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Health and Social Care Committee

Prevention in health and social care: vaccination

Tenth Report of Session 2022–23

Report, together with formal minutes relating to the report

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Health and Social Care Committee

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Committee reports are published on the Committee's website at www.parliament.uk/hsccom and in print by Order of the House.

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Introduction

1. We are carrying out a major inquiry on prevention in health and social care. We announced ten workstreams that will form the basis of that inquiry, of which vaccination is one. This is the first of a series of short reports for this inquiry.

2. As is often highlighted, vaccination is one of the most successful and cost-effective interventions to save lives and improve health.[1] If the health and care system is to adapt to take a more preventative approach, vaccination is fundamental to that. The World Health Organisation (WHO) estimates that vaccination prevents between 3.5 million and 5 million deaths across the world annually.[2]

3. The UK is a global leader on vaccination[3] and, as Minister for Mental Health and Women's Health Maria Caulfield MP said, "has one of the most extensive immunisation programmes in the world", with vaccine confidence and uptake rates "among the highest globally".[4] However, we heard concerns about whether the UK would be able to maintain that leadership position, both in terms of the uptake of vaccines and the development of new vaccines through clinical trials.

4. The UK cannot rest on its historic position as a global leader and must constantly strive for better. As we concluded in our joint inquiry with the Science and Technology Committee, 'Coronavirus: lessons learned to date', "the vaccination programme has been one of the most successful and effective initiatives in the history of UK science and public administration".[5] Fantastic progress has also been made in preventing cervical cancer through the HPV vaccination programme. It is vital that the lessons learned are not forgotten. We remain concerned by the evidence we heard from Dame Kate Bingham in the follow-up to our joint inquiry, which suggested this is precisely what is happening.[6] We want to see the Government, and NHS England, place a laser-like focus on vaccination and ensure that the UK continues to lead the way.

5. **The UK has long been one of the world leaders on vaccination - one of the most successful and cost-effective preventative tools available. However, if challenges around uptake and bureaucratic processes in clinical trial set-up are not addressed, there is a very real risk that the UK's position as a global leader could be lost. This cannot be allowed to happen and in this report we set out some of the steps that we think will make a difference.**

1 For example: Q56; ABPI, 'Economic and societal impacts of vaccines', Accessed 02 June 2023; UNICEF 'Immunization is one of the most successful and cost-effective public health investments we can make for future generations', 25 April 2016
2 World Health Organisation, 'Vaccines and immunizations', Accessed 02 June 2023
3 Sanofi, PHS0439; Q52
4 Q111
5 Health and Social Care, and Science and Technology Committees, Sixth Report of the Health and Social Care Committee and Third Report of the Science and Technology Committee of Session 2021–22, Coronavirus: lessons learned to date, HC 92, para 390
6 Oral evidence taken before the Health and Social Care, and Science and Technology Committees on 30 November 2022 HC (2022–23) 908, Qq1602–1617 [Dame Kate Bingham]

1 Vaccine deployment and coverage rates

6. The UK's routine immunisation schedule provides protection against 15 vaccine-preventable infections.[7] Vaccinations are offered across people's lifetimes, starting from just eight weeks old and continuing to 70 years and beyond. That is 15 infections prevented by a simple and highly effective intervention; an important foundation to build on in preventative healthcare.

7. The Department of Health and Social Care (DHSC) has adopted recommendations made by the WHO that at least 95% of children should be immunised against vaccine-preventable diseases. However, data from NHS Digital shows that in England, in 2021–22, this target was not met across any of the vaccination programmes. A year earlier, in 2020–21, the 95% target was met only for the 'DTaP/IPV/Hib' vaccine at age five (diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b), with coverage of 95.2% (by 2021–22, coverage had fallen to 94.4%). England was the only nation of the UK where coverage for all childhood vaccines at all ages was below 95%, and coverage rates were consistently below the UK average.[8] This is clearly a cause for concern. The lowest level of coverage was for the DTaP/IPV booster at five years, with 84.2% coverage.[9]

