

UK COVID-19 INQUIRY

MODULE 4 HEARINGS

OPENING STATEMENT

on behalf of

PUBLIC HEALTH SCOTLAND

**Introduction**

1. Public Health Scotland (“PHS”) welcomes this UK Inquiry which has been established to ascertain the UK’s preparedness for and response to the Covid-19 pandemic, the impact of the pandemic across the four nations of the UK and the lessons to be learned.
2. PHS is a core participant in a number of Modules in this Inquiry, including Module 4.
3. PHS is conscious that, although the Inquiry team is aware of the organisation PHS, the wider public may not know what PHS is or does or why it is a core participant in this Module. This opening statement, therefore, contains a brief introduction first to the NHS in Scotland, and then to PHS, explaining its roles and its interest in this Module of the Inquiry.

**The NHS in Scotland**

4. The NHS in Scotland is and has always been separate to the NHS elsewhere in the UK since its establishment by virtue of the National Health Service (Scotland) Act 1947. Prior to legislative and executive devolution in 1999, the Secretary of State for Scotland had responsibility for health in Scotland.
5. Since devolution, health and social care policy and funding, including public health policy, has been devolved to the Scottish Parliament. The Scottish Government oversees the activities of the NHS in Scotland. It sets national outcomes and priorities for health and social care, approves plans with the

territorial and national NHS Boards and manages the performance of the NHS Boards.

6. NHS Scotland consists of 14 territorial NHS Boards, which are each responsible for the protection and improvement of health and the delivery of frontline healthcare services to the population within the particular Board's geographical area.
7. There are also seven national NHS Boards: Golden Jubilee National Hospital; Healthcare Improvement Scotland; National Education Scotland ("NES"); NHS24; Scottish Ambulance Service; The State Hospital; and PHS. PHS is distinct in that it is jointly accountable to both the Scottish Government and the Convention of Scottish Local Authorities ("COSLA"). In addition, there is NHS National Services Scotland ("NHS NSS") which is a non-departmental public body.

### **Creation of PHS**

8. It is important to note that PHS is a relatively young organisation. It came into existence legally in December 2019, becoming operational on 1 April 2020, at around the start of the Covid-19 pandemic and at the time of the first UK-wide lockdown.
9. Prior to that, responsibility for protecting the Scottish public from infectious diseases and environmental hazards fell to a different organisation, namely Healthcare Protection Scotland ("HPS") which was a part of NHS NSS. Elements of HPS moved to PHS on 1 April 2020. However, one element of HPS, namely Antimicrobial Resistance and Healthcare Associated Infection Scotland ("ARHAI Scotland"), remained, and still remains, a part of NHS NSS.
10. When PHS was created, many of the staff and functions of HPS were transferred over to PHS. As a result of the pandemic, at the time of PHS's launch, there required to be a rapid rethinking of a number of plans in relation to the organisation which had been put in place over a number of years

previously. It is fair to say that the organisation faced a number of coalescing and difficult challenges at that time.

### **The role of PHS**

11. PHS is Scotland's national public health body. It is the lead national organisation in Scotland for improving and protecting the health and wellbeing of Scotland's population. It was created after a Public Health Reform Programme in Scotland which was designed, amongst other things, to strengthen national leadership in public health. The rationale for its creation was to establish a unified public health organisation with a focus on improving and protecting the health and wellbeing of Scotland's population, and, no less importantly, reducing societal health inequalities.
12. It seeks to identify and understand what has been scientifically shown to improve and protect health and reduce inequality nationally. It then shares that knowledge with relevant persons and organisations. In carrying out its role it collaborates extensively with the public, private and third sectors. The organisation draws upon a range of expertise within its staff to deliver these objectives: including healthcare consultants, data professionals and healthcare scientists.
13. PHS, however, is not involved in many of the practical aspects of maintaining public health at a community or local level. Many of the steps to support the control of the pandemic at a local level were performed by public health teams within Scotland's 14 territorial health boards. Neither is PHS involved in regulation or inspection activities (and as such, was not responsible for inspecting care homes during the pandemic) nor is it responsible for infection and prevention control guidance in health and social care settings, which is primarily a matter for ARHAI Scotland.
14. Owing to devolution, PHS operates in a different context to its counterparts in the other UK nations. PHS is committed to helping the Inquiry navigate the complexities that this will inevitably create for a UK-wide investigation.

