Witness Name: Prof Gabriel Scally
Statement No.
Exhibits:
Dated:

UK COVID-19 INQUIRY

WITNESS STATEMENT OF GABRIEL SCALLY

I, Gabriel Scally, will say as follows: -

1) My relevant qualifications are as follows: MB, BCh, BAO, Queen's University of Belfast, 1978; completed training in General Practice in 1981; MSc in Community Medicine, University of London, 1982; MFPH, 1984; specialist accreditation in community medicine, 1986; and Membership or Fellowship in the Royal College of General Practitioners, the Faculty of Public Health (UK), the Faculty of Public Health Medicine (Ireland), and the Royal College of Physicians (London).

2) I am a public health physician who has also trained in general medical practice. I have held consultant and director posts in public health within the health service in Northern Ireland and England and the Department of Health in England from 1989 until 2012. During this career, I have been involved in contingency planning for health emergencies and responding to multiple serious incidents and episodes with public health consequences. I am the author of many scientific papers and policy documents, and I've been involved in or conducted reviews of serious failures within health services in the UK and elsewhere. I am a visiting professor in public health at the University of Bristol, researching health and the built environment.

3) Sir David King invited me to become a member of Independent SAGE at its inception. (I was also an active member of the Irish Scientific Advisory Group on Covid (ISAG), which operated on an All-Ireland basis.) I was a full member of

Independent SAGE from its inception in May 2020 until Dec 2022. During that time, I participated in all the activities associated with Independent SAGE, including its regular weekly planning meetings and public briefings, preparing briefing documents and statements, speaking to other audiences at public meetings, and responding to media requests for interviews and written commentaries.

4) My primary expertise has been improving the effectiveness and efficiency of health services, central and local government institutions, statutory bodies, and performance management of failing or failed organisations affecting public health. Regarding TTI, I was primarily interested in the programme's scope, organisation, and delivery. I was particularly interested in case-finding and the system that was being established. Two things were clear to me.
    A) Firstly, the response to COVID-19 was seriously impeded by the structural changes that had taken place in regional and local governance systems since 2010. These included the abolition of regional bodies, such as the Government Offices for the Regions, Strategic Health Authorities, and Regional Observatories. The regional arrangements had shown their worth in earlier crises, such as the fuel tanker dispute and the response to vCJD/Mad Cow Disease.
    B) The changes at a local level also created a severe deficiency in the organisation on the ground with the abolition in 2013 of the locally-based Primary Care Trusts (PCTs). PCTs generally shared boundaries one-to-one with the relevant top-tier local authority. They had been working in local strategic partnerships on Local Area Agreements and Local Public Service Agreements. GP-led Clinical Commissioning Groups (CCGs) took over some of the responsibilities of the PCTs. Notably, responsibility for public health was transferred to local authorities with diminished resources and a near-universal demotion of the Director of Public Health post from its prescribed Board Director role in the NHS.

5) The first substantial paper to which I contributed was the Independent SAGE document of the 12th of May 2020 titled *'COVID-19: what are the options for the UK? Recommendations for government based on an open and transparent examination*

of the scientific evidence (GS/1) **[INQ000249693].** The key points on Testing and Tracing from the paper and expressing the view of Independent SAGE at that early point were as follows:

a) Testing Capacity and Integration Issues: The paper highlights a perceived lack of testing capacity, exacerbated by Public Health England's (PHE) administrative separation from NHS laboratories. This separation delayed the delegation of testing initiatives to hospital laboratories, resulting in a mixed model for SARS-CoV2 PCR testing involving PHE, NHS, and Lighthouse laboratories. The lack of integration, particularly with data from the Lighthouse-led testing program, has been a concern, especially for care home testing.

b) Suboptimal Testing Strategy: Recent modelling suggests that the current testing strategy may not be optimal for pandemic control. The paper emphasises the need for a more integrated approach to testing, moving away from emergency Lighthouse laboratories to a normalised capacity across existing PHE/NHS laboratories. This integration is crucial for monitoring future waves of infection and local outbreaks.

c) Point-of-Care Testing: The paper suggests that the local use of forthcoming point-of-care (POC) PCR tests in primary care or community settings could play an important role. However, sufficient integrated NHS/PHE data sharing would be required for this to be effective.

