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Evaluation of Academy of Medical Sciences winter report

"COVID-19: Preparing for the future, looking ahead to winter 2021-22 and beyond"

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Executive summary

The Academy's report on their study, COVID-19: Preparing for the future, looking ahead to winter 2021/22 and beyond was published on 15th July 2021. Requested by the Government Chief Scientific Adviser (GCSA), Sir Patrick Vallance, the study took place at a time following the development of Covid-19 vaccines. In spring and early summer 2021 Covid-19 infection rates were rising rapidly, much uncertainty remained about the disease and its management, the effectiveness of the vaccines against new variants was unclear and NHS and social care services and staff were under extreme pressure. Moreover, as an earlier report by the Academy had warned, in the absence of effective engagement with patients, carers and publics, the impact of the pandemic on certain groups would deepen and strengthen existing health and economic inequalities.

The 2021 report was shaped by:

- An Expert Advisory Group (EAG) of 28 members was supported by 13 early to mid-career researchers; the EAG was chaired by Professor Sir Stephen Holgate CBE FMedSci;
- A Patient and Carers Reference Group (PCRG) with 13 members (the two co-chairs were also members of the EAG); the group was supported by Academy staff;
- Three online workshops with members of the public, carried out by Ipsos.

These strands were combined in the main report and the work as a whole was supported by the members of the Academy of Medical Sciences Secretariat, supported by three policy interns. Two observers from GO Science were invited to promote transparency around the study process, but were not involved in the Expert Advisory Group's deliberations nor in the development of its findings or conclusions.

The light-touch evaluation of the study - the focus of this report - comprised two distinct elements. Part 1, carried out between summer 2021 and early 2022 included interviews with participants who contributed to the 2021 study and observations of project activities. Part 2 comprised interviews with senior stakeholders whose role involved them closely with the scientific evidence base. This work took place between November 2022 and February 2023.

Part 1. Evidence gathering

Patient and carers reference group (PCRG)

The role of the PCRG and its value to the project as a whole were multifaceted. Its members situated the academic evidence in the context of people's lives, highlighting where the needs of particular groups were being missed and ensuring that the language used in the report to refer to particular groups was acceptable to the communities being referenced. The PCRG helped to frame the Academy's report as a whole.

The Academy's support for the PCRG was highly valued. PCRG members felt that Academy staff recognised the emotional, as well as intellectual aspect of engagement and it is clear that there was mutual respect between the Expert Advisory Group and the PCRG. Academy staff in

particular were felt to have shown care and thought for those involved in the project: they were flexible, responsive, open and transparent from the start.

Impacts and influence

Project members felt that the impacts on those involved in the study, as well as the impacts on policy need to be considered as part of the evaluation, including the "personal, emotional micro-impacts" of being involved in the process. They suggested that the success of this work might strengthen the Academy's commitment to inclusive approaches in future policy projects, including its practicality even under severe time pressure. They felt that the study might illustrate to other organisations the value of going beyond academic expertise and building an inclusive and welcoming research culture through creative approaches to public engagement. While interviewees felt that the Academy held the PCRG contributions to both studies in high regard, some were unconvinced that this would be the case with report recipients in the Government.

Future approaches to public and patient engagement

Suggestions for improving future Academy projects included project set-up; how patient, carer and public voices relate to those of specialists; the roles of different actors in a project, and; how the findings might have the greatest impact. In particular, project members felt that combining the EAG and PCRG into a single group would have value in future projects and that they could play a greater role in disseminating the findings and strengthening the impacts of the study.

Part 2. External stakeholder interviews

The reception to the Academy's July 2021 report, "COVID-19: Preparing for the future" was extremely positive. The report was valued highly, and interviewees commented on its contribution to the already positive reputation of the Academy. Three points recurred in discussion of the report's broad impacts. First, while its content was not surprising, the independence and weight of the Academy's voice meant that the report gave confidence, credibility and reassurance to those charged with gathering scientific evidence and presenting it to policy colleagues, political masters, media and publics. Second, Interviewees spoke of developing "tunnel vision" on Covid-19 and of the value of the report in lifting their attention to the coming winter and the possible resurgence of respiratory diseases, in the face of lifting restrictions and diminished population immunity. A final point related to interviewees' role within government: while the Academy's report had clear value to those in a scientific role, most felt unable to elaborate on the extent of its influence on policy.

Principles

The Academy's report included three principles which should underpin the prevention and mitigation measures outlined therein:

- Reduce inequalities
- Effective engagement and communication

- Empower and resource local public health capacity.

Asked about the extent to which these principles underpinned policy development at the time, interviewees tended to point to challenges. Some noted that inequality is not a straightforwardly scientific or medical challenge, but has political resonances. They felt that politics can make it difficult to translate from principle to policy to practise. Some made connections between reducing inequalities and effective engagement and communication, noting that the former depends in part on the latter truly being effective.

Evidence base and modelling

The evidence base included in the Academy's report was valued, particularly as it underpinned the recommendations. The volume of evidence and the rapid pace at which new evidence was being generated and consumed meant that for some, differentiating between the evidence base in one report and another was difficult. Some interviewees had rapid access to the most recent evidence, with those who produced or compiled it on the end of a telephone line, so tended not to rely on written reports. Similarly, the virus itself was evolving: as new variants emerged, the reliability of research done on earlier variants was called into question. Interviewees directed the attention of their own teams or of relevant departments and their Chief Scientific Advisers towards specific sections of the report and its accompanying evidence base. Some noted that the structure of the report made extraction of particular elements straightforward. The modelling included in the report was of value to interviewees, with several referring to the 'flu modelling as "scary" or "sobering", noting that it was "scrutinised quite closely in the policy-making space".

> "[T]he great thing about the report is the evidence that's in them and the summary of different scientific perspectives…for some [recommendations] you want to know what you know, what you don't know, how certain you are of what you know and what that means…those things are always pretty helpful - handling uncertainty is a lot of what we're trying to do."

