

Questionnaire

UK COVID-19 Inquiry: Module 2 - Rule 9 Request to Ms Adelina Comas-Herrera -

Reference:

M2/SAGE/01/ACH

Please provide the following information:

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

Through my research I have developed a strong understanding of the data landscape for the social care sector in England and other countries and have a good perspective of the complexity of long-term care systems and, in particular, how these systems' complexity affects the care and welfare of people with dementia and others with complex needs.

I have a background in Economics (MSc, BSc). I am an Assistant Professorial Research Fellow at the Care Policy and Evaluation Centre at the London School of Economics. I have also worked as a consultant for the World Health Organization (WHO) and the InterAmerican Development Bank, on Long-Term Care systems.

I started my research career building macro-simulation models on the future costs of long-term care given different scenarios, I have done this in for the UK and other countries, as part on my work on the earlier versions of the "PSSRU Long-Term Care projections" model. I also developed a methodological proposal for comparable projections for the European Union's ECFIN DG that is used for their Ageing Working Group projections since 2005. I also have experience of linking macro and micro-simulation models, using the macro models to bridge gaps in individual level data, and collaborating with demographers and epidemiologists.

Through my involvement in multiple international projects, as well as my role in the leadership of the International Long-Term Care Policy Network and my former WHO role, I was well positioned to find out, very quickly, what was happening in other countries. In March 2020 I set up the LTCcovid.org website to share international evidence of the impact of the pandemic on people who use and provide long-term care and help raise awareness of the need to prioritise the social care sector in the COVID response. This website attracted enormous interest from governments, media and the social care community, both in the UK and abroad. I was commissioned to draft early guidance for the WHO on the COVID response to Long-Term Care.

I was asked to join meetings of the International Comparators Joint Unit of the Cabinet Office and advise on international data of COVID deaths of care home residents and evidence in May 2020. I was asked to join meetings of the SAGE Social Care Working Groups from the 7th of May 2021.

Main publications during the COVID pandemic:

Dawson W.D., Comas-Herrera A. (2022) International Dementia Policies and Legacies of the Coronavirus Disease 2019 Pandemic, *Public Policy & Aging Report*, Volume 32, Issue 2, 2022, Pages 72–76, <https://doi.org/10.1093/ppar/prac008>

Byrd, W., Salcher-Konrad, M., Smith, S., & Comas-Herrera, A. (2021). What Long-Term Care Interventions and Policy Measures Have Been Studied During the Covid-19 Pandemic? Findings from a Rapid Mapping Review of the Scientific Evidence Published During 2020. *Journal of Long-term Care*, (2021), 423–437. DOI: <http://doi.org/10.31389/jltc.97>

Low, L. F., Hinsliff-Smith, K., Sinha, S. K., Stall, N. M., Verbeek, H., Siette, J., Dow, B., Backhaus, R., Devi, R., Spilsbury, K., Brown, J., Griffiths, A., Bergman, C., & Comas-Herrera, A. (2021). Safe visiting is essential for nursing home residents during the COVID-19 pandemic: an international perspective. *Journal of the American Medical Directors Association*. <https://doi.org/10.1016/j.jamda.2021.02.020>

Comas-Herrera A, Fernández J-L, Hancock R, Hatton C, Knapp M, McDaid D, Malley J, Wistow G and Wittenberg R (2020) COVID-19: implications for the support of people with social care needs in England. *Journal of Aging & Social Policy*, 32:4-5, 365-372, DOI: 10.1080/08959420.2020.1759759

Comas-Herrera A, Marczak J, Byrd W, Lorenz-Dant K, Patel D, Pharoah D (eds.) and LTCcovid contributors. *LTCcovid International living report on COVID-19 and Long-Term Care*. LTCcovid, Care Policy & Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

Comas-Herrera A, Zalakaín J, Lemmon E, Henderson D, Litwin C, Hsu AT, Schmidt AE, Arling G, Kruse F & Fernández J-L (2020) Mortality associated with COVID-19 in care homes: international evidence. Report in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 1st February 2021. https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-1-1.pdf

Comas-Herrera, A., Glanz, A., Curry, N., Deeny, S., Hatton, C., Hemmings, N., Humphries, R., Lorenz-Dant, K. Rajan, S. & Suarez-Gonzalez, A (2020) The COVID-19 Long-Term Care situation in England. Report in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. <https://ltccovid.org/wp-content/uploads/2020/11/COVID-19-Long-Term-Care-situation-in-England-19-November-3.pdf>

