

## UK COVID-19 INQUIRY

### Module 4 Opening Statement

1. This is an opening statement, made on behalf of Northern Ireland's Department of Health, referred to as 'the Department'.
2. The purpose of this opening statement is to outline the evidence that has, and will be given, in respect of the implementation of the Covid-19 vaccination programme and the evidence relating to the treatment of Covid-19 through both existing and new medication in Northern Ireland.
3. At the outset of Module 4, the Department would like to emphasise that its overriding priority during the pandemic was always to protect the population of Northern Ireland, to minimise the loss of life, and to support efforts to contain the spread of the virus. The loss of life – and the individuals and families affected - must remain at the forefront of everyone's thoughts throughout this Inquiry.
4. The Department would like to offer its sincere condolences to all those who were bereaved as a result of Covid-19 and extends its sympathy to the wider public who suffered as a result of the effects of the pandemic, both in terms of the virus but also of the impact of the measures introduced to combat the virus. The Department recognises that the grief caused by Covid-19 is ongoing and its effects are still being felt by individuals as well as the wider Health and Social Care system.

5. The Department wishes to thank those who responded to the pandemic; those who worked in hospitals, care homes and the community; members of the charity and volunteering sector; staff in the Department, and throughout the Northern Ireland Civil Service.
6. In addition, we want to acknowledge the efforts made by the public who observed the laws and guidance that the government introduced to suppress the virus, which we believe were crucial in saving lives and bought vital time for vaccines and treatments to be developed. Were it not for the unselfish efforts made by the people of NI and across these islands to protect others more vulnerable, the consequences would have been much worse.
7. We wish to acknowledge the efforts of those who volunteered for and participated in clinical trials of drugs and vaccines, from which so many others in NI and across the rest of the UK benefited. Ultimately, effective treatment and the Covid-19 vaccination programme provided our path out of the pandemic, towards the normality with which we had previously been familiar.
8. It is undoubtedly the case that the link between infection and severe outcomes was progressively weakened by, the identification and development of effective drug treatments and vaccines, along with natural immunity from previous infection. These factors created the circumstances in which Northern Ireland could move away from the need for Non-Pharmaceutical Interventions, and more restrictive measures, and so limit their damaging impact on the health and wellbeing of the population and wider society.

9. The Department is grateful to the expert scientific advisory committee, the Joint Committee on Vaccination and Immunisation (JCVI). The JCVI advised the four UK Health Departments throughout the pandemic on all vaccination related issues, including eligibility and prioritisation.
10. While the Covid-19 vaccines have been effective in helping to protect us all, especially those considered most at risk from the impact of the virus, we acknowledge that unfortunately, in some rare cases, individuals may have been injured as a result of vaccination. As with all medicines, vaccine side effects need to be continuously balanced against the benefits in preventing illness. To this end, we fully support, and appreciate the work of the Medicines & Healthcare Products Regulatory Agency who continue to closely monitor and review the effectiveness and impact of the Covid-19 vaccines. This work is necessary to ensure the benefits of the vaccines continue to outweigh any possible side effects.
11. The Department wishes to again express its gratitude for the bravery, commitment and professionalism of health and social care workers across Northern Ireland. The Department has an extraordinary appreciation and respect for healthcare workers, who, during the pandemic, selflessly put their lives on the line to protect the wider community. These healthcare workers unflinchingly acted to the benefit of us all, in times of uncertainty and danger, and for that we thank them sincerely.
12. Despite the Northern Ireland Health and Social Care system already being under severe pressure before the pandemic began, the

collaboration of all those involved ensured the successful implementation of the vaccination programme.

13. The collaborative and collective effort required was supported by dedicated clinicians, public health professionals, scientists and academics. It was through the tireless endeavour of those professionals, whose work in the trial, development and roll out of effective drug treatment and vaccines, undoubtedly saved many lives.
14. Much innovation and many challenges were addressed in both the roll out of the Covid-19 vaccine and new Covid-19 treatment programmes through the collective commitment and collaborative approach taken by: primary care general practice teams, community pharmacies, the Health and Social Care Trusts in NI, the Public Health Agency, the Health and Social Care Board, (now known as the Strategic Planning and Performance Group), patient representative groups and professional bodies and organisations.
15. The Department developed highly productive and effective relationships with a wide range of stakeholders, including: trade unions, care home providers, schools, local government sports bodies, businesses, education, the community and voluntary sector, local government and many other organisations. It is important also to emphasise the significant collaboration and coordination across the UK in the roll out of the programme at all levels, which included the collective efforts of the four Senior Responsible Officers and their teams.