8. We were also concerned to hear from RESULTS UK that "recent NHS data shows that vaccine coverage fell in 13 out of the 14 routine programmes for children up to five-years-old in 2021–22, and immunisation rates have been consistently dropping in recent years".[10]

9. The impact that low rates of vaccine coverage can have was plain to see on 14 July 2023, when the UK Health Security Agency (UKHSA) published data suggesting that, unless MMR vaccination rates improve, London "could see a measles outbreak with tens of thousands of cases".[11] UKHSA explained:

> Between 1 January and 30 June this year [2023] there have been 128 cases of measles, compared to 54 cases in the whole of 2022, with 66 per cent of the cases detected in London although cases have been seen in all regions… The risk in London is primarily due to low vaccination rates over several years, further impacted by the Covid-19 pandemic, particularly in some areas and groups where coverage of the first MMR dose at 2 years of age is as low as 69.5%.[12]

10. The real prospect of an outbreak of measles was something that Dr Mary Ramsay, Director of Public Health Programmes at UKHSA, told us about:

> Obviously, we have allowed coverage to decline over many years, at a very slow rate, but we are now not reaching the levels that we had previously.

7 These are: diphtheria, tetanus, whooping cough, polio, haemophilus influenzae type b (Hib), hepatitis B, meningococcal disease, rotavirus gastroenteritis, pneumococcal disease, measles, mumps, rubella, influenza, human papillomavirus and shingles (Green Book, Chapter 11: The UK immunisation schedule)
8 NHS Digital, Childhood vaccination coverage statistics - England, 2011–22, 29 September 2022
9 NHS Digital, Childhood vaccination coverage statistics - England, 2011–22, 29 September 2022
10 RESULTS UK, PHS0421
11 UKHSA, London at risk of measles outbreaks with modelling estimating tens of thousands of cases, 14 July 2023
12 UKHSA, London at risk of measles outbreaks with modelling estimating tens of thousands of cases, 14 July 2023

> That will affect things. Measles is the first to come back. We have not had much measles, luckily, because of the disruption to travel and lockdowns around covid, but we are expecting measles to come back.[13]

11. It is disappointing that the situation Dr Ramsay predicted is at such high risk of arising. We are concerned that this warning from UKHSA may not be the last such warning, if efforts to improve coverage are not stepped up considerably.

12. In June 2022, NHS England announced the development of an "integrated vaccination and immunisation strategy". The strategy aims "to design a future model that will maximise uptake, reduce unwarranted variation and help people protect themselves and their families".[14] During this part of our inquiry, a number of factors were cited as causes of variations in uptake, but there were some that particularly stood out and that we believe need to be addressed as part of this strategy.

Access and workforce

13. We were encouraged to hear from the Minister that "improving access, making it as easy as possible for people to get a vaccination" is one of the three main strands being pursued by the Government to try and keep uptake rates as high as possible.[15]

14. We heard how flexibility around the healthcare professionals administering vaccinations could provide a solution for those who struggle to access vaccination because of practical challenges.[16] There could be any number of reasons why somebody may struggle to access a vaccine, but, as the Minister highlighted, these challenges may be particularly prevalent in more deprived areas, or amongst those with a lower socio-economic background. People on low pay or on zero-hour contracts may find it especially difficult to take time off to get vaccinated themselves, or to take elderly relatives to a vaccination appointment.[17]

15. We agree with Stuart Carroll, Director of Market Access and Policy Affairs at Moderna, who said that "pharmacists need to play a critical role in delivery of vaccines", to address challenges in access.[18] He explained that, while there is "pharmacist delivery in a significant number of vaccines already", there is a need to look "at how we can potentially expand that and increase flexibility and agility".[19]

16. We also agree with the Association of the British Pharmaceutical Industry's (ABPI) suggestion that "the potential for a greater role for a non-traditional workforce should be explored (eg medical and nursing students, recently retired staff)".[20] Regulation 214 of the Human Medicine Regulations 2012[21] provides a general list of professionals who can administer vaccines. During the pandemic, the Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020 expanded the workforce legally allowed to administer Covid-19 and Flu vaccines.[22]

