



Professor Christopher Brightling  
NIHR Senior Investigator  
NIHR BRC Respiratory Theme Lead  
Science Council Chair European Respiratory Society

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Dire: [Irrelevant & Sensitive]

**NHS**  
**National Institute for  
Health Research**

Leicester Biomedical Research Centre

Respiratory Theme  
Institute for Lung Health  
Glenfield Hospital  
Leicester LE3 9QP

3rd October 2022

Lady Hallett,  
Chair to the Covid-19 Public Inquiry UK

Dear Lady Hallett,

**Re: Questionnaire UK COVID-19 Inquiry: Module 2 - Rule 9 Request to Professor Chris Brightling – Reference: M2/SAGE/01/CEB**

Please find herein my response to the questionnaire.

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

Professor Chris Brightling BSc (Hons) MBBS PhD FERS FCCP FRCP FMedSci  
Professor of Respiratory Medicine University of Leicester and Honorary Respiratory Consultant  
University Hospitals of Leicester NHS Trust.

Professor Chris Brightling is a Fellow of the Academy of Medical Sciences, National Institute for Health Research Senior Investigator and Respiratory Theme Lead for Leicester NIHR Biomedical Research Centre, Director Institute for Lung Health, Director For the Institute for Precision Health and Honorary Consultant Respiratory Physician, Leicester, UK. Former Science Council Chair European Respiratory Society (2019-2022) including COVID-19 scientific response from the ERS. He is Coordinator the MRC Molecular Pathology Node EMBER, PHOSP-COVID and Respiratory lead for the IMI 3TR. His main research focus is on improving the clinical management and understanding the immunopathogenesis of asthma, chronic cough, COPD and long-COVID. He is a member of the Global INitiative for Asthma - GINA scientific committee. He has published over 500 peer-reviewed articles including more than 50 in either the New England Journal of Medicine or Lancet family of journals.

GMC reference number: [Irrelevant & Sensitive]

**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.**

Participant of the CMO LONG-COVID sub-group (2021-)

Attended SAGE Meeting no.94 22<sup>nd</sup> July 2021 to update on Long-COVID following initial report to SAGE, contributed to subsequent reports but have not participated in further SAGE meetings.

**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;**

I lead the national consortium PHOSP-COVID investigating the long-term sequelae in those hospitalised with COVID-19. I was invited to be a member of the CMO Long-COVID subgroup in March 2021 by the chair who had been appointed by the CMO. The group includes the leads from the nationally funded long-COVID studies.

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

The CMO long-COVID meeting is ongoing and held every 2 weeks. I or another member of the PHOSP-COVID leadership team attend the meetings and the PHOSP-COVID leadership team contribute to the reports and publications from this group.

I was also a member of the Secretary of State DHSC Long-COVID task force.

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

The work from PHOSP-COVID provided research findings, information and advice to the SoS DHSC Long-COVID task force and to SAGE through the CMO Long-COVID subgroup. I have also been closely involved in the national acute studies e.g. RECOVERY.

**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.**

A report was submitted to SAGE for the meeting I attended and later reports. These included a synthesis of information from the national studies.

**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 given numerous media interviews and scientific lectures based on the findings from PHOSP-COVID. I have published ~50 papers in scientific journals on COVID-19 (acute management, basic scientific understanding and Long-COVID).

I have not given any interviews or scientific presentations as a member of the CMO Long COVID subgroup or related to my attendance at SAGE.

The paper summarising the CMO Long-COVID subgroup and an article I co-wrote on the UK response to COVID-19 are below.

Routen A, O'Mahoney L, Ayoubkhani D, Banerjee A, Brightling C, Calvert M, Chaturvedi N, Diamond I, Eggo R, Elliott P, Evans RA, Haroon S, Herret E, O'Hara ME, Shafran R, Stanborough J, Stephenson T, Sterne J, Ward H, Khunti K. Understanding and tracking the impact of long COVID in the United Kingdom. *Nat Med*. 2022 Jan;28(1):11-15. doi: 10.1038/s41591-021-01591-4.

Diver S, Brightling C, Ohri C. Letter from the UK. *Respirology*. 2020 Dec;25(12):1323-1324. doi: 10.1111/resp.13957. Epub 2020 Oct 19. PMID: 33078495

**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;**

The composition of the SoS DHSC Long COVID taskforce was very diverse and had a broad remit including but not restricted to people with lived-experience, primary and secondary care clinical experts, allied health professionals, basis scientists, epidemiologists and statisticians. The CMO long-COVID group is made up of the leads of the major nationally funded studies. These studies each have a diverse composition. The aim of the group is to synthesise current knowledge from these studies and meets this aim.

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

The membership of the group was determined by being the leaders of the national studies. These studies were selected through open competition.

**c. The resources and support that were available;**

No additional resources were provided for my participation in the groups beyond the research funding for COVID-related research.

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

The subgroup has provided information to inform decision making.

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





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The CMO Long-COVID group is very cohesive, collegiate group working on an ethos of 'team' and 'open' science.

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

Not applicable.

**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.**

With respect to the groups I was involved in the SoS DHSC Long COVID taskforce led to the government plan for Long-COVID including Long-COVID clinics, and underpinning research. This was very positive. The CMO long-COVID group is an excellent conduit for sharing current knowledge. However, there remains inequity of access to long-COVID clinics with national and regional variations. There remains limited understanding of Long-COVID in terms of its cause, consequence and likely future outcomes and there are limited specific interventions. There is a risk that as attention moves away from the COVID-19 pandemic that the impact of Long-COVID will be inadequately addressed, and an opportunity to alter its future course for many people will be overlooked.

**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 have electronic copies of the minutes from the meetings I attended.

Yours sincerely,

Personal Data

Chris Brightling