MODULE 4
WELSH GOVERNMENT'S WRITTEN CLOSING SUBMISSIONS

Introduction and summary

1. As the Welsh Government set out in its opening statement, overall, the deployment of the Covid-19 vaccine in Wales was a success but it is always possible to do better and there are always lessons to learn. These written submissions set out the principal points of the vaccine deployment in Wales, address questions raised in the oral evidence and reflect on lessons that can be learned from the evidence heard by the Inquiry.

2. The Welsh Government has provided ten witness statements to the Inquiry which set out its decision-making in detail in respect of the vaccine rollout in Wales and other matters being considered in this module (provision of therapeutics in Wales and engagement with therapeutics research)[1].

3. These written submissions do not summarise or restate the extensive evidence in the Welsh Government's statements because the focus is on points made in the oral evidence. Nonetheless the Inquiry is asked to consider the context and additional evidence contained in those statements.

4. The different spheres of competence of the Welsh Government in respect of the matters covered by this module are not repeated here. In broad summary, the Welsh Government was responsible for the deployment of the vaccine in Wales, having agreed that the UK Government should take the lead in procuring the vaccine. The research into, and procurement of, therapeutics was also led by the UK Government with the role of the Welsh Government being to support access to and the effective and timely deployment of therapeutics. This was largely done

[1] Dr Gillian Richardson, DCMO/SRO [**INQ000501330**], Vaughan Gething, MHSS [**INQ000493687**], Claire Rowlands, SRO from 4/21 [**INQ000474558**], Frank Atherton, CMO(W) [**INQ000474446**], Andrew Goodall, DG, HSS [**INQ000499055**], Andrew Evans, CPhO [**INQ000493334**, **INQ000474566**], Mark Drakeford, First Minister [**INQ000474420**], Heather Payne, Chair of CMEAG [**INQ000507523**], Eluned Morgan, MHSS [**INQ000474509**]

by Mr Evans'[2] engagement with the Therapeutics, Antivirals, and Antivirals and Therapeutics Taskforces and with the UK Covid-19 Therapeutics Advisory Panel ("**UK-CTAP**").[3] The UK Government is the decision maker under the Vaccine Damages Payment Act ("**the Act**") and the Welsh Government has no role in the administration of the Vaccine Damages Payment Scheme ("**the Payment Scheme**"). Although the powerful evidence that the Inquiry has heard about the need for a complete overhaul of the Act and the Payment Scheme is acknowledged, the Welsh Government has no power to make such changes.

Deployment of the vaccine in Wales

5. Overall, the deployment of the vaccine in Wales was a success and the aim of the programme, namely "*To vaccinate as many as possible, as swiftly as possible, safely with minimum vaccine waste*", was achieved.[4]

6. The measure of success can be discerned from the summary figures below:

    a. By 19 January 2021, Wales was vaccinating almost 1,000care home residents every day **[INQ000505449]**;

    b. By the end of January 2021, the vaccine had been offered to all older person care home residents and staff. By Friday 12 February 2021, all those in the first 4 priority groups[5] had been offered the vaccine and by 18 February 82.9% of care home residents and 85.1% of care home workers had received the vaccine **[INQ000227442]**. By 2 March 2021, over 85% of those in the first four priority groups had received their first dose and the number of first dose vaccinations administered was over 90% in some groups including those over 80 **[INQ000388302]**;

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[2] Chief Pharmaceutical Officer for Wales.
[3] **INQ000493334**, para. 26.
[4] Richardson 28 January 2025 66/14-16.

[5] (1) residents in a care home for older adults and their carers; (2) all those 80 years of age and over and frontline health and social care workers; (3) all those 75 years of age and over (4) all those 70 years of age and over and clinically extremely vulnerable individuals

c. By 5 June 2021, 75% of the UK adult population had received a first dose of the vaccine whereas 86% of the Welsh population had received a vaccine.[6]

7. There are, of course, choices that must be made in the deployment of the vaccine. Choices, informed by supply and logistics, that are difficult, and which will not be universally well-received. It is submitted that the decisions taken by the Welsh Government were carefully considered, constantly reviewed and highly effective overall.

8. There were differences in logistics and approach across the four nations and each of the approaches had benefits and drawbacks. Wales moved at pace to vaccinate the priority groups and moved more quickly down the priority list whilst other devolved nations prioritised coverage in the individual priority groups. It is submitted that there is nothing inherently superior in either scenario.

