All-Party Group on Coronavirus - Oral Evidence Session 1

29 July 2020

Layla Moran MP

… through there, that would be superb, and I'm just gonna …

Debbie Abrahams MP

Yeah, I'd be grateful if I could ask some questions Layla, I'm not sure what procedure there was for being able to ask questions.

Layla Moran MP

Yeah, so we sent them round before and what we've done is allocated them to people. I'm aware that you want to ask some questions as we go Debbie, if you could indicate when that is and I'll do my best to make sure that those are fitted in, but if you could put it in the WhatsApp group at what point you'd like to come in that will be ideal.

Debbie Abrahams MP

Yeah, will do. Lovely.

Layla Moran MP

OK, I'm going to get started. So welcome everyone to the first oral session of the inquiry that this All-Party Group on Coronavirus is doing in particular looking at the issues to address before a potential second wave, I think our evidence session is coming at a very timely moment where we're seeing repatriation from Spain because of concerns that there is going to be a second wave in Europe and if we are learning anything from the first experience of coronavirus it's that if we look to Europe and something is happening there sure as fire it's likely to be happening here and so I think the urgency of making these recommendations to Government is all the more pressing. We've got three very interesting people giving evidence today and I'm delighted to be able to welcome Dr John Puntis, have I pronounced that correctly?

Dr John Puntis

That's right Layla, yes.

Layla Moran MP

Thank you so much, from Unite the Union and the Doctors in Unite part of that, so thank you so much John. Dr John Puntis is a recently retired Consultant Paediatrician at Leeds Teaching Hospitals with 42 years' experience of working in the NHS, he's also an Editorial Board member for Archives of Disease in Childhood, has published a number of letters and papers on Covid related matters over the last few

months and also contributed to the Doctors in Unite position statements. We'll be taking evidence later on from the NHS Confederation and the BMA, but John you are very, very welcome, thank you so much for joining us. And if I might perhaps start by asking, based on your experience talking to others in Unite and also your own experience have you been working on the front line in the last few months or have you been...?

Dr John Puntis

No, I haven't. Like a lot of retired doctors, I was invited to return via the GMC and I said that I would do but that process of recruitment was outsourced to Capita and it was pretty slow, so there was no contact for three weeks, then I had to provide various documentation, then there was silence for about four more weeks and then I was told that I wasn't actually needed and was invited to participate in the test, track and trace system. So, that's a story in itself but the process of re-recruiting recently retired staff did not go well I think.

Layla Moran MP

And what are the main issues that you as part of Unite have heard from others, have been encountering, what are the top areas? We know that PPE of course was one, you just spoke about the lack of recruitment, or coherence in the recruitment process for getting people back in, with the view to what we need to do to change something to make sure that we avoid a second wave. What in your opinion John is the top three things that we need to be focusing on in this inquiry?

Dr John Puntis

Well, I think number one would be actually having a find, test, track, isolate and support system that works, so the question is how do you have one that actually works because what we've got at the moment isn't working in terms of identifying the necessary number of people who are infected and their contacts and then ensuring their contacts isolate. So, it cannot deliver and I don't think it will deliver unless it is redesigned and it's based much more locally. So that's one thing.

I think PPE is a continuing problem, it caused huge anxiety as everyone will be aware, but I have three young relatives who are front line doctors, one on ICU, and they just didn't have the right kit and that was never really fully resolved and interestingly one of them who felt vulnerable on a palliative ward for the elderly cohorted because of having Covid, they've now found with the antibody testing that many, many of the doctors, nearly all of the doctors with the lower grade PPE are antibody positive indicating that they've had the infection. Whereas those in the very high risk areas, intensive care and A&E who had the higher grade PPE are almost all antibody negative. I think that's a very interesting finding. I think the correct interpretation of that is that you need to have high grade PPE for everyone who's at risk. I have to say the local management interpretation of that is that the doctors on the ward have been careless with things like social distancing and hand washing and using of PPE which I think is a very negative and unfair interpretation. But I think is illustrative of the fact that it's been quite difficult for doctors and other healthcare workers to speak out about lack of PPE because often a fairly heavy handed management has come down and complained about them making a fuss, and that's particularly difficult I think for more junior doctors.

So test, track and trace ... PPE and then I think the public health message has been very garbled and I think there's a lot to be said for having a much clearer public health message, and this is not about one thing being the solution, for example two metres rather than one metre, it's about having a raft of different things which will have an impact, so that's social distancing, it's not going to big events, it's not going to crowded areas, it's continuing with respiratory hygiene and hand washing and it's mask wearing and it's all these things together which should become the norm for everyone and within that, which is kind of a fourth thing, is actually saying we need to be able to identify cases very quickly and that's probably people having a lower threshold for reporting symptoms which are not classical, so it's not like when you're really ill you've got high fevers and persistent cough, but it's when you've got things like rashes, diarrhoea, tiredness, myalgia, muscle aches, these kinds of things which would merit testing to see whether you've got it. And this is something which is being flagged up by the clinical online university King's College app with about four million people reporting symptoms, so I think that's another thing as well.

Layla Moran MP

Thank you so much John, that's four very important things, I'm going to pass over to Clive Lewis MP now.

Clive Lewis MP

Yeah thanks John, thank you Layla. John can you just kind of give us a kind of an understanding from your perspective of the support that Government provided to you in the areas where there were problems, I'm just trying to get a feel for ... you seem to imply earlier on that it seemed quite chaotic, can you just talk us through what those problems were and how the Government attempted to overcome them and how effective they were.

Dr John Puntis

Well I think if you look at PPE, first of all there was the Operation Cygnus exercise and report, the pandemic planning in I think 2016 which sort of pointed out the need to have lots of PPE stockpiled and yet that wasn't actioned and stocks were both run down and allowed to go past their use-by dates. But, instead of kind of honesty and openness about that we were initially told that there was plenty of PPE and that came from the Deputy Chief Medical Officer, then when hospitals were clearly experiencing problems getting PPE the Government said that the problem was one of distribution. When it became clear that that was only part of the problem and certainly there were difficulties with distribution it was then said actually it's probably health workers over-using PPE and using it inappropriately which I think was a very, I mean I would see that as in a sense a sort of typical management response is turn the problem back onto the workers and I think that was extremely unfair. And then we were told actually the problem is we don't have enough PPE because it's a world pandemic and demand has gone up and we're trying to get kit that everyone else wants.

So there was a whole changing narrative which was very unhelpful, and in terms of accessing PPE, NHS Logistics is one of these, I think, failed privatisation endeavours that was done to save money but has led to an extremely complicated web of contracts for who actually supplies and distributes PPE and one of the main players is Unipart and they simply didn't have enough stock and they started making

decisions about how much of orders they would fulfil, so Trusts were requesting certain amount of PPE and then not being sent it. It clearly varied because my understanding is in Leeds that my own Trust, where I used to work, had adequate PPE throughout but it's also clear that in many places they didn't, and a British Medical Association survey showed at one point in April that 48% of doctors were actually buying items of PPE for their own personal use. And this is a situation which I don't think ... I'm not confident has been fully rectified in terms of ongoing supplies and of course the demand has dropped but there's every likelihood that it's going to go up again, so sorting out supply side of ... well production and supply side of PPE is I think still critical.

Clive Lewis MP

So, you don't think that there have been any kind of fundamental changes to the supply and distribution of PPE since the last set of shortages that took place?

Dr John Puntis

Well, there may have been some, I don't know about them and I think part of the problem as I said comes back to the extremely complex set of contracts that are now in place. So, there's many different players involved, there's something like 13 or 14 different contracts with Unipart being a big one, but supply of PPE actually falls across three different domains so it's all become much less joined up I think, sort of a common theme that fragmentation actually sometimes appears to be offering a cheaper way of doing things by introducing different players, but actually it means that delivery is much more joined up working and delivery is more complicated.

Clive Lewis MP

I'm aware of time but it's my final question really, apart from PPE were there any other areas where you felt that the support provided, where you had a kind of estimation of the support provided by Government in terms of something which only they could do and which you have an opinion on?

Dr John Puntis

Well I think testing was a huge issue and for example with my young relatives who are on the front line, three of them, doctors could not be tested so there were a lot of people who were told you've got to self-isolate for two weeks, and even when testing started to increase it was a long time before they were able to get tested, so you had a situation where you'd have a doctor with symptoms, they've got to self-isolate, people they're in contact with have to self-isolate, you couldn't get tested and I'm not sure, I think that's probably improved but I'm not sure how much better that is at the moment and I think there's still lots of issues about making tests easily available and widely available, not just in hospital but very much so in the community as well.

Clive Lewis MP

Thank you, John, thank you very much.

Layla Moran MP

Caroline Lucas.

Caroline Lucas MP

Thanks Layla and thank you so much John. I guess I wanted to explore a little bit around the idea of how much of these problems that you've described could have been predicted, how much could we have avoided and how much is genuinely the realm of hindsight, you know I've lost count of the number of journalists who keep saying you know with hindsight we now know X, well actually we knew quite a lot of this not least from Project Cygnus in the first place, so I wondered if you could identify, you've obviously said that Cygnus was very clear around PPE, what else could we have known and should we have been watching and listening to and putting in place at the time rather than looking back.

Dr John Puntis

OK, I mean that's a really important question. I think the sort of timeline has been well set out, I mean I'm sure everyone's familiar with that Sunday Times article but there was a Reuters report and various other reports which have set out kind of what was known and what was done and essentially from right at the end of December certainly very early January there were major, major concerns in the sort of public health virology community that there was this new virus and it was going to be bad and it was going to come to the UK and that's the time when there should have been the move to start looking at PPE supplies and also looking at the kind of standard public health interventions that are necessary in a pandemic, so testing and contact tracing. But really very little was done for two months, so there was a time lag and Richard Horton of the Lancet has written about this and I think he calls it the sort of biggest health policy failure that there's been in this country. So, I think as soon as it was known that there was a new virus that was being transmitted from person to person there were people that were flagging this up right at the beginning of January but it's more or less, it seems to be more or less two months before there is really a significant Government reaction to that in terms of preparing and I don't think there's any way round that and with lockdown, it was getting increasingly uncomfortable that we weren't going for a lockdown whereas other European countries were and as you will have heard and be hearing no doubt it's estimated that if lockdown had happened just one week earlier there might have been 20,000 fewer deaths.

