

Paediatric Intensive Care Unit
Directorate of Children's Services
Bristol Royal Hospital for Children
Paul O'Gorman Building
Upper Maudlin Street
Bristol BS2 8BJ



Secretary: **Irrelevant & Sensitive**
EMAIL: Peter.Davis@uhbw.nhs.uk

Dr M. Christopherson, *Director*
Dr J. Fraser
Dr P. Davis
Dr W. Marriage
Dr D. Grant
Dr A. Humphry
Dr S. Goodwin
Dr J. Talmud
Dr D. Wood
Dr A. Schadenberg
Dr T. Jerrom
Dr O. Aziz
Dr A. Perry
Dr K. Gadhvi
Dr D. Cross
Sarah Britton, *Senior Nurse*

24/09/2022

Mr Tim Suter
Module Lead Solicitor
UK COVID-19 Public Inquiry

Dear Mr Suter

Re: UK COVID-19 Inquiry: Module 2 – Rule 9 Request to Dr Peter Davis
Reference: M2/SAGE/01/PD

Thank you for your letter of 02/09/2022 regarding the UK COVID-19 Inquiry. As per your request, I have done my best to answer your various questions as laid out in the questionnaire provided.

1. A brief overview of your qualifications, career history, professional expertise and major publications.

Peter John Davis MB ChB, MRCP (UK), FRCPC, FFICM

My original degree is MB ChB awarded from the University of Birmingham 1992. I have been fully registered with the General Medical Council (GMC) since 1993 (Registration 3590661). Having undertaken training in paediatrics and paediatric intensive care in the UK, Canada and Australia, I was added to the GMC Specialist Register in 2003 with a specialism in Paediatrics. That same year I was also appointed as a Consultant in Paediatric Intensive Care at Bristol Royal Hospital for Children, where I have remained since. I am a Licensed Practitioner with the GMC having most recently revalidated in 2019. My postgraduate qualifications are Membership of the Royal College of Physicians, Fellowship of the Royal College of Paediatrics and Child Health, and most recently Fellowship of the Faculty of Intensive Care Medicine.

I have an interest in epidemiology and from 2011 to 2020 I was the Chair of the Clinical Advisory Group of the Paediatric Intensive Care Audit Network (PICANet). From April 2020 until June 2022, I was the Chair of the NHS England Paediatric Critical Care Clinical Reference Group, and since November 2021, I have also been the Chair of the British Paediatric Surveillance Unit Scientific Committee. I have published a considerable number of papers on Paediatric Intensive Care, including most recently involvement in papers on COVID-19 and PIMS-TS in children, as well as papers on acute respiratory support in children.

2. A list of the groups (i.e. SAGE and/or any of its sub-groups) in which you have been a participant, and the relevant time periods.

I was a participant in the main SAGE group in January 2022.

3. An overview of your involvement with those groups between January 2020 and February 2022, including
 - a. When and how you came to be a participant
 - b. The number of meetings you attended and your contributions to those meetings
 - c. Your role in providing research, information and advice.

I was initially invited to join a SAGE meeting in January 2022 at the recommendation and subsequent insistence of Professor Calum Semple of the University of Liverpool. Professor Semple was aware of my understanding of the epidemiology of paediatric critical illness, and also my work with the Paediatric Intensive Care Audit Network, where at the start of the COVID-19 epidemic, I had helped to develop a customised audit of COVID-19 in children admitted to Paediatric Intensive Care.

I only attended 2 SAGE meetings in January 2022 (SAGE 102 and SAGE 103). My role was to provide a view from Paediatric Intensive Care on COVID-19 causing critical illness in children. In the first meeting, I contributed by relating the experience of paediatricians in terms of increased presentations of young children to hospital with symptomatic SARS-CoV-2 infection at the beginning of the Omicron wave, and the challenge that this presented in differentiating this from other infectious illnesses in this group of patients. In the second meeting, I gave a very brief presentation on the findings of PICANet, in terms of the numbers of SARS-CoV-2 positive children and those with PIMS-TS admitted to Paediatric Intensive Care Units in the UK to that point in the pandemic as shown in three graphs, with the main findings being that there had been the sharpest increase in the whole pandemic in the number of cases in the previous month with the emergence of the Omicron variant, with a greater proportion of younger children affected, although the overall numbers were small when compared to other respiratory viral epidemics that regularly affect young children such as Respiratory Syncytial Virus (RSV). I also showed a graph from the NHS England Tableau data for Paediatric Intensive Care that demonstrated that there had been no appreciable rise in the number of children needing admission or ventilatory support over that period of December 2021 into early January 2022.

4. A summary of any documents to which you contributed for the purpose of advising SAGE and/or its related subgroups on the COVID-19 pandemic. Please include links to those documents where possible.

