Comisiwn Bevan Commission

Covid-19 Intelligence Series

Views from the frontline

August 2020

Executive Summary

In March 2020, the Bevan Commission decided to capture the views of people on Covid-19 over time, as the situation unfolded. Through its networks of Bevan Innovators (Exemplars, Advocates and Fellows) it captured the positive and negative experiences of people working within the system as well as those who use the system. Together with the feedback from the Commissioners it monitored the changing responses, through a series of monthly questionnaires. This report presents the findings from the responses over the three months April – June 2020.

Collectively, they provide an important insight into how staff and members of the public were responding to the crisis. These responses were candid and marked by their honesty and openness. There is a balance of positive and negative comments, reflecting both a period of impressive innovations, team working and social cohesion, but also the confusion, mendacity and shortfalls in the adequacy of response by government(s) and those in authority.

In contrast, many of the messages contained in the questionnaire responses are both clear and unambiguous. In summary the following highlights some of their main messages:

Beneficial changes must be retained and the way health care is delivered should not simply slip back to the pre-Covid days.

It is time to **address the disparities between health and social care** which should be a full and equal partner in forward planning.

Positive responses included:

- The increasing use of digital technology and virtual consultations
- Reduced demands on the NHS and patients taking more responsibility for their own health and for others in their community
- Increased Community spirit
- Environmental improvements such as reduced travel
- More team working and flexible working patterns

Negative responses included:

- Concern over the lack of attention for other ill people
- Rushed decision making, lack of planning, communication and joining up
- Inadequacies in Test Track and Trace and PPE procurement and use
- Increased mental health problems and staff exhaustion
- Crisis in the care home sector
- Tensions and confusion between UK and devolved governments
- Detrimental effects on society

There is a particular value in acquiring views that are unfiltered by either media reporting or managerial reporting lines. Their value is likely to increase over time as we place each response into a wider context and assess whether the hopes and fears being expressed are subsequently realised. The importance of acting on the information cannot be over stressed and must not be lost in time.

1.Introduction

There has been considerable interest in how services, staff and the general public have responded to the challenges Covid-19 has thrown up. In March 2020 as the Covid-19 crisis unfolded, the Bevan Commission decided to try and capture the experiences (both positive and negative) of its network of NHS staff, Advocates and Commissioners, through a series of monthly questionnaires. A short email questionnaire was sent to over 200 people each month from April to June, asking the following three questions:

1. **Please list up to three changes / issues that have arisen as a result of Covid-19 that you think are broadly positive and need to be addressed**

2. **Please list up to three changes / issues that have arisen as a result of Covid-19 that you think are broadly negative and need to be addressed**

3. **Please add any additional comments / points you may wish to make about the Covid-19 crisis and follow-up actions**

The aim was to allow those who wished to respond to do so easily and quickly with further opportunities to provide additional detail if they wished. As the questions were repeated each month there was an opportunity to track how experiences changed over time. At the time there were questionnaires being undertaken by other agencies track health and well-being. Our focus was on how Covid-19 was generating change (both positive and negative), both in the workplace and at home. Participants had the option of sending in their responses anonymously via an online Google form.

Unsurprisingly the number of responses did decline over time. This was in line with our expectations and follows a familiar pattern.

Month	Total number of replies	Number of replies remaining anonymous
April	53	17
May	36	6
June	27	10

To keep the main body of the report to a manageable length, each category contains only a sample of the positive and/or negative responses. Appendix A details all the responses received.

2. General Themes

From the analysis of the responses, there have been some recurring themes across the three months but also some new themes have emerged as time has moved on:

Positive Experiences

- Increased number of virtual GP and clinic consultations (recurring throughout)
- Increased Use of Digital Technology (recurring throughout)
- Environmental improvements (recurring throughout)
- Reduced demand on other NHS services (recurring throughout)
- More team working (recurring throughout)
- Working in different ways (recurring from May)
- Increased flexibility in working patterns (recurring from May)
- Patients taking more responsibility for their own health care (recurring from May)
- Increased Community spirit (recurring from April)