Caroline Lucas MP

Thank you, I guess obviously the focus that we want to really keep in mind is how we ensure that we're better prepared for a second spike and with that in mind you've described some quite big picture issues around fragmentation, privatisation and so on and personally I have a great deal of sympathy with that diagnosis, but given that we're not going to be able to completely reconfigure NHS procurement and privatisation in the next few months, are there concrete things we could do now that would help to address that fragmentation. So, I'm thinking of smaller steps than completely reconfiguring privatisation in the NHS but what could we do to make it more streamlined, to make it clearer.

Dr John Puntis

Well one thing I think is looking at production and production in this country and repurposing industry and I don't know how far that's been explored but I remember there were lots of stories in the media about companies offering to produce PPE for the NHS and no one getting back to them and then on the Panorama programme there was a company that was producing material for making gowns who was exporting massive amounts to America because their offer to provide it in this country wasn't taken up. Now I don't know how much that's moved on, but I think what it meant was that we shouldn't be relying on importing stuff from other countries and we should be developing our own production of PPE. So that's one thing. I mean I think the real urgent issue is what the Government call test and trace, but I think what's better called find, test, track, isolate and support because that's ... you know that's a more encompassing term for what needs to be done that ends up with the contact tracing and so that means how do you have an effective system and I think at the moment we've got a very top down system, centralised system, which does involve major, huge contracts to the private sector and yet 40% of people are saying the fact that it is being managed by the private sector makes them more reluctant to divulge details, so that in itself is an issue. I think the main thing ...

Layla Moran MP

Do you mean divulging as in the individuals are scared to divulge details to the companies?

Dr John Puntis

Divulging things like their contacts, you know who they've been in contact with which is the information that you want to know. So, I mean a lot has been written and you'll hear a lot more about how contact tracing really needs to be locally based, so it needs to be done by local authorities in conjunction with their departments of health and bringing on board expertise which hasn't completely disappeared, like environmental health, and then it's people based in the community who know the community who actually can go out and talk to people, explain to them why they need testing, why they need to isolate, helping them isolate and there's some really difficult problems, for example in communities where there's a lot of BAME people who are higher risk but in worse social housing conditions where actually isolating is probably just not feasible, what do we do about that. You probably have to open up unused hotels and have facilities where people can be accommodated during isolation. I think for many low paid workers, those on zero contracts or those who don't have sick pay, you know expecting them to self-isolate for two weeks and have no income, or virtually no income, is just completely unrealistic, it's not gonna happen. So that's something, financial support for those who have to isolate has to be addressed.

And I think part of the community public health approach needs to be building very close links with community organisations that reach out into the community, like faith organisations for example, and also bringing GP surgeries back more into the centre of things so that they become the focus of testing and managing support for patients who are isolating and that means more resources going to GP surgeries to enable them to do that. I think all these things are manageable you know if there's an acceptance that the current model is not working and actually cannot work and I think Germany is a good example of how there's central coordination and support but the money and the personnel has

gone into the separate German state public health organisations and they've had their public health locally built up and they're doing a much better job.

Caroline Lewis MP

Thank you so much.

Layla Moran MP

Thank you, I'm just going to ask a quite supplementary on this area, in the submission it was made clear that over the last few years public health at a local level has been diminished in terms of its capacity and expertise, John, is this something that we're going to be able to replace quick enough before a second wave in your opinion?

Dr John Puntis

I think that's difficult to answer. I mean I think the answer is we have to try and there are for example furloughed local authority staff who I think could be brought back into work and retrained to work with public health and contact tracing, but you're right I mean there's been a huge reduction in funding for public health when it moved from NHS into local authority, something like a 40% reduction I think, so there are big problems there that need to be addressed, but I mean the sooner that started to be tackled the more likely that we'll be in a better position if things get worse. And I have problems with the sort of second wave but there isn't a definition of it, we're still seeing around 2,000 new cases each day in this country which is far too many and the second wave has very worrying connotations in terms of the 1918 flu pandemic when you know it came in March and it killed millions of people but then it came back in September and it killed many millions more and there is some debate now amongst modellers as to whether seasonal variation in coronavirus inevitably means that there's going to be a resurgence in September. But at the moment I would say we're not really on top of the first wave, you know so it's a bit premature in some ways talking about second wave.

Layla Moran MP

Thank you, John. Philippa Whitford

Philippa Whitford MP

Thanks Layla. Obviously just taking forward what you were talking about public health, I mean it's estimated that local public health teams are actually doing about eight times the amount of contact tracing as the central call centres, so would you feel that we should be trying to push the Government to actually move the funding from that contract. In Scotland our contact tracing has all been based on being public health led and obviously we are working on an elimination strategy to get numbers down, so do you think that would be a reasonable thing for us to be calling for, to actually even now switch from centralised call centres outsourced to Directors of Public Health and local public health teams?

Dr John Puntis

Yes, I think it would be absolutely reasonable and it's clearly the right thing to do and Alison Pollock made a statement that if you've got a fire raging in Blackpool you don't call the Fire Brigade from London, you know you want a local team that knows what to do and can move quickly. So, I think that's absolutely essential and that's one of the things which Unite is calling for, that the money goes to local public health and local authority set up.

Philippa Whitford MP

Obviously you've already explored with Caroline the issue of how to sort PPE but obviously the other key player in this is workforce which you did mention and you described obviously the fact that you didn't manage to get fully recruited, so do you think that with the potential of you know a challenge in the winter combined with flu and Covid should actually the NHS be continuing with completing the recruitment of returners so that even if you're not working right now that people are ready to go if they need to be called on?

Dr John Puntis

Yes, I think so, and perhaps more importantly is retaining the people who have gone back because certainly a proportion of them have found their way into the contact tracing, but as not the call handlers but as the second level, but from ones in Unite that I've spoken to they're having very little to do, you know they're underused, they're not being able to book sessions, there's nothing for them to do and I think many of them are experienced GPs who have only retired recently and ideally they would go back into their local general practices where they would be functioning around test, track and trace and support, so I think that probably we need to look at retaining the people who have gone back as well perhaps as bringing more back in, people like me who were willing to go back in but were not required.

Philippa Whitford MP

It has also been raised that some of the people who have gone back were actually people who had retired early, often because of the pension tax issues and other things, do you think there is potential there for some of these who maybe were younger than 60 that actually we could retain them properly back into the NHS in that there are 100,000 vacancies in NHS England?

Dr John Puntis

That's a possibility, I mean it's complex isn't it as you know very well Philippa, why do people leave, you know some people leave because of poor working conditions and stress and actually it's going to be very difficult to get them to go back and if you want them to go back you've got to say actually life will be better for you and we'll look after you and I think if that could be done there would be people who would go back.

Philippa Whitford MP

I mean my local Health Board which I've been working with created a Wellbeing Centre, they put a Consultant Psychologist in, how much do you think is being done across the NHS indeed in all four nations to recognise the mental health issues that will be coming on staff, whether it's post-traumatic or exhaustion, and particularly as we move into catch-up, as an MP I'm already getting you know the emails, why am I waiting so long, you know it's amazing how quickly the narrative will switch from the job the NHS has achieved to people whether it's politicians or the public moaning about well why is it taking so long to catch up, and yet it's the same people. So how can we provide that support, whether it's retaining or supporting the people who are actually still in the NHS.

Dr John Puntis

I mean difficult questions, I think the mental health problems are kind of being acknowledged, but I wouldn't be confident about the support for staff to be honest because I think again that's a resourcing issue and getting staff to do it and I think that's a huge worry and it's clear from China and other countries who've been through huge difficulties that a kind of post-traumatic stress disorder, insomnia, anxiety become much more common. I think this is something that does need to be tackled but I wouldn't ... I mean I no longer work in a hospital but I would not be confident that there's been investment in that area of staff support. I mean I've heard of things like breakout rooms, but you know that's literally going in, have a scream and then come out again, I mean things like that which possibly have a minor benefit but I think there are much more things that could be done in terms of staff support. And actually, just listening to staff and taking their concerns seriously over PPE for example would go a long way.

Philippa Whitford MP

Whereas as you say we've actually heard of instances of staff being bullied and threatened which I think is very disappointing. What would you say are the most urgent things to happen now, you know if there was only a couple of things that we could put at the front of our report to help cope with a second wave, and I would have to add what do you think we should be doing to try to avoid a second wave, obviously this is where at the moment the Government strategy is between the UK Government for England and the devolved nations are now very different, in that the devolved nations and the Republic are working on elimination, they're working on zero Covid, so trying to avoid it, but what is the critical things that you want our report to try and get as fast as possible?

Dr John Puntis

Well, in Unite we think that we should adopt that zero Covid approach that we should be looking at complete suppression and it's clear that the Westminster Government strategy is quite different and it's interesting reading the strategy document because it talks about living with Covid until an effective anti-viral treatment or an effective vaccine comes along, but in the next paragraph it says that both those things may never happen, so what's the alternative? If we continue as we are I think we'll have flare-ups, hot spots, limited lockdowns and I think it will be very difficult to go to complete lockdown again. So, I think we actually need to look at supressing completely and moving more to that kind of

philosophy that's clear in the devolved nations so that no new cases are acceptable. So that means you have to have a really good, effective test, track and trace mechanism as we've already discussed and then I think on the public health front, a lot of people have got the message that somehow it's all over and you see this from Bournemouth beach and wherever, you know the messaging has not been good and I think there needs to be a very strong, consistent, clear public health message from Government that these are the things you still ... it hasn't gone away, it's a risk, actually it's now affecting more young people so they're not immune and we have to continue with social distancing, masking, hand washing, respiratory hygiene, not going to big events, there's a raft of measures that people, it needs to become second nature and it should be presented in a similar way as New Zealand I think, there it was like Team New Zealand, we're all in it together, we'll fight it together and we'll work together and we'll succeed together. I don't think that's really come over certainly from my perspective, I don't think that sort of approach has been effectively promoted.

Philippa Whitford MP

Yeah we've got that summarised in Scotland, it's called FACTS, which is the pneumonic to remember those key messages that you're talking about, but the question is obviously how we get that change, I mean Independent SAGE are calling for that otherwise there's going to be another 20,000 Covid deaths even without a second wave in England by next Spring. Obviously we've talked about that but is there anything else in preparing, we've talked about PPE, you know a shift to public health, any other one thing that you think would be critical to making a difference next Winter?

