UK Covid-19 Inquiry Before Baroness Heather Hallett

Module 4 Hearings: 14 to 31 January 2025

OPENING STATEMENT

on behalf of

THE SCOTTISH GOVERNMENT

Introduction

1. The aim of the Covid-19 vaccination programme was to save lives and protect against ill health. The early rollout of the vaccine programme avoided deaths. A World Health Organization (WHO) study found that between December 2020 and November 2021, an estimated 22,138 deaths were directly averted because of the Covid-19 vaccination programme in Scotland.

2. The success of the vaccination programme benefited from the implementation of the roll out being devolved to Scotland. This provided the flexibility to implement the programme in a way that met local need such as operational and logistical considerations, often driven by Scotland's unique geography, to make the most efficient use of the vaccine to reduce wastage and facilitate vaccinations. This was pivotal to the relaxation of rules to reduce the spread of Covid-19.

3. The relationship between the UK Government and the Scottish Government was at its best on the issue of vaccines. The Scottish Government engaged both directly and through Four Nations partners as part of UK-wide pandemic preparedness and resilience measures. There were regular and candid discussions between officials and ministers about the planning and deployment of the Covid-19 vaccine. This included sharing of challenges and advice on how to address them. This level of openness and cooperation was a critical element to the success of the programme in both Scotland and the other nations as approaches were shared and influenced each other's deployment plans.

4. As the pandemic progressed, the scientific understanding of the virus developed. This was an ongoing process, with work being carried out as new variants emerged to understand the differences between the variants. As a result, the vaccine programme had to be flexible. It had to accelerate and decelerate to meet demand. The delivery and communication strategy had to adapt quickly to consider new clinical advice. The vaccine programme was able to respond to developments in a highly dynamic way throughout the pandemic due to the hard work and dedication of Scottish Government officials and our NHS partners.

5. The Scottish Government wishes to pay tribute to all those who contributed to the development and deployment of the vaccines, not only the scientists and the health and social care staff who delivered the vaccines, but all of those involved across society. That includes the volunteers who participated in clinical trials and to the public for their often unseen contribution and their patience. Many of those who worked on the vaccine made immense personal sacrifices over a long period of time to provide a vaccine and to save lives. They demonstrated the best of public service values and the Scottish public owes them a great debt.

6. It is also appropriate to pause and remember those who suffered from very rare cases of injury or death following vaccination. And we remember all those who suffered loss during the pandemic and who lost their lives due to Covid-19. The Scottish Government is here to listen and learn to save lives in any future pandemic. It welcomes scrutiny both from the Inquiry but also from Scottish Covid Bereaved, the Scottish Vaccine Injury Group and all Core Participants in this area of vaccines and therapeutics, so that injury is avoided, and lives saved.

Scotland's role in and awareness of the development, procurement, manufacturing, and approval of the vaccines

7. The development, procurement, manufacture and authorisation of the vaccine, trials to enable their use, and the Vaccine Damage Payment Scheme were led by the UK Government. Scotland was not responsible for, nor did it fund, the development, manufacture or procurement of Covid-19 vaccines. Regulation of medicines and vaccines are a reserved matter under Head J4 of Part II of Schedule 5 to the Scotland Act 1998. The Vaccine Damage Payment Scheme is reserved under Head F1. The Scottish Government liaised with the UK Government on these issues with engagement predominately at official level rather than at ministerial level. The Scottish Government was aware of the significant work ongoing to develop a vaccine and was kept informed of progress.

The Vaccines Taskforce

8. The development of Covid-19 vaccines was the responsibility of pharmaceutical manufacturers and was led and supported by a UK Government Vaccine Taskforce (VTF) established in April 2020. The VTF was a UK body with no Scottish Ministerial representation. Decisions on any vaccine supply contracts and major investments in manufacturing were taken by UK Government Ministers. Scotland was represented in this forum by the Immunisation Coordinator for NHS Lothian, Dr Lorna Willocks, who was co-opted as a member of the Committee for input on operational issues affecting Health Boards in Scotland. The Medicines and Healthcare products Regulatory Agency (MHRA) was responsible for

authorising the use of Covid-19 vaccines, considering the quality, safety and efficacy of each vaccine based on clinical trials and other appropriate data.

