



Cabinet Office



Department
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Social Care

UK government response to the UK Covid-19 Inquiry Module 4 report



Government of the United Kingdom
Department of Health and Social Care

UK government response to the UK Covid-19 Inquiry Module 4 report

Presented to Parliament by the Secretary of State for Health and Social Care
by Command of His Majesty

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Ministerial foreword from the Secretary of State for Health and Social Care

Our thoughts remain with all those affected by the pandemic. We recognise the impact that these experiences have had on individuals and families, and the importance of ensuring that their experiences are heard and reflected in the lessons we learn from the Inquiry. I also want to recognise all those who served the public with dedication, compassion and courage in the most challenging of conditions.

Baroness Hallett's Module 4 report recognises the remarkable success of the vaccines and therapeutics programmes. Effective vaccines were developed, authorised and deployed at exceptional speed, while still going through the robust clinical trial and safety process necessary for such interventions. Therapeutics were identified quickly to treat those who became seriously ill. The report sets out how vaccines:

- protected many people against the most serious effects of COVID-19
- saved lives
- reduced pressure on healthcare systems
- helped to ease the wider social and economic effects of the pandemic

The report also highlights the factors that made this possible. This includes:

- the UK's world-leading position in biomedical sciences
- the dedication of doctors, scientists and researchers, supported by the UK's academic institutions and research funders
- the skills of those managing the programmes, and the staff and volunteers keeping the vaccination centres running

I also want to thank the public in coming forward to be vaccinated to protect those around them.

The government is also grateful to Baroness Hallett and the UK Covid-19 Inquiry team for identifying important lessons for the future in relation to planning and responding to future pandemics. This publication sets out our response to the Module 4 report and recommendations.

We recognise there is more to do, and we are continuing to learn from the Inquiry's findings and address the issues identified. We must ensure that future vaccination and

therapeutics programmes earn people's trust, are accessible to everyone who needs them and are guided by the best available evidence, as these programmes were. We must continue to build on our work with communities to understand and address the barriers that influence vaccine uptake.

The Inquiry notes that safety monitoring must continue to evolve and proposes reform of the Vaccine Damage Payment Scheme to ensure it is fair to those seriously harmed or bereaved following vaccination, and recognises the trauma and distress caused to families facing long waits for the processing of their claims. We take these concerns very seriously and will look further at what needs to be done to improve the scheme.

We must maintain investment in research, manufacturing capability, surveillance systems and health data infrastructure, forging closer relationships with key life science partners to support improvements.

Our focus is on practical action. There are 4 areas we need to address for vaccine uptake:

- clearer NHS organisation
- more flexible services
- better public information
- joined-up digital records

We are also taking forward reforms to improve pandemic preparedness, health resilience and the UK's life sciences capability. Our recently published Pandemic Preparedness Strategy aims to enhance our approach to future health emergencies and develop the underlying capabilities needed to respond rapidly.

Investment in research, surveillance and health data will further improve our ability to respond to emerging threats. This work also builds on the ambitions of the 10 Year Health Plan for England, which sets out a long-term vision to make the NHS fit for the future, delivering better, faster care, with a workforce that is more empowered, flexible and fulfilled. It places prevention at the heart of NHS reform in England, including through:

- improved vaccination programmes
- greater use of new vaccine technologies
- better use of high-quality and connected health data to support prevention and early intervention
- closer collaboration between the NHS, universities and industry

The findings from Module 4 are ultimately about innovation, trust and preparedness. By learning the lessons set out in the report, we can boost our resilience, improve public confidence and ensure that the UK is better equipped for future health emergencies.

Introduction

The UK Covid-19 Inquiry (the Inquiry) was established in June 2022, with the aim of examining preparations for and the response to the pandemic in England, Wales, Scotland and Northern Ireland, as well as learning lessons for the future. The Inquiry's chair, Baroness Heather Hallett, has been investigating a range of issues through the Inquiry's 10 modules.

Module 4 examines the role of vaccines and therapeutics throughout the pandemic. It considered the development, procurement, regulation and deployment of vaccines and therapeutics. The module also explored unequal vaccine uptake, public confidence, vaccine safety and the current system for financial redress under the [UK Vaccine Damage Payment Scheme](#). On 16 April 2026, the Inquiry published its [Module 4: vaccines and therapeutics](#) report.

This publication sets out the UK government's response to the Module 4 report. It responds to the Inquiry's 5 formal recommendations, and other findings made in the full report have been shared with policy teams for consideration. The government will oversee the implementation of the commitments made in this response and ensure that progress is recorded and tracked through the [UK Covid-19 Inquiry implementation dashboard](#).

As health is a devolved matter in the UK, our response sets out the ways in which the recommendations have been considered and acted on, and where further action will be taken in England. However, a co-ordinated approach supports effective health outcomes for people across the UK. In responding to the Module 4 report, we have worked closely with the devolved governments to collaborate on and align measures, and share learning and best practice.

The government agrees that the vaccination and therapeutic programmes in the UK during the pandemic were an extraordinary feat and a great success. That said, there is more to be done, such as continuing to invest in life sciences and improving access to vaccination across all communities. We are committed to learning lessons from the Inquiry.

The government broadly agrees with the chair's recommendations and sets out actions to address them. The government's response to each individual recommendation is set out in the remainder of this publication. We also highlight the following improvements that have been made since the COVID-19 pandemic:

- the [10 Year Health Plan for England: fit for the future](#), published in July 2025, laid out the government's plan to fundamentally reform the NHS in England, and seize the opportunities provided by new technology, medicines and innovation. This includes commitments to being at the forefront of continued innovation and research into

vaccination technologies such as mRNA vaccines. The Medicines and Healthcare products Regulatory Agency (MHRA) will also develop a more pro-innovation approach to regulation, while maintaining safety, ensuring the UK is one of the best places in the world to develop and launch new products

- in autumn 2025, the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) conducted Exercise Pegasus, a UK-wide exercise on the preparedness for a pandemic involving multiple government departments, the devolved governments, arm's length bodies and local resilience forums. An additional phase, focusing on recovery, has taken place during summer 2026. A post-exercise report including recommendations will be published this winter
- the [Pandemic Preparedness Strategy: building our capabilities](#), published in March 2026, includes work to improve capability for vaccines, therapeutics and diagnostics, improve surveillance systems, and support closer collaboration between government, industry and academia. The strategy draws on lessons from the UK Covid-19 Inquiry and Exercise Pegasus, and will be reviewed in 2028 to reflect later Inquiry findings, the Exercise Pegasus report, and new scientific and operational evidence

The government is committed to continuing to actively engage with the Inquiry and awaits Baroness Hallett's findings and recommendations in subsequent module reports as she continues her important work.

Recommendation 1

Establish a pharmaceutical expert advisory panel

“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.”

Government response to recommendation 1

The COVID-19 pandemic demonstrated the critical importance of expert advice to inform government decision-making and the value of drawing on expertise from across science, academia and the life sciences sector.

The [Scientific Advisory Group for Emergencies](#) (SAGE) played a central role in ensuring that ministers had access to co-ordinated scientific and technical advice during the

pandemic. The pandemic also demonstrated the importance of close and productive relationships between government and life sciences partners (including through the Vaccine Taskforce and Antivirals and Therapeutics Taskforce) in supporting the rapid development, manufacture and deployment of medical countermeasures.

The government recognises that there is more it can do to draw systematically on life sciences expertise to support pandemic preparedness between emergencies. Both the [UK Biological Security Strategy](#) and the Pandemic Preparedness Strategy recognise the vital role played by the life sciences sector in pandemic preparedness. In particular, there is value in strengthening the mechanisms through which government can access strategic industry and academic expertise on:

- capabilities
- manufacturing
- supply chains and the development of medical countermeasures
- maintaining the relationships and shared understanding needed to support a rapid response during a future health emergency

Government welcomes the recommendation's focus on formalising access to this expertise and maintaining relationships between crises. The government therefore agrees that a more structured mechanism for engagement with industry, academia and other stakeholders could:

- build on the lessons and successes of the Vaccine Taskforce and Antivirals and Therapeutics Taskforce during COVID-19 and the significant work undertaken since
- enhance information sharing and access to expertise

We propose taking forward a modified version of the recommendation by establishing an industry stakeholder advisory group with a clearly defined advisory remit, and membership that draws on relevant technical, scientific, manufacturing and commercial expertise. Responsibility for overseeing preparedness and setting strategic direction will remain with government, informed by scientific evidence, risk assessment and expert advice.

The group will provide a clear route for government to draw on industry and academic expert advice and strategic insight on:

- system-level preparedness (identifying gaps, risks and interdependencies across research, development, manufacturing and supply chains that could affect timely access to medical countermeasures)

- the adequacy, flexibility and scalability of current UK pharmaceutical manufacturing capability and the resilience of critical supply chains
- approaches to supporting and incentivising industry-targeted investment in UK pharmaceutical research and manufacturing capability
- industry capability, and vaccine and therapeutic development
- how relevant capabilities and assets across industry and academia could work together to support preparedness, including informing government planning for how these could be drawn upon during a future health emergency

The proposed advisory group would sit alongside and complement existing sources of expert advice.

SAGE provides co-ordinated scientific and technical advice to support government decision-making during emergencies, while bodies including the [Joint Committee on Vaccination and Immunisation](#) (JCVI) and the [New and Emerging Respiratory Virus Threats Advisory Group](#) (NERVTAG) provide specialist advice within their respective remits.

The proposed group would not duplicate these functions. Its particular focus would be on strengthening government's ability to draw systematically on strategic life sciences expertise on capabilities, manufacturing, supply chains and pandemic preparedness, particularly between emergencies.

Government regularly engages with the life sciences sector and academia through existing mechanisms, including the Office for Life Sciences' account management function. These provide important routes for engagement, but do not provide the same strategic focus on industry capabilities and pandemic preparedness envisaged for the new group.

Consistent with the approach set out in the Pandemic Preparedness Strategy, the stakeholder advisory group would form part of the wider preparedness landscape, providing external expertise, advice and challenge to inform government's planning between emergencies. Maintaining these relationships and a shared understanding of relevant capabilities and assets between emergencies could also support our ability to mobilise industry rapidly during a future health emergency.

The group's role will recognise legitimate commercial sensitivities. The detailed arrangements will enable meaningful exchange of information and expertise, while recognising that organisations may not always be able to share commercially sensitive information in a multi-party forum.

To take the new group forward, we will engage with organisations from across the life sciences sector, academia and other relevant organisations to help determine how the stakeholder advisory group can best add value for both government and the sector. This will include determining its detailed scope, membership and relationship with existing pandemic preparedness arrangements.

Recommendation 2

Formalise work with communities about vaccine equity strategies

“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.”

Government response to recommendation 2

The government agrees with the Inquiry that trusted relationships with communities are important to improving vaccine uptake, reducing inequalities and supporting clear, targeted communications. We agree that strong and sustained engagement with communities is important to ensure future vaccination programmes are accessible, effective and responsive to local needs. Building trust takes time and cannot begin only when a pandemic occurs.

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive recognise that disparities in vaccination coverage persist and that sustained effort is required to improve access and confidence across all communities. Addressing these disparities is an essential part of their approach to vaccines. They are therefore continuing to:

- strengthen community engagement and develop tailored approaches to improve vaccine equity
- deepen understanding of the barriers to vaccination uptake and take action to address them

In England, the government and delivery partners are acting to improve equity in vaccination coverage among underserved communities. This action is co-ordinated across 4 areas:

- making it easier for families to access vaccination services. This includes:
 - incentivising general practice to improve uptake in areas where rates are low
 - undertaking a multi-pronged programme of work to improve school-age delivery, overseen by our ministerial taskforce
 - evaluating new delivery models to improve access to vaccinations, such as through community pharmacies and health visitors
- reforming the NHS so that it is best set up to improve vaccination uptake. This includes delegating the commissioning of vaccination services to integrated care boards (ICBs) so that they can:
 - tailor vaccination services to the needs of local communities
 - work to improve uptake. The performance of ICBs to improve uptake will be assessed through the [NHS Outcomes Framework](#)
- giving parents and families more information about vaccination. As set out above, this includes:
 - provision of accessible resources to support informed consent through a bespoke web resource
 - delivering evidence-led, targeted national communications (across TV, radio and social media)
 - supporting healthcare professionals to have confident conversations with families about vaccination
 - counteracting misinformation and disinformation
- investing in modern digital systems for vaccination to improve uptake. This includes:
 - giving patients and families access to a single vaccination record (viewable in the NHS App in the future)
 - making sure all relevant healthcare professionals can check vaccination records and record vaccinations

- giving the NHS the data it needs to understand and improve vaccination uptake. This will be supplemented by local community-led information sharing with trusted partners

Underpinning these actions, UKHSA is leading work to further improve vaccine confidence and engagement with underserved communities. Through its [Immunisation Equity Strategy: commitments for 2025 to 2030](#), UKHSA works with local authorities, the NHS, and voluntary organisations and community groups to better understand barriers to vaccination and support locally tailored approaches. UKHSA has also established an expert panel of voluntary and community sector organisations to support implementation of the strategy and strengthen links with communities.

In June 2026, UKHSA published a toolkit to support local areas to identify and act on immunisation inequities across all their communities, [Understanding and addressing immunisation inequities: a practical toolkit for a collaborative, multi-agency approach](#), which uses a place-based approach and includes advice on approaches to community engagement and involvement.

NHS England has also published outreach guidance (on [NHS Futures](#) - requires sign in) to support commissioners and providers to plan, deliver and evaluate targeted outreach initiatives to understand communities.

Building on learning from the COVID-19 pandemic and wider resilience activity, considerations around equitable vaccine delivery have also been incorporated into preparedness work. For example, immunisation equity was considered through Exercise Pegasus, which brought together government, NHS, local resilience forums and other partners to test pandemic preparedness arrangements, including approaches to reaching groups who may face barriers to accessing vaccination during a future health emergency.

Furthermore, we are taking steps to strengthen collaboration and mutual learning through the UK Four Nations Forum - a UK-wide immunisation forum, convened by UKHSA (established in 2023), that brings together colleagues from across England, Scotland, Wales and Northern Ireland to consider factors contributing to:

- declining uptake in some routine immunisation programmes
- increasing inequalities across the UK

In 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. It is intended to support:

- co-ordination between the 4 nations

- mutual learning about approaches to immunisation inequalities
- the sharing of learning on effective interventions
- consideration of community engagement approaches

The devolved governments have also established arrangements that support the aims of this recommendation. These include vaccine equity networks, community partnerships, outreach approaches and national immunisation frameworks that have been designed to improve uptake and reduce inequalities. As health is a devolved matter, implementation will continue to reflect the different responsibilities, delivery models and local circumstances in each nation.

Reporting on progress to improve vaccine uptake and reduce inequalities is essential. Evidence on vaccine equity is currently reported through a range of publications and accountability arrangements across the devolved governments. To avoid duplicating existing work, we will focus on aligning any reporting progress with existing assurance and publication routes rather than publishing a single annual report.

Moving forwards, the government and devolved governments will work together to consider how best to:

- build on existing community networks and governance structures
- share learning on the effectiveness of interventions
- identify specific and measurable actions to improve uptake and reduce inequalities
- align any reporting on progress with existing assurance and publication routes

This will help avoid duplication while supporting a proportionate and joined-up approach across the UK.

Recommendation 3

Improve monitoring and evaluation of vaccine uptake and delivery

“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 in order 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.”

Government response to recommendation 3

The government agrees that effective monitoring and evaluation of vaccination uptake, confidence and delivery is essential to improving health outcomes for all vaccine-preventable diseases.

There are inequalities in coverage across our vaccination programmes. Additionally, childhood vaccination coverage has gradually declined over the past decade, and the government is clear that this trend must be reversed. We are maintaining close oversight of uptake and delivery, using data and evaluation to better understand the drivers and act to improve uptake.

As set out in our response to recommendation 2, a significant amount of work is being taken to improve vaccination uptake. In England, our action is co-ordinated across 4 areas:

- making it easier for families to access vaccination services. As set out above, this includes:
 - incentivising general practice to improve uptake in areas where rates are low

- undertaking a multi-pronged programme of work to improve school-age delivery, overseen by our ministerial taskforce
- evaluating new delivery models to improve access to vaccinations, such as through community pharmacies and health visitors
- reforming the NHS so that it is best set up to improve vaccination uptake. This includes delegating the commissioning of vaccination services to ICBs so that they can:
 - tailor vaccination services to the needs of local communities
 - work to improve uptake. The performance of ICBs to improve uptake will be assessed through the NHS Outcomes Framework
- giving parents and families more information about vaccination. As set out above, this includes:
 - provision of accessible resources to support informed consent through a bespoke web resource
 - delivering evidence-led, targeted national communications (across TV, radio and social media)
 - supporting healthcare professionals to have confident conversations with families about vaccination
 - counteracting misinformation and disinformation
- investing in modern digital systems for vaccination to improve uptake. This includes:
 - giving patients and families access to a single vaccination record (viewable in the NHS App in the future)
 - making sure all relevant healthcare professionals can check vaccination records and record vaccinations
 - giving the NHS the data it needs to understand and improve vaccination uptake

Across the UK, all 4 nations regularly assess uptake against measurable standards and monitor public attitudes towards vaccination. Governments and public health agencies also review evidence on interventions that support uptake and evaluate delivery approaches to inform future policy and operational decisions.

In England, vaccination coverage data is routinely published to enable national, regional and local trends to be identified, including differences in uptake between population groups. This data helps national and local partners to target interventions where inequalities persist, and assess the impact of efforts to improve access and uptake.

Alongside this, UKHSA, NHS England and local partners undertake research, service evaluation and evidence reviews to:

- better understand public attitudes towards vaccination
- identify barriers to uptake
- assess which approaches are most effective

Moving forward, the government agrees with the Inquiry that lessons should continue to be identified from both routine vaccination programmes and the COVID-19 vaccination programme. While the circumstances of the pandemic were unique, there remains valuable learning on community engagement, communication, delivery models and reducing inequalities in uptake. This evidence will continue to contribute to future vaccination policy and planning.

Health is a devolved matter and approaches to monitoring and evaluation vary across the 4 nations. The government is committed to strengthening collaboration where this supports better outcomes. This includes recently implemented arrangements to share information across the 4 nations on:

- how vaccination uptake data is gathered and reported
- where we can share intelligence and learn from one another to support improvements in clinical practice and operational delivery

The government is also acting to further align the way data on public attitudes towards vaccination are collected and reported across the 4 nations, building on the findings of the [Childhood vaccines: parental attitudes survey 2025](#), which covered the whole of the UK for the first time.

These actions will help the UK continue to revise and reshape its approach to improving uptake. Addressing declining vaccination coverage is a complex problem and requires us to work together to solve it.