Dr John Puntis

I mean I think my answer is the one I've just given, that a consistent public health message from Government to the population, it hasn't gone away, it's still with us and there are real dangers in going to the pub or going to open area events where there's lots of people, you know it's not gone away, it's still here and we all have to be extremely vigilant and careful. So, I kind of think that you know there is not one single thing it's a raft of different things which needs to become ingrained in everyone and that's really the opposite of the kind of message that we're getting at the moment which is somehow it's all over and we're returning to some kind of normality. And you know time will tell that's a big mistake undoubtedly.

Philippa Whitford MP

Thanks very much, thank you.

Layla Moran MP

Thank you, Philippa, Debbie Abrahams. You're on mute.

Debbie Abrahams MP

It's a repeat of yesterday, my apologies, lovely to see you Dr Puntis and thank you so much for everything that you've been talking about this morning. You've mentioned the importance of the balance really between a centrally coordinated approach and local delivery, local resourcing around that and you also, and I'm glad Philippa picked up on the different approaches that have been taken by the different countries in terms of the easing of lockdown measures, I'm speaking from Oldham and you'll be aware that Oldham has had to implement some new measures because of an increase in Covid cases over the last week. So, I wondered in terms of what your views were around local criteria for easing and then reinstating lockdown measures.

Dr John Puntis

I mean I think there's some sense in that but I think it's very difficult to do unless you have the data, I mean I'm sure you'll be aware of the problems that there's been in dissemination of community test results, again partly because of the out-sourcing of testing to private laboratories and the problems with their contracts and what have you, it seems quite ridiculous. I think if local teams actually have access to very up to date comprehensive data then they would be able to make sensible decisions, but without that it's impossible, so it comes down to making testing very available, making sure that GPs and public health get the results as well as the individuals and that the contact tracers then swing into action, so there's a very clear picture of what's going on locally and I think the way we have it at the moment with the centralised approach is that it's been very slow, I mean Leicester for example where it took ages for the fact that people already knew there was a problem in Leicester and then it took about a week before the people in Leicester actually knew there was a problem that they had to react to, so I'm in favour of local management but it can't happen unless you've got really good information flows and comprehensive data.

Debbie Abrahams MP

Absolutely, thank you so much Dr Puntis.

Layla Moran MP

Well thank you so much Dr Puntis, I really appreciate your time, we're coming towards the end of the session. Is there anything else that you feel our questioning hasn't drawn out that is a big priority at this time for us to go away and think about? I thank you for what you've said and done so far, I think we've covered a lot of ground and you've given us a lot of food for thought, but are there any final reflections from you?

Dr John Puntis

I mean we have covered a lot and can I just thank you all very much for the opportunity of this meeting. I think number one for me has to be sorting out the test, track and trace but I think you only do that if your philosophy is to crush Covid which is the term that's been used in Ireland, you know if your strategy is you want to stop all new cases, or jump on them very, very quickly and control spread then it follows from that, that you have to have a very good test, track and trace approach. So, you

need both a change in philosophy in terms of how we approach the whole pandemic as well as then developing a really good system for identifying cases and isolating them and contacts.

Layla Moran MP

And how will we know that test, trace, isolate is working well as Parliamentarians trying to hold the Government to account, what are the markers to be looking for?

Dr John Puntis

Well the SAGE group, the official SAGE group has said that you need to be identifying 80% of contacts of new cases and of course what you then need to know is that those contacts actually self-isolate themselves rather than carry on working and just answer a phone call and tell you they're self-isolating, so I think Independent SAGE has said with a test, track and trace system you ought to have a series of key performance indicators which are published on a weekly basis which tell you how you're doing. So, we certainly need to know how many contacts have been traced and then more importantly, or just as importantly, how many of them have actually self-isolated and of course as we've already discussed, if they're not supported in self-isolation then they won't do it. We shouldn't assume that people will just ... a proportion of people will not self-isolate, either for economic reasons or if they're living in very overcrowded accommodation it just won't be possible.

Layla Moran MP

Dr John Puntis, thank you so much for your time, really appreciate it, you're very welcome to stay and continue to watch the session either from within the Zoom or it's being live streamed elsewhere but if you feel you've got other things to go and do, don't feel obliged to. Thank you so much for your time, I really, really appreciate it.

Dr John Puntis

Thank you very much Layla and everyone else, thank you.

Layla Moran MP

Well I'm delighted now to be able to say that we are joined by Niall Dickson who is the Chief Executive of the NHS Confederation. Mr Dickson thank you so much for joining us today, may I call you Niall?

Niall Dickson

You may indeed.

Layla Moran MP

Thank you, and for those who don't know the NHS Confederation is a membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. And I'll start Niall by simply saying thank you very much for your detailed submission which covered a huge amount of ground and the purpose of the next 40-45 minutes or so is to try and drill down into some of the details behind that, so I thank you very much for your time. Can we start with Barbara Keeley MP?

Barbara Keeley MP

Thanks very much Layla and thanks Niall. So in terms of the main issues you've encountered during the pandemic, if we can start there, you have raised issues in your submission from the NHS Confederation of workforce capacity, PPE, testing for healthcare staff, performance of test, track and trace, so I'll start by asking you what are the three or four issues that you want to highlight to the All-Party Group in terms of what we could change going forward, so it's the change that we could make that we're interested in now.

Niall Dickson

I think that's a very valid way of looking at it. I suppose I would have to start on workforce and again it may be that in terms of what you can do, in inverted commas, here is about urging and providing thought leadership rather than necessarily technical interventions, but I think just to reflect on that we are a people business, we entered the pandemic with more than 100,000 vacancies in England alone and with a very limited intensive care bed base and therefore staff to do that, we managed to reorientate the service and staff have shown incredible flexibility, we managed to entice back I think it's more than 13,000 doctors who had given up their registration and we've used lots of staff including academics and others in different ways. But I think now there's no doubt and it is a worry and we hear it all the time from our members about the impact on staff of what has happened is very considerable and I think our members are acutely conscious of this, you may know you touched on what we do but we work under two main brands if I can put it that way and our NHS Employers brand where we are NHS employers has played a key role with support and guidance to enable organisations to support their staff and I think it's fair to say that the workforce is not just about the tap, how many you have, it's also the plug about retaining those that you employ.

And as we look at the effect of the pandemic, I think the effect on staff has been differential, there are those who've been on or on the edge of the front line and many of them are simply exhausted, they've gone more than the extra mile and the impact on them and their families will probably without exception have been considerable. The intensity of that work and the management of dying patients without their families and having to work in that PPE environment that we've all seen on our television screens all will take its toll. But away from the sickest Covid patients I think we've got to think for a moment about the wider, and this is not talked about quite so much, such as for example Community Nurses going into homes without knowing quite what lies within, think of an ambulance crew dealing with an unconscious patients they've absolutely no idea whether they've got Covid or they haven't and they're manipulating them downstairs, and there will also frankly be those who feel a bit guilty and frustrated, I've heard both of those referred to as feelings because they've not been as busy or their work has stopped and they've not been able to do what they would normally be able to do. So,

I think all that means that retention is going to be a real problem for both health and social care and you know there's no doubt that there are significant numbers of staff saying that they are, or would like to leave their roles.

Now the historic vacancy levels mean we've already got a problem as we start to resume services and hopefully getting the NHS back on its feet. We're expecting NHS England Improvement to launch a people plan in the next day or so, frankly we've never seen a national plan as anything other than, you know it can be a roadmap, a series of pointers, a means of conveying strategy and so forth but it's also got to include money as it were, funding from Government and the kind of levels of ambition which as a nation that we've got for all this in terms of building up our domestic supply and so forth. But frankly given the pandemic, the likelihood of multi-year funding not being clear until the Autumn I wouldn't expect this document to be definitive. But we do expect it to be concerned about looking after our people and capturing those positive changes that we have seen and making sure that we support all our staff and the issue obviously of the virus on BAME staff which we may want to come back to is obviously a real concern. But we do expect a multi-year settlement, so if you're asking me again what the All-Party Group can do, I mean I think pressure on Government around that, I think at local level, and a recognition, I think our members recognise this that it isn't just the tap it is the plug as well, about how we support staff locally and make health and social care really attractive places in which to work. So that would be workforce, I can stop there or continue.

Barbara Keeley MP

Let me ask you one more question about workforce because you know the people plan may come along and there's the funding issue but what can be done, clearly we're all concerned about later in the year, winter, the second wave, what can be done in the short-term to deal with the combination that you've just outlined of existing gaps, staff burn out and possibly anxiety, morale issues due to the pandemic and the need now to cope with the backlog of elective and other care, those are all the pressures aren't they, so we know what happened in terms of the early stages of the pandemic in terms of returning staff and use of final year medical students but what else can be done because clearly those issues, a people plan in itself will not deal with those issues in the short-term, so what could we be calling for, you know what measures do you think just should come forward first?

Niall Dickson

Well first of all a continuation of the relaxation of funding beyond October and through to the end of the year. Secondly I think I would like to see within the people plan a kind of a release of system level, so at the local level, much greater control over workforce and starting to bring health and care planning together. An awful lot of our members I think were frustrated that the Government decided at some point to separate off health workforce and social care workforce, whereas at local level you've got staff moving between the two and frankly there's a much greater movement from social care to health as you would expect because the levels of pay are so much greater, and sometimes the support for staff is greater as well. So we need to equalise that and we need to cope with that and look at it as a whole system not as an individual system, so I think calling for greater scope and for funding to go down to the system level, there are things that people can do at national level, I would commend some of the work that's already been done to be fair around the wellbeing support, NHSEI now offers free access to psychological and practical support, there are online support hubs, there's access to a whole series of digital things that can help staff and there's a mental health wellbeing toolkit and other

services that are available and they need to be promoted in order to help staff to do that. I think at a local level and I know lots of Trusts are actually bringing in psychological support to help them devise and support their staff going forward, so I think there's stuff to be done at local level which I think our members will take forward, I think there's greater awareness frankly than there's probably ever been around this issue and conscious that it is gonna be very difficult. But I wouldn't, as you've said I wouldn't minimise the difficulty because I think a lot of staff are tired and exhausted at the moment and we need to give them as much breathing space as possible between now and a possible either second spike or the arrival of the pressures that will come at wintertime.

