By email

29th September, 2022

Dear Mr Suter,

Re: Module 2 of the UK Covid-19 Public Inquiry Request for Evidence under Rule 9 of the Inquiry Rules 2006 Ref: M2/SAGE/01/LXS1

Please find my responses to the questionnaire attached.

Yours sincerely,

PD

Professor Laura Shallcross

Professor of Public Health

UCL Institute of Health Informatics

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

- I trained in medicine at the University of Oxford and Guy's, King's and St. Thomas' Medical School in London, and qualified as a junior doctor in 2003 (MBBS).
- Following general medical training I trained in epidemiology and population health through my MSc at the London School of Hygiene and Tropical Medicine (2009) and my PhD at UCL (2014).
- I combined my academic training with clinical training in public health and qualified as a UK Consultant in public health in 2017. My GMC registration number is 6078632 and I re-validated in 2021.
- I was appointed Associate Professor at UCL in the Institute of Health Informatics and Honorary Consultant in Public Health at University College London Hospital in 2017, and was promoted to full Professor in 2021.
- I lead a research group and a program of translational research at UCL which integrates data science with diverse data sources (omics, qualitative data, ethnography) to improve the management of infection and reduce antimicrobial resistance (AMR) in the NHS and Social Care. My AMR research has been published in high impact journals and informed national policy, and I regularly interface with national decision makers in my field through my membership of the Government's Scientific Advisory Committee for Antimicrobial Prescribing, Resistance and Healthcare Acquired infection (APRHAI).
- During the pandemic, I set up and led the national COVID-19 in care homes (VIVALDI) study, which was initially funded by the Department of Health and Social Care (DHSC) and subsequently funded by the UK Health Security Agency (UKHSA). I was first approached about setting this study up on 8th May, 2020.
- The VIVALDI study has generated important insights on COVID-19 infection and immunity and vaccine effectiveness in care home staff and residents, and I have worked with national policymakers to translate findings from VIVALDI into policy and practice.
- I was awarded MBE for services to Adult Social Care during the COVID-19 pandemic in the Queen's Birthday Honours 2021.

Examples of my research on infection and AMR prior to the COVID-19 pandemic include:

1. **Shallcross L**, Rockenschaub P, Blackburn R, Nazareth I, Freemantle N, Hayward A. Antibiotic prescribing for lower UTI in elderly patients in primary care and risk of blood stream infection: A cohort study using electronic health records. PLoS Med 2020; 17(9):e1003336. doi: 10.1371/journal.pmed.1003336.
2. Feasibility study of hospital antimicrobial stewardship analytics using electronic health records. Dutey-Magni PF, Gill MJ, McNulty D, Sohal G, Hayward A, **Shallcross L**, Anderson N, Crayton E, Forbes G, Jhass A, Richardson E, Richardson M, Rockenschaub P, Smith C, Sutton E, Traina R, Atkins L, Conolly

A, Denaxas S, Fragaszy E, Horne R, Kostkova P, Lorencatto F, Michie S, Mindell J, Robson J, Royston C, Tarrant C, Thomas J, West J, Williams H, Elsay N, Fuller C.JAC Antimicrob Resist. 2021 Mar 4;3(1):dlab018. doi: 10.1093/jacamr/dlab018.

