UK COVID-19 INQUIRY

MODULE 3 HEARINGS

OPENING STATEMENT

on behalf of

PUBLIC HEALTH SCOTLAND

Introduction

1. Public Health Scotland ("PHS") welcomes this UK Inquiry which has been established to ascertain the UK's preparedness for and response to the Covid-19 pandemic, the impact of the pandemic across the four nations of the UK and the lessons to be learned.

2. PHS is a core participant in a number of Modules in this Inquiry, including Module 3. Whilst having separate representation for Modules 1 and 2A, its legal team has now merged with the legal team of another core participant, namely NHS National Services Scotland ("NHS NSS"). This will provide a more efficient service both for these core participants as well as for the purposes of assisting the Inquiry. Nonetheless, PHS wishes to emphasise that it is a standalone independent body and wishes to have a separate opening statement made on its behalf.

3. PHS is conscious that, although the Inquiry team is aware of the organisation PHS, the wider public may not know what PHS is or does or why it is a core participant in this Module. This opening statement, therefore, contains a brief introduction first to the NHS in Scotland, and then to PHS, explaining its roles and its interest in this Module of the Inquiry.

The NHS in Scotland

4. Health, social care policy and funding, including public health policy, are devolved to the Scottish Parliament. However, the NHS in Scotland is and has always been separate to the NHS elsewhere in the UK since its establishment by virtue of the National Health Service (Scotland) Act 1947. Prior to legislative and executive devolution in 1999, the Secretary of State for Scotland had responsibility for health in Scotland.

5. The Scottish Government oversees the activities of the NHS in Scotland. It sets national outcomes and priorities for health and social care, approves plans with the

territorial and national NHS Boards and manages the performance of the NHS Boards.

6. NHS Scotland consists of 14 territorial NHS Boards, which are each responsible for the protection and improvement of health and the delivery of frontline healthcare services to the population within the particular Board's geographical area.

7. There are also seven national NHS Boards (Golden Jubilee National Hospital; Healthcare Improvement Scotland; National Education Scotland; NHS24; Scottish Ambulance Service; The State Hospital and PHS). PHS is distinct in that it is jointly accountable to both the Scottish Government and the Convention of Scottish Local Authorities ("COSLA"). In addition, there is NHS NSS which is a non-departmental public body.

Creation of PHS

8. It is important to note that PHS is a relatively young organisation. It came into existence legally in December 2019, becoming operational on 1 April 2020, at around the start of the Covid-19 pandemic and at the time of the first UK-wide lockdown.

9. Prior to that, responsibility for protecting the Scottish public from infectious diseases and environmental hazards fell to a different organisation, namely Healthcare Protection Scotland ("HPS") which was a part of NHS NSS. Elements of HPS moved to PHS on 1 April 2020. However, one element of HPS, namely Antimicrobial Resistance and Healthcare Associated Infection Scotland ("ARHAI Scotland"), remained, and still remains, a part of NHS NSS.

10. When PHS was created, many of the staff and functions of HPS were transferred over to PHS. As a result of the pandemic, at the time of PHS's launch, there required to be a rapid re-thinking of a number of plans in relation to the organisation which had been put in place over a number of years previously. It is fair to say that the organisation faced a number of coalescing and difficult challenges at that time

The role of PHS

11. PHS is Scotland's national public health body. It is the lead national organisation in Scotland for improving and protecting the health and well-being of Scotland's population. It was created after a Public Health Reform Programme in Scotland which was designed, amongst other things, to strengthen national leadership in public health. The rationale for its creation was to establish a unified public health organisation with a focus on improving and protecting the health and wellbeing of

Scotland's population, and, no less importantly, reducing societal health inequalities.

12. It seeks to identify and understand what has been scientifically shown to improve and protect health and reduce inequality nationally. It then shares that knowledge with relevant persons and organisations. In carrying out its role it collaborates extensively with the private, public and third sectors. The organisation draws upon a range of expertise within its staff to deliver these objectives: including healthcare consultants, data professionals and healthcare scientists.

