

UK Covid-19 Inquiry Before Baroness Heather Hallett

Module 4 Hearings: 14 to 31 January 2025

WRITTEN CLOSING STATEMENT

on behalf of

THE SCOTTISH GOVERNMENT

Introduction

1. The Scottish Government wishes to reaffirm its commitment to assisting the Inquiry with examining what happened during the Covid-19 pandemic and to reflect on areas for improvement in the response to future pandemics. It pays tribute to the many clinical, scientific, and health and social care workers who responded to the major public health challenge. Frontline health and social care workers had a much greater risk of exposure to Covid by infection, due to their work, but bravely continued to rollout the vaccine with support from a range of partners. The Scottish Government worked effectively, allowing decisions to be taken in extremely challenging and uncertain circumstances and it also had to be nimble. The fast-moving public health emergency had to be matched by rapid decision-making and agility, reflecting the development of scientific understanding and the spread of successive new variants. The overarching objective of the Scottish Government was as far as possible, to protect the population from the harms of Covid-19 and to minimise the loss of life. The vaccine rollout in the UK was the fastest in the world and one of which we should be enormously proud.
2. The vaccination programme was one of the biggest successes of the pandemic response and the largest coordinated public health intervention in Scotland's history. The World Health Organization estimates that between December 2020 and March 2023, an estimated 22,138 lives were saved, as a direct result of the Covid-19 vaccination programme in Scotland. As Public Health Scotland noted in relation to that report, across Europe, the greatest number of lives were saved in countries, such as Scotland, that implemented early vaccination programmes that reached high vaccination coverage. Vaccination, through increased immunity, allowed governments to reopen society as Covid-19 became less of a risk for the population, bringing hope and immense relief that life could potentially return to normal. The Scottish Government recognises that there were many thousands of deaths, and people left disabled directly or indirectly, due to Covid-19, and in very rare cases from the vaccine itself. Each one is a tragedy. And the

Scottish Government appreciates that the clinically vulnerable continue to feel the effects and to live in the shadow of the virus. In recognising the enduring loss suffered by so many as highlighted in the Every Story Matters report, it is important to understand and reflect on everyone's unique experience of what happened. The Scottish Government is committed to honouring those who lost their lives by ensuring that all the available lessons and recommendations are learned, in order to reduce the harm caused by a future pandemic as much as it possibly can.

3. This written closing statement will address four key themes, equalities, delivery, messaging and data.

Theme One: Equalities

4. We are a multicultural society, and it is important that vaccine rollout reflects society and the way we live. It also should reflect a fairer society. Many under-served communities in Scotland experience poorer public health in general due to various factors, including access to healthcare and socio-economic status. This makes it even more important that they access vaccination. Barriers to vaccination must be addressed if the UK is to be prepared for any future pandemic. Maximising the number of people who could receive a vaccine, or who could be protected from serious illness by therapeutics, was an important part of the strategy in Scotland to reduce transmission and save lives.
5. The Scottish Government has noted that the Every Story Matters Report states that some contributors from minority ethnic backgrounds described how previous experiences of discrimination and racism had led them to distrust the government and the health system more broadly. During the pandemic the Scottish Government was aware that certain communities had relatively higher levels of mistrust in government and that working in partnership with these communities was necessary. Inclusion and equality were deliberately embedded throughout the Flu Vaccine and Covid-19 Vaccine programme. The programme needed to reach everyone in Scotland. That is why fora like the Vaccination Inclusive Steering Group were essential. It provided a mechanism to share information, seek advice and feedback on current approaches, and to generate ideas for improvement.
6. Inequalities were routinely considered as part of decision-making. The Scottish Government worked with community organisations and charities to understand concerns

and co-produce and disseminate communications to remove barriers. Since the pandemic, the Scottish Government has worked with Public Health Scotland and partners to ensure inclusion and equalities considerations continue to inform strategy and decision-making across all of Scotland's vaccination programmes. They provided for inclusion as a priority in Scotland's new 5-year Vaccination and Immunisation Framework, a dedicated Vaccines Inclusion Working Group, permanent funding for inclusion-focused mobile vaccine units and the ongoing collection and use of ethnicity data to inform programme decisions.

