

The voice of nursing in the UK

Rt Hon Carline Nokes MP Chair, Women and Equalities Committee

Sent by email to womegcom@parliament.uk

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Dear Chair,

Re. Inquiry into the take up of the COVID-19 vaccine in Black, Asian and Minority Ethnic (BAME) communities and women.

I am writing to share with you the Royal College of Nursing's (RCN) concerns ahead of the Committee's upcoming evidence session on vaccine uptake.

The RCN is the largest professional body and trade union for nursing staff in the world. We represent 450,000 members who are registered nurses, midwives, students, and nursing support workers.

Nurses have been central to the success of the COVID-19 vaccine rollout. As such, nursing has a critical role to play in tackling health inequalities both now and in the future. Nurses have a direct role in administering the vaccine and also in reassuring patients that the vaccines are safe and addressing any particular concerns. This includes signposting patients to appropriate sources of information and support.

It is vital that we utilise nursing expertise to understand and address the issues affecting vaccine uptake effectively as part of the wider vaccination strategy. Nurses are deeply embedded within the communities that they serve and therefore have a detailed and multi-faceted understanding of their patients. Nursing is one of the most trusted professions and nurses have been able to provide credible and well-informed information about the importance of vaccine take-up. Through this there is a key opportunity to allay any concerns and dispel any myths that individuals or groups might have about the vaccine.

It is vital that there are sufficient numbers of nursing staff to deliver the vaccination programme equitably and effectively. The RCN has previously raised concerns about the bureaucratic hurdles and red tape which has prevented some very senior and experienced nurses who work outside of the NHS from joining the vaccination programme. It is vital that these barriers are resolved as soon as possible to maximise nursing capacity.

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It is also vital that workforce planning for wider service recovery also takes into account the capacity which is likely to be required for ongoing vaccination roll out, and that decisions about delivering services safely and effectively with available workforce are taken carefully. With a view to the longer term, it is absolutely critical that the Government takes meaningful action to address the nursing workforce shortage. This must include sustained investment in increasing the supply of domestically educated nurses and in retention strategies to support and enable our existing workforce to continue delivering safe and effective care long after this crisis.

Nursing staff and vaccination uptake

Throughout the COVID-19 pandemic, nursing staff have played a crucial role at the forefront of the response. This has meant that nursing, and other health and care staff, have been at greater risk of exposure to COVID-19.

Access to appropriate safety and protective equipment and to vaccination is absolutely critical to protect them and their families and enable them to continue delivering safe and effective care to patients. We welcomed the inclusion of health and care staff in the Joint Committee of Vaccination and Immunisation (JCVI) priority groups for the vaccination and we are encouraging all our members to take up the offer as soon as possible. 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.

Evidence shows that Black, Asian and Minority Ethnic (BAME) communities are at higher risk of becoming critically ill and dying as a result of contracting COVID-19. Vaccination is therefore a vital step in protecting already vulnerable communities from further harm.

RCN survey on vaccine uptake

In early February we surveyed our members to explore vaccine uptake. 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% work 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.

The survey also highlighted that uptake was higher among white British nursing staff working in certain settings. For instance, 75% of BAME respondents working in care homes had received at least one vaccine dose compared to 85% among the White British ones. Similarly, while 92% of white British respondents who work in hospitals had received at least one vaccine dose, this compared with

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4 in 5 (80%) among their BAME counterparts.

Overall, regardless of where they work, more than half (52%) of BAME respondents who are agency staff had not received the vaccine compared to 38% (around 2 in 5) white British respondents who are agency staff. For BAME respondents working as agency staff in non-NHS settings, the proportion of those who had not received the vaccine increased to 54% compared to 41% amongst white British agency staff.

Finally, we asked respondents who had not yet received a COVID-19 vaccination whether they had been offered one. 48% of BAME nursing staff working in hospitals said they had not been offered the vaccination compared to 34% among white British nursing staff.

We have since welcomed the Government's introduction of a self-referral system to support and enable nursing staff to book vaccines as a way of supporting staff to access vaccination. 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 plan to survey our members again in April on the uptake of the vaccine.

Vaccination should not be mandatory

In response to recent reports of lower rates of vaccine uptake amongst some health and care staff, particularly some BAME and younger staff and staff from more deprived areas¹ there has been discussion about whether health and care staff should be mandated to have the vaccine. Some employers are also reportedly considering making vaccination a condition of employment.

The RCN believes that all members should have the vaccine and consider this as best practice in protecting the public and for protecting individual members and their friends and families. The RCN does not however, 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. 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.

¹ https://www.bbc.co.uk/news/uk-england-leicestershire-56069325

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We have concerns that a mandatory approach to the vaccine would be ineffective. Instead, organisations should have a proactive approach and ensure that their staff have easy access to the vaccine in the working day and are able to access information and support to address any questions or concerns they have. 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.

To support vaccine uptake amongst BAME health care staff, employers have an important role to play in protecting their staff including full implementation and compliance with of infection prevention and control guidance, ensuring access to appropriate quality PPE and ensuring that robust individualised risk assessments are properly conducted and implemented. It is important that such risk assessments include factors such as ethnicity as a basis for prioritising access to vaccines for staff.

The importance of evidence

Whilst we recognise that ethnicity in itself does not necessarily drive risk, it is the continued exposure to the impact of structural and other forms of racism that elevate risk levels for many Black, Asian and minority ethnic nurses and healthcare support workers.

The issues affecting vaccine uptake are complex and require sensitive, informed approaches grounded in local knowledge, appropriate expertise and evidence. With regard to the lower uptake rates and vaccine hesitancy amongst some minority ethnic groups, we must reverse the tendency to homogenise people from BAME groups, thereby ignoring the diverse ethnic and cultural backgrounds. Doing so will undermine the efficacy of strategies to understand and address the issues affecting uptake.

It is vital to understand the underlying issues and factors which are affecting attitudes to the vaccine and uptake amongst different communities to ensure that the most effective approaches are implemented. This includes issues of distrust of the establishment and suspicion of government amongst some groups which can impact on attitudes towards vaccines. Tailored local approaches are needed which aim to build trust and confidence in the vaccine and to tackle misinformation.

There must also be recognition of the range of inequalities affecting BAME communities and the impact of structural racism and discrimination. Evidence is growing which shows the extent of inequalities in the UK and how this has

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interacted with the pandemic.² More broadly, it is vital that the Government commits to meaningful and urgent action to address these inequalities, directed by a new cross-governmental national health inequalities strategy.

We would be grateful if the Committee would consider and raise these issues in its upcoming evidence session.

If you require any further information please contact Euan Sinclair Elliott at Euan.SinclairElliot@rcn.org.uk.

Yours sincerely.

Dame Professor Donna Kinnair Chief Executive & General Secretary

² https://publichealthmatters.blog.gov.uk/2021/02/03/tackling-londons-covid-19-health-inequalities/

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