IN THE UK COVID-19 INQUIRY

MODULE 10

SUBMISSIONS ON BEHALF OF
CLINICALLY VULNERABLE FAMILIES ('CVF')
FOR THE SECOND PRELIMINARY HEARING, 4th NOVEMBER 2025

A. INTRODUCTION

1. CVF was founded in August 2020 and currently represents those who are Clinically Vulnerable ('**CV**'), Clinically Extremely Vulnerable ('**CEV**') or Severely Immunosuppressed, as well as their households, across all four nations (collectively referred to as **'Clinically Vulnerable**').[1] Due to their underlying health conditions, this group of vulnerable individuals were, and remain, at higher risk of severe outcomes from Covid-19 than the wider population, including greater mortality and Long Covid.[2]

2. CVF looks forward to assisting the Inquiry in Module 10 by highlighting the lived experience of Clinically Vulnerable people and their households, who continue to be impacted both by the virus itself and the UK's response to it. CVF is grateful to Counsel to the Inquiry ('**CTI**') and Solicitors to the Inquiry ('**STI**') for the helpful notes dated 7th October 2025, together with other information circulated ahead of this preliminary hearing.

3. Module 10 is centrally focused on the experiences of the most vulnerable in society. It is intended to "*examine the impact of Covid on the population of the United Kingdom with*

[1] 'Clinically extremely vulnerable' individuals were formally advised to shield due to severe clinical risk and classified as Group 4 under the original Covid-19 vaccine priority list. 'Clinically vulnerable' individuals were not formally advised to shield, although many did so informally. They were classified as Group 6 under the original Covid-19 vaccine priority list, with reference to conditions listed in the UK Health Security's Agency's 'Covid
19: Green Book' [INQ000354471].

[2] Pre-existing conditions of people who died due to COVID-19, England and Wales, Quarter 1 (January to March) 2023, Office for National Statistics, 25 April 2023, [INQ000408875]; All data relating to 'Prevalence of ongoing Symptoms following coronavirus (COVID-19) infection in the UK: 30 March 2023, Office for National Statistics, [INQ000408796].

a particular focus on key workers, the most vulnerable, the bereaved, mental health and wellbeing."[3] The third of the four topics set out in the Provisional Outline of Scope confirms that Module 10 will examine the impact of the pandemic and the measures put in place on:

> "The most vulnerable, including those outlined in the Inquiry's Equalities Statement as well as the clinically vulnerable and clinically extremely vulnerable."

4. The Draft Provisional List of Issues dated 7 October 2025 now sets out the following Overarching Issue:

> "To what extent was the impact of the pandemic unequal, whether by reference to protected characteristics, socioeconomic status, geography, health status (including clinically vulnerable and clinically extremely vulnerable people) and other demographic disparities or factors?"

5. CVF welcomes the importance given to the experiences of Clinically Vulnerable people in Module 10 thus far. However, CVF wishes to raise the following three issues in relation to matters which the Inquiry proposes to address during the Second Preliminary Hearing:

5.1. List of Issues. In summary, CVF provides suggestions to ensure that the "*Overarching Issues*" set out in the Provisional List of Issues are given due weight in the Inquiry's consideration of the "*Thematic Issues"*.

5.2. Expert Evidence. In summary, CVF is concerned that the Inquiry's approach towards the instruction of experts means that there will be insufficient evidence to properly investigate the impact of the pandemic on Clinically Vulnerable people, risking an incomplete picture of how policy decisions affected those most at risk and undermining the Inquiry's ability to draw meaningful lessons for future emergencies.

5.3. Rule 9 Requests. CVF sets out below suggestions for further Rule 9 requests which it considers will provide the Inquiry with necessary evidence to enable it to appropriately explore the matters set out in the List of Issues and to make important recommendations.

[3] Provisional Outline of Scope, p.1.