13 Q84
14 NHS England, Correspondence to ICB Chief Executives, 22 June 2022
15 Q111
16 Q61–62
17 Q62, Q117
18 Q61
19 Q62
20 ABPI, PHS0611
21 The Human Medicines Regulations 2012 (SI 2012/1916)
22 Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020 (SI 2020/1125)

17. **Vaccination is the one of the greatest success stories when it comes to preventing infection. Its impact is transformative. This makes it all the more concerning that England did not reach the 95% target for any routine childhood immunisations in 2021/22. The Government and NHS England should constantly strive to maximise the fantastic asset that vaccination represents and to ensure that nobody is excluded from the benefits that it can bring. It is unacceptable that there are people who are unable to take advantage of the important protection that vaccination offers due to practical challenges of time and location that can and must be addressed.**

18. **The incredible success of the Covid-19 vaccine rollout showed what can be achieved with a mission-based attitude from Government, which involved making it as easy as possible for everybody to receive the vaccine. Fundamental to that success was the wide range of people that were mobilised to deliver the vaccination, and this is a lesson that cannot be forgotten when considering routine immunisation programmes.**

19. ***To ensure that nobody misses out on vital vaccine protection because of practical challenges such as convenient times or locations, a more flexible delivery model, that makes the most of the wide range of healthcare professionals, is needed. We recommend that the Government carries out a consultation on whether to amend the Human Medicines Regulations 2012 to give medical and nursing students, and recently retired staff, a greater role in routine immunisation delivery.***

Community groups and 'trusted voices'

20. As Stuart Carroll highlighted to us, "one of the challenges is that there are issues around trust in Government and institutions". He said that while Government and industry have a role to play, this needs to be taken further "into the community" with a "need to utilise community groups, religious groups and sporting groups".[23] He also told us:

> We know from the available analogues and evidence that a lot of health discussions happen with peers. They do not happen just with healthcare professionals, going on to the NHS website or looking at public health guidance…There are different ways in which people get their information and we have to work much harder at utilising the value of all of our society and all of our communities to make sure that the right conversations are being had and the right information is getting to people.[24]

21. Professor Dame Jenny Harries, Chief Executive of the UK Health Security Agency (UKHSA), spoke about how, "in general" the NHS "is a trusted brand" but there is recognition that other sources are more trusted and may be more effective at reaching particular groups. She gave the example of the mpox vaccination programme:

> The majority of the vaccination programme was not branded either UKHSA or NHS. The messaging was delivered through the various advocacy groups for MSM populations, because we know that those are trusted. A message coming straight from Government is highly unlikely to reach those individuals effectively.[25]

23 Q58
24 Q58
25 Q106

22. It is important for the Government to recognise that discussions about healthcare can often happen with peers, rather than healthcare professionals, and account for that in efforts to increase uptake. We were encouraged that UKHSA already recognises this and is taking action accordingly. It is not always the case that the best way for a message about vaccination to reach a particular group is through the NHS or Department of Health and Social Care.

Local Delivery

23. We also considered the balance between local and national decision making in vaccination programmes. Dr Mary Ramsay, Director of Public Health Programmes at UKHSA, suggested that "the lesson from covid is that strong national co-ordination and a national vertical programme can deliver, but obviously you have to be able to have local delivery as well." She highlighted the role of "local ownership and local listening" to "tailor services to reach out to the last 10% that we are not getting to through the routine programmes".[26]

24. Professor Harries explained that the country has "predominantly had an NHS delivery model" but that there are now opportunities to "think much more widely about how we can deliver vaccination".[27] For example, ABPI suggests that "there is a real opportunity with the advent of Integrated Care Systems to address [vaccination coverage rates] from a system-wide perspective".[28]

25. We were encouraged that the importance of local intelligence and local systems having a driving role was recognised by both DHSC and NHS England.[29] Dr Nikki Kanani, Director of Clinical Integration and Deputy SRO for the NHS Covid-19 vaccination programme at NHS England, told us that "the whole principle" around NHS England's upcoming vaccination strategy is the ability of NHS England to "coordinate and set direction for supply, data and aspiration, but local systems should be in the controlling seat".[30]