9. The approach in Wales to the deployment of the Pfizer vaccine in December 2020 is set out in detail in the witness statements of Andrew Evans (Chief Pharmaceutical Officer) and Claire Rowlands (SRO from April 2021)[7]. They set out the practicalities of vaccine delivery and the initial requirements of the Medicines and Healthcare products Regulatory Agency ("MHRA"), including the requirement (until 30 December 2020) that "*authorities administrating this vaccine should ensure that they have provision for two doses for each patient treated*"[8].

10.. The drawbacks of safe delivery and use of the Pfizer vaccine are set out (temperature at which it had to be stored, restrictions once diluted, number of times it could be transported). Mr Evans notes particular issues in Wales in the first stages of the vaccine rollout which meant that it was only possible to deploy a maximum of 20 trays of vaccine to a maximum of 20 locations.

11. In paragraph 183 Mr Evans concludes:

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[6] See para. 261 of Dr Richardson's statement which refers to the More or Less programme setting out these figures – **[INQ000501330]**. See also **INQ000354707** which refers to the Prime Minister raising the question of why Wales was 'so far' ahead of England on first doses and only marginally behind on second doses

[7] INQ000474566, paragraphs 180 – 186 and INQ000474558, paragraphs 182 - 216

[8] INQ000474558, paragraph 187

> *"183. In my opinion, it was most appropriate to deploy the Pfizer BioNTech vaccine to vaccination centres where large numbers of people (in multiples of 975) could be vaccinated every four to five days. The considerations and advice on the most appropriate deployment model for the vaccine are summarised in MA/VG/4049/20 (exhibited at EVANS/092 - INQ000361639) to which I contributed in November 2020".*

12. Mr Evans' statement further makes clear that another important consideration was the anticipated authorisation delivery date of the AstraZeneca vaccine which the Vaccine Task Force and MHRA had confirmed was much more suitable for deployment in smaller vaccination centres, in primary care and in people's homes and care homes. The initial planned delivery date was 21 December 2020 and Mr Evans' notes that if there were to be a delay more would be known about transporting the Pfizer vaccine. It was against this background of advice that the Minister for Health and Social Services agreed the advice not to deploy the Pfizer vaccine to care homes in the first four weeks of the rollout with a review date set for 21 December 2020. In paragraph 186, Mr Evans concludes:

> *"186. It was and remains my opinion, which I would have expressed in discussions about the issue, that deployment to care homes and smaller settings was considerably less efficient in terms of staff resource and time, could lead to loss of vaccine effectiveness (given what we knew about stability and the other challenges), and would result in high levels of waste. My recollection is that these views were shared by the other Chief Pharmaceutical Officers*".

13. There were also safety concerns about the initial deployment of the Pfizer vaccine which supported the decision to begin vaccinations in centres where medical attention was immediately on hand. This is clear from Dr Richardson's exchange with the other Senior responsible Owners when they describe the initial deployment of the Pfizer vaccine:

> *"[09/12/2020, 16:12:13] Gillian Richardson: Please may I ask do the events of last 24 hours materially affect care homes plan? Naresh, are you taking defibs to care homes? or just anaphylaxis pack. Many thanks, Gill*".[9]

14. As noted in Ms Rowlands' statement[10], care home staff were invited to receive a vaccine at vaccination centres during this initial period so the vaccination of this

[9] [**INQ000477804_001**].
[10] **INQ000474558**, paragraph 186

group began in December 2020 and led to high levels of uptake amongst care home workers in Wales[11].

15. Notwithstanding the reservations about the initial deployment of the Pfizer vaccine, the Welsh Government initiated a care homes pilot which started on 16 December 2020 (one week after the first vaccine was administered) in one health board (Betsi Cadwaladr University Health Board).[12] The pilot's aim was to see if the logistical limitations of the Pfizer vaccine and the safety issues could be effectively addressed, so to allow the Pfizer vaccine to be delivered to care homes. Following the pilot, some care home residents were vaccinated with the Pfizer vaccine, but care home residents began to be vaccinated in high numbers in Wales once the AstraZeneca vaccine came online on 4 January 2021 (see paragraph 6a above – almost 1,000 care home residents a day as at 19 January 2021).

16. At no point did Wales hold back supplies of vaccine. In fact, as set out in paras. 260 and 261 of Dr Richardson's statement, Wales actively expedited supply[13].

17. This misconception, based on remarks by the then First Minister, was addressed at the time by the Chief Pharmaceutical Officer.

