



**NOTICE OF DETERMINATION**  
**CORE PARTICIPANT APPLICATION**  
**MODULE 3 - JOHN'S CAMPAIGN, THE RELATIVES AND RESIDENTS ASSOCIATION, THE**  
**PATIENTS ASSOCIATION**

**Introduction**

1. In my [Opening Statement](#) on 21 July 2022, I explained that Modules would be announced and opened in sequence, with those wishing to take a formal role in the Inquiry invited to apply to become Core Participants for each Module. On 8 November 2022, the Inquiry opened Module 3 and invited anyone who wished to be considered as a Core Participant to that Module to submit an application in writing to the Solicitor to the Inquiry by 5 December 2022
2. The Inquiry has published the Provisional Outline of Scope for Module 3, which states that this Module will consider the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. Further Modules will be announced and opened in due course, to address other aspects of the Inquiry's Terms of Reference.
3. On 5 December 2022 the Inquiry received an application for Core Participant status in Module 3 on behalf of a group of organisations comprising: John's Campaign, the Relatives and Residents Association, the Patients Association and the British Institute of Human Rights ("the Applicant Group").
4. I made a provisional decision dated 17 January 2023 to (i) designate John's Campaign, the Relatives and Residents Association and the Patients Association as a Core Participant Group in Module 3 and (ii) decline to designate the British Institute of Human Rights as a Core Participant in Module 3 ("the Provisional Decision"). The British Institute of Human Rights and the Applicant Group as a collective were

provided with an opportunity to renew the application in writing by 4pm on 24 January 2023.

5. On 23 January 2023 the British Institute of Human Rights submitted a renewed application for Core Participant status in Module 3, seeking designation alongside the other three organisations within the Applicant Group. I considered with great care everything said in the renewed application and decided that the British Institute of Human Rights should not be designated as a Core Participant in Module 3. My determination of that renewed application is set out in a final determination dated 16 February 2023. Accordingly, this Notice finalises my provisional decision to designate John's Campaign, the Relatives and Residents Association and the Patients Association as a Core Participant Group in Module 3.

## **Application**

6. Applications for Core Participant status are considered in accordance with Rule 5 of the Inquiry Rules 2006, which provides:

*5.—(1) The chairman may designate a person as a core participant at any time during the course of the inquiry, provided that person consents to being so designated.*

*(2) In deciding whether to designate a person as a core participant, the chairman must in particular consider whether—*

- (a) the person played, or may have played, a direct and significant role in relation to the matters to which the inquiry relates;*
- (b) the person has a significant interest in an important aspect of the matters to which the inquiry relates; or*
- (c) the person may be subject to explicit or significant criticism during the inquiry proceedings or in the report, or in any interim report.*

*(3) A person ceases to be a core participant on—*

- (a) the date specified by the chairman in writing; or*
- (b) the end of the inquiry.*

7. In accordance with the approach set out in my Opening Statement and the Inquiry's [Core Participant Protocol](#), I have considered whether the application fulfils the requirements set out in Rule 5(2) in relation to the issues set out in the Provisional Outline of Scope for Module 3.

## Summary of Application

8. The application was made on the basis that the Applicant Group comprises four organisations said to have played a role during the Covid-19 pandemic in supporting patients and bringing about alterations to policies affecting patients in healthcare settings. The application describes the role and expertise of each organisation as follows:

1. **John's Campaign** worked with healthcare settings pre-pandemic on providing dementia-friendly care for patients. It is said to be the first organisation to warn of the effects of isolation policies on vulnerable inpatients and residents in health and care settings. The organisation is said to have expertise in the impact of non-pharmaceutical interventions and health outcomes of patients receiving treatment for non-Covid-19 illnesses.
2. **The Relatives and Residents Association** is described as a charity for older people needing care (and the relatives and friends that help them cope). It is said to have had direct contact with individuals in healthcare settings and their loved ones during the pandemic through a helpline. It is said to have raised concerns about DNACPR notices, lack of access to medical care for people in residential care settings (said to be caused by GPs or other practitioners staying away to limit infection risk) and detrimental health impact caused by pandemic policies including misplaced attempts to avoid hospitalisation.
3. **The Patients Association** is described as a charity with a health and care focus. During the pandemic it conducted three patient experience reports, which are said to have covered a number of areas relevant to Module 3 including: the experience of patients being treated for Covid-19 and the care received by patients with non-Covid-19 illnesses, delays in treatment and difficulties accessing treatment, problems with shielding, the NHS 111 helpline, and communication with patients and their families.
4. **The British Institute of Human Rights** is said to have undertaken direct support of 3,000 people including patients and their families and frontline public services staff during the pandemic and conducted research about the impact of Covid-19 measures, with specific research on use of DNACPRs. This is said to have been pivotal to the Care Quality Commission's inquiry into the use of DNACPRs. It is also said to have raised concerns about a policy of

keeping individuals in hospital too long or patients not being discharged when it was safe to do so.

9. The application is put on the basis that the Applicant Group meets the test within Rules 5(2)(a) and 5(2)(b) due to the organisations' extensive engagement with patients and their families, together reaching over 100,000 people.

