

UK Covid-19 Inquiry: preliminary hearings on modules 3 and 4

During September 2023, the **UK Covid-19 Inquiry** (the Inquiry) held preliminary hearings to look at the scope and procedures for the forthcoming public hearings for module 3 (which will examine the impact of the Covid-19 pandemic on healthcare systems in the four nations of the UK) and module 4 (which will focus on vaccines and therapeutics).

We set out below the key issues discussed in these preliminary hearings. If you have any comments or questions about this briefing, please contact Finola Kelly, senior legislation and inquiry manager (finola.kelly@nhsproviders.org).

Module 3 preliminary hearing, 27 September

Module 3 will consider the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. It will examine the capacity of healthcare systems to respond to a pandemic and how this evolved during the pandemic. This will include healthcare governance, primary care, NHS backlogs, the effects on healthcare provision by vaccination programmes as well as long Covid diagnosis and support.

This is the second preliminary hearing for module 3, the first having taken place on **28 February 2023**. Preliminary hearings are to agree procedural matters and help the Inquiry prepare for the public hearings when oral evidence will be heard. The Inquiry has granted 36 bodies core participant¹ (CP) status for module 3 and it heard representations from a number of them at the hearing. The Inquiry confirmed that the public hearings will hear evidence from the bereaved, patients and those working within the healthcare system.

Designation of CPs

- **CPs for module 3** include the secretary of state for health and social care, the UK Health Security Agency (UKHSA), NHS England (NHSE) and HM Treasury.

¹ A core participant is an individual, institution or organisation that has a specific interest in the work of the Inquiry, and has a formal role defined by legislation. CPs have special rights in the Inquiry process. These include receiving disclosure of documentation, being represented and making legal submissions, suggesting questions and receiving advance notice of the Inquiry's report. You do not need to be a CP to provide evidence to the Inquiry.

- Four of the CPs represent bereaved families. CPs also include joint representation from 13 baby and parent organisations, an organisation which represents migrant frontline health workers, and groups representing clinically vulnerable people, disabled people and those affected by long Covid.

Rule 9 requests

- [Rule 9 of the Inquiry Rules 2006](#) entitles the Inquiry to send a written request for evidence to any person.
- The Inquiry identified organisations which have received Rule 9 requests for module 3. These include: the Department for Health and Social Care (DHSC), the office for the Chief Medical Officer (CMO) for England, the office for the CMO for Northern Ireland, and all 14 UK ambulance services. The Inquiry has sent out 127 Rule 9 requests so far, with more to be issued in the next phase of the module's work.
- Disclosures from ambulance services and other Rule 9 recipients have raised concerns about the frequency of guidance produced by Public Health England (PHE) during the Covid-19 pandemic and staff access to and quality of personal protective equipment (PPE), and respiratory protective equipment (RPE).
- Counsel to the Inquiry (Counsel) noted that some organisations which have received Rule 9 requests early in the year are still yet to submit their evidence to the Inquiry. Those named included the DHSC and the offices for the CMOs of England and Northern Ireland, and this was causing delays to the Inquiry's work.
- CPs said this was also delaying disclosure and causing issues with their preparation for the public hearings. They asked the Chair to use her legal powers to compel organisations to provide their evidence. The Chair assured CPs that in the event of any further delays she will use these powers to ensure that evidence is submitted.

Instruction of experts

- The Inquiry has identified a number of areas within the scope of module 3 which would benefit from a panel of expert evidence.
- Those areas are long Covid, intensive care and critical care for patients with Covid-19, infection prevention and control in healthcare settings, and four non-Covid conditions (colorectal cancer, ischaemic heart disease, hip replacements and inpatient child and adolescent mental health services [CAMHS]).
- Expert reports will address inequalities faced by groups of people identified in the [Inquiry's equality and human rights statement](#).

