

PRESS RELEASE

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Disability Rights UK, Inclusion Scotland, Disability Wales and Disability Action Northern Ireland respond to Covid Inquiry Module 4 Report

In her Module 4 Covid Inquiry report published on 16 April 2026 Inquiry Chair Baroness Heather Hallett identified the success of the vaccine and therapeutics programme as a “*huge achievement*”¹ whilst also acknowledging the flaws in the programme affecting disabled people and their carers and identifying improvements that are required before the next pandemic.

On vaccine prioritisation, Baroness Hallett criticised the confusion disabled people and their carers faced as to when they could access Covid-19 vaccines. All of this confusion contributed to problems and delays in accessing vaccines. The Inquiry has heard in previous modules that people with learning disabilities aged 18-34 were 30 times more likely to die from the virus. Focussing on this group, the Chair found that “*The categorisation of people with learning disabilities into different groups was confusing for many disabled people and their carers. It led to some adult carers being invited in cohort 6 before the person they cared for, if the cared-for person was not deemed to have ‘severe’ or ‘profound’ learning disabilities*”. The Chair recalled that it took a campaign by disabled people’s groups before the JCVI invited *all* those on the GP Learning Disability register for vaccination in priority cohort 6.²

With regard to the wider community of disabled people, the report confirmed that “*from January 2020 to March 2022 the majority of Covid-19 deaths in England occurred among Disabled people*” and that across the different waves of the pandemic disabled people “*had a significantly greater risk of death from Covid-19 than non-disabled people, even after accounting for factors including socio-economic and demographic characteristics and vaccination status*”. These statistics, Baroness Hallett concluded: “*reinforce the importance of ensuring that disabled people do not face barriers to vaccine uptake*”.³

However, she went on to say that many “*predictable*” barriers faced by disabled people in accessing vaccines were not addressed in advance of the vaccine rollout and she reported that inaccessible communications and inaccessible vaccination centres were experienced across the UK.⁴ Included in the report was reference to evidence from Kamran Mallick, Chief Executive Officer of Disability Rights UK, who told the Inquiry about the experience of a member in England who had cerebral palsy and was an electric wheelchair user, who attended a mass vaccination centre that did not have working wheelchair access, despite there being no indication of the limitations of the venue on its website.⁵ An ‘Every Story Matters’ contributor reported that “*all disability accessible vaccination centres were fully booked for months*”.⁶ Overall, the Chair found that although the data was limited, it

¹ §5.1 Covid-19 Public Inquiry Module 4 Report

² §§5.71, 5.73

³ §6.23

⁴ §§6.65, 6.92-6.93, 6.97

⁵ §6.88

⁶ §6.89

suggested that *“there was a desire among disabled people to take the vaccine, but some disabled people faced barriers which slowed down uptake in earlier stages of rollout”*.⁷

The report cited evidence provided by Disability Rights UK, Disability Action Northern Ireland, Disability Wales and Inclusion Scotland, that the differences in how ‘unpaid carers’ are defined across the four nations, and the changes to the definition in England between December 2020 and February 2021 for the purposes of the vaccine rollout, caused confusion about when this group could be vaccinated. It also noted that no register of unpaid adult carers was held in any of the four nations.⁸

The Chair therefore recommended that, in future vaccination programmes, governments should agree on a consistent definition of an ‘unpaid carer’ *before* vaccine delivery begins, and that it should work with disabled people and their carers to ensure this criteria is clear from the outset.⁹ The Chair also gave her support for the development of more effective systems to identify unpaid carers, and she urged governments to explore practical and reliable ways to achieve this.¹⁰

With regard to therapeutics and prophylactics, access to which is important for many disabled people, Baroness Hallett accepted *“without reservation that the need to provide protection to the immunocompromised, including through prophylactic drugs, must be a priority when preparing for the next pandemic”*.¹¹

Baroness Hallett recorded the extensive efforts made by DPOs across the UK to support disabled people with access to vaccines and therapeutics in the pandemic, including in Wales where DPOs were represented on the Vaccine Equity Committee. The Chair recommended consultation and engagement with DPOs on: formulating vaccine prioritisation systems clarity of language, and on the workability of prioritisation guidance affecting Disabled people and found: *“The general confusion and difficulties that arose might have been avoided if the Department for Health and Social Care and Joint Committee on Vaccines and Immunisations had consulted with groups representing disabled people and their carers”*.¹²

On the subject of data, the Chair noted that there were major gaps in the collection of data about disabled people, extending to vaccine uptake data.¹³ She said: *“Data on uptake of vaccines according to disability would be helpful in identifying gaps in vaccine uptake and cross-checking the impact of disability against other factors such as age, deprivation and ethnicity, to identify trends”*. She recommended that *“the UK government and devolved administrations should consider adding a facility for disability status to be recorded in primary care records”*.¹⁴

Georgia Bondy, Covid Inquiry Manager at Disability Rights UK said: *“It has been clear to disabled people for a long time that we weren’t the governments priority in the pandemic. Baroness Hallett has validated this perspective drawing attention to the lack of disabled people represented in decision making about vaccines and therapeutics. If Disabled*

⁷ §6.28

⁸ §§5.59, 5.63

⁹ §5.64

¹⁰ §5.66

¹¹ §3.93

¹² §§5.65, 5.74

¹³ §6.149

¹⁴ §6.152-6.153

people had been consulted, many lives could have been saved. We look to the government now, to act on these recommendations to save disabled lives in the future”.

Maia Pace, Policy & Research Officer at Inclusion Scotland said: *“Inclusion Scotland looks forward to working with the Scottish Government in its future pandemic planning including to identify cohorts who should be prioritised such as all those living with disabled people capturing the wide range of living arrangements disabled people have including, HMO and insecure housing.”*

NOTES FOR EDITORS

Disability Rights UK, Disability Action Northern Ireland, Disability Wales and Inclusion Scotland have been represented in Module 4 by a team at Bhatt Murphy led by Shamik Dutta and Caleb Simpson with counsel Danny Friedman KC of Matrix Chambers, Kate Beattie of Doughty Street Chambers and Robbie Stern of Matrix Chambers.

The Module 4 report is available here: <https://covid19.public-inquiry.uk/documents/module-4-full-report/>

Module 4 of the Covid-19 Inquiry has looked at and made recommendations on the Vaccine and Therapeutic programmes of the UK Government and Devolved Administrations. The hearings took place in London between 14 to 31 January 2025.