

Annex: Documents

[redacted], [redacted]
Covid Ready Society
30 August 2021

Cabinet Secretary for Health and Social Care
Deputy First Minister
First Minister

COVID STATUS CERTIFICATION

Purpose

1. To set out options and seek decisions on implementing a mandatory domestic covid status certification scheme.

Priority

2. **Urgent** – this is part of a package of measures to be considered at Cabinet on 31 August and potentially announced at FM's statement on Wednesday.

Background

3. UKG has announced that it will make proof of vaccination mandatory for entry to nightclubs and other high risk settings from end September - a test result will not be accepted as an alternative. [redacted] Wales and NI have not yet made any decisions, nor indicated their intentions.

4. We will have the capability to launch a similar mandatory domestic certification scheme in Scotland, to a similar timescale, or sooner (with some risk) should Ministers decide this is required. This could be announced this week, along with an encouragement to use certification voluntarily in high risk settings in the meantime.

5. The main body of this submission summarises the decisions that we invite Ministers to consider, and the options. Supporting detail is provided in Annexes.

[redacted]

ISSUE FOR DECISION: IN WHAT SETTINGS SHOULD CERTIFICATION BE MANDATORY?

11. We propose that a mandatory certification scheme should initially apply to the following settings:

- [redacted]
- All events – 10,000+ attendees

12. These are the only settings that we propose – high risk events that people attend voluntarily for leisure purposes. We do not foresee any potential use of certification to restrict access to public services or to restrict entry to settings that are not optional for people to attend. Nor do we foresee certification being used in the workplace to restrict employment opportunities

13. [redacted].

13. We propose that there should be exceptions for settings, including for settings being used for worship and protest. [redacted], we also propose an age based exemption for children and those unable to be vaccinated for medical reasons. If Ministers opt to implement a scheme that includes test results the exemption would be for those who cannot be vaccinated AND cannot be tested, for medical reasons.

14. [redacted]

15. [redacted – out of scope]

[redacted – out of scope]

17. We propose that the requirement to show covid status will apply only to customers attending the event, not to staff working at the event who will be operating under sectoral guidance and safety measures provided by their employer.

18. Further advice will be provided to enable decisions on the detail of the settings, thresholds, exclusions and exemptions when submitting draft regulations for approval. For example, decisions will be required in due course on whether business conferences should be excluded [redacted – out of scope] and on what age the exemption for children should be set at (under 16 or under 18)

We invite Ministers to consider whether they are content that the settings and thresholds outlined in paragraphs 11 and 12 should be the ones applied to a mandatory certification scheme

[redacted – out of scope]

Clinical advice

20. SAGE 87 ([S1221_SAGE_87_Minutes.pdf \(publishing.service.gov.uk\)](#)) Minutes state that ongoing baseline measures and sustained long-term behavioural change will be required to control a resurgence in infections. There are three main ways in which baseline measures can reduce transmission. One of which is reducing the likelihood that potentially infectious people enter higher risk settings or situations. [redacted]

21. CMOs C-19 Advisory Group has said that:

- Certification of either vaccination or recent testing could provide a means to stage larger scale events both indoors and outside with a greater degree of security.
- The NERVTAG position is that immunity certification could be used as an adjunct to other measures to control transmission and/or to enable relaxation of certain measures.
- The results from pilot studies of testing before attending mass events suggest this could be an effective measure to limit transmission, without vaccine certification.

22. [redacted]

23. SG CMO has said that vaccination alone will not prevent transmission or render these environments safe; transmission may still occur from infected people who have been vaccinated. If a public health benefit is intended, rather than mitigating economic impacts of full closure, then use of both vaccination and testing together is more likely to bring about that benefit.

Effect on vaccine take up

24. There is evidence that certification, or the prospect of certification, can increase vaccine take up. Certification could provide an additional nudge, in particular, for those who have had a first dose but not yet presented for second dose. Though evidence on the efficacy of Vaccine certification as a means to increase take up is mixed. Some countries have reported increased take up after announcing certification, though sometimes only for a short period. There is academic research, from Steve Reicher and others, that suggests vaccine certification may entrench opposition to vaccination in those already hesitant. A summary of a literature review on vaccine certification is provided at **Annex B**

Limitations of NHS vaccination records

25. A vaccine only scheme carries risk that people could be excluded from entry because of errors or omissions in their vaccination record. The requirement to show proof of vaccination for international travel has highlighted limitations in some data quality. Also, there are a number of people in Scotland that have been fully vaccinated, but received one dose outside Scotland. At present NHS Scotland is unable to provide people with a complete record of Covid vaccination for doses administered outside Scotland, including elsewhere in the UK. The longer the lead in for a mandatory scheme, the more time we will have to resolve these issues before launch.

26. The largest challenge is the movement around the UK of young people who have had first or second doses in different counties, and connecting their clinical record up to create a whole vaccination record.

27. Scotland and Jersey currently provide a printed letter of proof for single doses administered to support people requiring a second dose elsewhere. England and Wales show proof of single doses digitally through the NHS App. A standard template for all 4 Nations is under urgent development to align the information needed for single dose proof. This means that a person may be required to show two different records or systems to gain entry to an event.

28. NHS Scotland are testing a process for entering these single dose records from England into the clinical record to provide a complete Covid Vaccination record. This is based on the transfer of data from NHS Digital to NHS Scotland systems. A process to enable people to upload their proof of vaccination to a portal or website is being urgently considered. However NSS advise that this would take a minimum of 4 weeks and may require other priority digital work to be de-prioritised.

