

Revoking vaccination as a condition of deployment across all health and social care – open consultation.

Introduction

This submission is made on behalf of the Christian Medical Fellowship, an association of about 5,000 doctors, medical student, nurses, and midwives in the UK, united in their desire to serve and honour Jesus Christ.

We are pleased that mandatory vaccination as a condition of deployment for healthcare staff is being revoked, and we appreciate the opportunity to participate in this consultation. Thank you.

Question 1

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

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

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

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

Question 2

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 **X**

no

I 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?

Many of those who have chosen not to be vaccinated have done so because of their religious, philosophical, or moral beliefs about the use of abortion-derived cell lines (HEK293 and PER-C6) in the manufacture and/or testing of available vaccines.

There are vaccines that do not utilise these cell lines and that have been shown to be effective though they are not yet on the NHS approved list. We urge the government and the health and care sector to make available HEK293- and PER-C6-free options, such as Covaxin. (This is listed on the WHO site

https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_23Dec2021.pdf with the status 'assessment finalised'.)

This would not only avoid the whiff of discrimination on the grounds of deeply held beliefs, but at a stroke recruit those whose vaccine hesitancy is based on this concern and who currently have no alternative vaccination option in the UK, people whose skills and experience are desperately needed to help deal with waiting lists.

Lifting the statutory restriction on the deployment of unvaccinated staff must allow them to return to their usual frontline, patient-facing roles. It must be made clear to NHS Trust managers and social care providers that it would be unacceptable to impose local restrictions in place of statutory ones. If unvaccinated staff are deemed to be a higher risk, there are reasonable control measures that can be taken.

The Government has said it intends to work with Royal Colleges and professional regulators to 'strengthen the requirements in relation to COVID-19, which applies to all Care Quality Commission (CQC) registered providers of all health and social care in England.' Such strengthened requirements must be expressed as guidance, not having statutory force. Staff who continue to be vaccine-hesitant should not be penalised or disadvantaged.

Question 3

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?

There is little evidence that Covid vaccination is effective in reducing transmission by infected staff. We are also being told that perhaps as many as one in three people with COVID-19 infection is symptom free, the more so since Omicron became prevalent. Vaccination as an aid to building immunity is accepted, but the case for *mandatory* vaccination is difficult to make on clinical grounds.

It is possible that vulnerable groups, such as those with compromised or suppressed immunity, could be at greater risk if vaccination as a condition of deployment was removed from the statute book, but robust measures to support infection prevention and control, and regular testing for staff is probably more effective than relying on vaccination to protect patients.

Question 4

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?

We do not believe people should, in effect, be coerced into having vaccinations against the voice of their conscience because they cannot afford to lose their jobs as healthcare workers. Their wage may be the only one coming into a household and the healthcare worker is thus forced to choose between their conscience and their ability to put food on the table for their family. 'Sincerely held belief' is a protected characteristic. Freedom to live in ways consistent with such beliefs is threatened by mandatory vaccination.

It is similarly unethical, in our view, to leverage vaccine uptake amongst vaccine-hesitant communities, by threatening members of those communities who work in healthcare with loss of employment. It has been shown that vaccine hesitancy is more common among people from ethnic and religious minorities. Mandatory vaccination has a disproportional impact on these communities, who have protected characteristics.

Question 5

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?

- Speed the NHS approval process for HEK293- and PER-C6-free vaccine options, such as Covaxin
- Continue to invest in the 'engage, encourage and educate' strategy with vaccine-hesitant communities
- Offer the estimated 40,000 care home staff, who have already lost their jobs because of their refusal to be vaccinated, the opportunity to be reinstated
- Prioritise infection prevention and control measures