UK Covid-19 Inquiry: Module 4

Written closing statement of the British Medical Association

Introduction – The Success of the Vaccination Programme

1. The BMA's position remains consistent with the statement made at the outset of these hearings: the Covid-19 vaccination programme was one of the greatest successes of the pandemic. This success is clearly evidenced by an estimate from the UK Health Security Agency (UKHSA), which suggested that, as of September 2021, vaccination in the UK had prevented over 24.3 million infections and more than 123,000 deaths [Day 1-14.01.25/20:16-17].

2. The BMA also commends the swift development and authorisation of the vaccine, which was achieved without compromising safety.

3. However, the BMA's focus in the issues under consideration in Module 4 primarily concerns the roll out and deployment of the vaccination programme, especially with regard to the following areas:

    a. The role of general practice in delivering the vaccination programme;

    b. Barriers to vaccine uptake;

    c. Workforce planning and capacity;

    d. Data collection, handling, and record keeping; and

    e. Vaccination as a condition of deployment.

The Role of General Practice in Vaccine Delivery

4. In terms of the role of general practice, the BMA firmly believes that GPs and their practice teams made a major contribution to the success of the vaccination programme.

5. The BMA actively advocated for the delivery of the Covid-19 vaccination in England through general practice, and the Inquiry heard from Dame Emily Lawson that in England, GPs were the right model, particularly for high-risk priority groups such as the elderly and care home residents. This use of existing infrastructure and the delivery of vaccinations at a local level

proved highly effective, with GPs and community pharmacies administering 71% of vaccines in England by the end of October 2021.

6. The Inquiry also heard that many people felt more comfortable and had greater levels of trust in receiving their vaccination from their local GP rather than at a mass vaccination centre [INQ000413805/10]. GPs have extensive experience delivering vaccinations and possess valuable knowledge of and relationships with their patients, particularly elderly patients. Their proximity to local populations enabled GPs to effectively address barriers to access. Furthermore, GPs have the expertise to answer questions about the vaccine, and to encourage uptake and help build trust in their communities. As the UKHSA confirmed, receiving a vaccine in a familiar environment helped to bolster public confidence [Day 2-15.01.25/28:25-29:2].

Vaccine Uptake – Barriers and Hesitancy

7. Turning to vaccine uptake, the Inquiry has received extensive evidence on disparities in vaccination rates among different population groups, including ethnic minorities, migrants, Gypsy, Roma and Traveller communities, disabled people, and those living in poverty. These disparities reveal long-standing inclusion problems within the UK healthcare system.

8. Before the pandemic, it was well known that certain communities had a history of mistrust towards the healthcare system and vaccines. For example, a 2016 Public Health England report on flu vaccination showed lower uptake among ethnic minorities compared to White British or White Irish populations [INQ000479065/31]. This trend was evident again with the lower Covid-19 vaccine uptake among ethnic minorities, with those from White ethnic backgrounds showing the highest rates of vaccination.

9. The Inquiry has also heard that deprivation was a significant factor in lower uptake across all groups [Day 9-27.01.25/192:8-11], with vaccination rates being higher in more affluent areas. The BMA had already highlighted this issue in its fifth Covid-19 Review Report.

10. People from ethnic minority and deprived communities faced worse health outcomes even before the pandemic and were more likely to become infected with Covid-19 and to suffer severe symptoms due to underlying health inequalities. Similarly, disabled people were at greater risk from Covid-19 and from dying as a result of infection. Given this context, the BMA submits that greater attention should have been given to these groups during the planning of the vaccine rollout.

11. Professor Van Tam's witness statement supports this view, setting out:

> "*It is well known that vaccine uptake tends to be lower in marginalised, deprived and minority ethnic communities. It was therefore foreseeable that a similar pattern would be observed when it came to delivery of the COVID-19 vaccines, as indeed it was. It is therefore arguable that more should have been done in the planning phase to consider this*" [INQ000474404/25].

12. Additionally, the mechanisms of the vaccination programme on occasion created obstacles. For example, while disabled people were prioritised for vaccination, insufficient identification of those with learning disabilities and unclear guidelines on the level of priority for those with learning disabilities created barriers to accessing vaccination for this vulnerable group [Day 8-23.01.25/108:3-8, Day 9-27.01.25/195:14-196:23]. This must be addressed in advance of any future pandemic to ensure that mass vaccination programmes do not rely solely on self-identification to avoid excluding vulnerable groups [Day 8-23.01.25/108:11-17].

13. Physical barriers, such as distance to vaccination sites, transport costs, and difficulties for vulnerable groups, such as the clinically vulnerable, disabled, elderly, or housebound, also hindered access. Similarly, issues like the lack of NHS numbers for homeless people, Gypsy, Roma and Traveller communities, and vulnerable migrants, presented further challenges.

14. The BMA acknowledges the efforts made to address vaccine hesitancy and overcome these barriers, but stresses that more must be done to instil confidence. Evidence before the Inquiry underscores the need for ongoing engagement with marginalised and underserved communities, which has been insufficient.

15. As already stated, the disparities in access and uptake laid bare the disparities in access to healthcare more broadly and highlight an important area for governments across the UK to prioritise for urgent improvement. As the Inquiry's experts in vaccine delivery and disparities have warned, "*we cannot be complacent. We have to be continuously promoting uptake of vaccinations. And it needs to be resourced…*" [Day 10-28.01.25/200:8-9].