7. Public Health Scotland engaged with stakeholders and undertook a Health Inequality Impact Assessment which provided recommendations to Health Boards. Clear direction and guidance were issued to Health Boards from the Scottish Government asking them to prioritise inclusive efforts. Each Health Board also carried out their own Health Inequalities Impact Assessment or inclusion plan, informed by their local community knowledge and engagement (INQ000376293/6). The Scottish Government and Public Health Scotland worked together to capture data relating to uptake inequalities. The Scottish Government has focussed on ethnicity data collection through the programme which allowed the use of real-time disaggregated data to identify trends and concerns and target efforts towards those communities who were not accessing the vaccine.
8. Some key issues that have been raised during this module were recognised and managed in Scotland throughout the vaccine rollout. For example, the Scottish Government worked with trusted partners to alleviate concerns from refugee and asylum seeker communities with tailored messaging. This included a vaccine "Explainer" video available in a range of languages and a "Statement of Facts" video co-produced with Public Health Scotland and the Scottish Refugee Council (INQ000474454/20). These videos aimed to provide reassurance on several points, including confirming that NHS Scotland did not pass personal details to the Home Office for the purpose of immigration enforcement; immigration checks were not required to access vaccination; the vaccine was always free; and there was no need to be registered with a GP to access vaccination.
9. In addition, in Scotland Health Boards were asked to put in place outreach for Gypsy/Roma/Traveller (GRT) communities, recognising a high level of historic distrust of authority within these communities. Partnerships were forged with local trusted figures to support engagement, and data was collected on uptake rates for GRT communities when the ethnicity data question was introduced to the Vaccine Management Tool (VMT).

10. There had been initial concern among some Scottish Muslim people as to whether the vaccine could be given during Ramadan. In 2021, the Scottish Government worked with the British Islamic Medical Association to release a video, in several languages, to provide transparent spiritual guidance to Muslims who were concerned about getting the vaccine whilst fasting (INQ000474454/29). Other tailored communications also responded to concerns from Scottish Muslims providing reassurance that the vaccines were Halal.
11. Health Board delivery also saw vaccination clinics co-located in trusted places to make underserved communities feel more comfortable attending. For example, this included the use of community centres, seafarers' missions, Polish and African churches, mosques and gurdwaras. Some Health Boards set up clinics within local mosques. Ethnicity recording became mandatory for hospital admissions in February 2021 (M3 Transcript 34/114/12 to 34/115/06) The Scottish Government worked with NHS Lothian's Minority Ethnic Health Inclusion Service to address barriers to uptake for Scotland's South Asian community (INQ000506900/18). The Scottish Government worked with faith leaders and other trusted members of communities to encourage them to share positive messages regarding Covid-19 vaccination (INQ000506900/19). NHS Greater Glasgow and Clyde aired an interview with a GP in English and Urdu on Radio Awaz. This was followed by a series of advertisements in English, Urdu and Punjabi. Videos of minority ethnic community staff receiving their vaccination were also produced for social media and shared with community groups (INQ000376293/8). A video was developed in June 2021 to address barriers to uptake. The Scottish Government worked with Black and Minority Ethnic Infrastructure in Scotland, Minority Ethnic Carers of People Project and the Ethnic minority Resilience Group to develop this video (INQ000506900/18).
12. The Inquiry has heard evidence that a perceived lack of diversity in vaccine trials caused some members of minority ethnic communities to lack confidence in the vaccine. That underscores the need to improve consistently the way in which public bodies across the UK work with traditionally underserved communities, to build trust and confidence. Part of that will, no doubt, involve a step-change in the way that data is held and used, as helpfully noted by senior counsel for the Travellers' Movement in this module. And as Sir Chris Whitty observed in his evidence, an improved use of data can also help governments to understand why certain groups of citizens might be hesitant to trust a particular public health intervention (Transcript 05/53/15 to 05/54/14).
13. Recognising the need to have in place a single national system to record details related to Covid-19 vaccine delivery, the Scottish Government worked at pace with partners to