Figure 1: Reported positive themes as a percentage of all responses (April, May & June 2020)
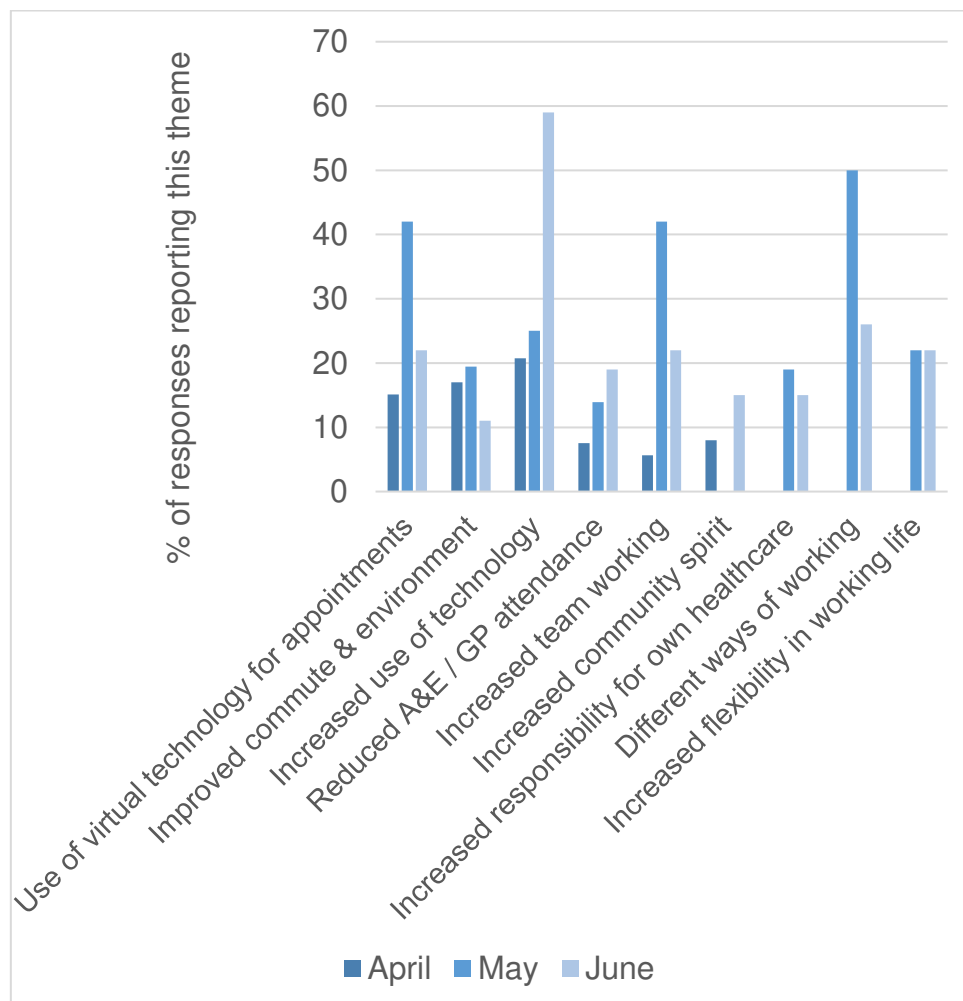
Negative Experiences

- Concern as to what attention is being given to other ill people (non-Covid-19) (recurring throughout)
- Rushed decision making - no joined up thinking - lack of planning (recurring throughout)
- Access to IT equipment (recurring throughout)
- PPE procurement and use (recurring from May)
- Testing issues (recurring from May)
- Increased Mental Ill Health (recurring from May)
- Staff exhaustion (recurring from May)
- Tension/confusion being created between UK & Devolved Governments policies (June)
- Crisis in the Care home sector (June)
- Detrimental effects on Society (June)