29. Further urgent advice will be provided by Digital Health and Vaccines Delivery officials to the Cabinet Secretary for Health on options and risks in accelerating this timescale.

[redacted – out of scope]

ISSUE FOR DECISION: ARE MINISTERS CONTENT WITH 30 SEP AS THE IMPLEMENTATION DATE FOR A MANDATORY SCHEME OR IS AN EARLIER DATE PREFERRED?

36. [redacted] We expect the NHS Scotland Covid Status App for international travel to be released on 30 September. Additional domestic functionality will be added to the App during October (to replace vaccine record details with a green tick, and to add test records), but in the interim we can use the international App for domestic use.

37. From initial engagement with business organisations, by far the most common points raised were around the logistical challenges that certification raises for them – recruitment of additional staff (exacerbated by existing recruitment challenges), staff training, design of operational processes. Every organisation we have engaged has requested as much lead in time as possible to allow them to prepare. For large events such as football and rugby in particular the operational and public order implications require careful consideration and mitigation. We will continue to engage business, Police and Local Authorities as we finesse a regulatory scheme that strikes a proportionate balance in terms of what level of checks on entry would be proportionate and reasonable in different settings.

38. We consider it possible, though challenging, to do that by end September. Implementing a mandatory scheme sooner than that, particularly for large sporting events, would come with significant risks to successful operation. It would also raise significant technical challenges and increased demand with regard to incorrect or incomplete vaccine records, as set out in paragraphs 25 to 29.

39. If Ministers are minded to consider an earlier implementation date, there is a persuasive argument to consider 12 September - the date by which we expect all adults to have had the opportunity to be fully vaccinated.

40. As an interim measure in advance of the App – from 3 September people will be able to download a copy of their vaccination record (at present they need to request a paper copy to be posted). The PDF will have a verifiable QR code, so can be checked for validity. This could be used for domestic use, should Ministers want to implement a domestic scheme before the App is ready. A verifier app will be made available from 6 September so that businesses can adapt this for use to check QR codes in their venues.

41. This comes with risk that the ICO may raise concerns about sharing more personal medical information (vaccine records) than should be necessary for domestic use. However, we are keeping the ICO engaged on our plans and ICO is aware this is an interim solution only.

[redacted]

43. In advance of a mandatory scheme, there is the option to encourage voluntary use of certification. This would allow businesses to opt in to implementing the scheme with attendees required to provide their status on entry. We are aware that some events and venues are already asking people to provide proof of a negative test. Some businesses, including event promoters and theatre groups, are already voluntarily including proof of vaccination, negative test or natural immunity as a condition of entry to events. This is not something that Scottish Government has actively encouraged to date.

44. [redacted – out of scope]

45. Should Ministers wish to encourage voluntary use of Covid certification we could issue guidance from week beginning 6 Sep (once the downloadable PDF vaccine record is in use).

46. An indicative timeline is provided at **Annex C**

We invite Ministers to consider whether they are content with 30 Sep as the implementation date for a mandatory scheme or is an earlier date preferred?

Parliamentary handling and communications

47. Ministers have given undertakings to equality stakeholders and Parliament to engage and consult them in advance of any decisions on domestic certification. Careful handling will be required, particularly should Ministers opt for a vaccine only scheme. We will engage spads, communications and marketing colleagues to provide urgent advice on handling, should Ministers wish to consider an announcement this week.

Recommendation

- **We invite Ministers to consider whether they are content that the settings and thresholds outlined in paragraphs 11 and 12 should be the ones applied to a mandatory certification scheme.**
- **[redacted – out of scope]**
- **We invite Ministers to consider whether they are content with 30 Sep as the implementation date for a mandatory scheme or is an earlier date preferred?**

**[redacted], [redacted]
Covid Ready Society
Covid Public Health Directorate
30 August 2021**

[redacted out of scope]

