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Vaccination Programme Wales

Public Vaccination Literacy Strategy

Vaccination Programme Wales

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Approver: Welsh Government Vaccination Oversight Board

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National Immunisation Framework

The National Immunisation Framework for Wales (NIF) was published in October 2022. The framework sets the broad strategic priorities for vaccination services across Wales and sets a vision for the future of immunisation in Wales aiming for high uptake of a sustainably delivered, effective vaccine, at the right time, to reduce mortality and morbidity.

It also recognises that vaccination services that are clear, so that citizens know what vaccinations they are eligible for and how to receive them, are required.

Vaccine literacy is among the 6 priorities in the NIF, which describes the following desired outcomes:

- We want everyone in Wales to recognise the importance of vaccination and have fair access and opportunity to take up the offer of vaccination.
- Have clear information and robust communications that are essential in enabling the public to understand the importance of vaccination.
- Patient information materials should be co-produced with citizens, third sector and relevant NHS bodies.
- Have an NHS workforce that recognises the importance of vaccination, and their role in both encouraging and role-modelling take up.
- Consideration is given to how trusted voices can support vaccination programmes through informing and raising awareness amongst under-served and vulnerable groups about vaccination.

This Vaccine Literacy strategy is the first output of the Public Vaccination Literacy workstream within the broader NIF Implementation Programme (Figure 1).

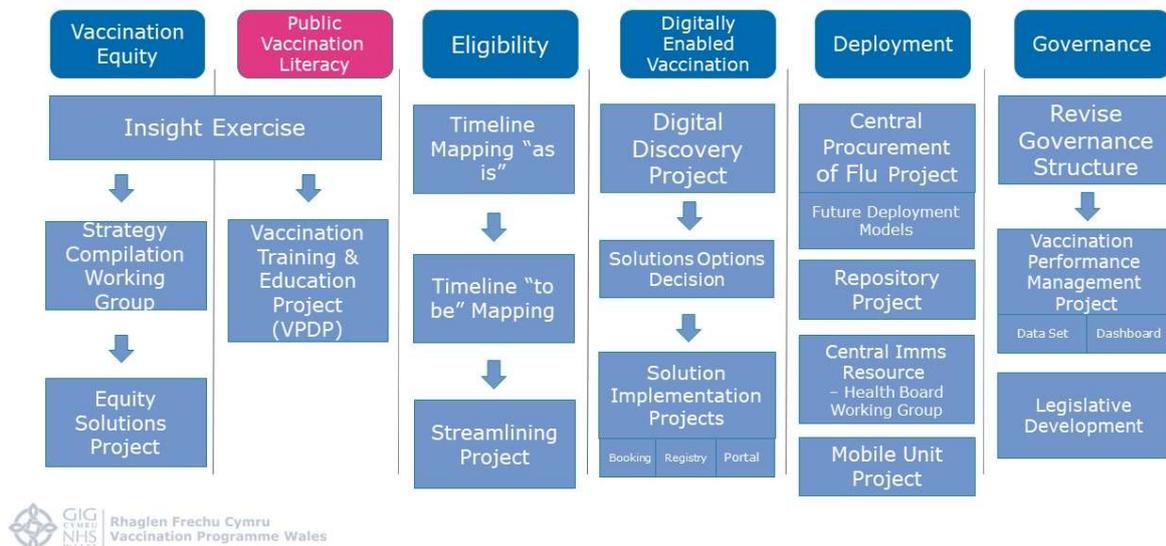


Figure 1: NIF Implementation programme workstreams (Sept 2023)

Duty of Quality

In April 2023 a Duty of Quality was introduced through the Health and Social Care (Quality and Engagement) (Wales) Act 2020 which placed a duty on the NHS in Wales to secure improvements in the quality of services.

Safety - services should be able to show, through reliable evidence, that they are safe and that interventions have more benefits than risks:

Effectiveness – services should be evaluated and proven to be effective.

Patient-centredness – services should be able to show that they regularly and actively engage with those who use them and stakeholders to assess their experiences as part of continuing to improve.

Timeliness – services should be able to respond promptly.

Efficiency – services should be able to show that improvements to health are being achieved in the most efficient way.

Equity - services should keep to a principle that decides what is fair when distributing healthcare.