Concerns raised by CPs

Timeline of hearings

- A number of CPs raised concerns with the provisional timeline for module 3, with hearings expected to take place over the course of ten weeks, starting in autumn 2024.
- Given the number of issues the module aims to address and the delays with Rule 9 disclosures, there was concern that ten weeks would not be sufficient time to appropriately examine all the evidence for this module. CPs recommended that rather than condensing the witness list, the timeframe should be expanded to accommodate all evidence.
- CPs drew links between modules 3 and 6 (which focuses on the care sector) and asked that the Inquiry consider holding the module 6 public hearings soon after the module 3 hearings. The Chair said it is difficult to change the timetable of hearings because the Inquiry's legal teams need to issue Rule 9 requests and gather evidence from providers within specific timeframes.

Scope of module 3

- CPs noted that there will be overlap of issues in modules 3, 4 and 6. The provisional outline of scope for module 4 has been revised to specify that module 4 will focus on the development of therapeutics. The module 3 provisional outline of scope needs to be amended to specify it will focus on the delivery of therapeutics. CPs asked that the delivery of therapeutics in the community is also included in the scope of module 3.
- The potential overlap of evidence for modules 3 and 6 was raised by CPs and that evidence submitted may be relevant to both modules. It was suggested that the report for module 3 be delayed until after the public hearings for module 6, so that evidence from module 3 could be included in the module 6 report.
- CPs also want module 3 to examine how Covid-19 affected healthcare provision beyond hospital settings, including at home and in the community.

Inequalities

- It was requested that clinically vulnerable people be included as an equality group within the Inquiry's equality and human rights statement.
- Although the effect of the Covid-19 pandemic on children and young people (CYP) will be examined in a later stand-alone module, CPs asked that CYP should have representation throughout module 3. CYP are not able to participate in the [Every Story Matters Listening exercise](#) and there is a concern that their voices are not being heard.

Experts

- CPs called for additional experts to submit reports as evidence. These should include experts in:

- Mental health
- Paediatric long Covid
- The role of carers
- Statistical analysis of the deaths of healthcare staff, disaggregated in terms of race and ethnicity
- Inequality and discrimination
- Outsourcing and the impact of privatisation in the NHS
- The impact of the 'hostile environment' immigration policies on healthcare services.

Full transcript available [here](#).

Module 4 preliminary hearing, 13 September

This module will consider and make recommendations on issues relating to the development of Covid-19 vaccines and the implementation of the vaccine rollout programme in England, Wales, Scotland and Northern Ireland. The module will address issues of recent public concern relating to vaccine safety and the current system for financial redress under the [UK Vaccine Damage Payment Scheme](#).

This was the first preliminary hearing for module 4, with [30 bodies and organisations](#) granted CP status for this module. CPs include government departments, groups representing bereaved families, and equality groups. The Inquiry plans to hear evidence for this module in the summer of 2024.

Issues raised by CPs

Following the 13 September preliminary hearing, the Chair [issued her ruling](#) on the concerns raised by CPs. Key issues addressed include:

- The close interplay between modules 3 and 4 when it comes to therapeutics.
 - The Chair has agreed to amend the provisional outline of scope for module 4 to make this division clearer. Module 4 will look at the development, trials and steps used to enable the use of new therapeutics and module 3 will look at the delivery of those therapeutics.
- That module 4 should examine the issue of vaccine as a condition of deployment (VCOD).
 - The Chair agreed that it is an important topic that needs to be explored, and so the provisional outline of scope will be amended to include VCOD.
- That module 4 should look at structural discrimination and racism.
 - The Chair reiterated that the Inquiry will 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](#).

Full transcript available [here](#).

Further hearings

Module 2 will examine core UK decision-making and political governance and public hearings will start on 3 October 2023. Key political decision makers including Rt Hon Rishi Sunak MP, Rt Hon Boris Johnson and Rt Hon Matt Hancock MP are expected to give evidence in November and December 2023. We will be producing weekly briefings summarising the hearings. These will be sent to members and will be available on our website [here](#).

Further upcoming hearings include:

- There will be another preliminary hearing for module 3 in spring 2024
- Module 4 public hearings will start in July 2024
- Modules 5 and 6 will be opened and start gathering evidence by the end of 2023

The Scottish Government has launched the [Scottish Covid-19 Inquiry](#), which is due to begin public hearings on the health and social care impact of Covid-19 on 24 October 2023.