ANNEX B

Literature review of evidence on the impact of Certification on vaccine take up

Positive	Negative
<p data-bbox="204 454 743 551">Four million French get vaccinated in two weeks since Macron's announcement on health passports - The Local</p> <ul data-bbox="204 555 743 667" style="list-style-type: none"><li data-bbox="204 555 743 667">• when France announced the introduction of a passport 4 million people got vaccinated in 2 weeks <p data-bbox="204 696 743 763">Italy's 'green pass' boosts vaccine uptake while the right grumbles – POLITICO</p> <ul data-bbox="204 768 743 1093" style="list-style-type: none"><li data-bbox="204 768 743 1093">• Italy introduced certification on 9 August for entry to coffee bars and restaurants, as well as access to venues such as cinemas, museums, pools and gyms and this has been linked to an increase in vaccination rates. Regions posted a jump in vaccination appointments from 15 to 200 percent. <p data-bbox="204 1137 743 1205">Public attitudes to COVID-19 vaccines: A qualitative study medRxiv</p> <ul data-bbox="204 1209 743 1458" style="list-style-type: none"><li data-bbox="204 1209 743 1458">• For some people delaying getting vaccinated, vaccine passports were perceived to be a reason why they would get vaccinated in the future. Vaccine passports may increase or 'nudge' uptake in some delayers but remain controversial. <p data-bbox="204 1529 743 1626">Vaccine hesitancy due to vaccine country of origin, vaccine technology, and certification SpringerLink</p> <ul data-bbox="204 1630 743 1888" style="list-style-type: none"><li data-bbox="204 1630 743 1888">• As of early April 2021, 87.91% of eligible individuals within Israel have received both Pfizer/BioNTech COVID-19 vaccine doses. This is prominently above predicted COVID-19 vaccine acceptance rate in the general population. <p data-bbox="204 1960 743 2027">The potential impact of vaccine passports on inclination to accept COVID-19</p>	<p data-bbox="809 454 1318 488">CMO Covid-19 Advisory Group</p> <ul data-bbox="809 492 1399 1406" style="list-style-type: none"><li data-bbox="809 492 1399 1070">• A recent study [on the impact of certification on vaccine uptake] found: “when we remove those participants who express certainty (they either definitely will or definitely will not get a job) and an unchanged inclination to vaccinate were passports introduced, and focus on the remaining doubters, a very different picture emerges. Overall, this remaining group expresses lower intentions to get vaccinated when vaccine passports are mentioned, especially when these passports cover domestic activities as opposed to international travel.”<li data-bbox="809 1075 1399 1406">• Among the groups with lower observed uptake—such as the Black community and those who are economically deprived (unemployed)—the effects of domestic use vaccine passports on stated vaccination inclination (without controlling for baseline intent) are most negative. <p data-bbox="809 1451 1399 1518">Covid-19 vaccine passports and vaccine hesitancy: freedom or control? - The BMJ</p> <ul data-bbox="809 1523 1399 2027" style="list-style-type: none"><li data-bbox="809 1523 1399 1657">• Imposing vaccine passports is likely to provoke even more community resistance to vaccination where it exists.<li data-bbox="809 1662 1399 1955">• The role of vaccine passports for countering vaccine hesitancy remains problematic. Those who actively resist vaccine programmes (anti-vaxxers) may portray vaccine passports as coercive measures of the global vaccination plan to control the population and violate privacy.<li data-bbox="809 1960 1399 2027">• Vaccine passports can contribute to vaccine hesitancy in two ways,

vaccinations in the United Kingdom: evidence from a large cross-sectional survey and modelling study | medRxiv

- surveys have suggested that the majority of the British public support vaccine passports.

either by increasing citizens' concerns or by encouraging vaccine uptake.

[How to lose friends and alienate people? On the problems of vaccine passports - The BMJ](#)

- The evidence for passes increasing vaccination uptake is weak.
- All in all, there are reasons to conclude that vaccine passports for basic (domestic) activities may actually undermine vaccine rollout by disincentivising the very populations who most need incentivising. Closer inspection of the Israeli "green pass" scheme serves to reinforce this message. The evidence for passes increasing vaccination uptake is weak, while suspicions of compulsion and reports of people barred from workplaces for not being vaccinated have "resulted in antagonism and increased distrust among individuals who were already concerned about infringement on citizens' rights".

[The COVID-19 vaccines rush: participatory community engagement matters more than ever - The Lancet](#)

- Successful vaccine roll-out will only be achieved by ensuring effective community engagement, building local vaccine acceptability and confidence, and overcoming cultural, socioeconomic, and political barriers that lead to mistrust and hinder uptake of vaccines.

[The potential impact of vaccine passports on inclination to accept COVID-19 vaccinations in the United Kingdom: evidence from a large cross-sectional survey and modelling study | medRxiv](#)

- We find that the introduction of vaccine passports will likely lower inclination to accept a COVID-19 vaccine once baseline vaccination intent has been adjusted for.

- Notably, this decrease is larger if passports were required for domestic use rather than for facilitating international travel.

[Vaccine and certification 2021.pdf](#)

- More critically it is demonstrated that vaccine passports are ineffective (in this model, completely ineffective) at improving vaccination rates and may reduce them as the restrictions imposed by passports reduce prevalence.

[Vaccines | Free Full-Text | “Vaccine Passports” May Backfire: Findings from a Cross-Sectional Study in the UK and Israel on Willingness to Get Vaccinated against COVID-19 | HTML \(mdpi.com\)](#)

- Our findings suggest that control measures, such as domestic vaccine passports, may have detrimental effects on people’s autonomy, motivation, and willingness to get vaccinated. Policies should strive to achieve a highly vaccinated population by supporting individuals’ autonomous motivation to get vaccinated and using messages of autonomy and relatedness, rather than applying pressure and external controls.

POTENTIAL TIMELINE

30 Aug – advice to Cab Sec and FM for decision

31 Aug - Cabinet

31 Aug – Cab Sec to meet/write to party Health spokespersons to share intentions on Covid Certification

1 Sep – FM announces that from 30 Sep we will make Covid Certification mandatory – nightclubs and live events. FM encourages voluntary use of certification from 6 Sep in meantime.

3 Sep – downloadable PDF vaccine record with QR code launched.
- guidance published for business on voluntary use of Covid certification

6 Sep – SG encourages voluntary use of Covid Certification in nightclubs, live events
- NR and comms

6 – 30 Sep engagement with Business to help them operationalize. Business recruit and train additional staff and develop processes to check Covid Status on entry. Evidence gathering and refinement of guidance and/or regulations

Mid Sep – UKG announce details of mandatory certification scheme from end Sep

30 Sep - App for International Travel will go live. International app can be used domestically as interim measure until domestic functionality added – Covid Vaccination Status only at this point displayed - regulations laid - Covid Certification becomes mandatory

October

App with domestic functionality will not be ready until mid-October (will include green Tick and incorporation of testing and Post positive PCR immunity)

Options for acceleration are being explored
(e.g. to only include vaccination for domestic as interim step)

**COVID VACCINE CERTIFICATION
9 SEPTEMBER: TOP ISSUES**

(this section – issues and top lines – background provided in the following section)

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ISSUE 1: SCOTTISH GOVERNMENT HAS NEVER RULED OUT CERTIFICATION

- We have never ruled out covid certification – we have always said we are carefully considering it.
- On **3 August** in a statement to Parliament, I said ‘we continue to consider very carefully the possible, albeit limited, use of Covid status certification for access to certain higher risk venues in future’.
- On **6 April** at a daily briefing, I said ‘we should not close our minds to the idea of vaccine certification, as anything that can play a part in getting us back to normal is something we should think about very carefully – and we should not gloss over the practical and ethical issues’.
- On **24 February** in Parliament, I said that ‘I don’t close my mind to the idea of vaccine certification, but that it should be thought through carefully. If some kind of mechanism like this can give us some greater normality back at some stage that we wouldn’t otherwise get, then let’s think about that.’
- *“Government is a hard business, requiring fast learning. When circumstances change, however, so should government policy. The Scottish government’s rethink and change of course is a welcome — and proportionate — response to the challenges facing the population.”* – The Times, 1 September 2021.

ISSUE 2: PEOPLE VACCINATED OUTSIDE SCOTLAND

Suggested top lines

1. people vaccinated with MHRA approved vaccinations

- The scheme will recognise people who were vaccinated in other countries (including RUK and Common Travel Area) with an MHRA approved vaccine
- we will put in place, before the scheme goes live, an interim process to enable a Scottish resident who has had a dose outside Scotland to have their vaccine record updated.
- and we are working to secure an automatic digital solution for a single dose administered elsewhere in the UK

2. people vaccinated outside the Common Travel Area or with non- MHRA approved vaccines

- Not all vaccines are approved, nor has there been International agreement on how each country should treat vaccines delivered by others.
- On that basis clinicians currently make a decision on a case by case basis on whether a vaccine administered by a country outside the CTA should be recorded within an individual's vaccination record - or whether they should be given a full course of a MHRA approved vaccine.
- The vaccination offer is universal in Scotland and so anyone, no matter where they come from, can come forward for vaccination

ISSUE 3: EXEMPTIONS ON MEDICAL GROUNDS

Suggested top lines

- We are developing an exemptions approval process for medical exemptions. The detail of how this will work will be finalised and published before implementation.
- It is estimated that fewer than 1 in 1,000 people (0.1%) of the population cannot be vaccinated for medical reason (distinct from those exempt due to age or participation in a clinical trial).
- Reasons may include those with medical contraindications including severe allergic reaction to vaccine and those receiving end of life care.
- Work is ongoing with vaccination experts, clinicians, Public Health Scotland, GP representative bodies, Data privacy and NHS Boards to establish a process that will be workable and will ensure those who need an exemption receive this as quickly as possible with as little burden as possible on stretched NHS services including GPs and be compatible with the human rights of those who may be entitled to exemption.

ISSUE 4: CLINICAL TRIALS EXEMPTIONS

Suggested top lines

- We have made it clear that nobody who took part in vaccine trials will be disadvantaged in any way. The scheme will recognise their

vaccination for domestic purposes, and we will ensure that people have a way to show their vaccination record before implementation.

- All Clinical Trial Participants have already received a letter from their Principal Investigator which can be used for proof of their trial status. This provided an interim measure to enable people to gain access to domestic venues where certification was required.
- Recently, we have also issued participants with a record of vaccination which contains a 1-D barcode and security features consistent with all Records of Vaccination.

ISSUE 5: WHY NOT ALLOW NEGATIVE TEST AS ALTERNATIVE TO VACCINATION?

Suggested top lines

- We have carefully considered whether certification should include vaccination, testing - or both - and have concluded that vaccination is the best way to ensure people are protected and reduce the risk of severe illness and death.
- There is clear clinical evidence that double vaccination significantly reduces the likelihood that a person will get Covid-19 - and if a person doesn't get Covid in the first place, they can't pass it on
- Ensuring only those who are double vaccinated attend certain higher risk venues and events therefore directly reduces the risk of transmission in these settings.
- It does not eliminate the risk but it does reduce the risk.
- Where someone does catch the virus, being vaccinated significantly reduces the likelihood of serious harm or death and in doing so alleviate pressure on the healthcare system.

- We know that there are limitations on testing, no tests are 100% accurate and we know that testing at home can't be verified for certification purposes.
- Vaccine certification provides the best way to reduce the risk however we still encourage people to continue to test twice a week at home. If people follow these guidelines and isolate if they get a positive result we will drive down the case rates.
- In addition, the need to be vaccinated is expected to encourage the remaining sections of the eligible population yet to be vaccinated to take up the offer of the vaccine.

ISSUE 6: ADDITIONAL BURDEN AND COSTS FOR BUSINESS

Suggested top lines

costs

- While we do not underestimate challenges for businesses, it is important to recognise that vaccine certification is intended to be a proportionate alternative to the risk of further periods of closure for higher risk venues.
- All software, apps and paper copies of certificates will be free to use.
- There will be costs - Businesses will require a hardware mechanism (such as mobile phones) to verify the certificates. Any additional staffing or infrastructure costs will be met by businesses.

designing a proportionate, effective and robust scheme

- We are working closely and at pace with sectors to finalise a proportionate, effective and robust scheme for each setting before implementation.
- There are a number of operational and logistical issues which we are working through together. The sector-specific detail will be published in advance implementation.
- The Scottish Government is working with a range of stakeholders to finalise the design of the scheme. These stakeholders include local government, NHS Boards and businesses/representative

organisations in sectors that will be required to implement a certification scheme.

- The detail of the scheme will continue to develop in a way that takes account of the view of businesses in relevant sectors.

ISSUE 7: CIVIL LIBERTIES / THIS IS OPEN ENDED - WHEN WILL CERTIFICATION END

Suggested top lines

- As with other Covid measures set out in those regulations, we will be under a legal duty to review the necessity of the regulations every three weeks. If the evidence and clinical advice indicated that certification was no longer necessary, then we would remove it.
- The default position will be that the certification regulations are **due to expire on 28 February 2022**, as with all other Covid measures under the Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021 (SSI 2021/277).

ISSUE 8: DATA SECURITY

Suggested top lines

- Security of the Covid certificates generated is critical. Security features on the App will include a process for user identification using suitable photographic ID, and user email verification. The certificates generated digitally on the App cannot be altered or changed.
- The security of all Covid certificates is aligned to the same standards used across the other 4 Nations for the generation of Covid Certificates.
- As part of the security of all certificates, the 2D barcodes (known as QR codes) have an expiry date and these dates are clearly displayed on the PDF downloads and paper copies. Once expired, users will have to request a further update to the certificate, either via the app or paper-based process. Expiry dates are used as part

of the overall security of the system, and to help ensure that information is up to date.

- The scheme and legislation will comply with the GDPR and Data Protection Act legislation.
- Personal data is held by NHS Scotland and only temporarily shared with the trusted parties required to deliver this service. The app only uses secure infrastructure and services provided by security accredited organisations.
- A privacy notice which explains what data is collated, why and how it will be stored and destroyed will be published.
- The app doesn't use address data at all. Paper Covid Status letters are sent to address that is linked to CHI number. Those wanting to change address need to do that at their GP.

ISSUE 9: NIGHTCLUBS

Suggested top lines

- Nightclubs were not previously defined in the Covid regulations, so the dictionary definition applied.
- However, there is now a need to define nightclubs and other analogous venues, as behaviours that were previously prohibited are now allowed in wider parts of hospitality (for example, after midnight alcohol, loud music, dancing, and close contact for long periods).
- The Scottish Government is working with stakeholders to finalise a definition that will ensure the intended public health benefit, but not result in market distortion or displacement.
- We completely understand how difficult it has been for the night time industries over the course of the pandemic, they have felt the impact of restrictions more than most.
- We will continue to engage with the industry on implementing a robust, effective and proportionate certification scheme to be in place later this month.

adult entertainment venues

- We know that the virus spreads when we are in close proximity to others, and where there may be less well ventilated areas. That is why we consider adult entertainment venues to be appropriate for the use of Covid certification, to protect staff, customers and the broader general public.

ISSUE 10: INTEROPERABILITY ACROSS RUK

Suggested top lines

- We recognise that it will be important to have consistency for schemes that might operate across the UK so that our citizens can travel easily between parts of the UK; and we have designed our app to offer interoperability across not just the UK but the Common Travel Area, which includes Ireland too as well as the Crown Dependencies.
- However, it is wholly right and appropriate that we design a scheme that is right for Scotland and works in our context and offers us the flexibility to adapt to our changing circumstances.

ISSUE 11: PEOPLE WHO HAVE BOUGHT SEASON TICKETS ALREADY

Suggested top lines

- whether a person gets offered a refund would depend on the terms and conditions on which the person purchased the ticket. Some may include specific T&Cs relating to Covid measures

Background

The football season ticket picture is mixed. Some clubs have terms that say the tickets are sold subject to covid measures set by Government. some offered partial refunds for last year.

ISSUE 12: INCREASING VACCINATION UPTAKE IN YOUNGER PEOPLE

Suggested top lines

- We are working to make it as simple as possible for people to get their vaccines, and are increasing the options available for how and when

people choose to be vaccinated, such as drop-in and open-access clinics.

- There is a wide range of places to get vaccinated including at drop-in mobile centres which have visited a range of sites such as football grounds, parks, workplaces and shopping centres.
- In addition, health boards are striving to maximise vaccine uptake by supporting outreach in food banks, religious centres and workplaces, and we are working with large employers to encourage uptake among their staff.
- We have engaged with young people in a variety of ways, including social media, to make sure they have access to the correct information on vaccines.
- A CMO follow-up letter for those who have not attended their second dose appointment is with Cabinet Secretary for clearance.
- Specific work ongoing with Education officials to ensure appropriate messaging is available to schools and local authorities, and key stakeholder groups including teaching unions and parent and young people representative groups.

ISSUE 13: HOW WILL THE SCHEME BE ENFORCED

Suggested top lines

- We propose that the regulations will be drafted to impose a legal obligation on the person responsible for operating the business or venue to ‘take all reasonable measures’ to restrict entry only to those fully vaccinated (unless exempt). We are also considering whether there is a need for offences with regard to the misuse of certificates by individuals.
- We will publish guidance to help set out what ‘reasonable measures’ would be proportionate in different settings (for example, what is proportionate on entry to a nightclub of 200 people may not be proportionate – or possible – in an event crowd of 60,000).

ISSUE 14: ADDRESSING EQUALITY ISSUES

Suggested top lines

- We do not underestimate the ethical, equity and human rights issues associated with Covid status certification.
- We are taking an equality and human rights approach to ensure the policy does not inadvertently disadvantage any community.
- children and people with particular medical conditions would be exempt, as well as those on clinical trials.
- under 18s will be exempt
- We have engaged extensively with equality, human right and disability organisations and continue to do so.
- We have also taken forward a number of workshops and engaged with a wide range of stakeholders to ensure that both the app and paper certificate are as assessable as possible.
- in July the Cabinet Secretary for Health and Social Care chaired an Equality and Human Rights Roundtable.
- We have also drawn on evidence from the Ada Lovelace Institute and public polling.
- If parliament agrees that certification should be introduced, we will publish an Equality Impact Assessment (EQIA) alongside the regulations.
- We are working proactively with health boards and we have encouraged them to build partnerships with local organisations and undertake assertive outreach for communities less likely to come forward for their vaccine in the clinics.

young people

- we have engaged children and young people's stakeholders on the development of the policy and the app and their feedback has been built into the design of both.
- We've also been drawing on pre-existing data about the experiences of children and young people throughout the pandemic and applying that to certification.

womens' aid

- We have engaged with Scottish Women's Aid and will continue to seek the expert advice of women's organisations.

disabled people

- We are engaged with the Digital Inequalities and Inclusion group and the Information Commissioner's Office to learn what potential positive and negative impacts certification could have on disabled people and those with learning disabilities. We are continuing this engagement as we work on domestic certification.

Accessibility of Vaccinations

- The certification scheme will not be introduced until every adult in Scotland has had the opportunity to receive both doses of the vaccine.
- Scotland has run an inclusive vaccination programme. Inclusion is embedded in the national COVID-19 vaccination programme, and there are close partnerships with Health Boards and other partners to develop an approach that is accessible and adaptable.
- There has been extensive outreach to groups and communities that have been either reluctant or had difficulties in coming forward for their injections. With one of the highest vaccination rates in the world, this has been a great success.

BACKGROUND / ADDITIONAL INFORMATION
PEOPLE VACCINATED OUTSIDE SCOTLAND: Background

- we are working with colleagues in NSS with a view to commissioning the resolver team to expand their function to include the ability to amend individuals record of vaccination should they have received their first dose outwith Scotland. This will require individuals to provide proof of their first dose (which is available from other parts of the UK via a paper certificate or electronically which contains a QR code. We are working on the basis to this function being available in advance of a go live date of 1 October.
- In parallel we are exploring with the NHS Board whether there would be the ability for individuals to attend a drop in centre where their vaccination record could be amended upon by providing evidence of their first dose administered elsewhere. By way of context, it has been agreed that each country in the UK delivering the 2nd dose will reciprocate to amend vaccine records if the 1st dose was delivered in another country.
- Common Travel Area is UK ,ROI, Isle of Man, Channel Islands

Q&A

Q - Will the Scottish scheme recognise individuals who were vaccinated with MHRA approved vaccine in other countries?

- Yes. There is work in hand to secure an automatic digital solution for a single dose administered elsewhere in the UK, but until this is operational we will put in place to enable any Scottish resident who has had a dose outwith Scotland to have their vaccine record updated.

Q – will this be available before any scheme goes live

- Yes. We recognise the importance of having a mechanism in place to resolve this prior to a scheme going live.

Q – what about vaccines delivered outwith the UK?

- We will ensure that Scottish residents who have received an approved vaccine from the Common Travel Area (CTA) will have their vaccine status amended.

Q – What about vaccines administered outwith the CTA?

- Not all vaccines are approved, nor has there been International agreement on how each country should treat vaccines delivered by others. On that basis clinicians currently made a decision on a case by case basis on whether a vaccine administered by a country outwith the CTA should be recorded within an

individual's vaccination record or whether they should be given a full course of a MHRA approved vaccine.

Q: How do we validate documents which could be in a foreign language?

The details around this are being developed.

Q: How will this scheme impact upon large international events hosted by Scotland (specifically COP26) and will there be any exceptions?

- We continue to work with UK Government, Glasgow City Council and other delivery partners on the arrangements for delegates attending COP. The Blue Zone (invited delegates) will not be in scope of this scheme but elsewhere any events that meet the certification criteria will be in scope. With regard to COP events outwith the blue zone being in scope, if these are business events, which attendees need to attend for work purposes, as per the proposed exclusion of business events, they will not be included, however non business COP events will required certification.

MEDICAL EXEMPTIONS: BACKGROUND

Q: How would people get an exemption?

The details are still to be developed. This will likely involve people applying for an exemption, with health professionals having some degree of involvement in verifying their request. You should not contact your GP

Q: How will individuals prove their eligibility to be exempt?

Details are still to be developed. Information on an individual's eligibility for exemption could be automatically drawn from their medical records.

Q: Will exemptions be given to individuals who refuse vaccination on ethical or religious grounds?

The details are still to be developed. We encourage everyone who can be vaccinated to take up the offer. The vaccine is the best way out of the pandemic and protecting both yourself and those around you.

Q: Some people believe that vaccination is detrimental to public health, such as anti-vaxers, and could claim that this is a protected belief under human rights legislation. Will they be given an exemption?

- We appreciate that some people have concerns about the vaccine. However we encourage everyone who can be vaccinated to take up the offer. The vaccine is

the best way out of the pandemic and protecting both yourself and those around you.

Q: How will exemptions be displayed?

- The app and exemptions process are still being designed and finalised.
- When the domestic app is developed, we do not envisage details of medical exemptions being displayed in order to protect and individual's privacy, we envisage this would be dealt with in the back end of the app, and an exempt person's Certification would look the same as vaccinated individuals.

Q: Will exemptions be similar for the digital and paper certificate?

- The exemptions process is still being designed, as are the digital and non-digital certification routes, but exemptions are a key priority for ensuring that certification does not discriminate against those who cannot be vaccinated for age or medical reasons, or if they've participated in a clinical trial.
- We envisage that the digital and paper certificate would look very similar.

CLINICAL TRIAL EXEMPTIONS – BACKGROUND:

Those who are no longer on clinical trials and have received an MHRA licenced vaccine can access the online system like everyone else and obtain or download their Record of Vaccination containing a QR code. We are aware that clinical trial participants who received the licensed Janssen vaccine are experiencing difficulties when trying to access their Record of Vaccination through the standard route. Work is underway to proactively provide them with a record of vaccination with a 1-D barcode, like we have done for those still in clinical trials, while we solve this glitch.

We have a commitment from our 4 nations counterparts that these documents will be accepted at venues where domestic certification is required across the UK as proof of clinical trial status.

Q: How have you communicated their exemption to those participating in clinical trials?

Clinical Trial participants are in contact with their Principal Investigators and the communication on certification has been directed at them specifically through that channel where they have already been made aware of the ability to sue their exemption certificates for domestic purposes across the UK.

Q. Will those exempt from vaccination be required to take a test?

It would not be appropriate to require those exempt from vaccination to provide a negative test. It is important that certification does not disadvantage or discriminate against those exempt from vaccination.

ISSUE – EXPIRY DATE / SUNSET CLAUSE? BACKGROUND

- During the debate, **Ministers could offer a specific sunset date for the certification regulations.** However, note the potential implications below.
- An earlier expiry date would mean the policy and the drafting would be more complex and care would need to be taken to ensure an earlier expiry date doesn't have any knock on consequences for the rest of the regulations. But it can be achieved if that is Ministers' preference.
- This would require careful thought. For instance, if other measures need to be added to the regulations in the future (such as closing certain premises if the situation deteriorates) this may a precedent for each set of new measures to also be subject to a bespoke expiry date.

ENFORCEMENT & BUSINESSES - BACKGROUND

- The events and venues that are covered by any certification scheme are important – they matter to our economy, and to our cultural and social life. That's why we want to enable them to stay open safely and avoid the need for far more disruptive measures.
- It is proposed that businesses will be responsible for taking all reasonable measures to ensure their premises permit those who are vaccinated. It is purposed that Environmental Health Officers will take on responsibility for compliance with this programme, if any responsibility placed on individuals, Police Scotland would lead on enforcement.
- Domestic certification will be accompanied by an NHS Scotland COVID Status verifier app that will be free for business to use.

Issues/Sensitivities

- Businesses are concerned over what additional administrative tasks will be placed upon them and staff.
- There may be conflict with unvaccinated customers and public health risks such as crowding/queues
- Consumer and business confidence may be impacted negatively – undermining the economic recovery.
- The Scottish Chamber of Commerce indicates that those operating in the live events sector are putting in place contingency plans including considering cancelling events or re-organising for elsewhere.
- The pace the scheme is being introduced at may cause additional difficulties for businesses.

- Concern over lack of clarity over whether **employees** will require certification in these settings.
- Concern from LA EHOs on capacity demands.

Possible Questions

Q: Does this mean businesses can adhere to fewer baseline measures?

No. We know that baseline measures are vital in the fight against this virus and Scottish Government guidance must continue to be followed. Certification is another tool to fight the effect of the virus and avoid imposing more onerous restrictions or closing settings completely.

[redacted], [redacted]
Covid Ready Society
3 September 2021

Cabinet Secretary for Health and Social Care
Deputy First Minister

COVID STATUS CERTIFICATION

Purpose

2. DFM asked officials yesterday to send a brief bullet outline of the Domestic Covid Certification scheme. On Monday, more detailed advice will be provided for decisions on implementation date and decisions on as much of the detail as we are able to finalise before the Parliamentary debate and vote.

Priority

2. **routine**
3. A brief outline of the scheme is set out below.

DOMESTIC USE OF COVID CERTIFICATION: OUTLINE

POLICY AIMS

4. The policy aims, as set out to Parliament by FM on 1 September, are to protect public health in certain settings, reduce the necessity for further restrictions, and boost vaccine take up.

5. It is essential that Ministers are clear that covid certification is **necessary** to achieve the policy aims and that the interference with people's human rights is **proportionate**, going no further than is necessary to achieve the aim. The clinical evidence of the effect of the vaccine on transmission in these high risk settings is critical to assessing the impact of the certification scheme, and therefore its proportionality. If there is minimal impact on transmission, the aim of incentivising

vaccine uptake becomes more significant and a lead in time to allow more people to get vaccinated by the end of the month may be more readily defensible.

6. [redacted]

THE SCHEME

7. Covid Status certification requires a person to show that they have been fully vaccinated to gain entry to certain settings. (fully vaccinated means vaccinated with a MHRA recognised vaccine to MHRA recommended timescales)

8. [redacted – out of scope]

EXEMPTIONS

9. [redacted] under 18s will be exempt (we will keep the age under review and this could drop to over16 once all have had the opportunity to be vaccinated).

There will also be an exemptions for those unable to be vaccinated for medical reasons and for those who have participated in vaccine trials.. **We are developing an exemptions approval process for medical exemptions and liaising with GP bodies. The detail of how this will work will be finalised and published before implementation – this will not be finalised before the debate.**

SETTINGS

10. the scheme will apply only in the following settings:

- [redacted – out of scope]
- All events – 10,000+ attendees

*For live events, 'unseated' includes events that are partially seated and partially standing.

** 'attendees' means the number of people attending at any one time – or number of tickets sold, if higher

[redacted – out of scope]

Exceptions

11. [redacted – out of scope]

12. [redacted – out of scope]

[redacted – out of scope]

HOW IT WILL WORK

13. Depending on the implementation date for a mandatory scheme, there will in essence be two processes. The first involves the use of the currently available downloadable PDF/posted letter with 2D Barcodes (aka QR codes), which will be augmented by the NHS Scotland Covid Status app from 30 September (subject to ongoing testing).