3. Sampson D, Yager TD, Fox B, **Shallcross L**, McHugh L, Seldon T, Rapisarda A, Hendriks RA, Brandon RB, Navalkar K, Simpson N, Stafford S, Gil E, Venturini C, Tsaliki E, Roe J, Chain B, Noursadeghi M. Blood transcriptomic discrimination of bacterial and viral infections in the Emergency Department: a multi-cohort observational validation study. BMC Med 2020. 18(1): 185. doi: 10.1186/s12916-020-01653-3.
4. Crayton E, Richardson M, Fuller C, Smith C, Liu S, Forbes G, Anderson N, **Shallcross L**, Michie S, Hayward A, Lorencatto F. Interventions to improve appropriate antibiotic prescribing in long-term care facilities: a systematic review. BMC Geriatr 2020; 20(1): 237. doi: 10.1186/s12877-020-01564-1
5. Smith CM, Williams H, Jhass A, Patel S, Crayton E, Lorencatto F, Michie S, Hayward AC, **Shallcross LJ**; Preserving Antibiotics through Safe Stewardship group. Antibiotic prescribing in UK care homes 2016-2017: retrospective cohort study of linked data. BMC Health Serv Res 2020; 20(10:555. doi: 10.1186/s12913-020-05422-z
6. **Shallcross LJ**, Rockenschaub P, McNulty D, Freemantle N, Hayward A, Gill MJ. Diagnostic uncertainty and urinary tract infection in the emergency department: a cohort study from a UK hospital. BMC Emerg Med 2020; 20(1): 40. doi: 10.1186/s12873-020-00333-y.
7. **Shallcross L**, Lorencatto F, Fuller C, Tarrant C, West J, Traina R, Smith C, Forbes G, Crayton E, Rockenschaub P, Dutey-Magni P, Richardson E, Fragaszy E, Michie S, Hayward AC. An inter-disciplinary mixed-methods approach to developing antibiotic stewardship interventions: Protocol for the Preserving Antibiotics through Safe Stewardship Research Programme. Wellcome Open Res 2020; 5:8.
8. McCall B, **Shallcross L**, Wilson M, Fuller C, Hayward A. Storytelling as a research tool and intervention around public health perceptions and behaviour: a protocol for a systematic narrative review. BMJ Open 2019; 9(e030597). doi: 10.1136/bmjopen-2019-030597
9. Rockenschaub P, Hayward A, **Shallcross L**. Antibiotic prescribing before and after the diagnosis of comorbidity: a cohort study using primary care electronic health records. Clinical Infect Dis 2019; doi: 10.1093/cid/ciz1016
10. Rockenschaub P, Ansell D, **Shallcross L**. Linking individual-level data on diagnoses and dispensing for research on antibiotic use: Evaluation of a novel data source from English secondary care. Pharmacoepidemiol Drug Saf. 2017; doi: 10.1002/pds.
11. **Shallcross LJ**, Beckley N, Rait G, Hayward A, Petersen I. Antibiotic prescribing in primary care and co-morbidity: a cohort study using electronic health records; J Antimicrob Chemother 2017; 72: 1818-1824
12. P. Rockenschaub, Jhass A, Freemantle N, Aryee A, Rafiq M, Hayward A, **Shallcross L**. Opportunities to reduce antibiotic prescribing for patients with COPD in primary care: a cohort study using electronic health records from the Central Practice Research Datalink. doi: 10.1093/jac/dkz411

13. Härmälä S, Parisinos CA, **Shallcross L**, O'Brien A, Hayward A. Effectiveness of influenza vaccines in adults with chronic liver disease: a systematic review and meta-analysis. BMJ Open. 2019 Sep 6;9(9):e031070.
14. Smith CM, Conolly A, Fuller C, Hill S, Lorencatto F, Marcheselli F, Michie S, Mindell JS, Ridd MJ, **Shallcross LJ**, Tsakos G, Hayward A, Fragaszy EB. Symptom reporting, healthcare-seeking behaviour and antibiotic use for common infections: protocol for Bug Watch, a prospective community cohort study. BMJ Open. 2019 May 22;9(5):e028676
15. Patel S, Jhass A, Hopkins S, **Shallcross L**. Informing the development of a standardised approach to measure antibiotic use in secondary care: a systematic review protocol. BMJ Open. 2019 May 14;9(5):e026792
16. Sandmann F, **Shallcross L**, Adams N, Allen D, Coen P, Jeanes A, Kozlakidis Z, Larkin L, Wurie F, Robotham V, Jit M, Deeny R. True hospital burden of norovirus-associated gastroenteritis in England and its opportunity costs for non-admitted patients. Clinical Infectious Diseases 2018; 67:693-700

Key publications from the VIVALDI (COVID-19 in care homes) study include:

1. Antibody and cellular immune responses following dual COVID-19 vaccination within infection-naive residents of long-term care facilities: an observational cohort study. Tut G, Lancaster T, Sylla P, Butler MS, Kaur N, Spalkova E, Bentley C, Amin U, Jadir A, Hulme S, Ayodele M, Bone D, Tut E, Bruton R, Krutikov M, Giddings R, Shrotri M, Azmi B, Fuller C, Baynton V, Irwin-Singer A, Hayward A, Copas A, **Shallcross L**, Moss P. Lancet Healthy Longev. 2022 Jul;3(7):e461-e469. doi: 10.1016/S2666-7568(22)00118-0.
2. Duration of vaccine effectiveness against SARS-CoV-2 infection, hospitalisation, and death in residents and staff of long-term care facilities in England (VIVALDI): a prospective cohort study. Shrotri M, Krutikov M, Nacer-Laidi H, Azmi B, Palmer T, Giddings R, Fuller C, Irwin-Singer A, Baynton V, Tut G, Moss P, Hayward A, Copas A, **Shallcross L.**Lancet Healthy Longev. 2022 Jul;3(7):e470-e480. doi: 10.1016/S2666-7568(22)00147-7.
3. Outcomes of SARS-CoV-2 omicron infection in residents of long-term care facilities in England (VIVALDI): a prospective, cohort study. Krutikov M, Stirrup O, Nacer-Laidi H, Azmi B, Fuller C, Tut G, Palmer T, Shrotri M, Irwin-Singer A, Baynton V, Hayward A, Moss P, Copas A, **Shallcross L**; COVID-19 Genomics UK consortium. Lancet Healthy Longev. 2022 May;3(5):e347-e355. doi: 10.1016/S2666-7568(22)00093-9.
4. SARS-CoV-2 anti-spike antibody levels following second dose of ChAdOx1 nCov-19 or BNT162b2 in residents of long-term care facilities in England (VIVALDI). Stirrup O, Krutikov M, Tut G, Palmer T, Bone D, Bruton R, Fuller C, Azmi B, Lancaster T, Sylla P, Kaur N, Spalkova E, Bentley C, Amin U, Jadir A, Hulme S, Giddings R, Nacer-Laidi H, Baynton V, Irwin-Singer A, Hayward A, Moss P, Copas A, **Shallcross L.** J Infect Dis. 2022 Apr 16:jiac146. doi: 10.1093/infdis/jiac146.
5. COVID-19 prevalence and mortality in longer-term care facilities. Levin AT, Jylhävä J, Religa D, **Shallcross L.** Eur J Epidemiol. 2022 Mar;37(3):227-234. doi: 10.1007/s10654-022-00861-w.

6. Prevalence and duration of detectable SARS-CoV-2 nucleocapsid antibodies in staff and residents of long-term care facilities over the first year of the pandemic (VIVALDI study): prospective cohort study in England. Krutikov M, Palmer T, Tut G, Fuller C, Azmi B, Giddings R, Shrotri M, Kaur N, Sylla P, Lancaster T, Irwin-Singer A, Hayward A, Moss P, Copas A, **Shallcross L.** Lancet Healthy Longev. 2022 Jan;3(1):e13-e21. doi: 10.1016/S2666-7568(21)00282-8.
7. Changes in COVID-19 outbreak severity and duration in long-term care facilities following vaccine introduction, England, November 2020 to June 2021. Giddings R, Krutikov M, Palmer T, Fuller C, Azmi B, Shrotri M, Irwin-Singer A, Tut G, Moss P, Copas A, **Shallcross L.** Euro Surveill. 2021 Nov;26(46):2100995. doi: 10.2807/1560-7917.ES.2021.26.46.2100995.
8. The role of viral genomics in understanding COVID-19 outbreaks in long-term care facilities. Aggarwal D, Myers R, Hamilton WL, Bharucha T, Tumelty NM, Brown CS, Meader EJ, Connor T, Smith DL, Bradley DT, Robson S, Bashton M, **Shallcross L**, Zambon M, Goodfellow I, Chand M, O'Grady J, Török ME, Peacock SJ, Page AJ; COVID-19 Genomics UK (COG-UK) Consortium.Lancet Microbe. 2022 Feb;3(2):e151-e158. doi: 10.1016/S2666-5247(21)00208-1
9. Profile of humoral and cellular immune responses to single doses of BNT162b2 or ChAdOx1 nCoV-19 vaccines in residents and staff within residential care homes (VIVALDI): an observational study. Tut G, Lancaster T, Krutikov M, Sylla P, Bone D, Kaur N, Spalkova E, Bentley C, Amin U, Jadir AT, Hulme S, Butler MS, Ayodele M, Bruton R, Shrotri M, Azmi B, Fuller C, Irwin-Singer A, Hayward A, Copas A, **Shallcross L**, Moss P. Lancet Healthy Longev. 2021 Sep;2(9):e544-e553. doi: 10.1016/S2666-7568(21)00168-9.
10. Vaccine effectiveness of the first dose of ChAdOx1 nCoV-19 and BNT162b2 against SARS-CoV-2 infection in residents of long-term care facilities in England (VIVALDI): a prospective cohort study. Shrotri M, Krutikov M, Palmer T, Giddings R, Azmi B, Subbarao S, Fuller C, Irwin-Singer A, Davies D, Tut G, Lopez Bernal J, Moss P, Hayward A, Copas A, **Shallcross L.** Lancet Infect Dis. 2021 Nov;21(11):1529-1538. doi: 10.1016/S1473-3099(21)00289-9.
11. Incidence of SARS-CoV-2 infection according to baseline antibody status in staff and residents of 100 long-term care facilities (VIVALDI): a prospective cohort study. Krutikov M, Palmer T, Tut G, Fuller C, Shrotri M, Williams H, Davies D, Irwin-Singer A, Robson J, Hayward A, Moss P, Copas A, **Shallcross L.** Lancet Healthy Longev. 2021 Jun;2(6):e362-e370. doi: 10.1016/S2666-7568(21)00093-3
12. Spread of a Variant SARS-CoV-2 in Long-Term Care Facilities in England. Krutikov M, Hayward A, **Shallcross L.** N Engl J Med. 2021 Apr 29;384(17):1671-1673. doi: 10.1056/NEJMc2035906.
13. COVID-19 infection and attributable mortality in UK care homes: cohort study using active surveillance and electronic records (March-June 2020). Dutey-Magni PF, Williams H, Jhass A, Rait G, Lorencatto F, Hemingway H, Hayward A, **Shallcross L.** Age Ageing. 2021 Jun 28;50(4):1019-1028. doi: 10.1093/ageing/afab060.