Barbara Keeley MP

Just on a couple of other things that affect ... can I just ask one more question because we didn't touch on PPE supplies or testing of staff or BAME staff and reducing the risk for them, in terms of the things you said about workforce are there still concerns, is that part of this picture of concerns among staff, are there still concerns about PPE and what more could be done about risk assessments for BAME staff?

Niall Dickson

So first of all on PPE and I won't repeat the story, I think the problem has been partly about reality of supply and distribution of PPE which has been real, I think that's much, much less than it was but I will not say that in every area in every place it is absolutely alright, perhaps inevitably in such a vast system you will get glitches but on the whole it is much better than it was and I wouldn't want to say anything different and that's certainly what we hear from our members. I think it there may be more difficulties among some areas of primary care and in areas of social care in other parts of the NHS I think mostly the issue has got to a much better place around this. The problem is lack of confidence frankly and the fact that originally, and I'm sorry to go back but the timely and appropriate guidance wasn't there at the beginning and it is now, timely and appropriate supplies arriving from the UK distribution system wasn't there, especially for smaller customers or bits of the system and that meant care homes and community services in primary care, and sometimes Government's failure to acknowledge the problems and at times be rather over-optimistic about what may happen. So, I think we are in a much better place now, I think they have begun ... they've spent a huge amount of money on doing this, in terms of learning lessons for the future it's clear that our stockpile, we had a big stockpile, was not up to date, it was not flexible enough to deal with a different kind of pandemic from the one that we were preparing and we certainly didn't have a proper distribution system. So, I think all those things I hope have been learnt for the process going forward.

You mentioned the risk assessment of BAME staff, it's true to say that we've done as of now 80% of BAME staff have been given or offered a risk assessment so I think that has been, I'm not saying it's a perfect process or anything else but I think it's been broadly very much welcomed and it certainly demonstrates how seriously our members and to be fair NHS England Improvement are taking this issue and we need to keep on, we need to obviously get 100%, obviously there are people who won't want to take part and so forth, but I think we need to do everything possible we can to do that form of risk assessment and of course to continue exploring the reasons why the BAME community has been hit so heavily by Covid. I should just add that we are also pleased that the Confederation has been given the opportunity to host a new Race and Health Observatory and we're being funded from NHS England to do that and we hope that in future that will provide not only a commission and bring

together more research on this area, but actually produce actions that the system can respond to in order to try and make sure that we deal with the fundamental health inequalities that affect people from BAME communities.

Layla Moran MP

Thank you, Niall.

Barbara Keeley MP

Yes, thank you.

Layla Moran MP

We've got lots of people wanting to come in to question you, Debbie can I come to you?

Debbie Abrahams MP

Very quickly Niall, you mentioned about the issues around distribution of PPE, and I heard this locally as well so my local acute hospital was inspecting a delivery, it's not turning up, the Army being seconded to actually sort the distribution out ... what do you understand at a national level the issue was around that?

Niall Dickson

I think, and I may be over-simplifying this, but my understanding was that whatever was planned at the beginning the system we had, NHS Supply Chain or whatever its name was, was basically an operation from a warehouse with vast supplies of PPE which thought that it had 240 customers which meant putting large pallet containers on the backs of lorries and sending it out to that relatively small number of customers. Within two days they found that they actually didn't have 250 customers, they had 35,000 or so customers including community services, primary care and of course elements of social care which absolutely needed that support and should in a way have had absolute access to that support. So I think that's the first issue in terms of the distribution system, it wasn't designed for what it was required to do and it very quickly fell over and bringing in the Army was the right thing to do in order to try and remedy that, but even that was pretty difficult, I think they quickly wanted to try and get a system where small units like care homes and so on could go online, make an order and then they'd respond to that order, they weren't able to do that first, they simply couldn't cope with it so that then meant that you were pushing out supplies rather than ... you were guessing what people would get and hence your example.

I think the other thing to say is at the other end, when you order something and it could be from China or anywhere else, very largely from China, but it's true I think generally of a lot of things that I'm told even the fashion industry has this problem though the consequences are much less, you order stuff and what you actually get inside the package is not always what you order, it's not always the sizes you order, it's sometimes not the quality you ordered and so forth. So again, once you were beyond

working on the stocks we already had, the stocks had not been fully checked at the beginning of the process, so I think there were things to learn there. I think the whole series of lessons and again I'm not seeking to apportion blame but I think we will now absolutely be sure we've got the right supplies in order for another pandemic as far as possible we're able to do that, that we're not relying on one country particularly to do all our supplies and we had no domestic industry at all and I believe the target now is to have 20%, it'll be a lot more expensive than that 20%, but we need 20% in order to be able to have a decent enough industry so if we have another pandemic it's much easier to expand that and then to have to rely less on what will be a wider number of international suppliers.

Debbie Abrahams MP

Thanks very much.

Layla Moran MP

Yes, thank you, so I'm now going to move to a comment that was made by Dr John Puntis earlier about the fact we're talking about a potential second wave when in reality we haven't actually gotten on top of the first one and that there are still thousands of community transmission cases every day and we're still seeing deaths. There are those who are suggesting that we should be moving to an overall strategy of trying at least to get to zero Covid, so zero community transmission of Covid similar to the devolved nations who have already said that this is what they want to do. I'm just wondering your opinion of that Niall; do you think that's something we should be aiming for?

Niall Dickson

I'm not a clinical or scientific expert so I have to be very cautious about this, but obviously the aim should be of course to eliminate the virus and we should do everything possible to try and get to that point. The only caution I would say is we constantly say to Government don't over-promise and under-deliver so I would not be urging them to make kind of promises about that unless they are confident and the scientists are confident that we can reach them. I would say in relation to the second spike issue or something coming the levels of concern among our members, the people who are leading NHS Trusts, who are leading in primary care and all the levels and at the systems in very high, I mean of course there's real concern about Winter and the compounding factors there but also about an earlier spike, we have already mentioned exhausted staff, we're already trying to rebuild other services so combining another spike while you're trying to dual-run and do that in circumstances where it is really challenging, we're talking about possibly at the moment 60% productivity around on the non-Covid side and we're working which public health services have been cut back and we've not yet been good enough at reaching into areas of deprivation which would be one of the key ways in which you would absolutely try and get to zero transmission.

On the positive side, and I think there are positives, so we've learnt lots of lessons in many ways from how to treat people to how we organise ourselves, we have extra capacity, not only through the Nightingales but in other settings, so we're much more I think confident in relation to respiratory care and so on, we do have some access to additional staff and I think the other key point which is not perhaps emphasized enough is I think relationships locally and I know they've been variable, so there are areas that have done better than others but actually they have, you know almost everywhere,

they have improved and there's much more contact and recognition among everybody at local level that no organisation is an island in this health and care and local government community if I can put it that way. Every part is dependent on the other and the contacts they've made. So, I spoke to a Chief Executive earlier this week and she said you know in the past we did have conversations with local government and that kind of thing, she said now during the pandemic you know we had daily calls, they're now reduced significantly but the relationships that have been built up are really important and they will stand us hopefully in good stead. So, we said at the outset of this business that the NHS and indeed the care system had the capacity to flex and we still believe that it has the capacity to flex if we get another spike, but we also need to be clear as we said and we will say again, no system can cope with something that's just too massive and will overwhelm it and we shouldn't be complacent about that either.

Layla Moran MP

Yeah, thank you very much. Caroline.

Caroline Lucas MP

Thanks very much Layla and thank you Niall. Two quick questions, the first one going back to PPE just for a second, we're very clear in this APPG that we're not seeking to sit here attributing blame but what we do want to do is learn the lessons, so I just want to revisit again just for a second the point that you made about a company whose job it was to get the PPE to where it needed to be and they were expecting 250 customers and they ended up with 35,000. Why did that happen? I mean is it somebody writing a spec in an office just simply not understanding how the system works, I just want to understand how that could have happened because sitting here now and it is a luxury looking back, it now seems pretty obvious that there are going to be so many different demands for that PPE and I just want to understand why that wasn't clear at the time.

Niall Dickson

So, I mean the short answer is I don't know and you'd have to ask those who are much closer to the process. I think the only small political point I'd make about this is that there is a tendency, and it applies throughout the NHS I guess and sometimes throughout government to have a real concentration on acute care and on the hospital sector and so forth. Now the hospital sector has done a fantastic job in all this and they suffered from this, the problems with PPE as well, and of course the huge concern initially was around the sickest patients and how we would manage to treat and support and care for them. But I think the result of a combination of perhaps a mindset that thinks NHS hospitals, you still hear it dare I say from politicians who always say I'm building more hospitals and so on and forget that actually hospitals are just at the apex if that's the right word with the sickest patients of a very complex infrastructure underneath. Now I think there may have been, and I can't be definitive about this, that mindset that said well if there's a pandemic we need to treat the sickest people, the sickest people will need people who are fully dealt with in PPE and therefore we'll create a system that did this and it didn't think through. Now you may think it's pretty obvious that they should have done, I really don't know but I think the evidence that we didn't have a proper system of distribution is pretty evident and the key point is going forward how do we create a system which would, and I think we know what it would look like, it would be a system in which every part of the

health and care system who go on Amazon-like, if I can use that term, and order what equipment they needed and know that within 24 hours something would arrive with that stuff onboard, I mean that has to be our ambition.

Caroline Lucas MP

I mean I agree with you and one would hope that those lessons have been learned but I would just observe that I was talking to our own council here in Brighton and Hove just recently and they were saying that you know there's meant to now be testing in care homes for residents every 28 days, staff every week and yet of the 44 care homes in our city only two have actually managed to get the testing they need, they're supposed to apply by some kind of portal to get that, so only two out of 44 have actually got it, so it feels like there's something really structurally wrong still and I guess in future evidence sessions we'll try to tease out what that is.

Niall Dickson

Yeah I agree with that and the testing issue again has been, I mean I think we are still concerned about the roll out of testing and again it is better in the NHS than it was, but there are still testing constraints and I think the key point of getting access and regularity of testing which is now absolutely recognised in these care settings has to be, there is still progress that's got to be made.

Caroline Lucas MP

Thanks, just one very quick last question, in your evidence you've already very powerfully set out the pressures on staff in the NHS and in your written evidence I noticed that you were talking about the considerable disruption caused by pausing non-urgent procedures and the challenge of resuming them. I wondered if there was a learning point from that whether or not you were suggesting that maybe they shouldn't have been paused or whether there should have been a way of continuing those urgent cases in a separate kind of structure, I wasn't quite sure what the conclusion was from that observation.