Public voice

Public voices, including those of patients and carers, were an integral element of the Academy's research for the report. Some interviewees recalled the inclusion of public views in the main report, and lauded the Academy for this. Public voice was seen as adding to the credibility and confidence of the study as a whole. For many, leaving public voice out of such reports was inappropriate, and some interviewees argued that publics are partners in policy development, with a voice equal to that of others. However, interviewees were sceptical about the extent to which this aspect of the Academy's work would have "cut through with decision makers".

"A real trailblazer of the AMS is to involve public deliberation and bring the public voice into the report."

Dissemination and teach-ins

Teach-ins, organised by GO-Science and the Academy, were held to support more focused attention on particular aspects of the report. Those who recalled the teach-ins valued them highly, with some mentioning the value of presentations from the Chair of the Academy's Expert Advisory Group, Professor Sir Stephen Holgate, and the opportunity to explore, question or challenge the report's content.

Conclusion

Whilst interviews took place some time following publication of the report, a number commented on the value of returning to the report. Presenting a snapshot of what was known about Covid-19 at a particular point of time, they felt it would have use for the UK Covid 19 Inquiry. More broadly, the Academy's expertise was seen as valuable for future preparedness. Over the longer term, interviewees felt that the Academy has a leadership role to play in supporting preparedness plans for the future, in relation to new pandemics but also to other potential threats.

Acknowledgements

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Introduction

Preparing for a challenging winter 2020/21

In July 2020, the Academy published its report Preparing for a challenging winter 2020/21 which set out the challenges likely to be faced in the UK during winter 2020-21 as a result of the global Covid-19 pandemic, and the priorities for prevention and mitigation.[1] The report highlighted the central importance of "engagement with patients, carers, public and healthcare professionals" to the effectiveness of prevention and mitigation measures and of protecting people at highest risk from Covid-19. It warned against exacerbating existing health inequalities. The report was presented to and discussed at the Scientific Advisory Group for Emergencies (SAGE)[2] and the Welsh Technical Advisory Group (TAG). Wider dissemination of the findings included distribution of the report across several government departments.

The 2020 work, carried out at the request of the Government Office for Science (GO-Science), had three interconnected strands of work, each of which produced its own separate report:

- An Expert Advisory Group (EAG), whose 35 members (plus Chair, Prof. Sir Stephen Holgate) were supported by 14 early career researchers;
- A Patient and Carers Reference Group (PCRG), with eight members (the two co-chairs were also members of the EAG); the group was supported by Academy staff;
- Three online workshops with members of the public, carried out by Ipsos.

The three strands were brought together in the main report. The work as a whole was supported by the Academy of Medical Sciences Secretariat, which had four members supported by two policy interns.

Preparing for the future: looking ahead to winter 2021/22 and beyond

In May 2021, the Government Chief Scientific Adviser (GCSA), Sir Patrick Vallance, asked the Academy to conduct a further study.[3] The Academy's report on this study, Covid-19, Preparing for the future: looking ahead to winter 2021/22 and beyond was published on 15th July 2021. The context in which this work took place was very different to the 2020 project, not least because successful vaccines had been developed. However, as this second report noted, at the time of its writing infection rates were rising rapidly, much uncertainty remained about the disease and its management, the effectiveness of the vaccines against new variants was

[1] The 2020 project was part funded by a core grant from the Department for Business, Energy and Industrial Strategy (BEIS) but was carried out independently of Government.

[2] SAGE COVID 19 was activated in January 2020. Further details about the group can be found here.

[3] The 2021 project was supported by a core grant the Academy received for policy work from the (then) Department for Business, Energy and Industrial Strategy (BEIS), but was carried out independently of Government. The public, patient and carer engagement programme was supported by the Health Foundation and an award for public and patient engagement from the (then) Department for Business, Energy & Industrial Strategy.

unclear and NHS and social care services and staff were under extreme pressure. Moreover, as the earlier report had warned, in the absence of effective engagement with patients, carers and publics, the impact of the pandemic on certain groups would deepen and strengthen existing health and economic inequalities. The 2021 report noted that health inequalities had indeed worsened, and that "[t]he economic impact of the pandemic and repeated lockdowns is likely to have longer-term negative health impacts for groups already experiencing structural inequalities"[4]. The report was circulated to SAGE participants and presented at Welsh TAG, distributed to several government departments and was the basis for teach-ins for policy makers focused on specific aspects of the report.

"Looking ahead" identified the main challenges facing the UK over winter 2021-22 and beyond and the priorities for surmounting these challenges. It also described the principles that would need to underpin all measures, if they are to be successful. These principles are:

- Reduce inequalities
- Effective engagement and communication
- Empower and resource local public health capacity

The architecture of the 2021 study was based on that of 2020, but with some amendments, based on learning from the previous work and the Academy's wish to amplify the voices of the PCRG and publics involved in the Ipsos dialogue workshops. The three interconnected strands were retained and complemented, each producing a separate report:

- An Expert Advisory Group (EAG) of 28 members was supported by 13 early to mid-career researchers; the EAG was again chaired by Prof. Sir Stephen Holgate;
- Two observers from GO Science were invited to promote transparency around the study process, but were not involved in the Expert Advisory Group's deliberations nor in the development of its findings or conclusions.
- An expanded Patient and Carers Reference Group (PCRG): the 13 members included some from the 2020 study plus additional members. The two co-chairs had been members in the previous study and, as before, were also members of the EAG); the group was supported by Academy staff;
- Three online workshops with members of the public, carried out by Ipsos.

As with the 2020 report, these strands were combined in the main report and the work as a whole was supported by the members of the Academy of Medical Sciences Secretariat, supported by three policy interns.