14. Factors associated with SARS-CoV-2 infection and outbreaks in long-term care facilities in England: a national cross-sectional survey. **Shallcross L**, Burke D, Abbott O, Donaldson A, Hallatt G, Hayward A, Hopkins S, Krutikov M, Sharp K, Wardman L, Thorne S. Lancet Healthy Longev. 2021 Mar;2(3):e129-e142. doi: 10.1016/S2666-7568(20)30065-9.

2. List of the groups in which you have been a participant, and any relevant subgroups, and the relevant time periods.

I am a member of the SAGE Social Care Working Group. According to my records, the first time I attended a meeting of the SAGE SCWG was on 19/5/2020. I have been a regular participant in SAGE SCWG meetings until the group was stood down in 2022.

3. An overview of my involvement in the SAGE SCWG between January 2020 and February 2022

a) When and how I came to be a participant in the SAGE SCWG

There are two reasons why I became involved in this group:

- Health Data Research UK convened a meeting to bring together researchers who were undertaking data-driven research in social care to brainstorm ideas for how to rapidly address the lack of data on COVID-19 infections and related outcomes in this setting. As I had recently been awarded funding from the Economic and Social Research Council https://gtr.ukri.org/project/990A2272-BC05-4CAD-B240-6E6BF1DDBFA6) to set up a small research study in care homes, I was asked to join a meeting that was convened by Health Data Research (HDR) UK to brainstorm ideas for how to rapidly address the lack of data on COVID-19 in this setting. The HDR meeting took place on 11th May, 2020. Some members of the HDR group became members of the Social Care Working Group. I received an email from Go-Science on 10/7 seeking permission for my name to be listed on the SAGE website as a member of the SCWG.
- In parallel, I started attending SAGE SCWG with my DHSC colleague Alasdair Donaldson (from 19/5/2020 onwards) to report on progress from the Vivaldi study which we had started developing from 11/5/2020.