6. CVF provides comments to the Draft M10 Factual Chronology in the Annex to these submissions.

B. SUBMISSIONS

List of Issues

7. CVF welcomes the Inquiry's identification of clinical vulnerability within Overarching Issue 4. However, CVF is concerned that the suggested investigation of clinical vulnerability as set out in Issue 4 is limited and inconsistent with the Provisional Outline of Scope previously provided by the Inquiry. Indeed, consideration of clinical vulnerability has been limited to the issue of investigating the pandemic's "*unequal impact*" and may thus fail to explore the impact of the pandemic on Clinically Vulnerable people in non-comparative terms (which was the approach originally adopted by the Provisional Outline of Scope).

8. While CVF notes that the Inquiry intends for the Overarching Issues to *"inform and frame the Inquiry's consideration of each topic and area in scope*" and has indicated that the Overarching Issues "*should be read and considered alongside the thematic questions*", CVF invites the Inquiry to recognise expressly that the question of unequal impacts is cross-cutting and relevant to a number of the other sub-topics set out in the Thematic Issues. It will be important for the Inquiry to consider the extent to which unequal impacts were felt by Clinically Vulnerable people across each of those areas and not just in high-level or general terms. It thus encourages the Inquiry to amend the List of Issues to ensure that the Inquiry properly explores whether, and if so, how and why, Clinically Vulnerable individuals and households were impacted differently across each of the areas set out in the Thematic Issues.

9. We propose, for example, the following amendment to Overarching Issue 4:

> To what extent was the impact of the pandemic unequal, whether by reference to protected characteristics, socioeconomic status, geography, health status (including clinically vulnerable and clinically extremely

vulnerable people) and other demographic disparities or factors, and to what extent was the impact of the pandemic unequal in relation to the Thematic Issues below.

Expert Evidence

10. It is evident, and welcome, that the Inquiry intends for clinical vulnerability and the impact of the pandemic on Clinically Vulnerable individuals and households to be a central topic for Module 10. This is borne out by the careful inclusion of clinical vulnerability as a core subject in the Provisional Outline of Scope and Provisional List of Issues. CVF understands that this is also what motivated the Inquiry's decision to commission an expert report to consider the impact of the pandemic on "*disability and clinical vulnerability*".[4]

11. However, while the Inquiry clearly intended to obtain expert evidence on clinical vulnerability, unfortunately the expert report received from Professors Watson and Shakespeare almost entirely fails to provide this. As CVF explained in its observations on the draft report, Clinically Vulnerable people are not a sub-group of disabled people. Clinically Vulnerable people faced different issues, increased risks and required different protections than disabled people. They also constitute a much wider group than Clinically Extremely Vulnerable.

12. This is not entirely a criticism of Professors Watson and Shakespeare, who may not be sufficiently qualified or experienced to speak on clinical vulnerability. CVF also recognises that there is a structural problem in that "clinical vulnerability" is a relatively new concept coming out of the pandemic and there are obstacles (for example data gaps) to fully understanding the impact that the pandemic has had on Clinically Vulnerable

people. However, notwithstanding the challenges, CVF submits that the result is that there is now an almost total lack of bespoke expert evidence on the impact of the pandemic on Clinically Vulnerable people, not just in Module 10 but across all modules of the Inquiry.

13. Given the failure to address clinical vulnerability in the expert report on disability, CVF disagrees that "*the evidence of Professors Shakespeare and Watson, taken together with the evidence provided in response to the CVF Rule 9 request and publicly available material, will be sufficient to inform the Inquiry's investigation of the matters in scope*."[5]

[4] See Module 10 Updates to Core Participants, dated 24 April 2025 at §10(v), and 25 July 2025 at 9(i). [5] Paragraph 12, Counsel to the Inquiry's Note for the Second Preliminary Hearing in Module 10, dated 7 October 2025.

Similarly, while CVF welcomes the Rule 9 requests issued to Professor Majeed and Professor Herrick, their factual evidence cannot remedy the current deficiencies in the expert evidence: Rule 9 statements are neither suitable nor proportionate to the weight which Module 10 was intended to afford to clinical vulnerability.

14. CVF therefore maintains its position, reiterated since the commencement of Module 10. Expert evidence is required to ensure that the Inquiry properly understands and assesses the pandemic's impact on Clinically Vulnerable people, including by highlighting systemic issues such as data gaps and how "*absence of evidence*" has now become "*evidence of absence*."

