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15 October 2026

Dear Clare

I am writing to inform the Finance and Public Administration Committee that the Scottish Government will today publish its response to the UK Covid-19 Inquiry's Module 4 report, which examined the development of Covid-19 vaccines and the implementation of the vaccine rollout programme in England, Wales, Scotland and Northern Ireland. This module also examined the treatment of Covid-19 through both existing and new medications and explored issues relating to unequal vaccine uptake.

The response reflects extensive cross-government collaboration and engagement with those most affected by the pandemic. In particular, I would like to acknowledge the valuable contributions provided by the Covid Inquiries Response Engagement Group (CIREG), established by my predecessor and which I now have the privilege of chairing. The perspectives shared by representatives of bereaved families, disabled people, minority ethnic communities, older people and other groups disproportionately affected by the pandemic have helped to shape our response.

The response sets out the actions to be taken for each recommendation relevant to the Scottish Government, including details of implementation timescales and accountable officers. We will publish regular progress updates, with the first due by May 2027.

The response will be available on the Scottish Government website at:
<https://www.gov.scot/isbn/9781807756307>

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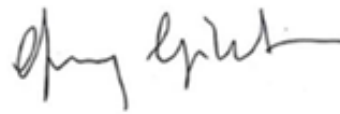
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I hope the Committee finds this information helpful. I am also copying this letter to the Economy, Tourism and Energy, Equalities, Human Rights and Civil Justice, Health, Care and Sport, Public Audit and Public Service Reform Committees, given the relevance of the Module 4 report across a number of parliamentary committees and for wider parliamentary awareness.

Yours sincerely,



JENNY GILRUTH

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UK Covid-19 Inquiry

Module 4 report: Scottish Government response

UK Covid-19 Inquiry – Module 4 report: Scottish Government response

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Ministerial Foreword

The Covid-19 pandemic tested our health and care services, our institutions, our communities and our resilience as a nation. Above all, it affected the lives of people and families across Scotland, many of whom continue to live with the consequences of the pandemic today.

The UK Covid-19 Inquiry published its Module 4 report on 16 April 2026. The report examined the development, procurement, regulation and deployment of vaccines and therapeutics during the pandemic. The Scottish Government is grateful to the Chair and the Inquiry for their detailed and thorough examination of these matters. The Inquiry's findings and recommendations provide an important opportunity to reflect on the successes and challenges experienced during the pandemic, and to strengthen our preparedness for future public health emergencies.

Vaccines and therapeutics played a critical role in protecting lives, reducing serious illness and supporting our recovery from Covid-19. The speed with which safe and effective vaccines were developed and delivered was unprecedented and demonstrated what can be achieved through collaboration between governments, public health agencies, researchers, healthcare professionals, industry and communities. It is essential we build on these achievements, whilst also learning from the challenges and inequalities highlighted by the Inquiry.

This document sets out the Scottish Government's response to the recommendations directed to Scotland, as well as our position on recommendations that are primarily reserved to the UK Government. We have accepted, or accepted in principle, all of the recommendations addressed to us. In doing so, we recognise the importance of strengthening preparedness, improving collaboration across the four nations of the UK, reducing inequalities in access to vaccination, enhancing surveillance and data systems, and ensuring that patients continue to benefit from safe, effective and innovative medicines.

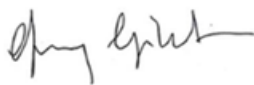
Our response reflects the distinct responsibilities of the Scottish Government and our commitment to working constructively with partners across the United Kingdom. While respecting devolved responsibilities, we support collaboration where it adds value, enables shared learning and strengthens our collective ability to respond to future health threats. The actions set out in this response build on significant work already underway across Scotland, including the implementation of Scotland's 5-Year Vaccination and Immunisation Framework and Delivery Plan, investment in digital transformation, improvements to population health intelligence, and ongoing collaboration with partners across the four nations.

A central theme throughout the Inquiry's recommendations is the importance of public trust. Trust is built through openness, transparency, engagement and a commitment to listening to people's experiences. The Scottish Government recognises that some communities continue to face barriers to accessing vaccination and other healthcare services, and that confidence in health information cannot be taken for granted. We are therefore committed to strengthening our engagement with communities, supporting evidence-based communication and tackling health

inequalities through the work of the Scottish Vaccination and Immunisation Programme and our wider public health reform agenda.

We would like to thank the members of the Covid Inquiry Response Engagement Group (CIREG) for their valuable contributions in the development of this response. Their insights and lived experience have helped to shape our approach and have reinforced the importance of ensuring that learning from the pandemic remains grounded in the perspectives of those most affected.

The Scottish Government remains fully committed to learning from the pandemic and to ensuring that Scotland is as prepared as possible for future public health emergencies. By working together across governments, public services, academia, industry and communities, we can build a more resilient, equitable and responsive system that protects the health and wellbeing of everyone in Scotland.



Jenny Gilruth MSP
Deputy First Minister and Cabinet Secretary for Finance and Local Government



Angela Constance MSP
Cabinet Secretary for Health and Care

Introduction

The Chair's recommendations relate to vaccines and therapeutics, including measures to ensure the success in the development of vaccines and medicines can be repeated in the event of future public health emergencies.

The UK Covid-19 Inquiry's report contains a total of five recommendations, of which three are directed at the Scottish Government to deliver. These recommendations have either been accepted or accepted in principle. An acceptance in principle means that the Scottish Government agrees with the recommendations and supports them but the actions to be taken to achieve them may differ from those proposed by the Inquiry.

Development of this response has been supported by the Covid Inquiry Response Engagement Group (CIREG), whose feedback has shaped how we have approached these recommendations. Their insights have been drawn on throughout this document.

Recommendation 1 – Establish a pharmaceutical expert advisory panel

Chair's recommendation:

The UK Government should establish a standing pharmaceutical expert advisory panel, in consultation with the Department of Health and Social Care and the Department for Science, Innovation and Technology.

The panel should include ministers, civil servants and representatives from industry and academia, and be led by an independent Chair with experience of working in a relevant industry. The panel's role should be to:

- Oversee the UK's preparedness to develop, procure and manufacture pharmaceuticals (vaccines and therapeutics) in the event of a pandemic or health emergency, assisting with cross-government strategy development;
- Ensure that the UK Government and devolved administrations, their agencies, industry and academia are aligned around shared goals in developing vaccines and therapeutics for pandemic diseases;
- Oversee strong links between government and the pharmaceutical industry;
- Advise the UK Government on how to incentivise pharmaceutical companies to invest in manufacturing facilities and research in the UK; and
- Advise the UK Government on its research investments, with a view to ensuring a diverse portfolio of pharmaceutical research in the UK.

During a pandemic, the panel should form the basis of specialist taskforces, which would be responsible for securing and developing medical interventions and leading on their procurement on behalf of the four nations of the UK. They should have sufficient autonomy, delegation and direct access to senior ministers, similar to that which worked well in the Covid-19 pandemic.

Scottish Government response:

The Scottish Government recognises that this recommendation is directed to the UK Government to implement. The Scottish Government agrees with the Inquiry that there is value in close collaboration with academia and the life sciences sector. However we would want to be reassured that its functions do not erode devolved responsibilities, duplicate the efforts of other established and existing mechanisms or responsibilities of other central government departments.

The Scottish Government supports ongoing collaboration between the four nations to ensure a structured forum for discussion and collaboration between the UK Government, the Devolved Governments, industry and academia to align priorities, strengthen coordination and support informed decision-making. While recognising that each nation operates within its own health system, the Scottish Government agrees that there is value in pursuing greater consistency where appropriate to support collective learning and pandemic preparedness.

The Scottish Government understands that since the Covid-19 pandemic, the UK Government has established a range of strategies, governance arrangements, and

capability-building initiatives to strengthen preparedness for future health emergencies. This includes regular engagement with the life sciences sector and academia. Putting in place clear arrangements on how the practical delivery of these strategies and initiatives will be monitored going forward is important.

The Scottish Government will work with the UK and other Devolved Governments to ensure that Scotland's distinct perspectives, priorities and expertise are fully represented and heard in the development of future medical countermeasures policy. Reflecting the strong views of Scottish stakeholders, including members of the Covid-19 Recovery and Engagement Group (CIREG), the Scottish Government will seek to ensure that expertise from Scottish academia and the life sciences sector not only informs but, where appropriate, leads and shapes actions to strengthen the UK's ability to develop, manufacture, and procure medical countermeasures rapidly in response to future health emergencies.

Recommendation 2 – Formalise work with communities about vaccine equity strategies

Chair’s recommendation:

The UK Government, Scottish Government, Welsh Government and Northern Ireland Executive should maintain networks with local communities to produce targeted vaccination strategies and communications.

To achieve this:

- The Scottish Government, Welsh Government and Northern Ireland Executive should establish local community networks, mirroring the approach being taken by the UK Health Security Agency.
- All four governments should work with their network to identify specific and measurable actions to improve vaccine uptake and reduce inequalities and consult with these networks on communications campaigns and delivery approaches.
- All four governments should publish a report annually on progress against these actions.

Scottish Government response:

The Scottish Government accepts this recommendation.

The Scottish Government recognises the Inquiry's finding that, while Scotland's Covid-19 vaccination programme achieved high levels of uptake overall, disparities remained across some communities and population groups.

We agree that sustained engagement with communities is essential to reducing health inequalities, improving vaccine confidence, and ensuring equitable access to vaccination programmes in both routine immunisation programmes and future public health emergencies.

We believe that responsibility for the establishment and management of those relationships should sit with the Scottish Vaccination & Immunisation Programme (SVIP), which is led by Public Health Scotland (PHS), but encompasses representation from the Scottish Government, NHS Boards, local authorities, the third sector and community organisations.

SVIP was formally launched in January 2024, with PHS taking on the role of senior responsible officer (SRO) with national leadership and coordination remit for delivery of all vaccination programmes in Scotland. PHS are resourced for this function by the Scottish Government.

Throughout the pandemic, Scotland adopted targeted approaches to improve vaccine uptake among underserved communities, including minority ethnic groups, people experiencing deprivation, faith organisations, disabled people, and others facing barriers to access. These approaches demonstrated the value of trusted community relationships and locally tailored communication and delivery models and CIREG members’ feedback highlighted the critical and essential role these

relationships and organisations should play in any future whole-system civil emergency.

The Scottish Government already works closely with PHS, NHS Boards, local authorities, the third sector and community organisations to support equitable vaccine delivery. We agree that these relationships should be maintained and strengthened between public health emergencies, building on existing structures and avoiding duplication of established local engagement mechanisms.

The objectives of this recommendation align closely with the SVIP's 5-Year Vaccination and Immunisation Framework and Delivery Plan, published in November 2024, which places equity, community engagement and public confidence at the heart of Scotland's vaccination programme.

The Framework sets out goals to improve impact, reduce inequalities, and reduce illness from vaccine-preventable disease, and also commits to ensuring timely and equitable access to vaccination, addressing barriers faced by underserved communities, and improving public engagement through the SVIP.

In taking forward this recommendation, the Scottish Government will continue to build on existing arrangements through the Framework and Delivery Plan, including:

- Strengthening partnerships with local communities, third sector organisations, community leaders and NHS Boards to better understand and address barriers to vaccination.
- Using population health intelligence and local insight to identify communities with lower uptake and develop targeted interventions to reduce inequalities.
- Initial work is being undertaken to recognise the individual needs of protected characteristics and underserved groups in relation to vaccine accessibility and equity. This includes burden of disease and vaccine uptake data, some of which is focussing on certain disabilities, and learning disabilities.
- Improving vaccine confidence through ongoing engagement and evidence-based conversations about vaccination.
- Supporting a whole-system approach that mobilises the wider health and care workforce to promote vaccination and improve access.
- Monitoring vaccine uptake and inequalities through SVIP and using this information to inform local and national improvement activity.

Annual reporting

To support this work, PHS began reporting childhood immunisation data by ethnicity and urban-rural classification in 2024. PHS has been publishing ethnicity and urban-rurality data for adult vaccines since the pandemic. It has now been rolled out across all vaccination areas subsequently and it is now standard to have a suite of equality breakdowns (e.g. by deprivation, ethnicity, urban-rurality, age, sex) in our uptake statistics.

In addition, more granular data is provided to stakeholders through the password protected platform (Discovery) for management information, local situation awareness, and local action.

PHS publishes an annual '[Vaccination and Immunisation report](#)' that encompasses all programmes, as well as standalone reports for individual programmes that can be accessed via their '[Publications](#)' page. PHS also report regular vaccine inequality data through its [Vaccination Surveillance Dashboard](#). PHS also contribute to UK-wide reports, such as the '[Influenza in the UK, annual epidemiological report](#)' published by the UK Health and Security Agency (UKHSA). We believe that the publications above meet the recommendation to publish an annual report.

Local Community Networks

PHS has a commitment to strengthen multi-sector stakeholder engagement with statutory, third sector, community, religious, workforce and other partners to increase support for vaccination within their networks. Engagement with organisations such as the Health and Social Care Alliance Scotland and Voluntary Health Scotland is well established, and partnerships are being expanded with organisations including the Scottish Refugee Council, Deep End GPs, Community Links Workers and charities representing ethnic minority communities, faith groups, LGBTQ+ communities, people with disabilities and those with specific health conditions.

Engagement with third sector partners has highlighted financial and capacity challenges and the importance of working through existing community networks rather than creating new vaccine-specific structures. Partners have also emphasised the need to build trust by addressing the wider issues affecting communities, including poverty, racism and exclusion.

Stakeholder feedback, including from CIREG members, has also highlighted the need for greater focus on people with learning disabilities and other disabled groups. PHS has undertaken initial engagement with relevant charities and support organisations to better understand barriers to vaccination and identify opportunities to improve uptake. This included a survey and workshop with charities representing people with disabilities, long-term conditions and older adults; research with primary and secondary care professionals, and a winter vaccines stakeholder webinar to raise awareness of the 2026 programme and encourage uptake among those most at risk. Further, PHS have been working with Scottish Government and the Adult Learning Disabilities - Annual Health Checks Implementation Group to support improved content on vaccinations.

Healthcare professionals remain among the most trusted sources of vaccine information. PHS has commissioned qualitative research with primary and secondary care professionals to explore the acceptability and feasibility of recommending vaccination across different care pathways. Early findings indicate knowledge and confidence gaps among healthcare professionals who do not routinely deliver vaccinations, and recommendations will be considered through SVIP governance structures during 2026.

Public Services Delivery Scotland (PSD Scotland) leads national workforce education on behalf of SVIP and has developed resources including:

- Vaccine Conversations
- Combatting False Vaccine Information
- Inclusive Vaccination Practice

In addition, the SVIP Workforce Engagement and Development Sub-group is mapping the wider health and care workforce to support a "make every contact count" approach to vaccination promotion.

Four Nations Partnerships

The four nations address questions on equity in multiple forums, but in 2023 the nations, convened by UKHSA, participated in a UK Four Nations Forum to consider factors contributing to declining uptake in some routine immunisation programmes and increasing inequalities across the UK. Its report was published in March 2026, an equity strategy subgroup of the forum is being established to support co-ordination and shared learning across the 4 nations in response to declining coverage and increasing inequalities in routine immunisation programmes.

UKHSA have also begun to incorporate Scottish participants into its attitudinal and insight surveys for the first time, which should support greater co-ordination and coherence.

Communication strategies

PHS is committed to adopting an audience-first approach to vaccine communications, using insight to understand and address barriers to uptake within specific groups. Working with NHS Boards and community partners, PHS develops clear, accessible and evidence-based vaccine information, supports informed decision-making, works with trusted voices to reach groups with lower uptake, and evaluates the effectiveness of communications activity to support continuous improvement.

Work to support the aims of this recommendation is already well established in Scotland. Scotland's Population Health Framework (June 2025) sets the Scottish Government and COSLA's long-term collective approach to improving health and reducing inequalities, recognising the role of prevention, including vaccination. Public bodies are also progressing towards becoming Public Health Organisations, embedding prevention and reducing inequalities across health and social care services.

Health Information Integrity Strategy

The Scottish Government's Health Information Integrity Strategy (October 2025) provides a framework for addressing false and misleading health information, recognising its potential impact on health inequalities and vaccine confidence. Delivery of vaccination-related actions under the Strategy is being taken forward through SVIP's Citizen Engagement Group.

Alongside this work, Scotland is continuing to strengthen and streamline vaccination data systems, including the collection, reporting and analysis of equality data, to support evidence-based improvements to vaccination services and reduce inequalities in uptake.

We also recognise the importance of collaboration across the four nations to share evidence and learning on effective approaches to increasing vaccine confidence and uptake among populations experiencing health inequalities. This will support a more

resilient and equitable vaccination system for future pandemics and routine immunisation programmes. There are already examples of collaboration in four nation forums, including some vaccine programme specific groups, as well as the UK Forum on declining coverage and increasing inequalities across the routine immunisation programmes 2023-2025. In this, the four UK public health agencies explored factors that may be contributing to the continuing declining trend in immunisation uptake for some programmes together with increasing inequalities, which had occurred within all nations of the UK over the last decade.

We will work with colleagues across the four nations to ascertain the value of establishing a formal group to share evidence and best practice, beyond those that currently exist.

Actions and implementation timescale(s)

- PHS, in collaboration with the Scottish Government, NHS Boards and the third sector, leads a Citizen Engagement workstream focused on reducing inequalities. Current priorities include strengthening stakeholder engagement, developing trusted community voices, particularly in relation to deprivation and ethnicity, and supporting a consistent approach to communications and marketing activities. The workstream is also finalising an action plan for combatting false health information in relation to vaccination. The action plan will be presented to the SVIP Strategy Board for approval at the December 2026 meeting.
- PHS is developing a stakeholder map and engagement plan for SVIP, covering the four delivery groups (Maternity, Children and Young People, Adults, and Selective and Non-Routine programmes) alongside third sector organisations supporting people experiencing inequalities throughout their lives. The stakeholder maps will be live documents which will be constantly added to and updated. They are intended as internal documents for use within SVIP.
- To support community engagement, PHS has secured funding for 2026-27 to commission third sector organisations to co-produce vaccination information resources for communities with lower vaccine uptake. PHS, with support from the Scottish Government, are also increasing their engagement with COSLA, to facilitate greater collaborative working with Local Authorities in areas such as school vaccination programmes, and increasing flu vaccine uptake for non-NHS frontline health and social care workers.

Accountable Officer:

The Director General for Health and Social Care, working with the Population Health Directorate within the Scottish Government and Public Health Scotland through the SVIP, will be accountable for the implementation of the Scottish elements of this recommendation.

Recommendation 3 – Improve monitoring and evaluation of vaccine uptake and delivery

Chair's recommendation:

Each of the four UK public health or health security agencies should work together to:

- Maintain accurate, UK-wide insight into the state of vaccine uptake and hesitancy; and
- Understand the measures proven to be effective in increasing uptake across the four nations of the UK.

There should be collaboration and some standardisation in the agreed approach across the four nations for monitoring and publishing routine vaccine uptake and vaccine confidence levels to better understand regional variations and patterns. Each nation should set and regularly review its minimum acceptable standards of vaccine uptake, which would trigger targeted uptake campaigns if not reached.

The effectiveness of vaccine uptake campaigns should be evaluated against clear, standardised measures. This includes retrospective analysis of the Covid-19 uptake campaigns, as well as evaluation of routine vaccination uptake campaigns.

Scottish Government response:

The Scottish Government accepts this recommendation in principle.

The Scottish Government agrees that robust monitoring, evaluation and reporting arrangements are essential to understanding vaccine uptake, identifying inequalities, addressing vaccine hesitancy and informing targeted interventions. We also recognise the value of collaboration and standardisation across the four nations to strengthen the evidence base on vaccine confidence and uptake and to support preparedness for future public health emergencies.

Scotland already maintains comprehensive systems for monitoring vaccine uptake through PHS and PSD Scotland. Vaccine uptake data are routinely collected, analysed and published across all national immunisation programmes, providing insight into coverage levels, demographic variation and inequalities in uptake. PHS also undertakes surveillance, analysis and research activities to inform service improvement and targeted action where lower uptake is identified.

The aims of this recommendation align closely with Scotland's 5-Year Vaccination and Immunisation Framework and Delivery Plan (2024-2029), which emphasises the importance of population health intelligence, reducing inequalities, improving equitable access to vaccination and using evidence to drive continuous improvement. The Framework commits partners across the SVIP to using data and insights to inform the design and delivery of vaccination services and to better understand barriers to uptake among different groups and communities.

SVIP are able to undertake large linkage studies using national datasets to investigate epidemiological and operational questions, to help inform, measure impact, evaluate and improve vaccine programmes.

A considerable number of large, national linkage studies have been undertaken since improvements to vaccination data and data structure at the beginning of the pandemic. These studies include measuring impact of vaccination programmes (e.g. effectiveness and safety) which provide evidence to support informed consent and decision making, and improvements to operational delivery, across immunisation programmes.

A key element of Scotland's approach to improving the monitoring and evaluation of vaccine uptake is the ongoing digital transformation of the SVIP. A multi-year programme is underway to modernise and expand Scotland's vaccination digital infrastructure, with the aim of delivering a lifelong national vaccination record and a more integrated digital experience for citizens and healthcare professionals. This will improve the quality, completeness and accessibility of vaccination data, enhancing interoperability across NHS systems, and strengthening Scotland's ability to monitor uptake, understand inequalities, evaluate interventions and support operational delivery.

Through implementation of the Framework, the Scottish Government will continue to work with PHS, NHS Boards and UK partners to:

- Maintain and enhance surveillance of vaccine uptake and confidence levels across Scotland;
- Strengthen understanding of inequalities in uptake and identify groups and communities that may benefit from targeted interventions;
- Use data, insight and evaluation findings to support evidence-based approaches to increasing vaccine confidence and uptake;
- Evaluate vaccination campaigns and improvement initiatives, using agreed measures where appropriate, to assess effectiveness and inform future policy and delivery;
- Share learning and evaluation findings publicly, where appropriate, to support transparency and build confidence in vaccination; and
- Work across the four nations to identify and share effective approaches to improving vaccination coverage and addressing vaccine hesitancy.

The Scottish Government supports ongoing collaboration between the public health agencies of the four nations to improve comparability of data and to develop a shared understanding of vaccine uptake trends, vaccine confidence and the effectiveness of interventions. While recognising that each nation operates within its own health system and data landscape, as well as responding to specific demographic and geographical realities, we agree that there is value in pursuing greater consistency where appropriate to support collective learning and pandemic preparedness.

The Scottish Government is currently considering the recommendation around the retrospective analysis of the Covid-19 uptake campaigns. Multiple analyses of

various stages of the Covid-19 programme were undertaken during the pandemic and pandemic recovery phases and the learning from those analyses forms the genesis of most of the quality improvement work that has been completed and is underway. The Scottish Government and SVIP undertakes continual analysis of vaccine programmes, which informs quality improvement work at a national and local level.

Actions and implementation timescale(s)

- The Scottish Government will implement this recommendation through Scotland's 5-Year Vaccination and Immunisation Framework and Delivery Plan, which runs to 2029. PHS will continue to develop its routine monitoring and publication of vaccine uptake data, alongside research and evaluation to improve understanding of vaccine confidence, inequalities and the effectiveness of interventions.
- During 2026-27, the SVIP Quality Improvement, Indicators and Standards Group will develop a Vaccination Reporting Framework to strengthen assurance and oversight of vaccination standards, indicators and improvement activity. This is expected to be published during Spring 2027.
- SVIP is also developing a Data & Intelligence Framework, setting out data and intelligence needs over the next 5 years. This is expected to be published during Spring 2027.
- The multi-year transformation of Scotland's vaccination digital infrastructure is already underway. The first phase, running to 2027, will stabilise and strengthen existing systems, with the subsequent phase running from 2027 to 2032 to deliver a lifelong national vaccination record, improved data and greater integration across the wider NHS digital landscape. The business case for this subsequent development phase is due for delivery in 2026/27, and therefore further detail on milestones will be available in future updates to the Inquiry.
- The Scottish Government and PHS will also continue to work with four-nations partners to improve the comparability of vaccine uptake and confidence data and develop more consistent approaches to evaluating vaccination campaigns.

Accountable Officer:

The Director General for Health and Social Care, working with the Population Health Directorate within the Scottish Government and Public Health Scotland through the SVIP, will be accountable for the implementation of the Scottish elements of this recommendation.

Recommendation 4 – Proportionate access to linked healthcare records for use in the assessment of safety signals

Chair's recommendation:

The UK Government and devolved administrations should work together, with their respective health delivery services, to facilitate and coordinate regulatory bodies' access to healthcare records in order to make the post-authorisation safety monitoring of new vaccines and therapeutics more efficient.

In particular, the Medicines and Healthcare products Regulatory Agency should be granted specific and proportionate access to comprehensive and comparable data from across the four nations of the UK, including linked primary and secondary healthcare data records. This should include data on vaccines and therapeutics administration. This improved linkage must be accompanied by strong safeguards for patient confidentiality, which the Information Commissioner's Office should work with the four governments to ensure.

Scottish Government response:

The Scottish Government accepts this recommendation in principle.

The Scottish Government notes that this recommendation will require the leadership of the Department of Health and Social Care (DHSC) and the Medicines and Healthcare products Regulatory Agency (MHRA), as medicines regulation and safety is a reserved matter and responsibility rests with the UK Government. However, the Scottish Government is supportive and accepts the broad principle of the recommendation. Proportionate and timely access to linked healthcare data across the UK would significantly accelerate the identification and assessment of safety signals for vaccines and therapeutics and substantially strengthen vigilance capabilities.