Figure 2: Reported negative themes as a percentage of all responses (April, May & June 2020)
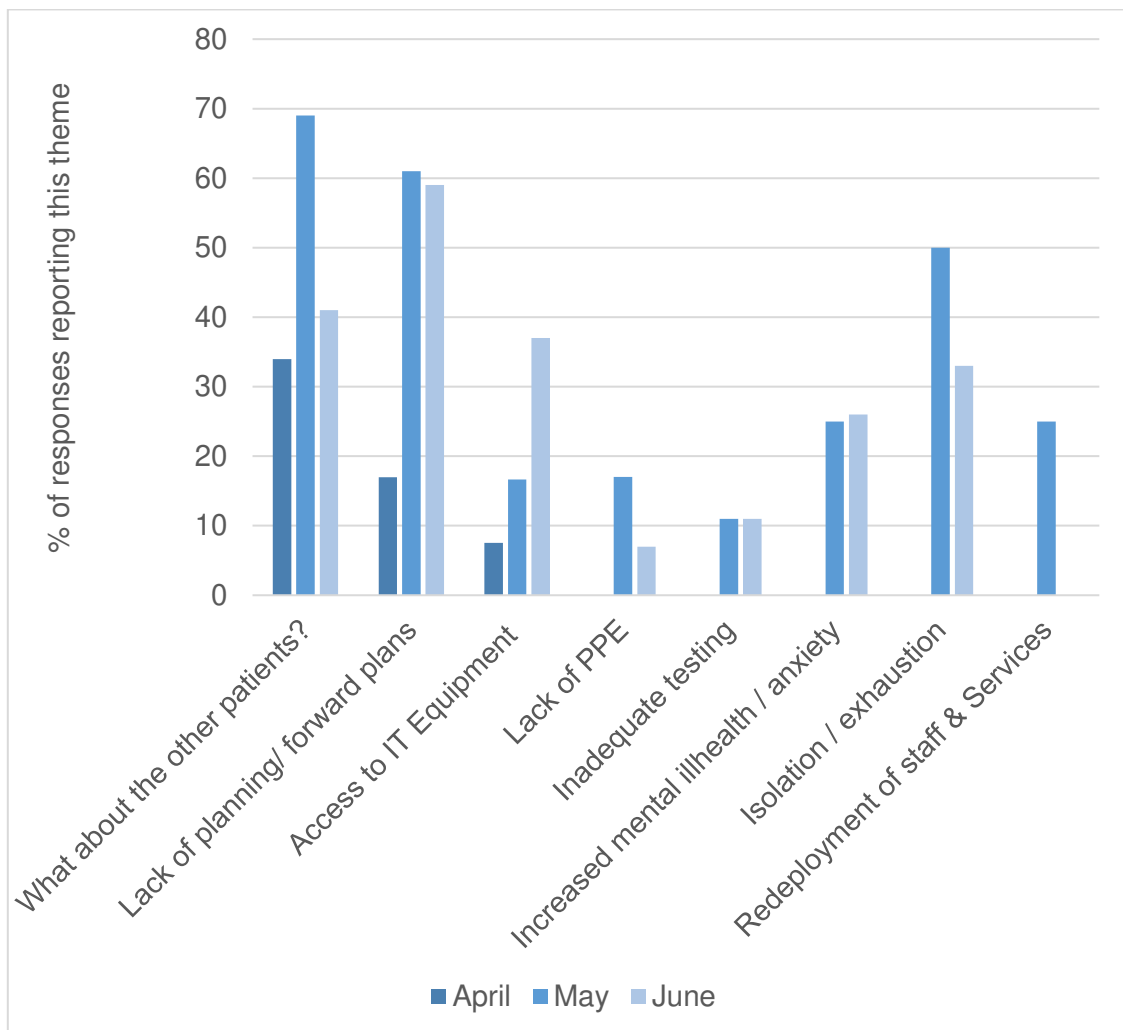
3. Positive Experiences

i. Increased number of virtual GP and clinic consultations

This issue has been highlighted as a major positive experience throughout the 3 surveys. There was strong agreement amongst many of the respondents that the increased number of virtual GP and clinic consultations was to be hailed as a positive outcome. It was noted that access, capacity and responsiveness had all improved. Although the percentage of responses relating to virtual consultations has reduced from 42% in May to 22% in June, it is likely that the ongoing use of technology to provide virtual clinics and consultations quickly became the new norm and is, therefore, not now seen as such a new, or noteworthy experience.

