

Covid-19 Vaccination as a  
Condition of Deployment

The PAYMASTER GENERAL said that the meeting would discuss the policies that concerned making covid-19 vaccinations a condition of deployment. The first focused on those working in care homes and had been operational since 11 November 2021 (VCoD1); the second focused on health and wider social care workers and was due to come into force on the 1 April 2022, following parliamentary approval in December, and after a 12-week grace period (VCoD2). The Prime Minister and the Health Secretary had reflected on these policies in light of the latest clinical evidence and public health advice since the Omicron variant had emerged, together with the pressures faced by the health and social care sectors this winter and the latest estimates of the impact on workforces.

The SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the core issue that the policy had been introduced to address was patient safety, and to deliver the maximum health protection to those in hospital and receiving care with the minimum possible state intervention. A cost/benefit analysis had been carried out before the introduction of VCoD1 and VCoD2. The benefits had been clear, in terms of the reduced possibility for a fully vaccinated individual to become infected and the impact that fewer individuals becoming infected would have on the rates of onward transmission. There were costs to both sectors, as although there was general recognition that up-to-date vaccinations were a professional duty, there would still be a small number that would choose not to get vaccinated and who would lose their job. In the previous cost/benefit analysis, two doses of a covid-19 (coronavirus) vaccine were shown to give between 65 and 80 per cent protection against infection from the dominant Delta variant. As such the benefit of the policy had outweighed the cost at that time. Since the introduction of VCoD1 take up of the vaccination had increased from 77 to 95 per cent among those working in care homes. Since the consultation on VCoD2 an additional 127,000 wider health and social care workers had taken up the vaccination, so now 95 per cent of the workforce had at least had one vaccination. The policy had been successful at encouraging more people to come forward.

Continuing, the SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the Omicron variant was now the dominant variant and that it differed in a significant way to the Delta variant as it was intrinsically less severe and two vaccinations did not offer a high level of protection. Omicron was much more transmissible than the Delta variant and infections from the Omicron variant now accounted for one third of all coronavirus infections over the past two years. The population now had much better protection either due to having had a coronavirus infection or the booster vaccine. Due to the reduced

severity of Omicron, the relative number of hospitalisations had halved. The cost of the policy now outweighed the potential benefit.

Continuing, the SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that professional bodies were clear that vaccination was still the professional duty of those working in health and social care but that it was right to question whether a statutory requirement to force people to get vaccinated in order to keep their job was still the right policy or whether it should be dropped. He said that it did not make sense to retain the policy as it would be challenged in the courts and, given that it would no longer be in line with science, there was a high chance of losing. There was the option of adding a third vaccination to the requirement, as it was proven that three vaccines offered higher protection than two against Omicron, but this did not alter the fact that the variant was less severe, or that there were now high levels of community protection. The Government would still be required to amend regulations, undertake a consultation and come back to Parliament to approve the change in policy. If a fourth dose was recommended, the same process would need to be followed. This was not practical or proportionate given that Omicron was intrinsically less severe. The recommendation was that both the VCoD1 and VCoD2 policies should be revoked, as the logic was that the clinical evidence applied to both policies. To maintain the credibility of the policies they must be proportionate and balanced and when facts changed, the Government should move with them. If the Committee was in agreement, the proposal was to make a statement to Parliament that day, that stressed that keeping up to date with vaccinations was still a professional duty.

Concluding, the SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that he would write to all relevant Royal Colleges and ask them to review their internal rules and guidance to stress the importance of getting vaccinated as a professional duty. NHS England would be asked to review the recruitment guidelines for new hires. The Department for Health and Social Care would review and consult on changes to their codes of practice for all domiciliary and social care workers. By law, there had to be a consultation on revoking the policy. At the end of the two-week consultation period, the Department for Health and Social Care would look to bring forward a statutory instrument to revoke both VCoD1 and VCoD2. He said that he was fortunate to have had cooperation from the opposition, who had supported the introduction of the policy and who had indicated that they would support the change.

In discussion the following points were made: