



House of Commons
Public Administration
and Constitutional Affairs
Committee

**Covid-Status Certification:
Government Response
to the Committee's
Second Report**

**Second Special Report of Session
2021–22**

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Public Administration and Constitutional Affairs Committee

The Public Administration and Constitutional Affairs Committee is appointed by the House of Commons to examine the reports of the Parliamentary Commissioner for Administration and the Health Service Commissioner for England, which are laid before this House, and matters in connection therewith; to consider matters relating to the quality and standards of administration provided by civil service departments, and other matters relating to the civil service; and to consider constitutional affairs.

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Second Special Report

The Public Administration and Constitutional Affairs Committee published its Second Report of Session 2021–22, [Covid-Status Certification](#) (HC 42) on 12 June 2021. The Government's response was received on 12 August 2021 and is appended below.

Appendix: Government Response

The Government published the [COVID-Status Certification Review: Report](#) in June 2021, which sets out that whilst Government believes there would be a public health benefit to certification, it was judged that the burden – particularly on those who have not yet been offered a full course of vaccination and would therefore require repeated testing, and possibly on organisations – would be disproportionate to the public health benefit at that stage of the pandemic. It additionally said that the Government will keep the wider application of certification under consideration.

The NHS COVID Pass was launched on 19 July 2021, as a tool that organisations in England can use to confirm people's COVID status and help reduce the risks of transmission.

Some countries have been forced to close their nightclubs after a surge of cases, which we want to avoid. Increasingly, we are seeing a number of countries deploying domestic certification regimes to manage the safe reopening of certain high risk settings. This is why as a matter of social responsibility we are urging nightclubs and other venues where large crowds gather to make use of the NHS COVID Pass.

The PM announced on 19 July that the Government plans to make full vaccination a condition of entry to certain settings, including nightclubs and other venues where large crowds gather, once all UK adults have been offered the chance to be fully vaccinated by the end of September.

2. It is imperative that if a Covid-status certification system is to be introduced, the Government publishes the criteria against which the efficacy of that system is to be assessed, together with a clear statement and explanation of whether or not the Government believes that the system being deployed satisfies those criteria. (Paragraph 24)

The Government recognises the need to ensure that the impact of any public health interventions are measured and assessed. In relation to certification, the *COVID-Status Certification Review: Report* publication set out that the Government believes that certification would have a public health benefit.

This was partly based on discussions arising out of the 87th meeting of the Scientific Advisory Group for Emergencies (SAGE 87), which described a hierarchy of risk reductions. These are: 1) isolate those that are infectious from the rest of the population; otherwise, 2) reduce the likelihood that they enter higher-risk settings or situations; otherwise, 3) attempt to decrease the transmission risk from an infectious person in any given environment.

Certification would act at levels 1 and 2 of the above by leading more infectious individuals to isolate than would otherwise be the case and reducing the number of infectious individuals that enter settings that require certification.

In a recent study, unvaccinated people were three times more likely than fully vaccinated people to test positive for COVID-19, with prevalence at 1.21% and 0.40%; double vaccinated people in the most recent round were estimated to have around 50 to 60% reduced risk of infection, including asymptomatic infection, compared to unvaccinated people; those who were fully vaccinated may be less likely to pass on the virus to others than those who have not received a vaccine.

In addition, COVID-status certification has been trialled in all three phases of the Events Research Programme (ERP), led by the Department for Digital, Culture, Media and Sport, with Phase I using testing protocols only (demonstration of a negative lateral flow result) and Phases II and III trialling the NHS COVID Pass in real-world settings. The findings from the ERP support the general deliverability of certification policy for events, with certification based on vaccination and natural immunity the most operationally viable, owing to the significant pressures on testing capacity and the cost of asymptomatic testing sites. Further, the ERP concluded that, where possible, certification should be introduced rather than more economically restrictive measures.

The Government has said in its *COVID-Status Certification Review: Report* publication that it will continue to consider the use and the potential future application of certification, taking into account the findings of the certification review and the ERP. The [Events Research Programme: Phase I findings](#) report was published on Friday 25 June, findings from Phases II and III are currently being collated and analysed and will be published in due course.

We will monitor the application of any certification scheme, to ensure that it is appropriate for the epidemiological situation.

3. It is also essential that a cost-benefit analysis is carried out and made public alongside any announcement regarding the introduction of a Covid-status certification. Such a cost-benefit analysis should include not only financial but also social and societal costs and benefits. (Paragraph 25)

The Government reviewed the cost and benefits of COVID-status certification as part of the certification review. The *COVID-Status Certification Review: Report* sets out findings of the review across a number of areas, including public health considerations, business considerations, and ethics & equalities considerations.

The Events Research Programme concluded that, where possible, certification should be introduced rather than more economically restrictive measures. Published findings will be made available in due course.

4. It is highly regrettable that the Government has not, despite committing to do so, provided the Committee with likely financial costs to the public purse or to businesses and individuals of different models of Covid-status certification. Full costings must be provided alongside any announcement in regards to Covid-status certification. (Paragraph 26)

The cost of certification will differ depending on the final model used for certification. This will be assessed against relevant economic and social benefits as we consider any wider introduction.

COVID-status certification has been trialled in all three phases of the ERP, with Phase I using testing protocols only (demonstration of a negative lateral flow result) and Phases II and III trialling the use of the NHS COVID Pass in real-world settings.

The ERP concluded that while certification came with costs, such as additional stewarding provision, analysis showed that revenue impact is significantly better for organisations compared to the potential impact of other non-pharmaceutical interventions (NPIs) such as social distancing and capacity caps.

5. We recognise that conducting detailed modelling, especially with so many unknown variables and uncertainties, is difficult and imprecise. Nonetheless, we believe that it is the best guide to the potential impacts of the range of different scenarios that cannot necessarily be directly tested. We expect all such modelling to be published alongside any announcement. If such modelling has not been conducted, the Government should provide a clear explanation for why they have opted not to use modelling and what account they have taken of different scenarios in its absence. (Paragraph 27)

Per the [Terms of Reference for the certification review](#), published on GOV.UK, the Government reviewed different models of certification, including different methods of conferring COVID status, and the mechanisms by which COVID status can be demonstrated, including technological and non-technological options. The outcome of this review is reflected in the *COVID-Status Certification Review: Report* publication and in the launch of the NHS COVID Pass for use by organisations.

Certification is fundamentally a public health intervention. Several SAGE papers were also published alongside the review's findings, which relate to COVID-status certification. [SAGE 79](#) , [SAGE 86](#) , [SAGE 87](#).

6. Given the large number of areas where the Government was unable to provide the Committee with information and answers in regards to: criteria against which the Covid-Status Certification efficacy of that system is to be assessed; the cost-benefit analysis proposals; modelling of different scenarios with and without a certificate system, combined with the Minister's own assessment that the case of a Covid-status certificate system is "finely balanced", the Committee does not think the Government has made a case for any form of domestic Covid-status certification system. (Paragraph 28)

The *COVID-Status Certification Review: Report* publication sets out that the Government believes that certification would provide a public health benefit. It is therefore right that the Government has made the NHS COVID Pass available, through the NHS app, NHS.uk and letter, so that individuals can demonstrate their COVID status. The Government has been clear that the NHS COVID Pass is a tool that organisations can use to help limit the risk of transmission in their venues and events as the country reopens. Because of this, the Government is encouraging the use of the NHS COVID Pass for entry to nightclubs and other venues where large crowds gather as a safer way to reopen.

7. **Given that, to date, 61% of the UK population has received at least one dose and 43% has received two doses of the vaccine and this is increasing by the day, there needs to be a clear and demonstrable benefit from the introduction of a Covid-status certification system. It appears to us that the success of the vaccination programme makes a Covid-status certification system unnecessary. The Government must clearly set out the scientific case for a Covid-status certification system alongside any announcement it makes introducing such a system. This is essential for the public understanding of the decision-making process behind such a system and to increase public acceptance of and compliance *with vital measures to combat the pandemic*.** (Paragraph 45)

Throughout the review, we have consulted with a wide range of clinicians and independent scientific advisory groups on the effectiveness of certification as a tool to manage the spread of COVID, including the standards for acquiring COVID status.

Clinicians have advised that if a very high proportion of the adult population or groups expected to visit high-risk settings of all ages is vaccinated (+95%), the incremental effect of certification will be considerably smaller (as the population in settings would be vaccinated anyway). However, if vaccination rates fall below this, then certification could act as a tool to help limit the risk of transmission in certain high-risk settings where it is used. The Government will continue to review the standards for certification, as required, in order to respond to changes in the epidemiological situation.