[4] The Academy of Medical Sciences (2021), COVID-19: Preparing for the future. Looking ahead to winter 2021/22 and beyond, p4. https://acmedsci.ac.uk/file-download/4747802

About the evaluation

This evaluation focused on the 2021/22 study, Covid-19, Preparing for the future: looking ahead to winter 2021/22 and beyond.[5] It comprised two distinct elements, carried out over different time periods.

Part 1 comprised interviews[6] with participants who contributed to Looking ahead, and observations of:

- Ipsos workshops with young adults
- Patient and Carer Reference Group meetings
- Expert Advisory Group meeting.

Part 1 work was conducted between summer 2021 and early 2022. Findings were the subject of an interim report prepared in April 2022. Given the small number of interviews conducted, quotes are not attributed, to preclude identification of the speaker, who may be a member of the EAG, PCRG or Academy staff.

Part 2 comprised seven interviews with senior audiences whose role involved them closely with building or using the scientific evidence base, informing political leaders of the relevant evidence and ensuring that any gaps in the research base were addressed.[7] Interviewees were identified by the Academy and interviews took place between November 2022 and February 2023. As with Part 1, the small number of interviews means that quotes are not attributed.

Part 1: Internal interviews and observations

Interviews with Academy staff, EAG and PCRG members took place in June 2021, prior to the report being published, when the project team was in the thick of a fast-moving and complex project. At that stage it was too soon to explore the impacts or influence of the report on the measures and principles applied by the Government to managing the pandemic. The focus of interviews was on the role and contribution of the PCRG to the project as a whole, anticipated impacts and on how learning from this project might inform future studies carried out by the Academy.

Observations included two EAG meetings; two PCRG meetings and one Ipsos workshop with the public. Findings from the observations are woven into the following sections, which draw primarily on the interviews.

[5] We have provided high level background information on both the 2020 and 2021 studies, as 'internal' interviewees touched frequently on the difference between the first and second studies, and noted where they felt improvements had been put in place.

[6] See Appendix 1 for discussion guide used in interviews (Part 1 and Part 2)

[7] One additional contributor provided a written paper, from which quotes have been included in the report on Part 2 work.

The role of the Patient and Carer Reference Group (PCRG)

Project members saw the role of the PCRG and its value to the project as a whole as multi-faceted. The PCRG situated the academic evidence in the context of people's lives, highlighting where the needs of particular groups were being missed. Because of its diversity and the networks of individual members, the PCRG was able to identify where the specific needs of particular groups of people were absent from the evidence base or from EAG discussions. The PCRG was instrumental in ensuring that the language used in the report was appropriate and that terms used in the report to refer to particular groups were acceptable to the communities being discussed. The specific example cited in reference to this point was "BAME" (Black, Asian, minority ethnic"). Finally, the PCRG - both its specific work and contributions and its mere presence in a study such as this - helped to frame the Academy's report as a whole.

> "It's providing an added dimension onto the academic evidence and rooting it in reality."

> "Ok, that's what the evidence says, but it's really important that this group gets looked at…"

> "[The PCRG] are really important in…getting the language right so that words aren't inappropriately used."

> "Scientists can get carried away with their own goodness - they don't mean to, but they do - and I think this is where we need to bring in the patient and public voice in this introductory framing of the whole thing."

Whilst the PCRG wrote its own report in 2021, as they had in 2020, project members recognised that "it's the expert report that most people will read, and the policy people will act on". The PCRG perspective was foregrounded by having the PCRG co-chairs present to the EAG at the start of meetings, rather than some time later, when agendas and discussion points had already been set. In this way, "the scientists and the clinicians and all the other people involved in the [EA] group were primed", placing "an imperative really on the expert advisory group to pay attention to what the publics are saying", which fed through into the framing of the final report.

Observations suggest that this approach was successful: EAG members discussed the key messages, drawing on the PCRG emphasis on the importance of language and communications and the importance of not neglecting other conditions (crucially, mental health) in the haste to treat Covid-19 patients. This had been discussed at the prior PCRG, showing the feed through from one group to another. Reference was also made to the People's Perspective report from 2020, and its emphasis on patient and public involvement in service design. Throughout observations, the ongoing importance of effective and clear communication was emphasised, with frequent reference to this being a priority of the PCRG and a strong theme in the public workshops.

The PCRG valued highly the support they had from Academy staff. Project members felt that the Academy staff recognised the emotional, as well as intellectual aspect of engagement: members of both the PCRG and the EAG had, because of the nature of their expertise, multiple calls on their time during the pandemic and, from observations and interview findings, it is clear that each group respected and valued the work of the other. The pandemic had been ongoing for close to 18 months when this second study began and, like the work in 2020, the deadline for delivery of the final report was very tight. The pressure of the work could have led to relationships being purely transactional or fraught. However, interviewees were clear that Academy staff in particular showed care and thought for those involved in the project: they were flexible, responsive, open and transparent from the start.

> "I've just been really struck and impressed by how thoughtful the Academy has been."

> "The staff absolutely did go the extra mile to get the issues that were important to the PCRG into the main report."

Impacts and influence

As noted earlier, the interviews informing this summary report took place prior to publication of the Academy's final report on "Looking ahead". However, project members noted that, when considering the impacts of the study as a whole, it is important not to exclude the impacts on those involved, as well as the impacts on policy: that is, to include the ongoing process impacts as well as impact of the final outputs.

> "How do we decide what impact is valuable, do we only look at high level impacts or are we looking at these personal, emotional micro-impacts that are going on, on a level that we don't measure, that we don't think are important?"

These micro-impacts might include improving EAG members' understanding of the ability of patients, carers and publics to engage with this type of study, perhaps leading them to build patient and public involvement (PPI) into their own projects. They might include the impacts on PCRG members, whose voices are heard, respected and included.