Niall Dickson

Well I think that's a very astute observation I think and the short answer is I don't think we know whether, and I think this would require much greater study. What we were doing, what the NHS was doing at that time was responding to a massive unknown emergency which could have overwhelmed it, so you could argue for example well you didn't need any of the Nightingale hospitals so in retrospect why on earth did you devote all that money, all that time, all that effort in order to build them, but I have to say that is with the benefit of hindsight and I still thing you know on balance the right thing to do was to assume the worst and to try and plan for that. Now, again from what we've learnt in the way in which all that has happened if for example a second spike came, would we need to revert back to what we did with the first spike, I very much doubt that, I think we would find ways in which we could keep the two services running, albeit as I said the non-Covid services will not be able to operate at anything like full productivity because of the nature of PPE, social distancing, all those other factors which will constrain how those services are provided.

Layla Moran MP

Great, thank you very much. Philippa Whitford.

Philippa Whitford MP

Yeah thanks very much Layla, hi there Niall. Obviously the point of this report is trying to trigger thoughts about preparing for the Autumn, so obviously questioners have covered lots of different issues that you've raised, so what do you think are the most important things, most important steps that need to be taken while we're in these slightly calmer waters. So, whether it's a second spike or a second wave or just the Winter combination of flu and Covid, what do we need to ask the Government to be doing to get ready for that?

Niall Dickson

Well, first point is around just making sure that we retain all the staff that we possibly can, secondly that there are local plans, which I'm sure there will be, local plans for how every organisation, but also how every system is going to cope with various scenarios of both a combination of flu and of a potential return of Covid. So, there's the staffing and then there's the organisation, those are the two fundamental things and I think actually retaining the capacity, the additional capacity that we've got, though possibly using it in different ways, so for example Nightingale hospitals possibly being used, and Nightingales are different, some are simply respiratory type and they might be still used in a Covid capacity, but others might be used in different ways. So it's making sure that every organisation is able to plan and this time actually there is a greater opportunity to plan, but I think recognising too that there has to be a really comprehensive flu vaccination programme and that means again a flu vaccination programme that doesn't just go out and say well everybody's got to get a flu vaccine, again you've got to target particular communities, you've got to help people, you've got to provide things in different languages, you've got to make sure that you absolutely reach all parts of the community in order to make that the case.

I should add there's one optimistic thing that I don't know might be worth just mentioning for a moment, it's not something I'd urge Government to do but I think the importance of both effective PPE and effective social distancing by the public as it were, so the wearing of masks and social distancing and the like could be helpful in reducing flu and getting that message across as well, and I gather in Australia they have seen a reduction in what they might have been expecting in terms of flu deaths already. So, I think this importance of washing hands, social distancing and all the rest of it is gonna be really important and again I think Government has a key role to play in getting that message across going forward. So I think those are probably the main areas and it is I guess also, I suppose a message to the centre would be of course we understand that you want to monitor every single bit of everything that is going on and we kind of understand that bit, but it's also about giving empowerment to local leaders to devise their own strategies and so forth going forward that will make the most of this, because certainly some of the lessons that we've seen from Covid already and even you know Chief Execs and leaders of healthcare organisations have said this to me, even doctors and dare I say this speaking to a doctor, even doctors who were kind of a bit resistant to some of the changes in terms of digital and different ways of working have absolutely embraced it, and why have they done that, well partly because it's an emergency but also frankly they were given the freedom to do it, so it

wasn't about enforcing and regulating and introducing bureaucracy. So there's something about as we do Winter this year, of course the monitoring should be central and that's absolutely fine, but it's also frankly about freeing up local leaders, working with their clinicians and improving those local relationships, making sure that the local resilience fora who have sort of come to life and again they were variable across the country but I think they've shown what is possible when you get organisations at a local level working together and you have public health hopefully much better funded, having a better understanding of what is going on in each postcode within an area.

Philippa Whitford MP

I mean obviously you know quite a lot of that is to, if you like, local organisations about plans and preparation and empowerment, but trying to get messages to Government particularly, I mean you talk about the public health message to the public, so would you be calling for the Government to have a clearer strategy going forward, obviously in Scotland and the other devolved we are following the zero Covid, whether that is the strategy in England or not, I'm not sure the public are very clear what the aim is other than local lockdowns and I'm sure if we asked the people in Leicester, being locked down locally is just as bad as being locked down nationally, if not worse, because you know someone else is having a better time than you. So, does it not all start with what the strategy is, not just to prepare for a second wave but to avoid a second wave if we can, and as you say it would impact on flu numbers as well.

Niall Dickson

Yeah, well I agree with that and I mean you'd have to ask the Government for England as it were in terms of you know the detail of what they ... our view would certainly be, and our understanding is that the strategy of course is to do everything possible to avoid a second spike, obviously you can avoid a second spike if you completely eliminate the virus, we are it seems some considerable distance away from that, as I say rather than me call for them to stand up tomorrow and say we're going for zero, all I would say is if they do that please tell us how you're gonna do it and be very, very clear about the timescale to do it, because one of the problems we've had with PPE, with testing and so forth is over-promising and not being able to deliver and I understand the enthusiasm and I also understand that sometimes setting goals can galvanise a system as the Secretary of State said, but really we don't want to over-promise what we can achieve and I think I would take credit to the Government for saying you know, making it clear that the risk of a second spike is real and not just saying oh we're all alright now because it is about everyone, every member of the public, being absolutely on guard and being aware of the seriousness and of the presence of the virus and we've seen other countries all round the world again who appear to have got through all this, then the virus has a nasty habit of reappearing.

Philippa Whitford MP

Do you not think the messages have been a bit mixed, you know we heard maybe the end of social distancing in November, hugging each other at Christmas and New Year and while in the last week there has been talk about tough times and there could be a second wave, it's this oscillating message that does that not confuse the public, whereas we actually need you know here's the five things we

want you to do, we want you to keep doing them and they're not gonna change anytime soon so just get used to it, whereas there is a lot of change.

Niall Dickson

Well yeah, I mean I'm not here to defend the Government's line on this and in some ways I have a degree of sympathy around their messaging and I think it applies across all the devolved countries as well, they've had to change their messages as time has gone on. Originally they were all saying masks are not important, now masks are very important and so on and of course as the virus changes your messaging changes and of course the simple message which at the beginning was all about stay at home, whatever, and then the Government relaxed that and were sort of criticised for saying stopping saying the stay at home message, but of course you do have to move this thing on and the trouble is just as the NHS is finding it much more difficult to start services again, I think you know relaxing the lockdown has been even more challenging because the lockdown message was relatively simple and most people understood what it was. As soon as you kind of move out to a more complex message and you are relying on people making their own judgements more than they were in the past it does become more difficult. But your centre thesis is right, try and keep the message as simple as possible and I think communication was always going to be difficult but it is difficult in this area, keep your message as simple as possible and make sure that people understand what it is that is expected of them and I accept again when things happen like you know something happening in Spain you may have to change tack very quickly and again that will cause upset and difficulty, but I agree with you, so a simple message, try and keep it as simple as possible and be as consistent as you can, but you will have to change as the virus changes and the demands change.

Philippa Whitford MP

And without going into them in detail ...

Layla Moran MP

We have to move on quite quickly Philippa, sorry.

Philippa Whitford MP

Sorry, what are the two things that you would want us to push hardest for in the report to prepare the NHS, that's your responsibility, so not strategy but preparing health and social care for the Autumn.

Niall Dickson

Well, I'm afraid our two things remain funding and workforce are the two biggest things that need to be tackled and there's a whole subsection under each one and in particular not to repeat the initial mistake I think around all this which was just to focus on one part of the health and care system and not to be aware of the wider part and the longer term commitment which is greater funding in England

to go into community and to social care over time and to keep with that commitment to providing that funding as well as supporting very stretched NHS Trusts who, you know, even in the acute sector have been living with considerable deficits.

Philippa Whitford MP

OK thank you very much.

Layla Moran MP

Munira Wilson.

Munira Wilson MP

Thanks Layla. Niall in your written evidence the last point that you make is that we need a much stronger focus on the impact of health inequalities on the communities and individuals to the virus, I mean obviously a lot of the health inequalities we've seen exacerbated by the virus are as a result of long-term systemic and structural issues which can take a long time to address. Is there anything in the short-term you think we should be considering as we are making recommendations for preparation for a second wave in terms of protecting those who are most at risk?

Niall Dickson

Well I think the first area I'd just raise is public health, I touched on it briefly, the public health service which was transferred in 2012 in England from the health service to local authorities has suffered again, I'm not blaming local authorities because they've been cut very severely but basically the public health service has been considerably cut back over that period of time and of course it is an area which you don't immediately think of and it's not in front of your face and all the rest of it, so first thing let's make sure that we rebuild public health services and focus them in particular on deprived communities and lower income families and so forth so that we get the right kind of levels of support for those families going forward. I think there's also probably more the health service itself can do, so in general the NHS has regarded itself as a universal service, it provides care for everybody and that's a huge advance on many healthcare systems around the world where the ability to pay or whatever is important. But actually, that isn't good enough and we absolutely recognise, and I think there's a recognition throughout the health service including into the hospital sector that we need to do more to reach out to those who are finding it difficult to access our services or who are not being supported in the way that they need to be supported and also how they need further help in prevention.

So, in terms of health inequalities we know that the biggest health inequality which is not actually a long-term thing and can be solved in a shorter period of time is actually smoking levels, so that is a huge cause of the gap in life expectancy and actually again a much bigger and stronger and much better funded focus on how we help people to quit smoking would be one very obvious way. As well as all those other issues, the wider determinants as you say, some of them are longer, some are a shorter term, there may be better ways, I mean I believe there's talk now about making sure there's food into families and so forth and that they get the right levels of nutrition, obviously those kinds of support and then the obesity strategy which we do welcome, I'm sure there's more that they can do

and again that is a significant health inequality and again could be addressed by actions of Government, not least around things like sugar content of food.

Layla Moran MP

Thank you very much, so that brings us to the end it's just for me Niall Dickson to say thank you ever so much for being with us today, it's been very, very rich in terms of the food for thought that you've added in, really appreciate it. If there's anything that you feel that you didn't cover that you want to expand on please continue to give evidence to the inquiry but for now really appreciate your time. You're very welcome to stay and listen as we've got Dr Chaand now, but if you've got somewhere else to go we won't be offended if you go and do it.