9. An Agency Agreement was developed between the UK and Scottish Governments in August 2020 to allow the UK Vaccine Task Force to purchase Covid-19 vaccine stocks on behalf of the Scottish Government. This was agreed on the basis that Scotland's percentage share of the vaccines would be based on population (i.e. based on the Barnett formula). Therefore, Scotland had access to an 8.28% share of the Covid-19 vaccines procured for the UK. In reality, the approach taken across the Four Nations was pragmatic and allocated based on readiness to deploy.

Permission To Contact Project

10. In June 2020 an issue arose in relation to whether Scotland would participate in the Permission To Contact Project being led by the National Institute for Health Research and NHS Digital in England. This project involved setting up a digital platform which allowed individuals to register to be contacted about participation in Covid-19 vaccine trials. As health is devolved, NHS Digital required authorisation to offer this service to Scottish residents. Officials from the UK and Scottish Governments engaged constructively, and authorisation was ultimately given by NHS National Services Scotland on 9 July 2020. This enabled Scottish residents to participate in this project. The Cabinet Secretary wrote to the Chair of the Vaccine Taskforce on 10 July 2020 to confirm the Scottish Government's support for the establishment of this register to attract vaccine developers to trial Covid-19 vaccines in the UK.

Public messaging to promote uptake

11. Responding to the pandemic represented an unprecedented communications challenge. The pandemic itself was dynamic, and misinformation and disinformation were disseminated on social media. The Scottish Government was aware of the need to tackle misinformation and disinformation relating to vaccine safety. It recognised that the way to counter these harms was to provide transparent information to the public. To communicate that vaccines were safe and effective, the Scottish Government was flexible and dynamic in its response. For this reason, the Scottish Government Flu Vaccine and Covid-19 Vaccine (FVCV) Delivery Programme embedded a dedicated, specialist communications team within the Directorate. The principal purpose was to ensure aligned messages on vaccine safety.

The principles of communication

12. Communications were guided by key strategic principles. These were that communications would be driven by behavioural insights, connect meaningfully through different voices, be kept simple, counter misinformation and disinformation with facts and without repeating the misinformation or disinformation, be part of a larger whole, and be optimised as the programme evolved.

13. This programme of messaging was developed and delivered in stages. The Communications Team worked closely with Health Boards and Public Health Scotland to develop messaging that would support them to reach those being called forward at each stage of the vaccination programme. The initial priority was to communicate with older residents in care homes and health and social care workers given these were the first priority groups identified by JCVI.

Messaging changed during the pandemic

14. Whilst the initial priority was to target those that were eligible, it was also important during the initial phases of the pandemic that messages were aimed at the wider population – a national "call to action" – recognising that it would be important for all to know who was eligible and what to do when called. The later phases of the programme, with a more complex and focused offer, called for a more nuanced and targeted approach. These stages were comprised of messages targeted at discrete cohorts by age, occupation, or characteristic, such as pregnancy or being the parent of a younger child.

Communication for the vaccine rollout to children

15. For the vaccine rollout to children, there was significant learning from the Gold Coast, Australia. Its rollout to children had already begun by this point. Partly because of that engagement, information was kept clear and factual, and directed often to the parents and guardians rather than the children themselves. It included videos from trusted medical professionals encouraging parents to take their children for vaccination. Crucially, it relied on science and evidence to address any questions. These videos were distributed to health boards to share on their social media channels to reach as many people as possible.

Partnership with Public Health Scotland (PHS)

16. The Scottish Government also worked with PHS to develop leaflets and materials to include with appointment letters and information to share on NHS Inform. This was so that both parents and children were aware of what to expect at their vaccination appointment and any possible symptoms afterwards. A video was produced to walk them through a Covid vaccination

appointment visually. This was shared with health boards and added to social media channels and NHS Inform.

17. Communications focused on each cohort as they were being invited forward for vaccination, delivering and tailoring messaging as appropriate for each audience. A key element was the use of blue envelopes for appointment letters to ensure that they were easily recognisable to the Royal Mail and to patients. To augment this, in collaboration with PHS, the Scottish Government produced the 'Roll Up Your Sleeves Campaign' to target younger audiences for them to make an informed decision about vaccination.

Polling helped public messaging

18. The Scottish Government reviewed the effectiveness of public messaging to encourage vaccine uptake by commissioning weekly polling from YouGov. This included questions about vaccine confidence. Feedback from different communities was gathered by engaging with stakeholders as mentioned below. Listening to the feedback was an essential part of the Scottish Government's communication strategy.