develop the VMT. From March 2021 Public Health Scotland began to publish details of vaccine uptake by ethnicity. This was drawn from a range of different incomplete data sets (INQ000506900/26). Ethnicity data was collected in the programme from November 2021 with the addition of a mandatory question on the VMT. This improved the accuracy and completeness of ethnicity data, provided a better understanding of inequality, and enabled more targeted intervention. Data on uptake in areas of deprivation was also published. This allowed both the public and decision makers to understand differences in vaccine uptake by population demographics and it enabled the programme to respond and flex in response to real time evidence of low uptake in underserved communities. Other vaccines have since been added to the VMT (RSV, shingles, pneumococcal), therefore, the ethnicity question is now asked at these appointments also, if this field has not already been entered for the person. The Scottish Government is committed to data improvement across all of its vaccine programmes to ensure a continued focus on equalities.

14. The Inquiry heard evidence that, during the pandemic, there was no learning disability register in Scotland. Since 2022, there has been a requirement, via the National Directions for Annual Health Checks, for all Health Boards to create and maintain a register of people with learning disabilities.
15. Scotland has a broader legal definition of unpaid carer than other UK nations and an early decision was made to make every effort to ensure as many carers as possible could access the vaccine. There are no current plans to establish a national register of unpaid carers. There would be several practical barriers to doing this. Around 1,000 people per day become carers or come to the end of a caring role. Only a minority of carers are in touch with support services and those are distributed across Scotland's local authorities and local carer centres. Instead, the Scottish Government undertook extensive work to reach out to unpaid carers to invite them for vaccination by developing an online self-referral booking portal, recognising they were not all easily identifiable (Transcript 10/42/09 to 10/43/05). GP and social security data were used to write to those who could be identified from those records. The Scottish Government also worked with the Scottish national carer organisations to publish messaging and ran a tailored marketing campaign for unpaid carers to encourage them to come forward.
16. The Scottish Government agrees with Prof Heidi Larson that high confidence in routine immunisation must be built and retained. This builds a solid foundation for trust in the NHS and vaccines for the future. This is particularly important in underserved communities with

historically low uptake of routine vaccinations. This is significant in the context of rising misinformation and the impact on vaccine confidence caused by a range of complex and interrelated factors. In addition, we are moving towards a generation with no living memory of the serious impacts of vaccine preventable diseases such as polio. It is crucial to continue to work towards public confidence in vaccines and the invaluable public health role they play.

Theme Two: Delivery

Barnett

17. During the pandemic, Scotland received a share of vaccines calculated based on the Barnett formula. The Welsh Government made a call in their opening statement for a needs-based formula for vaccine supply to the devolved nations instead of using the Barnett formula. At the time, the Scottish Government was content with the Barnett share in the context of the Covid-19 pandemic, noting that more comprehensive modelling to inform supply was not possible in the timeframe available and would have delayed vaccination (Transcript 10/23/07 to 10/23/19). Confirmation of Barnett share at an earlier stage, when committing to the associated Agency Agreement would have been preferable but in general, the UK Government and UKHSA were willing to engage early and often with the devolved nations regarding supply and were clear on decisions. In terms of advance planning, it is difficult to hypothesise on the nature of a future public health emergency and how vaccines should be distributed in that context.

Vaccine rollout

18. In June 2020 the Scottish Government established a Vaccine Division to oversee existing and new vaccination programmes, including developing a Flu Vaccine and Covid-19 Vaccine Programme; or FVCV. In February 2021, due to the significant operational and delivery requirements, a separate Vaccinations Directorate was established. This Directorate had two divisions: Vaccines Operational Policy Division and Vaccine Strategy Division.
19. In general, Scotland adhered to the advice of the JCVI, but as the Inquiry has heard, there were instances where this advice did not reflect the Scottish delivery approach landscape. Where this occurred, officials worked hard to develop a suitable approach or definition and communicate this appropriately.