> "*The Welsh Government is not holding back any Pfizer vaccine. All our health boards are receiving doses of Pfizer from the central stores as quickly as they can use it. Plans are in place to fully utilise all currently held Pfizer vaccine by the end of the week commencing 1 February. "The Pfizer vaccine must be stored at ultra-low temperatures – at -70c. There are two special centres where the vaccine is stored at this temperature in Wales. Once removed from cold storage it must be used within five days." Every dose wasted is a vaccine which cannot be given to someone in Wales. We are proud that less than 1% of the vaccines have not been used, way below the wastage rates that might be expected with this vaccine given its shelf life, storage and distribution challenges." "Every day in Wales, we are speeding up the vaccination programme. Thousands more people are receiving their first dose of the Covid vaccine and more clinics are opening. "By mid-February, all frontline health and care workers, everyone living and working in care homes and everyone over 70 will have been offered a vaccine*".[14]

[11] By 26 January 2021, over 74% of care home staff had received their first dose [**INQ000492886**].
[12] Pilot of COVID-19 vaccination roll-out to care homes to begin | GOV.WALES.
[13] [**INQ000501330_xx**].
[14] [**INQ000492819_14**].

Ease of accessing the vaccine

18. The initial rollout of the vaccine on 8 December 2020 began with one mass vaccination centre in each health board area (there are seven health boards in Wales). This was the safest and most effective way of dealing with the Pfizer vaccine in the initial stages.

19. When the Vaccination Strategy for Wales was published at the beginning of January 2021 the numbers of vaccination centres and types of vaccination centre had already grown; initially to 14 and finally 22 centres with more planned in the following weeks.[15]

20. Thereafter, access increased rapidly and by 2 March 2021, 492 locations across Wales were in use including 36 mass vaccination centres; 377 general practices' locations; 35 hospital locations and 37 mobile teams.[16] By 4 May 2021 vaccinations were being given in 516 locations across Wales - 56 mass vaccination centres; 361 general practice locations; 14 pharmacies; 40 hospital locations; and there were 43 mobile teams operating[17].

Vaccine Equity

21. The question of health, socio-economic and other inequalities has been a fundamental policy concern of successive Welsh Governments since the outset of devolution in 1999.

22. That focus meant that the Welsh Government's early understanding of Covid-19 was informed by the knowledge that every widespread disease outbreak is more likely to produce disproportionately adverse impacts on those already socio-economically disadvantaged or suffering from a pre-existing health condition.

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[15] **[INQ000410079_xxx]**.
[16] **[INQ000388302_003]**.

[17] INQ000386948

23. The Welsh Government's longstanding work with community groups was invaluable during the pandemic. As Dr Richardson said in evidence, "*we tended to use our trusted community leaders and networks, our existing framework such as, you know, our disability forums, our black and ethnic minority engagement groups in Welsh Government. And we had very good relationships on our stakeholder forum*".[18] Nonetheless there remained a disparity in the uptake of vaccine in Wales.

24. The Welsh Government received regular surveillance data from Public Health Wales about vaccine uptake amongst different groups (Equality update).[19] This allowed the Welsh Government to assess the extent to which further work needed to be done to reach particular groups.

25. The Wales Vaccine Equity Committee was established in March 2021, with its impact and influence increasing as the pandemic evolved. It involved representatives from the under-served groups themselves, and third sector organisations, as well as experts from Public Health Wales and the NHS in Wales to understand the barriers to the uptake of Covid-19 vaccinations in marginalised groups and to work to remove those barriers. It is important to note, as Dr Richardson set out in her evidence, that although the Vaccine Equity Committee was established in March 2021, the Welsh Government had been meeting with representatives from ethnic minority groups, disadvantaged groups and third sector organisations since June 2020 when the Covid-19 vaccination programme board was set up: "*We also had a stakeholder forum which was basically, initially, part of the board. So right up from June 2020, we did have third sector and patient group representatives helping us in the planning and design of our programme*" [20].

26. The Welsh Government published a Vaccine Equity Strategy in June 2021 to ensure all people in Wales who were eligible for Covid-19 vaccination had fair access and fair opportunity to receive their vaccination, by addressing barriers to uptake which disproportionately affected under-served population groups.

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[18] Richardson 28 January 2025 87/17 - 21.
[19] See, for example, **INQ000401431 and INQ000401592**.
[20] Richardson 28 January 2025 70/12-16.