Different types of messaging used

19. It was recognised that, while many people obtained information online using NHS Inform, there would be those who did not. Public messaging relating to vaccines was delivered via a national door drop in January 2021 and various advertising campaigns across 2021 and 2022 used TV, radio, press, digital and out-of-home formats, such as billboards or bus shelters. The national vaccination helpline provided information to those who called. Those unable to access information leaflets online could use the helpline to request copies. Trusted senior voices were deployed to deliver information about vaccine safety in media appearances and at the First Minister's daily briefings. These included senior clinicians, such as the Chief Medical Officer (CMO), the Deputy Chief Medical Officer, and the National Clinical Director. Information was translated into over 20 community languages and also provided in hard copy and easy read formats.

Communication changed with knowledge of risk

20. The cornerstones of the Scottish Government's communication strategy were accuracy, honesty, and openness. Messaging was revised continuously when new information and data was received. This was always transparent. One example of this was when the increased risk of blood clots for some groups emerged with the vaccine produced by AstraZeneca, or the risks of myocarditis and pericarditis became known. As well as updating public information and

resources when the evidence and data evolved, the vaccine programme was also quick to react to new advice or evidence and offer people a more suitable vaccine type.

21. As well as ensuring public information was informed by the most up to date data and evidence, the division had a dedicated team lead whose role covered security and supply, who was responsible for managing anti-vaccination and misinformation and disinformation activity. There was a clear pathway for Health Boards to report all activity of this nature directly to the Scottish Government who would then feed that into Four Nation security meetings, where appropriate action would then be taken.

22. The ultimate measure of public confidence in the safety of the vaccine is vaccine uptake. By 30 June 2022, population-wide coverage of residents who had received at least one dose stood at 83% in Scotland. The comparative figures are 81% in Wales, 80% in England, and 75% in Northern Ireland.

Delivery of the vaccine

23. Scotland had a clear policy position on vaccination delivery, following a human rights-based approach, guided by the Joint Committee on Vaccination and Immunisation (JCVI). This was set out and agreed to by the Scottish Cabinet from the start of the programme.

24. Scotland was well prepared to vaccinate the population promptly due to the structure of the NHS in Scotland, the established distribution routes through NHS National Services Scotland (NSS), and a track record of openness to vaccination among the Scottish population. There was already a well-established flu vaccination programme being delivered by Health Boards and the necessary infrastructure was already in place. The Scottish Government developed a Flu Vaccine Covid-19 Vaccine (FVCV) programme to administer the Covid-19 vaccine alongside the flu vaccine. In February 2021, considering the significant emerging demands, a Vaccinations Directorate was established within the Scottish Government, strengthening and simplifying internal structures and leadership.

25. The Scottish Government was keen to ensure that its approach was aligned, if possible, across the Four Nations on the delivery timetable and cohort prioritisation. Where there were differences, it was important to communicate the rationale for that. This was necessary to maintain the trust of the population. The Scottish Government had a good working relationship with the UK Government and the Governments of the other devolved nations, at official and ministerial level on vaccine delivery. Officials and the Health Secretaries for the Four Nations met weekly throughout the pandemic. This allowed a broadly consistent approach to be adopted

to ensure that, where there were differences, there were clear and cogent reasons for them. This collaborative approach ensured that unnecessary divergence was kept to a minimum. The Four Nations worked together to ensure that the first dose of the vaccine was administered on the same day in each of the Four Nations on 8 December 2020. Where there were differences in approach, this was usually due to Scotland's different infrastructure and geography.

26. Scotland's vaccine delivery programme was Health Board-led. This model of vaccine delivery allowed Scotland to co-administer the Covid-19 vaccines alongside the winter flu vaccine from 2021, using mass vaccine clinics. Critically, the more limited use of GPs and community pharmacists to deliver the vaccine allowed those services to focus on supporting the wider pandemic response and delivering essential primary care services, rather than being tied up in vaccine delivery. Scotland was able to use the established distribution routes and channels, and the experience and expertise, of NSS. This significantly assisted our ability to distribute supplies efficiently to where needed. NSS operated a hub system with allocation of vaccines to Health Boards based on need, and then distributed across the country.