20. During the pandemic all Four Nations took a mixed delivery approach relating to vaccines. Health Boards should have already been taking steps to ensure that they are delivering vaccines in the way that works for their specific circumstances, e.g. geography and demographics. The Inquiry has heard that in Scotland, Health Boards are responsible for the local delivery of vaccination programmes. This decision was taken as part of contract negotiations between the Scottish Government and the BMA on behalf of GPs in 2018 (Transcript 10/07/24 to 10/08/17). This became known as the Vaccination Transformation Programme and allowed GPs to focus on their core role of delivering expert medical care in the community. The full transfer of responsibility from GPs to Health Boards did not conclude until April 2022. During the pandemic, it was reasonable and sensible for the Scottish Government to divert the resource-intensive duty of mass vaccination away from GPs. This policy helped ensure resilience in the primary care sector in Scotland. It also meant that legal and practical considerations regarding the supply and distribution of Covid-19 vaccines were appropriately managed during the pandemic. Scotland does not have GP practices with a sufficient breadth of coverage that would allow them to deliver the vaccine without a high degree of wastage (Transcript 10/11/04 to 10/11/07).
21. Health Boards set up a range of different clinic types and locations to meet the needs of their communities, from mass vaccination clinics to smaller local community and faith venues. Some Health Boards did continue to utilise GPs and GP practices to deliver vaccinations where it was suitable and appropriate to do so. The Scottish Government recognises the challenge of geography, particularly in the Highlands and islands, and that in rural areas people may have had to travel longer distances to access vaccination. Mobile units were made available to support and reach these communities and Health Boards used their local knowledge and real time uptake data to plan and pivot their approach to ensure suitable clinic availability. In addition, as the Inquiry has heard, Health Boards worked with local partnerships and charities to mobilise volunteers and provide free, accessible transport options to get people to their appointments (Transcript 10/49/13 to 10/49/25). For example, one Health Board provided tokens for free bus travel to and from vaccine appointments and many Health Boards offered free taxi or minibus transport for those that were unable to travel (INQ000376293/13).
22. The Scottish Government recognised that for most, convenience was key to ensuring high levels of vaccine uptake. Around 86% of the Scottish population lived within a 30-minute drive of a mass vaccination centre (INQ000474396/47). This was the primary method of delivery in Scotland to ensure as many people could be vaccinated as quickly as possible. Feedback on the accessibility of these centres was routinely gathered and acted upon to

ensure that they were as inclusive and comfortable as they could be. The Scottish Government recognised that attending a mass vaccination centre would not be suitable for everyone. A range of measures were put in place by different Health Boards to ensure that the vaccine reached everyone. For example, vaccinations were delivered to care home residents and staff in care homes; the housebound were provided with home visits; health and social care workers were vaccinated in their place of work and as the Inquiry has heard, a range of different community clinic types were set up, including in places of worship or community gathering. Decisions taken regarding delivery such as the vaccination of care home staff at the same time as care home residents led to higher uptake among care home workers in Scotland (INQ000474623/6-7).

23. The Scottish Government has put in place a process to allow flexibility in how vaccination is delivered, particularly in rural and remote places. As a matter of course, Health Boards and Health and Social Care Partnerships should consider how to ensure that all vaccination programmes are fully accessible, no matter where in the country someone lives, and to take appropriate steps as necessary to ensure this is the case. The Scottish Government remains committed to keeping this under review with all partners, including paying careful attention to any recommendations that may be made by the Chair.
24. The Scottish Government is supporting NHS Highland to address concerns about its vaccination service. This process predates Module 4. As part of this, NHS Highland used the process noted in paragraph 23 to seek agreement to put in place a mixed model of vaccination delivery. This involved the submission of an Options Appraisal paper to the GMS Oversight Group, which considered the paper and agreed to NHS Highland's proposal for a mixed model on 24 December 2024, after which the Cabinet Secretary for Health, Social Care and Sport agreed to the proposal on 21 January 2025.
25. Between December 2020 and September 2020 over 8 million vaccinations were delivered in Scotland. All priority groups had been offered vaccination by 7 May 2020. By 15 November 2021 over 93% of over 18s had received their first dose and over 88% had received two doses (INQ000353777/18). By 30 June 2022, the percentage of the population aged 12 years and over vaccinated with at least two doses stood at 85.7% in Scotland. The comparative figures are 89.8% in Wales, 83.7% in England, and 81.1% in Northern Ireland. It is difficult to compare uptake as there were only marginal differences in the vaccination programmes across the UK; the uptake figures for the Four Nations are broadly in alignment.

