



Department of Health & Social Care

*From Helen Whately MP
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Re: Disability Rights and Coronavirus

Dear Kamran,

I am writing to you on behalf of the Secretary of State as my portfolio covers disabilities, including learning disabilities and autism.

Thank you for your letter dated 19 February regarding prioritisation of disabled people and accessible information for existing shielders. I apologise for the delay in getting back to you.

I'd like to thank you for the invaluable support you bring to your community during these particularly stressful times. I recognise the impact this disease has on disabled people and I want to assure you we are working tirelessly to protect those at higher risk.

Vaccination and Prioritisation

The Joint Committee on Vaccination and Immunisation (JCVI) are the independent experts who advise the Government on which vaccines the United Kingdom should use and provide advice on prioritisation at a population level.

For the first phase, JCVI have advised that the vaccine be given to care home residents and staff, as well as frontline health and social care workers, then to the rest of the population in order of age and clinical risk factors. Included in this are disabled people aged over 50, those considered clinically extremely vulnerable and those aged over 16 with underlying health conditions, which put them at higher risk of serious disease and mortality.

In addition, the JCVI's advice of 30 December included all adults deemed clinically extremely vulnerable, including those who have been advised to shield, in priority group 4 on the priority list for phase 1 of the vaccination roll out. Priority group 4 includes those 70 years of age and over, and all clinically extremely vulnerable individuals over 16 years of age. This includes people with Down's syndrome and people with severe respiratory conditions.

Priority group 6

The JCVI included in priority group 6 a wider group of people at higher clinical risk. The committee placed “all individuals aged 16 years to 64 years with certain underlying health conditions which put them at higher risk of serious disease and mortality” as priorities in phase one of the Covid Vaccines deployment programme. This includes adults aged 16 to 64 years with severe mental illness causing severe functional impairment, chronic neurological disease (including severe and profound learning disabilities) and younger adults in long-stay nursing and residential care settings.

As a part of the chronic neurological disease group covered in priority group 6, the JCVI included those who have severe and profound learning disabilities. On 24 February the JCVI published a clarification of their advice on vaccinating people with a learning disability. They confirmed their view that priority should be given to those with a severe and profound learning disability, but recognised concerns about coding of Learning Disability on GP systems. Therefore, the JCVI supported the practical approach of inviting everyone who is on the GP Learning Disability Register for vaccination. Unfortunately, autism is not technically considered a learning disability. However, many autistic people also experience a learning disability and will be prioritised during the vaccine rollout.

Given the likely high risk of exposure of multiple occupancy settings such as residential and nursing care, closed communities with substantial shared facilities and where most residents receive the kind of personal care that is CQC regulated, we are recommending the vaccination of the whole resident population as a part of cohort 6.

Additionally, we encourage those who think they should have been included in priority cohort 6 but haven't been to discuss this with their GP.

Shielding and accessible communications

The Government primarily communicates with those who are considered clinically extremely vulnerable by letter and email. These communications always contain the key advice that helps clinically extremely vulnerable individuals protect themselves from catching COVID-19, and the information about the support that is available to them. The latest shielding letters were sent on 17 February 2021 to over 2.3 million extremely vulnerable people on the Shielded Patient List in the UK. Separate letters were also sent out to individuals added to the SPL as a result of the QCOVID predictive risk model – one for those aged 16-69 and one for those aged 70 and over.

These letters were made available in 13 languages (published 24 February 2021); Arabic, Bengali, Bulgarian, Chinese Simplified, Chinese Traditional, French, Gujarati, Hindi, Nepali, Polish, Portuguese, Punjabi (Indian), Urdu. Easy read versions (published on 26 February 2021), visually impaired formats (audio (available from the RNIB's helpline), large print and Braille - all published on 17 February 2021) and British Sign Language videos (published on 22 February) were also made available on GOV.UK.

We recognise the need to ensure access to vaccinations for all. Therefore, we are expanding the Community Champions scheme which will help everyone get the advice and information they need about COVID-19 vaccines. £23 million funding has been allocated to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take up. Champions are working with

councils to identify barriers to accessing accurate information and to provide tailored support, such as phone calls for people who are digitally excluded, helplines, and linking to GP surgeries.

NHS England and NHS Improvement's learning disability and autism programme has worked collaboratively across the NHS and other partners to support the delivery of reasonable adjustments in the vaccination programme. This has included a range of training resources for vaccination teams on communicating with people with a learning disability and autistic people. This has also included training resources on making reasonable adjustments, the provision of accessible information, including an easy read vaccination invitation letter and vaccination consent form and production of a film about the COVID-19 vaccine.

Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) Notices

We have been clear that learning disability should never be a reason for a DNACPR decision and blanket DNACPR decisions – for whole groups of people – are completely inappropriate. We have asked the Care Quality Commission to undertake a review of DNACPR decisions during the COVID-19 pandemic. This review has started and will report later this year.

NHS England and Improvement (NHSE/I) have issued a number of joint statements to health and care providers reiterating that DNACPR decisions must not be applied in a blanket fashion to any group. The 2020/21 General Medical Services (GMS) contract Quality and Outcomes Framework (QOF) now includes a requirement for all DNACPR decisions for people with a learning disability to be reviewed.

We do not currently have evidence to suggest widespread practice of inappropriate DNACPR decisions for people with a learning disability at this time. However, we continue to monitor the situation and have asked charities and other organisations support people with disabilities to inform us where cases of inappropriate practice are identified. The Department and NHSE/I continue to have regular calls with stakeholders to discuss issues for people with a learning disability during the pandemic.

The Government's response to the COVID-19 pandemic and to the disproportionate impact it has had on certain groups, will continue to be driven by the latest scientific evidence. We will continue to consider policy interventions to address COVID-19 disparities, with a particular focus on those groups most disproportionately impacted by the pandemic.

Thank you again for taking the time to write and I hope this response provides the clarification you need.



HELEN WHATELY