27. The Cabinet Secretary received daily data, broken down by Health Board, on how many people had been vaccinated and progress through cohorts. This allowed the Cabinet Secretary to be assured on the delivery of the vaccines and take steps to resolve issues in Health Boards as they arose, such as setting targets for delivery and assisting with recruitment of vaccinators. Guidance and flexibility were introduced to help avoid wastage of the vaccine which included 'bundling' cohorts together to deliver the vaccine in remote and rural communities. The percentage of vaccine wastage in Scotland was very low at just over 2%.

28. As roll-out of the vaccine evolved, the Scottish Government recognised that tailored approaches were required to support uptake among certain minority ethnic groups. Although more resource intensive than the universal delivery route, this was necessary to reach disproportionately at-risk groups and individuals who would not otherwise be vaccinated.

29. In Scotland, 76.73% of the population had received at least one dose of the vaccine by 30 September 2021 whilst 70.26% of the population had received two doses. By 30 June 2022, this had increased to 80% for one dose and 78% for two doses. Scotland consistently had a high percentage of vaccinated people when compared to the other nations of the UK.

Prioritisation decisions

30. Vaccination and immunisation policy in Scotland is based upon the advice of the JCVI in liaison with the CMO, as it is in each of the Four Nations. This position is long-standing, did not change during the pandemic and was reinforced within the Cabinet paper that was agreed at the start of the vaccine programme. JCVI advice is not legally binding in Scotland but was generally

followed except where deviation was necessary to meet the needs of the Scottish population. The JVCI advice was often high level and afforded flexibility in how the vaccines were to be delivered. A Policy Panel Group was established in March 2021 to consider the merits of vaccinating specific cohorts where the JCVI was unclear. This consisted of clinical, policy, operational, and legal experts. Advice from the group was considered by the Cabinet Secretary and a final decision taken.

31. Vaccinating island communities in line with the JCVI priorities would have meant frequent reliance on small quantities of vaccine, with staff and/or patients making multiple trips to remote destinations. From an early stage, rural Health Boards were able to request the flexibility to vaccinate across cohorts, sometimes out of priority order, where it would make operational sense. Scotland also adopted a slightly different approach to the vaccination of unpaid carers, prisoners and prison staff, and people with learning disabilities. The definition of an unpaid carer in Scotland was broader than the JCVI advice, with the vaccine being offered to all unpaid carers and young carers aged 16 and over. The Scottish Government also expanded JCVI priority group 6 to include people with mild or moderate learning/intellectual disabilities to ensure that, in the absence of a learning disability register in Scotland, no one was excluded.

32. Another difference was that the Scottish Government took the decision to vaccinate care home staff at the same time as care home residents. This led to higher uptake among care home workers in Scotland. Uptake was 97% among healthcare workers and 93% among social care workers.

Barriers to uptake

Equality and inclusion

33. The Scottish Government recognises that there were barriers to vaccine uptake for vulnerable and at-risk groups across the UK. It responded to challenges in vaccine uptake through inclusive delivery, tailored communications and working with partners through the Scottish Vaccine Inclusive Steering Group. There was lower uptake in the most deprived areas, and from those in certain ethnic minority communities. This was a challenge replicated across the UK. An inclusive framework was developed, there were Health Board inclusion plans with assertive outreach and clinics in suitable community locations, funding for micro-grants delivered through Black and Ethnic Minority Infrastructure in Scotland (BEMIS), the introduction of ethnicity data collection and the National Contact Centre as an alternative to digital. Scottish Ambulance Service mobile units were used and the Scottish Government commissioned research to provide insights into the barriers to vaccination.

34. The Scottish Government and PHS undertook extensive research to address disparity in vaccine coverage. The research identified that reasons for disparities are wide-ranging and varied between identified groups. Many of the groups with lower vaccine uptake also experience marginalisation in other areas of society, and therefore lower vaccine uptake can be seen in the context of low engagement with health and wider services generally. The research demonstrated that for certain ethnic minority groups, this is an issue of trust.

35. The Scottish Government used social research to better understand barriers to vaccination. This included interviewing those who had varying levels of trust in the vaccine programme to better understand what determines trust. The Scottish Government-commissioned Ipsos Mori project titled 'The Vaccination Programme: user journeys and experiences of Covid-19 and flu vaccination' gave insight into this. Feedback from this project and others such as the YouGov polling and the Vaccine Inclusive Steering Group highlighted high trust in medical professionals (such as the CNO and CMO). These medical professionals featured heavily in vaccine messaging.

