UK Covid-19 Inquiry

Written submissions of the British Medical Association (BMA) for the preliminary hearing in Module 4 on 22 May 2024

1. The British Medical Association (BMA) has focused these short, written submissions on a small number of issues of particular relevance to the Association and its members, which the BMA suggests should be examined by the Inquiry within the Module 4 hearings.

2. The BMA views the Covid-19 vaccination programme as one of the biggest successes of the pandemic response. This is in large part due to the immense efforts of doctors, the wider healthcare workforce, and volunteers who drove the rollout's effectiveness and efficiency.

3. The unprecedented scale of the vaccination programme saved millions of lives globally. A study by the WHO found that countries who implemented vaccination programmes early – such as the UK – saw the greatest benefit in terms of the number of lives saved overall through vaccination. In the UK, it is estimated that Covid-19 vaccination reduced mortality by 70% in adults aged 25 and over.

4. However, the UK's vaccination effort was not without its challenges, and the BMA believes that it will be important for the Module 4 investigation to also consider those aspects of the vaccination programme that were less successful and to identify where there is learning for the future.

Workforce planning and increased workload

5. Insufficient consideration was given to workforce planning, as the delivery of the vaccination programme further reduced already limited workforce capacity. Notably, the rollout of the vaccination programme came against the backdrop of severe and chronic workforce shortages across UK health services, particularly in General Practice. This led to many healthcare workers, including GPs, having to work additional hours to meet the Government's vaccination targets, alongside continuing to deliver routine and Covid-19 care. Medical professionals reported stress, burnout and fatigue related to workload during the pandemic. In particular, 84% of GPs responding to a BMA survey reported that their workload had "increased a lot" since the pandemic and that this work was stressful in nature.

6. Two respondents to the BMA's Covid-19 Review call for evidence described the following:

"*We have been stretched so thin covering COVID centres and also delivering vaccine programmes this has had a huge impact on our staff*". (GP Contractor/Principal, Northern Ireland)

"*We worked all weekends delivering vaccine with volunteers, clinicians and patients and friends. Part time doctors worked full time. Retired doctors revalidated and manned 119 etc, 5 receptionists resigned, unable to cope*". (Medical Academic GP, England)

7. Staffing for future vaccination programmes should be considered as part of pandemic planning exercises to ensure sufficient capacity in the system to deliver a future vaccination rollout.

Systems challenges and bureaucracy

8. General practice had a key role to play in the successful rollout of the vaccination programme. For example, in England by the end of October 2021, 71% of vaccines had been administered by GPs and community pharmacies, compared with 21% by vaccinations centres. This was also done at a significantly lower cost than vaccinations centres.

9. However, a slow and inefficient payment system for the extra work required of GPs in maintaining operations and delivering vaccines compounded the challenges and pressure facing GPs in some parts of the UK.

10. Many practices did not have the staff, capacity, or time to step-up for the vaccine programme, because they were focused on other crucial work that they were contractually bound to undertake by the DHSC. The BMA repeatedly called on the DHSC to free-up GP time from needless bureaucracy and low-priority undeliverable targets, while making it very clear that GPs would do all they could to support the vaccination programme, as they had done throughout the pandemic response.

11. There were also challenges for clinicians in respect of the IT infrastructure used. For example, the implementation of the Covid-19 vaccination clinical system in England was challenging for GPs, and not immediately or easily interoperable with existing GP IT systems. GPs in Wales also experienced issues with the Welsh Immunisation System not allowing automatic write-back to GP clinical systems, despite this being agreed during development. This created undue complexity and stress for GPs delivering the vaccine during the initial rollout.

Vaccine uptake and hesitancy

12. Disparities in vaccine uptake amongst some groups became evident early in the vaccination programme rollout across the four nations. Prior to the Covid-19 vaccination programme, it was known, via studies on vaccination intention and learning from other vaccination programmes, that there may be lower rates of uptake of vaccines among some groups, including some ethnic minority groups and those from deprived areas.

13. When these disparities became clear in early vaccination uptake data, efforts were made by Government, health and care systems and community leaders to address barriers to vaccine uptake, which were welcomed. However, significant disparities remain to this day with root causes of vaccine hesitancy, such as systematic racism in the NHS and UK society, still unaddressed.

14. The BMA considers that Module 4 should examine the barriers to vaccine uptake and the reasons for vaccine hesitancy in some groups, particularly ethnic minority communities and those in more socio-economically deprived areas of the United Kingdom; how much could and should have been anticipated about the barriers to vaccination or vaccine hesitancy; and what steps were or could have been taken to address these issues prior to the vaccination programme commencing.

13 May 2024