26. The Scottish Government has already begun its work with partners to identify areas for improvement and embed learning into its vaccination programmes. In January 2024, responsibility for national oversight of all vaccination programmes in Scotland was transferred to Public Health Scotland (PHS). This brought Flu and Covid-19 vaccination into the same planning and governance structure as all other vaccine programmes. This new, consolidated programme is called the Scottish Vaccination and Immunisation Programme (SVIP). In November 2024, PHS on behalf of all SVIP partners, published a 5-year Vaccination and Immunisation Framework and Delivery Plan which noted the top priorities for the programme. Many of these priorities align with the themes heard during the course of these hearings and reflect the areas for improvement mentioned.
27. The Scottish Government, along with partners, identifies the priority areas as:
- Ensuring everyone has timely and equitable access to high-standard vaccination services that meet the needs of all communities, including remote and island communities;
 - Making every contact and interaction count and optimise patient/public experience and engagement;
 - Strengthening capacity and capability of its multi-disciplinary vaccination workforce; and
 - Adapting the system-wide approach to achieve safe, effective, sustainable and patient-centred immunisation services across all settings.
28. The Scottish Government has carried forward many of the innovations introduced during the pandemic vaccine rollout and where possible, extended these to other immunisation programmes to support and encourage uptake. The Scottish Government is fully committed to learning all lessons which may be applicable to saving lives, both within its routine vaccination programmes as well as in future pandemics

Vaccination as Condition of Deployment for Health and Social Care Workers

29. The Scottish Government recognises that the issue of Vaccination as a Condition of Deployment for Health and Social Care Workers is complex. It considers that vaccination should be voluntary, based on the principle of informed consent. The Scottish Government has already alluded in its opening statement to ethical and human rights concerns and proportionality. The Scottish Government also considered the impact on minority ethnic staff as evidence showed that there was a lower rate of vaccine confidence

among some minority ethnic communities. In Scotland, certain vaccines are recommended for healthcare workers generally and certain other vaccines are recommended for healthcare workers who are in close contact with patients, blood and blood-stained fluids. These vaccinations are voluntary. The Covid-19 Advisory Group for Scotland were concerned that some health and social care professions might take the view that compulsory vaccination as a condition of employment was contrary to the principle of informed consent, which could risk undermining the confidence of the general population in the vaccination programme (INQ000474396/20). The Scottish Government did not have substantive detailed discussions on this with other health ministers. Devolved decision-making was respected with no attempt to force a Four Nations approach.

National Vaccines Agency

30. The Scottish Government has listened to the evidence from several witnesses recommending the creation of a National Vaccines Agency, or a body with a similar function. The Scottish Government would welcome future involvement in discussions with the other UK nations in relation to any consideration of this.

Valneva contract

31. The Scottish Government welcomes the opportunity to examine publicly the reasons for the UK Government's decision to cancel the Valneva contract for a vaccine manufacturing site in Livingston. There is no evidence that this decision impacted the vaccine programme in Scotland as the cancellation took place at a stage of the rollout where other vaccines were available. It did bring to the fore the importance of having a vaccine manufacturer onshore in the UK in case there were any supply issues with existing providers. On that basis, the Scottish Government believes communications and engagement could have been undertaken in a more transparent and timely manner by the UK Government regarding this critical decision and the rationale behind it. The Scottish Government believes that in the future this is an area that could be improved.

Theme Three: Messaging

32. Public messaging in Scotland was broadly effective which can be demonstrated by the overall levels of vaccine uptake. Communications evolved in response to changing advice and evidence as well as emerging insights, feedback and research. Increasing levels of fatigue, misinformation and disinformation impacted vaccine confidence and influenced the approach to messaging as the pandemic went on. Scottish Government marketing led on the development of a national marketing campaign, the "Roll Up Your Sleeves"

campaign. This campaign was also to be adapted when new cohorts were called upon for vaccination, for example a version with imagery of younger adults was created when these age groups became eligible. Scottish Government marketing responded to new developments throughout the pandemic, deploying the “Boosted by the Bells” campaign in response to the onset of the Omicron variant ahead of anticipated increased social interactions during the festive period and the “Roll Up Your Sleeves” campaign which targeted priority groups.