Box 1: Domains of Quality in Health and Social Care

The duty of quality demands a system-wide approach which requires a culture that embeds continuous learning and improvement at its heart. This should be underpinned by a clear definition and understanding of what good quality looks like, utilising national and benchmarked standards, peer review and audit. The vaccine literacy strategy needs to consider how the quality of public information is defined, achieved, and improved.

What is Vaccine Literacy

For the purposes of developing a consistent approach to improving vaccine literacy, it is important to have a consistent approach to defining the key term.

Literacy – The ability to read, write, speak, and listen to a level that enables a person to communicate effectively, understand written information and participate fully in society.¹

Health literacy – The ability and motivation level of an individual to access, understand, communicate, and evaluate both narrative and numeric information to promote, manage and improve their health status throughout their lifetime. This incorporates language, literacy and numeracy skills that are used in health settings and for managing health, as well as the ability to access, understand, evaluate, use, and navigate health and social care information and services. A person's health literacy depends both on their own abilities and on the efforts of

¹ [What is Literacy? | National Literacy Trust | National Literacy Trust](#)

health and social care systems to make their services and information clear and accessible for all.²

Functional health literacy – a person’s ability to read and comprehend information and instructions in health settings. In a healthcare setting this would at least translate as the ability to read and understand information (e.g. appointment letters or patient information). People with inadequate skills in reading and numeracy will have less exposure to universal health information, and the skills needed to comprehend and act upon health information will be less developed.

Interactive health literacy – a person’s ability to be actively involved in decisions about their health and care over time, and in changing circumstances.

Critical health literacy - This includes of Interactive Health Literacy, plus the ability to articulate oneself in a discussion of complex medical issues or conditions, recognise one’s own environment, and issues from a broader public health perspective.

Vaccine literacy – Health literacy relating specifically to vaccinations, immunisation and vaccine preventable diseases and the services relating to them.

Health and Vaccine Literacy in Wales

A study in Wales using HealthWise Wales data³ that looked at the health literacy of adults using the European Health Literacy tool, found that 38% of 2258 respondents had poor or problematic health literacy levels. Poor or problematic health literacy levels were associated with male gender and area level deprivation. The study concluded that “even within the context of health-conscious internet users, a significant proportion of the Welsh population have a level of health literacy that may limit their ability to find, critically assess and act on health information.”

This finding has been backed up by a recent UK wide study based on understanding of health information and ability to actively engage with healthcare domains of the Health Literacy Questionnaire. This also showed that lower health literacy was associated with living in a socially deprived area and having a limiting health condition or disability.

A recent attitudinal study commissioned by the Vaccine Preventable Disease Programme looking at vaccine information produced in Wales found that inequalities existed in the likelihood of having seen vaccine information produced by Public Health Wales or having awareness of national vaccination programmes. These groups included:

- Welsh Speakers
- People from Ethnic Minority Backgrounds
- Those age over 55
- LGBTQ+ people
- Full time students .
- Those from disadvantaged backgrounds

² Puntoni S. Health Literacy in Wales A scoping document for Wales. Published Online First: 2010. <http://www.nap.edu/catalog/10883.html> (accessed 12 Jan 2023).

³ Ashfield-Watt, P., Tseilou, F., and Paranjthy, S. (2020) Health literacy and mental health in Wales: a national online population survey. Available at: <https://hww.uat.ctr.cardiff.ac.uk/for-researchers/> (Accessed: 20 February 2024)

The same study also found that there are significant differences in the perception of severity, and that people from ethnic minority backgrounds and LGBTQ+ people are more likely to rate several diseases that the Welsh vaccination programme protects against as not serious.

Whilst the majority of people surveyed agreed that they have had enough information to make informed decisions about whether or not to have vaccinations, Younger age groups (16-24) and people from ethnic minority backgrounds are less likely to agree that they have had enough information about vaccination

When looking at the trustworthiness of sources of the following information has the highest 'trust a lot' scores: NHS leaflets (74%), doctors/nurses/other healthcare professionals (71%), the NHS website (70%), pharmacists or other people in pharmacies (69%), and the Public Health Wales website (67%). This shows the importance of NHS and social care systems being able to relay information in a clear and accessible form. Whilst Friends/Family/Colleagues are less trusted (33%), they are still trusted more than social media (25%) and other websites (19%), which shows the importance of trusted individuals such as parents or religious leaders having information to support vaccine advocacy.

