

# Oral statement on vaccines as a condition of deployment

Mr Deputy Speaker, with permission, I'd like to update the House on Vaccination as a Condition of Deployment.

Last Thursday, we woke up to a new phase of this pandemic, as we returned to Plan A.

People are no longer advised to work from home.

Face coverings are no longer mandatory.

Organisations no longer have to require the NHS Covid Pass.

And from today, there's no limit on the number of visitors allowed to care homes.

Week by week, we are carefully moving our COVID response from one of rules and restrictions, back to one of personal responsibility.

We're able to do this because of the defences we've built throughout this pandemic – in vaccines and antivirals, in testing and surveillance.

We know of course that COVID-19 is here to stay.

While some countries remain stuck on a zero-COVID strategy and others think about how they will safely open up here, we're showing the way forward, and showing the world what successfully living with COVID looks like.

The principle we're applying is the same principle that's guided our actions throughout this pandemic: and that is to achieve the maximum protection of public health with the minimum intrusion in people's everyday lives.

To me, this is what learning to live with COVID is all about.

Even with this progress, Mr Deputy Speaker, we must of course remain vigilant.

While overall cases and hospitalisations continue to fall, we are seeing rises in cases in primary and secondary school children.

Part of living with COVID means living with new variants and subvariants.

Our world-class health surveillance operations are currently keeping a close watch on a subvariant of Omicron, called BA.2 which the UK Health Security Agency has marked as a "Variant Under Investigation", one level below a "Variant of Concern"

1,072 genomically confirmed cases of BA.2 have been identified in England.

While early data from Denmark suggests that BA. 2 may be more transmissible, there is currently no evidence that it is any more severe.

In addition, an initial analysis of vaccine effectiveness against BA.2 reveals a similar level of protection to symptomatic infection compared to BA.1 the original variant of omicron which underlines once again the need to be vaccinated against COVID-19 and the imperative to get the booster if you're eligible.

Mr Deputy Speaker, nowhere is vaccination more important than in our health and social care system.

Throughout this pandemic, we've always put the safety of vulnerable people first – and we always will do.

It has always been this government's expectation that everyone gets vaccinated against COVID-19 especially those people working in health and social care settings, who have a professional duty to do so.

When designing policy there will always be a balance of opportunities and risks and responsible policy making must take that balance into account.

When we consulted on Vaccination as a Condition of Deployment in the NHS and wider social care settings the evidence showed that vaccine effectiveness against infection from the dominant Delta variant has been, or was, between 65 and 80 percent depending on which vaccines you had received.

It was clear that vaccination was the very best way to keep vulnerable people safe from Delta because quite simply, if you're not infected, you can't infect someone else.

Balanced against this clear benefit was the risk that there would always be some people who would not do the responsible thing and choose to remain unvaccinated and in doing so, choosing to walk away from their jobs in health and care.

Despite it being their choice to leave their jobs, we have to consider the impact on the workforce in NHS and social care settings. Especially at a time when we already had a shortage of workers and near full employment across the economy.

In December, I argued – and this House overwhelmingly agreed – that the weight of clinical evidence in favour of Vaccination as a Condition of Deployment outweighed the risks to the workforce.

It was the right policy at the time – supported by the clinical evidence – and the Government makes no apology for it.

It has also proven to be the right policy in retrospect – given the severity of Delta.

Since we launched the consultation on Vaccination as a Condition of Deployment in the NHS and wider social care settings in September there has

been a net increase of 127,000 people working in the NHS who have done the right thing and got jabbed, becoming part of the 19 out of 20 NHS workers who have done their professional duty.

During the same time, we have also seen a net increase of 32,000 people getting jabbed in social care including 22,000 people in care homes and 10,000 people working in domiciliary care.

I'm grateful to the millions of health and care colleagues who have come forward and done the right thing – and the health and care leaders who have supported them.

Together, they've played a vital part in raising our wall of protection even higher and keeping thousands of vulnerable people out of hospital this Summer.

When we laid these regulations last November, the Delta variant represented 99 percent of infections.

A few short weeks later, we discovered Omicron, which has now become the dominant variant in the UK, representing over 99 percent of infections.

Incredibly, over a third of the UK's total number of confirmed Covid-19 cases have happened in just the last eight weeks.

Given that Delta has been replaced, it's then only right that our policy on Vaccination as a Condition of Deployment is reviewed.

So, I asked for fresh advice, including from the UK Health Security Agency and England's Chief Medical Officer. In weighing up the risks and opportunities of this policy once again, there are two new factors.

The first is that our population as a whole is now better protected against hospitalisation from COVID-19. Omicron's increased infectiousness meant that – at the peak of the recent winter spike – 1 in 15 people had a COVID-19 infection, according to the ONS.

Around 24 percent of England's population has had at least one positive COVID-19 test. And as of today, in England, 84 percent of people over 12 have had a primary course of COVID-19 vaccines and 64 percent have been boosted – including over 90 percent of over 50s.

The second factor is that the dominant variant – Omicron – is intrinsically less severe.

When taken together with the first factor – that we now have greater population protection the evidence shows that the risk of presentation to emergency care or hospital admission with Omicron is approximately half of that for Delta.

Given these dramatic changes, it is not only right but responsible to revisit the balance of risks and opportunities that guided our original decision last year.

While vaccination remains our very best line of defence against COVID-19, I believe it is no longer proportionate to require Vaccination as a Condition of Deployment through statute.

So, Madam Deputy Speaker, today I am announcing that we will launch a consultation on ending Vaccination as a Condition of Deployment in health and all social care settings.

Subject to the responses – and the will of this House – the Government will revoke the regulations.

I have always been clear that our rules must remain proportionate and balanced – and of course, should we see another dramatic change in the virus, it would be responsible to review this policy again.

Some basic facts remain: vaccines save lives, and everyone working in health and social care has a professional duty to be vaccinated against COVID-19.

So, while we will seek to end Vaccination as a Condition of Deployment in health and social care settings using statute, I am taking the following steps:

First, I have written to professional regulators operating across health to ask them to urgently review current guidance to registrants on vaccinations, including COVID-19 to emphasise their professional responsibilities in this area.

Second, I have asked the NHS to review its policies on the hiring of new staff and the deployment of existing staff, taking into account their vaccination status.

And third, I've asked my officials to consult on updating my department's Code of Practice which applies to all CQC registered providers of all healthcare and social care in England.

They will consult on strengthening requirements in relation to COVID-19 including reflecting the latest advice on infection prevention control.

Finally, Madam Deputy Speaker, our vital work to promote uptake of the vaccine will continue and I'm sure the whole House will join me in thanking NHS Trusts and care homes for their relentless efforts to put patient safety first.

Madam Deputy Speaker, I wish to thank the shadow Health Secretary and the party opposite for their support of the government's approach to this policy area.

One of the reasons we have some of the highest vaccine uptake rates in the world is because of the confidence in our vaccines that comes from this place – from all sides of this House.

We may not agree on everything but when it comes to vaccination, together, we have put the national interest first.

It is now in our national interest to embark on this new phase of the pandemic where we keep the British people safe while showing the world how we can successfully live with COVID-19.

I commend this statement to the House.