15. In terms of its relationships with others, as already mentioned, PHS is accountable to both the Scottish Government and local government, reflecting the fact that public health in Scotland is viewed as a shared endeavour, of local and national government. Indeed, PHS is uniquely sponsored by the Scottish Government and COSLA on behalf of local government. On a day-to-day level, PHS collaborates across public and third sectors.
16. In the early days of the pandemic the organisation faced a number of 'bedding in' issues, including challenges around staff, information systems, governance and creating a new cohesive organisational culture from the three legacy bodies. Moreover, PHS's opening budget and staffing levels were not sufficient for PHS to deliver the health protection response required by the pandemic. Additional funding was helpfully provided by Scottish Government, but for a period, there was a shortage of personnel within PHS trained and experienced in pandemic response. Although PHS considers that, at an organisational level, it nevertheless responded well during that period, this was not without a cost. It recognises and acknowledges that this would not have been possible without the enormous dedication of its staff and their willingness to work long hours over sustained periods. That, combined with stressful working conditions, without a doubt adversely impacted on staff health and wellbeing, as indeed was the case throughout many parts of the NHS, local government and beyond.
17. Despite the pressure of being very much on the frontline of the nation's response to dealing with the Covid-19 pandemic, in September 2020 PHS published a three-year strategic plan setting out its goals for Scotland, focussing on four cross-cutting areas: Covid-19; community and place; poverty and children; and mental wellbeing.
18. The original strategy was strengthened in November 2022 with the publication of a new three-year plan. This plan built on the 2020 strategic plan and set out PHS's purpose as Scotland's national public health body to lead and support work across Scotland to prevent disease, prolong healthy life and promote health and wellbeing.

## **Specific role during the Covid-19 pandemic**

19. During the Covid-19 pandemic, PHS had a major role leading, and contributing to, Scotland's response across a range of areas. Its scientific knowledge and expertise were relied on by the Scottish Government and the organisation was widely viewed as a key source of data, information and advice. In particular, PHS worked with, or supported, the Scottish Government in relation to the following:

- (i) PHS supported the Scottish Government's modelling of future projections of the pandemic through the provision of data and intelligence on case numbers, demand for acute beds and workforce absence;
- (ii) PHS advised the Scottish Government on the development of its national testing strategy as part of the wider national Covid-19 response and led the development of a whole genome sequencing service for Scotland;
- (iii) PHS advised the Scottish Government on the development and roll out of its Test and Protect programme and played a major role in the delivery of the national contact tracing service; and
- (iv) PHS shaped the digital infrastructure that supported the response. This included the creation of the PHS dashboard and publication of weekly and other statistical reports.

## **Interest in Module 4**

20. In this Module 4, the Inquiry will focus on the development of the Covid-19 vaccines and the implementation of the vaccine rollout programme across the UK. At the same time, it will consider issues relating to the treatment of Covid-19 through both existing and new medications. Particular themes for scrutiny include the unequal uptake in the vaccine, public concern relating to vaccine

safety and the current system for financial redress under the UK Vaccine Damage Payment Scheme.

21. PHS has submitted a detailed corporate statement in response to a rule 9 request in relation to the matters to be considered by the Inquiry in this Module 4. PHS is particularly interested the following matters:

- (i) Vaccine safety;
- (ii) Vaccine confidence, informed consent and equity;
- (iii) Surveillance, epidemiology, modelling, intelligence, vaccine effectiveness and outcome (“SEMIVEO”); and
- (iv) Therapeutics.

#### *Vaccine safety*

22. The safety of vaccines and the effective clinical governance of the vaccine programme was a priority for PHS.

23. PHS led on vaccine safety and provided clinical advice and support to immunisation co-ordinators, established a monitoring system to capture and analyse adverse programmatic and clinical events, and also undertook analyses of vaccine safety data.