26. **We agree that there is a need for national oversight of vaccination programmes and the value of this was clear during the Covid-19 pandemic. However, with routine immunisation programmes, the role of the Government and, in particular, NHS England must be limited to the more strategic, national level. Local ICS leaders, public health directors and health and care professionals have the best knowledge of the factors driving lower uptakes and the interventions needed to try and tackle that. As such, ICS leadership must step-up and take ownership of improving uptake in their area, and be supported to do so.**

27. **We welcome NHS England's intention to set out an integrated vaccination and immunisation strategy. This strategy will be vital if England is to meet the 95% target for all childhood vaccinations and to address the variations in uptake across routine immunisation programmes. The strategy must receive the commitment and support from the Government that it will need to succeed.**

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26 Q92
27 Q92
28 ABPI, PHS0611
29 For example, see Q113 and Q133
30 Q133

28. ***The NHS England integrated vaccination and immunisation strategy must:***

    a) ***have a strong focus on the action that is needed to tackle the practical challenges that limit access to vaccination;***

    b) ***set out how to make best use of the wide range of healthcare professionals able to administer vaccinations;***

    c) ***empower local leaders to pursue ways of addressing uptake in their own areas; and***

    d) ***set out guidance and examples of best practice around how voices other than NHS England can be used to communicate important messaging about vaccination programmes.***

2 Innovation and development

Clinical Trials

29. We also considered the UK's clinical research environment, with a number of concerns raised about the risk to the UK's international reputation. Moderna told us that "if the UK is to be a world-leading developer of the medicines of the future, the clinical trials system must be urgently reformed" and that the UK is lagging behind international competitors when it comes to supporting a thriving clinical research environment.[31]

30. The Association of the British Pharmaceutical Industry (ABPI) published a document considering the state of clinical research in October 2022.[32] ABPI found that "industrial clinical trial activity in the UK is at its lowest point to date." Data showed that the number of industry clinical trials initiated in the UK per year had fallen by 41% between 2017 and 2021. The decline has been strongest in Phase III trials, which are those with medicines closest to market. The number of Phase III trials initiated in the UK per year fell by 48% between 2017 and 2021.[33] We heard evidence around the reasons behind the decline. Ben Lucas, a board member of ABPI, discussed some of the factors that make Spain a more attractive option for trials:

> For Spain it is about turnaround times and having legislation in place that allows and ensures your ability to execute a programme once you start it. I think there is a mandated 60 days by which they have to get through the administrative processes to be able to work through. That is a very specific example of what can help.[34]

31. In May 2023, the Lord O'Shaughnessy review of commercial clinical trials in the UK was published, alongside the Government's initial response to it. Much of its content chimed with the evidence we had heard. It provided more detail on the experience of companies trying to set up clinical trials in the UK:

> We have heard from industry that the UK is viewed as an unreliable and unpredictable partner. Our approvals processes are theoretically competitive but inconsistent because of backlogs at the MHRA and unnecessary site-level approvals processes, which create delays. One major global pharmaceutical company that submitted evidence to the review said that, of the 18 European countries in which it carried out research, the UK was the second slowest for setting up clinical trials. This is clearly unacceptable for a country with our resources and ambitions.[35]

32. In response to the review, the Government committed £3 million funding to "rebuild capacity and deliver reduced turnaround time for all approvals within statutory timelines". The goal is to reach a 60-day turnaround time for all approvals.[36]

31 Moderna, PHS0364
32 ABPI "Rescuing patient access to industry clinical trials in the UK" 20 October 2022
33 ABPI "Rescuing patient access to industry clinical trials in the UK" 20 October 2022 (Page 3)
34 Q74
35 DSIT, DHSC and Office for Life Sciences, "Commercial clinical trials in the UK: the Lord O'Shaughnessy review - final report", 26 May 2023
36 DSIT, DHSC and Office for Life Sciences, "Government response to the Lord O'Shaughnessy review into commercial clinical trials in the UK", 26 May 2023