There is a clear need for the MHRA to access linked data from primary care, secondary care and other care settings, such as homecare services, in a timely manner, alongside administration data, to better understand safety issues and strengthen post-authorisation surveillance particularly learning from the challenges experienced during Covid-19.

A strong and comprehensive safety surveillance system also underpins the MHRA's approach to innovation, supporting research, enabling clinical trial recruitment and supporting risk-proportionate regulation. This facilitates access for patients to safe and effective innovative products in a timelier fashion.

Yellow Card (YC) reporting is a UK wide mechanism to gather safety data, and normalising reporting is a key aim for the Scottish Government and supports the recommendation. CIREG members highlighted the need for clear public information on medicine and vaccine safety, including how the Yellow Card scheme enables members of the public and healthcare professionals to report suspected side effects and supports ongoing safety monitoring.

Scotland's development of the NHS Scotland MyCare App provides a valuable opportunity to incorporate direct links to YC reporting and explore possible solutions to link YC data to other datasets. CIREG members highlighted the importance of establishing accessibility and improving public awareness and uptake of the MyCare App as key prerequisites for achieving the intended benefits of direct YC reporting functionality. Raising awareness of the YC scheme itself is a continual activity for the Scottish Government and relevant stakeholders, including healthcare professionals, parents and children and young people. Further considerations also include how the YC can be integrated into Scottish prescribing systems that builds on work already underway in England.

The Scottish Government is committed to working with the UK and other Devolved Governments, respective health services and relevant partners to improve access to linked healthcare data across the UK for post-authorisation safety monitoring, while maintaining strong safeguards for patient confidentiality. In doing this it will be important to ensure that any UK-wide framework is practical for all four nations.

The Scottish Government already has excellent linked medicine data in primary care, in-patient secondary care and home care in Scotland through our work to establish a Medicines in Acute and Chronic Care in Scotland (MACCs) data asset which provides near-universal coverage. We will engage with the MHRA on taking its work on population-scale safety surveillance forward.

CIREG members stressed the importance of being open and clear about how data is collected, protected, shared and used, to help build public trust and confidence.

Meeting this recommendation will require an agreed framework for sharing, linking and using health data across the UK, which is supported by strong safeguards for patient privacy and confidentiality. It may also require:

- Sustained investment in secure systems
- Data quality
- Analytical capability
- The specialist workforce needed to manage and use linked data effectively

Actions and implementation timescales

Delivery of this recommendation will require a four-nation, cross-system collaborative approach. It is a long-term programme of work that requires assessment of data availability, data quality and structure, technical infrastructure, and governance arrangements across respective delivery organisations and emerging platforms.

Scottish Government officials have met with MHRA officials and agreement has been reached across the four nations that NHS England the MHRA will co-lead discussions focused on resolving specific issues and agree decisions that enable the work to move forward. It is expected that these talks will continue throughout 2026.

Accountable Officer:

The Director General for Health and Social Care, working with policy officials from the Chief Medical Officer and Chief Operating Officer Directorates and PHS, will be accountable for the implementation of the Scottish elements of this recommendation.

Recommendation 5 – Reform the Vaccine Damage Payment Scheme

Chair's recommendation:

The UK Government must reform the Vaccine Damage Payment Scheme as soon as possible. The reform should include as a minimum:

- Increasing the £120,000 payment, at least in line with inflation to date;
- Subsequently applying annual increases in line with inflation;
- Introducing multiple levels of payment, commensurate with the degree of injury suffered; and
- Any transitional arrangements necessary to provide for fairness between applicants to the existing scheme and applicants to the revised scheme.

Scottish Government response:

The Scottish Government recognises that Recommendation 5 is directed to the UK Government, as the Vaccine Damage Payment Scheme (VDPS) is a reserved matter and responsibility for the scheme, including any legislative reform and associated payments, rests with the UK Government.

The Scottish Government agrees there is a case for reform of the VDPS. We recognise the rationale for reviewing the current payment level, introducing inflation-linked uprating, considering a graduated payment structure that better reflects differing levels of injury, and ensuring appropriate transitional arrangements for existing and future applicants.

Issues relating to the VDPS continue to be discussed regularly through four-nations forums. We will continue to engage closely with the UK Government on how the scheme can be improved, including on the issues the Inquiry has highlighted.



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ISBN: 978-1-80775-630-7 (web only)

Published by The Scottish Government, October 2026

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1766846 (10/26)

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