Knapp M., Cyhlarova E., Comas-Herrera A. and Lorenz-Dant K. (2021) Crystallising the Case for Deinstitutionalisation: COVID-19 and the Experiences of Persons with Disabilities. Care Policy and Evaluation Centre, London School of Economics and Political Science. <https://www.lse.ac.uk/cpec/assets/documents/CPEC-Covid-Desinstitutionalisation.pdf>

Langins, M., Curry, N. Lorenz-Dant, K., Comas-Herrera, A. & Rajan, S. (2020) “The COVID-19 Pandemic and Long-Term Care: What can we learn from the first wave about how to protect care homes?” *Eurohealth*, 26(2), pp.77-82.

World Health Organization (2020) *Preventing and managing COVID-19 across long-term care services*, Geneva: World Health Organization. [main contributing author]

https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1

WHO Europe (2020) *Strengthening the health system response to COVID-19: Preventing and managing the COVID-19 pandemic across long-term care services in the WHO European Region*. Copenhagen: WHO Regional Office for Europe. [contributing author]

<https://apps.who.int/iris/bitstream/handle/10665/333067/WHO-EURO-2020-804-40539-54460-eng.pdf?sequence=1&isAllowed=y>

Salcher-Konrad, M., Jhass, A., Naci, H., Tan, M., El-Tawil, Y., Comas-Herrera, A. (2020) COVID-19 related mortality and spread of disease in long-term care: first findings from a living systematic review of emerging evidence. *medRxiv* 2020.06.09.20125237; doi: <https://doi.org/10.1101/2020.06.09.20125237>

Major publications prior to the pandemic:

Kingston A, Comas-Herrera A and Jagger C, for the MODEM project (2018) Forecasting the care needs of the older population in England over the next 20 years: estimates from the Population Ageing and Care Simulation (PACSim) modelling study. *Lancet Public Health* (3): e447–55.

Comas-Herrera A, Knapp M, Wittenberg R, Banerjee S, Bowling A, Grundy E, Jagger C, Farina N, Lombard D, Lorenz K and McDaid D (2017) MODEM: a comprehensive approach to modelling outcome and costs impacts of interventions for dementia. Protocol paper. *BMC Health Services Research*, 17 (1).

Prince M, Comas-Herrera A, Knapp M, Guerchet M and Karagiannidou M (2016) ***Improving healthcare for people living with dementia: Coverage, quality and costs now and in the future. World Alzheimer Report 2016. Alzheimer's Disease International, London.***

Comas-Herrera A., Wittenberg R., Pickard L. (2010) The long road to universalism? Recent developments in the financing of long-term care in England. *Social Policy and Administration*, 44, (2): 375-391.

Comas-Herrera, A., Wittenberg, R., Pickard, L., Knapp, M. and MRC-CFAS. (2007). Cognitive impairment in older people: its implications for future demand for services and costs. *International Journal of Geriatric Psychiatry*, 22: 1037-1045.

Comas-Herrera, A., Wittenberg, R., et al. (2006). Future long-term care expenditure in Germany, Spain, Italy and the United Kingdom. *Ageing and Society*, Vol.6 part 2, March, 2006, pp 285-302.

Hancock R, Comas-Herrera A, Wittenberg R, and Pickard L (2003) Who will pay for long-term care in the UK? Projections linking macro- and micro-simulation models, *Fiscal Studies* 24 (4): 387-426.

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 attended a few meetings of the International Comparators Joint Unit of the Cabinet Office and advise on international data of COVID deaths of care home residents and evidence in May 2020. I only attended meetings where care homes were being discussed.

I was asked to join meetings of the SAGE Social Care Working Groups from the 7th of May 2021, until April 2022. I attended 19 meetings in total.

I also worked with the World Health Organisation to develop initial guidance on the response to the pandemic for Long-Term Care systems, first for the European Regional Office (<https://apps.who.int/iris/bitstream/handle/10665/333067/WHO-EURO-2020-804-40539-54460-eng.pdf?sequence=1&isAllowed=y>), and then for the wider WHO https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1

I also provided advice to other Governments during pandemic (e.g. Chile, Netherlands, Spain).