> "I would hope to make an impact on some people on the EAG, make an impact about the value of PPI in resourcing it, in setting it up and whatever…"

Beyond the immediate emotional micro-impacts, the success of this work might further strengthen the Academy's commitment to inclusive approaches in future policy projects, providing evidence about not only the perspectival value of patient, carer and public involvement, but also its practicality even under severe time pressures. Finally, it might serve as a beacon to other organisations about the value and importance of going beyond academic

expertise and building an inclusive and welcoming research culture through creative approaches to public engagement. Indeed, a conversation with the Academy at the start of this project suggested that driving innovation by using and sharing learning about new forms of public engagement was an explicit aim of this study. The Academy had, they said, "put down a marker" about public engagement, obtaining dedicated funding for this component of the study from GO-Science for the second winter report 'COVID-19: Preparing for the future'.

Some of those interviewed for this evaluation expressed disappointment about the extent to which the 2020 study and report had visibly influenced government policy and strategy on Covid-19, and bemusement that studies such as this would be requested by the Government but not acted upon. Reflecting on the 2020 report, project members noted that a core recommendation - emerging from the PCRG work - was for decision-makers to involve patients, carers and publics in pandemic strategies and decisions. They felt that this had not happened.

While they felt that the Academy held the PCRG contributions to both studies in high regard, interviewees external to the Academy were unconvinced that this would be the case with the report recipients in government. "[W]hen that report leaves the Academy and goes to Government, then my perception is that the PCRG isn't as important."

> "Last time, to be frank with you, I was disappointed by the lack of attention that was paid to the two reports."[8]

> "We were told last year that…it had been sent to every government department so that it could inform their work. And that to me is the kiss of death because it means that they're showing that they've done something, rather than actually doing something."

Future approaches to public and patient engagement

> "I'm struggling to find things to say that could be improved, because they did such a fantastic job."

Whilst being very positive about the inclusion of patient, carer and public voices in both projects, project members did identify ways in which future Academy projects might improve on what has already been achieved. Some ideas concerned the project set-up, and how patient, carer and public voices relate to those of specialists. Others concerned the roles of different actors in a project, and some related to ways in which the findings might have the greatest impact.

Throughout their interviews, project members touched on issues of co-development and co-creation, decrying the use of these terms as buzzwords in engagement without the underlying good practice being in place. Whilst acknowledging that "these processes don't have to be

[8] The two reports referred to in this quote are the 2020 Expert Advisory Group report and the 2020 Patient and Carer Reference Group report.

perfect" and that, in fast-moving projects in particular, a pragmatic rather than optimal path will often be necessary, they emphasised that the values and principles that underlie patient and public involvement (PPI) are not negotiable. Openness, transparency, "really wanting to listen, really wanting to learn", recognising the emotional as well as rational dimensions of involvement and adequate resourcing and support were seen as crucial, all of which the Academy was felt to have provided.

In terms of the structure of the project, project members interviewed felt that the existence of separate groups - one expert, the other patients and carers, and with publics separated yet further from the discussion - was not ideal:

> "It's indirect involvement of members of the public and patient, whereas what we're all working towards is direct involvement and co production, and that is not something you can do with one group off to the side. Everybody has to be in the room at the same time, otherwise it doesn't work."

The view was that you might get a different result from this project architecture than from the current approach. However, it was recognised too that there may be challenges to direct involvement, perhaps limiting the range of patients and carers who would be involved. Having a single group "in the room at the same time" was offered as a suggestion, rather than a definite next step:

> "I think it's something that warrants discussion, rather than something the Academy should just do."

A second suggestion was that the PCRG should be more closely involved in the design and scoping of the public workshops (run by Ipsos), with an acknowledgement that this wasn't possible because of the timetable.

> " If you were working on a project that didn't have such pressurised timescale, it would be good to get the PCRG involved in scoping the [Ipsos] workshops"

Finally, PCRG members might also get involved in dissemination of the report and in helping to strengthen its impacts, particularly at a local level.

> "The report could be sent to these people with a note saying, by the way, somebody who was involved in writing it is living in your area, we're happy to set up a meeting to come and talk to you."

Discussions of potential changes to the project architecture and to the roles of the groups involved made it clear that there is no perfect solution. All decisions will have both advantages and disadvantages. The main lesson was that the upsides and downsides of choices need to be

thought through properly and communicated effectively so that those who engage with the process are clear about what to expect and the nature of their involvement.

> "[T]here's nothing worse than becoming involved in a process that turns out to be something different to what you thought, or leaves you feeling let down."

Part 2. External stakeholder interviews[9]

Overall reception to the report

The overall reception to the Academy's July 2021 report, COVID-19 - Looking ahead to winter 2021-22 and beyond (henceforth, the report), was extremely positive. The report was valued highly. Interviewees commented on its production under speed, the expertise involved and its contribution to the already positive reputation of the Academy.

> "I think it's really upped the Academy's profile, because I think, rightly or wrongly, our perception is that the AMS is one of the smaller academies, because there are all the medical professional bodies and all that stuff, but actually this…demonstrated that as an organisation it can really deliver on a fairly hefty piece of work."

> "I was very impressed with the work. I thought the choice of experts was very good, I think the report was very good".

> "I started with very positive views of the Academy and left with very positive views of the Academy."

> "I think the fact that the Academy carried out this piece of work in a timely way, with significant effort, and produced it and it was helpful, so you know, I think feedback should be positive. And that helps both to reinforce the position and importance of the Academy."

> "I think where it does…provide value is that they support and reinforce work we're doing, so they give us some confidence that we're not completely off track."

Recalling the details

[9] All quotes used in Section 2 of this report are taken from interviews with external stakeholders identified by the Academy of Medical Sciences. We have not attributed quotes, in the interests of protecting the anonymity of speakers. Where we have used more than one quote to illustrate a point, these are taken from different speakers.

