccination.

Religion or Belief

64. From the programme outset, SG and PHS have engaged with faith leaders and representatives asking for support to promote the vaccination programme within communities as well as seek their advice on any adaptations to delivery that should be made to enable people to receive and take up their offer of vaccination. A number of faith leaders have publicly endorsed the vaccination programme.
65. The PHS HIA identified vaccine ingredient information and the potential to hold vaccination clinics in places of worship as two important aspects of confidence of the programme among particular religious groups. PHS has also produced information on [Coronavirus \(COVID-19\) vaccine leaflets | NHS inform](#).

Deprivation

66. Figures across the pandemic continue to show that uptake decreases as we move down the Scottish Index of Scottish Multiple Deprivation (SIMD) categories (10 being the most affluent areas and 1 being those areas with the highest levels of deprivation). Health Boards continue to try and reduce this inequality through a range of measures including locating clinics in areas of highest deprivation, for ease of access, working with Deep End GP practices to encourage uptake within their catchment areas and by operating pop up and mobile clinics within particular communities.
67. Some of the measures that were available at the height of the pandemic, such as financial support for transport to clinics, or free taxi services are now no longer available. Boards do offer some support for individuals, as they do for other health interventions, but these are determined at a local level.

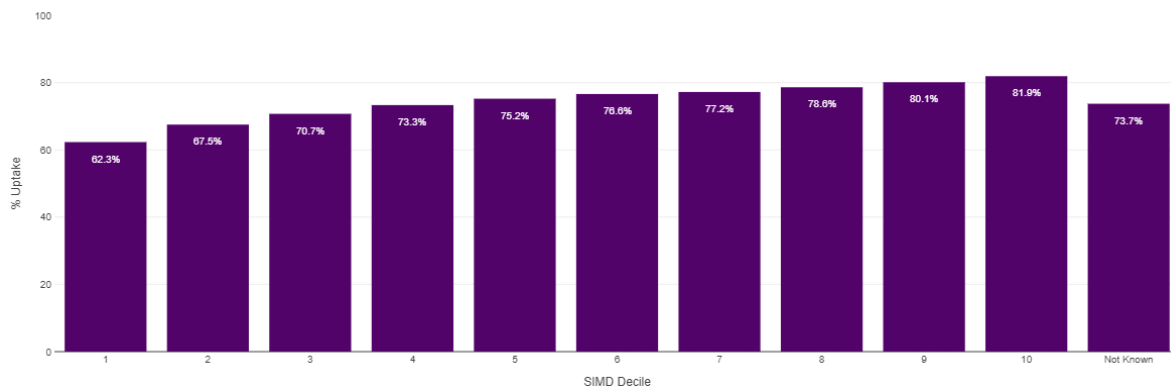


Figure 1: Percentage uptake of COVID-19 vaccination uptake in eligible population by SIMD in Scotland, up to 18 June 2023⁶

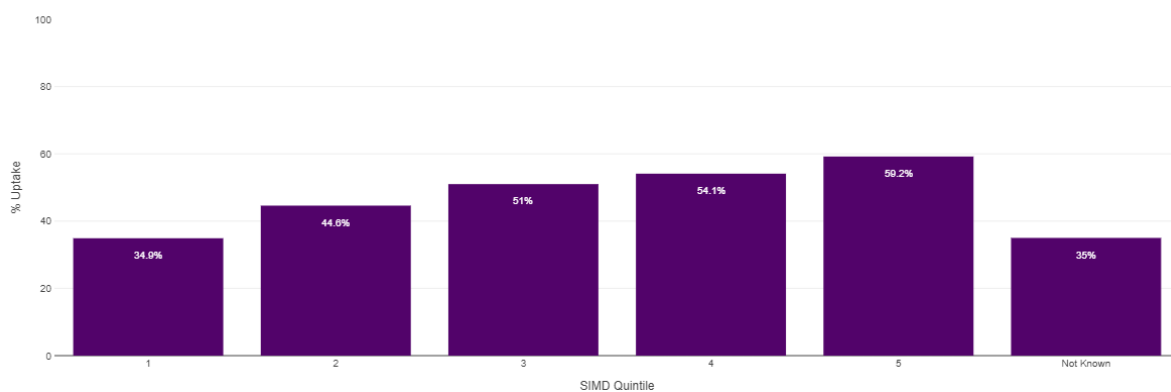


Figure 2: Percentage uptake of COVID-19 vaccination uptake in eligible population by SIMD in Scotland, up to 27 November 2023⁷

Substance Misuse & Homelessness

68. This year Boards have continued to work with a range of third sector partners for example, Local Authority Resettlement Teams, Addictions Teams, and Homeless Teams, including charities, foodbanks and organisations that are familiar to those living in the most deprived areas with a lower vaccination uptake, to encourage those who are identified as immunosuppressed and eligible to come forward for vaccination and direct them to their nearest vaccination drop in clinic.