13. PHS, however, is not involved in many of the practical aspects of maintaining public health at a community or local level. Many of the steps to support the control of the pandemic at a local level were performed by public health teams within Scotland's 14 territorial health boards. Neither is PHS involved in regulation or inspection activities (and as such, was not responsible for inspecting care homes during the pandemic) nor is it involved in the development of infection and prevention control ("IPC") guidance, which is a matter for NHS NSS.

14. Owing to devolution, PHS operates in a different context to its counterparts in the other UK nations. PHS is committed to helping the Inquiry navigate the complexities that this will inevitably create for a UK-wide investigation.

15. In terms of its relationships with others, PHS is accountable to both the Scottish Government and local government reflecting the fact that public health in Scotland is viewed as a shared endeavour, of local and national government. Indeed, PHS is uniquely sponsored by the Scottish Government and COSLA on behalf of local government. On a day-to-day level, PHS collaborates across public and third sectors.

16. In the early days of the pandemic the organisation faced a number of 'bedding in' issues, including challenges around staff, information systems, governance and creating a new cohesive organisational culture from the three legacy bodies. Moreover, PHS's opening budget and staffing levels were not sufficient for PHS to deliver the health protection response required by the pandemic. Additional funding was helpfully provided by Scottish Government, but for a period, there was a shortage of personnel within PHS trained and experienced in pandemic response. Although PHS considers that, at an organisational level, it nevertheless responded well during that period, this was not without a cost. It recognises and acknowledges that this would not have been possible without the enormous dedication of its staff and their willingness to work long hours over sustained periods. That, combined with stressful working conditions, without a doubt, adversely impacted on staff health and

wellbeing, as indeed was the case throughout many parts of the NHS, local government and beyond.

17. Despite the pressure of being very much on the frontline of the nation's response to dealing with the Covid-19 pandemic, in September 2020 PHS published a three-year strategic plan setting out its goals for Scotland, focusing on four cross-cutting areas: Covid-19; community and place; poverty and children; and mental wellbeing.

18. The original strategy was strengthened in November 2022 with the publication of a new three-year plan. This plan built on the 2020 strategic plan and set out PHS's purpose as Scotland's national public health body: to lead and support work across Scotland to prevent disease, prolong healthy life and promote health and wellbeing.

Specific role during the Covid-19 pandemic

19. During the Covid-19 pandemic, PHS had a major role leading, and contributing to, Scotland's response across a range of areas. Its scientific knowledge and expertise were relied on by the Scottish Government and the organisation was widely viewed as a key source of data, information, and advice. In particular, PHS worked with, or supported, the Scottish Government in relation to the following:

    (i) PHS supported the Scottish Government's modelling of future projections of the pandemic through the provision of data and intelligence on case numbers, demand for acute beds and workforce absence.

    (ii) PHS advised the Scottish Government on the development of its national testing strategy as part of the wider national Covid-19 response and led the development of a whole genome sequencing for Scotland.

    (iii) PHS advised the Scottish Government on the development and roll out of its Test and Protect programme and played a major role in the delivery of the national contact tracing service.

    (iv) PHS shaped the digital infrastructure that supported the response. This included the creation of the PHS dashboard and publication of weekly and other statistical reports.

Interest in Module 3

20. In this Module 3, the Inquiry will focus on the impact of the Covid-19 pandemic on healthcare systems in the four nations of the UK. It will consider governmental and

societal responses to the pandemic and will dissect the impact the pandemic had on healthcare systems, patients and health care workers. Particular matters for scrutiny include healthcare governance, primary care, NHS backlogs, the effects on healthcare provision by vaccination programmes as well as long covid diagnosis and support.

21. PHS has submitted three corporate statements in response to three rule 9 requests and has contributed to a separate submission on data (lodged by the Intensive Care National Audit and Research Centre ("ICNARC")) in relation to the matters to be considered by the Inquiry in this Module 3. PHS is particularly interested in the way in which data and guidance played a role in relation to the matters under consideration in this Module.

