

Witness Name: Matt Hancock

Statement No.: 8

Exhibits:

Dated: 28<sup>th</sup> January

## UK COVID-19 INQUIRY

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### EIGHTH WITNESS STATEMENT OF MATT HANCOCK

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I, Matt Hancock, will say as follows: -

#### Introduction

1. I have been asked to provide the evidence I was referring to when I said during my M3 oral evidence on 22 November 2024, in response to the Rule 10 question from Jamie Burton KC on behalf of the Disability Charities Consortium, that the evidence shows that disabled people are clinically more likely to die from COVID-19 than non-disabled people. This was my recollection of evidence that I had previously seen. I have since reviewed some of the available evidence on this issue to check and refresh my recollection, and I refer the Inquiry to the following studies which support my evidence on this issue. I recall being aware of the first two pieces of evidence at the time. For example, I relied heavily on Ben Goldacre's work throughout the pandemic, and spoke to him from time to time:

- a. A study titled "*Risks of covid-19 hospital admission and death for people with learning disability: population based cohort study using the OpenSAFELY platform*" by Ben Goldacre et al dated 9 June 2021 (<https://www.bmj.com/content/374/bmj.n1592>), which I referred to at paragraph 173 of my fifth statement to the Inquiry (INQ000421858). The key point I took from this work was that, after taking account of potentially influential factors, such as age, sex, ethnicity, and geographical location, adults on the learning disability register had a 5-fold higher risk of COVID-19 related hospital admission and an 8-fold higher risk of COVID-19 related death than adults not on the register (for that conclusion see also: <https://www.phc.ox.ac.uk/news/people-with-learning-disabilities-201cextremely-vulnerable201d-to-the-effects-of-covid-19-finds-study>). The "*Technical report for future UK Chief Medical Officers, Government Chief*

Scientific Advisers, National Medical Directors and public health leaders in a pandemic” referred to this study in its Disparities chapter at p.92 where it stated [INQ000177534]:

*“Another group at particularly high risk for severe disease and premature mortality were those with a disability. In the first wave, 6 out of 10 deaths in England were among people who reported having a disability. Research based on the learning disability register found a persistent, marked increased risk in Covid-19 hospitalisation and mortality for people with a learning disability...”*

- b. A study in the Lancet titled ‘Triple jeopardy: disabled people and the Covid-19 pandemic’ by Tom Shakespeare et al dated 10 April 2021, which found that people with disabilities had increased risk of poor outcomes from the disease itself ([www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900625-5](http://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900625-5)). It observed that people with disabilities were more likely to be older, poorer and experience comorbidities, and that older age, deprivation and comorbidities were associated with increased risk of severe outcomes from COVID-19.
- c. Since the pandemic, these results have been confirmed, for example in a study published in Vol.29 of “Emerging infectious diseases” titled “Risk for Severe COVID-19 Outcomes among persons with Intellectual Disabilities, the Netherlands” by Monique C.J. Koks-Leensen et al dated January 2023 ([https://wwwnc.cdc.gov/eid/article/29/1/22-1346\\_article](https://wwwnc.cdc.gov/eid/article/29/1/22-1346_article)). That study found:

*“The global COVID-19 pandemic has had a disproportionate effect on persons in long-term care, particularly persons with intellectual disabilities. Persons with intellectual disabilities experience many limitations in adaptive behavior and intellectual functioning that occur before adulthood. Consequently, their ability to understand and adhere to restrictive measures is impaired. Social distancing is challenging for persons with intellectual disabilities living in group homes or during close contact when receiving care. In addition, genetic syndromes that cause intellectual disabilities, such as Down syndrome, might contribute to the susceptibility to and severity of COVID-19. Persons with intellectual disabilities often have concurrent conditions, such as diabetes, cardiovascular problems, and being overweight (body mass index [BMI]  $\geq 25$  kg/m<sup>2</sup>); they also are at increased risk for death from respiratory problems. Furthermore, COVID-19*

*pandemic risks can exacerbate health disparities among persons with intellectual disabilities.*

2. Throughout the pandemic the Government considered the impact of their decisions upon disabled people and other groups with existing health inequalities. Significant work was done in this space, and many decisions were made, and indeed whole programmes like the Shieling programme put in place precisely with their protection in mind.

### **Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

PD

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_28<sup>th</sup> January 2025