

Witness Name:

Professor Kamlesh Khunti

Dated: 18.10.22

Ref: M2/SAGE/01/KK

COVID-19 INQUIRY – MODULE 2

Questionnaire Response – Professor Kamlesh Khunti

1: Overview of qualifications, career history, professional expertise and major publications:

Qualifications

1.1. The following table outlines my qualifications:

Table 1- Qualifications

1984	Bachelor of Medicine, Bachelor of Surgery (MBChB), Dundee University
2000	Doctor of Medicine (MD), University of Leicester
2009	Doctor of Philosophy (PhD), University of Leicester
1995	Fellow of the Royal College of General Practitioners (FRCGP), Dundee University
2012	Fellow of the Royal College of Physicians (FRCP), Royal College of Physicians
2016	Fellow of the Academy of Medical Sciences (FMedSci), Academy of Medical Sciences

Employment History

1.2. The following table outlines my employment history:

Table 2 – Employment History

2022 - Present	Director NIHR Multiple Long-Term Conditions Global Research Centre, University of Leicester
2019 – Present	Director, NIHR Applied Research Collaboration East Midlands (ARC), University of Leicester
2017 – Present	Co-Director, Leicester Real World Evidence Unit, University of Leicester
2016 – Present	Director, Centre for Ethnic Health Research, University of Leicester
2013 – Present	Director, Leicester Diabetes Centre, University of Leicester
2007 – Present	Professor of Primary Care Diabetes and Vascular Medicine, University of Leicester
1990 – Present	General Practitioner, Hockley Farm Medical Practice, Leicester

Professional Expertise

- 1.3. I am Professor of Primary Care Diabetes and Vascular Medicine and Co-Director for the Leicester Diabetes Centre at the University of Leicester, UK. I am also Director of the UK National Institute for Health Research (NIHR) in Applied Research Collaborations (ARC), East Midlands, Director of the Centre for Ethnic Health Research and Director of The Real-World Evidence Unit. I have published over 1100 peer-reviewed articles. I am also Honorary Visiting Professorial Fellow with the Department of General Practice, University of Melbourne. I am named as the top Type 2 diabetes researcher globally by Expertscape. I was awarded the CBE in the 2022 New Year's Honour's List for services to health.

Publications

- 1.4. Below are links to a selection of some of my major publications:
- 1.5. <https://www.bmj.com/content/372/bmj.n693.short>
- 1.6. <https://link.springer.com/article/10.1007/s10654-021-00765-1>
- 1.7. <https://journals.sagepub.com/doi/full/10.1177/0141076821999973>

1.8. <https://academic.oup.com/ije/article/49/6/1951/6012807>

1.9. <https://bmjopen.bmj.com/content/11/7/e053402.abstract>

2: List of groups I participated in and the relevant time period:

- 2.1. I was a participant in SAGE from 24 September 2020 to 10 February 2022, and a participant in the SAGE Ethnicity sub-group from 28 August 2020 to 23 March 2021.
- 2.2. In addition, I am a former participant in Independent SAGE, (June 2020 to May 2021) and I am also the Chair of the National Long Covid Research Working Group, which was formed at the request of the Chief Medical Officer.

3: Overview of involvement in groups between January 2020 and February 2022:

When and how you came to be a participant

- 3.1. Sir Patrick Vallance and the GO-Science Secretariat personally invited me to be a participant in SAGE and the Chair of the SAGE Ethnicity sub-group. This was a following a Zoom call and discussion.
- 3.2. See above for the dates of participation in SAGE and the SAGE Ethnicity sub-group.

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

- 3.3. I attended 39 meetings as a participant of SAGE and 16 meetings as the Chair of the SAGE Ethnicity sub-group.
- 3.4. My role in SAGE was to act as a participant, providing expertise on all research evidence in relation to the impact of COVID-19 at population level, and particularly the cardiometabolic aspects of COVID-19 and long-COVID, in view of my role as a general practitioner and in ethnic minority populations. My role in the SAGE Ethnicity sub-group was to act as Chair of the group, which included a number of key researchers and people working with ethnic minority populations.

Your role in providing research, information and advice

- 3.5. I contributed to all the Ethnicity sub-group documents and also some of the main SAGE documents. Key topics included: the disproportionate impact of COVID-19 in ethnic minority groups, and potential reasons for the increased risk including housing, occupation, uptake of immunisation at population level, religious events, test and trace programmes, Long-Covid and new onset of diseases following COVID-19.

4: Summary of documents to which I contributed for the purposes of advising groups:

- 4.1. For my contributions to SAGE and the SAGE Ethnicity sub-group, please see links to publicly available minutes and papers for attended meetings in the attached spreadsheet (**Annex A**). Additional contributions are highlighted within **Annex A**. I have also included my attendance records at SAGE meetings and the SAGE Ethnicity sub-group meetings in **Annexes B and C**, so that the Inquiry may cross-reference my attendance against the minutes and papers in **Annex A** in order to view my contributions.
- 4.2. There are other internal documents, including meeting minutes, meeting notes as well as internal SAGE reports that I may have commented on. From my recollection, there are over 50 of these. Given the volume of these documents, and the timeframe for providing information as expediently as possible, it would be difficult to summarise all of the documents. In addition to this, it is difficult to summarise them as they are not academic papers as such. The SAGE minutes and papers are publicly available on the GOV.UK website. The documents are currently organised onto a file on my personal computer and they can be made available to the Inquiry via a shared drive should the Inquiry request this.

5: Summary of articles, interviews and/or evidence:

- 5.1. I have over 150 peer-reviewed scientific publications and reports relating to COVID-19, including the first identification of an increased risk of adverse COVID-19 outcomes in ethnic minority populations, and over 30 invited presentations in multiple countries including at SAGE, Parliament and academic institutes.

Key papers relating to the UK's response to the COVID-19 pandemic are highlighted below:

- 5.2. Editorial and blog highlighting some of the weaknesses of Public Health England's reports on COVID-19 and ethnic minority populations. This drew a rapid response letter from Kemi Badenoch, the Minister for Equalities at the time:

[Khunti K, Platt L, Routen A, Abbasi K \(2020\) COVID-19 and ethnic minorities: an urgent agenda for overdue action. BMJ, \(369:m2503\). DOI: 10.1136/bmj.m2503](#)

[Khunti K, Pareek M. Covid-19 in ethnic minority groups: where do we go following PHE's report? The BMJ opinion 2020 June 8.](#)

- 5.3. A paper on actions to protect ethnic minority populations from COVID-19 post-lockdown. This discusses some elements of the UK response, and areas for improvement. This was based on a review conducted on behalf of the South Asian Health Foundation in 2020. A subsequent report was also published in 2022:

[Khunti K, Routen A, Patel K, Ali SN, Gill P, Banerjee A, Lad A, Patel V, Hanif W \(2020\) Focused action is required to protect ethnic minority populations from COVID-19 post-lockdown. British Journal of General Practice, \(71\(702\), p 37-40\). DOI: 10.3399/bjgp21X714581](#)

- 5.4. A paper and blog on the COVID-19 outbreak in Leicester City, and applicable learning for other areas in the UK:

[Nazareth J, Minhas SJ, Jenkins DR, Sahota A, Khunti K, Haldar P, Pareek M. Early lessons from a Second COVID-19 Lockdown in Leicester, UK. Lancet 2020 Jul. 396\(10245\):e4-e5.Doi: 10.1016/S0140-6736\(20\)31490-2. \[Epub 2020 Jul 2\]. PMID: 32622374](#)

[Nazareth J, Khunti K, Pareek M. We must rapidly learn lessons from Leicester's lockdown to prevent further outbreaks. The BMJ opinion 2020 July 10.](#)

- 5.5. A report on behalf of the Academy of Medical Sciences. An expert advisory group (formed at the request of the Government Office for Science) completed this review to define the extent of the challenges that might be faced that winter

in terms of health, health and social care delivery, as well as potential options to mitigate these. There was also a second and similar report published in 2021:

[Barclay W, Bird W, Brayne C, Brightling C, Chalmers J, Clark T, Clarkson J, Corner J, Cubbon M, De Lusignan S, Dunning J, Field N, Ghani A, Grenfall B, Hayward A, Hort M, Hotopf M, Johnson A, Khunti K et al . Preparing for a challenging winter 2020/21. The Academy of Medical Sciences. 14 July 2020. Report.](#)

[Khunti K et al .Covid 19: Preparing for the future. Looking ahead to winter 2021/2022 and beyond. Report. The academy of medical sciences 15 July 2021. Report.](#)

- 5.6. A blog in the BMJ on the need for culturally tailored test and trace programmes:

[Khunti K, Pollock AM, Pareek M. Find, test, trace, isolate and support programmes need to be localised and culturally tailored to reach ethnic minority populations. The BMJ Opinion 2020 July 21.](#)

- 5.7. A paper on COVID-19 vaccination prioritisation:

[Hassan-Smith Z, Hanif W, Khunti K. Who should be prioritised for COVID-19 vaccines? Lancet 2020 Nov 28;396 \(10264\):1732-1733. Doi: 10.1016/S0140-6736\(20\)32224-8. \[Epub 2020 Oct 27\]. PMID: 33125934](#)

