

Witness Name: Peter Ellingworth

Statement No.: 1

Exhibits: ABHI-01 to ABHI-26

Dated: 13th May 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF PETER ELLINGWORTH

I, Peter Ellingworth, will say as follows: -

1. I make this witness statement further to receipt of the Rule 9 letter from the Public Inquiry ["Inquiry"] addressed to the Association of British HealthTech Industries ["ABHI"] dated 12 December 2024 [the "Inquiry's letter"] in relation to those areas covered by the Provisional Outline of Scope for Module 7. I have prepared this witness statement to assist the UK COVID-19 Public Inquiry in its understanding of ABHI and in response to ten questions under two topic headings as set out in Annex A of the Inquiry's letter. As requested, this statement will mainly focus on the period between 1 January 2020 and 28 June 2022 ["the relevant period"].
2. I am conscious of the significance and the importance of the Inquiry's work, ABHI values the opportunity to participate in this Inquiry. On behalf of ABHI staff and our members, I would like to start by expressing my deepest sympathy to all those who lost loved ones during the COVID-19 pandemic and those affected in many other ways, including those that continue to be affected.
3. I am Chief Executive of ABHI - a position I have held since October 2008. Prior to this I held a variety of roles in industry (UK and international) and I graduated with a degree in industrial economics.
4. I make this written statement to the best of my knowledge and belief, based upon the information available to me in my role as Chief Executive of ABHI and from

facts within my own knowledge. I have also consulted with my staff in order to be able to answer the Inquiry's questions as completely as possible. In addressing some questions, I am relying on the memory of others regarding events which happened over five years ago in a challenging environment. However, I have tried to verify information and where the facts stated are not within my own knowledge, I believe them to be true.

5. I have tried to address the specific questions but have found that in some instances it made sense to answer several questions together in one answer in order to avoid repetition and to provide a more coherent and complete answer.

About ABHI

6. ABHI is the industry association for health technology businesses operating in the United Kingdom. It is a membership organisation governed by a Board of Directors with individuals elected to it from ABHI membership. ABHI is a private company limited by guarantee without share capital.
7. ABHI's aims, as stated in its Byelaws are
 - i. The overall aim of the Association of British HealthTech Industries is to promote the legitimate interests of the HealthTech industry in the United Kingdom in a manner that is fair and balanced, having regard to the interests of patients, doctors and other HealthTech professionals, the regulatory authorities and of hospitals, clinics and other healthcare providers.
 - ii. The Association of British HealthTech Industries may engage in activities which include, but are not limited to, the following functions:
 - a) promotion, conduct and dissemination of research on issues impacting the HealthTech industry;
 - b) education of Members, lawmakers, the media and the public about HealthTech issues;
 - c) comment and advocacy in connection with any matter impacting the HealthTech industry.

- iii. The above list is not exhaustive, and the Association of British HealthTech Industries may engage in any activity that legitimately contributes to the achievement of its overall objectives.
8. I describe ABHI as the collective voice of its members, advocating for their interests and concerns on both local and global issues. ABHI plays an important role for its members, as well as the broader industry, through leading the development of policy, facilitating partnerships, and providing forums for members and stakeholders to collaborate on addressing common and complex problems. I categorise health technologies as medical devices, diagnostic tests and digital health technologies. I and the ABHI team engage with a wide variety of stakeholders including Government bodies, NHS and healthcare providers, regulatory authorities, industry partners, academic and research institutions, as well as patients and patient groups.
9. ABHI members range from multinational businesses through to small and medium sized enterprises who research, develop, manufacture or distribute health technologies in the UK and globally. Membership of ABHI also comprises professional services firms that support the industry. It is a condition of ABHI membership that a company adheres to the ethical standards set out in the ABHI Code of Ethical Business Practice. The Code stipulates the minimum standards which should apply to members' business practices in the UK, Europe and elsewhere.
10. As regards membership, ABHI has the following main categories:
 - a) "Company Members": businesses involved in the design, manufacture, distribution, marketing, service or repair of health technology products, or in the provision of services;
 - b) "Professional Members": professional services organisations supporting the HealthTech industry;

- c) "Trade Association Members": these are other Trade Associations representing companies supplying health technology products and services;
- d) "International Corporate Members" and "International Associate Member" – health technology businesses incorporated outside of the UK with no UK registered office.

11. On 1 Jan 2020, ABHI staff comprised of 14 employees. Through the course of the relevant period staffing changes took place and in September 2021 we made small changes to our leadership team in order to meet future needs of the health technology sector. ABHI-01 INQ000547870 broadly highlights roles and responsibilities as a result of those changes. My direct reports were:

- Managing Director, International*
- Managing Director, Diagnostics*
- Director, Digital Health*
- Director, Strategy*
- Director, Diagnostics Regulation*
- Director, Regulatory & Compliance*
- Director, Value & Access*
- Chief Operating Officer and Finance Director*
- Senior Manager, Operations

12. The ABHI leadership team comprised the individuals above marked with an asterix, together with myself and the Associate Directors of External Affairs and Communications.

