

Date: **16th July 2020 Enquiries to Dr Jackie Applebee, Chair Doctors in Unite**

APPG on Coronavirus:

We welcome the opportunity to feed into the APPG on Coronavirus.

We are Doctors in Unite, the doctor's branch of Unite the Union. Our members are from all branches of practice and public health across the UK. Our website can be accessed at <https://doctorsinunite.com>. We have written extensively during the Covid19 pandemic. Our articles can be found on our website.

The UK has suffered a decade of austerity. COVID 19 has already begun to lead to job losses and increasing hardship for many people. Ordinary people cannot and should not withstand further austerity in order for the Government to pay for COVID 19. The UK is a rich country and can afford to support the population. We address the social determinants in health further on but wanted to highlight at the beginning that even more people must not be consigned to poverty and homelessness on the back of COVID 19 due to loss of income as their jobs disappear. There are plenty of jobs that need to be done in society, not least the urgent need to build a sustainable, green economy to reverse the looming, catastrophic effects of climate change.

We believe that the end of the Lockdown is only the end of phase 1. We must act quickly, learning lessons from other countries' experience, to prevent a second wave or surge and we need to be preparing for next winter when we can expect the return of seasonal flu and the usual winter bed crisis. These in combination with unfettered COVID 19 would be catastrophic

Health and social care staff have embraced the challenges and worked flat out to care for the public. They have done this despite lack of adequate personal protective equipment (PPE), we will never know how many have lost their lives as a direct result of this.

The massive decrease in air and road traffic and hence in air pollution is also something to be celebrated along with the decrease in mortality from respiratory illnesses (excluding COVID). Many people report enjoying the reduced levels of noise and being able to hear bird song.

The implementation of free transport on London's buses will have encouraged some people not to drive, further diminishing emission of pollutants, but we must not forget that this was driven by the unacceptably high mortality from COVID of London's bus drivers. They should not have had to die, they should have been issued with adequate PPE. We believe that free bus travel should continue as a fitting legacy to them and as one tool in the fight to combat climate change. And are alarmed that free bus travel for children is being withdrawn, at the behest of Government, to pay for the deficit of TfL.

The decrease in traffic and the reluctance of people to use crowded public transport has led to a significant increase in cycling. It is welcome that the Mayor of London, Sadiq Khan, has chosen to capitalise on this and improve cycling infrastructure in the capital. The health and environmental benefits from the increase of active transport must not be squandered.

The level of failure from the top has been legion.

The Westminster Government responded extremely slowly to the approach of the virus. They squandered weeks, when it was obvious that COVID was heading our way. Time when they should have been making preparations including sourcing appropriate PPE and setting up test, trace, isolate

and support systems. We believe that these delays can only be explained by ideological dogma overcoming sound public health advice and established good practice.

It is increasingly widely held that if lockdown had happened a week earlier that thousands of lives could have been saved.

<https://www.bbc.co.uk/news/health-52995064>

There should also have been a plan, under the aegis of Directors of Public Health, to reduce transmission in care homes and a plan for treatment within homes where necessary. This could have included the provision of oxygen and outreach medical and nursing teams.

Massive cuts in the Public Health budget during the last decade of austerity have severely curtailed the ability of local teams to respond to the pandemic and set up time honoured infectious disease control processes of test, trace, isolate and support. Countries that have adopted these methods have had far fewer deaths per head of population from COVID 19 than the UK which is in the ignominious position of having one of the highest death tolls in the world. We regard the premature abandonment of contact tracing along with the failure to curtail mass public events as major strategic errors. The Governments promise to set up a national test, track and trace programme by the beginning of June has been beset with problems and the official start date has been repeatedly postponed. It is now unlikely to be ready by the end of June, if then, yet local councils are holding back on developing local schemes putting their faith in the national one. Independent SAGE are clear that locally based test, trace, isolate and support is the way forward

<https://researchprofessionalnews.com/rr-news-uk-politics-2020-6-independent-sage-blasts-government-test-and-trace-system/>

The public have behaved extremely well. They have understood the seriousness of COVID 19 for some people and the pressures on the NHS and Social Care. During the peak of the pandemic attendances for non COVID related illnesses were much lower than expected. This however brings its own problems in that mortality and morbidity from non COVID conditions will be higher than usual leaving a massive legacy of unmet need. Lessons must be learned from this. Health and social care capacity must be invested in so that this backlog can be quickly addressed, but private health providers must not be allowed to profit, they have already had a windfall, they must provide services for the money which they have already been paid. Investment must be maintained in the NHS so that we are never in the situation again that we found ourselves in with COVID 19 where there was no slack in the system to enable us to cope.