Niall Dickson

I'm afraid I have but no disrespect to Chaand, thank you very much indeed I'm very grateful, thank you.

Layla Moran MP

Thank you so much Niall. Well it's with great pleasure that I see Dr Chaand Nagpaul has joined us from the British Medical Association, it's a real joy to have you with us, thank you so much and there's a huge number of people I know who want to ask you lots and lots of questions in the short amount of time we've got so I'm just gonna crack on and I ask the questions to be as brief as they possibly can to allow others to be able to ask questions. Barbara Keeley.

Barbara Keeley MP

Thank you Layla and thank you Dr Chaand, in your submission from the BMA you raised issues you encountered during the pandemic, lack of appropriate PPE, issues with PPE related to faith and gender of staff, issues about workforce and testing including the lack of availability of testing for healthcare staff. What out of those things in your submission which are areas which we could change going forward rather than looking back on all the things that were wrong, would you want to talk to the committee about today, so obviously the issues during the pandemic but going forward, what are the highlights that we could raise for change?

Dr Chaand Nagpaul

I certainly think that we need preparedness and in that preparedness having sufficient reliable and transparent information around the provision of protective equipment. I think as we enter the Winter months in actual fact the demands on the volumes of equipment we'll need, personal protective equipment, is going to be even greater than we had first time round in the first peak because of course you'll have large numbers of patients with respiratory illnesses during the Winter months that will mimic Covid and they'll have flu, so in fact to really be prepared and not just have arbitrary figures of billions of units of PPE but really show what ... we have information for example of how many pieces

of kit need to ... sorry a hospital gets through in 24-hours, there is data and so to have a proper modelled information of having sufficient stocks and do it now before we get into the heart of Winter, so I think that's one learning because we sort of got into difficulties in the midst of the pandemic first time round, but now is the time to plan. I think the second is about testing and testing is not just regarding healthcare workers but of the population and I want to just remind you that the British Medical Association is a trade union but it is also a professional association, we represent doctors, 160,000 doctors across all disciplines and our Public Health Committee in particular have been very, and our Medical Academic Committee, have been very involved in all stages of the pandemic and one of the key areas we feel is important is to have a fit for purpose test and trace system and especially given the Government's change of direction from what was promised to be an app to now not knowing quite when that app will go live. We just need to make sure everything is in hand to deliver proper contact tracing and isolation. So, I think that's another priority which is important.

I think there's also a public health intervention now that should be taking place which is doing absolutely everything we can to prevent further spread. I think there are nations that have shown how very proactive approaches to trying to be ambitious and eliminate the virus rather than just sort of control levels, I think that sort of real ambitious approach to rigorous public health measures, whether that is about social distancing, it is about face coverings, it is about clarity about the workplace and making it consistent and well understood is important because we want to prevent those issues occurring. I think the other priority is the fact that the NHS itself is entering its busiest part of the year, there is just more illness in the winter months, we have more patients attending, being admitted to hospital, attending GP practices and what happened first time round is that the way in which the NHS curbed was by creating capacity at the expense of our routine NHS services. We didn't have enough doctors or beds and facilities to go around and what that has resulted in according to the BMA's own analysis is two and a half million additional patients are now on a backlog for out-patient services and about one and a half million fewer operations occurred between the months of April, May and June. That's a huge backlog of care, many of those patients are going to have illnesses that are important to treat or for whom further delay could jeopardise their own health, even their lives, so we have an immediate issue of clearing this backlog in a systematic way but also making sure we don't create further backlogs by clamping down on the whole of the NHS except for Covid, so I think one of the real important points in preparedness this time is how do we have an NHS that co-exists in providing care for all those seriously ill patients who deserve to be seen regardless of a pandemic whilst at the same time attending to the pandemic and winter flu as well. So that's another area of priority for us.

Barbara Keeley MP

If I could just ask you one follow up question then on the importance of testing and tracing, you said in your submission that you believe local public health teams would have been better placed to lead that contact tracing for their areas, so I want to ask you what is your current take on the issues with testing and contact tracing and how is the availability for healthcare staff which has also been a problem, availability of testing.

Dr Chaand Nagpaul

Yeah, so if you remember one of the real limitations in the early weeks and a couple of months into the pandemic is that healthcare workers were not able to be tested, there wasn't the capacity, many

healthcare workers were self-isolating needlessly, wanted to come back to work but couldn't. And we also, I think there was a more serious issue about lack of testing is we didn't know level of asymptomatic carriers of infection in hospitals and GP practices and I don't think we've got firm data but there's plenty of anecdotal examples that said was occurring within hospitals and therefore testing healthcare professionals would have been extremely important at the time. Moving forward our Public Health Committee feel that their local teams are critical in being able to monitor and take action in local outbreaks and isolating people, that's been a traditional approach for public health medicine in the UK. Now an app which we've promised can of course augment that because it automates the ability to identify people, but the heart of it you still need public health teams.

One of the criticisms that I've heard from our public health colleagues is that they felt they weren't being given that information readily enough because a lot of that information was being held at a central level and so local authorities actually weren't being given that information, so when I talk about public health doctors I'm talking about the resilience team that includes local authorities, so as you know the Leicester lockdown occurred according to the Mayor a week later than perhaps he would have indicated had he had information, so it's having that information locally based available. I would go further because what our Public Health Committee would like is for the public themselves, like we know what the pollen count is in their area to know what is the level of infection and it should be advertised to the public and I think there's a very strong public health message there as well because if people know that in their area that the infection is rising and it's available to them in a very visible way it's more likely to result in local communities taking extra precautions and being more careful and maybe thinking twice about leaving home if they don't need to, etc. So that's what we're looking for, local information that's transparent, readily available and allowing public health teams to have that information to do what they do best which is controlling spread of infection, that's their livelihood, that's what they do.

Layla Moran MP

Thank you, Dr Chaand, that's a very practical suggestion there. Munira Wilson.

Munira Wilson MP

Thanks Layla, Dr Chaand you talked about needing to think about how we can manage a second surge without suspending all essential non-Covid treatment, do you have any particular suggestions on what we can be doing or what we can be suggesting happens, especially given the fact that there are such serious workforce shortages, are there any practical suggestions on how we can continue both concurrently?

Dr Chaand Nagpaul

Sure, so I'll start first by prevention because I still think that this is the window where we must make sure that as people start to resume normal activities those normal activities can't be done in a normal way and we should be very, very clear about the mitigations to prevent spread, so we must do what we can now to prevent firstly a second spike, I certainly don't want us to take the view that it's an inevitability, we have to be ambitious and talk about supressing the virus and infection and that means being much, much more visible in what we're telling not just the public but workplaces to be doing,

and even supporting them to take those measures, so I think that's the first thing. The second is about capacity, we didn't have the capacity before the pandemic, if you go back to last December you will remember that the NHS was facing record waits of about four and a half million patients waiting for an operation, that was a record figure, record waits for cancer treatment, record waits or worst performance figures for A&E waits etc. So, we didn't start with infrastructure, what we have done now is of course during the pandemic to some degree learned to make use of the workforce productively and there is I think something to be said about that, the use of technology and therefore allowing the workforce to stretch further in terms of productive ways of working and we can certainly come back to that. We've got of course some retired doctors and medical students who have stepped up and what we should make sure is that they don't just all be told that their services aren't needed, we need to make sure that we have availability of those that are willing and able and with the retired doctors I just want to be clear that what we're not calling for is for doctors at an older age to be put at risk, there is plenty of work they can do that doesn't put them at risk but provides services for the NHS.

There's also scope for patients themselves to be able to self-manage much more, we saw a bit of that during the peak in terms of self-monitoring of oxygen levels with pulse oximeters so you actually reduce the demand of necessarily attending in a healthcare setting. What I also think is we need to make sure that the current backlog is dealt with because the patients who've not been seen are patients who may have urgent problems, cardiac patients, respiratory patients, neurological patients, so we need to now systematically ... and what I've asked NHS England Simon Stevens, Chief Executive, to do and the BMA is very happy to be part of that discussion, is we need to systematically make sure that those patients who are most in need now and who haven't received treatment are treated now because what you don't want ... well first of all it would be wrong for their health to deteriorate but what you don't want is additional workload because we didn't address the health needs of people who need to be treated now. So, I think we need a systematic approach.

We also learnt from the experience of the Nightingale that many hospitals felt that they were able with the right support to manage peaks of demand, so we perhaps need to be making sure that we're not only thinking about new external sites, I have a lot of colleagues, members in the BMA who came to us and said well you know what Nightingales are being built, five new hospitals, but we would have liked some resource to bolster our ability to care for patients, so I think we need to just make sure that we're planning in the right way so that there isn't wasted capacity or duplication of capacity, remember also that if a doctor is in a remote hospital like a Nightingale hospital they're not in their main hospital and moving forward should be making sure that doctors are able to carry out some of their ordinary NHS work alongside the Covid related work.

Layla Moran MP

Thank you, Dr Chaand, Debbie Abrahams.

Debbie Abrahams MP

Thank you, Dr Nagpaul, it's lovely to see you again. I just want to pick up on something that you mentioned earlier on in your evidence which it was particularly about the contact tracing and what was said originally about having a workable app and there were a couple of other points that you mentioned. I sense that there's an issue in terms of your confidence and possibly other health

professionals' confidence in terms of what is being reported either by the Government or more broadly in the various press statements and conferences and so on. Has that affected the level of trust of either the public or health professionals and if so what can be done to restore that trust so that we know that as we go forward messages will be adhered to?

Dr Chaand Nagpaul

I really think that what the public and the profession want is just honesty about the situation and transparency and you know if there are challenges just tell us there are challenges, so if I look back at the lessons we can learn you will know that, and I've got sort of you know information to back this up because it was clear that we were told that there was a sufficient stockpile and we were told that it was not that the NHS didn't have the supplies it was just there to be sent to us when we needed the PPE stockpile that is, and then it transpired that it wasn't reaching us and we were told it was down to transport limitations, and then we later on found out that there probably was not the supplies in the first place to really address the demand that we needed in the pandemic and I think that it would have been helpful just to be clear at the beginning that there were issues around the level of stockpile so that we could all be aware rather than what was happening was an expectation and then finding the reality not meeting the political pronouncements and there were pronouncements saying rest assured, we do have sufficient supplies, that was in March, the beginning of March.