As noted above I gave a presentation on the effect of the Omicron variant on children. This was based on data collected by PICANet, the latest versions of which publicly available can be found at:

<https://www.picanet.org.uk/covid-19/>

At the SAGE 103 meeting, I also mentioned the increase in the number of cases of paediatric diabetic ketoacidosis admitted to intensive care during the pandemic and subsequent to the meeting provided a paper that had been published with PICANet data demonstrating the effect of the first year of the pandemic on paediatric critical illness: Crit Care 2021;25:399. <https://doi.org/10.1186/s13054-021-03779-z>

5. A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the above-mentioned groups and/or the UK's response to the COVID-19 pandemic. Please include links to those documents where possible.

I have not written or said anything publicly about my involvement with SAGE. And other than helping to produce a number of research papers about the effect of COVID-19 on children and children's health services, I have not said anything publicly about the UK's response to the COVID-19 pandemic. However, these are the links to the published papers relating to COVID-19 on which I am an author:

Lancet Child Adolesc Health 2021; 5: 133-141 [https://doi.org/10.1016/S2352-4642\(20\)30304-7](https://doi.org/10.1016/S2352-4642(20)30304-7)
 Crit Care Explor 2021; 3: e0362 <https://doi.org/10.1097/CCE.0000000000000362>
 Lancet Reg Health Europe. 2021;3:100075 <https://doi.org/10.1016/j.lanepe.2021.100075>
 Crit Care 2021;25:399. <https://doi.org/10.1186/s13054-021-03779-z>
 Arch Dis Child 2022;107:e6. <https://doi.org/10.1136/archdischild-2020-320662>
 Nature Med 2022;28:185-192 <https://doi.org/10.1038/s41591-021-01578-1>
 Nature Med 2022;28:193-200 <https://doi.org/10.1038/s41591-021-01627-9>
 eClin Med 2022;44:101287 <https://doi.org/10.1016/j.eclinm.2022.101287>

6. Your views as to whether the work of the above-mentioned groups in responding to the COVID-19 pandemic (or the UK's response more generally) succeeded in its aims. This may include, but is not limited to your views on:
 - a. The composition of the groups and/or their diversity of expertise;
 - b. The way in the groups were commissioned to work on the relevant issues;
 - c. The resources and support that were available;
 - d. The advice given and/or recommendations that were made;
 - e. The extent to which the groups worked effectively together;
 - f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness.

Given my experience of attending just to SAGE main group meetings in January 2022, my impression was that for the subjects being discussed at these meetings there were a broad range of views from amongst those holding official posts, academics, and clinicians across the epidemiology and clinical implications of COVID-19 during this stage of the pandemic, i.e. the initial part of the Omicron wave. I have no understanding of how the groups were commissioned, but I am aware that it took some persistence for the person nominating my attendance for me to attend, and my attendance for the first meeting was only approved at the last minute. The data presented at the meetings seemed appropriate and reasoned while the chairing of the group was fair and effective so as to allow for and maintenance of reasoned debate of the findings and their implications.

7. Your views as to any lessons that can be learned from the UK's response to the COVID-19 pandemic, in particular relating to the work of the above-mentioned groups. Please describe any changes that have already been made, and set out any recommendations for further changes that you think the Inquiry should consider making.

My biggest observation from the UK response to the COVID-19 pandemic is that it was fortunate that in general terms children were not severely affected by the SARS-CoV-2 virus, given the very limited hospital capacity we have for this age group, even if there were new presentations of severe disease that were identified, studied and described in children, e.g. Paediatric Multisystem Inflammatory Syndrome temporally associated with COVID-19 (PIMS-TS). What worked well were the networks of clinicians and academics which quickly formed to share their experience and also take forward innovative research into the disease itself, its treatment and ultimately its prevention with vaccination. However much of this seemed to be driven by the efforts of committed individuals, with the particular exception of the co-ordination of the vaccine development and rollout by the UK Vaccine Taskforce headed by Kate Bingham, and the subsequent work of the Joint Committee on Vaccination and Immunisation (JCVI).

8. A brief description of documentation relating to these matters that you hold (including soft copy material held electronically), Please retain all such material. I am not asking for you to provide us with this material at this stage, but I may request that you do so in due course.

I hold digital copies of the notes from the SAGE 102 and SAGE 103 meetings, along with the various documents and attachments provided for those meetings, including the slides that I presented at SAGE 103. I also hold digital copies of the research papers on COVID-19 and PIMS-TS on which I have been an author.

I trust that this response is satisfactory and I look forward to hearing from you in due course.

Yours sincerely

Personal Data

Dr Peter Davis MRCP(UK), FRCPCH, FFICM
Consultant Paediatric Intensivist