33. **We are deeply concerned to hear about the decline in clinical trial activity and the risk to the UK's position as a global leader in this area. The challenges highlighted by witnesses, particularly around the administrative aspects of running a trial, are clearly fixable and it is vital that they are addressed if the UK is to make the most of its world-leading academic and research expertise.**

34. **We welcome Lord O'Shaughnessy's review of commercial clinical trials, which chimed with a lot of the evidence that we heard in this part of our inquiry. The Government's positive response to the recommendations is encouraging. We especially endorse the following recommendations and will be keeping a watching brief on the Government's progress in implementing them, which we expect to be swift:**

a) **Recommendations 2, 3 and 4 to address overly slow and bureaucratic clinical trial set-up and approval processes, in particular the goal for a 60-day turnaround for approvals**

b) **Recommendations 14 - 17 to address the absence of conversation about research from interactions between clinicians and patients and increase the profile and awareness of research among disadvantaged or marginalised groups**

c) **Recommendation 27 to develop an action plan outlining how the Government and delivery partners will implement the recommendations of the review.**

Futureproofing

35. There is a great deal of development and innovation happening in the vaccines and medicines space, which has the potential to transform prevention in health and social care. ABPI explained that the "pipeline" of vaccines is focussed on challenges including preventing respiratory infections like RSV, antimicrobial resistance, aging populations and zoonotic infections.[37] Alongside this, there is exciting work ongoing to deliver vaccines for cancer and personalised vaccines. This would be a game changing addition to ongoing efforts in cancer prevention.

36. In July 2023, the Government signed an agreement for a "new partnership to boost research into vaccines for cancer" with BioNTech. The collaboration aims to deliver 10,000 personalised therapies to UK patients by 2030 through a new research and development hub.[38] There is also a 10-year partnership with Moderna to "invest in mRNA research and development in the UK".[39] Moderna is developing cancer vaccines that target different tumour types and Dr Paul Burton, Chief Medical Officer at Moderna, was quoted in The Guardian saying:

> We will have that vaccine and it will be highly effective, and it will save many hundreds of thousands, if not millions of lives. I think we will be able to offer personalised cancer vaccines against multiple different tumour types to people around the world.[40]

37 Proposal from ABPI (PHS0478)

38 DHSC "Major agreement to deliver new cancer vaccine trials", 05 July 2023 3

39 DHSC "UK cements 10-year-partnership with Moderna in major boost for vaccines and research", 22 December 2022

40 The Guardian "Cancer and heart disease vaccines ready by end of decade", 8 April 2023

Speed of decision making

37. Moderna told us that "in order to support the shift to increasingly personalised therapeutics which will be central to future healthcare, it is vital that we understand the regulatory requirements that will be needed to enable swift and safe approvals for such products".[41] Not only does the NHS need a focus on prevention, but regulatory and advisory bodies also need to be supported to have their own focus on prevention. Stuart Carroll from Moderna explained this in the context of the Medicines and Healthcare products Regulation Agency (MHRA). The MHRA is the regulator of medicines, medical devices and blood components for transfusion in the UK.[42]:

> The MHRA has great expertise, but it has some capacity problems…We need to keep investing in the MHRA. We are now beginning to see some very exciting innovations—the personalised innovations…We need a regulator with the capacity to handle those, of course with safety first but also efficiently. There is a need to look at the capability of the MHRA. The MHRA has world-leading experts, but as we move into a more personalised healthcare space, we will need to add to that pool of expertise to ensure that we can approach that regulatory model in the best possible way.[43]

38. Challenges at the MHRA were also discussed in the Lord O'Shaughnessy review:

> Industry leaders report that, although the MHRA as an organisation takes a future-looking approach to innovation, it is under-resourced, resulting in a backlog of approvals, causing delays and providing a barrier to recruiting and retaining the most talented regulatory leaders at all levels.[44]