On the testing similarly, and sorry if I can go back to the PPE and then I think talking about how many units of PPE have been delivered, in a way those are just blinding us with figures, it doesn't really matter whether it's a billion or two billion, it's whether it's available in a ward, whether it's available in a GP practice that counts and then finding that those figures were based upon a pair of gloves being counted as two pieces of PPE, I think all of that doesn't really make sense, we just need some clarity and I think the same would apply moving forwards because we've been told again of how many billions of units of PPE are going to be available in the coming months, we've been given that information but that doesn't mean very much, what we should know is what is the likely utilisation of PPE that we can model and project over the next six months, including allowing for a flu outbreak and say have we got enough to cope with that and if we haven't let's address that now.

So I think that is one, the transparency is important and the same for testing because it appears we heard later on, and we heard this from the Government itself is that there was an issue about the capacity but at the time we weren't advised that the reason why we weren't doing contact tracing, because I think it was the 12th of March or so, the beginning of the second week of March, the whole approach to identifying someone with Covid, isolating, contact tracing was changed to a policy of self-isolation and not searching for positive cases or contact tracing, and if we were told that look it's because testing isn't available, we don't have the capacity then I think that there could have been a greater concerted effort to deal with the problem, rather than sort of just say that we were carrying on with trying to contain the virus because it was clear that there were issues and I think it's important to be open, so if we can be open what I would suggest is that moving forward there should be as I said a modelled extrapolation of the demands of PPE, so we know that the numbers are there, and second would be a modelled approach to the volume of testing required, but secondly the operational element that would back the testing. So what we were told initially was 10,000 then 25,000 then 100,000 but what was happening on the ground was that the tests may have been available but they were taking in some cases up to two weeks to get a result and from our own healthcare workers doctors were telling us they were waiting three or four days on average, so it isn't just about these statistics, it's about being clear and open with the public and the profession, I think that's a really

important ... and people will understand pressures if you're open, so that would be my recommendation for the future.

Layla Moran MP

Great, very quickly Dr Chaand we noticed in your submission that you mentioned specific issues around PPE and those who have a faith and the issues around getting PPE that's correct, can you tell us a bit more about that and what we can make sure to do about it so it's addressed.

Dr Chaand Nagpaul

Sure. So, there are two things, I'll speak also about the BAME doctors who have been affected and the community, but on the issue of protection of faith, the good thing is that there are face and head coverings and ways in which to protect that allow and accommodate for faith, so accommodate for having a beard, accommodate for women who don't want to have a bare below the elbow policy which is what the PHE guidance has, so there are ways. What we found was those alternatives were not readily available in hospital trusts in particular and therefore some doctors were being put under pressure to either wear PPE that wouldn't have given them the same protection or feel that they were being difficult, or even worse have to accommodate their own faith based requirements to wear normal PPE, so what's really important is we know that and now moving forward we should make sure that those adapted forms of PPE are readily available, so that's important and I think there's no reason why moving forward we can't assure that that happens.

The second point I'd make was not about faith, about the BAME community at large and the doctors because remember that the first ten doctors who tragically died all came from a BAME background, the vast majority from overseas and on the 9th of April I called for a Government inquiry to look at this, not for the sake of having an inquiry but the most important thing was first of all this was alarming because even if you allow for variation that there are greater proportions of BAME doctors than the general population or healthcare workers than the general population, it just didn't make sense that you had 100% of all doctors had died from Covid being from an ethnic minority background and what we wanted was to ensure that we put in place mitigations from that point forward. Unfortunately, since that, since I called for that inquiry which then did occur we've seen I think around 40 doctors have died, 95% of whom have all come from a BAME background which is you know a statistic that we've never come across before and 61% of all healthcare workers who've died have come from a BAME background, and we've also known that the public at large in terms of communities have suffered badly.

So on the issue around culturally sensitive issues of this pandemic we need to really learn lessons and make sure when we're moving forward those are taken on board, so that is about making sure that the public health messaging is very clearly culturally tailored, not just in language but in being culturally tailored in a way that's understood by ethnic minorities, we do need to address some of the health inequalities that have shown themselves to be a cause of the disparate way in which the virus has impacted in communities, we also need to understand and act on the messages we got as a BMA regarding the healthcare profession, in particular doctors where when we carried out surveys asking doctors to tell us whether they felt adequately protected by PPE or whether they felt they were under pressure to see patients without sufficient PPE, three times as many BAME doctors told us they were under pressure to look after patients without protection than their white counterparts, so there's a

cultural aspect within the NHS and the health service itself which needs to be making sure that our BAME colleagues are not under undue pressure, that they should be able to speak out and they certainly should be protected because we now know that if they get the infection they are at higher risk.

And this is on the back of a previous BMA survey that showed that doctors from a BAME background are twice as likely not to feel confident to even raise a concern about patient safety because they worry that if they bring up an issue of safety that they will somehow be blamed or face reprisals and we've got to eradicate that culture because I think that has played a part in our BAME doctors feeling under this pressure to carry on working when they felt they've not been adequately protected and that does relate also to the faith based issue. So, we've had doctors for whom fit testing of masks hasn't worked, now fit testing is for doctors working in the most contagious areas, the mask has to have a very tight seal, plenty of members have contacted us saying they failed the fit test but hospital managers have said you need to carry on working. Now you know, you need to be able to speak out if that's the case, so I think there's a real message to be learned moving forward that no one should feel in any way afraid of speaking out and the system needs to support anyone who feels that they're at risk or has any other concerns they want to share. So, I think there's a lot there around the BAME issue that we need to learn.

Layla Moran MP

Just on a related matter we've noticed that there's been relatively low take up on the life assurance scheme so far, do you think there's more that we need to be doing, well the Government needs to be doing to advertise this or is it well understood and well known and people are applying it's just taking time?

Dr Chaand Nagpaul

So, I just want to be clear when you say the life assurance scheme that we're speaking about the same life assurance that you're mentioning.

Layla Moran MP

This is the new scheme that the Government introduced for frontline workers where they get £60,000, well their family gets £60,000 if they pass away and the recent data shows that only 19 have accepted which is very low compared to the numbers who have actually passed away, so I was wondering if there was more that needs to be done on that.

Dr Chaand Nagpaul

Absolutely, we must, I think it's really important that this is disseminated much more visibly to healthcare workers, it's really important for their dependents to know that they can be looked after and be given some support, so yes I agree with you. I think the other thing that I didn't mention which is really important for the BAME healthcare profession is risk assessments, when we found that these trends had emerged the first thing we asked for at the BMA was do the review but in addition put in place mitigations and too many weeks passed by without that happening and without any central

directive to risk assess and then secondly what that risk assessment should look like. We're now in a position where in July still about a third of doctors had said they weren't aware of their providers doing a risk assessment, I'm pleased that NHS England then put a directive making it compulsory within a four week period which I think is ending now for all doctors who are at risk to be assessed and mitigations put in place, but that I think moving forward has to form part of our preparedness. And just to say that a doctor who is at high risk and certainly the BAME status is a risk in its own independent right which we didn't know at the beginning of the pandemic and when you score that against other risks, if a doctor is in a high risk meaning that should they contact coronavirus it's a serious risk to their health or lives it doesn't mean that they can't provide a useful service, there is ample opportunity to work in low risk areas in non-infectious areas, ample opportunity to provide services remotely or virtually or by video consultations, even support NHS 111 for medical advice, there's ample work available so we need to prepare now to make sure that those doctors who are at highest risk are protected whilst mobilising those others as well to be able to focus you know if they are at lower risk on Covid.

Layla Moran MP

Thank you, Caroline Lucas.

Caroline Lucas MP

Thanks very much Layla and thank you so much Dr Chaand, what you were just saying actually if I could just pick up this issue of the risk assessments and how that ought to be rolled out more widely, I had heard but maybe this is wrong, but I had heard that one of the reasons that some doctors were potentially reluctant to go through a risk assessment is that they may be then transferred to a job where the terms and conditions and salaries were less good, is that something that you've come across and if so is that something that we should be presumably looking at very quickly?

Dr Chaand Nagpaul

So, I'll be honest I wouldn't say that has been an issue that has been brought to my attention as a significant issue. What has been the biggest complaints that I've been receiving from members is that they haven't been given a risk assessment and as a result they haven't been able to be assessed in terms of what would be safe for them. I hope that as we speak now that those risk assessments have been concluded, but there is a second stage, it isn't just about a tick box exercise and saying you've risk assessed, it's what you do next and that leads into exactly your point that what you do next needs to be providing that healthcare worker with an alternative that is safe for them, safe for patients but certainly not one that reduces the terms and conditions of their work or their pay and I know I said earlier about the backlog of care, there is a huge amount of non-Covid work that the NHS has to attend to, so there's plenty of work to go round so there should be no reason, it would be unacceptable for anyone to fear having an assessment thinking that they would have worse pay, terms and conditions. That would be unacceptable and if there are any examples I'd be very happy to take that and challenge that.

Caroline Lucas MP

Thank you, I'll follow that up separately I appreciate that. I guess I was going to say as well just in terms of the evidence that you just gave around the figures on the confidence of BAME staff to challenge the idea that they need to work without enough protection, I just wonder if you believe that within the NHS there is a systematic process going on that will tackle what does sound like racism, I don't use that word lightly but it does sound like that's what you're describing.

Dr Chaand Nagpaul

Yeah I mean this has been a problem for the NHS for a while and you know not just the BMA but others have done surveys and it's shown you know twice as high levels of bullying and harassment on BAME doctors compared to white counterparts. We know that disciplinary referrals are far higher against BAME individuals by their own employer and when the General Medical Council looked at this they felt the bias was occurring at an employer level, not at their level because they were just receiving greater numbers and that's because I go back to the sort of the mindset of what goes through a BAME healthcare worker who feels afraid that they're being bullied and harassed, they are reporting that at a higher rate, they therefore feel less likely to fend for themselves, speak out, they report higher levels of not feeling included and we know that when you're included you feel stronger, you've got greater advocacy, we know that there's differential attainment in terms of BAME healthcare workers in terms of doctors, the higher you progress the smaller the proportion of BAME doctors, BAME doctors are less likely to be shortlisted for consultant positions, they're less likely to be offered consultant positions, more BAME doctors work in a grade below that called a Staff and Associate Specialist grade, very much patient front facing, not having leadership roles and managerial roles, so during the pandemic many have felt they've been the foot soldiers because they haven't been doing the other work, that they've been just seeing patients, this is a very serious issue and it's not bringing the best out of the workforce, I think there's a more important message here, it's just not that it's not fair, it's not fair, it's causing pain and anguish for a lot of healthcare workers who are disadvantaged, but it's actually preventing the NHS getting the best out of its workforce because many BAME doctors are the brightest, they are exceptionally talented and capable and we are dumbing them down if we are not able to provide them with that sense of real opportunity and achievement and celebrating their talent.