For a range of reasons, interviewees had only limited recall of the detailed recommendations in the report and most spoke in general terms about its broad impacts. First, interviewees had senior positions and teams working to them whose role was to focus on the detail: some spoke of ensuring that team members attended to different sections of the report and of reading only the summary at the time, while others had more detailed recollections. Second, the pandemic was ongoing at the time the report was received: interviewees spoke of being pulled in multiple directions, learning from the previous year, managing the current situation and looking forward to potential future pandemics, all in the face of having a weight of rapidly developing scientific evidence to review and those charged with making policy requiring input at very short notice. Third, people spoke of ongoing contact with the Academy prior to the report being published. The impact of the study as a whole may appear less evident than was the case because interviewees were aware of, and able to review or act upon, relevant findings before the report was published. This speaks to a point made earlier, in relation to the PCRG, about the importance of attending to process impacts as well as the impacts of a final report. Finally, this was one of three reports on Covid-19 that was produced by the Academy: one or two interviewees talked about the influence of all three reports, rather than focusing on the July 2021 report.

Throughout our conversations, however, Interviewees did refer to some particular aspects of the reports that were of value, including:

- "the vaccine boost research and what was needed there"
- "the importance of clinical trials and speeding up clinical trials"
- "flagging both treatment and prophylaxis and the importance of those"
- "COVID is going to be with us effectively for ever in some shape or form"
- "the part that was probably most helpful, and the area where we had found perhaps traction most difficult was in the engineering aspects...actually getting people to act upon them, as opposed to leaving the windows open"[10]
- "the advice and evidence on the importance of human behaviours was an important strand"
- "to inform...recommendations on transition planning from pandemic to endemic"

Broad impacts

When asked about the report's broad impact, interviewees were consistent in identifying three points. First, whilst its content was not surprising, the independence and weight of the Academy's voice meant that the report gave confidence, credibility and reassurance to those charged with gathering scientific evidence and presenting it to policy colleagues, political masters, media and publics.

[10] The speaker was referring in particular to Section 5.3.2.3 NHS Estate and healthcare infrastructure, p74 of the Academy's 2021 report COVID-19: Preparing for the future Looking ahead to winter 2021/22 and beyond

"[T]he more people say the same thing, the more it becomes clear that this is an obvious point - and that is in itself significant."

"[I]t's really encouraging when you see esteemed organisations like the AMS actually saying 'and this thing is important' because we can say, 'fantastic, we're glad it is because…we're investing quite a bit in there already'."

"[T]he report was helpful in terms of coming from an authoritative, independent body and it was useful both in terms of reassuring my political masters that the information they were getting from me was likely to be accurate and also helpful in communicating to the media and the public, reinforcing messages we had already been giving and what we'd been saying, rather than anything specifically new."

"[T]he value of these things is that it helps us in a sense because it reinforces and gives an external credibility to the things that we're already thinking of doing anyway. So in other words, it's not just us saying this, others are saying this too."

Second, the report's attention on the upcoming winter was valued. Interviewees spoke of developing "tunnel vision" on Covid-19 and of the value of the report in lifting their attention to the coming winter and the possible resurgence of respiratory diseases, in the face of lifting restrictions and diminished population immunity. While they noted that the 'flu season over winter 2021-22 was not as bad as the Academy's modelling suggested, by highlighting the potential for a resurgence of 'flu and respiratory syncytial virus (RSV), interviewees felt again that this supported ongoing messaging from them to the Government and in turn, from Government to the population. More broadly, the report's attention in Chapter 6 to the ongoing, global endemic presence of Covid-19 in the population focused thoughts on issues and research gaps that would need to be addressed in order to manage the longer term challenges presented by the virus.

"[Y]ou can slightly get Covid tunnel vision and so having something that raises that issue - as it turns out we got off fairly lightly with flu in particular, but…it means that people aren't surprised when we're saying that flu is going to be a problem this winter."

"Really useful to have the reminder that you can't just think about the immediate pandemic under your nose, you have to think about the longer term as well."

> "I think also the reminder that even in the best scenario, Covid is going to be with us effectively forever in some shape or form, and understanding the possible paths that that might take - you know some of them are pretty grim, some of them it just becomes another winter you know, respiratory virus."

> "[I]t was handy for us to run through and look at what the main potential research gaps were - and help inform our own future planning."

> "In the midst of a pandemic when we're being asked to do wash-ups of the pandemic and preparing for next ones and all sorts of things…so then we were on the one hand trying to manage the existing pandemic but also looking forward to how we address future ones, which was frankly potty, but that's the world we live in."

A final point, emphasised by several interviewees, related to their role within government. While the Academy's report had clear value to those in a scientific role, some felt unable to elaborate on its influence on policy.

> "[E]xactly how much influence did this have on policy making, that's a little bit harder for me to say, because I wasn't often in the room. We provide science advice rather than being the policy people - the people that cook up the policy afterwards."

> "I'm not actually sure what informed policy. My role…was about presenting evidence and science advice to policy makers, who then develop policy to present to decision makers."

Principles

The Academy's report included a series of principles which should underpin the prevention and mitigation measures outlined. These principles were important, the report argued, so that outcomes from the required measures are successful and equitable. These principles are:

- Reduce inequalities
- Effective engagement and communication
- Empower and resource local public health capacity.

Asked about the extent to which these principles underpinned policy development at the time, interviewees tended to point to challenges. First, some noted that inequality is not a straightforwardly scientific or medical challenge, but has political resonances: interviewees noted that the politics can make it difficult to translate from principle to policy to practise. Second, some made connections between reducing inequalities and effective engagement and communication, noting that the former depends in part on the latter truly being effective.

"I think frankly these are three where it was always a bit of a struggle. Erm - because inequalities become quite political, because, even if you're just talking about regional inequalities and so forth - that was always quite a hard issue to get traction on - though I did think we got some traction on it."