Vaccination of unpaid carers

36. The Scottish Government recognises the important contribution made by unpaid carers during the pandemic. This led to an early decision to expand the more limited JCVI definition to align with that used in Scotland. This allowed us to respond to the different legislative landscape in Scotland, ensuring no unpaid carer was missed. Scotland therefore included those who received Carer's Allowance, Child Winter Heating Allowance or Young Carer's Allowance during 2020/21, as well as those coded as unpaid carers on GP Practice systems and those who self-registered through the online booking portal.

Vaccination of children in the community

37. In Scotland the FVCV programme took a decision to vaccinate children in the community rather than solely in schools so that any concerns that parents may have could be raised. This decision was undertaken to enable parents and guardians the opportunity to discuss any concerns they might have which they would not have been able to do had vaccines been delivered solely in schools.

Pregnant Women

38. The advice provided by the JCVI around vaccination of pregnant women changed during the pandemic. The delay in the JCVI recommendation was interpreted by some as an indication that there were specific risks attached to taking the vaccination when pregnant. Consequently,

there was lower vaccine uptake both amongst pregnant women and those of childbearing age. The perception of the effect the vaccine could have in disrupting menstrual cycles also likely contributed to this hesitancy. Some wrongly perceived that the vaccines reduced fertility, causing hesitancy in those trying to conceive. Following the JCVI recommendation that pregnant women should receive the vaccination, there were campaigns from the Scottish Government Marketing and Communications team, promoting vaccine uptake in pregnant women. This included engaging midwives to provide trusted advice and information and offering vaccination at maternity clinics.

Data

39. The FVCV Programme used coding that General Practitioners had undertaken for their patients to identify those with eligible conditions. It became clear as the programme rolled out, that this data was not as reliable as had been originally anticipated. This was due to issues such as inaccurate, incomplete or out of date diagnoses. Further sources of data were also utilised to help improve the reliability of this dataset, including hospital records, specialist databases and medication prescriptions. This made the scheduling of cohorts, including the severely immunocompromised, challenging for the National Vaccination Scheduling System (NVSS).

Vaccine hesitancy

40. The Scottish Government undertook extensive work to address public concerns and vaccine hesitancy, while recognising there was a very small minority who would likely refuse any offer of vaccination irrespective of how much work was undertaken to improve vaccine confidence. Engaging with communities through local organisations was critical to understanding and addressing high levels of mistrust. The Scottish Government recognised the importance of engaging with those representing communities experiencing barriers. Fora like the Vaccine Inclusive Steering Group were essential in seeking feedback on mistrust. The group had no decision-making role but was used to engage with stakeholders and seek advice and feedback on policy and delivery.

Covid Status Certification schemes – also known as Vaccine certification scheme

41. The domestic Covid Status Certification, also known as the 'Vaccine Certification' scheme was introduced to enable premises to be open but at reduced transmission risk by reducing (but not eliminating) the risk of infected people being present. When first launched in October 2021, it required proof of vaccination; proof that a person had completed a course of doses of an authorised vaccine, with the final dose having been received at least 2 weeks prior to

entering the event /premises. On 06 December 2021 the scheme was amended to accept a negative test result within the previous 24 hours as an alternative to proof of vaccination. There were various iterations until 28 February 2022, when the scheme was ended. The scheme only applied in a narrow range of settings, including live events above a certain crowd size and premises open after midnight with music, alcohol and dancing.

42. The international travel Covid Status Certification, again often referred to as 'Vaccine Certification', was introduced on 19 May 2021 when international travel was reopened in Scotland. Again, there were various iterations. Both schemes started as PDF certificates of proof of vaccination, available to download from NHS Inform, or a paper copy could be requested by contacting the National Contact Centre. This initially provided both a digital and non-digital route.

43. On 30 September 2021, the NHS Scotland Covid Status App launched in the first instance to supplement international travel. On 21 October 2021, the Covid Status app was expanded to supplement domestic certification, through a collaborative Five Nation approach, including the Republic of Ireland, ensuring alignment across nations.

44. The evidence papers showed that this scheme would help reduce the risk of transmission of the virus. The scheme was used as another tool in the Scottish Government's armoury to help reduce the harmful impact of the virus. It was important to bear in mind that the vaccine was voluntary, not mandatory.