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;

International Comparators Joint Unit of the Cabinet Office: May 2020, I was asked specifically because of my work collecting international data showing that, in the beginning of the pandemic, for the countries for which we found data, on average 50% of all COVID-related deaths were among residents in care homes. I led an international group of researchers that provided official data from their countries when it became available. Our first report was published in the 12th April, with data from 5 countries: <https://ltccovid.org/wp-content/uploads/2020/04/Mortality-associated-with-COVID-12-April-5.pdf>. The most up-to-date version of the report covers data up to April 2022: <https://ltccovid.org/2022/02/22/international-data-on-deaths-attributed-to-covid-19-among-people-living-in-care-homes/>

I had also been alerting, both through sharing research summaries/briefs with officials at the Department of Health and Social Care and through rapid publishing through the LTCcovid website, of new emerging evidence, for example I shared a briefing on the robust evidence from the United States from March 2020 on asymptomatic transmissions in care homes, through this summary (which was also sent to DHSC), I have listed my key briefings in question 8.

SAGE Social Care Working Group: I was invited to join meetings in early May 2021, I believe that this was linked to me being the Principal Investigator of the “Social Care COVID Recovery and Resilience: Learning lessons from international responses to the COVID-19 pandemic in long-term care systems”, funded through the NIHR Policy Research Programme (grant NIHR202333).

b. The number of meetings you attended, and your contributions to those meetings;

I attended 19 SAGE SCWG meetings.

c. Your role in providing research, information and advice.

My role was to contribute advise on the state of evidence, internationally, on each of the topics that were being addressed, using a systematic mapping of the literature on COVID-19 and Long-Term Care that we had been maintaining and updating, first for the World Health Organisation and afterwards through our NIHR-funded project (see above).

I also attempted to widen the areas of knowledge that were taken into consideration, for example where shortages/pressures in staffing were discussed, to consider those adequately would require looking at social sciences such as economics and policy analysis, and similarly some discussions appeared to involve considerations of rationing (for example of testing) without making this explicit.

I contributed evidence on the barriers to implementations of measures and negative impacts that I felt needed to be given more attention.

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.

I contributed to the following documents:

<https://www.gov.uk/government/publications/scwg-what-are-the-appropriate-mitigations-to-deploy-in-care-homes-in-the-context-of-the-post-vaccination-risk-landscape-26-may-2021>

<https://www.gov.uk/government/publications/the-association-between-the-discharge-of-patients-from-hospitals-and-covid-in-care-homes/consensus-statement-on-the-association-between-the-discharge-of-patients-from-hospitals-and-covid-in-care-homes>

What is the current evidence on duration of isolation periods in care home residents?

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.

Much of my contributions to SAGE SCWG came from a mapping of evidence published in peer-reviewed journals on COVID-19 measures in the long-term care sector. Evidence up to end of 2020 was published here: Byrd, W., Salcher-Konrad, M., Smith, S., & Comas-Herrera, A. (2021). What Long-Term Care Interventions and Policy Measures Have Been Studied During the Covid-19 Pandemic? Findings from a Rapid Mapping Review of the Scientific Evidence Published During 2020. *Journal of Long-term Care*, (2021), 423–437. DOI: <http://doi.org/10.31389/jltc.97>

A paper with the mapping of evidence available during 2021 is under preparation.

The searches for the mapping were updated regularly during my period at SAGE SCWG to be able to provide rapid responses on the state of international evidence on the topics under discussion

Below I have provided more details of relevant work I published prior to joining the SAGE SCWG.

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;

I believe that, although by the time I joined (May 2021) there were people with significant and practical expertise in the social care sector and from multiple disciplines, but I felt there was a reluctance to engage with research and expertise outside epidemiology, for example there was clear evidence on the importance of structural factors on the ability of care homes to implement measures, for example workforce shortages, the difficulties caused by the layout of care homes or the particular challenges of trying to implement isolation measures on people living with dementia. I think that these considerations, which were backed by research, were not given enough weight in the recommendations and that this may have been due to the types of questions posed to the group, and to the original focus of the group on modelling disease transmission.

b. The way in which the groups were commissioned to work on the relevant issues;

I was never very clear how the agenda was set and why and when were asked to address particular questions and not others.

c. The resources and support that were available;

I had no resources or support to take part, although I had research funding from NIHR for a Policy Research Programme research project and I used some of that research time (and of some members of my team) to answer questions posed by the SAGE SCWG. Much of the time was additional to my working hours and not funded.

d. The advice given and/or recommendations that were made;

I felt that the advice and recommendations were very much linked to how we had been asked the questions to look at. I was not clear why we were addressing certain issues and not others and felt that we were taking a very narrow approach to the evidence we were considering (see a. above).

e. The extent to which the groups worked effectively together;

I was very not aware of the other groups or of how they were working together.

f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness.