Caroline Lucas MP

So can I ask you then very quickly, sorry I'm mindful of time, I can see Layla looking a bit worried, but can I just ask you then what can be done now, are you confident that there are enough processes in place that can begin to address that, I mean both because it's completely wrong in its own right, but also because as you've just described it has an impact on the risk that we are putting doctors at and indeed other healthcare staff.

Dr Chaand Nagpaul

Yeah I think there needs to be really clear central messages about having a workplace with a culture that allows openness, learning, non-blame, encouraging people to speak out so that the system improves, this is a major paradigm shift but if there is ever a time this is the time to do it because we've seen the impact of ... I mean when we look at those statistics around the deaths amongst BAME healthcare workers, you know and it's not just doctors, you know we've all seen footage around the

Filipino nurses etc, you know we must change the culture of the NHS now, I think it can be done, it can begin to be done if there is a real clear message from the centre and you then follow that up with real action points in leadership in organisations and that leadership needs to be very clear about what inclusivity means, what is not going to be tolerated and making sure that everyone understands the rule book and the benefits of creating inclusivity, we will have actually a better NHS and all the evidence shows that inclusive workplaces are happier for everyone, so I just think this needs clear leadership right from the top and you know disseminated through to the operational front floor. And on that note, you know, we called for this review, as you know this review was finally published albeit late, there was delays in the publication of the Public Health England review and we're now told that Kemi Badenoch is the Health Minister who will be taking this forward, but we haven't, you know, ourselves at the BMA been involved any further in that bit so you know time is not on our side, we need to just make sure that these commitments are followed up by real action and I think that those solutions, you're right, will not happen overnight but there are some things that really can be done to change culture quite quickly if there is a proper motivation from those that are from the top right through to those who lead NHS organisations making that cultural change.

Layla Moran MP

Thank you, Philippa.

Philippa Whitford MP

Thanks very much Layla, hi there Chaand, we're trying to very much focus on the things we want Government to do now within literally the next few months, now you've talked about BAME and obviously the sad loss of staff, but if you look what is quite striking is the deaths have not been among those in intensive care and A&E, often been people in what would have been considered the less exposed and I wonder whether how much you feel that is in relation to Public Health England's PPE guidance that did not include gowns which is part of WHO and therefore you have people who are working either in Covid areas or possible Covid areas just in an apron, a mask and a set of gloves because we've seen also in the serology tests it's often cleaners, porters, you know nurses, not the intensive care people who appear to have already been infected.

Dr Chaand Nagpaul

You raise a really important point and I think that what has occurred in those high risk settings has been both the adequate provisions of PPE so there's not been as many people not having availability in the same way as lesser risk areas, but secondly protocols and procedures on how to don and doff the PPE, so in those other areas I think one of the issues that were overlooked was in March PHE guidance was not in keeping with the World Health Organisation guidance, it had not advocated for example the use of eye coverings in all areas and certainly not in GP practices and also it didn't advocate the use of masks in non-Covid areas, now the point is there was no such thing as Covid and non-Covid because the infection was spreading including within hospitals, we have examples from some doctors who were in non-Covid wards in March who were told you cannot wear a surgical mask, we don't have enough supplies, you're not a Covid ward so you can't wear them, and yet those non-

Covid areas became filled with Covid patients because patients themselves developed the infection whilst in hospital and many were asymptomatic, so you're absolutely right that there has not been the same rigour around the use of PPE in all settings at the hospital whilst there was clearly a focus in intensive care and some A&E settings. But it needs to be now across the piece.

Philippa Whitford MP

Is that not still a problem in that OK in the 2nd of April PHE updated it and eye coverings are at least optional, but if you are working in a Covid ward it is still just a surgical mask, eye coverings, apron and gloves and this guidance was given to all four nations, so is there any pressure going to actually change those guidelines?

Dr Chaand Nagpaul

Sure, OK so what the discrepancy at the moment between the PHE guidance and the World Health Organisation guidance relates to one, the use of wearing of aprons rather than full sleeve disposable gowns, and I'll tell you what the issue there is that if you're wearing an apron the clothing underneath which is exposed will be potentially infected and as a GP I can tell you [inaudible 2:01:29] because what you do afterwards, whereas if you wear a ... that clothing will be infectious, we're not in a situation where we can just keep changing our clothes or change scrubs etc, so with the full sleeve disposable gown you're protecting everything underneath. We've taken this up with Public Health England quite directly, members have told us that they're not happy with this guidance, Public Health England's response, and I'll quote what they say, they say they believe that their below the elbow policy which is the wearing of an apron with scrubs underneath provides their version of the equivalent protection, that's Public Health England's advice, as I've said I don't see having practical help for those who carry on wearing their clothes because their sleeves may be infected and so this is an issue. What I've also been told is that the NHS hadn't stockpiled full sleeve disposable gowns either because of this bare below the elbow policy.

Philippa Whitford MP

I think the stockpile had no gowns in it and it does sound like the guidance was made on the basis of the stockpile rather than WHO guidance. Just a final question following on from that ...

Layla Moran MP

We're on borrowed time Philippa so keep it very, very short.

Philippa Whitford MP

I know ... how can we create Covid free either areas or hospitals because that will be critical to next Winter maintaining cancer services, surgery etc, so what's the BMA's view on how we do that?

Dr Chaand Nagpaul

I mean, there are 2 answers, one is that we need to make sure that testing capacity is such that we, well first of all before a person is admitted to hospital the Government have to announce how they want to address that for elective care at least, so you make sure that you minimise as far as possible or you identify those that are Covid free and put them in such areas, but you continue with regular testing and I would say the second point is I think we mustn't, even if it is a non-Covid area we mustn't think that that reduces the need for continuing to wear masks and gloves and take all of those precautions because anyone, because we know that no test is fool proof and what you do not want in a healthcare setting, in a ward in a hospital with other ill patients is to have people who may have slipped through the net and then infect others, so my answer would be that you need testing done in a systematic way and ongoing to assure ourselves that those areas are as far as we can know Covid-free, but secondly continue to behave as if all patients are potentially infectious, even if it's a Covid-free ward and you carry on wearing face coverings for patients as well as for healthcare professionals. I think there is no scope for complacency here.

Layla Moran MP

Thank you, Dr Chaand, Munira Wilson, final question.

Munira Wilson MP

Thanks Layla, earlier on in response to an earlier question I asked you talked about the importance of prevention and mitigating the spread of the virus and you talked about supressing the virus, I want to just unpack that further, do you think we could realistically have an objective or a strategy to get to zero Covid essentially, do you think we can suppress it that far or do you think it's just a question of mitigation and to what extent should this be a central plank of the Government's strategy as opposed to just not overwhelming the NHS?

Dr Chaand Nagpaul

I think that, and I think Independent SAGE have also suggested this, we should have a mindset and aim for that because if you aim for that you will then, your actions will follow because what we have at the moment is not very, in my view, we're not doing everything we should in trying to contain the virus, so if I look even at something as simple as our messages, social distancing, we're told that social distancing is still two metres, or one metre plus, but I'd ask any of you do you think anyone, any member of the public understands what one metre plus means, what does the plus mean? And as a result, we're resulting in the public thinking that social distancing, many don't really understand this because it's not clear and therefore they're not socially distancing. If I look at the example of face coverings it was actually in May I think, the 21st of May that the Prime Minister announced that face coverings should be worn by the public, now if you want to suppress a virus you wouldn't just make an announcement and then just leave people the freewill, you'd then follow that up with a very systematic approach to make sure that happens, so what I mean by suppressing is you take an attitude that says we want to do absolutely everything to make sure that the infection doesn't spread, so that needs a much more robust approach and so if I look even at the Public Health transport of face coverings, why Public Health ... public transport, public transport ... why single out public transport,

why didn't we have shops at that time, the evidence wasn't changing, if the evidence was good enough for a train carriage the evidence is good enough for a supermarket queue, so and even now the staff in supermarkets don't have to wear face coverings and as for social distancing you know it's not being implemented in many work places because it's not logistically possible to, but has that been disseminated, has that been done with the vigour and a determination to say this is a virus that spreads in one way only which is that if people are infected or anyone is infected is close to another you transmit the virus, if you're not close to each other you won't transmit it. If everyone was to stay at home ... we couldn't have a society where everyone stayed at home, the virus would stop spreading.

But the point is I'm not sure that sense of clear single-minded determination to try and do everything we can is being done and that's what I mean by suppressing, to really take the attitude that yes we can resume normal living, you can go out, you can do things but make sure that we have very clear messages about what is expected of both the public and workers to stop the spread and there are measures that can be taken and I think at the moment I see too many examples of potential spread, just walking out into the High Street and peering through shop windows, too many examples, if a hairdresser for example wears a visor without a mask that's not going to suppress the virus. You know, has that message gone to all employers as to what needs to be done to stop the spread of the virus, that's what I mean by suppressing, have ambition, have that mindset and if you look at the figures at the moment, last ONS figures from last Friday, the weekly figures, the infection rate has increased, we're now seeing about 2,700 new cases a day according to the ONS compared to 2,500 the week before and so I think now is the time we must be much more robust and rigorous around how we mitigate the spread.

Layla Moran MP

Fantastic, well Dr Chaand Nagpaul thank you so much for your time, I recognise we've taken ten minutes over the time you'd given us and you are very generous with it, that brings us to the end of this oral evidence session, thank you so much, the first of one's we will be doing weekly, the live stream will soon be ending but there will be another where we'll be talking to bereaved families and those who are suffering from long Covid next Wednesday the 5th of August, so I hope those who are watching will join us then and thank you again everybody for your participation today. Thank you very much.