27. The Vaccine Equity Strategy[21] described the need for action to be taken in respect of under-served groups across three interlinked dimensions: people with protected characteristics under the Equality Act 2010 including people from ethnic minority backgrounds and people with disabilities; those at socio-economic disadvantage living in communities with high deprivation or social exclusion and those within marginalised or under-served groups such as asylum or sanctuary seekers, people experiencing homelessness, people involved in the justice system, mental health clients and people from Traveller communities who did not regularly access traditional healthcare services[22]. The Welsh Government has listened carefully to the Core Participant groups represented at the Inquiry and will review its approach to the current vaccination strategy and access to healthcare in the light of the compelling witness evidence.

28. The Welsh Government implemented various measures to ensure the accessibility of the vaccine to, and encourage take-up amongst, those communities. Such measures included the appointment of outreach and engagement workers within each local health board to support with engagement and advocacy relating to the vaccination programme, and the use of 'community champions' or 'trusted voices' comprising faith leaders, community leaders, sports and cultural figures, health professionals, academics and peers of eligible / vaccine-hesitant groups in a range of communities. In addition to the Vaccine Equity Committee, a "DNA" (did not attend) working group was also set up to specifically target the issue of uptake and hard to reach groups.

29. The Welsh Government also held specific events intended to target those harder to reach communities or those who were vaccine hesitant, including an online vaccination roundtable to allow representatives from multi-cultural faith, community and business organisations from across Wales to ask questions and hear from a panel of experts.

Four nations cooperation

[21] INQ000182538
[22] [**INQ000182538_0003**].

30. The four nations worked closely and cooperatively to deliver the vaccine across the UK, both at official[23] and ministerial levels.[24] By any standard, four nations working was a success and the Welsh Government considers that its relationship with the UK Government was "*at its best*" on the issue of vaccines, a point made by counsel for the Scottish Government.[25]

31. Two issues which it is submitted arise for consideration in the context of four nations working are the allocation of vaccines for any future pandemic and consideration of a change to the governance structures of the Joint Committee on Vaccination and Immunisation ("**JCVI**").

Allocation of the vaccines across the four nations

32. The Welsh Government invites the Inquiry to consider the basis upon which vaccine supply is shared between the four nations. This is not something which can be considered in the midst of a pandemic but the question deserves further thought now that there is time to do so.

33. Admittedly, it is not considered to be a pressing concern by the devolved governments in Scotland[26] and Northern Ireland[27] although Derek Grieve (SRO, Scottish Government) stated that "*If there was time, if we had the time to do full population-level modelling and base our supply forecasts on that, then that would have been a preferable model*".[28] The Welsh Government's submission is that, now there is time, thought should be given the better use of its statisticians in particular. Such analysis would not necessarily result in an increase in any future vaccine in Wales as it would be dependent on which cohorts were prioritised.[29]

34. The use of the Barnett formula created the potential for a vaccine supply shortfall in Wales during the early stages of vaccine delivery as a result of Wales having a disproportionately larger share of older people and those who were clinically

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[23] See Grieve 28 January 2025 27/20-25 28/1-13; Lawson 27 January 2025 177/12-14; Chada 28 January 2025 115/10-19; Richardson 28 January 2025 76/22-25 77/1-7
[24] Zahawi 27 January 2025 92/23-25 93/1-18
[25] Drysdale 15 January 2025 12/7-9.
[26] Grieve 28 January 2025 23/7-25 24/1-14.
[27] Chada 28 January 2025 113/22-25 - 115/1-3.
[28] Grieve 28 January 2025 23/7-9.
[29] Richardson 28 January 2025 76/3 -12.

vulnerable, who were a major part of the initial priority groups and cohorts that needed to receive the vaccine first[30].

35. A shortfall in supply in Wales was avoided. A major factor in this achievement was avoiding vaccine waste by vaccinators identifying how to extract six doses per vial of the Pfizer vaccine, instead of the originally intended five, and doing so at scale.

36. This success should not detract from the need to consider the fairness and appropriateness of the Barnett formula in deciding population share of UK vaccine stock as it does not take account of the relative size of the population at risk in the different nations. It is submitted that vaccines could and should, in future, where possible be allocated according to need, based on the actual size of the at-risk population.