"One of the points we made repeatedly about inequalities was the fact that part of that is an inability to get the messages across to historically marginalised and low trust communities and ethnic minorities and so forth."

"Engagement and communication…that's proved to be throughout quite a challenging area because everybody thinks they're a communications expert."

Evidence base and modelling

The sheer volume of evidence and the rapid pace at which new evidence was being generated and consumed meant that for some, differentiating between the evidence base in one report and another was difficult. Some interviewees were in positions which gave them rapid access to the most recent evidence, with those who produced or compiled it on the end of a telephone line, so tended not to rely on written reports. One noted that they were issuing guidance that was already out of date by the time it became published, because clinical practice and the scientific evidence base were moving so quickly. Similarly, the virus itself was evolving: as new variants emerged, the reliability of research done on earlier variants was called into question. However, the evidence base included in the Academy's report was valued, particularly in relation to the recommendations:

> "[T]he great thing about the report is the evidence that's in them and the summary of different scientific perspectives…for some [recommendations] you want to know what you know, what you don't know, how certain you are of what you know and what that means…those things are always pretty helpful - handling uncertainty is a lot of what we're trying to do."

> "You're testing drugs - monoclonal being a great example - you're testing monoclonals against one variant but then you're potentially deploying them against another variant where the monoclonal has not been tested in a robust setting - or it has been tested in a robust setting but against another variant, so you can no longer rely on that evidence base - so how do you move from that evidence base to a new evidence base?"

> "We found fairly early on in the pandemic we were issuing guidance that was out of date before we could issue it because things had moved on or because clinical practice was moving at a rate…"

Despite the speed of change in both the evidence and the virus, interviewees did direct the attention of their own teams or of relevant departments and their Chief Scientific Advisers towards specific sections of the report and its accompanying evidence base. Some noted that the structure of the report made extraction of particular elements straightforward.

> "It was presented in a bite size way, each aspect, so it was quite easy to use in that sense, and point people towards - these are probably the top five papers for example, and a helpful few paragraphs that summarise this issue."

> "[We] distributed the report either in its entirety or by extracting specific recommendations or sections and directing those to the attention of those responsible for considering or actioning those recommendations. We tried to be broad and targeted."

> "We had several requests from different departments about various elements of Covid science that we pointed them towards different sections of the report at that time - I think one example would be on long Covid and perhaps impacts in minority ethnic groups."

One of the early interviewees referred spontaneously to the value of the modelling included in the report. Several interviewees referred to the 'flu modelling. Some referred to it as "scary" or "sobering", noting that it was "picked up quite extensively", "scrutinised quite closely in the

policy-making space" and had been "particularly helpful". One interviewee, when asked about the value of the modelling, referred to models in general as being useful, if limited and noted they had moved "more into scenario planning":

> "[T]he AMS models were used for comparisons and checking against our own which used different variables but gave similar results and helped to strengthen our narrative."

> "Rather than saying, this is taking a series of inputs and trying to work out what might happen, we're saying, what if this happens or what if that happens so, this winter…what happens if we have a flu wave that is twice the average flu and we get Covid at 16,000 occupancy, 8,000 and 4,000 and you do a range of scenarios and say, what would that mean for capacity, and pressures, rather than - which is a different approach to saying let's put a whole lot of inputs in and see what a model generates."

Public voice

As discussed in the first part of this report, the voice of publics, including patients and carers, was an integral element of the Academy's research for the report. Whilst no interviewee had read the separate Public Perspectives report, either in its separate form or as an annex to the main report, some recalled the inclusion of public views in the main report, and lauded the Academy for this. Public voice was seen as adding to the credibility and confidence of the study as a whole. For many, leaving public voice out of such reports was inappropriate, and some interviewees argued that publics are partners in policy development, with a voice equal to that of others.

> "It's such an important part of embedding that in the whole report, so yes - hugely important - I mean, without that I just think, certainly in the modern world, any report that doesn't include that just lacks credibility, frankly."

> "A real trailblazer of the AMS is to involve public deliberation and bring the public voice into the report."

> "I think any significant report which doesn't take account of patients, carers and the public's perspective nowadays is probably unacceptable."

> "It's more than just capturing the voice of patients and carers, it's trying to ensure that they are equal partners in terms of developing policy

or feeding into reports."

However, whilst applauding the inclusion of public views in the report, interviewees were sceptical about the extent to which this aspect of the Academy's work would have "cut through with decision makers". They suggested that "people at the centre tend to only believe their own polling and [are] not…terribly receptive to sort of public voices".

Dissemination and teach-ins

Most interviewees could not recall how they knew of the report. Some recalled being sent a copy: "from memory - it's one of the things that was sent to the department." Having no recollection of how this report (and probably others received at the time) came into their hands is most likely due to themes raised earlier in this report: things were fast moving at the time, interviewees were being inundated with scientific evidence they had to digest and make sense of quickly and many were already in conversation with the Academy during the time that work was being done on the report.

As noted in the Introduction, teach-ins were held to support more focused attention on particular aspects of the report. These sessions were organised by GO-Science and the Academy for policymakers in government and provided an opportunity to ask questions and discuss elements of the report with a panel of experts involved in the development of the report. Those who recalled the teach-ins as such - that is, as meetings or workshops intended to provide further insight into the report's content - valued them highly. Some interviews mentioned the value of presentations from the Chair of the Academy's Expert Advisory Group, Professor Sir Stephen Holgate, and the opportunity to explore, question or challenge the report's content. There was a suggestion that a slightly modified and more targeted approach would be useful in future. This would involve teach-ins being aimed at specific policy teams and the recommendation(s) for which they would be responsible, with experts present to talk about "the evidence and the overarching questions, and build towards that recommendation in a specific area".