39. The Joint Committee on Vaccination and Immunisation (JCVI) is an independent statutory body that advises UK health departments on immunisation. We also heard evidence of the need to improve JCVI's modelling capacity. ABPI suggested that "access to essential modelling capacity is one example of where there have been difficulties that have slowed decision making".[45] Professor Sir Andrew Pollard, Chair of JCVI, told us that "very complex mathematical modelling" is required to provide the cost-effectiveness data that JCVI need to show when looking at the impact a new vaccination programme might have in the NHS. He suggested that the resource "has not been adequate in the last decade" and that this is "a major area where we could speed up decision making if it was much better resourced".[46]

Delivery of innovations

40. Stuart Carroll from Moderna highlighted that a move towards personalised healthcare, like personalised cancer vaccines, will mean NHS England needs to look ahead at how their delivery methods will need to adapt to support this change. He said:

41 Moderna PHS0612
42 MHRA, About Us, (Accessed 07 July 2023)
43 Q70
44 DSIT, DHSC and Office for Life Sciences, "Commercial clinical trials in the UK: the Lord O'Shaughnessy review - final report", 26 May 2023
45 ABPI PHS0611
46 Q101

> To give you an example, should that type of innovation come through, we need to be in a position where we could do the diagnostic quickly in the healthcare setting—the biopsy; the pathology—and send it to the manufacturer who can then sequence the genetic code of that virus, that cancer or that disease, and then the manufacturer can quickly, almost Amazon style, in real time, with safety first always in mind of course, return it to the physician so that it can be administered to the patient. That is a very different model that we are going to need to embrace and look at.[47]

41. **Exciting innovations are on the horizon and have the potential to transform preventative healthcare. While the timeframe for such innovations, like a personalised cancer vaccine, is unknown, future planning must be done on the assumption that personalised therapeutics will become available. NHS England, and the MHRA and JCVI, need to be ready to play their part in ensuring these innovations can reach patients as quickly as possible, and the Department itself has a crucial role in ensuring this happens. It would be incredibly disappointing to reach a point where the vaccines themselves were ready but the infrastructure to approve and deliver them was still some time away.**

42. ***The Department of Health and Social Care and NHS England must lay before Parliament a plan for how they intend to ensure all relevant regulatory and delivery systems are ready to assess and deliver these new innovations to patients. As part of that plan, the JCVI and the MHRA must be adequately resourced and supported, focusing on modelling capability at the JCVI and, at the MHRA, on recruiting and retaining expertise relevant to new innovations, especially in personalised health.***

47 Q63

Conclusions and recommendations

1. The UK has long been one of the world leaders on vaccination - one of the most successful and cost-effective preventative tools available. However if challenges around uptake and bureaucratic processes in clinical trial set-up are not addressed, there is a very real risk that the UK's position as a global leader could be lost. This cannot be allowed to happen and in this report we set out some of the steps that we think will make a difference. (Paragraph 5)

2. Vaccination is the one of the greatest success stories when it comes to preventing infection. Its impact is transformative. This makes it all the more concerning that England did not reach the 95% target for any routine childhood immunisations in 2021/22. The Government and NHS England should constantly strive to maximise the fantastic asset that vaccination represents and to ensure that nobody is excluded from the benefits that it can bring. It is unacceptable that there are people who are unable to take advantage of the important protection that vaccination offers due to practical challenges of time and location that can and must be addressed. (Paragraph 17)

3. The incredible success of the Covid-19 vaccine rollout showed what can be achieved with a mission-based attitude from Government, which involved making it as easy as possible for everybody to receive the vaccine. Fundamental to that success was the wide range of people that were mobilised to deliver the vaccination, and this is a lesson that cannot be forgotten when considering routine immunisation programmes. (Paragraph 18)

4. *To ensure that nobody misses out on vital vaccine protection because of practical challenges such as convenient times or locations, a more flexible delivery model, that makes the most of the wide range of healthcare professionals, is needed. We recommend that the Government carries out a consultation on whether to amend the Human Medicines Regulations 2012 to give medical and nursing students, and recently retired staff, a greater role in routine immunisation delivery.* (Paragraph 19)