b) The number of meetings I attended and my contribution to those meetings

- According to my records, the first SAGE SCWG meeting that I attended was on 19th May 2020.
- I have attended the majority of the SAGE SCWG meetings which took place weekly until approximately April/May 2021 and twice per month thereafter. According to records held by the SAGE SCWG secretariat I attended 17 of 19 meetings that took place between May 2021 and February 2022.
- My main contribution to these meetings has been to present findings from the Vivaldi study. For example, in June/July 2020, I presented findings from the Vivaldi 1 study, a large scale survey of care home managers which was a

collaboration between the Office for National Statistics (ONS), UCL, PHE and DHSC. ONS published findings from the survey on ONS on 3rd July 2020 (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020). I have subsequently presented data on the prevalence of infection and re-infection in care home residents and staff (based on antibody testing e.g. https://www.thelancet.com/pdfs/journals/lanhl/PIIS2666-7568(21)00282-8.pdf; https://www.thelancet.com/pdfs/journals/lanhl/PIIS2666-7568(21)00093-3.pdf), provided data on the emergence of variants in care homes (https://www.nejm.org/doi/full/10.1056/NEJMc2035906), and provided evidence on the protective effect of vaccination against infection, hospital admissions and death and how this wanes over time (https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00289-9/fulltext, https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(22)00147-7/fulltext). All our research findings have been pre-printed at the earliest opportunity on MedRxiv, and have been published in peer reviewed journals.

- I have contributed to discussions about the interpretation of research findings for policy, and have participated in a handful of working groups / meetings on specific topics e.g. use of whole genome sequencing in care homes.

c) *My role in providing research, information and advice*

- My main role has been to provide timely updates on research outputs from the Vivaldi study. As a public health doctor and clinical academic specialising in infection, I have also contributed to discussions about public health policy, for example in relation to COVID-19 testing frequency, and the benefits and harms of visitor restrictions.

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 a member of the SAGE SCWG, I contributed to discussions informing the development of a range of documents, and have collective responsibility for these outputs alongside all the other members of the working group. I did not lead any documents which were produced by SAGE SCWG.

I regularly presented slides summarising findings from Vivaldi to the SAGE SCWG. Published outputs are listed here: https://www.ucl.ac.uk/health-informatics/research/vivaldi/vivaldi-publications

To the best of my knowledge, I have listed all the documents that were submitted to SAGE and/or to the SAGE SCWG which cited findings from Vivaldi in the Table below.

Date	Title and link (where available)	My role in the report
23 Sep 2020	Social Care Working Group COVID-19 and care homes – update paper (considered at SAGE 59 on 24/9/20) https://www.gov.uk/government/publications/scwg-covid-19-and-care-homes-update-paper-23-september-2020	Report based on a working group that I attended on 21/9/2020. I did not contribute to drafting this report, but the Vivaldi study is cited as a potential source of data to address evidence gaps
21 Jan 2021	What is the current evidence on duration of isolation periods in care home residents Paper commissioned by UKHSA Adult Social Care Covid-19 response cell, which was presented to the SAGE SCWG, but was not submitted to SAGE.	Co-author. I contributed evidence from Vivaldi on the relative severity of the Omicron variant compared to previous variants, and reductions in infectivity in vaccinated residents with breakthrough infections (before the Delta variant)
21 May 2021	SCWG Consensus statement March 2021: Estimating the minimum level of vaccine coverage in care home settings This paper was available for participants to read at SAGE 90 on 27/5/2021. https://www.gov.uk/government/publications/scwg-estimating-the-minimum-level-of-vaccine-coverage-in-care-home-settings-march-2021	I was not directly involved in the report, but it is likely that findings from Vivaldi on vaccine effectiveness informed some of the modelling that was undertaken in this report
26 May 2021	SCWG: What are the appropriate mitigations to deploy in care homes in the context of the post vaccination risk landscape? This paper was considered at SAGE 90 on 26 May 2021 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	Edited this document and contributed specific sections of text relating to the Vivaldi study relating to protection afforded by prior infection, estimates of vaccine effectiveness in residents, and evidence on the impact of full/statutory/no sickness pay for care home staff
26 May 2022	Consensus statement on the discharge of patients from hospitals and COVID 19 in care homes Direct commission from the Department of Health and Social Care https://www.gov.uk/government/publications/the-association-between-the-discharge-of-patients-from-hospitals-and-covid-in-care-	I read and commented on this paper but was not a lead author and did not contribute research findings in support of this question.

	homes/consensus-statement-on-the-association-between-the-discharge-of-patients-from-hospitals-and-covid-in-care-homes	

A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the SAGE SCWG and/or the UK's response to the COVID-19 pandemic.

