

STATEMENT TO THE UK COVID-19 PUBLIC INQUIRY
DR MARK ROBERTS, BRITISH GERIATRICS SOCIETY

I, Dr Mark Roberts, Chair of the BGS Northern Ireland Council from May 2017 – May 2022, say as follows:

1. The role of BGS

- 1.1 The British Geriatrics Society (BGS) was formed in 1947 with the overarching aim of improving healthcare for older people. The BGS works across all four nations of the UK, bringing together healthcare professionals interested in the care of older people.
- 1.2 The key office holder roles of the BGS (as relevant to this request) are President, President Elect, Chair of Northern Ireland Council, Honorary Secretary, Deputy Honorary Secretary and Chief Executive. The individuals holding these roles during the time specified is set out in table 1.

Table 1: Key BGS roles between 11 January 2020 and 15 February 2022

Individual	Role(s) held and terms
Professor Tahir Masud, Consultant Geriatrician, Nottingham University Hospitals NHS Trust	President, Nov 2018 – Nov 2020
Dr Jennifer Burns, Consultant Geriatrician, Glasgow Royal Infirmary	President Elect, Nov 2018 – Nov 2020 President, Nov 2020 – Nov 2022
Professor Adam Gordon, Professor of the Care of Older People, University of Nottingham; Consultant Geriatrician, Derby Teaching Hospitals NHS Foundation Trust	President Elect, Nov 2020 – Nov 2022
Dr Mark Roberts, Consultant Geriatrician, Western Health and Social Care Trust	Chair, Northern Ireland Council, May 2017 – May 2022
Dr David Attwood, GP Partner, Pathfields Medical Group	Honorary Secretary, Nov 2019 – Nov 2021
Professor Anne Hendry, Honorary Professor, University of the West of Scotland	Deputy Honorary Secretary, Nov 2019 – Nov 2021 Honorary Secretary, Nov 2021 – Present
Dr Ruth Law, Consultant Geriatrician, Whittington Health NHS Trust	Deputy Honorary Secretary, Nov 2021 – Present

Sarah Mistry	Chief Executive, Feb 2019 – Present
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- 1.3 The role of the President is to be the national figurehead of the organisation, representing the Society in the media and at meetings of other organisations. The President chairs the Trustee Board and works with the Chief Executive to determine the strategy and vision of the organisation. The President Elect acts as a deputy to the President and steps into the President’s role when the President demits. Individuals typically serve as President Elect for two years and as President for a further two years. Both the President and President Elect are Trustees of the BGS and are not paid for their time.
- 1.4 The Chair of the BGS Northern Ireland Council is the figurehead for the Society in Northern Ireland, responsible for chairing Council meetings and representing Northern Ireland members’ interests at the Trustee Board. The Chair of the Northern Ireland Council is a Trustee of the BGS and is not paid. While the Chair of the Northern Ireland Council typically serves a two year term, due to a lack of volunteers to take on this role, I agreed to extend my term and held this post for five years between May 2017 and June 2022 which encompasses the period of this inquiry. My successor started in post in June 2022.
- 1.5 The Honorary Secretary is responsible for the Society’s policy and influencing work, chairing the Policy and Communications Committee. On occasion, the Honorary Secretary may also deputise for the President or President Elect in the media or at external meetings. The Deputy Honorary Secretary supports the Honorary Secretary and steps into this role when the Honorary Secretary demits. Individuals typically serve as Deputy Honorary Secretary for two years and as Honorary Secretary for a further two years. The Honorary Secretary is a Trustee of the BGS. The Deputy Honorary Secretary is not a Trustee but attends Board meetings. Neither role receives payment for their time.
- 1.6 The role of the Chief Executive is to lead the staff team to deliver the strategy as agreed by the Board and members. The Chief Executive is a paid staff member.
- 1.7 BGS members are healthcare professionals working with older people. We currently have over 4,600 members, of whom 125 are in Northern Ireland. BGS membership is open to all healthcare professionals, medical students and student nurses and allied health professionals (AHPs). Currently nearly three quarters of our members are doctors with 45% of our membership in the senior doctor (consultant) category and

27% in the pre-consultant doctor category. 22% of our members are other healthcare professionals including nurses and AHPs and 6% are in our free membership category which includes students, preceptorship nurses and AHPs and foundation year doctors.