Comments included the following:

> *"Adoption of remote approaches to care, especially remote GP consultations, triage before appointment, distance working etc. We have (I hope!) once and for all dispelled misconceptions about what can and cannot be done at distance."*

> *"Virtual clinics including telephone and attend anywhere. Resulting in additional capacity for outpatient type activity sometimes doubling capacity of a face to face clinic."*

> *"The shift to online consulting that in the main, works well for the majority of presentations."*

Looking to the future, a number of respondents were clear that many these changes should become a permanent feature:

> *"Virtual consultations appear to be the future, now being utilised more than anticipated. A great tool for patients nervous of attending healthcare setting. Good way for clinicians to triage and educate patients remotely prior to deciding if attendance is necessary to clinics."*

> *"Speaking from a Primary care perspective - think it will re-calibrate how Primary care organisation and consultations continue in future."*

> *"Increased IT skills and use of remote technologies will be useful in the future, saves travel and allows more flexibility in appointment times for parents. Not all patient appointments can be replaced by remote, but a portion can be."*

ii. Increased use of digital technology

Once again, this was a recurring theme from all three surveys. 21% of April, 25% of May and 59% of June responses included the increased use of technology as a positive benefit of the Covid-19 situation. The range of technology and examples ranged from laboratory processes, to the use of apps, and teleworking (Microsoft Teams/ Skype/ Zoom) as an aid to communicating with colleagues. It was noted that there was a benefit in using teleworking where previously people may not have been able to attend meetings due to time and distance travelled. 21% of April, 25% of May

and 59% of June responses included the increase use of technology as a positive benefit of the current Covid-19 situation:

'Skype meetings and zoom training or webinars are much better than travelling; I don't know why we didn't do more of it before'

'The increased use of digital technologies to aid communication within teams and dissemination of information is positive and will have added environmental benefits (e.g. on climate change).'

'Increased use of technology to support meetings i.e. Skype and Teams. Saves travelling time, better attendances and more focussed discussions. This allowed quicker and more informed decision making.'

iii. Integrated Health & Care, and increased team working

One of the most noticeable reactions to the Covid-19 pandemic situation within health and care was the number of respondents who cited an increase in team working and collaboration between both departments and organisations in providing care for patients. It would also seem that as people established new ways of working together, the benefits were increasingly being felt. Whilst the increase in integrated care only featured in 6% of responses in April, it was cited by 42% of respondents in May:

"There is a clear sense of urgency, willingness and togetherness."

"Departments working together for common cause – less silo mentality"

"Partnership working between health and social care. Having been involved with the Covid response in the health board, the response has truly broken down barriers. Teams are working together, in a way that seems to have been impossible until now."

iv. Working in different ways

Whereas in April and May, responses tended to focus on team working and integrated health and social care, by June responses had veered more towards different ways of working in general. It would seem that as time has moved on, people have established new ways of working together. New processes and procedures have emerged through the lockdown period as a result of having to do things differently as the following responses show:

"Transformed ambulatory trauma care."

"Modernised fracture clinic entry process."

"New ways of workings- this will be better when we can get attend anywhere but it saves a lot of travel in a rural area."

v. Increased flexibility in working patterns

As well as positive changes to the delivery of front line services, there has been praise for the opportunity to work remotely-often from home- through the use of technology and the need to stay home to stay safe:

"More flexibility in working practices e.g. homeworking, flexible hours round childcare."

"Virtual meetings and indeed the reduction in meetings generally, therefore proving that as much as we love a get together in the Welsh public sector it's not always necessary!"

"Although we are not in the office. We have actually had more time with colleagues and seniors via Teams. I think this has been great and I wouldn't want it to stop."

vi. Environmental Improvements

A recurring theme mentioned by some respondents relates to improved environmental conditions-including less travelling. Environmental improvements featured in 17% of replies in April, 19% in May and 11% in June:

"More patient independence and less driving- People are driving less, virtual clinics, new online/virtual ways of working that give patients more responsibility to look after their health as-well as reducing our environmental impact as health care sector."

