

# Revoking vaccination as a condition of deployment across all health and social care consultation – UNISON Response

16 February 2022

## Introduction

UNISON is the UK's largest trade union, with more than 1.4 million members providing public services in the NHS, local government, education, the police service and energy. UNISON has the largest health and social care membership of any union in the UK.

UNISON is strongly supportive of the vaccination programme, issuing numerous communications to our membership aimed at boosting trust and confidence in the process.<sup>1</sup> Our union believes the responsible approach is to provide the information which shows vaccines are safe and to explain why vaccination will make health and care settings safer for everyone.

We argued that introducing (and attempting to introduce) vaccination as a condition of deployment in care and the NHS was wrong and counterproductive. We predicted this would prove a huge distraction to sectors which needed to concentrate on persuasion and reassurance.

A note on language. Ministers and officials have tended to refer to use "vaccination as a condition of deployment". UNISON uses the more widely recognised phrase "mandatory vaccination." For the purposes of this response, the terms should be treated as interchangeable.

## Lessons to be learned by Government

UNISON wishes to highlight the following points to government, following the announced intention to revoke mandatory vaccination. We believe it is important that government learns the lessons of its attempts to introduce mandatory vaccination.

- 1. Listen to unions, employers and other stakeholders.** The government must listen more carefully to those stakeholders who know the health and care sectors well, and often have a clearer picture of the situation on the ground than ministers, officials and scientists. It is right that the government has changed its policy. Employers, professional bodies and trade unions made very clear that mandatory vaccination would undermine the vaccine programme and cause staffing shortages. 67% of responses to the original government consultation were opposed to mandatory vaccination. These detailed and strongly argued warnings were ignored. Had government listened more carefully, the dismissals in care homes and the threats to dismiss health workers in the NHS could have been avoided.
- 2. Don't hide behind the science.** Ministers have made much of new evidence on the lower-than-expected severity of omicron variant of Covid-19. This has been presented as the primary rationale for changing course and revoking mandatory vaccination. UNISON does not doubt that this has been carefully considered. However, fears about the impact of staffing shortages in care and the NHS are more important factors. It is difficult for ministers to admit this because UNISON and sector employers expressly warned this would happen as soon as the policy was first mooted. Government was also told, time and time again, by a wide variety of organisations and stakeholders with workforce expertise, that the policy

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<sup>1</sup> One example can be found here: <https://www.unison.org.uk/news/article/2021/02/vaccinate-dont-hesitate/>

would undermine efforts to persuade hesitant or unpersuaded health and care workers to take the vaccine. Both negative impacts came to pass. Government should face up to this, rather than to offering a pretence that new scientific evidence radically altered the justification for the policy. Good governance relies on the ability to understand when mistakes are made so they are not repeated in the future.

- 3. Employment protection for care home workers dismissed and returning to the same employer** – The government should implement a scheme covering care home workers who were dismissed and now returning to their employer. It is only fair to ensure they do not suffer a detriment arising from the break in employment. Issues arising from pension contributions and continuity of service should be addressed by the scheme.
- 4. Understand the damage done by wasted effort, resources and energy.** Looking at the wording of the consultation document and the words of ministers since the intention to revoke was announced, there seems to be a lack of understanding of the damage done by the mandatory vaccination policy. Implementing this policy diverted huge amounts of resources within health and care employers away from efforts to persuade and reassure staff over the vaccine. This policy was put in place during the winter peak which saw unprecedented pressures on the health and care system. During this peak, employers should have been able to focus on demand and resources, but instead were distracted by this new policy. Managers should also have been able to focus on making workplaces safer, conducting risk assessments and ensuring Infection Prevention Control measures were in place rather than chasing this failed mandatory vaccine policy. A well-resourced, focussed and intelligent vaccination campaign among the health and care workforce, not undermined by mandating, could have raised vaccination rates among staff more quickly and without the raft of other negative impacts, such as staffing shortages and erosion of staff morale.
- 5. Mandatory vaccination and toxic working environments.** Staff relationships with government and employers have been damaged by the mandatory vaccination policy. Both health and care workers suffered devastating mental health impacts arising from the pandemic, and mandatory vaccination damaged morale even further. The focus on mandating rather than persuasion will leave a legacy of distrust and toxicity that government must work hard to reverse. Similarly, threatening so many NHS and care workers with dismissal will have a long-lasting impact – work needs to take place to rebuild trust and confidence with staff.
- 6. Need clear messages to employers about the use of persuasion over coercion** – To avoid this policy becoming a recurrent workplace issue, the government should send an unequivocal message to employers that mandatory vaccinations are not the way to increase vaccination uptake and employers should cease this approach. Government has set a poor example to employers in the NHS and care, and now needs to be clear that encouragement and persuasion are the way forward. This includes telling employers to avoid linking vaccination to employment or to improved terms and conditions at work.
- 7. Announce important policy changes direct to stakeholders, not via the media.** The manner of the announcement of mandatory vaccination, and the revocation, in which sector stakeholders were told of policy change via the media has damaged trust. In the NHS,

partnership working relies on government working constructively with unions and employers. Leaking far-reaching and highly controversial policy before it can be discussed undermines partnership working. Nascent forms of partnership working in the care sector have been similarly undermined by “media first” announcements on mandatory vaccination.