Lessons identified

45. Scotland's vaccination response to the pandemic has led to ample learning and experience which may be drawn on in the case of another pandemic. The Scottish Government is entirely committed to learning all lessons which may be applicable to vaccination campaigns or pandemics in the future. The Technical Report on the Covid-19 pandemic published by the UK's four CMOs is informing the Scottish Government's future pandemic preparedness plans for the development, authorisation and delivery of vaccines and therapeutics. The Standing Committee on Pandemic Preparedness has been established as a permanent advisory group to the Scottish Government. This Committee brings together scientists and technical experts to advise the Scottish Government on the future risks from pandemics and to ensure that Scotland is as well-prepared as possible.

Vaccination as Condition of Deployment for Health and Social Care Workers

46. The Scottish Government carefully considered mandating vaccination for health and social care workers but ultimately decided that the Covid-19 vaccine should remain voluntary. Engagement with employers and trade unions/professional organisations in Scotland indicated strong opposition to the proposals of mandatory vaccination. There were possible ethical and human rights concerns arising. It was also important to note that the Covid-19 vaccines had not been fully licensed at the stage when this issue arose. The Scottish Government considered the fact that some staff would still refuse to be vaccinated, even if it was made mandatory. In all the circumstances the Scottish Government considered that it was not proportionate to mandate vaccination. It focussed instead on working with health and social care employers, providers, trade unions and professional organisations to encourage uptake of the Covid-19 vaccination. Concerted work was undertaken at a national and local level to engage with stakeholders and put in place suitable delivery approaches and tailored communications for this group.

Workforce

47. One significant lesson learned from the pandemic in relation to vaccines was around the availability and flexibility of a workforce to administer these vaccines. The UK-wide Regulations were amended in 2020, and this allowed the Scottish Government to adopt a protocol for expanding the vaccine workforce to meet the scale of the roll out, and demand on health boards. The Scottish Government developed a protocol enabling opticians, dentists, and other health care professionals to administer the vaccine. Crucially, the amended Regulations also allowed non-registered healthcare support workers to safely administer the Covid-19 vaccine under supervision. NHS Education Scotland were commissioned to create an education and training framework alongside training materials at short notice to support the rapid expansion of the workforce while ensuring safe practice. This meant that many of the registered healthcare professionals did not need to be diverted from frontline care, which was still seeing significant pressure. Military support was provided to the Scottish Government in the development of the vaccination programme, and to Health Boards, to alleviate significant pressures in acute settings and in the Scottish Ambulance Service.

48. The Scottish Government recognises that there are challenges in recruiting and deploying health and social care staff quickly and that a safe and sustainable vaccination workforce model is required. Most boards still use the protocols for staffing their winter vaccination programmes, and all boards have dedicated vaccination teams, which deliver the varied vaccination programmes. The Scottish Government advocates expanding and continuing some of the workforce models for unregistered staff working on vaccine programmes. The ability to expand the use of non-registered healthcare support workers to administer vaccines may be helpful in any future pandemic, as well as meeting the demand of a changing vaccine landscape.

Inclusion of the Scottish Government in planning for Vaccine Preparedness for Future Pandemics

49. The Scottish Government is working closely with the UK Government as the outline of the Moderna Strategic Partnership develops. As this is a UK-wide Partnership, the Scottish Government has emphasised the need for the Devolved Administrations to be included in all discussions and is represented on various boards across the programme. It has raised the need to consider the operationalising of any vaccine developed and deployed in Scotland, as the Scottish delivery model and deployment is substantially different to that in England.

50. The Scottish Government's vaccine policy teams are larger than they were pre-pandemic, with distinct responsibilities and senior leadership for particular programmes, strong links to Four Nations colleagues and improved digital systems as a result of those put in place during the pandemic. Lessons learned from during the pandemic are under continuous consideration in work moving forward. The strong connections which officials and ministers have with Four Nations colleagues, as well as the Moderna Strategic Partnership, puts Scotland in a strong position for any future vaccine development and procurement. This should ensure that Scottish interests are given appropriate priority in the event of a future pandemic, in terms of requests for a population level share of any vaccine.

Governance

51. In January 2024, national operational oversight for vaccines was transferred to Public Health Scotland with the establishment of the Scottish Vaccination and Immunisation Programme (SVIP). This will help ensure that national roles and responsibilities are clear, and that our vaccination programmes are public health-led. SVIP is underpinned by a clear governance structures to ensure effective decision-making and communication across all partners, including across the Four Nations.