33. Disinformation was a continual issue over the course of the pandemic and was particularly difficult to deal with on social media platforms. The Scottish Government took an effective approach of repeating factual statements that countered this information, without being drawn into direct confrontation with the publishers. Trusted medical professionals were often used to deliver these messages, recognising high levels of public trust in the NHS. In addition, there was a dedicated team leader in the vaccine policy team who was responsible for managing anti-vaccination and disinformation activities, liaising with partners across the programme in Scotland but also making connections with the other UK nations.
34. The First Minister, Nicola Sturgeon took a central, and highly visible, role in public messaging around Covid-19 vaccines. Vaccination was promoted from an early stage as a positive intervention that would support easing of restrictions. At the start of 2021, polling showed that 67% of adults in Scotland trusted the Scottish Government to deliver information on Covid-19 (INQ000506900/14).
35. As well as public marketing and communications, a suite of resources were developed and routinely updated to support people to make an informed decision regarding the vaccine. ‘What to Expect’ leaflets were provided to everyone at their vaccine appointment and people were able to ask questions of their vaccinators. Informed consent information was created in over 30 different languages and formats and were also available on the NHS Inform website (INQ000376293/7). The Scottish Government developed messaging for both the whole population as well as tailored communications for underserved communities. Easy Read, British Sign Language and audio versions were also available. A myth busting film was also developed, featuring Scottish doctor and TV personality, Dr Punam Krishan. This was translated into Arabic, Cantonese, French, Gujarati, Hindi, Polish, Punjabi, Romanian, Swahili and Urdu (INQ000474396/39). The Scottish Government has built learning from the pandemic into its current approach led by PHS as its trusted national public health agency.

36. The Online Safety Act 2023, the Office of Communications (OFCOM) advisory committee established under section 152 and the powers of direction in section 175 will help combat misinformation and disinformation in any future pandemic. This Act was passed by the UK Government and applies throughout the UK.
37. Improving vaccine digital systems will be important for future sustainability and expanded data collection will be important to ensure programmes continue to be able to be accessible to everyone.

Vaccine injury

38. The Scottish Government wishes to reiterate the need to acknowledge those who suffered from very rare cases of injury or death following vaccination. It has listened carefully to evidence from the Vaccine Injury Group and recognises that those injured were in favour of vaccination. It is important to acknowledge that Covid-19 vaccines are medicines and like all medicines they can have side effects and, on rare occasions, cause injury. Thankfully, most side effects are mild and short lived, but the Scottish Government acknowledges that some are not. The Scottish Government has great sympathy for anyone who has been injured as a result of receiving the Covid-19 vaccines. In Scotland, Social Security Scotland provided a service to help those injured by Covid-19 vaccines to complete the application form for the Vaccine Damage Payment Scheme (Transcript 11/22/05 to 11/22/08). The Scottish Government wishes to put on record that the benefits of vaccines in preventing serious complications associated with Covid-19 far outweigh any currently known side effects in the majority of patients, but it understands that not everyone has a positive experience of vaccination.
39. As with all vaccines and medicines, the safety of Covid-19 vaccines is continuously monitored by the MHRA, taking into account a range of information, data and evidence. When new evidence and data emerged during the pandemic, the programme was quick to act to respond to this. The Scottish Government has listened closely to the points made during the course of the Inquiry about vaccine injury and undertakes to consider where changes may be made as a result.

Theme Four: Data

40. Throughout this Module, the Inquiry heard evidence from a range of witnesses to the effect that the lack of accessible data hampered vaccine delivery across all four nations.

At the start of the programme, as the Inquiry has heard, there were particular challenges regarding accessible and publicly available supply data which impacted the Scottish Government's ability to communicate appropriately with the public and build and maintain trust in the programme. This later improved as supply became steadier.