- I have not given any interviews in relation to the work of the SAGE SCWG.
- I was interviewed by BBC News (29/3/2021) following the pre-print publication of our paper from the Vivaldi study on vaccine effectiveness in care homes, however this focused on our findings on the protective effect of vaccination and I did not comment on the UK's COVID-19 response. I have also spoken to journalists from the Guardian and the Daily Mail about our research findings in relation to vaccination (18/2/2022, https://www.theguardian.com/world/2022/mar/18/covid-immunity-declines-steeply-in-care-home-residents-study) and the Omicron variant (27/01/22, https://www.dailymail.co.uk/news/article-10443567/Sainsburys-asks-shoppers-CARRY-wearing-face-masks.html). I spoke to a journalist from the Guardian when we pre-printed findings from my ESRC funded study (15/7/2020, https://www.medrxiv.org/content/10.1101/2020.07.14.20152629v1), however I do not have a link to the press article.
- I have co-authored one editorial in the European Journal of Epidemiology which reflects on the factors that contributed to high rates of mortality in care homes. https://link.springer.com/article/10.1007/s10654-022-00861-w

Views as to whether the work of the SAGE SCWG in responding to the COVID-19 pandemic succeeded in its aims

- In my view, the composition of the group was appropriate comprising epidemiologists, public health specialists, geriatricians, GPs, social scientists, economists and representation from the care sector. The Four Nations were also well represented.

- The processes for commissioning work were not always clear to me, but I was quite removed from this process. There was clarity about who was required to contribute to specific papers or pieces of work.

- There was very limited secretarial support and the use of DHExchange to share documents did not work well, largely because it was difficult for people to edit documents simultaneously.

- I think the advice and recommendations that were given were appropriate, but the work of the group was often hampered by lack of evidence and data on which to base conclusions, particularly in the first year of the pandemic. It is extremely difficult to 'stand up' research studies or new systems for data collection at pace in care homes, which undermined the ability to collect data to inform the pandemic response.

- The core group worked effectively together and strong relationships were forged during the pandemic. It was a supportive environment which led to intense discussions and challenge where appropriate.

Views on lessons learned from the UK's response to the COVID-19 pandemic, in particular relating to the work of the SAGE SCWG.

- In my view the SAGE SCWG functioned increasingly effectively over time, as we developed ways of working together, built trust and began to have access to more data to inform decision-making. There is a wealth of expertise within this group, but to my knowledge there are no existing structures where this expertise could be brought together to learn lessons from the pandemic. I think it would be valuable for this group to continue in some form and be tasked with overseeing the development and delivery of a strategy to ensure care home staff and residents and staff from infections and future pandemics and other public health emergencies.

- A key lesson has been the need for better data infrastructure in care homes. Whereas data systems are well-established in primary care to monitor common infection syndromes in the community via the Royal College of General Practitioners Research Surveillance Centre (https://www.rcgp.org.uk/clinical-and-research/our-programmes/research-and-surveillance-centre) there is no equivalent system in care homes, despite the fact that these settings provide care to the most vulnerable members of society. My understanding is that lack of data infrastructure in social care is being addressed by the Department of Health and Social Care. This is essential to ensure we are prepared for future pandemics and other public health emergencies.

- The pandemic has highlighted the need for increased scrutiny of infection in vulnerable populations (e.g. care homes, prisons, homeless). At the start of the pandemic, there was no team within PHE who had specific responsibility for surveillance of infection in care homes. I understand that a new team has now been established within UKHSA which has responsibility for vulnerable populations.

- The remit of the SCWG was to provide scientific advice, but we sometimes strayed into discussions of operational issues. We were often reminded that operational issues were beyond our remit, but from a public health perspective it makes little sense to consider the science and its implementation separately, particularly in a complex setting such as care homes where there are many contextual issues that impact on intervention delivery. In my view it would be have been valuable to have increased representation of care providers in the SCWG, to ensure that the feasibility of interventions was considered alongside their scientific value.

A brief description of documentation relating to these matters that I hold

All the materials that I hold in relation to SAGE SCWG and its work are stored electronically on the UCL server, in DHExchange or published. This includes emails, powerpoint presentations, draft reports and publications. I do not have a record of which Vivaldi presentations were delivered at specific meetings, because we were working at pace and I was required to give a lot of presentations at very short notice. The SAGE SCWG is collating a timeline including the topics that were discussed at each meeting and lists of attendees, although this is likely to be incomplete for the first phase of the pandemic.
All published and/or pre-printed research publications are publicly available.