Involvement in the provision of intelligence and data

22. The use of data was particularly important in the response to the pandemic and a number of initiatives proved very effective. PHS was the primary source for data and intelligence on the pandemic. Daily figures were produced on the number of tests conducted, the number of confirmed cases, the test positivity rate and mortality figures. Public reporting took place seven days a week, 365 days a year on both the PHS and Scottish Government websites.

23. PHS monitored and published information on Covid-19 hospital admissions using the Rapid and Preliminary Inpatient Data ("RAPID") tool. In additional, PHS carried out work to identify and report on discharges from NHS hospitals to care homes during the first wave of the pandemic (and specifically the period from March to May 2020).

24. The Scottish Intensive Care Society Audit Group ("SICSAG") became a part of PHS in April 2020. It aims to improve the quality of care delivered to the most severely ill or injured patients and patients with complex needs by monitoring and comparing activities and outcomes in critical care units (specialist hospital wards). During the pandemic it rapidly repurposed its reporting systems, which usually operate on a monthly basis, to develop a daily flow of data from all intensive care units in Scotland.

25. There are four initiatives which PHS considers were very successful and worthy of note:

    (i) PHS developed a range of effective data and analytic outputs that included robust estimates of the number of people with Covid-19 in Scotland, hospitalisations and deaths. Where possible, deprivation and ethnicity data,

with information relating to underlying health conditions, were provided. The information was widely shared within UK organisations such as the Scientific Advisory Group for Emergencies ("SAGE") and the New and the Emerging Respiratory Virus Threats Advisory Group ("NERVTAG"), but also with international agencies including the World Health Organisation ("WHO"), the European Centre for Prevention Disease and Control ("ECDC") and the Centre for Disease Control and Prevention ("CDC") in the US. The sharing of information and data with international colleagues was invaluable and allowed assumptions to be tested whilst additionally giving early insights into new findings.

(ii) The PHS daily dashboard was considered by many to be a very valuable tool. The platform allowed the public, local authorities and the Scottish Government to gain immediate access to Covid-19 data in an accessible and easy to use format that promoted understanding of the relevant information. As a testament to its success, it was accessed more than 50 million times during the pandemic. Such "data visualisation" was crucial in relation to the Scottish Government's communication with and subsequent engagement by the public. The dashboard was publicly available, updated daily and often referred to in Scottish Government's press releases and media appearances. It also improved over time as more data became available.

(iii) PHS worked with the University of Edinburgh to restart a data reporting system, the Early Pandemic Evaluation and Enhanced Surveillance ("EAVE project"). It had been used in the Swine Flu pandemic of 2009 but had been in hibernation since then. The project was renamed EAVE II and went on to gather vital intelligence about issues such as the spread of the disease, impact on health, and critically, vaccine effectiveness. The project received international attention when it published one of the first evaluations into the effectiveness of Covid-19 vaccinations. EAVE II findings showed that the Oxford-AstraZeneca and Pfizer-BioNTech vaccines reduced the number of people being hospitalised with Covid-19. Randomised controlled trials had already shown the vaccines were safe and effective, but EAVE II provided the first evidence that it had an effect at a national level. Scotland's size and data infrastructure, plus the speed of the rollout of the vaccination programme, meant that the EAVE II consortium was the first in the world to be able to publish such findings.