Improving vaccine uptake requires a combination of approaches that reflect the characteristics of different vaccine programmes, communities and local areas. Evidence highlights the value of adapting delivery engagement strategies to local needs. This can include:

- vaccination delivery using different types of health services
- using tailored approaches to communicating information on disease risks and the benefits of vaccination

Decisions should therefore continue to be guided by the best available evidence and local intelligence.

Taken together, these actions will:

- improve the evidence base for vaccination policy
- improve understanding of what works to increase uptake
- support more effective responses to inequalities in vaccination coverage across the UK

Recommendation 4

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

“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.”

Government response to recommendation 4

The UK government agrees that faster, more reliable access to linked health data across the UK would significantly strengthen MHRA’s ability to identify, investigate and monitor potential safety concerns for vaccines, medicines and medical devices.

There is clear agreement across the 4 nations that timely linkage of data from GP records, hospitals and other care settings is essential for robust post-authorisation safety surveillance. The COVID-19 pandemic demonstrated the value of rapid access to linked health data, while also exposing the limitations of fragmented systems and inconsistent routes for accessing data across the 4 nations.

Existing data services, including the [Clinical Practice Research Datalink](#), which operates on a 4 nations basis, already provide valuable information, particularly from primary care. However, greater scale and more comprehensive, reliable linkages to secondary care and other healthcare settings are needed to meet MHRA’s requirements for timely and robust safety monitoring. Improved linkage would also strengthen the [Yellow Card](#) system by making reporting easier and improving the quality and usefulness of reports.

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

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

The government recognises that there is more to do to develop and achieve this recommendation. It requires a clear and agreed approach for sharing and using health data across the UK. It will also be necessary to ensure that data from different parts of the health service can be linked in a reliable, consistent and timely way. Strong safeguards to protect patient privacy and confidentiality will remain essential. We will also explore future work with the [Heath Data Research Service](#) (HDRS). Any future HDRS work would be complementary to the regulatory safety monitoring described above.

Achieving this recommendation is likely to require significant investment over time, although the scale and timing of any costs will depend on the implementation model adopted. Funding may be needed to develop and maintain secure systems for storing, linking and analysing data, as well as support the specialist workforce needed to manage and use this information effectively. Ongoing investment may also be required to maintain data quality and system performance.

The UK government is committed to working with the devolved governments, respective health services and relevant partners to:

- improve access to linked healthcare data across the UK for post-authorisation safety monitoring
- maintain strong safeguards for patient confidentiality

In doing this, it will be important to ensure that any UK-wide framework is practical for all 4 nations.

Recommendation 5

Reform the Vaccine Damage Payment Scheme

“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.”

Government response to recommendation 5

The government is grateful to everyone who came forward to be vaccinated and played their part in keeping people safe during the COVID-19 pandemic. We take the findings of the Covid-19 Inquiry and its clear recommendations in relation to reforms of the Vaccine Damage Payment Scheme seriously.

The government recognises that, in rare circumstances, some individuals have died or have experienced other severe adverse outcomes following vaccination and that those people and their families suffered harm as a result. We would like to thank those individuals and their families for their bravery in sharing their powerful testimonies during the Inquiry, and for their continued engagement.

The government agrees with the Inquiry that there should be appropriate support available for those who experience severe adverse outcomes following vaccination, and understands the concerns raised about the Vaccine Damage Payment Scheme and the experiences of those who have engaged with it.

In addition to the recommendations from the Inquiry, the government recognises separate concerns have been raised around the administrative costs of the scheme, as set out in recent [Parliamentary Questions](#).

The government therefore accepts that there is a need for reform of the Vaccine Damage Payment Scheme, and is committed to reviewing the scheme to ensure it is fit for purpose and delivered effectively. As part of this, we will work closely with the vaccine injured and their families as we consider how the scheme could be strengthened in the future

The Inquiry's findings and recommendations will be central to this ongoing work as the government considers a range of options for potential reforms. The government will provide further details in due course including through UK Covid-19 Inquiry implementation updates.

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