COVID has shown that the public are willing to accept huge changes if there is an existential threat. Government should acknowledge this and be much bolder in their attempts to tackle climate change.

The NHS has been decimated by cuts and privatisation over the last two decades but there is still some semblance of central coordination of a still largely, though shrinking, publicly provided service. This has enabled some level of planning. Social Care, on the other hand is nearly all privately provided and as a result so fragmented that there is little if any central planning of that sector. The tragic catastrophe of the thousands of deaths in care homes where low paid staff, many of whom work on precarious contracts through agencies is a damning indictment of the policy of privatisation of this sector which, lacking resilience, has become heavily dependent on the public sector for survival. In this context we note the Welsh Government intervened early on and arranged for regular PPE supplies to its care sector.

Social Care should be brought back into public ownership and the NHS should be restored to the comprehensive, publicly funded, publicly provided service, free at the point of delivery that it was in 1948. The NHS was founded to give everyone equal access to health and social care, doing away with the need for the funds to pay for it or the reliance on charity. There must be no return to workhouse mentality, charity and privatisation has no place in the provision of health and social care. Despite Operation Cygnus finding in 2016 that “The UK’s preparedness and response, in terms of its plans, policies and capability, is currently not sufficient to cope with the extreme demands of a severe pandemic that will have a nationwide impact across all sectors,” the then Health Secretary Jeremy Hunt refused to implement its’ recommendations.

We believe that the COVID 19 pandemic has highlighted how essential it is to have a comprehensive NHS which is publicly funded from general taxation, publicly provided and free to all at the point of delivery. Public Health and Social Care should be included in this because to provide effective health care the three must work together.

<https://www.theguardian.com/world/2020/apr/19/government-under-fire-failing-pandemic-recommendations>

<https://www.theguardian.com/world/2020/may/07/revealed-the-secret-report-that-gave-ministers-warning-of-care-home-coronavirus-crisis>

Pandemics usually lead to increases in morbidity and mortality from other non pandemic conditions. A decade of austerity, where the NHS has been forced to work at full capacity so that there is no slack in the system has made this worse. The shocking drop in the number of GP referrals for cancer treatment – down 60 percent from last year, and GP referrals to specialist care – down three quarters from last year, is incredibly concerning. Hospital bed occupancy of 85% is the upper limited that is deemed safe, but for years many hospital trusts have run at levels well above 90% leaving no room to respond to emergencies such as COVID 19.

<https://nhsproviders.org/news-blogs/news/winter-bed-occupancy-rates-threaten-patient-safety>

<https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/bed-occupancy-in-the-nhs>

<https://www.nhsconfed.org/news/2020/06/performance-figures-reveal-unseen-impact-of-coronavirus>

<https://www.bma.org.uk/news-and-opinion/nhs-stats-highlight-brutal-impact-of-covid-19-on-healthcare-services-and-patient-care-says-bma>

We welcome the Government's decision to remove the NHS tariff for overseas health and social care staff (though we note there are delays in its implementation) but we regard it as reprehensible that the UK Government still treats many health and social care staff as being low skill and that they will be subject to strict migration restrictions.

Health services, especially General Practice have embraced remote working and largely consult through telephone or video in order to keep patients safe by minimising exposure to Covid 19. However this is not a panacea and care must be taken before this becomes the new norm. Many people, especially in deprived areas, do not have reliable access to the internet. There is a considerable amount of digital poverty. This must not be allowed to become an additional barrier to

the vulnerable accessing care. Nor is it necessarily a better and more efficient way to deliver care. There is no evidence that on line consulting is quicker and it robs the clinician of valuable cues from the patient that are only available in face to face settings.

Lockdown has led to an increase in domestic violence, this is yet another sector that has suffered huge cuts in the last ten years so that support services are unable to cope with demand.