I knew from my own research that some of the measures, for example isolation of people who were positive with COVID and had dementia, were not feasible without additional support for care homes and that many care homes were reporting not being able to implement those measures. Similarly, there was growing evidence of staff feeling under huge moral injury due to having to impose measures such as isolation, face masks, visiting restrictions to people who were not able to understand why these measures were adopted and how felt very distressed as a result. Addressing this would have required much more nuanced guidelines and support for care homes. Similarly, testing policies were difficult to implement in care homes.

There was too little use of research and evidence on how care homes function, even when there was expertise in the team.

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.

Expertise beyond modelling and epidemiology was taken into account too late and was given less importance. There was a lack of recognition and understanding of the complexity of the social care sector and not enough consideration of growing evidence on barriers to implementation of measures.

I had been in Singapore at a conference of the (US) National Academy of Medicine in February 2020 and had some calls with staff at the Singapore Department of Health that could not happen due to their pandemic precautions. The contrast between the Singaporean and the UK government's responses in the early days was very striking.

In my view a key problem was that the UK response was very slow to take into account evidence of both the enormous vulnerability of care homes to the pandemic (the earliest guidance seemed to believe no one ever went in and out of care homes so they were not

likely to be in danger of outbreaks?), and was also too slow to adapt its guidance and prioritisation to the emerging evidence on asymptomatic (or pre-symptomatic) transmission in care homes.

Even when guidance had been adopted and in theory testing and PPE should have been available in care homes, there was evidence of many difficulties in implementation and access to resources (see for example Rajan, S., Comas-Herrera, A., & McKee, M. (2020). Did the UK Government Really Throw a Protective Ring Around Care Homes in the COVID-19 Pandemic?. *Journal of Long-term Care*, (2020), 185–195. DOI: <http://doi.org/10.31389/jltc.53>).

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.

Some of this relates to advice and information I provided prior to joining the SAGE SCWG in May 2021.

On the 20th March 2020 I set up the LTCcovid.org website, initially in the form of a blog hosted by the International Long-Term Care Policy Network which in turn is hosted by the Care Policy and Evaluation Centre at the London School of Economics, where I work.

I started to share, at first, examples of guidance to mitigate the impacts of the pandemic and, already on the 23rd March 2022 we published blog posts/briefings summarising initial evidence of the impact of COVID-19 in care homes in Spain, Italy and the United States and of the initial lessons suggesting need to improve Infection Prevention and Control in care homes, monitor staffing levels and prepare emergency responses, prioritise PPE, ensure people in care homes with COVID had access to adequate treatment if they were not transferred to hospital and prioritisation of Personal Protection Equipment (see <https://ltccovid.org/2020/03/23/covid-19-outbreaks-in-residential-and-nursing-homes-lessons-learned-from-spain-italy-and-the-uk-and-some-resources/>).

I shared many of these posts with the Department of Health and Social Care via email, responding to an earlier request to our Centre for information on what was happening internationally.

On the 28th March I shared a summary of a report by the US Centers for Disease Control and Prevention detailing cases of asymptomatic transmission in a US nursing home. <https://ltccovid.org/2020/03/28/article-summary-symptom-based-screening-in-skilled-nursing-facilities-could-fail-to-identify-half-of-residents-with-covid19/> . From then on I put a lot of effort in spreading the word about the possibility of asymptomatic (or pre-symptomatic) transmission in care homes, for example through presentations to London ADASS, and started a report on measures taken internationally: <https://ltccovid.org/wp-content/uploads/2020/03/Summary-of-international-policy-measures-to-limit-impact-of-COVID19-on-people-who-rely-on-the-Long-Term-Care-sector-30-March-pm.pdf>).