Several studies have provided evidence that vaccines are effective at preventing infection. Uninfected individuals cannot transmit; therefore, the vaccines are also effective at preventing transmission. There is significant evidence that vaccines are effective at preventing infection, and therefore will prevent transmission. There is further evidence [\[RCI\]](#) that even if vaccinated individuals become infected there is a reduced risk of transmission to others (around 40–45% reduction after 1 dose).

[\[RCI\]](#) Harris, Ross J., et al. “Effect of Vaccination on Household Transmission of SARS-CoV-2 in England.” *New England Journal of Medicine* (2021).

As set out in the *COVID-Status Certification Review: Report*, if the country is facing a difficult situation in autumn or winter, certification could be a useful tool in managing this risk and keeping events going and businesses open.

9. **The Committee welcomes the Government’s commitment to publish the applicable thresholds for when Covid-status certificates may be required by particular locations, and believes that the thresholds for requiring certification should be published alongside the introduction of any such system so that a better understanding of the rationale and decision-making process can be ascertained. While we accept that new factors, such as the emergence and prevalence of a new variant, may mean that thresholds Covid-Status Certification need to be changed, it would be better for this to be done publicly, accompanied with clear explanations, than for the Government to make the decisions in opaque ways.** (Paragraph 47)

The [Prime Minister has set out that by the end of September](#), when all over 18s have had their chance to be double jabbed, the Government plans to make full vaccination the condition of entry to nightclubs and other venues where large crowds gather. We will set out more detail about the settings where certification will be required in due course.

11. The Committee finds that there is no justification for engaging in what is likely to be a significant infringement of individual rights by introducing a Covid-status certification system and given the absence of convincing scientific case and the large the number of uncertainties that remain, we recommend that the Government abandon the idea of using a Covid status certification system domestically. (Paragraph 64)

Throughout the review, we've undertaken extensive engagement with ethicists, academics and a range of specialists and representatives including from faith, race and disabilities groups.

As set out in the report, many ethicists saw a clear case for certification due to the potential to help safeguard the health and wellbeing of people and enable them to feel safer in accessing settings. Some issues were raised, including the potential for certification to widen existing disparities - for example, in groups where there is vaccine hesitancy, groups for whom it could be difficult to access or administer tests, or groups who may face higher levels of digital exclusion. However, the Government is clear that any use of certification must be as accessible and easy to use for all as possible.

The certification review also concluded that the Government would not mandate the use of certification from Step 4. While the review concluded that there would be a public health benefit, the impacts are judged to be disproportionate to the public health benefit at that stage of the pandemic. However, it also concluded that certification could provide a means of keeping events going and businesses open if the country is facing a difficult situation in autumn or winter.

A number of countries have been forced to close their nightclubs after a surge of cases, which we want to avoid. Therefore, as a matter of social responsibility, we are encouraging the use of the NHS COVID Pass for entry to nightclubs and other venues where large crowds gather as a safer way to reopen. We will monitor the uptake, and reserve the right to mandate its use in certain venues if necessary.

We have always been clear that there are some essential settings where certification should not be used, including essential services and settings that have been allowed to remain open during the pandemic.

12. If the Government moves forward with any proposals to introduce such a system, despite the absence of a scientific case for doing so, a full Equalities Impact Assessment must be provided in good time and certainly in advance of any parliamentary vote on the legislation underpinning that system. (Paragraph 65)

The Government has conducted a full Equalities Impact Assessment and consulted widely to understand the potential equalities impacts of COVID-status certification, speaking to ethicists and representatives of disabilities.

The Government will provide this Assessment ahead of the introduction of any legislation that may be required in the normal way.

16. The data protection concerns raised above still appertain to the use of the NHS app for this purpose and the Government should ensure that the very minimum necessary personal data is shared with foreign governments through the certificate. (Paragraph 79)

Minimal personal data is shared when using the NHS COVID Pass. For international use, a 2D barcode is generated with encoded data for visual checking or scanning to authenticate. On visual check or scanning, it displays an individual's first and second name, date of birth, and details of vaccine events and type of vaccine; the information is transient and is not stored.

17. Given that the Government has not made the scientific case for a Covid-status certification system, and in its own assessment the case is “finely balanced”, the introduction of such a system must be by way of primary legislation. This would allow for the full implications and ramifications of the proposals to be fully and properly considered by the Government and would also allow Parliament the appropriate amount of time to consider, scrutinise and where necessary amend the Government’s proposals. (Paragraph 83)

The Government has committed to appropriate parliamentary scrutiny ahead of the wider application of certification. The approach to any legislation that may be required will be set out in due course.