<https://www.theguardian.com/society/2020/apr/24/charges-and-cautions-for-domestic-violence-rise-by-24-in-london>

<https://www.independent.co.uk/news/uk/home-news/domestic-abuse-refuges-government-funding-announcement-a9166691.html>

The Governments hostile environment has been a deterrent to overseas migrants seeking the health care that they need. Many Overseas migrants are not eligible for routine NHS secondary care, though COVID, along with other conditions is exempt from charging. This policy causes overseas migrants to fear that seeking health care will either lead to destitution due to bills that they cannot pay, or deportation if their status is undocumented and seeking health care flags them to the home office. The policy is complex and many do not understand that some conditions are exempt, leading them to fail to seek any sort of health care. This is inhumane and the policy should be scrapped, but in addition it adds to the level of circulating virus in the community that is present to infect others.

<https://www.independent.co.uk/news/uk/home-news/coronavirus-undocumented-migrants-deaths-cases-nhs-matt-hancock-a9470581.html>

Another effect of the Government's hostile environment is that many undocumented migrants work in low paid roles in the care sector and lack employment rights. They are financially compelled to work even when unwell and if out of work they have no recourse to benefits.

We note the high level of death and illness that afflicted health and social care staff, predominantly affected those from a BAME background.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

COVID 19 has laid bare the inequalities in UK society. Mortality has disproportionately affected the poor and vulnerable, particularly the BAME community. The PHE report into disparities in outcome for COVID has been widely criticised for giving no recommendations for action.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

During normal times the life expectancy and the healthy life expectancy of the richest in society is years greater than for the poorest. Poverty, poor nutrition and lack of control over one's life lead to the poor health outcomes and disproportionate incidence of chronic long term conditions amongst the poorest in society. COVID 19 disproportionately kills off those with chronic long term conditions. This is not news, the Black Report in the 1980s and more recently Sir Michael Marmot's reports of 2010 and this year's ten years on, clearly show the problems and identify solutions. That their recommendations have not been acted on has meant that the poorest in society have disproportionately died.

<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

Despite these inequalities having been well documented for decades the public policy response over the last decade has been to move in an opposite direction. We have seen recent governments pursue policies to reduce the role of the state even though it is the major instrument to redistribute services and opportunity in modern British society. Within the public sector resources have been dramatically moved away from local authorities and other public bodies serving communities and groups with the greatest social need. With this loss of publicly funded support and resilience it is not surprising that these communities have suffered the most in the present Covid-19 crisis. The words of the UN Special Rapporteur are a damning indictment of these policies.

<https://www.bbc.co.uk/news/uk-48354692>

We fully support that health and social care should work seamlessly. We are concerned however that in many instances patients were transferred to care homes without their Covid-19 status being firmly established. This is not acceptable and leaves a vulnerable section of the population exposed to a virulent infection.

For the future there needs to be proper transitional and quarantine provision in place between the NHS and Social Care and within Social Care itself.

We note the proportion of care homes that became affected by Covid-19 varied considerably – almost 60% of Scottish homes had Covid-19 compared to 40% in England and 25% in Wales. This variation should be examined to see if there are any lessons to be learned.

<https://www.theguardian.com/world/2020/jun/02/covid-19-spilling-out-of-hospitals-and-care-homes/says-uk-expert>

The three devolved administrations, who largely embraced a public services response, seemed to provide a more coherent and integrated response than the fragmented, cocktail approach in England which was over-dependent on out-sourcing and ad-hoc arrangements with private companies. These experiences also highlighted the desirability for more local responses – and in the English context the London-centric leadership did not allow a more tailored response to the local need across the country.

We also commend the Welsh Government's decision to provide front line care staff with a bonus of £500 in recognition of loyal and dedicated service. It is a pity that the Treasury has not seen fit to exempt this sum from tax and national insurance liabilities.

Years of privatisation, fragmentation and cuts, with the added difficulty of enshrining competition into the NHS with the 2012 Health and Social Care Act have severely undermined the ability to provide integrated services across the system. Removing these barriers and facilitating sensible system wide planning around the needs of those who need to be cared for rather than the constant push for “efficiency savings” in a sector that has been subjected to an unprecedented financial squeeze during the last decade of austerity would help enormously.

<https://www.kingsfund.org.uk/projects/positions/nhs-funding>

<https://www.england.nhs.uk/2019/04/staff-praised-as-nhs-productivity-grows/>

Cuts, privatisation and consequent fragmentation with competitive procurement processes have severely undermined the ability of public services to collaborate and provide person centred care. Any good practice is down to the willingness and dedication of health and social care staff to go above and beyond the call of duty.

While we agree that there should be a “Four Nation” response to the pandemic across the UK, each devolved administration should retain the ability and capacity to respond to its own needs where necessary.