On the 1st of April I published a post (and shared with DHSC) alerting of the importance of not relying on symptom-based screening to determine isolation as was in the UK guidance at the time and giving the example of Spain updating its guidance to isolate all “possible, probable and confirmed” cases: <https://ltccovid.org/2020/04/01/early-evidence-on-preventing-spread-of-covid-19-in-care-homes-isolation-of-residents-and-staff-who-are-symptomatic-vs-suspected-of-covid-19/>

This was further expanded in a post looking at the policies and guidance in place in more countries published and shared on the 3rd of April:
<https://ltccovid.org/2020/04/03/measures-to-prevent-and-control-covid-19-outbreaks-in-care-homes-and-support-continuity-of-care/>

On the 8th April, I prepared and shared another briefing note explicitly titled: “Briefing note: Current UK guidance on admission and care of residents during COVID-19 is based on symptomatic cases, ignoring early international evidence and lessons from other countries”.
<https://ltccovid.org/2020/04/09/briefing-note-current-uk-guidance-on-admission-and-care-of-residents-during-covid-19-is-based-on-symptomatic-cases-ignoring-early-international-evidence-and-lessons-from-other-countries/>

On the 12th April, with Joseba Zalakain and later on an international team of researchers, we published the first “Mortality associated with COVID-19 outbreaks in care homes”, showing that, for the 5 European countries for which official national data was available at the time, between 42% and 57% of all deaths were linked to COVID-19. This report was expanded as more countries were publishing data. Over time, the share of all deaths in care homes decreased, potentially showing that greater support was being provided to care homes later in the pandemic. This report was picked up initially by the Guardian on the 13th of April <https://www.theguardian.com/world/2020/apr/13/half-of-coronavirus-deaths-happen-in-care-homes-data-from-eu-suggests> and afterwards by newspapers all over the world. I believe this helped get more attention and resources to fight the spread of COVID-19 in care homes.

In May/ June 2020 I was commissioned by the World Health Organisation (first the European regional office and then the Geneva headquarters) to carry out a rapid mapping of evidence and of measures taken by countries to produce two guidance reports/briefings:

World Health Organization (2020) Preventing and managing COVID-19 across long-term care services, Geneva: World Health Organization. [main contributing author]
https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1

WHO Europe (2020) Strengthening the health system response to COVID-19: Preventing and managing the COVID-19 pandemic across long-term care services in the WHO European Region. Copenhagen: WHO Regional Office for Europe. [main contributing author]
<https://apps.who.int/iris/bitstream/handle/10665/333067/WHO-EURO-2020-804-40539-54460-eng.pdf?sequence=1&isAllowed=y>

I had a request (through Health Data Research UK) to join a meeting with the Minister of State for Social Care, Helen Whately, on the 5th of October, to brief her about international social care data in relation to COVID and particularly policies and evidence on the impact of visiting. I presented international early evidence alerting to the harms of prolonged bans on visiting for people living in care homes (this was later included in this paper: Low, L. F., Hinsliff-Smith, K., Sinha, S. K., Stall, N. M., Verbeek, H., Siette, J., Dow, B., Backhaus, R., Devi, R., Spilsbury, K., Brown, J., Griffiths, A., Bergman, C., & Comas-Herrera, A. (2021). Safe visiting is essential for nursing home residents during the COVID-19 pandemic: an international perspective. *Journal of the American Medical Directors Association*. <https://doi.org/10.1016/j.jamda.2021.02.020>).

Some of my work was shared with the SAGE SCWG prior to me joining the meetings regularly in May 2021.

In addition to the evidence briefings and summaries mentioned earlier, I also published the following:

Rajan, S., Comas-Herrera, A., & McKee, M. (2020). Did the UK Government Really Throw a Protective Ring Around Care Homes in the COVID-19 Pandemic?. *Journal of Long-term Care*, (2020), 185–195. DOI: <http://doi.org/10.31389/jltc.53>

And an in-depth report:

Comas-Herrera, A., Glanz, A., Curry, N., Deeny, S., Hatton, C., Hemmings, N., Humphries, R., Lorenz-Dant, K. Rajan, S. & Suarez-Gonzalez, A (2020) The COVID-19 Long-Term Care situation in England. Report in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. <https://ltccovid.org/wp-content/uploads/2020/11/COVID-19-Long-Term-Care-situation-in-England-19-November-3.pdf>

Also:

<https://www.bmj.com/content/375/bmj.n3132/rr>

And a BMJ interview expressing concern at the initial reporting of data from PHE on the number of deaths of care home residents linked to discharges from hospital of people with COVID-19: <https://www.bmj.com/content/373/bmj.n1415>

I believe that the subsequent consensus statement on this published by the SAGE SCWG in May 2022 addressed the concerns <https://www.gov.uk/government/publications/the-association-between-the-discharge-of-patients-from-hospitals-and-covid-in-care-homes/consensus-statement-on-the-association-between-the-discharge-of-patients-from-hospitals-and-covid-in-care-homes>