d) Testing as Part of a Broader Process: Independent SAGE underlines its view that testing should be viewed as one component of a broader pathway from initial symptoms to diagnosis and subsequent clinical or infection control processes. The focus should not solely be on the total number of tests or test capacity but on an integrated prevention and infection control structure.

e) Integration with Local NHS Capacity: The paper stresses the importance of integrating mass drive-in test centres with local NHS capacity to support local contact tracing and strategically target the most at-risk groups.

f) Contact Tracing and App-Based Solutions: With further waves of the epidemic likely, contact tracing must resume. The paper advocates for locally led, nationally coordinated, and funded teams to trace, find, and test contacts. It also discusses the potential advantages and challenges of app-based contact tracing, including privacy and data security concerns.

g) Measures to Keep R Low: The paper argues that even a moderately effective test, trace, and isolate policy, alongside social distancing measures, could be enough to contain COVID-19 outbreaks. It emphasises that perfect tracing is unnecessary when implementing a case-finding, test, trace, and isolate policy.

6) On the 15th of May 2020, I was the lead author of an editorial published in the British Medical Journal. The paper was titled *The UK's public health response to covid-19* (GS/2) **[INQ000499040].** It was highly critical of the government's approach to testing and tracing. The 'pivoting' in March 2020 of testing resources towards hospital use only was entirely contrary to the established principles of community containment and left the country with no plan for finding new cases, isolating them, and contact tracing. The paper called for a clear population strategy based on case finding, testing, contact tracing and isolation. It also indicated that this policy was required for each of the four nations. The paper had substantial reach, achieving 250,000 full views by the end of May.

7) The next significant Independent SAGE contribution on Testing and Tracing was published on the 9th of June 2020. It reflected in its title the strong view of the group that the government approach was too narrow and was proving ineffective. The consultation report was titled, *'Towards an Integrated Find, Test, Trace, Isolate, Support (FTTIS) response to the Pandemic'* (GS/3) **[INQ000553580].** This was a comprehensive set of proposals for implementing an effective Find, Test, Trace, Isolate and Support system. It included elements that were not integrated within the government's system but were, in our collective view, crucial in bringing COVID-19 under control. We knew that it was a different and more comprehensive approach and, therefore, produced our proposals as a consultation document.

8) The Independent SAGE document produced as a result of the consultation was made public on the 17th of June 2020. It made a series of recommendations designed to replace a narrowly drawn, ineffective and disconnected system with something that would enable the pandemic in the UK to be brought under control and kept under control. The main points and recommendations arising from the report were as follows.

a) Integration with Existing Networks: The FTTIS system should be embedded within existing local networks, utilising resources like local authorities and their DPHs, health services, and environmental health officers to ensure robust case finding and monitoring of infection upsurges.

b) Building Trust: Trust is fundamental to the success of FTTIS. This involves transparency about test accuracy, accountability mechanisms for evaluation, and effective community engagement to discuss implementation and solutions.

c) Data Management: Implement a rigorous system to ensure FTTIS data flows are integrated within NHS, local authority, and PHE systems, providing real-time access to granular data for local responses. This requires smooth integration between disparate datasets.

d) Community Engagement: High-quality information must be provided to the community, with appropriate governance and privacy safeguards to ensure trust and engagement. Apps should be implemented within this framework.

e) Support for Isolation: Facilities and material support, including food and financial assistance, must be available for those asked to isolate. Guarantees from employers are necessary to ensure that individuals are not disadvantaged during isolation.

f) Culturally Sensitive Approaches: Develop culturally tailored resources and ensure contact tracing is accessible to all, including those without smartphones or English literacy. Training for contact tracers should provide culturally sensitive communication.

g) Local Control and Oversight: Local authorities should have the power to impose temporary restrictions and manage tracing programs to build trust and effectiveness. A clear oversight system is needed for continuous evaluation and improvement of FTTIS.

h) Public Awareness and Access: Ensure equitable access to testing and awareness of symptoms. Effective management and communication are essential for the success of FTTIS.

i) Quality Assurance: Establish a quality assurance system for testing programs, using key indicators to evaluate FTTIS effectiveness. Monitoring suspected cases and deaths daily is essential for public health.