13. The Director, Diagnostics Regulation was recruited in September 2020. The Managing Director, Diagnostics previously held the role of Chief Operating Officer and operational leadership responsibilities transferred to the Chief Operating Officer and Finance Director, who joined ABHI in September 2021. The role of Sustainability Executive was recruited in March 2022.

14. Like many organisations I had to ensure staff and members were supported through a challenging time. From March 2020 until late 2021 ABHI's predominant focus was to assist members manage the impact of the pandemic on their businesses. For instance, smaller ABHI businesses required detail to access financial help, all members needed alerting and informing when a COVID-19 policy changed and all required guidance when NHS activity restarted and their services were needed by hospitals and healthcare facilities.
15. As regards leadership of engagement with Test, Trace and Isolate (TTI), this was provided by Nishan Sunthares in his role as Chief Operating Officer until September 2021 and Managing Director, Diagnostics from then. He drew upon assistance and support from the team as required.
16. The ABHI leadership team has industry expertise and knowledge in commercial and market access, regulatory, health technology assessment and reimbursement, research, development and manufacturing. Several have worked in the health technology industry. The team also has deep understanding and insight of government policy relating to NHS and wider health, economic, trade and business.
17. In my view, the combination of knowledge of the industry, how to engage on policy, and the ability to work with industry as a collective were strong competencies that meant we could assist Government with Test, Trace and Isolate.

ABHI Involvement with Test, Trace and Isolate (TTI)

18. In this section of my statement, I address the Inquiry's request as a whole to provide a coherent and complete answer. I have tried to set out key activities and events in chronological order and broken up the account to reflect both context and the different work undertaken.
19. By way of an overview, and in the context of our engagements with TTI as set out in the Provisional Outline of Scope for Module 7, ABHI's role centred on helping Government share information with industry, and seek their feedback,

with respect to setting-up, scaling and managing the COVID-19 testing infrastructure.

Coronavirus testing – context

20. On 3 March 2020, the Government set out its initial Coronavirus Action Plan with its four phases: contain, delay, research and mitigate.
21. On 11 March 2020, the World Health Organisation declared COVID-19 a global pandemic. The WHO stated that coronavirus testing must be a major component to manage the pandemic.
22. On 23rd March 2020, the Prime Minister Boris Johnson announced the first COVID-19 lockdown.
23. On 2nd April 2020, the Health Secretary Matt Hancock pledged that the UK will carry out 100,000 coronavirus tests each day by the end of April 2020.
24. On 6 April 2020, the Health Secretary set out the 5-pillar strategy to scale-up coronavirus testing.
25. On 8 April 2020, the Government published a statement highlighting how industry, and other partners, support the national testing effort through a variety of formal and informal coalitions and partnerships.

ABHI's initial engagement with national testing programme

26. On 20 March 2020, the Office for Life Science team requested ABHI issue an industry call for supply of COVID-19 testing kits ABHI-02 INQ000547885 ABHI issued this request to diagnostics company members.
27. On 2 April 2020, ABHI, together with the Association of British Pharmaceutical Industries (ABPI), the BioIndustry Association (BIA), the British In-Vitro Diagnostics Association (BIVDA) and the British Generic Manufacturers

Association (BGMA) published, jointly, a statement of intent of the life sciences sector's commitment to tackling COVID-19 **ABHI-03 INQ000547871**

28. On 4 April 2020, I, ABHI colleagues and representatives of ABPI, BIA and BIVDA took part in a conference call hosted by officials to provide an update on the 5-pillar coronavirus testing strategy and to articulate several asks of industry for their assistance **ABHI-04 INQ000547906 and ABHI-05 INQ000547872**

29. The Medicines and Healthcare products Regulatory Agency (MHRA) also sought out engagement with ABHI and our members requesting feedback on target product profiles to assist the development of appropriate tests: **ABHI-06 INQ000547886**

30. Around the time the Health Secretary announced the 5-pillar testing strategy, ABHI, ABPI, BIA and BIVDA published a briefing note which highlighted immediate priorities for and different types of coronavirus testing **ABHI-07 INQ000547873**

Webinars to share information about the development of the national testing programme

31. Recognising that requests for support could be helpfully delivered through a structured and systematic approach, with opportunities for interaction and Q&A, ABHI, ABPI, BIA and BIVDA agreed to support a series of regular webinars for all interested parties to provide further detail on the 5-pillar coronavirus testing strategy **ABHI-08 INQ000547876**