"The rapid responsiveness of organisations/ employers to the need to communicate remotely, adopt digital solutions and work more flexibly in order to reduce unnecessary travel. If sustained, these may impact positively on pollution and the rate of climate change. The lessons learned should be embedded into future working practices in health and social care in Wales."

"Use of digital platforms for communication - less travel, costs, and environmental impact."

vii. Reduced demand on other NHS services

A characteristic of the Covid-19 pandemic lockdown period has been the dramatic reduction (especially at the outset) in attendance at both GP surgeries and at A&E Departments across the country. Each month, this issue has been raised as both a positive and negative experience, however, we look in this section at the way in which people have taken heed of the advice of the government and health service to prioritise visits to the most relevant service:

"Reduced non-essential attendance to hospitals – resultant reduction in bed occupancy with no patients on trolleys in A/E corridors/ambulances etc."

"A lot of otherwise non-urgent cases are not turning up to A&E for assessment."

"The reduced number of patients presenting to general practice has meant that we have more time for our consultations and improved satisfaction both for patients and staff."

viii. Patients taking more responsibility for their own health care

People taking more responsibility for their own healthcare -especially as access to ongoing care has been limited for many- was first highlighted in May with 19% of responses including this issue in their top 3 experiences. June saw 15% of respondents including it in theirs:

"People taking more responsibility for their own health and self-medicating for minor ailments."

"Personal responsibility during lock down remains strong."

"People realise that they can survive without Nanny NHS Wales and all its 'don't smoke in the car, do more exercise, don't drink Coke' etc. (the funding of which should have been spent in preparation for the pandemic)."

ix. Increased Community Spirit

This increase in community spirit was raised in April by 8% of respondents, and has seen a further increase to 19% of replies in June. It will be interesting to see if this cohesion continues when we are back to the 'new normal':

"Community Spirit re-emerged: We are all in it together. Kindness and real help thy neighbour became a norm especially for the needs of the vulnerable people. Shows how true community spirit has reduced the automatic state/social services dependency."

"Sense of community/connection at a time when we are all separated/isolated. Whether that be communities helping neighbours/organisations/ volunteering for the NHS or others helping to make PPE for the NHS. … As a nation the majority of us came together for the good of everyone."

"Self-isolation made us rejuvenate a sense of community and community cohesion and to connect to people and interact with others."

Reference has also been made to the large numbers of volunteers who have come forward to offer their time during lockdown.

"The willingness of the public to support the NHS practically (e.g. by volunteering) and by this and other means, boost the morale of those involved in providing care in hospitals and the community and in other front-line roles."

"Increased numbers of volunteers that we should use now and going forward."

4. Negative Experiences

i. What about the other ill people?

There has been a deep concern expressed by many respondents for the 'non Covid-19' patients whose treatments has been halted, suspended or cancelled completely. In April over a third of recipients (34%) cited this as a main concern; in May, this had risen to over two thirds, 69% and 49% of June respondents cited this issue as one of their 3 negative experiences. There is a noticeable concern that the balance of focus had slipped too much towards Covid-19 at the expense of other serious health conditions:

"We will see many more cancers, mental health problems, late termination of pregnancy etc. because we are telling people to 'Protect the NHS'."

"The loss of life and impact on people's wellbeing is more likely to be affected adversely from continuing the current low levels of activity than will 2suffer as a result of Covid."

Forgetting that other patient safety issues arising from too much focus on Covid patients."

Following on from this, there were concerns about how the backlog of outpatient appointments will be tackled:

"We have no plan as to how to return some services to normal and deal with the tidal wave of patients who have just been cancelled. Probably over 3000 clinic appointments in surgery alone in Cardiff. Clinicians will be expected to just keep on going. We will never catch up."

"Not being able to access clinical appointments / procedures / medicine and an accompanying delay in help-seeking - there is a growing concern about how this is going to impact on people's prognoses, and NHS services, coming out of Covid-19."

"Concerns about the potential effects of the pandemic on screening, case identification, and referral for suspected cancer, and on the management and follow-up of patients with cancer and other serious medical conditions."