5. We agree that there is a need for national oversight of vaccination programmes and the value of this was clear during the Covid-19 pandemic. However, with routine immunisation programmes, the role of the Government and, in particular, NHS England must be limited to the more strategic, national level. Local ICS leaders, public health directors and health and care professionals have the best knowledge of the factors driving lower uptakes and the interventions needed to try and tackle that. As such, ICS leadership must step-up and take ownership of improving uptake in their area, and be supported to do so. (Paragraph 26)

6. We welcome NHS England's intention to set out an integrated vaccination and immunisation strategy. This strategy will be vital if England is to meet the 95% target for all childhood vaccinations and to address the variations in uptake across routine immunisation programmes. The strategy must receive the commitment and support from the Government that it will need to succeed. (Paragraph 27)

7. *The NHS England integrated vaccination and immunisation strategy must:*

    a) *have a strong focus on the action that is needed to tackle the practical challenges that limit access to vaccination;*

    b) *set out how to make best use of the wide range of healthcare professionals able to administer vaccinations;*

    c) *empower local leaders to pursue ways of addressing uptake in their own areas; and*

    d) *set out guidance and examples of best practice around how voices other than NHS England can be used to communicate important messaging about vaccination programmes.* (Paragraph 28)

8. We are deeply concerned to hear about the decline in clinical trial activity and the risk to the UK's position as a global leader in this area. The challenges highlighted by witnesses, particularly around the administrative aspects of running a trial, are clearly fixable and it is vital that they are addressed if the UK is to make the most of its world-leading academic and research expertise. (Paragraph 33)

9. We welcome Lord O'Shaughnessy's review of commercial clinical trials, which chimed with a lot of the evidence that we heard in this part of our inquiry. The Government's positive response to the recommendations is encouraging. We especially endorse the following recommendations and will be keeping a watching brief on the Government's progress in implementing them, which we expect to be swift:

    a) Recommendations 2, 3 and 4 to address overly slow and bureaucratic clinical trial set-up and approval processes, in particular the goal for a 60-day turnaround for approvals

    b) Recommendations 14 - 17 to address the absence of conversation about research from interactions between clinicians and patients and increase the profile and awareness of research among disadvantaged or marginalised groups

    c) Recommendation 27 to develop an action plan outlining how the Government and delivery partners will implement the recommendations of the review. (Paragraph 34)

10. Exciting innovations are on the horizon and have the potential to transform preventative healthcare. While the timeframe for such innovations, like a personalised cancer vaccine, is unknown, future planning must be done on the assumption that personalised therapeutics will become available. NHS England, and the MHRA and JCVI, need to be ready to play their part in ensuring these innovations can reach patients as quickly as possible, and the Department itself has a crucial role in ensuring this happens. It would be incredibly disappointing to reach a point where the vaccines themselves were ready but the infrastructure to approve and deliver them was still some time away. (Paragraph 41)

11. The Department of Health and Social Care and NHS England must lay before Parliament a plan for how they intend to ensure all relevant regulatory and delivery systems are ready to assess and deliver these new innovations to patients. As part of that plan, the JCVI and the MHRA must be adequately resourced and supported, focusing on modelling capability at the JCVI and, at the MHRA, on recruiting and retaining expertise relevant to new innovations, especially in personalised health. (Paragraph 42)

Formal minutes

Wednesday 19 July 2023

Members present:

Steve Brine, in the Chair

Paul Bristow

Mrs Paulette Hamilton

James Morris

Draft Report (*Prevention in health and social care: vaccination*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 42 agreed to.

Resolved, That the Report be the Tenth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134.)