- 5.8. A report and recommendations for government on COVID-19 and health inequalities:

[The Independent Scientific Advisory Group for Emergencies \(SAGE\); King DA, Oni T, Michie S, Costello A, Scally G, Pillay D, Frison K, Pagel C, Khunti K, Haque Z, McKee M, Reicher S. COVID-19 and Health Inequality. Independent Sage Report 21, November 13 2020.](#)

- 5.9. A paper on urgent actions and policies needed to address COVID-19 among UK ethnic minorities:

[Mathur R, Bear L, Khunti K, Eggo RM. Urgent actions and policies needed to address COVID-19 among UK ethnic minorities. Lancet 2020 Dec. 396\(10266\):1866-1868. Doi: 10.1016/S0140-6736\(20\)32465-X. \[Epub 2020 Nov 19\]. PMID: 33220850](#)

- 5.10. A paper on the need for cultural competence in the COVID-19 vaccine rollout:

[Hanif W, Ali SN, Patel K, Khunti K. Cultural competence in covid-19 vaccine rollout. BMJ 2020 Dec.371:m4845. Doi: 10.1136/bmj.m4845.](#)

- 5.11. A paper on voluntary testing of asymptomatic healthcare staff and implications for testing policy:

[Martin CA, Jenkins DR, Patel P, Goss C, Price A, Barton L, Gupta P, Zaccardi F, Brunskill NJ, Haldar P, Khunti K, Pareek M. No cases of asymptomatic SARS-CoV-2 infection among healthcare staff in a city under lockdown restrictions: lessons to inform 'Operation Moonshot'. J Public Health \(Oxf\) 2020 Dec 26. Doi: 10.1093/pubmed/fdaa237. \[Online ahead of print\]. PMID: 33367759](#)

- 5.12. A BMJ blog on implications for targeted public health approaches and vaccination prioritisation:

[Pan D, Sze S, Martin CA, Nevill CR, Divall P, Nazareth J, Gray LJ, Khunti K, Abrams KR, Nellums LB, Pareek M. The missing link in ethnicity and covid-19 research- time to separate the risk of infection from the risk of severe disease. BMJ 2021 Jan 29.](#)

- 5.13. A paper on a new variant of COVID-19 and the implications for policy to protect ethnic minority groups:

[Pan D, Sze S, Martin CA, Nevill CR, Minhas JS, Divall P, Nazareth J, Gray LJ, Khunti K, Abrams KR, Nellums LB, Pareek M. COVID-19 and the new variant strain in England- what are the implications for those from ethnic minority group. EClinicalMedicine 2021 Mar; 33:100805. Doi: 10.1016/j.eclinm.2021.100805. \[Epub 2021 Mar 18\].PMID: 33754139](#)

- 5.14. A paper on vaccination for healthcare workers:

<https://journals.sagepub.com/doi/full/10.1177/01410768211013525>

- 5.15. A paper on transmission of COVID-19 in ethnic minority populations and comment on transmission prevention measures:

[Pan D, Sze S, Martin CA, Nazareth J, Woolf K, Baggaley RF, Hollingsworth TD, Khunti K, Nellums LB, Pareek M. Covid-19 and ethnicity: we must seek to](#)

- [understand the drivers of higher transmission. BMJ 2021 Nov 5; 375:n2709. Doi: 10.1136/bmj.n2709.PMID: 34740938](#)
- 5.16. A paper on the impact of COVID-19 on primary care and the public health response to COVID-19:
- [Mughal F, Khunti K, Mallen CD. \(2021\) The impact of COVID-19 on primary care: Insights from the National Health Service \(NHS\) and future recommendations. J Family Med Prim](#)
- 5.17. A paper on the role of Independent SAGE and some discussion on the UK COVID-19 response:
- <https://www.sciencedirect.com/science/article/pii/S0168851022000069>
- 5.18. Please see selected media coverage (where I have provided comment) below relating to COVID-19 in the UK:
- 5.19. Non-White communities could be at greater risk of Coronavirus, report finds: 6th April 2020, 330 words. <https://metro.co.uk/2020/04/06/non-white-communities-greater-risk-coronavirus-report-finds-12514038>
- 5.20. Coronavirus warning for people from black and minority background as NHS data suggests they are at more risk of life-threatening complications: 6th April 2020. <https://www.dailymail.co.uk/news/article-8191443/NHS-data-suggests-people-black-minority-backgrounds-vulnerable-coronavirus.html>
- 5.21. Black patients could face higher risk of coronavirus illness: 7th April 2020. <https://www.thetimes.co.uk/article/black-patients-could-face-higher-risk-of-coronavirus-illness-lzqjnd2w0>
- 5.22. BME communities could be a greater risk of coronavirus, reports find: 7th April 2020. <https://www.keepthefaitth.co.uk/2020/04/07/bme-communities-could-be-at-greater-risk-of-coronavirus-report-finds>
- 5.23. Coronavirus: What's race got to do with it?: 7th April 2020. <https://www.theweek.co.uk/coronavirus/106540/coronavirus-what-s-race-got-to-do-with-it>
- 5.24. BAME groups hit harder by COVID-19 than white people, UK study suggests: 7th April 2020.