If a “Four Nation” response is to work more effectively it requires Westminster to engage in a regular and consistent dialogue with the devolved administrations. Pandemics do not need permission to cross borders. This has not always been the case during Covid-19 to date. There are opportunities for shared procurement practices across the UK but we are concerned to hear that some supply contracts agreed with devolved administrations were “gazumped” by Westminster. There is also a need to revisit how professional advice is secured and commissioned. Bodies such as SAGE are predominately under the wing of Whitehall and the UK Government with devolved governments having a very secondary role. This can mean that crucial strategic decisions are made at a “Whitehall pace” rather than that which might be more appropriate to the devolved parts of the UK.

Community contact tracing is an area which should be locally driven to provide the best outcomes. However the Westminster Government have insisted on a nationally driven programme, which has been beset with problems and has been described by ISAGE as being unfit for purpose. This insistence on a national solution has hindered the setting up of local test, trace, isolate and support systems which have been proven to be effective in disease control. See also answer to question 18.

Places where community test, trace, isolate and support have been piloted have given insights into how they can be made to work. Ceredigion, Sheffield and Northern Ireland, for example, have successfully instituted local schemes.

<https://www.walesonline.co.uk/news/wales-news/area-wales-missed-coronavirus-simple-18348215>

<https://www.theguardian.com/world/2020/may/21/uk-first-coronavirus-contact-tracing-group-warns-of-difficulties>

<https://www.bmj.com/content/bmj/369/bmj.m2373.full.pdf>

Lack of properly coordinated local schemes will lead to avoidable deaths as lockdown is eased and people begin to move around more freely. The app promised by Hancock is clearly beset with major problems

<https://apple.news/AnQsy9rXJSrajZtKjLUW6A>

<https://www.newscientist.com/article/2241041-there-are-many-reasons-why-covid-19-contact-tracing-apps-may-not-work><https://www.wired.co.uk/article/contact-tracing-app-isle-of-wight-trial>

The rise in foodbank usage shows how desperately close to poverty are so many in our population. This situation could, and should, be prevented in future by an adequate benefits system, or universal

minimum income, and a significant rise in statutory sick pay to at least the minimum living wage. This support is vital in view of the particular vulnerability of disadvantaged and marginalised communities.

Mutual Aid groups were quickly set up across the country and people undertook their social responsibility to forgo freedoms in order to protect others and save lives. This is potentially an important future asset and we urge both national and local government to explore ways of supporting this important reservoir of social solidarity and community cohesion.

It is a scandal that care home workers needed to access charities to be able to afford to eat if they were sick or needed to self isolate. (see also answer to 19 above).

The involvement of the private sector has led to an only too familiar string of unfortunate events.

Unipart did not have the workforce to distribute the PPE that was available.

<https://www.hsj.co.uk/finance-and-efficiency/system-failure-on-personal-protective-equipment/7027207.article>

<https://unitetheunion.org/news-events/news/2020/april/government-cuts-to-nhs-supply-chain-causing-hospital-ppe-delays-and-must-be-reversed/>

Serco had a serious data breach where they revealed the email addresses of hundreds of contact tracing call handlers to each other.

<https://www.theguardian.com/business/2020/may/20/serco-accidentally-shares-contact-tracers-email-addresses-covid-19>

Capita took weeks to process the applications of retired GPs and other staff who were willing to return to work to help with pandemic management.

<http://www.pulsetoday.co.uk/clinical/clinical-specialties/respiratory-/gps-giving-up-on-month-long-process-to-join-covid-assessment-phone-line/20040776.article>

Privately run testing centres, such as those of Deloitte's, are difficult to access, results have gone missing and have not been communicated to GPs.

<https://www.hackneycitizen.co.uk/2020/05/11/coronavirus-delivery-wrong-tests-blame-delays-mobile-centre-dalston-council/>

<https://www.theguardian.com/world/2020/apr/23/hospitals-sound-alarm-over-privately-run-test-centre-in-surrey>

Virus testing occurs in 'super labs' bypassing existing NHS facilities which have much quicker turnaround times and good links to the local General Practices that they serve. Testing in NHS labs would have kept GPs in the loop, vital for community contact tracing.

<https://lowdownnhs.info/comment/why-bypass-nhs-labs-for-mass-testing-concerns-over-new-super-labs/>

Private hospitals were thrown a life line when the Government struck a deal to pay them £2,400,000 per day to rent 800 beds, without this these hospitals would have struggled for business. Few of the beds were used, but the private hospitals were paid the money anyway.