## Consultation questions

*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?*

**Answer: UNISON feels strongly that the requirement should be revoked**

*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?*

**Answer: yes**

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

- 1. A major advertising drive.** An advertising campaign targeted at health and care workers to boost take-up – focused on tackling misinformation and promoting the benefits of vaccination. Video clips of frontline care workers talking about why they have been vaccinated should be used more widely. Our feedback from members is that this is particularly effective.
- 2. Greater targeting of areas of low uptake.** Provide more specific resources – by local authority, employer, or even individual care home – to tackle those parts of England where vaccine uptake has been low, including extra visits from vaccination teams and support from occupational health professionals.
- 3. Peer-to-peer reassurance.** Now that large numbers of health and care workers have had the vaccine, work should take place to get vaccinated workers to speak with their colleagues to promote the safety of the vaccine and its importance in protecting care home residents and patients as well as other staff.
- 4. Give employers what they need.** Make it easy for employers to provide their staff with the information they need on the vaccine by allowing open access on government websites to online toolkits for boosting vaccine take-up, but also ensure that employers are actively sent these resources as part of a “belt and braces” approach.

## Consultation question

*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?*

**Answer: No**

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

## Consultation question

*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?*

**Answer: yes**

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

Studies suggest there is often a problem of trust between Black communities and health services and a perception that health services do not meet their needs the same as they do for white people.<sup>2</sup> Results from the April 2021 UNISON survey of care workers in England show that 10.4% of white social care members have not had the vaccine. Among Black members working in social care in England, this figure rose to 17.4%. Introducing this policy would undoubtedly have had a disproportionate negative impact on Black care workers. Black workers would have been disproportionately more likely to lose their jobs and to be bullied/pressurised at work. This raises the very serious prospect that this policy would have been discriminatory, as suggested by the Equality and Human Rights Commission.

As well as having a higher proportion of Black and female workers, the care workforce is low paid and often experiences job insecurity and poor working conditions. Forcing individuals to make a choice between their jobs and accepting a treatment they don't want has undoubtedly contributed to these workers feeling undervalued and badly treated – as well as potentially damaging their trust in health services. This could have long term, pervasive consequences for their health and health inequalities more generally.

This chimes with other academic evidence. The study produced by the London School of Hygiene and Tropical Medicine '*COVID-19 vaccination beliefs, attitudes, and behaviours among health and social care workers in the UK: a mixed-methods study*<sup>3</sup>' concludes:

*“Black African and Mixed Black African staff were almost twice as likely to decline a COVID-19 vaccine as White British and White Irish participants (9.5% and 5.1%*

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<sup>2</sup> <https://www.theguardian.com/world/2020/sep/07/two-thirds-of-black-britons-believe-nhs-gives-white-people-better-care-finds-survey>

<sup>3</sup> <https://medrxiv.org/cgi/content/short/2021.04.23.21255971v1> Quotes taken from media release announcing the study

*respectively), citing reasons including concerns about a lack of research on COVID-19 vaccines and distrust in the vaccines, healthcare providers, and policymakers...*

*The survey revealed common reasons for declining the vaccine were concerns about side-effects and a lack of research on the vaccine. It revealed the main motivation for vaccine acceptance was protecting family members and friends and self-protection from COVID-19.*

*Participants suggested tailoring vaccination communication to promote uptake amongst health and social care workers from ethnic minority backgrounds, and engaging faith leaders and trusted figures who understand community member concerns.”*

### **Consultation question**

*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?*

- 1. A major advertising drive.** An advertising campaign targeted at health and care workers to boost take-up – focused on tackling misinformation and promoting the benefits of vaccination. Video clips of frontline care workers talking about why they have been vaccinated should be used more widely. Our feedback from members is that this is particularly effective.
- 2. Greater targeting of areas of low uptake.** Provide more specific resources – by local authority, employer, or even individual care home – to tackle those parts of England where vaccine uptake has been low, including extra visits from vaccination teams and support from occupational health professionals.
- 3. Peer-to-peer reassurance.** Now that large numbers of health and care workers have had the vaccine, work should take place to get vaccinated workers to speak with their colleagues to promote the safety of the vaccine and its importance in protecting care home residents and patients as well as other staff.
- 4. Give employers what they need.** Make it easy for employers to provide their staff with the information they need on the vaccine by allowing open access on government websites to online toolkits for boosting vaccine take-up, but also ensure that employers are actively sent these resources as part of a “belt and braces” approach.