



6<sup>th</sup> October 2022

Dear Sir/Madam,

**Re.: Response to Rule 9 Request Letter as Part of the COVID-19 Public Enquiry**

Thank you for the opportunity to respond to the enquiry as part of a Rule 9 request relating to my role as part of a SAGE sub-committee. I have responded to each of your questions in turn below.

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

I am Professor of the Care of Older People at the University of Nottingham, an Honorary Consultant Geriatrician at the Royal Derby Hospital and President Elect of the British Geriatrics Society. I graduated MBChB from the University of Edinburgh in 2001, completed a Masters of Medical Science in Clinical Education at the University of Nottingham in 2009 and my PhD in Care Home Medicine at the University of Nottingham in 2012. I qualified as a Member of the Royal College of Physicians (UK) by examination in 2004 and was admitted to Fellowship of the Royal College of Physicians of Edinburgh in 2014 and the Royal College of Physicians of London in 2016.

I became a consultant geriatrician in February 2011, working for four years at the Queens Medical Centre in Nottingham. I moved to the Royal Derby Hospital in 2015. My clinical work is hospital-based and a combination of acute inpatient geriatric medicine, emergency department liaison and surgery department liaison. During the pandemic I was regularly responsible for the leadership of COVID-19 wards and the management of COVID-19 patients on the Medical Admissions Unit. I am clinical lead for the implementation of Enhanced Health in Care Homes as part of the Derbyshire Integrated Care System.

In terms of national positions, I was Honorary Secretary of the British Geriatrics Society between 2013 and 2015, chair of the Community Geriatrics Special Interest Group of the British Geriatrics Society between 2015 and 2017, was appointed Vice President for Academic Affairs in 2019, and was elected to the position of President Elect in November 2020. I become President of the British Geriatrics Society in November 2022 for a two year tenure. The British Geriatrics Society is the national membership organisation representing professionals with an interest in the healthcare of older people and has over 4000 members at present.

I started research in Care Home Medicine as part of my PhD in 2008 and published on this topic as part of my PhD thesis. Since then I have published over 200 peer-reviewed articles and secured £13M of external research funding (£3.2M as chief investigator) predominantly in the field of care home medicine. I have acted as a specialist advisor on care homes to the East Midlands Patient Safety Collaborative, the East Midlands Enabling Research in Care Homes Network, the East Midlands Clinical Research Network, the Patient Records Standards Body, and the East Midlands Academic Health Sciences Network. I have written guidelines for the British Geriatrics Society on Optimal Healthcare Delivery and Commissioning Healthcare in Care Homes prior to the pandemic. In the early stages of the pandemic, before I joined the SAGE Social Care Working Group, I was lead author for the British Geriatrics Society's Guidance on managing COVID-19 in care homes. This document has since been through multiple iterations and the most recent version (now discontinued) is archived here: <https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>. In the period since the pandemic, I have led a policy statement on how care home medicine should change going forward on behalf of the British Geriatrics Society, entitled Ambitions for Change, which can be found here: <https://www.bgs.org.uk/resources/ambitions-for-change-improving-healthcare-in-care-homes>. During the pandemic I also contributed sections on care homes to an Academy of Medical Sciences document on pandemic preparedness for the winter of 2021/22, which can be found here: [https://acmedsci.ac.uk/more/news/winter-viruses-and-covid-19-could-push-nhs-to-breaking-point-warns-new-report#:~:text=The-,report,-\\*%20from%20the%20Academy](https://acmedsci.ac.uk/more/news/winter-viruses-and-covid-19-could-push-nhs-to-breaking-point-warns-new-report#:~:text=The-,report,-*%20from%20the%20Academy). I was appointed as a National Institute of Health Research Senior Investigator for my work in care home research in 2022.

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During the pandemic I led work evaluating novel testing technologies specifically in care homes as part of the NIHR-funded CONDOR platform. The resulting work can be found in the following publications:

- Buckle P, Micocci M, Tulloch J, Kierkegaard P, Parvulescu P, Thompson C, Spilsbury K, Allen AJ, Body R, Hayward G, Buchan I, **Gordon AL**. COVID-19 point-of-care testing in care homes: what are the lessons for policy and practice? *Age Ageing* 2021;50:1442–4. <https://doi.org/10.1093/AGEING/AFAB101>
- Micocci M, **Gordon AL**, Allen AJ *et al*. COVID-19 testing in English care homes and implications for staff and residents. *Age Ageing* 2021;50:668–72. <https://doi.org/10.1093/AGEING/AFAB015>
- Micocci M, **Gordon AL**, Seo MK *et al*. Is point-of-care testing feasible and safe in care homes in England? An exploratory usability and accuracy evaluation of a point-of-care polymerase chain reaction test for SARS-CoV-2. *Age Ageing* 2021;50:1464–72. <https://doi.org/10.1093/AGEING/AFAB072>
- Kierkegaard P, Micocci M, McLister A, Tulloch JSP, Parvulescu P, **Gordon AL**, Buckle P. Implementing lateral flow devices in long-term care facilities: experiences from the Liverpool COVID-19 community testing pilot in care homes— a qualitative study. *BMC Health Serv Res* 2021;21:1–11. <https://doi.org/10.1186/S12913-021-07191-9/TABLES/2>
- Micocci M, Buckle P, Hayward G, Allen AJ, Davies K, Kierkegaard P, Spilsbury K, Thompson C, Astle A, Heath R, Sharpe C, Akkrill C, Lasserson D, Perera R, Body R, **Gordon AL**. Point of care testing using rapid automated antigen testing for SARS-COV-2 in care homes – an exploratory safety, usability and diagnostic agreement evaluation. *Journal of Patient Safety and Risk Management*. 2021;26:243–50. <https://doi.org/10.1177/25160435211054207>
- Tulloch JSP, Micocci M, Buckle P, Lawrenson K, Kierkegaard P, McLister A, **Gordon AL**, García-Fiñana M, Peddie S, Ashton M, Buchan I, Parvulescu P. Enhanced lateral flow testing strategies in care homes are associated with poor adherence and were insufficient to prevent COVID-19 outbreaks: results from a mixed methods implementation study. *Age Ageing* 2021;50:1868–75. <https://doi.org/10.1093/AGEING/AFAB162>

I also co-led the PROTECT-CH study, which was designed as a platform Randomised Controlled Trial to evaluate prophylactic agents against COVID-19 in care homes. The work was commissioned in October 2020, funded in December 2020, and commenced in January 2021. We stopped the study, having developed all of the necessary infrastructure to run the platform RCT, in August 2021, because of the falling rates of COVID-19 in care homes at that time. These rendered the platform unfeasible. We have published an open reflection on the lessons from this, much of which have to do with how care home research was organised pre-pandemic and prioritised mid-pandemic. We could have done so much more to evaluate prophylaxis in this population if the infrastructure was better developed. This paper is open access and can be found here:

- **Gordon AL**, Rick C, Juszczak E, Montgomery A, Howard R, Guthrie B, Lim WS, Shenkin S, Leighton P, Bath PM *et al*. (2022). The COVID-19 pandemic has highlighted the need to invest in care home research infrastructure. *Age and Ageing*, 51(3), 1–4. <https://doi.org/10.1093/AGEING/AFAC052>

In addition to these I have written a number of commentary pieces on the COVID-19 pandemic, all available open access, and all aiming to reflect critically on policy decisions made, predominantly around care homes, during the pandemic. I have listed these below:

- **Gordon AL**, Goodman C, Achterberg W, *et al*. Commentary: COVID in care homes-challenges and dilemmas in healthcare delivery Key points. *Age Ageing* 2020, available online at: <https://academic.oup.com/ageing/article/doi/10.1093/ageing/afaa113/5836695>



- Hanratty, B., Burton, J. K., Goodman, C., Gordon, A. L., & Spilsbury, K. (2020). Covid-19 and lack of linked datasets for care homes. *BMJ*, 369, m2463. <https://doi.org/10.1136/bmj.m2463>
  - Devi R, Hinsliff-Smith K, Goodman C, **Gordon AL**. The COVID-19 Pandemic in UK Care Homes – Revealing the Cracks in the System. *Journal of Nursing Home Research*. 2020. Available online at: <https://www.jnursinghomeresearch.com/2328-the-covid-19-pandemic-in-uk-care-homes-revealing-the-cracks-in-the-system.html>
  - Grund S, **Gordon AL**, Achterberg WP, Becker C, Schols J. The COVID Rehabilitation Paradox: why we need to protect and develop Geriatric Rehabilitation Services in the face of the pandemic. *Age and Ageing*. 2021. 50(3): 605-607. <https://doi.org/10.1093/ageing/afab009>
  - **Gordon AL**, Achterberg WP, van Delden JJM. (2022). Mandatory vaccination against COVID-19 for health and social care workers caring for older people. *Age and Ageing*, 51(4), 1–4. <https://doi.org/10.1093/AGEING/AFAC097>
- 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 invited to join the SAGE Social Care Working Group (SCWG) on the 30<sup>th</sup> June 2020, and attended for the first time on 3<sup>rd</sup> July 2020. I remained a member and a regular attendee until the group was stood down in April 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 unable to attend all meetings of the SCWG due to my fluctuating and often unpredictable clinical commitments, but attended approximately once fortnightly. I was a regular contributor to discussions within the group but contributed, particularly, around my work on point-of-care testing.