Strategic Objectives

In order to achieve the outcomes required by the National Immunisation framework the strategy uses three key domains (Figure 2) to encapsulate the different approaches to improving vaccine literacy and the quality of public information.

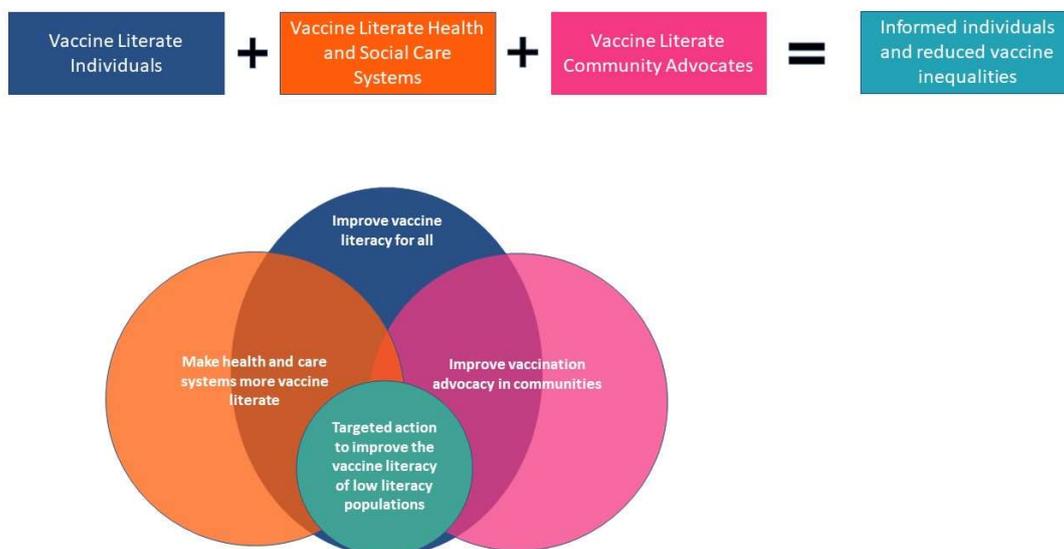


Figure 2: Domains of Vaccine Literacy Strategy

Domain 1 - Vaccine Literacy for All

Broad Objectives

- Have consistent high quality public and patient information resources available for all vaccination programmes which take into account the different functional vaccine literacy needs of the population, and are tested with their target audience
- Have a good understanding of public attitudes, and knowledge of vaccines and vaccine preventable diseases, to support person-centered communication to address knowledge gaps
- Ensure personalised content and delivery media which meets the understood needs of the target audience to maximise impact and accessibility
- Utilise insight, behavioural science, and evidence-based approaches for all public communication to ensure they deliver improvements in interactive vaccine literacy
- Ensure all information resources are co-produced with the intended audience
- Ensure the timeliness of information to make sure it is available at the point of decision making
- Advocate for vaccination to form part of the school curriculum in Wales, supported by evidence based tools and age appropriate learning in order to support decisions about their own care but also to influence families and communities.
- Provide tools to recognise mis and disinformation.

Targeted Objectives

- Have a good understanding of which groups have lower levels of interactive and functional vaccine literacy and how to communicate with them
- Have bespoke products to address needs in targeted groups
- Understand the impact of targeted interventions on primary (e.g. vaccine knowledge) and secondary outcomes (e.g. vaccine uptake) in low vaccine literacy groups.

Domain 2 - Vaccine Literacy in health and social care systems

Broad Objectives

- Ensure all H&SC staff have an agreed foundation of knowledge skills and access to information to act as advocates for the people they look after.
- Ensure all public facing staff in vaccination services have sufficient knowledge and capability to answer appropriate questions from service users and signpost where required.
- Ensure that key professionals who can have a positive impact on lifelong trust in vaccinations (e.g. midwives, health visitors, school nurses etc) have vaccination knowledge as a key part of their training
- Provide H&SC staff with information and skills to address mis and disinformation

Targeted objectives

- Ensure all H&SC staff working with groups or communities identified as having lower levels of health literacy are able to effectively engage with them to make sure their information needs are met and that every contact counts.

