

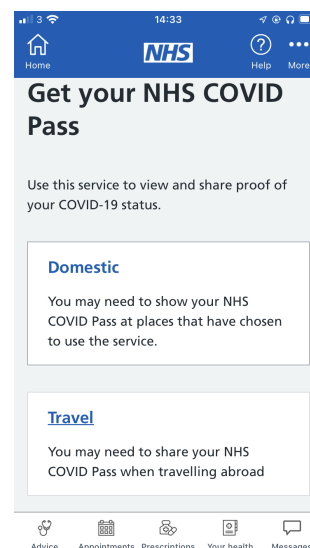
## medConfidential response to [Call for Evidence](#) on Vaccine Certification in ‘Plan B’

1. We welcome this call for evidence, and build upon the evidence we gave earlier in the year.<sup>1</sup>

2. **Those with an S-flag<sup>2</sup> on their NHS record can neither get a COVID Pass from the app, nor get one from 119.** It remains unclear whether individuals with an S-flag can use the online request process for a paper pass. 119 has been telling affected individuals they must request the “sensitive” flag be removed in order to travel. This is obviously unacceptable given the criteria necessary to request an S-flag in the first place.

3. It also reveals the priorities, as understood by the NHS COVID passport / certificate implementation team, are that “Domestic” passports are clearly of a higher priority than “Travel” certificates. This suggests a different policy intent than is stated publicly or in the consultation.

4. Our sole comment on the “Travel” passes is that they cannot easily be folded to fit in a passport – which seems like an obvious, logical, but unsatisfied user need.



### Certificates for Booster Shots?

5. If a third vaccine “booster” shot becomes recommended for some, or indeed required for some/all, what will happen to existing vaccine certificates? Will individuals who have had two shots cease to show as having a ‘complete’ vaccine certificate? Will venues be able to distinguish between those with two and three shots, as International certificates do?

### Domestic use

6. Any vaccine certificate mandate is an admission of government failure, and the strength of any mandate is one measure of the scale of that failure. Others from civil society will, entirely correctly, reinforce at length how vaccine certificates are “discriminatory”, etc.<sup>3</sup>

7. Any supervision of regular domestic testing should be in line with HMG’s requirements for entry / travel to the UK (which are currently not supervised).

### Exemptions

8. Clinical exemptions should be issued with a valid NHS certificate which does not disclose either status or reasoning, including by testing functions.

9. The lists of venues for exemptions appear politically chosen, rather than purely through the characteristics of the virus and its spreading characteristics.

<sup>1</sup> <https://medconfidential.org/wp-content/uploads/2021/03/vaccination-certificates-details.pdf>

<sup>2</sup> <https://digital.nhs.uk/services/national-back-office-for-the-personal-demographics-service/management-of-nhs-numbers-and-pds-records#restricting-access-to-a-patient-s-record>

<sup>3</sup> e.g. <https://www.theguardian.com/politics/2021/jun/12/covid-passports-will-be-discriminatory-and-must-be-scrapped-say-mps>

10. Those checking passes for entry (e.g. nightclub bouncers) must be required to show their pass to those from whom they are demanding proof of COVID status. A failure to mandate this will further undermine trust at a time when Ministers<sup>4</sup> and the Met are suggesting women should ask police officers for ID while being arrested.

### Venue check-in and checking

11. There is no suggestion in the consultation that venue check-in may or may not return to support contact tracing. If the risk of spread is so high that vaccine certificates become mandatory, then venue check-in should also be available. To resolve the issues of the COVID-19 tracing app failing to interact across 'regions', i.e. England or Wales / Scotland, and to preserve the trust principle that known individuals should not be tracked by the tracing app, check-in should be reintroduced as a separate *third* app.
12. The consultation proposes an exemption for "wedding ceremonies", but not wedding receptions. Who would check passes at a wedding reception? Does the Government expect it to be the venue? The married couple? And how are they supposed to do that checking?

### Notice period

13. The consultation says the Government "would seek to give businesses at least one week's notice". We note that, depending on timings, shift workers and others working to schedules may already have shifts announced. While flexibility is clearly needed in the face of abject and emerging government failures that necessitate the introduction of domestic vaccine passports, as much notice as possible should be offered. Scotland's recent delay in implementation suggests the time required may be nearer a month.

### Plan C, Plan D... Plan Z

14. As the Government is clearly creating a plan to step up interventions, there must also be an equally clear plan on stepping *down* those interventions.
15. The Government should set out under what circumstances it may / can / will go beyond these measures; in a Plan C, or Plan D, or all the way down to Plan Z scenario. The unbridled, unjustified and unmaintained optimism of HMG has so far repeatedly failed. Given the repetition of its approach, there would be value in planning on the assumption that the same may happen again.

### Publicity and process

16. Any publicity for the digital means of getting (and showing) a COVID pass *must* note that any individual can also request an equally valid paper certificate – whether by phone from 119, via the NHS app, or online. This will in any case be necessary for those whose phone batteries die at the worst possible time, or who simply wish to have a paper document rather than having to rely<sup>5</sup> on a digital service to fulfil mandated requirements, which would be inherently discriminatory even when the tech works.<sup>6</sup>

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<sup>4</sup> <https://news.sky.com/story/sarah-everard-murder-policing-minister-kit-malthouse-says-its-reasonable-to-call-999-to-identify-lone-officers-12422689>

<sup>5</sup> <https://news.sky.com/story/prepare-for-more-digital-failures-like-the-chaos-at-heathrow-theyre-going-to-come-12416777>

<sup>6</sup> <https://news.sky.com/story/massive-queues-as-e-gates-go-down-at-heathrow-and-other-airports-around-the-uk-12416605>

## **About medConfidential**

medConfidential is an independent non-partisan organisation campaigning for confidentiality and consent in health and social care, which seeks to ensure that every flow of data into, across and out of the NHS and care system is *consensual, safe, and transparent*.

Founded in January 2013, medConfidential works with patients and medics, service users and care professionals; draws advice from a network of experts in the fields of health informatics, computer security, law/ethics and privacy; and believes there need be no conflict between good research, good ethics and good medical care.