Misinformation and Disinformation

16. Misinformation and disinformation also contributed to vaccine hesitancy. The Inquiry has heard evidence about these issues from a number of witnesses in the Module 4 hearings, including the Director General with overall responsibility for the Counter Disinformation Unit

within the Department for Culture, Media and Sport, who told the Inquiry that, "*disinformation is defined as the deliberate creation and dissemination of false information which is intended to deceive and mislead. And misinformation is the same but without the deliberate intent*" [Day 6-21.01.2025/121:19-22].

17. During the pandemic, the BMA ran its own social media campaign to address vaccine hesitancy and urged the UK Government to take more action to combat online misinformation. In this context, the BMA strongly rejects the assertion made by the former Minister for Equalities, Kemi Badenoch, in her oral evidence that the BMA was itself responsible for misinformation.

18. The background to these comments is that in June 2020, within letters to Ms Badenoch and to the Secretary of State for Health and Social Care, the BMA raised legitimate concerns, following publication of the Public Health England Review into inequalities and disparities. The BMA had hoped that the review would address why there were such disproportionate deaths and serious illnesses among healthcare workers from ethnic minority backgrounds. However, when the review report was published, it failed to address the (staggeringly) higher proportion of deaths among healthcare workers from ethnic minority backgrounds and the report failed to include recommendations to address this disparity.

19. In response to Ms Badenoch's criticisms, Professor Banfield, the BMA's Chair of UK Council issued an immediate public response on 27 January 2025, which concluded:

> "*To suggest the BMA was spreading misinformation at the time is highly disingenuous. All we were doing was asking the Government to be transparent about how and when it was planning to take action to save lives and address racial inequalities.*"

Workforce Planning and Capacity

20. The BMA firmly believes that general practice was the right model for delivering the Covid-19 vaccination. However, the BMA remains concerned that insufficient consideration was given to workforce planning in connection with the vaccination programme, and that delivery of the programme further reduced the already limited workforce capacity in general practice. GPs and other healthcare workers were required to work additional hours to administer vaccinations while continuing to deliver both Covid and non-Covid care.

21. The BMA engaged with NHS England and the Department for Health and Social Care during the pandemic to address the increasing demands on general practice, rising workloads, and workforce shortages, repeatedly highlighting that general practice was at breaking point and there were "*simply too few GPs*" [INQ000097914/1].

22. Against this background, the comments made in the witness statement of the former Secretary of State for Health, Sir Sajid Javid, about the BMA seeking to take commercial advantage of the vaccination scheme, are both shameful and offensive. These remarks expose complete ignorance of the reality for GPs and the challenges they faced – the overwhelming demand, the lack of capacity, and the increase in abuse from members of the public, while GPs and their teams did their best to manage unmanageable workloads.

23. The vaccination programme was substantial additional work that general practice delivered in the national interest, requiring existing or additional staff to take on increased hours, often at weekends. GPs did not benefit financially in the manner suggested by Sir Sajid Javid. In fact, the efficiency with which GPs delivered vaccines proved to be more cost effective than the cost per dose at mass vaccination centres.

Data Collection, Handling and Record Keeping

24. The BMA supports measures that enable effective sharing of health data to ensure high-quality healthcare, especially during the pandemic. However, the BMA also emphasises the importance of safeguarding patient confidentiality. While the BMA broadly supported measures taken to support the UKs pandemic response, which lowered the threshold on access to GP data, it remains vital to maintain appropriate checks and balances on access to GP data, and to comply with GDPR requirements.

Vaccination as a Condition of Deployment

25. The BMA has expressed concerns regarding a mandatory vaccination policy. The BMA strongly encourages doctors and frontline healthcare workers to be vaccinated against Covid-19, and the uptake among doctors was high. However, the BMA believes that mandating vaccination is not the right approach, and that it would exacerbate the recruitment and retention crisis within health and social care (as evidenced by the policy's

short-term implementation in social care in England, which resulted in significant reductions in the workforce).

26. While Covid-19 vaccines have been very successful at controlling serious disease and death, they do not prevent transmission of Covid-19 [Day 6-21.01.25/62:25-63:2]. Professor Sir Chris Whitty, while acknowledging that vaccination as a condition of deployment was a political decision, expressed his scepticism that it was a good idea and told the Inquiry that, "*mandation has not got a very happy history*" [Day 4-20.01.25/104:9-10]. He also highlighted that doctors have a clear professional responsibility to protect patients by having vaccinations, but "*there is a big difference between responsibility and mandating it so that you lose your job*" [Day 4-20.01.25/101:16-102:17].

27. A similar view was held by Dame Jenny Harries, who advised in February 2021 that there was no evidence that the policy would have more benefit than harm [INQ000153737/2].

Conclusion

28. In conclusion, while the success of the COVID-19 vaccination programme is undeniable, there are valuable lessons to be learned from this experience and from previous vaccination programmes. Addressing these lessons can lead to increased uptake, reduce disparities and further mitigate the risk of infection, ultimately saving more lives.

29. The BMA appreciates the opportunity to participate in this Module of the Inquiry and is grateful for the Inquiry's continued commitment to this important work.