Domain 3 - Vaccine Literacy in community advocates

Broad Objectives

- Understand who the trusted and influential leaders are within wider society (e.g. teachers, community leaders) to support community engagement and advocacy.
- Have tools to promote making every contact counts methodologies outside healthcare settings

- Work with community influencers and gatekeepers (e.g. chat group moderators) to support access to closed groups for health promotion messages
- Ensure that community advocates have the information and tools available to feel confident responding to mis and dis information in their community

Targeted Objectives

- Develop asset-based approaches to engagement with communities with low vaccine literacy.
- All interventions should be robustly evaluated and scaled up where appropriate

Recommendations

The following recommendations are made to progress further development of the strategy:

Create a task and finish group to:

- Scope the next steps including outlining the required tools, standards and other resources required to enable the outcomes in the strategy
- Develop a delivery plan for the development of these tools, resources, and standards
- Develop a costed action plan to implemented of the agreed approaches and tools into business as usual

Report of the Public Vaccine Literacy Project Task and Finish Group

Final draft v0.2

16 July 2024

Producer: Christopher Johnson, Head of VPDP.

Version:	Approved by:	Date:
0.2	PVL Project Group	16/07/2024

Introduction

In May 2024 Vaccination Transformation Board approved the Public Vaccination Literacy Strategy for Wales as a key output of the National Immunisation Framework. The key elements within the strategy were threefold to:

1. Improve Vaccine Literacy for all citizens
2. Make health and social care systems more vaccine literate
3. Improve vaccine literacy in community advocates and influencers

The strategy set objectives designed to improve the quality of vaccine information provided to the public and build knowledge about vaccines within communities. In particular, the strategy set objectives for ensuring key opinion leaders can advocate for vaccination with their community, patients and pupils.

After agreement of the strategy a task and finish group was established to look at what tools or resources may be needed to support the delivery of the strategy. This report provides the recommendations of that task and finish group.

Tools and Products

The task and finish group reviewed the strategic objectives and considered how these would be met (Appendix 1) by the project. It proposed 3 broad areas of work.

1) Vaccination Information Standards

In order to meet the strategic aims around provision of consistent high quality public information resources based on insight and need and to support the aim of co-producing those resources with the target audience, the task and finish group proposed a set of vaccine information standards (Appendix 2).

Following acceptance of these standards it will be necessary to undertake appropriate audit against current practice, identify the gaps, and develop action plans. It will be necessary to look at the action plans and understand the cost of any changes in practice as part of full implementation.

2) Training for health and social care staff

The task and finish group agreed that a short mandatory training module would support the development of an informed health and social care workforce. It is important to recognise that it is important that health and social care staff both

- a) Recognise the importance of being vaccinated to protect themselves and those that they care for
- b) Are able to advocate for vaccination with the people they care for

As a result, any training package has to go beyond staff vaccinations, and cover aspects such as the current vaccine schedule, evidence base for vaccines, how decisions are made about what vaccines to offer and vaccine safety. This will support staff to challenge misconceptions and misinformation about vaccines with their patients.

A task and finish group highlighted that the training has to be based on insights into awareness and attitudes to vaccination and barriers to advocacy to ensure that it is able to address the need.

3) Support in Education

The task and finish group agreed that there was a longer-term piece of work required to improve the basic level of understanding of vaccines in the population through improved tools in education. Developing and supporting the delivery of high-quality education resources as part of the new curriculum in Wales will over the long term increase the population understanding of the importance of vaccines across the life course.

In a similar approach to that with healthcare staff, there is a need to gather insight into attitudes of school staff about promoting and advocating for vaccination in school settings. Teachers and school staff are key influencers of community attitudes to vaccination, and it is important to look to engage with school staff to ensure they feel confident to advocate for vaccination in their community.