15. Given these systemic issues, CVF encourages the Inquiry to properly consider instructing Professor Christina Pagel and Dr Duncan Robertson, leading experts in operational research, data modelling and public policy analytics. Both experts were central in analysing and communicating real-time data to both government and the public via Independent SAGE. They have unique expertise on how pandemic data was used (and misused), what it was able to capture and how that influenced the experience of Clinically Vulnerable individuals. For instance, CVF believes that there are important economic and social consequences of data gaps (such as lost employment due to early retirement and unpaid caring roles, alongside the wider harms of prolonged isolation, exclusion, and stigma resulting from flawed assumptions and poorly targeted policy decisions).

16. This is fundamental to ensure that the Inquiry can make key recommendations that are necessary to ensuring that Clinically Vulnerable people are properly understood and better protected going forward.

Rule 9 Requests

17. As discussed above, CVF considers it important that clinical vulnerability is considered as a cross-cutting issue, to ensure that consideration of differentiated impacts on Clinically Vulnerable people in each of the settings set out in the Thematic Issues are properly considered and that the Inquiry is able to make targeted recommendations relating to the protection of Clinically Vulnerable people in each of those settings.

18. CVF does not believe that the Inquiry has sufficient witness evidence to ensure that this cross-cutting consideration of clinical vulnerability can take place. This is particularly

given the Inquiry's decision not to hold a Roundtable focused on Clinical Vulnerability, despite this being requested by CVF, and in light of the difficulties discussed above relating to appropriate expert evidence.

19. CVF considers that a further Rule 9 request is required to ensure appropriate consideration of clinical vulnerability across each of the Thematic Issues. It encourages the Inquiry to consider making a Rule 9 request of Professor Catherine Noakes, who has previously provided witness statements in Modules 2 and 8 of the Inquiry.

20. Professor Noakes would provide invaluable evidence relating to physical environments, how viruses spread in those environments and the behaviour of people using those environments in response to viruses spreading. This evidence would be centrally relevant to the Thematic Issues and specifically, to understanding the experience of Clinically Vulnerable people within each of the environments (prisons, sports and leisure centres, cultural and religious institutions etc.) which the Inquiry intends to explore. CVF is concerned that the Inquiry does not currently have any comparable evidence before it which would allow it to properly understand the experience of Clinically Vulnerable people in relation to every subtopic in this module.

21. Each of the Thematic Issues listed in the Module 10 Provisional List of Issues involves a physical environment that was vulnerable to Covid-19 and affected by measures implemented by the UK government to reduce or control transmission of the virus. In turn, those measures inevitably impacted upon the people using those environments.

22. CVF submits that in order to make meaningful and practical recommendations for the future, the Inquiry will need to go further than simply identifying the various impacts: it will need to consider how those impacts might be avoided in a future pandemic, which includes considering how to make physical environments safer and more resilient to a virus outbreak. CVF submits that the Inquiry will therefore need evidence on this issue in Module 10, to enable it to make recommendations for how to increase safety and lessen the negative impacts on the people using those spaces in the future.

C. CONCLUSION

23. Despite the regular talk of 'protecting the vulnerable', the pandemic has been a major missed opportunity to make the permanent changes to attitudes, infrastructure, and

equalities law needed to protect vulnerable lives and to make our society more inclusive and safer for everyone. As CVF has noted before, Module 10 is the final chance for the Inquiry to listen to the voices of Clinically Vulnerable people and understand the profound and lasting impact which the Covid-19 pandemic has had on them.

24. CVF welcomes the Inquiry's acknowledgement that Module 10 is not only an important, but also the last, opportunity for it to properly understand the pandemic's impact on Clinically Vulnerable people. However, by failing to source appropriate expert and factual evidence, the Inquiry risks jeopardising this opportunity. Similarly, failing to ensure that clinical vulnerability is treated as a cross-cutting issue, affecting each of the specific Thematic Are as explored in Module 10, risks affording unduly limited weight to the experiences of Clinically Vulnerable people. For these reasons, CVF encourages the Inquiry to take the steps set out above, and (i) amend the List of Issues to ensure appropriate consideration of clinical vulnerability, (ii) instruct further experts, and (iii) issue one further Rule 9 Request.

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