69. Some Boards are working locally with homeless nurses to offer vaccinations in homeless hostels. The nurses have agreed to discuss vaccinations ahead of the vaccinations teams visiting and are getting support from the local vaccination team, to access resources.

⁷ [Public Health Scotland - Vaccination Surveillance](#)

70. All Health Boards are offering drop in clinics during winter 2023-24 to encourage people to come forward for vaccination at a time that suits them. It is hoped this will also encourage groups such as those experiencing homelessness and substance users to come forward.
71. Some Boards have continued proactive calling of people who are eligible and have not yet been vaccinated and have continued the use of the vaccination bus to target areas of low uptake targeting areas of deprivation and those who lead more transient lifestyles so that they can easily access vaccination should they wish to do so.

Other Factors Impacting on Equality

72. Progress on the COVID-19 vaccination programme has been unprecedented and every opportunity has been made to take a national collective approach and improve the offer to the public, for example, the introduction of digital systems in addition to letters and phone line. In addition to the above impact assessments, specific approaches have been taken to ensure that the following eligible groups are not excluded from the programme as a consequence of their particular circumstances.

Prisoners

73. For winter 2023-24 all prisoners who fall into any of the eligible groups will be offered COVID-19 vaccination. All Scottish prisoners are eligible for the flu vaccine. Different Boards have different arrangements in place with individual prisons. Some are delivering the vaccination programme through outreach teams that visit the prison, whereas others are being delivered in-house by prison healthcare teams. PHS continues to produce updated tailored leaflets to support informed consent and provide information on what to expect after your vaccination for the prison population for the 2023 programme.
74. Prisoner uptake data is in progress of being collected and PHS teams are working with Scottish Prison Service to receive and collate this data which will be released in 2024.

Refugees and asylum seekers

75. A number of people from Afghanistan have arrived in Scotland under the Afghan Relocation and Assistance Policy (ARAP) scheme. This was an emergency response to the situation in Afghanistan, whereby people who worked for British institutions, particularly the military, were offered relocation to the UK because of the risks they faced as a result of their service to the UK. Although many of the people coming to the UK speak good English, this is not universal, particularly among family members. COVID-19 vaccine information is available on NHS Inform in the two main languages used in Afghanistan, Dari and Pashto. Various

Health Boards have established links with colleagues in primary care, local authorities and HSCPs to support development of pathways for eligible members of Afghan resettled families.

76. Scotland is a super sponsor for those fleeing the conflict in Ukraine. PHS have developed assets and materials in Ukrainian that have been distributed to resettlement teams. They have also been distributed to the two cruise ships docked in Edinburgh that are housing some of those displaced by the war in Ukraine up until summer 2023. NHS Lothian is working with the refugee and resettlement teams to facilitate vaccination for this community.

Impact Monitoring and Mitigation

Have positive or negative impacts been identified for any of the equality groups?	The programme offers vaccination to adults over the age of 65, individuals who are immunosuppressed and some children in Scotland and may be of particular benefit to people who experience one or more protected characteristic. This will be positive for those who take up the offer but may be negative for those who decline. All possible efforts are being made to understand, address and mitigate the reasons for people not taking up a vaccine offer.
Is the policy directly or indirectly discriminatory under the Equality Act 2010?	The prioritisation of age groups for vaccination, according to JCVI guidance, is based on vaccinating older age groups first.
If the policy is indirectly discriminatory, how is it justified under the relevant legislation?	Older people are at greater risk of serious illness or mortality from contracting COVID-19 or Flu. Those most at risk as a result of their age, have been vaccinated first.
If not justified, what mitigating action will be undertaken?	

What might prevent the desired outcomes being achieved?

77. Achieving the desired short and long term aims of the policy is dependent on the effectiveness of the COVID-19 and flu vaccines that are produced and distributed to the people of Scotland. There are multiple dependencies which may prevent such an outcome. These are, but not limited to:

- vaccine efficacy and/or immunogenicity in different age and risk groups;
- the safety of administration in different age and risk cohorts;
- the effect of the vaccine on acquisition of infection and transmission;

- the transmission dynamics of the SARS-CoV-2 virus in the UK population;
- the epidemiological, microbiological, and clinical characteristics of COVID-19, in particular, emerging variants and the effect of the vaccine on these variants and any vaccine escape;
- secure supply of effective vaccines, including the impact of challenges with development, manufacture and logistics which may be affected by geopolitical issues;
- the storage, transportation and pack down of available COVID-19 and flu vaccines
- the lack of single dose COVID-19 vials which would facilitate opportunistic vaccination for example in primary care and community pharmacy settings; and
- inequitable access to and uptake of the vaccine across the Scottish population.



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