14. This involves the use of the QR codes which have been created for international travel purposes (these codes contain full details of your vaccination on a dose by dose basis, in line with EU standards). The second will see the creation of a dedicated QR code for domestic purposes (these remove all medical data and simply confirm the name of the person and the validity of the certificate). Both require businesses to scan the QR code to verify its validity.

15. Based on what is currently available using the international QR codes, this is how we envisage the process working:

- a person gets their record of vaccination (by phoning NHS helpline for paper copy sent by post or by downloading a PDF from NHS inform website – can be stored on phone or printed off – PDF and paper copy both have a QR code)
- [from 30 Sep people will be able to use the NHS Scotland Covid Status App instead – also has a QR code. **From this date the downloadable PDF function will be switched off. Anyone unable or unwilling to use the App can request a secure uneditable paper record of vaccination, with enhanced security features.** such as thermodynamic ink to prevent forgery.
- the venue staff download a verifier app to a smartphone or device. This will be available during the course of the week of 13 September (subject to Apple/Google clearance processes). There will be detailed guidance for venues on how to use this. There will also be options for venues to integrate the verifier functionality into their own systems as the source code is open source.
- venue staff check the QR codes to ensure record of vaccination is genuine (in some settings, a scan of every QR code may be proportionate and workable – in others such as very large events a proportionate scheme may involve some visual checks or spot checks. Further advice will follow on this, including the role of ID checks). **For the PDF in particular, the QR code is the security feature.** [note, there are 2 QR codes on the certificates, one for each vaccination event as per EU standards. It is likely only the second one will require scanning as that confirms the second dose].
- A person who cannot be vaccinated for strict medical reasons will be able to apply for a document that says they are exempt. They will be able to show that instead of record of vaccination
- Under 18s will be exempt – as with other age based entry conditions, the venue might ask for proof of age if the individual looks older.

16. The original timescale for producing a domestic QR code within the app was mid-October. This would be a single QR code which results in a green tick or a red cross when scanned by the verifier app, along with confirmation of the name of the individual. We are urgently reviewing options to accelerate this timescale. It will be for venues to assure themselves that the individual holding the certificate is entitled to do so.

28. .[redacted – out of scope]

- a person gets their record of vaccination (by phoning NHS helpline for paper copy sent by post or by downloading a PDF from NHS inform website – can be stored on phone or printed off – PDF and paper copy both have a QR code)
- [from 30 Sep people will be able to use the NHS Scotland Covid Status App instead – also has a QR code]
- the venue staff download a verifier app to a smartphone or device
- venue staff check the QR code to ensure record of vaccination is genuine (in some settings, a scan of every QR code may be proportionate and workable – in others such as very large events a proportionate scheme may involve some visual checks or spot checks)
- a person who cannot be vaccinated for medical reasons will be able to apply for a document that says they are exempt. They will be able to show that instead of record of vaccination.
- children will be exempt – as with other age based entry conditions, the venue might ask for proof of age if a child looks older

REGULATIONS

13. [redacted]

ISSUES TO BE RESOLVED

PEOPLE VACCINATED OUTSIDE SCOTLAND

20 For domestic use, we will accept proof of MHRA approved vaccination provided by other countries.

21. **We need to consider what the position will be for people coming from countries who don't use MHRA vaccines or countries where records of vaccination may not be provided.** (Green MSPs raised this yesterday) **this will not be finalised before the debate.** This has clinical implications – new variants of concern often come from overseas. Also practical implications (e.g. the State of

Texas, issues certificates on a county by county basis with no common standard, and globally it is estimated around half of the world issues hand written certificates to their residents).

22. We are working to address vaccine records issues for people who get different doses in different parts of the UK. This will not be finalised before the debate. We (and UKG, Wales and NI) are working to address particular issues caused by significant movement around the UK of young people who have had first or second doses in different counties. NHS Scotland cannot at the moment provide vaccination records for doses administered outside Scotland, including elsewhere in the UK.

23. We are developing a process to enable people to upload their proof of vaccination to a portal or website and get this added to their NHS Scotland record but this could take several weeks to implement. In the meantime people may need to show a different proof of vaccination for each dose.

24. Introduction of a mandatory scheme before we are able to resolve these vaccine record issues will significantly increase demand on the vaccines helpline, who may not be resourced to cope. It also risks taking vaccinations delivery resource away from their priority of increasing vaccinations take up –

OPERATIONAL DETAIL FOR EACH SETTING AND SECTOR

29. **We will work closely and at pace with sectors to design a proportionate, effective and robust scheme for each setting before implementation. There are a significant number of operational and logistical issues which sectors have raised which will need to be worked through.**

30. The detail of how this will work will be finalised and published before implementation – this will not be finalised before the debate.

31. Once workable process have been designed we need to agree and publish guidance, allow sectors to recruit additional staff and prepare for implementation. Sectors have said a minimum of several weeks is required

32. Implementing a mandatory scheme sooner than 30 September, particularly for large events, would come with significant risks to successful operation.

DEFINITION OF NIGHT CLUBS

33. [redacted – out of scope]

34. We will include advice on this in the advice that will come on Monday.

BUSINESS SUPPORT

35. We have no plans to provide business support to businesses required by law to use certification. **The sector will likely push back on that, and we may have more of challenge for events where limits are applied. This may be raised at the debate on Thursday**

[redacted], [redacted]
Covid Ready Society
3 September 2021