Conclusion

We began this part of the report by noting the gap between the publication of the report, in July 2021 and the timing of the interviews, which were conducted between November 2022 and February 2023. However, while interviewees might not have had detailed recall of the details of the report - in some cases, because this wasn't appropriate to their role - a number commented on the value of returning to the report. Others highlighted issues relating to future preparedness where they felt the Academy's expertise would be valuable.

Most immediately, the report and the evidence base in particular were seen as a "comprehensive review" or "snapshot" that "establishes what was known at a particular point in time". In this respect, it was seen as being useful for the UK Covid 19 Inquiry.

Over the longer term, interviewees felt that the Academy has a leadership role to play in supporting preparedness plans for the future, in relation to new pandemics but also to other potential threats. In particular, reviewing the strategic connections and coordination across the learned societies (for example, the Royal Academy of Engineering and the Royal Colleges, both being consulted in preparation of the Academy's report) was seen as a valuable exercise. A question was also raised about the initial commissioning of the Academy's reports during the pandemic. One interviewee asked about the extent to which there were systemic triggers that would result in the commissioning of a similar report, were it required, or whether the request for the Academy to prepare the report was because particular individuals were occupying particular roles at the time.

> "Can we learn and almost have principles and best practice articulated for future preparedness, whether that's pandemic preparedness, or it could be cyber, or it could be nuclear attack, it could be radiological, it could be climate…we don't know what's coming down the track. So it's having that flexibility and connectedness at the systemic level."

> "The Academy, because of its wisdom and its collective expertise could helpfully support resilience - because this is a resilience issue - by acting as a critical friend, as we try to learn from what we went through."

> "I think clarity on how the Academy can provision its expertise, its know-how, its networks, within the context of a national emergency - clarity around strategic fit and advisory structures would be a consideration."

More broadly, interviewees felt that recalling the report and the period of its publication and use was in itself of value. Some were developing future pandemic strategies and said that the report would prompt reflection on what was missed at the time. Others pointed to the ongoing relevance of the recommendations. While the report had been researched and written some time prior to the interviews, interviewees thought that the same issues remain.

“[I]f you read their recommendations they’re still relevant today, [...] here we are in February 2023, and it’s still the same issues. I think it was a very solid, sound, thoughtful contribution and it was also - it filled this need around longer term considerations.”

“I’ve found this quite useful, it’s got me putting my head back in how things were and genuinely I will go back and have another look at the report…it’s that useful sensibleness stock check because we’re doing our future pandemic strategy at the moment and it will be really handy to go back and go through that and say, well actually, are there bits that we’ve missed. So I hope others also see it as an enduring, really useful piece of work rather than an ‘oh well, we published it then, did you use it then?’ type piece of work.”

“This conversation is making me want to go back to the report because you know, I think…it will be so useful in the longer term, given that it was written in the heat of action and it’s very easy for people to sort of move on and you’re thinking about the next thing, and actually - and again, where the comprehensiveness of the report was really helpful, it is genuinely something I’ll put on my to do list, is to go back and have another look and see, actually is there stuff that’s fallen between cracks since, that might have been lost since, but actually we really need to do something about and it’s just been, you know, it dropped off because of all of the new pressures and everything else that’s hitting us at the moment.”

Appendix 1

Part 1 interview questions

The evaluation considers the following overarching questions:

- What value has the Expert Advisory Group placed on the work of the patient and carer reference group?
    - And what role has the project design and execution played in helping the EAG to realise the value of patients', carers' and publics' voices?
- What value does the project instigator (Chief Scientific Advisor) place on the role of patients', carers' and publics' voices in the project as a whole?
- What value do report audiences (e.g., GO Science, other government departments) place on the inclusion of public voice in the project?
- To what extent is the inclusion of patients', carers' and publics' voices contributing to the report's influence on policy decisions?

Part 2 interview questions

Evaluation interview discussion guide: stakeholders

Introduction

- To me
- To my role

Why is the Academy doing this work now:

- its strategic priority is to influence policy and practice to improve the lives of patients, the public and communities by tackling the most significant health challenges in our society
- Covid-19 is not going away and the Academy wants to understand the impact of its work to help inform future activity in this space, as well as future pandemics and emergencies.

Three main strands to the evaluation, which is focusing specifically on the 2nd winter report, 'COVID-19, Preparing for the future':

- impact of the report's recommendations on policy
- if/how the evidence base compiled in the report was used
- if/how the inclusion of public voice in the report (Public Perspectives)
    - complemented the scientific evidence
    - Added weight to the influence of the report

Confidentiality:

- Would like to record, for the purposes of analysis and so that I can be confident I have captured your points exactly: will not be shared with anyone and will not have your name anywhere in the recording. Audio only will be retained and will be destroyed once the report is published.
- If at any point you wish me to stop recording, please let me know.
- I have some specific questions to ask, but please feel free to raise issues that you think will be of value to the Academy as part of this evaluation.
- In my report, I will not attribute any quotes drawn from our interview. I will share the draft report with you before it is published, to give you an opportunity to say you would like any quotes taken out.
- On that basis, are you happy for me to record the interview? I won't do this until we've done the introductory part, which is about you.

Any questions before I begin?

Introduction

Could you tell me a bit about your role and, in particular, your relationship either to evidence use and assessment, or policy development and decisions during the pandemic?

TURN ON RECORDER

Were you familiar with the Academy's work prior to coming across the report?

Could I just ask how you first came across the Academy's report?

PROMPT if needed: For example, were you sent it by a colleague, download it from the Academy's website, did you go to one of the teach-ins run by the Academy?

To begin with a very broad question, what do you recall about your response to the Academy's report in July 2021, titled COVID-19: Preparing for the future?

- **What contribution did the Academy's report make to ongoing discussions at the time, about managing the pandemic?**
    - Can you provide me with any examples of this contribution?

Section 1

The next few questions are aimed at understanding what impact the Academy's report had on policies aimed at managing the immediate effects of the pandemic, from July 2021 through into the winter months, and beyond.