- 1.8 Given that BGS members care for older people and older people were one of the population groups most vulnerable to COVID-19, our members were at the forefront of the health service response to the pandemic. While the work of BGS continued in the most part, COVID-19 became a focus of the Society's work. We produced guidance aimed at supporting our members in navigating a pandemic that affected their patient group. While most of our guidance and publications at this time were aimed at audiences across the UK, we did publish one report specific to Northern Ireland which highlighted where good practice had been implemented as a result of the pandemic. In May 2020, NHS England called for examples of innovative practice implemented as a result of COVID which BGS responded to. We then adapted this report for Northern Ireland using local examples of good practice to complement the English examples. A copy of this report was sent to the Minister at the time, Robin Swann MLA, with a covering letter signed by myself and the BGS President at the time, Professor Tahir Masud. The Minister responded to this approach and forwarded the report to the Chief Executives of each of the Trusts in Northern Ireland with a covering letter recommending the report to them. Included with this statement of evidence is a copy of the report, the letter sent to the Minister from myself and Professor Masud, the letter from the Minister to BGS (addressed to our Policy Manager, Sally Greenbrook) and the letter sent from the Minister to Chief Executives of Trusts.
- 1.9 The BGS's journal *Age and Ageing* is the leading international geriatric medicine journal and in the months following the outbreak of the COVID-19 pandemic, articles about COVID comprised the vast majority of the submissions to the journal.
- 1.10 BGS organises educational conferences throughout the year to support our members in continuing their professional development. Our conference due to be held 1-3 April 2020 was cancelled due to the COVID-19 pandemic along with other smaller conferences until September 2020 when we started to host conferences online. Our spring 2021 conference was due to be held in Belfast but was instead held online. The then Health Minister in Northern Ireland, Robin Swann MLA, had agreed to open the conference and did so remotely. We can provide a recording of his opening address if required.

2. Assessment of impact

- 2.1 BGS did not make any assessment of the potential impact of the Northern Ireland Government's decision making prior to decisions being made by the Government. In May 2020, we commented publicly about the potential impact of lockdown on older people's physical and mental health and emphasised that older people should be supported to remain active during the lockdown. This comment remains publicly available and a copy is provided with this statement of evidence. However, it should be noted that this was not specific to Northern Ireland. We did not make any assessment of the actual impact of the Northern Ireland Government's decisions on older people.
- 2.2 We conducted two membership surveys in the timeframe specified, one in October and November 2020 and the second in April and May 2021. These surveys were intended to gather information about our members' experiences during the first and second waves of the COVID pandemic. While not directly about the impact of Government decisions on older people, some of the responses provided explored this issue. It should be noted that while these surveys were open to BGS members from across the UK, we received very few responses from Northern Ireland. The first survey received 425 responses in total, 11 of which were from Northern Ireland. The second survey received 174 responses in total, two of which were from Northern Ireland. The results of these surveys informed two reports *Through the Visor: Reflecting on member experiences of the COVID-19 first wave* and *Through the Visor 2: Further learning from member experiences during COVID-19*. Both of these reports remain available publicly and copies are provided with this statement of evidence.
- 2.3 BGS did not conduct any further research about the impact that decision making from the Northern Ireland Government was having on older people during the specified period.

3. Communication with the government in Northern Ireland

- 3.1 BGS only had one meeting with representatives of the Northern Ireland Government during the specified period. This meeting took place via Zoom on Wednesday 16 December 2020 and was attended by myself and Dr Jennifer Burns on behalf of BGS and Robin Swann MLA as Minister of Health at the time. BGS had no further contact with the Northern Ireland Government during the course of the period specified.

3.2 BGS requested the 16 December meeting to discuss our #BGSFairCare campaign with the Minister. This campaign set out ways in which we felt older people had been let down during the first wave of the COVID-19 pandemic and urged Governments across the UK to take steps to ensure that older people were protected in the second and subsequent waves. We suggested the agenda to the Minister's staff via email. We did not provide a written briefing to the Minister in advance of the meeting. A BGS staff member provided a written briefing to me and Dr Burns in advance of the meeting. The agenda for this meeting was as follows:

1. Introductions
2. Brief outline of #BGSFairCare campaign
3. Response from the Minister
4. COVID vaccine
5. Ambulance service providing patient transfers

3.3 While this meeting was scheduled to discuss COVID and older people, it is my recollection, and that of Dr Burns, that the meeting actually focused on the future workforce for older people's healthcare in Northern Ireland. Usually for ministerial meetings, a BGS staff member would attend in addition to officer holders and would take notes. However, the staff member concerned had a medical emergency on the day of the meeting and was unable to attend. As such, a staff member did not attend the meeting and there is no formal note of the meeting. Neither Dr Burns or I took notes from the meeting. After the meeting, Dr Burns verbally updated the BGS Chief Executive about the meeting. The Chief Executive then relayed this in an email to the Policy Manager. A copy of this email is provided with this statement of evidence. However, it should be noted that this is an informal email between two BGS staff members, neither of whom were present at the meeting. As such, this email should not be taken as a verbatim record of the meeting.