I contributed to the following reports during my time on the group:

- SCWG: COVID-19 and care homes - update paper, 23 September 2020 - <https://www.gov.uk/government/publications/scwg-covid-19-and-care-homes-update-paper-23-september-2020>
- SCWG: Consensus statement on family or friend visitor policy into care home settings, 2 November 2020 <https://www.gov.uk/government/publications/scwg-consensus-statement-on-family-or-friend-visitor-policy-into-care-home-settings-2-november-2020>
- SCWG: Estimating the minimum level of vaccine coverage in care home settings, March 2021 <https://www.gov.uk/government/publications/scwg-estimating-the-minimum-level-of-vaccine-coverage-in-care-home-settings-march-2021>



- SCWG: What are the appropriate mitigations to deploy in care homes in the context of the post vaccination risk landscape?, 26 May 2021 – available at: <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>
- The association between the discharge of patients from hospitals and COVID in care homes <https://www.gov.uk/government/publications/the-association-between-the-discharge-of-patients-from-hospitals-and-covid-in-care-homes>

In most instances my role was to participate in group discussions informing the writing of these documents and to consult on drafts as they emerged. I did not act as first or lead author for any of the papers.

**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.**

My role was predominantly to provide a clinical academic perspective to the discussions of the SCWG. I regularly provided feedback on the current reality of front-line care delivery from care home managers that I was in regular contact with through a Whatsapp support group. We wrote about this group in the following publication:

- Spilsbury, K., Devi, R., Griffiths, A., Akrill, C., Astle, A., Goodman, C., Gordon, A., Hanratty, B., Hodkinson, P., Marshall, F., Meyer, J., & Thompson, C. (2020). Seeking Answers for Care Homes during the COVID-19 pandemic (COVID SEARCH). *Age and Ageing*, 1–6. <https://doi.org/10.1093/ageing/afaa201>

In addition, I shared findings from a paper about care home managers during the first wave of the pandemic as important context for our discussions around hospital discharges to care homes during this stage of the pandemic:

- Marshall, F., Gordon, A., Gladman, J. R. F., & Bishop, S. (2021). Care homes, their communities, and resilience in the face of the COVID-19 pandemic: interim findings from a qualitative study. *BMC Geriatrics*, 21(1), 102. <https://doi.org/10.1186/s12877-021-02053-9>

**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 summarised key academic publications, commentaries and editorials above. My role as an expert witness for the Cathy Gardner case against the government is, I think, important here. I provided expert testimony which ended up being cited substantively in the High Court ruling, which can be found here: <https://www.judiciary.uk/wp-content/uploads/2022/04/Gardner-Harris-v-DHSC-judgment-270422.pdf>

**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 which 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.***

I am not party to the deliberations of the SCWG prior to my joining. Meetings were not routinely minuted although I understand that informal notes were kept by secretariat.

From the point at which I joined the SCWG, a wide range of perspectives and academic expertise was represented by the group. This included colleagues with expertise in epidemiology, virology and statistical modelling but also representation from two academics with clinical experience of primary care and two with expertise in geriatric medicine. There was one representative from the National Care Forum, which represents voluntary sector care homes in the UK. It could be the case, through high NHS service demands, that no clinician or care home representatives were present for some discussions.

Policy representatives from the Department of Health and Social Care attended regularly, and would have queries that they would ask us to address. We were notified by the secretariat about specific commissions for more formal advice.

The SCWG functioned well as a forum for scientific discussion. I am confident that the advice that we gave during my tenure on the working group was balanced and based upon the best available evidence. There was sometimes robust discussion within the group and areas of equipoise that arose from this were well reflected in the eventual written texts.

***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.***

There are two overarching lessons with regard to care homes which lie at the root of most of the difficulties faced:

- i. Care homes were treated as “outside the system” for much of the earlier stages of the pandemic. Their expertise and experience in their own work was disregarded. I know from my first-hand work with the sector, and have subsequently confirmed through interview accounts published by my research group, that managers raised concerns about access to personal protective equipment, discharges from hospital, and failure to put care home quarantine and lock-down procedures in place promptly.

Over the course of the pandemic there has been a gradual shift towards consulting more extensively with the care home sector. The appointment of a Chief Nurse for Social Care, Deborah Sturdy, is an indicator of care homes being given more priority, and more representation within policy structures at DHSC. Mechanisms for consultation with the sector, however, remain under-developed. Future pandemic preparedness, and better decision-making alongside the sector day-to-day depends upon these being solidified, formalised and, above all, used.

- ii. The paucity of data on care homes early in the pandemic meant that policy decisions were made without any available metrics to assess their effectiveness. Special procedures had to be put in place to record even the most rudimentary of outcomes – deaths from COVID-19. Over the course of the pandemic, these data gaps were plugged using data manually inputted by care home staff into a programme called the NHS Capacity Tracker. This continues to be used to this day but is resource intensive for staff. Additional epidemiological resources which became available to understand how care homes were affected by the



pandemic – which we used substantially as part of the work of the SCWG – were accessible only under emergency pandemic legislation which has now been rescinded. In other countries, data are collected regularly about long-term care sectors, enabling effective policy decisions and planning of health and social care services – these are often called minimum datasets. Establishing a UK minimum dataset should be a policy priority. Perhaps the most promising route to this is through the work of the NIHR-funded DACHA project, on which I am a co-investigator (<https://dachastudy.com/>). Work to pilot a minimum dataset for UK care homes begins as part of DACHA in September 2022.

Yours faithfully,

**Personal Data**

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Professor of the Care of Older People