

## UK COVID-19 INQUIRY

### MODULE 4 HEARINGS

### CLOSING STATEMENT

on behalf of

PUBLIC HEALTH SCOTLAND

#### **Introduction**

1. Public Health Scotland ("PHS") has been Scotland's lead national agency for improving and protecting the health and wellbeing of the Scottish public since its establishment on 1 April 2020. Central to its responsibility are the areas of health protection, health improvement and health inequalities in Scotland. It played an important role contributing to Scotland's response to the COVID-19 pandemic particularly in the provision of data, information and advice.
2. PHS has already provided a lengthy and detailed Corporate Statement for this Module.<sup>1</sup> It has now had the benefit of listening to all of the evidence at the recent hearing. Having reflected on that evidence, it wishes to make some further, brief comments. That is the purpose of this document.

#### **The evidence**

3. PHS wishes to take this opportunity to acknowledge the powerful and moving evidence from those affected by vaccination deployment.
4. PHS recognises that there was a number of inter-connected challenges spoken about in the evidence including in relation to:
  - (i) Levels of vaccine accessibility, hesitancy and uptake; and

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<sup>1</sup> The following paragraphs in the Corporate Statement discuss some of what PHS considers were important matters in informing and mapping the direction of the organisation's thinking: 'The Public Health Leadership and Co-ordination Function: A discussion paper' (paragraph 293); establishment of Scottish Vaccination and Immunisation Programme Portfolio Board (and subsequently Strategy and Planning Group) (paragraph 294); SVIP lessons (paragraph 297); independent review of delivery in NHS Highland (paragraph 298); HIIA recommendations (paragraph 301); FVCV programme evaluation: legacy lessons (paragraph 309); COVID-19 in pregnancy in Scotland (COPS) study (paragraph 315); and EAVE II (paragraph 316).

- (ii) Gaps in, as well as the speed in gathering data and producing intelligence and evidence for enabling action.

These priorities are absolutely at the heart of the work PHS is taking forward in relation to vaccination.

5. PHS would highlight two parts of the evidence in this regard.
6. Firstly, the inquiry heard that data from the Traveller Movement was not included in the NHS “data dictionary”. The point made was that inadequate data capture led to services not being commissioned for this group, which did not form part of local planning. Yvonne McNamara, Chief Executive Officer of the Traveller Movement spoke about this as did the experts, Dr Ben Kasstan-Dabush and Dr Tracey Chantler<sup>2</sup>. In Scotland, however, data for the Gypsy, Roma and Traveller (“GRT”) community was captured within data systems. With the use of data (produced by PHS), the expert report was able to identify the GRT community as the most unvaccinated group. This evidence underscores the vital importance of adequate data capture to address matters like vaccine hesitancy and low uptake.
7. Secondly, Melanie Newdick, of Scottish Covid Bereaved, spoke in her evidence about the challenges of geographical remoteness and her experience in relation to vaccine accessibility. This is an important issue for Scotland, and while PHS would note its recent review of NHS Highland Vaccination and Immunisation services<sup>3</sup>, it would also draw attention to Scotland’s 5-Year Vaccination and Immunisation Framework and Delivery Plan (published by PHS and discussed further below), one of whose priority areas is to ensure equitable access to vaccines, specifically including by remote and island communities.<sup>4</sup>

## Progress

8. Having considered the evidence in the hearings, PHS would observe that, clearly, work needs to be done, lessons need to be learned, and improvements made. Without wishing in any way detract from the importance of these messages, PHS considers it

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<sup>2</sup> See their report titled “Vaccine Delivery and Disparities in Coverage”, dated 15/11/2024 [INQ000474623].

<sup>3</sup> [INQ000474427/84, paras 294-296].

<sup>4</sup> PHS, November 2024, Scotland’s 5-year Vaccination and Immunisation Framework and Delivery Plan

helpful to recognise that, with regard to certain of the areas in question, work has in fact been ongoing in Scotland and progress is being made, in particular since October 2024, the date of the PHS Corporate Statement. The following sets out in brief overview some of that work. Given perceived areas where work is needed will likely inform the Inquiry's recommendations, PHS felt it important to draw this work to the Inquiry's attention in this Closing Statement.