<https://lowdownnhs.info/news/nhs-englands-deal-a-life-saver-even-for-private-hospitals/>

It is our view that private capacity should have been requisitioned, not rented out. £2,400,000 per day would have been far better spent on the NHS and Social Care provision.

CONCLUSION

In conclusion we would like to reiterate that we believe that the COVID 19 pandemic has highlighted that it is essential to have a comprehensive NHS which is publicly funded from general taxation, publicly provided and free to all at the point of delivery. Public Health and Social Care should be included in this because to provide effective health care the three must work together for the needs of the patient and not for profit.

Links to Doctors in Unite statements during the Covid 19 Pandemic:

<https://medicalpractitionersunion.files.wordpress.com/2020/05/public-health-and-primary-care.pdf>

<https://doctorsinunite.com/2020/04/02/covid-19-the-lack-of-safe-ppe-will-be-this-governments-legacy/>

https://www.change.org/p/uk-parliament-the-government-can-t-hide-behind-grateful-applause-they-must-now-fund-the-nhs-properly?recruiter=1063110966&utm_source=share_petition&utm_medium=copylink&utm_campaign=share_petition

<https://www.change.org/p/uk-parliament-doctors-in-unite-demands-in-response-to-covid-19>

<https://doctorsinunite.com/2020/06/12/financial-security-must-be-maintained-during-contact-tracing/>

<https://doctorsinunite.com/2020/06/10/doctors-in-unite-statement-government-guidance-on-shop-opening-and-return-to-work-is-unsafe/>

<https://doctorsinunite.com/2020/06/07/tens-of-thousands-of-avoidable-deaths-due-to-the-governments-callous-indifference-to-the-effects-of-covid-19/>

<https://doctorsinunite.com/2020/05/29/schools-should-not-take-in-more-pupils-on-1st-june-unless-it-is-safe-to-do-so/>

<https://doctorsinunite.com/2020/05/25/isolate-trace-and-support-is-the-only-safe-way-out-of-lockdown/>

<https://doctorsinunite.com/2020/05/21/nhs-surcharges-have-been-dropped-for-overseas-health-workers-we-must-now-end-all-unfair-healthcare-costs/>

<https://doctorsinunite.com/2020/05/18/testing-times-require-radical-solutions/>

<https://doctorsinunite.com/2020/05/12/blanket-dnacprs-are-not-the-solution-for-panicked-healthcare-rationing/>

<https://doctorsinunite.com/2020/05/11/thoughtlessly-placed-dnars-do-harm-to-patients-and-doctors/>

<https://doctorsinunite.com/2020/05/10/matt-hancock-offered-to-auction-his-football-shirt-for-the-nhs-we-need-proper-funding-not-charity-gimmicks/>

<https://doctorsinunite.com/2020/05/08/our-exit-from-lockdown-must-be-safe-and-sustainable/>

<https://doctorsinunite.com/2020/05/02/children-on-the-front-line-why-the-hostile-environment-is-inconsistent-with-government-commitments-to-child-health-as-well-as-the-fight-against-covid-19/>

<https://doctorsinunite.com/2020/04/28/government-ineptitude-has-undoubtedly-led-to-many-unnecessary-deaths-they-must-be-held-to-account/>

<https://doctorsinunite.com/2020/04/28/doctors-in-unite-statement-on-payouts-for-those-who-die-in-service-with-covid-19/>

<https://doctorsinunite.com/2020/04/23/statement-on-key-worker-testing-and-contact-tracing/>

<https://doctorsinunite.com/2020/04/14/for-profit-companies-have-no-place-administering-retirees-return-to-the-nhs/>

<https://doctorsinunite.com/2020/04/14/there-is-no-exit-from-the-covid-19-lockdown-without-population-testing/>

<https://doctorsinunite.com/2020/04/07/the-only-future-for-the-nhs-after-covid-19-is-a-return-to-its-founding-principles/>

<https://doctorsinunite.com/2020/04/07/medical-ethics-during-the-coronavirus-pandemic/>

<https://doctorsinunite.com/2020/04/05/despite-coronavirus-and-clapping-the-tories-remain-hostile-to-a-public-nhs/>

<https://doctorsinunite.com/2020/04/04/laid-off-cabin-crew-with-resuscitation-skills/>

<https://doctorsinunite.com/2020/03/15/covid-19-a-gps-perspective/>