- <https://www.theguardian.com/world/2020/apr/07/bame-groups-hit-harder-covid-19-than-white-people-uk>.
- 5.25. Report states BAME communities could be at greater COVID-19 risk: 7th April 2020.
- <https://www.diabetes.co.uk/news/2020/apr/report-states-bame-communities-could-be-at-greater-covid-19-risk.html>
- 5.26. Coronavirus: BAME Groups more likely to be worst affected by COVID-19 than white people: 8th April 2020. <https://www.independent.co.uk/life-style/health-and-families/coronavirus-bame-white-covid-19-study-a9454496.html>
- 5.27. Why are black people at higher risk of COVID-19?: 9th April 2020-The Voice. <https://www.voice-online.co.uk/news/coronavirus/2020/04/09/are-black-people-more-likely-to-die-from-covid-19>
- 5.28. Les minorités sont-elles les plus durement touchées par le coronavirus?: 9 Avril 2020.
- <https://www.urban-fusions.fr/2020/04/09/les-minorites-sont-elles-les-plus-durement-touchees-par-le-coronavirus>
- 5.29. Many Indian-origin people in UK stricken by Covid-19: 9th April 2020. <https://www.hindustantimes.com/world-news/many-indian-origin-people-in-uk-stricken-by-covid-19/story-4UoLGf18jHQuX7TxczjgmL.html>
- 5.30. Are ethnic minorities being hit hardest by coronavirus?: 17th April 2020. <https://www.bbc.co.uk/news/uk-52219070>
- 5.31. Serious concerns raised by Leicester academics around high numbers of Covid-19 deaths in ethnic minorities: 21st April 2020.
- <https://www.leicesterm Mercury.co.uk/news/leicester-news/serious-concerns-raised-leicester-academics-4066109>
- 5.32. Mosque's makeshift morgue shows virus toll on UK minorities: 27th April 2020.
- <https://apnews.com/article/race-and-ethnicity-religion-health-ap-top-news-england-cadd8b877dc9cea28c09709f0a97f963>

- 5.33. Diabetes professor publishes COVID-19 Risk Reduction Framework document:13th May 2020.

<https://diabetestimes.co.uk/diabetes-professor-publishes-covid-19-risk-reduction-framework-document>

- 5.34. Primary care experts back redeployment of BAME staff away from the frontline: 14th May 2020.

<http://www.pulsetoday.co.uk/clinical/clinical-specialties/respiratory-/primary-care-experts-back-redeployment-of-bame-staff-away-from-the-frontline/20040820.article>

6: Views as to whether the work of the groups in responding to the Covid-19 pandemic succeeded in its aims.

a) The composition of the groups and/or their diversity of experience

- 6.1. The composition of the main SAGE group as well as the SAGE Ethnicity sub-group was diverse and included a variety of people including epidemiologists, statisticians, social scientists and third sector organisations.

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

- 6.2. In the case of the Ethnicity sub-group, individuals were asked personally to join the group in view of their leading expertise in the area of ethnic health.

c) The resources and support that were available

- 6.3. The Go-Science secretariat gave full support to all the meetings including, helping with the minutes.

d) The advice given and/or recommendations 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

- 6.4. I hold no particular opinion in response to items 6 (d, e & f) as I was primarily focused on providing scientific expertise and was not sufficiently engaged with the subsequent uptake of our work so as to provide a well-informed comment.

7: Lessons that can be learned

- 7.1. In terms of my personal experience, this was a highly intensive period of my career in terms of the need for timely provision of information, and balancing this with my clinical workload, and my many University research and leadership roles. However, it was highly enjoyable collaborating with some of the very best researchers across a series of related fields internationally. The recommendations we provided were evidence-based, however in some cases there was a lag between when recommendations were made, and the implementation of appropriate strategies – for example, relating to vaccination and vaccine messaging, and increased risk for front-line workers and those living in multigenerational households etc.

8: Documents that I hold. Please retail 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.

- 8.1. The relevant scientific publications as outlined in question 5, and minutes and papers from SAGE (that are in the public domain) as outlined in question 4.
- 8.2. Other documents including emails, meeting notes, reports, and papers- these can be accessed upon request. They are currently organised into a file on my personal computer.