

IN THE UK COVID-19 INQUIRY
MODULE 3

SUBMISSIONS ON BEHALF OF
CLINICALLY VULNERABLE FAMILIES ('CVF')
FOR THE THIRD PRELIMINARY HEARING ON 10th APRIL 2024

A. INTRODUCTION

1. These submissions are made on behalf of Clinically Vulnerable Families ('CVF').
2. As the Inquiry will be aware, CVF were designated as a Core Participant ('CP') for Module 3 of the Inquiry on 16th January 2023. CVF was founded in August 2020 and currently represents those who are Clinically Vulnerable ('CV'), Clinically Extremely Vulnerable ('CEV') and the Severely Immunosuppressed, as well as their households, across all four nations. This group of vulnerable individuals were, and remain, at higher risk of death from Covid-19 than the greater population¹.
3. CVF continue to seek to ensure that the Inquiry considers the full impact of the pandemic on the CV, the CEV - 'the shielded', and the Severely Immunosuppressed, their families and households, particularly within Module 3. When evaluating the effectiveness of healthcare systems, and the healthcare consequences of how governments and the public responded to the pandemic, the impact on specific groups like those CVF represent must be at the forefront of the Inquiry's consideration.
4. CVF are grateful to Counsel to the Inquiry ('CTI') and Solicitors to the Inquiry ('STI') for the helpful Notes dated 13th March 2024, together with other information circulated ahead of this hearing.

¹ [Pre-existing conditions of people who died due to coronavirus \(COVID-19\), England and Wales - Office for National Statistics](#)
[Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](#)

B. SUBMISSIONS

(1) Inclusion of CV/CEV as an equality group

5. CVF have previously raised² the need, within the Inquiry, to identify and treat CV and CEV people as a distinct group with needs that differ from other equality groups. While some CV/CEV people may identify as disabled and fall within the Equality Act's definition of disabled, others do not. The term clinically vulnerable in particular covers a large group, all of those who remain at higher clinical risk to Covid-19³.
6. The pandemic continues to have a distinct impact on CV and CEV people: some have no immune-response to vaccines; all remain at higher risk of severe disease from Covid-19; all have had to make difficult and unenviable choices about the extent to which they can participate in all facets of public life as public health measures have been incrementally withdrawn over time.
7. CVF submit that because CV people are a new group forged by their health status during the Covid-19 pandemic, they are not currently considered, as a group, within the Equality Act 2010. Nonetheless, they are at risk of suffering discrimination, especially in access to healthcare, and often struggle to agree reasonable adjustments within both healthcare and wider society. More explicit recognition of CV people's new needs would help to ensure a consistent approach throughout the Inquiry.
8. CVF's overarching submission is that the Inquiry must consider CV/CEV people with an appreciation of their distinct interests in this Module and to specifically bear CV/CEV people in mind when investigating the healthcare response to Covid-19. CVF therefore repeat their previous submission that the Inquiry's Equalities and Human Rights Statement ought to be amended to add 'Clinical vulnerability to Covid-19' (as bullet-point (f)) to the

² in their written and oral submissions for the last preliminary hearing on 27th September 2023 (see Second Preliminary Hearing Transcript, pages 102-104)

³ The UK Health Security Agency's "Covid-19: Green book, Chapter 14a" at page 20 states that those clinically vulnerable to Covid-19 are defined by the JCVI priority group as:

- a. Children of any age with severe neuro-disability, severe or profound multiple learning disabilities (including Down's syndrome and those on the learning disability register) or immunosuppression (as defined in table 4)
- b. Adults who have underlying health conditions leading to greater risk of disease or mortality as defined in table 3 (including chronic respiratory disease, chronic heart disease and vascular disease, chronic kidney disease, chronic neurological disease, diabetes, immunosuppression; and
- c. Those of advanced age.

list of characteristics which will be considered when investigating unequal impact among different groups or populations.