Fear of the public in relation to accessing health care facilities has reduced the number presenting at A & E Departments which raises concerns over the general health of potentially seriously ill people:

"The reduction in call volume to WAST, where are the sick people (non-Covid) going? I fear the genuinely ill (MI, stroke etc.) are not calling 999. Are they too scared to attend hospital or do they fear they'll impact on other services and they shouldn't call?"

"Children are presenting to hospital very unwell, as parents are avoiding seeking medical attention."

"The really sick, especially the elderly, are avoiding going to see a GP/Hospital when time is vital."

ii. Rushed decision making - no joined up thinking - lack of planning and communication

The issue mentioned the most times during June in relation to negative responses is around the lack of leadership and planning within the NHS. The governance and guidance from the top has been criticised by 59% or respondents in June, a slight decrease from the 62% of replies received in May. Some of the responses highlighted concern for the lack of planning leading up to the pandemic situation:

"Much of our business continuity plans may look OK in simulations but when they have to be delivered, many of the assumptions weren't valid or we underestimate the scale of problems, leaving the plans ineffective or irrelevant."

"Covid has shown what years of underinvestment in equipment, staffing, training and buildings etc. has done to hamper our responsiveness and

flexibility. We need sufficient funding to plan for the future rather than less than we need to tread water."

Other responses related to workforce issues including, skillsets, leave and planning. Some respondents mentioned that the workload for staff resulting Covid-19 has been very uneven, with some seemingly having not much work to do and others very busy:

"Lack of direction for some staff when usual work is stopped."

"Guidelines that seem to come out of nowhere which don't make much sense on the ground. Some adhere to them like glue without considering specifics of the situation that may require a different approach."

"Lack of operating opportunity- frustration and deskilling and the light at the end of the tunnel appears a long way off."

Longer-term strategy and planning on a larger scale has also been cited in some of the negative responses:

"As there is no planned care service in specialties like Trauma and orthopaedics. 60-70% of the consultant time is not very well utilised. Perhaps this could have been used for 1. Backlog validation 2. Virtual consultations etc. it seems that there is no interest on planned care as in England."

"Projects cancelled as 'perceived' priorities have changed, when in fact the same challenges will still be there after Covid-19 situation eases."

"Patients who have had the virus and have been hospitalised will need rehab and there needs to be strategy in place to cope with this surge in demand for rehab/advice on managing fatigue."

Lack of, or poor communication, has also been a common theme:

"Poor communication from Board level."

"Poor communication of changes in procedures, systems and pathways."

"Communications with the HBs, local procurement and National procurement need to be improved. This proved to be an area of weakness throughout the pandemic, creating a lack of clarity and a great deal of frustration and duplication."

iii.   Access to IT equipment

The final recurring theme from all three months' questionnaires related to the availability, access and quality of technology in the community in order to cope with these fast changing methods of communication and delivery of services. In April this was a concern for 8% of respondents, in May 17% and in June 37% or replies included this in their top 3 negative experiences:

"Lack of IT infrastructure and appropriate hardware availability."

"Lack of IT, most of what's going in now should already have been in place, in other words broader thinking, not just carrying on as we always have."

> *"Health Board IT security restrictions using particular platforms such as Zoom which is used widely in the private sector (UHBs continue to remain behind the times)."*

The use of technology to work remotely and to provide virtual consultations instead of human contact was listed as negative experiences by some, despite 59% of people saying it was a positive benefit in the current circumstances:

> *"Telephone/video assessment is not the same as F2F although may work well for certain conditions. Follow up exercises programme would work well."*

> *"Inappropriate use of telephone/video consultants in inappropriately selected patient."*

> *"Office environment supports structure which is lost with working at home. This is critical when considering child care issues and other home related issues that crop up during the day."*

iv.   PPE procurement and use

The lack of appropriate PPE for health care professionals in all settings has been highlighted nationwide since before lockdown. It is no surprise, therefore, that the PPE supply featured in responses, particularly concerns around shortages and the changing guidance:

> *"Welsh Government and all Public Health bodies have been issuing guidelines re PPE based on shortages of equipment. This is disgraceful and all care workers should have access to the highest levels of PPE especially where COVID 19 is known. How can care workers be expected to know when someone may be infected therefore all full protection should be available."*

> *"Political influence around PPE adoption due to shortages and differences of guidance which caused absolute confusion early on."*

> *"Procurement process is preventing purchasing of PPE from local suppliers - although the CMO/CEOs keep saying PPE is available, it is not available on the hospital floor - Betsi ITU ran out of gowns at the weekend."*

v.   Testing Issues

Issues relating to testing were still being cited as major negative experience by 11% of respondents in June:

> *"As was stated early on by WHO the key was and still is, '…testing, testing, testing..' but sadly 5/12 into Covid in UK, testing capacity in CTM and other parts of Wales appalling at time of writing."*

> *"Rationing of testing, first Care Homes and until recently patients being discharged without testing leading to care packaged being withdrawn for the lack of a negative test result."*

> *"Lack of coherent policy and clear political leadership - e.g. testing."*

vi.   Increased Mental Ill health

There is evidence of a growing concern about the negative impact on the nation's mental health. For both May and June, a quarter of negative responses included reference to increased cases of mental ill health in the future, amongst both the public and NHS staff. In contrast, April there was only one response which focussed on the emotional impact the dying alone of a loved one would cause:

> *"Dying alone: Most heart breaking but unavoidable. Emotional trauma to the grieving surviving nearest and dearest ones will be unbearable and will affect their health."*

In contrast, there are a broader range of concerns being expressed in subsequent months:

> *"Increased in social Isolation- for many patients I have found discharging home can be more difficult. They do not want to go back home and continue isolating if they are vulnerable, they feel more isolated and this leads to a deterioration in many elderly patients routine and sense of independence as lockdown continues. Similarly stay in hospitals without relatives being able to visit means spending more time talking to families and I feel more of my patients are at risk of becoming delirious on the ward when they cannot see their family and have this support and familiarity during their hospital admission."*

> *"Mental health/wellbeing – we've all been under intense pressure, even those not on the frontline of patient contact and this, compounded with the lockdown issues and health worries that the rest of the population has been experiencing, is a ticking time bomb."*

> *"The impact of isolation, uncertainty and lockdown on wellbeing and mental health."*

vii.   Staff exhaustion and isolation

The final recurring theme amongst the negative responses relates to staff wellbeing, including exhaustion and isolation. 50% of respondents cited this as a major concern in May and 34% of respondents in June:

> *"Proper ongoing support of the work force must be a priority. We have seen fearful and tearful doctors, nurses and the care workers. Long working hours in unfamiliar settings, having to work in PPE, often uncomfortable for long periods, worries about accessing adequate PPE, fear of contracting Covid19 and passing it on to their loved ones, seeing many deaths of patients, breaking bad news to bereaved families and no socialising outside work to refresh and recharge-lead to mental and physical exhaustion."*

> *"There seems to have been a lot of talk about supporting staff – but not a lot of action. We're all knackered."*

> *"Many doctors (particularly juniors) have been moved onto emergency rotas missing annual leave and rest time. Whilst restarting services there also*

needs to be focus put on healthcare staff and allowing them to have appropriate rest/leave - or we will see burnout issues very quickly."

The effect of working from home has led to many people feeling isolated. The benefits of social interaction in the workplace cannot be underestimated in its effect on peoples' physical and mental wellbeing:

"Feeling isolated working at home, despite great support."

'Isolated homeworking when used to team working or working as a clinician with patient's day in day out."

'Isolation of staff with no face to face support."

viii.   UK and Devolved Governments

Passionate responses and strength of feeling are evident in the following replies which can be grouped together as being negative towards both the UK and Welsh Government's responses overall to the Covid-19 situation and the confusion as to who is in control.

"I have found the performance of the politicians, the bureaucracies and our media embarrassing and so inept. The way the country as a whole has/has not responded has made us the laughing stock of the world. Yet we have little insight and there certainly has been no acknowledgement of this. I fear that sadly the NHS will no longer be the envy of the world."