3.4 BGS did not have any informal or private communication with Ministers or civil servants in Northern Ireland and we are not aware of any BGS office holders who did have this type of communication with the Government.

4. BGS's advice or views

4.1 BGS did not provide any advice, assessment or opinions to the Government in Northern Ireland about the impact of their decision-making on older people.

5. Engagement relating to the UK Government's response to COVID-19

5.1 BGS did not have any meetings or correspondence with the UK Government regarding the impact of NPIs on older people in Northern Ireland.

6. Lessons learned

6.1 We do not feel that we have the necessary insight into the Northern Ireland Government's decision making processes during the pandemic to say whether adequate assessment was made of the impact on older people. However, we launched the #BGSFairCare campaign because we felt, across the whole of the UK, that older people had not been prioritised by Governments.

6.2 In November 2022, BGS published a report titled *Lessons from the COVID-19 pandemic*, which outlines ten lessons that we believe should be learned from the pandemic from the perspective of older people's healthcare. This report is in the public domain and a copy is provided with this statement of evidence. The lessons we identified were:

1. Treatment decisions should always be tailored to the individual patient – blanket decisions should never be applied to an entire patient group.
2. There is a need to ensure that a balance is achieved between protecting care home residents from a virus that could be fatal for them and also protecting the human rights of individuals to see their families and loved ones.
3. Services should be available and adequately funded to provide patients with the most appropriate care in the best place for them. For some patients this will be hospital. For others, it will not.
4. During a pandemic, particular attention should be paid to the risk of contracting the illness in patients admitted to hospital for unrelated illnesses and measures must be taken to prevent this happening.
5. Planning for the response to a pandemic should involve experts on the population most affected by the illness in question. These experts should be involved at the earliest possible stage.
6. Clinical trials must include the populations most at risk and most likely to benefit from the treatments being tested. In the majority of cases, this will include older people.
7. Quick development and rollout of the vaccine was essential. During a pandemic, sufficient funding should always be made available to ensure the scientists are able to collaborate and develop vaccines quickly.
8. A time of great crisis can also bring great innovation. Changes made during a crisis that are beneficial to patients should be retained.

9. Measures taken to curb the impact of a pandemic may have unintended but serious consequences on the health of many older people. These consequences must be identified as quickly as possible and mitigating action taken.

10. NHS workforce planning must cover three crucial elements: ensuring there are enough staff, ensuring all NHS staff have the skills they need to care for the ageing population and ensuring that staff are cared for mentally and emotionally and are supported to remain working in the NHS. The impact of not doing so may be catastrophic for individuals and society.

Thank you for the opportunity to participate in Module 2C of the COVID-19 Inquiry. I trust this statement of evidence provides all of the detail you require from the BGS. Should you require any further information, please contact our Policy Manager, Sally Greenbrook (s.greenbrook@bgs.org.uk), who will be able to make the necessary arrangements. I can confirm that I am willing, if necessary, to give evidence to the inquiry in person.

I declare that to the best of my knowledge and belief, the contents of this statement are true and accurate.

Yours sincerely,

Personal Data

Dr Mark Roberts

Chair, BGS Northern Ireland Council, May 2017 – May 2022

Consultant Geriatrician, Western Health and Social Care Trust

Documents provided with this statement of evidence

1. Beneficial innovations of the COVID pandemic in Northern Ireland (policy report)
[Exhibit MR/1 - INQ000220384]
2. Letter from Professor Tahir Masud and Dr Mark Roberts to Robin Swann MLA (personal correspondence) **[Exhibit MR/2 - INQ000220385]**
3. Letter from Robin Swann MLA to Sally Greenbrook (personal correspondence)
[Exhibit MR/3 - INQ000220386]
4. Letter from Robin Swann MLA to Trust Chief Executives (personal correspondence)
[Exhibit MR/4 - INQ000220387]

5. Statement from BGS about the potential impact of lockdown on older people's physical and mental health (media statement) **[Exhibit MR/5 - INQ000220388]**
6. Through the Visor: Reflecting on member experiences of the COVID-19 first wave (policy report) **[Exhibit MR/6 - INQ000220389]**
7. Through the Visor 2: further learning from member experiences during COVID-19 (policy report) **[Exhibit MR/7 - INQ000220390]**
8. Email from Sarah Mistry (BGS Chief Executive) to Sally Greenbrook (BGS Policy Manager) (personal correspondence) **[Exhibit MR/8 - INQ000220391]**
9. Lessons from the COVID-19 pandemic (policy report) **[Exhibit MR/9 - INQ000220392]**