9. As CVF have already identified, the Inquiry's terms of reference include an obligation to consider '*any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, those relating to protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998*' (emphasis added). Thus, the scope of the categories identified is within the Inquiry's discretion. CVF consider that amending the Equalities and Human Rights Statement would be a tangible demonstration of this group's important place within the Inquiry and will ensure that the mistake of overlooking this group is not repeated in this Inquiry as it too-often was during the main phases of the pandemic.
10. CVF were disappointed that this change was not made following their previous submissions, and indeed, regrettably, no mention was made of it in the ruling which followed the Second Preliminary Hearing. The ongoing failure to identify CV/CEV people as a distinct equalities group has resulted in their needs and particular perspective at times appearing to be excluded from the Inquiry process. For example, CVF were dismayed to be informed that they were denied entry to the Equalities Forum, which is part of the Inquiry's engagement activities. CVF do not understand the reasons given for their exclusion from the Equalities Forum, given the distinct equality issues which are faced by CV/CEV people. Again, this adds weight to the need for the Inquiry to formally recognise CV/CEV people as having a relevant equality characteristic. CVF respectfully submit again that clinically vulnerable people should be properly recognised and considered in this Inquiry, including by amending the Inquiry's Equalities and Human Rights Statement.

(2) Reasonable Adjustments

11. CVF is concerned that progress towards providing appropriate reasonable adjustments which will allow CVF members to attend and fully participate in the public hearings in person from September onwards has slowed. CVF will update the Inquiry as needed on this process as there are still many unresolved issues which, if not resolved before the start of the main hearings, will cause real exclusion and distress to CVF members.

(3) Expert witnesses – a proposed clarification

12. CVF have followed with interest the Inquiry's selection of specific experts to provide evidence to the Inquiry. From CVF's perspective, the Inquiry must ensure that it has the evidence necessary to properly consider the impact of the pandemic on CV/CEV people as a key demographic. They are grateful for, and reassured by, the Inquiry's confirmation that some of the experts already instructed will address the challenges faced by CV, CEV and immunosuppressed groups, and in particular that Professor Snooks and Professor Edwards' report on primary care and emergency pre-hospital care will address the impact of the shielding programme; the timing and rationale behind lifting shielding measures; and the long-term effects of shielding.
13. CVF will provide comments on the draft reports in due course, as needed. CVF also request that a small but important clarification is made to Professors Snooks' and Professor Edwards' instruction. This is that they should consider the psychosocial effects of shielding on all shielding people (adults and children) as part of their evaluation of the long-term effects of shielding. CVF's view, supported by its members' lived experience (as will be clear from their Rule 9 evidence) is that the psychosocial impact of shielding is just as important as any other long-term effect and must be addressed for the Inquiry to have a full understanding of the shielding programme.

(4) The importance of Module 3 addressing the impact of children's experiences of healthcare

14. CVF have noted previously⁴ that there is no explicit reference to children in the Provisional Scope of Module 3. CVF are aware that a separate module on education, children and young people (CYP) is forthcoming. However, that does not detract from the need to consider children's particular and distinctive experiences of healthcare as part of Module 3. Indeed, the Inquiry has recognised the need to consider children's experiences of healthcare by instructing experts to consider the impact of Covid-19 on access to child and adolescent mental health services.

⁴ Transcript of the first preliminary hearing on 28th February 2023, pages 107-108.

15. CVF accordingly submit that (a) the impact of Covid-19 on children's experiences of healthcare, including CV and CEV children, and (b) the impact of shielding, or not shielding, on CV and CEV children are within the scope of Module 3.
16. CVF would be grateful for confirmation that (a) these issues will be made explicit in the proposed second draft of the list of issues, and (b) that these issues will be addressed in the evidence before the Inquiry, ideally through being considered and analysed in Professor Snook and Professor Edwards' report, as well as by ensuring CV/CEV children's stories are collected and highlighted in the forthcoming bespoke CYP Voices research project.

C. CONCLUSION

17. CVF intend to make brief oral submissions at the Third Preliminary Hearing on 10th April 2024 and are available to discuss any issues arising from these submissions prior to the hearing if that would be of assistance.

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27th March 2024