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process where there would be an opportunity for carers currently unknown to services to apply or, to be supported to apply for vaccination where they met the eligibility criteria. It was planned that this would be an arrangement through the national booking system, like the Frontline workers SOP.

She explained this group would be reached on a phased approach and that many unpaid carers flagged on GP Records had already been called and DWP had transferred names and addresses of 800,000 carers who received a carers allowance. She confirmed there would be a process of de-duplication to avoid individuals receiving more than one notification letter and that the process to gather data on LAs would begin next week, with the portal going live the week after.

People already on GP flags would be called by a local vaccination service through the PCNs, the other groups would be called through the national booking system. Proposed communications for cohort 6 would require some nuancing in relation to unpaid carers and the route that they take.

JAMES BULLION highlighted LA care and data needed to be addressed. He had received lots of reports of local vaccination teams asking for carers data. An urgent message to confirm the process was required.

CATHY KERR agreed with JAMES BULLION and said that local arrangements should continue but recognised the SOP needed to go out as soon as possible. She added that there had been daily meetings with NHSD about the process for gathering the data from local LAs. The data collection was expected to start next Monday with a fast turnaround. Q and A Sessions for technical leads in LAs had also been arranged.

Learning Disability

DAVE NUTALL addressed media reports regarding the JCVI guidance in relation to those with learning disabilities.

He said that the JCVI had updated their guidance on vaccinating people with learning disabilities which meant that anyone on a learning disability GP register was now formally included in Group 6. He clarified that the JCVI had not changed their assessment of risk, they still considered people with a severe and profound learning disability were at the greatest risk, and once you control for age, place of residence or not, whether they have Downs Syndrome - in which case they would be in Group 4, or whether they had other clinical conditions.

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He confirmed that the baseline risk for someone with a mild to moderate learning disability was in line with the general population which had not changed. However, he said that the JCVI had recognised the coding in relation to severity and some of the clinical judgments might have meant there was a risk of people being omitted or missed and therefore it made sense to use the entire register which had now been adopted. Everyone on the register would now be incorporated into Group 6.

DAVE NUTALL addressed questions about those not on the register. He said that the JCVI hadn't intended to encourage anyone with a learning disability or mild to moderate learning disability to present to the GP but, there was nothing to stop people from being added to the register via an established process. He thought this was a good thing and highlighted some positive stories he'd seen on social media.

JAMES BULLION explained that ADASS had thought it was wrong and in contrast to the other areas. He thought this had been a missed opportunity to get communications that LAs could have helped with.

He went on to say that there had been lots of feedback from the learning and disability community to councils saying this approach was discriminatory – not necessarily evidence based in relation to JCVI but nonetheless their views were heartfelt and strongly fed back.

JAMES BULLION added there were lots of people who were not on GP Registers who were being worked with in the LA who were above mild and moderate learning disability, and he highlighted there was still the potential to discriminate against people with a disability because they are not on a GP register. He agreed with DAVE NUTALL to not use this process to get people on the register during this period, but he thought by not using LA, colleagues had missed a trick and that it might have been too late to do this now.

He was concerned that learning disability and neurodiversity had not been considered enough from the time of the Taskforce through to vaccination. ADASS did recognise the step that had been taken, however.

DAVE NUTALL accepted there would continue to be dispute about their assessment of the evidence but confirmed that the DHSC position would be to follow the JCVI as the clinical experts. He reiterated that its assessment of the evidence had not changed, and its letter of yesterday had included the clearest explanation of the JCVI rationale in relation to this group.