### **Decision for the Applicant**

10. As set out in the Inquiry's Terms of Reference and repeated in my Opening Statement, I wish to extend my deep sympathy to all those represented by the Applicant Group regarding the deaths of their loved ones, as well as to those who have experienced, and continue to experience, adverse health, illness and disability as a result of the Covid-19 pandemic.
11. I repeat my ongoing commitment, as set out in the Terms of Reference and again, in my Opening Statement, that inequalities will be at the forefront of the Inquiry's investigations. This will include a focus on the disparities evident in the impact of the pandemic on different categories of people including those with pre-existing health conditions and wider inequalities.
12. Having considered with great care everything that is said in the application, I have decided to designate **John's Campaign, the Relatives and Residents Association** and **the Patients Association** as a Core Participant Group in Module 3.
13. Module 3 will consider the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. This will include consideration of the healthcare consequences of how the governments and the public responded to the pandemic. It will examine the capacity of healthcare systems to respond to a pandemic and how this evolved during the pandemic. It will consider the primary, secondary and tertiary healthcare sectors and services and people's experience of healthcare during the pandemic, including through illustrative accounts. It will also examine healthcare-related inequalities (such as in relation to death rates, PPE and oximeters), with further detailed consideration in a separate designated Module.

14. I consider that none of the organisations in the Applicant Group satisfy Rule 5(2)(a) for the purposes of Module 3, as they did not play a direct and significant role in healthcare systems themselves and their roles were instead at least one step removed from healthcare systems. I do, however, accept that all members of the Applicant Group have a significant interest in Module 3 as a result of the research undertaken about the experience of those in healthcare settings, their role in supporting those in healthcare settings and their role in bringing about alterations to policies affecting patients in healthcare settings (Rule 5(2)(b)).
15. While I am bound to consider the factors set out in Rule 5(2), it is also open to me to take into account other relevant matters. I am also not obliged to designate a person or organisation that meets the criteria set out in Rule 5 of the Inquiry Rules as a Core Participant. As set out in the Inquiry's Core Participant Protocol, I particularly invite applications from groups of individuals and organisations with similar interests, rather than from individual persons and organisations. The designation of Core Participant status to groups representing the interests of more than one person will assist the fair and efficient running of the Inquiry. I additionally have regard to my duty to act with fairness and with regard to the need to avoid any unnecessary cost to public funds.
16. For a number of reasons, I consider that **John's Campaign, the Relatives and Residents Association and the Patients Association** are together well placed to assist the Inquiry in relation to a number of issues relevant to Module 3. These include: the experience of patients receiving treatment for Covid-19 and non-Covid-19 related conditions, the experiences of the NHS 111 helpline, communication between patients and their families, the experience of elderly patients and those deemed clinically vulnerable or Clinically Extremely Vulnerable, without considering in detail any individual cases. Accordingly, I have decided to designate **John's Campaign, the Relatives and Residents Association and the Patients Association** as a Core Participant Group in Module 3. This is my final view, which I have reached on the basis that the organisations will be represented as a collective group and not individually.

## Legal Representation

17. Applications for designation as the Recognised Legal Representative of a Core Participant are governed by Rules 6 and 7 of the Inquiry Rules 2006, which provide:

*6.—(1) Where—*

- (a) a core participant, other than a core participant referred to in rule 7; or*
- (b) any other person required or permitted to give evidence or produce documents during the course of the inquiry,*  
*has appointed a qualified lawyer to act on that person's behalf, the chairman must designate that lawyer as that person's recognised legal representative in respect of the inquiry proceedings.*

*7.—(1) This rule applies where there are two or more core participants, each of whom seeks to be legally represented, and the chairman considers that—*

- (a) their interests in the outcome of the inquiry are similar;*
- (b) the facts they are likely to rely on in the course of the inquiry are similar; and*
- (c) it is fair and proper for them to be jointly represented.*

*(2) The chairman must direct that those core participants shall be represented by a single recognised legal representative, and the chairman may designate a qualified lawyer for that purpose.*

*(3) Subject to paragraph (4), any designation must be agreed by the core participants in question.*

*(4) If no agreement on a designation is forthcoming within a reasonable period, the chairman may designate an appropriate lawyer who, in his opinion, has sufficient knowledge and experience to act in this capacity.*

18. I am satisfied that the Core Participant Group comprising John's Campaign, the Relatives and Residents Association and the Patients Association has appointed Emma Jones of Leigh Day as its qualified lawyer in relation to this Module. I therefore designate Emma Jones as the Core Participant Group's recognised legal representative in accordance with Rule 6(1).

19. Directions will be given in relation to applications for an award under section 40(1)(b) of the Inquiries Act 2005 of expenses to be incurred in respect of legal representation, at the forthcoming preliminary hearing. I will determine any such applications in accordance with the provisions of section 40 of the Inquiries Act 2005, the Inquiry Rules 2006, the [Prime Minister's determination](#) under section 40(4) and the [Inquiry's Costs Protocol](#).

**Rt Hon Baroness (Heather) Hallett DBE**

**Chair of the UK Covid-19 Inquiry**

**16 February 2023**