#### *5-year Framework*

9. PHS discusses in its Corporate Statement the work carried out since 2022 in establishing the SVIP which it leads, in partnership with the Scottish Government and the Scottish NHS Health Boards. In carrying out its work, the SVIP seeks to apply a public-health, clinically led and collaborative approach. The SVIP builds on the experience gained from the previous PHS-led Scottish Immunisation Programme, the Scottish Government-led Flu Vaccine and COVID-19 Vaccine ("FVCV") Delivery Programme, and the Vaccination Transformation Programme. During 2023/24, PHS assumed national leadership, coordination and oversight of the delivery of national and local services, including the improvement of all immunisation programmes in Scotland. SVIP moved to PHS in full on 8 January 2024.
10. Since producing its Corporate Statement in October 2024, PHS published "*Scotland's 5-Year Vaccination and Immunisation Framework and Delivery Plan*" (the "Plan") in November 2024. This overarching single national framework and plan sets out clear vision, goals, and priorities for vaccination programmes and builds on existing knowledge and best practice on vaccination across Scotland. Below is a brief summary of its four priority areas:
  - (i) Ensuring everyone has timely and equitable access to the vaccines they are entitled to receive and that all reasonable steps are taken to meet the needs of all our communities, including our remote and island communities;
  - (ii) Making every contact and interaction count and optimise patient/public experience and engagement;
  - (iii) Strengthening capacity and capability of the multi-disciplinary vaccination workforce and ensure that resources can be used flexibly to meet changing requirements; and

- (iv) Adapting system-wide approach to achieving NHS Scotland and PHS quality ambitions of being safe, effective, sustainable and patient-centred immunisation services across all settings.

11. To succeed in achieving these priorities, and specifically relating to the challenges noted earlier in paragraph 4 of this document, the Plan contains PHS' commitment to reduce inefficiencies and improve the data ecosystem by establishing an end-to-end digital solution for vaccinations, including digital consent.

12. The evidence heard underscores the very tangible impact that work of this sort has on people's lives. Through the SVIP, which operates based on partnership working, local and national accountability, PHS strives to deliver an approach which is '*nationally led but locally delivered*'<sup>5</sup>.

#### *Enduring benefits of Health Inequality Impact Assessments ("HIIA")*

13. In Module 4, a lot of evidence was heard about accessibility of the vaccination programme by hard-to-reach communities, as well as vaccine hesitancy. PHS led a national HIIA in 2020/21 following the roll-out of the FVCV programme. A wide range of stakeholders was invited to consider the potential impacts of the way in which the programme was being delivered and plans for a boost. The resultant report, "*An inclusive approach to flu and COVID-19 vaccination service delivery in Scotland*"<sup>6</sup> (PHS4/70 - INQ000427223) set out potential differential impacts of flu and COVID-19 vaccination on different population groups/protected characteristics (see Appendix D of the Corporate Statement), gave recommendations for an inclusive vaccination service (see chapter K of the Corporate Statement: Lessons learned and recommendations), and provided examples of work undertaken during the spring/summer 2021 in response to the engagement. The conclusions from this report have been substantially drawn upon in the 5-Year Plan.

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<sup>5</sup> A phrase which featured in the evidence of Derek Grieve, the Senior Responsible Officer for the Covid-19 Vaccination Programme, Directorate for Health and Social Care of the Scottish Government: [10/6/4-7 and 10/53/15-17].

<sup>6</sup> [INQ000427223].

### *Microbiology services*

14. It is observed that a further, important example of progress that is being made is in relation to microbiology capacity and a pathogen genomic sequencing service, a matter to which PHS will make further reference in Module 7. PHS has been able to report on significant progress having been made in this regard, both during the pandemic itself and subsequently, for example, in the formation and early work of a Scottish Public Health Microbiology Board, which is co-chaired by the Scottish Government and PHS.

### *Four nations*

15. As in other areas of the Inquiry's work, PHS very much recognises the value that a four nations approach has brought to different aspects of its approach to vaccination and therapeutics. As previously stated, PHS is committed to collaborating, at the United Kingdom, European and international levels, for example on research, evaluation and insights gained, to support the timely sharing of best practice and evidence about how one better understands and addresses inequalities to inform service improvements<sup>7</sup>.

### **Concluding Remarks**

16. The hearing has provided much valuable evidence which PHS has, and will continue, to reflect upon. PHS awaits the Inquiry's conclusions and recommendations, which it looks forward to giving its full and careful consideration.

17. In the meantime, PHS continues to collaborate with partners and stakeholders to:

- (i) better understand inequality gaps and improve uptake, including insights from individuals who have not engaged in the vaccination programme;
- (ii) set meaningful vaccine uptake and coverage goals and vaccination programme service indicators, including those to measure inequalities;

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<sup>7</sup> Scotland's 5-Year Vaccination and Immunisation Framework and Delivery Plan (November 2024), p 23.

- (iii) develop an effective and evidence-based communication strategy with clear marketing and engagement approaches to support universal awareness; and
- (iv) evaluate the vaccination programme and vaccine effectiveness as the programme matures.

18. As in previous Modules, PHS once 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-19.