Governance of the JCVI

37. The governance structures of, and the devolved governments' participation in, the JCVI merits consideration by the Inquiry. Involvement evolved over the course of the pandemic and as the Welsh Government witness evidence makes clear, the relationships worked and were effective. They could be further improved to reflect the realities of devolved healthcare. Derek Grieve, the SRO for the Scottish Government explained in oral evidence that the JCVI reports to the Secretary of State for the Department for Health and Social Care and then that department informs the Health Ministers of the devolved nations. This system also influences when the JCVI advice is announced to the public and what is put into the Green Book. These steps lack the involvement of the devolved nations sufficiently given that they have responsibility for health care and could lead to misunderstandings[31].

38. In Wales, the status of the JCVI's advice is advisory and its implementation required Ministerial agreement. There was a co-opted member from Wales to

[30] INQ000474566, paragraph 237; Richardson 28 January 2025 75/2-15.
[31] Grieve 28 January 2025 25/12-25, 26/1-5.

provide expertise on implementation from immunisation programmes[32] but she had no voting rights. Eventually she was able to make a valuable contribution to the discussion that enabled the needs and perspectives of the Welsh vaccination system to be considered in its decision-making. In the early part of the relevant period there were concerns about discussions at meetings being largely focused on deployment of advice in England. Meetings thereafter evolved to include requests for Welsh representatives to present a Wales-focused view to the Committee to inform the discussion.

39. The MHRA's advice on the safety of the vaccines was provided to the JCVI and it informed their advice. The Welsh Chief Pharmaceutical Officer was the main point of contact with the MHRA and he attended a meeting in November 2020 but there was no Welsh member. [33]

40. Dr Richardson's witness statement sets out some suggestions as to how the involvement of the Welsh Government could have been optimised by allowing her direct access to the research findings underpinning the MHRA's advice to the JCVI. This would have allowed better understanding of the decision making process and a more robust approach to questioning the advice[34].

41. Dr Richardson's oral evidence also referred to this issue: "*I do believe that each of the devolved nations needs a voting member* [on the JCVI] *and I do believe that in the scientific subgroups that look at the research evidence in particular, and also particularly perhaps for the MHRA, if I may say so, that it would provide strength and also help understanding back at base if the devolved nations had representatives*"[35].

42. It is submitted that reviewing the governance of the JCVI to take account of devolution and considering greater access to the underlying data from the MHRA to scientists and clinicians from the devolved governments should be considered by the Inquiry.

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[32] Anne McGowan, Consultant Nurse, Vaccine Preventable Diseases Programme, Public Health Wales.
[33] INQ000474566, para. 15.
[34] INQ000501330, para. 190.
[35] Richardson 28 January 2025 74/1-7.

Conclusions and recommendations

43. The Welsh Government invites the inquiry to conclude that the vaccine deployment in Wales was, overall, a success. The Welsh Government continues to work on:

    a. building even stronger links with groups who are disadvantaged and/or distrustful of public authorities during 'peacetime' in delivering routine vaccination programmes that are also readily available in times of crisis;

    b. ensuring that the social model of disability continues to be embedded in Welsh Government practice and remains part of good practice in times of crisis;

    c. investing to improve the digital vaccination infrastructure and records to improve data collection and quality so that take-up and inequalities can be tackled effectively.

44. This continued work has fed into the new National Immunisation framework which was published on 25 October 2022.[36] The framework is focused on improving uptake of vaccines amongst ethnic minority groups and groups who lack trust in public healthcare and the government. It aims to make it easier for people to know what vaccinations they are eligible for, and how they receive them, using digital vaccination records. Local health boards are required to have a vaccine equity strategy and programme of work applying the framework's principles. To ensure that vaccine equity is considered at every stage and to protect the "*no one left behind*" principle, the Vaccine Equity Committee has been transitioned into the new governance arrangements and has an expanded remit for all vaccination programmes.[37] This work is ongoing and will be informed by the evidence from and recommendations of the Inquiry.

45. The Welsh Government invites the Inquiry to recommend that consideration is given to agreeing a needs-based assessment for vaccine allocation across the

[36] INQ000401577.
[37] Morgan (M4 statement), paras. 246-247: INQ000474509, INQ000489440, INQ000489441.

four nations rather than having to resort to the well-known, but too blunt, Barnett formula.

46. The Welsh Government invites the Inquiry to recommend that the governance of the JCVI should be altered to reflect a post-devolved settlement[38] and to allow scientists and clinicians from the devolved nations access to the underlying data being considered by the MHRA.

Dated 14 February 2025

[38] Grieve 28 January 2025 27/18-19.