"I think we should look forensically at how government has organised its response to Covid 19, and how this has compared with other governments in other nations. I am sure the UK has made some fundamental mistakes in its approach and fewer people could have died."

It should also be noted that the confusion over how many deaths there had actually been in parts of Wales drew a strong response:

"As for Wales. Well, the figures across the Trusts and Boards have been unbelievable in their amateurism. Failing to provide figures- --extra-ordinary, it defies comment. One of them, in North Wales, had been in ' Special Measures ' for some considerable time… I took that to mean that the Welsh Government knew what was going on. Really. Other Trusts believed they had a choice as to how they counted the figures."

ix.   Care home crisis

The high number of Covid-19 related deaths in care homes and the low priority given to the care sector has grown as an issue and was raised as a negative experience by 26% of respondents in the June questionnaire. However even back in April the following comments were made:

"All UK totally failed governments the Care Sector and some of the most vulnerable people in our communities residing in care homes."

"Any post pandemic enquiry is likely to show that the care sector and care homes in particular were not given the priority they deserved caring for some of the most vulnerable people in our communities."

Contents in June's response included the following:

> *"The lack of consideration for care workers and the elderly in their care homes, by not even considering their needs for PPE and testing."*

> *"The highlighting of the poor provision and funding in social care, and its low priority in government thinking and policy."*

> *"Highlights lack of integration between health and social care"*

x.   Detrimental effects on society

The final major theme has revolved around the effect that the lockdown and the pandemic in general were having on society at large, as well as certain groups within society. The effect on young people in terms of their education and wellbeing was highlighted by a few replies:

> *"Adverse impact on the education and social development of the young."*

Treating children whilst wearing PPE was mentioned by one concerned health care professional:

> *"Very difficult-hot and not user friendly trying to deliver emergency physio treatments wearing PPE. Difficult to bond with children, and potentially frightening for them when treated by a HCP wearing a face mask and visor!"*

The effect that the lockdown procedures has had on those families who have suffered loss has been highlighted by the following response:

> *"The lack of human compassion for those who were dying without their relatives at their side - the NHS and social care staff have been fantastic, but it would not have been too much trouble to allow family at the bedside."*

Other responses relating to the detrimental effects on society included the following:

> *"Covid19 has disrupted the social, political, economic, emotional and existential wellbeing of the world --morbidity and mortality being the immediate concern."*

5. What should we conclude from these responses?

The value of the responses generated from this short questionnaire administered over three months will grow over time as they provide an important insight into how staff and members of the public were responding to the crisis Covid-19.

The responses are candid and marked by their honesty and openness. There is a balance of positive and negative comments, which reflect the reality of Covid-19. There have been impressive innovations and team working and dedication on display. There has also been confusion, mendacity and some appalling shortfalls in the adequacy of response.

People have generally shown admirable resilience in dealing with the threats and changes to life that Covid-19 has brought but the potential for long term negative

impacts to the economy, education, the nation's general health and to our very way of life still loom large. The realisation as to the breadth and possible long term nature of these changes are still being assimilated and will continue for some time to come.

People want the hard won gains from Covid-19 to be retained. For example, whilst there is still a place for face to face consultations in primary and secondary care, the default now needs to be using technology more. Likewise the use of telephone triage and consultations in primary care (and very likely for a range of issues that people previously just turned up to A&E for). Homeworking has some issues (as shown in these responses) but we should not all just rush to return to physical workplaces. The use of the likes of Zoom and MS Teams to replace many face to face meetings (especially where travel is required) was a long overdue change.

The responses also serve as a warning to those in authority, both for those at national level and for senior managers of our public services, that their handling of Covid-19 has left many people unimpressed. People expect clear direction and competent management. They know that Covid -19 creates difficult problems but they expect the nature of those problems and possible solutions to be communicated in an open and honest way. One of the responses summed up the need for change as follows:

> *"Out of all this trauma, Wales needs a vigorous re-appraisal of its health and care provision."*

If that actually takes place it will provide some compensation for the misery Covid-19 has generated for many.