Next Steps

Following acceptance of the report the following is proposed

1. **All LHBs** to undertake a survey of patient information resources used within their area including by primary care, to support transition to use of high quality patient information resources. Survey to be completed by March 2025.
2. **All LHBs and Trusts** to audit patient information resources they produce against the information standards and develop action plan to improve compliance with the standard. Audits and action plans to be completed by March 2025. Oversight will be through communications and engagement subgroup.
3. **VPW** to explore a process for ongoing assurance around compliance with the standard and improvement.
4. **VPDP** set up task group by September 2024 to develop NHS staff training package based on insight by April 2025. Oversight will be through the workforce and training subgroup.
5. **VPW / WG / VPDP** to negotiate inclusion of the health and social care staff training package in mandatory training.
6. **VPDP** to develop a plan to test innovations to improve vaccination education offer in the curriculum including provision of training to teachers and school staff on importance of vaccination by April 2025.

Appendix 1: Products to meet strategic objectives

Objective	Vaccine Information Standard	Education of health professionals	Support to schools	Business as usual activity
- Have consistent high-quality public and patient information resources available for all vaccination programmes which take into account the different functional vaccine literacy needs of the population, and are tested with their target audience	✓			
- Have a good understanding of public attitudes, and knowledge of vaccines and vaccine preventable diseases, to support person-centered communication to address knowledge gaps	✓			✓
- Ensure personalised content and delivery media which meets the understood needs of the target audience to maximise impact and accessibility				✓
- Utilise insight, behavioural science, and evidence-based approaches for all public communication to ensure they deliver improvements in interactive vaccine literacy	✓			
- Ensure all information resources are co-produced with the intended audience	✓			
- Ensure the timeliness of information to make sure it is available at the point of decision making	✓			✓
- Advocate for vaccination to form part of the school curriculum in Wales, supported by evidence-based tools and age-appropriate learning in order to support decisions about their own care but also to influence families and communities.			✓	
- Provide tools to recognise mis and disinformation			✓	
- Ensure all H&SC staff have an agreed foundation of knowledge skills and access to information to act as advocates for the people they look after.		✓		
- Ensure all public facing staff in vaccination services have sufficient knowledge and capability to answer appropriate questions from service users and signpost where required		✓		✓
- Ensure that key professionals who can have a positive impact on lifelong trust in vaccinations (e.g. midwives, health visitors, school nurses etc) have vaccination knowledge as a key part of their training		✓		✓
- Provide H&SC staff with information and skills to address mis and disinformation		✓		✓
- Understand who the trusted and influential leaders are within wider society (e.g. teachers, community leaders) to support community engagement and advocacy.			✓	✓
- Have tools to promote making every contact counts methodologies outside healthcare settings			✓	✓
- Work with community influencers and gatekeepers (e.g. chat group moderators) to support access to closed groups for health promotion messages			✓	✓
- Ensure that community advocates have the information and tools available to feel confident responding to mis and dis information in their community			✓	✓

Appendix 2: Vaccination Information Standards for Wales

These standards set out what's expected from new or redesigned public information resources relating to vaccination services provided to the public in Wales as part of the NHS routine and risk-based vaccination programmes in Wales.

Strategic Intent

The National Immunisation Framework of Wales sets out the strategic intent around vaccination literacy in Wales. It sets the following ambitions

- We want everyone in Wales to recognise the importance of vaccination
- Patients should receive clear information and robust communications informed by insights and reflecting the views of the broadest range of voices in order to maximise impact.
- We expect patient information materials about vaccination to be co-produced with citizens, third sector and relevant NHS bodies.

Scope

The following are not in scope for these standards:

- communications on emergency situation or outbreaks
- information provided through media interviews or in response to press enquiries
- tailored information provided on a one-to-one basis in conversations between clinicians and service users (e.g., in response to individual clinical queries or specific needs)

Definitions of terms used in this standard

Term	Meaning
Resources	All material produced to provide information to the public including but not limited to <ul style="list-style-type: none">- Patient information leaflets- Posters / Postcards or flyers- Record cards- Social media content or posts- Videos and audiovisual media- Web content- Invitation or appointment letters- Educational resources
Patient Information Resources	Leaflets or digital products for the public with information about the vaccines people are being offered as part of the NHS Wales vaccination programmes, or their aftercare.
Educational resources	Resources developed to support teaching or learning about vaccines, their impact and the diseases they prevent.
Co-production	In co-production, service providers and users work together. This allows an equal relationship between staff and people with lived experience.