Digital improvements

52. A range of digital improvements were made during the pandemic, such as the introduction of a new national vaccination scheduling system (NVSS), with its own public-facing online booking system, which allowed the programme to bulk schedule eligible groups, and citizens to book and reschedule appointments. The Scottish Government also introduced the Vaccine Management Tool (VMT) which is used to record vaccine administered and the National Clinical Data Store (NCDS) to store data collected through VMT. These improved ease and accessibility to vaccines and associated data. These products remain in use in Scotland and have already been expanded. NVSS and the online booking portal are now used for both Covid and flu, and

the VMT and NCDS can now record and store a wide range of other routine immunisations. The NVSS supported "call and recall" for vaccinations and enabled appointment creation, lettering and prompting. In England, public communications were used as a call to action to encourage people to book their own appointment. Ethnicity data was gathered in Scotland by including a question on ethnicity within the VMT. The VMT was developed to record directly when patients received a vaccination, providing almost real time data on uptake. Statistics were routinely published by PHS and allowed both the public and decision makers to understand differences in vaccine uptake by population demographics. The NHS Vaccine Registry supported rapid identification and contact of volunteers for Covid-19 vaccine trials across the UK. This experience has helped to demonstrate the utility of volunteer registries to support the deliver of research studies.

Changing advice on Vaccine Risk

53. The Scottish Government responded to new evidence and advice regarding risks as quickly as possible, going to great lengths to ensure the programme was responsive to change. The Scottish Government were open and honest with the public about risks as soon as they emerged. In March 2021, EU countries started to suspend the use of the AstraZeneca vaccine following reports of thromboembolic (blood clotting) cases in vaccine recipients. There was a change to JCVI guidance to avoid using the AstraZeneca vaccine in those aged under 30 years of age. In May 2021, there was further JCVI advice on the use of the AstraZeneca vaccine in those under 40 years of age. Once a clear safety signal was identified, the AstraZeneca vaccine was not routinely used as a booster vaccine and the JCVI recommended MRNA vaccines, alongside an appropriate alternative vaccine for those who could not have an MRNA vaccine. The Scottish Government followed the changes to the guidance recommended by the JCVI.

Therapeutics

54. Therapeutics were coordinated at a UK level with the UK Government leading the purchase of several treatment options. Any decisions on establishing the effectiveness of existing medicines for treating Covid-19 were also undertaken by the MHRA on behalf of the UK, again based on the outputs from UK-wide clinical trials. Whilst the Scottish Government and the NHS in Scotland could independently procure and prescribe licensed medicines, throughout the pandemic, a UK-wide approach to the procurement of therapeutics was vital to allow the UK to have the buying power to secure significant numbers of therapeutics in a competitive global market.

55. The Scottish Government's Chief Scientific Officer invested, through NHS Research Scotland, in research infrastructure in health boards in order that the NHS in Scotland could host and participate in clinical research studies and trials. This infrastructure was used during the pandemic to support Covid-19 trials of new therapeutics.

Conclusion

56. We hope that the Inquiry will find this Opening Statement a useful insight into the vaccination programme in Scotland as well as providing some detail as to how the Scottish Government handled specific aspects of that programme.

57. As indicated, the Scottish Government delivered a population wide vaccination programme, at a pace and scale never achieved before in living memory. This was within a context of evolving clinical advice and evidence and sought to engage and communicate with the public and those charged with delivering the vaccine in an open and transparent manner to ensure as high uptake as possible. Notwithstanding that, there are opportunities for improvement that should be taken in preparation for future pandemics. The Scottish Government repeats its commitment to the Inquiry, and to learning of ways in which lives can be saved and injury avoided with the use of vaccines and therapeutics in the next pandemic.

Data – Lessons Identified

58. The EAVE II platform is a national public health surveillance platform that was established at the request of the Scottish Government to help inform the public health response to the pandemic. It brought together a range of national whole-population healthcare datasets for the first time into Public Health Scotland. EAVE II was used to track the Covid-19 pandemic in near real-time, as well as the effectiveness of the Covid-19 vaccines, across Scotland. This was done using a dataset of the 5.4 million people registered with a GP practice in Scotland. This represented around 98% of the Scottish population. EAVE II resulted in impactful findings that were central to both the Scottish and UK governments' responses to the Covid-19 pandemic.

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