(iv) PHS worked with the Usher Institute at the University of Edinburgh, the University of Glasgow, Glasgow Caledonian University and the University of Strathclyde on the REACT-SCOT case control study (Rapid Epidemiological Analysis of Comorbidities and Treatments as risk factors for Covid-19 in Scotland). This study sought to identify risk factors for severe Covid-19 and to lay the basis for risk stratification based on demographic data and health records. This showed that, along with older age and male sex, severe Covid-19 is strongly associated with past medical conditions across all age groups; the risk to younger individuals without any recent history of hospital admission or use of prescription drugs was, therefore, very low. PHS was included in the REACT-SCOT consortium looking at the risk of Covid-19 hospitalisation among healthcare workers (aged between 18 and 65 years old), their households and other members of the general population. The findings showed that during the first peak of the pandemic, whilst the absolute risk remained low, patient-facing healthcare workers were at three-fold higher risk of hospitalization with Covid-19 than the general population and individuals living in the same households as a patient-facing healthcare worker were at two-fold higher risk than the general population. The results helped inform action to protect those healthcare workers at greatest risk. PHS led a follow-up study through the REACT-SCOT consortium to explore the risk of severe Covid-19 specifically among shielding people. This showed that: the shielding programme correctly identified people at higher risk of severe Covid-19; the risk of severe Covid-19 varied between the different clinical shielding conditions; and the efficacy of shielding vulnerable individuals was limited by the inability to control transmission in hospital and from other adults in the household.

26. The pandemic also highlighted data related areas where PHS considers there was, and is room for improvement:

(i) In relation to data collection, the current system is built on a suite of older technologies and could be significantly improved to increase resilience. For example, the Electronic Communication of Surveillance in Scotland ("ECOSS") system was critical during the pandemic but was prone to failure due to the volume and speed of transactions.

(ii) The sharing of data across organisations was not straightforward because of variance in systems used. Routine sharing of data with, and by, trusted NHS

authorities under updated information governance arrangements are essential. Progress was made during the pandemic but there is a risk that it may slip back.

(iii) The sharing of data between the four nations of the UK to support the management of incidents was challenging and continues to be.

Involvement in preparing guidance

27. ARHAI Scotland was responsible for producing certain health protection guidance during the pandemic, such as IPC guidance in healthcare and community settings. Prior to 1 April 2020, ARHAI Scotland was a part of HPS (a predecessor of PHS). When PHS was established on 1 April 2020 (and certain elements of HPS were transferred over to PHS), this responsibility stayed with ARHAI Scotland which remained, and still remains, a part of NHS NSS. The guidance had the important function of informing what action was necessary to combat Covid-19 infection and contained elements directed both to health protection and IPC. However, the guidance served a further important purpose: to operationalise Scottish Government policy. A process known as the policy alignment check ("PAC") was agreed between PHS and the Scottish Government in order to achieve this purpose.

Public messaging

28. A related matter concerns public messaging. Whilst pandemic messaging was led by the Scottish Government, PHS played an important supportive role. PHS worked closely with ARHAI Scotland as well as local and national NHS Boards to ensure continuity of and congruence of public health messaging in tandem with Scottish Government direction.

29. This included: providing data to support daily briefings and supporting Scottish Government scientific media briefings; sharing information with the public and stakeholders through news articles; sharing information with the public and stakeholders through social media; working with NHS24 to ensure that the NHS Inform website was kept up to date with information for the public; leading marketing campaigns including providing social media materials to be used to raise awareness that some screening services were temporary paused and what to do while waiting; and countering misinformation and disinformation with facts presented in a clear and accessible way.

30. Public messaging in hospitals and other healthcare settings, public messaging was

the responsibility of the local NHS Board, utilising information materials such as posters and leaflets, either produced locally or accessed from a national health board.

Conclusion

31. PHS offers its condolences to all those bereaved as a result of Covid-19 and its sympathy to the wider public who suffered and still suffer as a result of the far-ranging effects of the pandemic and covid.

32. PHS's publicly stated values include respect, collaboration, innovation, excellence and integrity. As a public body, PHS understands the responsibility it owes to the Inquiry and to the people of Scotland and it will continue to support the Inquiry's work in any way it can. PHS believes it has much to contribute and share by way of experience and expertise, but equally important from PHS's perspective, it is keen and committed to learn from the Inquiry.

23 August 2024

Mark Boni, Advocate
Counsel for
PHS

NHS Central Legal Office
Solicitor for PHS