41. The Scottish Government worked with partners to improve its programme data throughout the course of the rollout to ensure that it was able to plan its resources and approach appropriately. The introduction of ethnicity data collected through the programme in November 2021 meant that the Scottish Government had access to detailed disaggregated data on uptake by minority ethnic group, including for communities such as Gypsy/Traveller communities. Before this, the programme was already using a range of data to understand any emerging issues, including the ability to home in on local geographical areas of deprivation with low uptake, and provide more support in these communities.
42. The Scottish Government is committed to learning the lessons required to ensure that vaccine uptake in future is equally successful across all communities in Scotland, regardless of age, sex, income, or national, ethnic or religious background. It is accepted that this will require a step-change in how data is collected and stored relating to patients in Scotland. The Scottish Government notes that PHS and other Health Boards have called for a national IT infrastructure across health, to safely and securely store patient data. The Scottish Government has already invested in developing such a capability, through the establishment of a National Digital Platform and its Clinical Data Store, which was used during the pandemic to store vaccination data nationally safely. The Scottish Government continues to support the ongoing development of this national IT infrastructure. The Scottish Government's Future Pandemic Preparedness Programme of work has identified data as a priority area for improvement.

EAVE II

43. The Early Pandemic Evaluation and Enhanced Surveillance of Covid (EAVE) II Study is an excellent example in Scotland of data sharing. It was the first, national, real-time, multi-dimensional surveillance platform in the world with data from all people resident in Scotland and it has been widely praised. It enabled studies to be published on the efficacy of the vaccines based on real-world data (for example INQ000147534 on the AstraZeneca vaccine, referred to by Dr Justin Green (INQ000474537/44-45)). Nevertheless, the sharing of data has been a significant issue for many years, and one recognised by the Scottish Government. The Scottish Government Standing Committee for Pandemic

Preparedness has recommended building on Scotland's existing data and analytics strengths to advance the development of these as core infrastructure for future pandemics. It is not clear that those studies could be replicated swiftly or effectively in the future.

44. The approval mechanisms used to access primary care data for this work have been replaced with new mechanisms based on learning from the pandemic and other nations. The Scottish Government recognises that evaluation of public health interventions such as vaccine effectiveness is important. It has put in place appropriate mechanisms to retain access to data for PHS but recognises that continuation of some of the EAVE II work would require special dispensations or other negotiations with data controllers. The Scottish Government will pay careful attention to any recommendations by the committee and the Inquiry.

Therapeutics

45. Therapeutics were important as they protected vulnerable people who could not receive the vaccines, or for whom the vaccines were not effective. Whilst the Scottish Government and the NHS in Scotland could have independently procured and prescribed licensed medicines, throughout the pandemic, a UK-wide approach to the procurement of therapeutics was adopted. This was vital to allow the UK to have the buying power to secure significant numbers of therapeutics in a competitive global market. No government can respond effectively to a global pandemic alone. The Scottish Government supports working together with the governments of the other Four Nations. In an increasingly interdependent world, the Scottish Government recognises the value of working with others to create a joint force.

Conclusion

46. The Scottish Government wishes to thank all those who have given evidence during Module 4 and to pay tribute to all those in the NHS and across society who served others during the pandemic by developing, conducting clinical trials, delivering and administering vaccines and therapeutics.
47. The Scottish Government is wholeheartedly committed to assisting the Inquiry in fulfilling its Terms of Reference and identifying findings and recommendations. It is determined to emerge from the public health crisis with a stronger and fairer society, building on the common purpose within the vaccination and therapeutic pandemic response in Scotland.

Now that we have emerged through this tough challenge, there is an opportunity to renew our country, building a fairer society with more equitable access to healthcare. The Scottish Government has laid strategic foundations to prepare its vaccination and therapeutic systems and services for the next pandemic, putting in place a cross-government programme of work to improve pandemic preparedness. The Scottish Vaccination and Immunisation Programme provides Scotland with the public health expertise and leadership to improve routine immunisation programmes and put the Scottish Government in a strong position to respond to new threats.

12 February 2025

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