Standards

Standard 1 - Meeting User Information Needs

Why this is necessary

For resources to be effective they need to address a general or specific need in the target population. When developing effective resources that improve patient vaccination literacy, and support decision making, it is necessary to understand that need and ensure that the resource effectively meets it.

Best Practice

Patients and service users have a different perspective to those working in healthcare. Co-production and involving users in the production of health information will ensure it is relevant, easy to understand and accessible. Involving users in development can help ensure the insight you gather is fully reflected in the final product.

Standard 1.1 – The content provided in all patient information resources should be informed by insight gathered from the target audience. As a minimum, resources should be tested with the target audience.

Standard 1.2 – All patient information resources should signpost to reliable additional information where available

Standard 1.3 – All patient information resources should facilitate user feedback on the quality, appropriateness and accessibility of information to allow quality improvement

Standard 1.4 – Service users should be offered or signposted to appropriate patient resources reflective of the patient's individual needs ahead of vaccination appointment.

Standard 1.5 – NHS organisations publishing resources should consider the service users format preference and digital accessibility. Provision should be made for service users who may not be able to access information digitally.

Standard 1.6 – Patient information resources created for the explicit purpose of supporting informed consent should meet the minimum information requirement as set out in Chapter 2 of the UK Green Book.

Standard 2 – Reflect the language/ accessibility needs of the user

Why this is necessary

For resources to be effective, they need to be understood by those receiving the information. There are legal obligations to provide resources in Welsh and English and for those with sensory impairment.

Best Practice

May want to signpost to external standards (e.g. WL standards) or other standards on accessible information

Standard 2.1 – All patient information resources should be produced in Welsh and English

Standard 2.2 - All patient information resources should be provided in accessible formats for patients with sensory loss, or for those that do not have English as their first language including:

- Use of plain [English](#) and [Clir Cymraeg](#)
- [Easy Read](#) format primarily for those who have a learning disability, but also for others such as those with low literacy, or who have a first language other than English and Welsh
- Digital for those who require BSL (video) and audio format.

Standard 2.3 - All public information resources produced in languages other than English and Welsh must have an equivalent quality control to ensure the language used has similar accuracy, acceptability and accessibility to English and Welsh resources that meet the Vaccination Information Standards for Wales.

Standard 3 - Behaviourally Informed Communication

Why this is necessary

A behaviour is an action, it's something that we do that's measurable. If you're striving to get individuals or groups within the population to start, stop or change a behaviour then behavioural science can help achieve the desired change.

Best Practice

A toolkit to support behaviourally informed communications is available at [Developing Behaviourally Informed Communications - World Health Organization Collaborating Centre On Investment for Health and Well-being \(phwhocc.co.uk\)](https://www.phwhocc.co.uk)

[Further support may be available from the PHW Behavioural Science unit.](#)

Standard 3.1 – Public information resources should be developed in line with best practice on behaviourally informed communication.

Standard 4 – Co-production

Why this is necessary

Under the National Immunisation Framework, there is an expectation of the co-production of patient information resources with the target population. Co-produced resources recognise and value the diverse knowledge, experience and perspective of all partners and the contribution that every person can make towards ways of working that benefit everyone.

Best Practice

Information on best practice is widely available. The link below provides an independent best practice guide to co-production of patient information.

[How-to-guide-Coproduction-involving-users-in-developing-health-information.-October-2021-update-2.pdf \(learningforinvolvement.org.uk\)](#)

Standard 4.1 - All patient information resources should be co-produced with the target population when they undergo major revision. As a minimum the resource should be tested with members of the target population.

Standard 4.2 – Any testing or co-production of patient information resources should ensure that the broadest range of voices is represented.

Standard 5 - Consistency in Design

Why this is necessary –

In order to increase the public confidence in the vaccination information being provided, and to support efforts to combat misinformation and disinformation, public information resources produced in Wales should be recognisably part of the same family of information and be immediately recognisable as coming from a trusted source.

Best Practice

To ensure consistency of presentation the following [brand guidelines](#) are available for vaccination saves lives.

Standard 5.1 - All public information resources about vaccination should have the logo of the NHS Wales Trust or Local Health Board that produced the information, alongside the Vaccination Saves Lives branding

Standard 5.2 - All resources using the VSL logo should comply with the Vaccination Saves Lives brand guidelines