

16 February 2022

RCGP Response to the Department for Health and Social Care consultation on revoking vaccination as a condition of deployment across all health and social care

It is a statutory requirement that CQC-registered persons only permit those individuals who are vaccinated against COVID-19, unless otherwise exempt:

1. to be deployed for the provision of a CQC-regulated activity in health and/or social care and;
2. to enter CQC-registered care home premises

Which of the following best describes your preference for this requirement?

- **feel strongly that the requirement should be revoked**
- would prefer that the requirement is revoked
- don't mind either way
- would prefer that the requirement is not revoked
- feel strongly that the requirement should not be revoked
- don't know

Thinking about yourself, your colleagues, your staff or care providers who are hesitant to get vaccinated, do you believe there are other steps (other than those set out in the original consultation) the government and the health and care sector could take to increase vaccine uptake?

- **yes**
- no
- don't know

If yes, what specific actions do you believe government and the health and social care sector should be taking to further increase vaccine uptake?

The RCGP is strongly supportive of all those who are eligible to receive the COVID-19 vaccine, being encouraged to do so. However, as stated in our response to the initial consultation in October 2021, we are concerned that the introduction of mandatory COVID-19 vaccinations as a term of employment risks leading to resentment and mistrust amongst our healthcare workers. Ensuring that healthcare workers are well-

informed and able to make educated choices about health interventions would ensure that we do not lose any of our crucial workforce to this policy, and would be more beneficial to public health. The RCGP would therefore urge the Department to revoke its decision to make vaccination a condition of deployment in health care and instead consider introducing alternative measures as outlined below.

In a survey of RCGP members conducted ahead of the initial consultation in October 2021, 60% of respondents across the UK thought making flu or COVID-19 vaccination mandatory would make clinical staff a little or a lot more likely to be vaccinated while 15% thought it would make them a lot or a little less likely.ⁱ Despite this, when asked about various possible steps that could be taken to boost vaccine take-up, only 37% rated a mandate as one of the most effective options.

Several other steps were considered much more likely to be effective, including vaccination programmes in the workplace (supported by 62% of respondents), more education and information on the benefits of vaccination (59%), open conversations amongst colleagues about vaccinations (56.4%) and targeted campaigns to counter social media disinformation about vaccination (49%). Learnings from areas with particularly high vaccine take-up among staff (e.g. the South West) may also be helpful in boosting vaccine uptake in areas with lower coverage.

Are there particular groups of people, such as those with protected characteristics, who would be particularly negatively affected by a COVID-19 vaccination not being a condition of deployment in healthcare and social care?

- yes
- no
- not sure

If, yes, which particular groups might be negatively impacted and why?

The RCGP recognises that patients who are particularly vulnerable to COVID-19 could be negatively impacted by a COVID-19 vaccination not being a condition of deployment in healthcare and social care.

However as mentioned above, there is limited evidence to suggest that introducing a vaccine mandate is more effective than other methods to increase vaccine uptake. Mandating the COVID-19 vaccine as a condition of deployment could instead result in a reduction in workforce numbers at a time where the entire NHS is already overstretched. Bureaucracy attached to this policy could also take up valuable time of healthcare workers. These factors may disadvantage vulnerable patients further, who in addition to being at risk of COVID-19, are likely to have higher healthcare needs.

Are there particular groups of people, such as those with protected characteristics, who would particularly benefit from a COVID-19 vaccination not being a condition of deployment in healthcare and social care?

- yes
- no
- not sure

If yes, which particular groups might be positively impacted and why?

Given the varied levels of vaccine uptake within different parts of the population, health and social care workers from groups with lower-than-average vaccination levels would be more negatively impacted by a mandate being introduced. The RCGP's member survey, showed that a COVID-19 and flu vaccine mandate would more likely negatively affect those identifying as black/African/Caribbean/black British. We can therefore assume that those identifying as black/African/Caribbean/black British might benefit from a COVID-19 vaccination not being a condition of deployment in healthcare and social care.

Those who thought a mandate for COVID-19 would make clinical staff more likely to be vaccinated fell from 60% overall to 44% for black respondents. Similarly, the proportion who thought a COVID-19 vaccine mandate would make clinical staff less likely to be vaccinated rose from 15% overall to 37% for black respondents. Those identifying as Black/African/Caribbean/Black British were also significantly more likely to suggest that mandatory COVID-19 vaccinations would lead to staff ceasing clinical work, with 12% of black respondents indicating this, compared to 6% overall.

As mentioned, there is limited evidence to suggest that introducing a vaccine mandate is more effective than other methods to increase vaccine uptake. Mandating the COVID-19 vaccine as a condition of deployment could instead result in a reduction in workforce numbers at a time where the entire NHS is already overstretched. Bureaucracy attached to this policy might also take up valuable time of healthcare workers. These factors may disadvantage vulnerable patients further, who in addition to being at risk of COVID-19, are likely to have higher healthcare needs.

This suggests that the public could also be positively impacted as revoking the policy is likely to result in losing fewer staff in healthcare and social care, at a time when the NHS is severely overstretched and is attempting to tackle the escalating backlog that has been exacerbated by the COVID-19 pandemic. This would enable more patients to be seen and allow for more time and resource to be spent on delivering the care that patients need.

What actions can the government and the health and social care sectors take to protect those with protected characteristics, or the groups you've identified, if COVID-19 vaccination is not a condition of deployment?

As mentioned, the RCGP is strongly supportive of all those who are eligible to receive the COVID-19 vaccine, being encouraged to do so. However, we are concerned that the introduction of mandatory COVID-19 vaccinations as a term of employment risks leading to resentment and mistrust amongst our healthcare workers. Ensuring that healthcare workers are well-informed and able to make educated choices about health interventions would ensure that we do not lose any of our crucial workforce to this policy, and would be more beneficial to public health.

The RCGP urges the Department to revoke its decision to make vaccination a condition of deployment in health care and instead consider introducing alternative methods including: vaccination programmes in the workplace; more education and information on the benefits of vaccination; open conversations amongst colleagues about vaccinations, and; targeted campaigns to counter social media disinformation about vaccinations.

For the safety of our healthcare workers and patients, it is also essential that the provision of Personal Protective Equipment (PPE) is sufficient and guaranteed for all staff, and in particular those in the groups we have mentioned.

¹RCGP Mandatory COVID-19 and Flu Vaccination survey, conducted October 2021, 1779 responses received.