- **The report set out a series of immediate prevention and mitigation measures in preparation for the winter period and beyond.**

  (Reminder if needed: these were:

  - Maximising the speed and uptake of COVID-19 vaccination in all eligible age groups, preparing for possible booster vaccines in priority groups and vaccination against influenza later in the year.
  - Increasing the ability of people with COVID-19 to self-isolate through financial and other support, with a particular focus on those in areas of persistent transmission and in the lowest socio-economic groups.
  - Boosting capacity in the NHS (staff and beds) to: build resilience against future outbreaks of COVID-19 and other infectious diseases, including through improving infection prevention and control (IPC), increasing vaccination and testing capacity for COVID-19 and influenza, adequately resourcing primary care, and reducing the backlog of non-COVID-19 care.
  - Providing clear guidance about environmental and behavioural precautions (such as the use of face coverings, ventilation and physical distancing) that individuals and organisations can take to protect themselves and others, especially those who are most vulnerable from infection.)

- **Which of these measures had an impact on the development of policies aimed at managing the effects of the pandemic over winter?**
  - Can you give me an example of this/these impacts?
- **How has the report influenced or helped to shape policy?**
  - For example, have any of the wider strategies proposed in the report been taken forward?

Section 2

- **The report also outlined a series of principles which it said should underpin the priorities outlined in the report, to ensure that the outcomes were both successful and equitable.**

  (Reminder of principles, if needed:

- Reduce inequalities
  - Recognising disproportionate impact of pandemic, in health & economic terms
  - Measures should seek to halt & reverse these inequalities
- Effective engagement and communication

    - Focused on communicating (accessibly) evidence on symptoms, transmission and effective mitigation
    - Plans/ongoing comms to be informed by engagement with/involvement of patients, carers, the public and healthcare professionals.
    - Co-developed approach where possible, properly resourced, inclusive, transparent and recognise power inequalities.
- Empower and resource local public health capacity.
    - Collaborative partnership between central government and local authorities
    - Local responses should be co-designed with local communities and delivered through local public health teams and primary care.

- **Leaving aside whether or not policies have been informed by the specific measures outlined in the Academy's report, to what extent did these principles underpin the development of policies aimed at managing the immediate effects of the pandemic?**
    - Can you give me an example of how this/these principles informed policy development and decisions?

- **And to what extent have these principles informed longer term planning and policy development on COVID (or the emergence of further new viruses of concern)?**

Section 3

The next few questions mirror those I've asked previously, but turn the focus onto longer term planning. In Chapter 6, the Academy report looked at what measures might support the transition from the pandemic to "how society might concurrently suppress and live with the virus".

(Reminder if needed: these measures included:

- Remaining vigilant to the emergence of new variants of concern and having the capabilities to respond to any that emerge
- Supporting global vaccination programmes
- Being able to identify & isolate new cases, and managing transmission through vaccination, new medicines and/or behavioural/environmental interventions
- Maintaining some of the (previously legislated?) 'safe behaviours' such as physical distancing, wearing face coverings, working from home etc)
- Maintaining some of the changes in health service practices - for example, virtual clinics/consultations, ongoing Covid-19 testing

- Understanding the longer term health and societal impacts of Covid-19, including long Covid, the wider economic, social and cultural impacts of the pandemic.)

- **Which of these measures has had an impact on the development of policies aimed at managing the transition from the pandemic to living with and continuing to suppress the virus?**
    - Can you give me one or more examples?

Section 4

I'd like to understand a bit more about the nature of the impacts had by the measures outlined in the Academy's report.

- **I'm going to describe four different types of influence which recommendations might have on policy, and am interested in how you would characterise the impacts of the Academy's report. (Note: not all impacts need to be characterised in the same way.)**
    a. Innovating influence - that is, the recommendations contained something new, not already part of policy thinking
    b. Continuous influence - that is, completely coincides with existing policy direction
    c. Enriching influence - coincides with existing policy direction and supplements it with additional measures/changes
    d. Negative influence - that is, measures are not adopted and serve to reinforce existing policy direction
- **Are you able to identify the one (or more) types of impact the measures outlined in the Academy's report had on policy development or decisions on COVID?**

Section 5

The Academy's report was informed by a Patient and Carers Reference Group and by some qualitative research to understand public views.

Were you aware of this work?

(IF yes)

Did you read the separate People's Perspective report, which was annexed to the main Academy report and/or the report by Ipsos summarising the findings of the public engagement activities undertaken as part of this report?

(IF yes)

- **To what extent did the inclusion of patient, carer and public voice add weight to the report?**
- **Did the inclusion of patient, carer and public voice contribute to the overall impact of the Academy's report?**
    - (If yes): could you tell me why?

- Are you able to provide me with an example of how the People's Perspective report or the inclusion of public research added weight to the Academy's report or contributed to its impacts?

Section 6

I would like to focus now on the evidence base which informed the Academy's report.

- **Did you use this evidence base (regardless of whether or not the Academy's recommended measures were influential or not)?**
  - Can you give me an example of how you used this evidence base?

(FOR THOSE FAMILIAR WITH THE PEOPLE'S PERSPECTIVE:

- **How did the reality of people's experiences of COVID (as described in the People's Perspective and through the public research) complement or add to the scientific evidence base?**

Section 7 (for those attending teach-in only)

You mentioned that you had attended one of the teach-ins held by the Academy.

- **Why did you decide to attend the teach-in (for example, rather than simply reading the report)?**
- **How would you describe the value of the teach-in to your own ongoing work?**

Closing section

Just one more question: has the report changed the way that you view the Academy and its work?

These are all of my questions.

Is there anything else you would like to raise that you think might have value for the Academy in understanding the impact of its July 2021 report or in thinking about how its future projects might be most influential?

Thank you for your time etc.