24. In November 2020, PHS proposed to the national Flu Vaccine and COVID-19 Vaccine (“FVCV”) Delivery Programme Board (convened by the Scottish Government and of which PHS was a member) the establishment of a clinical governance group, with the overall aim of ensuring that the vaccine programme was clinically safe and effective. This was endorsed by the Programme Board, with terms of reference for the group being agreed on 7 December 2020.

25. PHS responded to a number of vaccine safety incidents during the course of the pandemic on an urgent basis, including those related to anaphylaxis (a sudden life-threatening allergic reaction), sudden deaths, blood clots and myocarditis (an inflammatory condition of the heart).
26. When adverse events were being reported through alert systems or media reporting, PHS, as the national public health body supporting health professionals, issued health protection alerts, advice and case management tools to professionals and the Scottish Health Boards.

*Vaccine confidence, informed consent and equity*

27. PHS directly supported professionals and indirectly supported members of the public.
28. It was well understood from previous infectious disease events and pandemics that barriers exist to people coming forward for vaccination. This can have the most adverse impact on underserved communities who may not have equal access to information about vaccines or how and when they can be vaccinated.
29. In advance of the Covid-19 vaccine rollout in December 2020, PHS conducted a health inequality impact assessment (“HIIA”) in September 2020 to identify those barriers and formulate possible solutions. This exercise involved wide engagement and collaboration with different stakeholders from community, charity and third sector organisations. The HIIA made recommendations for NHS Boards to implement in terms of marketing, invitation and communication strategies as well as considerations around delivery. It was rolled out and used as a model for local Health Boards to develop their own equality impact assessments based on local profiles to ensure inclusive and equitable delivery of both flu and covid vaccine programmes.
30. PHS then built upon this work by launching a national online HIIA for stakeholder and partner organisations in July 2021. The findings were presented in a national forum attended by a wide range of stakeholders in

August 2021, resulting in a report which discussed the potential differential impacts of both flu and covid vaccination on different population groups and protected characteristics. Recommendations were made for an inclusive vaccination service.

31. PHS engaged with a range of communities, for example working with:

- (i) the British Islamic Medical Association, the Muslim Council for Scotland and the Scottish Government to run a webinar for faith leaders, healthcare professionals and members of the Muslim community and delivered key messages, including confirmation that the Covid-19 vaccine does not invalidate fasting;
- (ii) Fenkis (a charitable organisation supporting the integration and wellbeing of the Central Eastern European Community in Edinburgh) by supporting their campaign to ensure vaccination messages reached the Polish community;
- (iii) the Royal National Institute of Blind People to improve accessibility of service for people with impaired vision; and
- (iv) the Scottish Refugee Council, co-producing a statement of facts about Covid-19 vaccination, tailoring it for their communities by addressing reasons for hesitancy.

32. A suite of marketing materials was developed by PHS to support informed consent for all eligible population groups in different languages. For example, PHS developed Covid-19 vaccine explainer videos for the purpose of sharing information on key concerns in an engaging way and in different languages to a range of communities. Subtitled videos showed a walk-through of what to expect at a Covid-19 vaccination appointment.

33. Letters were sent to patients containing information about the benefits of vaccination as well as potential side effects and contraindications. Leaflets



explained what should be expected when attending vaccination appointments. Further patient leaflets were provided at the appointments which explained what to expect after being vaccinated and how to report any potential side effects. Targeted information was also produced by PHS for specific groups such as pregnant women and people with certain health conditions.

34. PHS also gave advice to NHS health professionals, working in partnership with the Scottish Government, NES, and the Royal College of Obstetricians and Gynaecologists. PHS developed a dedicated Covid-19 vaccine information and resources webpage to help support its partners in the NHS, local government and the third sector, allowing them to be fully informed with accurate and up-to-date information about the Covid-19 vaccination programme, allowing them to support their communities. PHS also facilitated online inclusion sharing sessions on reducing inequalities for those involved in planning and delivering vaccination programmes within local NHS Boards. Between December 2021 and February 2023, monthly updates were sent to over 140 voluntary and third sector organisations, setting out changes to the vaccination programme and available resources.

#### *SEMIVEO*

35. PHS's work undertaken during the pandemic outlined above was informed and enhanced by its modelling and surveillance work, which aimed to reduce inequalities.