9) On June 19, 2020, Independent SAGE issued a press release highly critical of the chaotic and haphazard testing approach and the serious gaps in the available data (GS/4) **[INQ000587589].**

10) On the 16th of October 2020, we published an Independent SAGE report entitled "*A blueprint to achieve an excellent Find, Test, Trace, Isolate and Support system.*" (GS/5) **[INQ000145926].** This was perhaps the most explicit and direct of our documents and was written because of the complete failure to take on board any of the key points Independent SAGE and others made about the deficiencies in the government's testing and tracing system. We were well aware that the eye-watering sums devoted to the government system were not being spent effectively and could be of much more value if used to fund a more efficient and effective system, such as we had been advocating for months. England's existing testing and tracing programme had been ineffective, leading to reliance on lockdowns that cause significant economic and social disruptions. The recommendations aimed to create a more precise and effective system to control the virus without resorting to further broad restrictions. By this point, the UK's economy had substantially declined, with a 20% drop in GDP in the second quarter of 2020. The recommendations were necessary to prevent further economic damage by implementing a more efficient public health response. There had been a public disengagement from the current testing and tracing programme due to confusion, distrust, and various barriers. The recommendations emphasised improved communication and public engagement strategies to enhance participation and effectiveness.

11) The main recommendations were:

a) Integration with National Health Services: The paper emphasises that the response to COVID-19 should be fully integrated within the national health service and public health system, focusing on local-level implementation.

b) FTTIS System: A comprehensive Find, Test, Trace, Isolate, and Support (FTTIS) system is crucial. The paper calls for replacing the current system with one rooted in local regions and integrated with the NHS.
c) NHS England's role: NHS England should lead the national organisation and provide infrastructure and logistics for the FTTIS system.
d) Local Leadership: In each top-tier local authority, the local Director of Public Health should lead and manage the FTTIS system in collaboration with the local NHS and local authorities.
e) Laboratory Capacity: To enhance laboratory capacity, which is vital for controlling the virus, it is recommended that a national COVID testing consortium be established under NHS management.
f) Supported Isolation: The paper suggests replacing self-isolation with 'supported isolation,' offering assistance with accommodation, domestic help, and financial support up to £800 to ensure effective isolation.
g) Communication and Public Engagement: Effective communication strategies are necessary to encourage testing and participation in contact tracing. These strategies should focus on local and regional media and specifically target BME groups.
h) Practical and Social Support: To facilitate effective isolation, practical support, such as shopping for essentials, should be arranged for those who are isolating.
i) Vaccination Efforts: The FTTIS program should spearhead local vaccination efforts in collaboration with general practices and community care settings, preparing for mass vaccination if needed.

12) I would like to note some of my other contributions to public understanding of the pandemic, either before the creation of Independent SAGE or parallel to my participation.
13) Early in the pandemic, I expressed my grave concern that the public health system in England could not respond effectively to the crisis appropriately, and this was in no small measure due to the changes that had been made to the public health system since 2010 (GS/6) **[INQ000587585].** This was not a new concern. In oral evidence to the House of Commons Communities and Local Government Committee on 26 November 2012, I expressed my grave concerns about the ability of the NHS and the

public health system to work effectively under the new structures being created at the time and what would happen in a severe crisis

14) While playing an active role in Independent SAGE, I also developed a particular interest in the changing structures that, in my view, were inhibiting rather than facilitating an adequate and effective response to COVID-19. Specifically, I again expressed grave concern about the deterioration of the public health system and the abolition of Public Health England **(GS/7) [INQ000587586].**

15) In my view, the most serious issue for the inquiry arising from the failure of TT&I is the absence of efficient and effective public health structures at the national, regional, and local levels in England. The removal of public health from the NHS, the reduced standing of the Director of Public Health at the local authority level, the absence of an ordinate leadership function at the regional level, and the appointment of Chief Medical Officers from a solely clinical background rather than doctors possessing specialist training in the specialty of public health medicine, are four of the most glaring deficits that have been created in the last 15 years

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: PD

Dated: 4th June 2025

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