Adjourned till Tuesday 5 September 2023 at 9.30 am

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Tuesday 18 April 2023

Rebecca Catterick, General Manager, Sanofi Vaccines UK & Ireland; **Stuart Carroll**, Director of Market Access and Policy Affairs, Moderna; **Ben Lucas**, Board Member, The Association of the British Pharmaceutical Industry (ABPI) Q52–80

Professor Dame Jenny Harries, Chief Executive, UK Health Security Agency; **Doctor Mary Ramsay**, Director of Public Health Programmes, UK Health Security Agency; **Professor Sir Andrew Pollard**, Chair, Joint Committee on Vaccination and Immunisation Q81–110

Tuesday 23 May 2023

Maria Caulfield MP, Parliamentary Under-Secretary of State, Department of Health and Social Care; **Dr Nikki Kanani**, Director of Clinical Integration and Deputy SRO of NHS Covid-19 Vaccination Programme, NHS England Q111–158

Published written evidence

The written evidence that was received can be viewed on the inquiry publications page of the Committee's website

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

Session 2022–23

Number	Title	Reference
1st	Pre-appointment hearing for the Government's preferred candidate for the role of Patient Safety Commissioner	HC 565
2nd	The impact of body image on mental and physical health	HC 114
3rd	Workforce: recruitment, training and retention in health and social care	HC 115
4th	The future of general practice	HC 113
5th	Pre-appointment hearing with the Government's preferred candidate for the role of Chair of HSSIB	HC 843
6th	Follow-up on the IMMDS report and the Government's response	HC 689
7th	Integrated Care Systems: autonomy and accountability	HC 587
8th	Digital transformation in the NHS	HC 223
9th	NHS Dentistry	HC 964
1st Special	Cancer Services: Government Response to the Committee's Twelfth Report of 2021–22	HC 345
2nd Special	Government Response to the Expert Panel's Report on Government commitments in the area of cancer services in England	HC 346
3rd Special	Expert Panel: evaluation of Government's commitments in the area of the health and social care workforce in England	HC 112
4th Special	Evaluation of Government commitments made on the digitisation of the NHS	HC 780
5th Special	Government Response to the Committee's Report on Follow-up on the IMMDS report and the Government's response	HC 1286
6th Special	Government Response to the Committee's Report on Workforce: recruitment, training and retention in health and social care	HC 1289
7th Special	Expert Panel: evaluation of Government's commitments in the area of the health and social care workforce: Government Response	HC 1290
8th Special	Government Response to the Health and Social Care Committee's Expert Panel: evaluation of Government's commitments made on the digitisation of the NHS	HC 1313
9th Special	The future of general practice: Government Response to the Committee's Fourth Report	HC 1751

Number	Title	Reference
10th Special	Expert Panel: evaluation of the Government's commitments in the area of pharmacy in England	HC 1310

Session 2021–22

Number	Title	Reference
1st	The Government's White Paper proposals for the reform of Health and Social Care	HC 20
2nd	Workforce burnout and resilience in the NHS and social care	HC 22
3rd	Pre-appointment hearing for the Chair of the Food Standards Agency	HC 232
4th	The safety of maternity services in England	HC 19
5th	The treatment of autistic people and people with learning disabilities	HC 21
6th	Coronavirus: lessons learned to date	HC 92
7th	Supporting people with dementia and their carers	HC 96
8th	Children and young people's mental health	HC 17
9th	Clearing the backlog caused by the pandemic	HC 599
10th	Pre-appointment hearing for the position of Chair of NHS England	HC 1035
11th	Pre-appointment hearing for the position of Chair of the Care Quality Commission	HC 1091
12th	Cancer services	HC 551
13th	NHS litigation reform	HC 740
1st Special	The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of maternity services in England	HC 18
2nd Special	The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of mental health services in England	HC 612
3rd Special	Supporting people with dementia and their carers: Government Response to the Committee's Seventh Report	HC 1125
4th Special	Expert Panel: evaluation of the Government's commitments in the area of cancer services in England	HC 1025

Session 2019–21

Number	Title	Reference
1st	Appointment of the Chair of NICE	HC 175

Number	Title	Reference
2nd	Delivering core NHS and care services during the pandemic and beyond	HC 320
3rd	Social care: funding and workforce	HC 206
4th	Appointment of the National Data Guardian	HC 1311