36. Prior to the rollout of the vaccine in December 2020, PHS worked with its partners in the Scottish Government and the Scottish Health Boards to assess the capabilities within the national data systems to capture vaccine uptake inequalities. What became apparent from this analysis was that alternative data sources and workarounds would be required to enhance the provision of information on, for example, vaccine delivery, vaccine update by different cohorts and adverse events.

37. PHS led on national data intelligence which was used by the Scottish Government and the Scottish Health Boards in terms of policy formulation and operational delivery during the vaccine programme. The range of data published was wide, including vaccine uptake by eligible cohort, inequalities in vaccine uptake and Covid-19 cases as well as hospitalisations and deaths by vaccine status.
38. At different points in the pandemic, PHS's evaluation team collaborated with the Scottish Government, Scottish Health Boards and other organisations in evaluating the effectiveness and efficiency of the vaccine programme, identifying evidence gaps based on vaccine uptake statistics for particular eligible cohorts or population groups. This was key to PHS's work across the public health landscape. PHS was able to provide advice on research methods, sampling frameworks and the development of robust methodologies to support the collation of best evidence which could then be used to inform evidence-based policy and practice.
39. Wider work looking at the delivery aspects of the vaccination programme resulted in a synthesis report which set out what worked well and what worked less well in terms of different approaches to communication and messaging, data and digital booking systems, the role of support staff and the types of venue used. All of these factors fed into the ongoing development of the national programme for vaccinations.

### *Therapeutics*

40. PHS developed recommendations to prioritise capacity of the upscaled Covid-19 pathogen genomic services for Scotland. This required the sequencing and analysis of all available positive PCR samples in Scotland, an improved end-to-end dataflow from testing to final analysis of results with a rapid turnaround, as well as the ability to flexibly prioritise the capacity for analysis to respond to urgent requests such as outbreak investigations and for therapeutics access.

41. PHS also worked with partners to develop a plan for monitoring and responding to new variants and mutations. The surveillance also provided intelligence about those undergoing therapeutic treatments and the immunocompromised population to detect emergent drug resistance and immune escape mutations.

*Lessons learned*

42. PHS has set out in its corporate statement for this Module a range of lessons learned from its experience of the pandemic. For example, in November 2021, PHS produced a paper for the Scottish Government setting out recommendations for the Scottish Vaccination and Immunisation Programme, which included the following recommendations, now being taken forward:

- (i) Local and national public health teams should have responsibility for the design and delivery of vaccination programmes, as well as the translation of the Joint Committee on Vaccination and Immunisation advice into policy and safe delivery;
- (ii) To ensure appropriate national decision-making is applied to all vaccinations programmes, a clinical governance national function should be applied to all vaccination programmes in Scotland, led by PHS with local reporting in place;
- (iii) PHS should lead the development in collaboration with NHS Inform, local Health Boards and the Scottish Government to support informed consent on vaccinations, address barriers to inequality and drive up vaccine uptake. To that end, there should be excellent public facing information to support informed consent; and
- (iv) The establishment of a national IT infrastructure which could hold safe, robust and legal collection of data. PHS currently leads the new Scottish Vaccination and Immunisation Programme (“SVIP”) and has worked closely with the Scottish Government and the local Health Boards in

planning the new service and learning from the rollout of the FVCV programme.

43. Lessons were also learned in relation to: work undertaken regarding the HIA on the need for an inclusive vaccination service; the FVCV Programme Evaluation; and the transition from the Early Pandemic Evaluation and Enhanced Surveillance of COVID-19 (“EAVE”) platform to the EAVE-II platform.

## **Conclusion**

44. PHS again offers its condolences to all those bereaved as a result of Covid-19 and its sympathy to the wider public who suffered and still suffer as a result of the far-ranging effects of the pandemic and covid.

45. PHS’s publicly stated values include respect, collaboration, innovation, excellence and integrity. As a public body, PHS understands the responsibility it owes to the Inquiry and to the people of Scotland and it will continue to support the Inquiry’s work in any way it can. PHS believes it has much to contribute and share by way of experience and expertise, but equally important from PHS’s perspective, it is keen and committed to learn from the Inquiry.

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