

IN THE UK COVID-19 INQUIRY

MODULE 3

SUBMISSIONS ON BEHALF OF CLINICALLY VULNERABLE FAMILIES ('CVF') FOR THE PRELIMINARY HEARING ON 27th SEPTEMBER 2023

A. INTRODUCTION

1. These submissions are made on behalf of Clinically Vulnerable Families ('CVF'), an organisation designated as a Core Participant ('CP') for Module 3 of the Inquiry on 16th January 2023.
2. CVF represents a group of vulnerable individuals who have underlying conditions, many of whom are immunosuppressed, who are at high risk of severe outcomes from the disease, such as greater mortality (x9.2 more likely compared to those who are healthy) and long covid (x5.4 more likely compared to those who are healthy), than the greater population. In many cases, they continue to shield to this day. For many vulnerable individuals, the pandemic is by no means over and indeed they still face as significant a risk – and in some respects a higher one, because of the removal of mitigation measures – from contracting Covid-19 as they did in early 2020.
3. CVF was founded in August 2020 and currently represents those who are Clinically Vulnerable ('CV'), Clinically Extremely Vulnerable ('CEV'), including those who shielded, and the Severely Immunosuppressed, as well as their households, across all four nations. CVF initially concentrated on issues relating to education but very quickly broadened its focus to other issues such as healthcare, risk mitigation at work and the provision of accurate scientific information. CVF is a grassroots organisation; it is not a legal entity and it does not have charitable status.
4. CVF is keen to ensure that the Inquiry considers the full impact of the pandemic on the all those it advocates for and represents as described at paragraph 3 above. Such individuals

not only faced but continue to face greater risks to their lives than any other category of person. As such, any planning for future pandemics and/or consideration of the effectiveness of public health services needs to be done with the impact on the clinically vulnerable as a key group at the forefront of such planning. Moreover, mitigations are required now for new Covid-19 variants.

5. CVF are grateful to Counsel to the Inquiry ('CTI') for the helpful Note dated 29th August 2023, together with the Annexes. The following brief observations on CTI's Note and the Inquiry progress to date reflect that focus.

B. SUBMISSIONS

(1) List of Issues

6. In relation to the Provisional List of Issues ('LOI'), CVF continues to emphasise the need for the experience of clinically vulnerable and clinically extremely vulnerable people to be specifically considered within other aspects of Module 3 (beyond simply shielding). While CVF assume that the Inquiry will have squarely in mind the need to consider the differential impact of all of the issues it has identified, in general it is submitted that more explicit reference to the experience of CV and CEV people and their families in the LOI will help ensure they are not overlooked. In that light, CVF make the following observations:
7. As to provisional paragraph 6, CVF continue to consider that decision-making about healthcare should include a specific review of the Covid-19 Decision Support Tool. This was a tool that was developed during the pandemic to assist decision making in people with underlying conditions who were infected with Covid-19. CVF respectfully suggest that the Inquiry should investigate how widely it was accepted and used in healthcare and even if not formally used, the psychological effect of this tool being publicised nationally, including in the media, to both healthcare professionals and clinically vulnerable people.
8. CVF further propose a sub-paragraph is added as paragraph 6(a)(i):

The use and potential effects of decision support tools to determine patients' pre-morbid state and their treatment options for Covid-19

9. CVF note the change to paragraph 6(b) to explicitly include reference to blanket decision-making of DNACPRs which the Inquiry will appreciate is a particular concern to CVF members.
10. In relation to the LOI, CVF strongly welcomes this and in particular considers that the Inquiry has correctly identified all the relevant issues affecting shielding and the impact on the clinically vulnerable in paragraph 11.

(2) Examination of non-Covid-19 areas

11. The Inquiry has stated there are four areas which it proposes to examine in more detail in order to assess the impact of the pandemic on those requiring healthcare for reasons other than Covid-19: (1) Colorectal cancer, (2) Ischaemic (coronary) heart disease, (3) hip replacement, and (4) Inpatient Child and Adolescent Mental Health Services (see CTI Note, para. 17).
12. CVF does not object to the inclusion of these four areas. However, CVF is concerned that the list does not currently include any long term underlying conditions which would lead a patient to be immune suppressed.
13. The reason CVF submits this is important is because it would capture people who:
 - a. Are immune suppressed;
 - b. Had difficulty accessing healthcare because of the Covid-19 pandemic;
 - c. Were at risk of serious complications without that healthcare, and
 - d. Often had shared care across primary and secondary care.
14. This is an important and (in our experience) large group of people whose healthcare was significantly and detrimentally effected by the pandemic. CVF does not have a strong view on which particular group could be included, but one potential suggestion is people with rheumatic conditions/disease. CVF would be happy to discuss this further with the Inquiry.

(3) Inclusion of CV/CEV as an equality group

15. The Inquiry's terms of reference include an obligation to consider '*any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, those relating to protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998*' (emphasis added). Evidently, the scope of the categories identified is within the Inquiry's discretion.
16. The Inquiry's Equalities and Human Rights Statement¹, dated 6th July 2023, currently mentions: (1) Groups with protected characteristics [within the meaning of the Equality Act 2010], (2) Geographical differences, (3) Social economic background, (4) Occupation, and (5) Immigration status.
17. CVF are disappointed to see that the clinically vulnerable, who were and remain particularly vulnerable to Covid-19, are not identified as a relevant group/characteristic.
18. The impact of Covid-19, and associated decision-making, had very specific impacts on the clinically vulnerable that CVF represent. CVF's core concern is that the impacts on these groups were insufficiently considered during the pandemic. At present, they have practically been forgotten. CVF is keen to ensure that this serious oversight is not repeated in the Inquiry.
19. CVF therefore submit that the Equalities and Human Rights Statement should be amended to add "*Clinical vulnerability to Covid-19*" (as bullet-point (f)) to the list of characteristics) which will be considered when investigating unequal impact among different groups or populations.
20. This addition would ensure that there is a clear focus in the Inquiry's work on this group, which exists because of its particular vulnerability to Covid-19. Although public and government focus on Covid-19 has now reduced, the clinically vulnerable remain at significant risk to a virus which is still infecting thousands of people per day.² CVF is only a CP in Modules 3 and 4 to date, so will not be 'in the room' to advocate for the clinically

¹ <https://covid19.public-inquiry.uk/wp-content/uploads/2023/07/06122912/2023-07-06-Equalities-and-Human-Rights-statement.pdf>

² <https://coronavirus.data.gov.uk/details/cases>

vulnerable in other modules, despite having applied for CP status in Modules 1 and 2 and being rejected by the Inquiry on appeal. This is just one of the reasons why the clinically vulnerable should be added as a category to the Equalities and Human Rights Statement.

C. CONCLUSION

21. CVF hope that these submissions are of assistance to the Chair.

KIM HARRISON

SHANE SMITH

Solicitors for the PBPOs

Slater & Gordon

ADAM WAGNER

MARY-RACHEL MCCABE

ROSA POLASCHEK

Counsel for the PBPOs

Doughty Street Chambers

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