32. Agenda planning, topic selection and speaker identification were coordinated by the testing programme team with dialogue and consultation from the four life sciences industry associations **ABHI-09 INQ000547898 and ABHI-09a INQ000547899**

33. On 8 April 2020, the first webinar was hosted. It provided an opportunity for attendees to hear from senior officials and individuals involved in delivering the 5-pillar coronavirus testing strategy as to how industry could support. ABHI's write-up is shown in **ABHI-10 INQ000547869**

34. On 16 April 2020, the second webinar was held. It focused on serology testing and the needs and requirements to develop those tests. ABHI's write-up is shown in **ABHI-11 INQ000547868**
35. On 23rd April 2020 the third webinar was held. It discussed laboratory testing capacity. Health Secretary Matt Hancock highlighted progress made to achieve 100,000 tests per day and ambitions to raise that even further. ABHI's write-up is shown in **ABHI-12 INQ000547867**
36. These webinars continued through May 2020, June 2020 and, I believe, into July 2020 **ABHI-13 INQ000547917 and ABHI-14 INQ000547879**
37. On 28 May 2020, NHS Test and Trace was launched.
38. On 29 May 2020, Baroness Dido Harding spoke at that week's webinar to introduce the NHS Test & Trace service. She wrote to ABHI and the other life sciences industry associations to thank us for the support to date, set out the elements of NHS Test and Trace and outlined engagement going forwards **ABHI-15 INQ000547874**

Stakeholder engagement through the Testing Taskforce

39. Further engagement and communication on coronavirus testing commenced through the Testing Taskforce, which ABHI joined to keep informed on developments. The first meeting ABHI took part in was on 12th June 2020 **ABHI-16 INQ000547884**
40. Meetings were managed by NHS Test and Trace **ABHI-17 INQ000547916** and continued through 2020 and the first half of 2021 **ABHI-18 INQ000547913, ABHI-18a INQ000547915** **ABHI-19 INQ000547900, ABHI-19a INQ000547901** I, or other ABHI colleagues, were not able to attend every meeting. **ABHI-19b INQ000547902, ABHI-20 INQ000547903** **ABHI-19b INQ000547902, ABHI-20 INQ000547903** **ABHI-20a INQ000547905, ABHI-21 INQ000547912**
41. Insight and intelligence gathered from these meetings were helpful for ABHI, for instance in informing members as regards employer-led asymptomatic testing **ABHI-22 INQ000547887, ABHI-22a INQ000547889** **ABHI-23 INQ000547890, ABHI-23a INQ000547893**

42. ABHI's engagement with TTI abated over the course of 2021.
43. On 1 Oct 2021 NHS Test and Trace responsibilities transferred to the UK Health Security Agency.
44. ABHI's last engagements were in April and May 2022 to coordinate industry visits to the Rosalind Franklin Laboratory to hear from UKHSA officials as to future plans ABHI-24 INQ000547880, ABHI-24a INQ000547882, ABHI-24b INQ000547883
ABHI-25 INQ000547907, ABHI-25a INQ000547909, ABHI-25b INQ000547910, ABHI-25c INQ000547911
45. On 1st April 2022, access to free testing ended except for high-risk settings and some workers in high-risk roles.

Member communications

46. It was critical ABHI supported our members through a challenging time. We produced several member communications, briefings, blogs and opinion pieces to help our members adapt their working practices to the pandemic and the key developments through that time. These are available on the ABHI website.
47. On 2 August 2020 Telegraph Online published an article, penned by ABHI's Managing Director, Diagnostics which highlighted the role and value of diagnostic tests in managing the pandemic.
48. From July 2021, manufacturers or distributors of molecular and antigen tests for COVID-19 had to apply for approval to market their test in the UK. Products had to meet the requirements of The Medical Devices (Coronavirus Test Device Approvals) (Amendment) Regulations 2021. ABHI provided several briefings and published statements articulating the industry position on this legislative change

ABHI-26 INQ000547875

Lessons learned

49. The COVID-19 pandemic demonstrated the value of close public and private sector collaboration which was necessary to build the coronavirus testing infrastructure and other element of the TTI service. At its peak, more than 800,000 PCR tests were able to be conducted per day.
50. The testing response to the pandemic highlighted the integral value of diagnostics to citizen's wellbeing. The onus today is on reducing the backlog of treatments and diagnostic tests.
51. For diagnostics to play its role within a broader health system, its value must be placed at the centre of patient pathways, to detect diseases as early as possible and accurately guide the right treatments. This is the diagnostics strategy that ABHI pursues.

52. I trust that the information I have provided in this statement is of assistance to the Inquiry.

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:

Personal Data

Dated: 13th May 2025