16. This approach of 'joint working' facilitated a solution-based approach to the many inherent challenges that arose. Joint working permitted the Department to offer access to routine health and social care treatment and support services, and other public services, while rolling out an entirely new vaccination programme. This was possible, notwithstanding the challenges inherent in the new protocols and procedures and significant logistical challenges which were occasioned by the vaccination programme.
17. Those same challenges arose when new Covid-19 drug treatments were identified in clinical trials. The Department reacted to the imperative to rapidly translate the findings of those trials into clinical guidelines, protocols and access pathways for those most likely to benefit. The Department also reacted quickly, to adapt and change these guidelines, as new data and information became available.
18. The Department's reflection in all of this, is that there were no easy or straightforward answers or solutions to many of the challenges faced, however the collective endeavour of all ensured that research, innovation and operational logistics and delivery came together in what was an unprecedented national effort.
19. The Covid-19 vaccination programme was the largest and most challenging vaccination programme in the history of the Northern Ireland health service. The first Covid-19 vaccine was administered in Northern Ireland on 8 December 2020, and within one year almost 3 million doses had been administered. That figure has now risen to over 5 million doses, as we continue to follow the advice of

the JCVI and offer the vaccine to those currently considered by it to be most at risk.

20. The vaccination delivery model in Northern Ireland was designed to be flexible. GPs administered the majority of vaccines, with community pharmacy teams and HSC Trusts playing extremely important roles in making the vaccine readily available across NI.
21. Mass vaccination centres came into operation at unprecedented speed and Health and Social Care staff adapted quickly to change and reorganised at pace to deliver the programme. This programme saw leisure and other facilities converted to mass vaccination centres, which administered more than 1.5m doses between them. Together with GP and community pharmacy teams, the centres helped protect and save the lives of many people in Northern Ireland.
22. Deployment of novel vaccines was complicated by the unique challenges posed by the physical characteristics of the vaccine products, including storage at ultra-low temperatures and restrictions on transport and handling. In the early days of the programme, the Department worked collaboratively with the medicines regulator, Medicines and Healthcare Products Regulatory Agency (MHRA) to ensure practicable solutions were devised to enable the programme to be rolled out, while complying with medicine regulatory requirements, and the relevant Summary of Product Characteristics as approved by relevant medicine regulatory bodies.

23. Additionally, the Department ensured the programme continued uninterrupted by working closely with the Vaccine Task Force, the UK Health and Security Agency, and the MHRA, to identify and address any potential issues arising from regulatory divergence between NI and GB due to the introduction of the Northern Ireland Protocol on 1<sup>st</sup> January 2021 that could potentially have impacted on the vaccine rollout.
24. The Department has discussed how Northern Ireland was unique among the UK countries, in that it is the only part of the UK with a land border with an EU country – Ireland. As a result, there were several issues that Northern Ireland had to address, that the other UK nations did not. The vaccination programme in NI was launched several weeks before a similar vaccination programme began in Ireland, whose initial roll out was slower due to vaccine availability constraints.
25. With regards to new therapeutics and the repurposing of existing medications, much detail has been provided on the role played in the Department in these developments. This includes the Department's role in the deployment of Covid-19 therapeutics to vulnerable groups, including those deemed clinically extremely vulnerable. The Department has fully supported the role of the MHRA in post-approval monitoring and surveillance of Covid-19 therapeutics, including for side effects and changes in effectiveness due to the evolution of new variants, and has encouraged professionals and the public to report any suspected adverse effects to MHRA via the Yellow Card scheme.

## Conclusion

26. This opening statement can only allude to the level of detail that has been provided in preparation for this hearing in the form of numerous documents and witness statements lodged with the Inquiry by several key professionals.

27. The evidence submitted by the Department illustrates the work involved to implement the Covid vaccination programme in Northern Ireland. The factors that were addressed as part of the implementation of the programme included: the roll out procedures, dosage intervals, prioritisation and eligibility decisions, public messaging, barriers to vaccine uptake including vaccine hesitancy, disinformation and misinformation, and the efforts made to make the vaccine widely available, as well as producing vaccine information in a range of languages.

28. The Department recognises that the Inquiry is uniquely placed to identify learnings and recommendations that should help shape future responses. It is for these reasons that the Department places the utmost importance on this Inquiry. As such, the Department reiterates its firm commitment to this Inquiry and stands ready to assist in any way it can.

29. The Department welcomes the opportunity to provide this opening statement. It is hoped that this overview, that summarises the stakeholders who were involved in relation to the rollout of the vaccination programme and therapeutics in Northern Ireland, and our unique position with a land border with another EU nation, has been useful in setting the scene.



30. Given the potential for another pandemic, it is essential that lessons are identified and fully learned across health and social care and all parts of Government in Northern Ireland, and the UK.