



# Homecare Association

Rt Hon Sajid Javid MP  
Secretary of State for Health and Social Care  
Department of Health and Social Care  
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Sent by email to: [PSSajidJavid@dhsc.gov.uk](mailto:PSSajidJavid@dhsc.gov.uk)

23 January 2022

Dear Secretary of State,

## **Vaccination as a condition of deployment in CQC-regulated wider care settings**

From the outset, we have strongly supported vaccination against COVID-19; there is clear evidence that it helps to protect recipients from serious illness and death.

At the same time, we have consistently argued that persuasion would likely be more successful than compulsion in achieving high vaccine uptake, especially among those with genuine fears. And we have repeatedly stressed the need to balance the mitigated risk of infection with the risk of older and disabled people going without vital care.

In pressing ahead with regulations requiring vaccination as a condition of deployment in CQC-regulated wider care settings, including homecare, we believe the government has seriously misjudged this balance of risk.

We are deeply concerned that the safety and well-being of older and disabled people will be dangerously compromised by the loss of 15 to 20 per cent of the homecare workforce (75,000 to 100,000 careworkers, based on [Skills for Care](#) and [DHSC data](#) on workforce) as a result of these regulations. And we believe that the risk of hospitalisation and death from COVID-19 among people receiving homecare, particularly those who have been triple-vaccinated, has been over-stated and is unsupported by the evidence.

We are thus writing to urge the government to withdraw the regulations. The evidence to support this course of action is summarised as follows:

1. Data from [ONS and CQC](#) indicate that, even in the first wave of COVID-19 in 2020, when supplies of PPE were patchy, routine asymptomatic testing was unavailable for homecare, and vaccines had not yet been developed, deaths of people receiving homecare were much lower than in care homes, and were similar to those in the wider

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population. This is largely because homecare is not typically delivered in congregate settings. ONS data show the [average household size in the UK is 2.4](#), so the risk of transmission is much lower than in a care home with 30 to 120 residents in close proximity. Among the homecare workforce, [evidence](#) suggests that the prevalence of COVID-19 is similar to that in the wider community.

2. Official [ONS data](#) show that deaths from COVID-19 of all people at home, which include those receiving homecare, represent only 3 per cent of the total, with the remaining 97 per cent from other causes, including heart disease, dementias and some cancers. Of course, those most seriously ill from all causes may have died in hospital or hospices.
3. All older and disabled people have now been offered, and many have accepted, triple vaccination against COVID-19, which evidence clearly shows protects against serious illness and death. [Data from Canada](#) indicate that hospitalisation and death rates of triple-vaccinated people over 80 years old are lower than those of unvaccinated 12 to 29 year olds.
4. A clear distinction must be drawn, though, between the benefits of vaccination to the *recipient* and the alleged benefits of vaccination to *others in contact with the recipient*. The latter is the government's justification for the regulations requiring vaccination as a condition of deployment (VCOD). It is claimed that if careworkers are vaccinated against COVID-19, the people they support will be safer. As outlined above, evidence suggests that people receiving homecare are not particularly unsafe in the first place, especially if they have been triple-vaccinated. It is also important to stress that vaccination is only one of a combination of infection prevention and control measures employed in homecare, including PPE and weekly routine PCR testing.
5. Evidence to justify the stated benefits of the VCOD regulations in reducing risk to others is more questionable for the following reasons:
  - a. **Vaccination against COVID-19 does not prevent transmission or infection to a biologically relevant extent**, particularly with more recent variants. Papers in the scientific literature suggest that transmission of both the [Delta variant](#) and the [Omicron variant](#) of COVID-19 is somewhat higher in unvaccinated than vaccinated people, but vaccinated people can still spread COVID-19. And clearly, they are. In the UK, [70.4 per cent](#) of the population are fully vaccinated against COVID-19. Despite this, we have experienced very high COVID-19 transmission and case rates. As described above, though, recipients of vaccines have a much lower risk of hospitalisation and death if infected.





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and wider society. Unmet need among people in the community and lack of ability to discharge people from hospital back home with support is paralysing the health and care system. It is leading to untold suffering as well as contributing to ambulance queues, cancelled out-patient clinics and operations, increased waiting times and a burgeoning elective backlog. This risks creating avoidable harm for any citizen requiring clinical attention.

As reported by the Association of Directors of Adult Social Services, shortage of homecare workers means councils are [struggling to find available homecare](#) and are having to [ration care](#) in ways they find unacceptable, or place people in care homes when individuals would not have chosen that option. Currently 60 per cent of care homes are experiencing outbreaks of COVID-19 and cannot accept new admissions.

NHS trusts have thus resorted to offering [financial inducements](#) to families to take people home from hospital and are setting up temporary “[care hotels](#)” for those who are supposedly medically fit for discharge. “Care Hotels” are congregate settings, like care homes, and thus have an inherently higher risk of transmission of COVID-19, without the purpose-built facilities, equipment or established operating procedures that exist in care homes to ensure quality and safety.

As of 20 January 2022, 81.8 per cent of homecare workers had received two doses of COVID-19 vaccine, leaving over 18 per cent potentially ineligible for deployment after 1 April 2022. Further serious harm is likely to come to older and disabled people, their families and wider society if we lose 15 to 20 per cent of the homecare workforce (c. 75,000 to 100,000 careworkers) as a result of the VCOD regulations.

In conclusion, we question why the government would choose to force dismissal from 1 April 2022 of up to one-fifth of the homecare workforce, up to 100,000 careworkers, when there is already severely inadequate capacity to meet demand. There is no evidence of high death rates from COVID-19 in people’s own homes and the scientific basis for justifying the regulations is weak.

On top of this, unacceptably, the government has left only **two weeks** between publication of the operational guidelines for VCOD and the deadline for the first dose, which makes this policy extremely difficult to deliver in practice. It takes time for staff to consider the implications and act, for example, apply for exemption, and for employers to work through the myriad employment issues which result, all at a time of extreme service pressures. Further guidance on temporary medical exemptions after a positive COVID-19 test result has yet to be published.

We call on the government to:

1. Recognise the high level of risk to older and disabled people of a further reduction in homecare capacity, as well as the difficulties this presents to councils and the NHS;



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2. Take note of official ONS data indicating that the risk of COVID-19 to people receiving homecare is relatively low and similar to that in the wider population, and that deaths from COVID-19 of people at home represent only 3 per cent of the total deaths of people at home.
3. Acknowledge that the regulations as laid are based on questionable scientific evidence. For example, COVID-19 vaccines do not prevent or reduce transmission to a biologically relevant degree with all variants; double-vaccination 12 months ago is unlikely to protect the recipients or anyone else due to waned immunity; and it is plainly nonsense to suggest that transmission of COVID-19 is dependent on employment status or role title.
4. Accept that the situation in wider society has changed from when the regulations requiring vaccination as a condition of deployment were first proposed and *withdraw them without delay* before employers must start serving notice on employment contracts with vital homecare workers prior to 1 April 2022.
5. Provide funding for targeted and tailored clinical support for careworkers with genuine fears and concerns about vaccination against COVID-19, so we can encourage more to accept vaccination to protect themselves.
6. Invest adequately in homecare so we can build workforce capacity, address unmet need, reduce inequalities, extend healthy life expectancy of older and disabled people and reduce pressure on the NHS.

We intend to share this letter publicly and we look forward to your urgent response.

Yours sincerely,

**Dr Jane Townson**

Chief Executive

Copies by email to:

Gillian Keegan MP, Minister for Care

Michelle Dyson, Director General ASC, DHSC

Amanda Pritchard, NHS England

Sir David Pearson, DHSC

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