

All-Party Group on Coronavirus - Oral Evidence Session 3

Transcript by Communique Communications Ltd.

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Munira Wilson MP

Hello everyone and thank you for joining us today and I hope you're keeping well, particularly in this heat, I'm grateful to you all for giving up your time on such a hot day. So, delighted to be chairing this third oral evidence session of the APPG on coronavirus, we've got several people giving evidence today, Chris Hopson from NHS Providers, Ruth, do I pronounce it Ruth Ison, is that right?

Ruth Isden

Isden.

Munira Wilson MP

Isden, Ruth Isden from Age UK, Morgan Vine from Independent Age and Helen Wildbore and Judy Downey from the Relatives and Residents Association, so if we could just kick off by going around the panel, if you could just give us very briefly one or two sentences about what your organisation does and your role there, so Chris can I kick off with you? Welcome and thank you.

Chris Hopson

Good morning Munira, thank you very much indeed good to see you again. So, I'm Chris Hopson, I'm the Chief Executive of NHS Providers, we are the membership organisation for the 217 Acute Community Mental Health and Ambulance Trusts and Foundation Trusts. Our organisations spend about £80 billion of the NHS's £130 billion budget, we employ, they employ around 800,000 of its 1.2 million staff and we have all 217 Trusts in membership.

Munira Wilson MP

Great, thank you. Ruth.

Ruth Isden

Hi, I'm Ruth Isden, I'm the Head of Health and Social Care at the charity Age UK, so I oversee all of our health and social care work. Age UK is a federation of charities working at local, national and international level to support older people. And so, we've been working throughout the pandemic both nationally and on a local level very much engaged with community based support and what's been going on.

Munira Wilson MP

Brilliant, Morgan.

Morgan Vine

Yeah, hello everyone, I'm Morgan Vine, I'm the Head of Policy and Influencing at Independent Age, we're a national older people's charity, we have a national helpline, we provide information and advice on issues including things like care and money and benefits, health and mobility and we also have a friendship service that we offer to people across the country both through face to face and by telephone and we've been supporting people throughout coronavirus on the key issues.

Munira Wilson MP

Great and Helen and Judy, I can see Judy on my screen, is Helen on the line as well?

Judy Downey

Yes, she was there a minute ago.

Munira Wilson MP

OK well Judy, do you want to kick off?

Judy Downey

Yes, Relatives and Residents Association is a membership organisation and represents those people, older people needing care and in care, it has a daily helpline and we provide advice, support, information, we provide publications and do work with care homes hoping to improve the quality of the care and our strapline is For Quality of Care for Older People Needing Care.

Munira Wilson MP

Brilliant, Helen sorry I've just seen you on the screen, is there anything you wanted to add, do you want to introduce yourself?

Helen Wildbore

Hi, yeah no Judy's covered it, I'm a Director of the organisation.

Munira Wilson MP

Brilliant, well thank you again for joining us, I should have said at the start, so I'm one of the Vice Chairs of the All-Party Parliamentary Group on Coronavirus hence why I'm chairing in Layla's absence, we've got a number of members from both the House of Commons and the House of Lords attending the meeting today and I'll be kicking off with a couple of broad questions but then we've got some,

there are a number of themes and issues that we want to cover that cut across your organisations so a number of them will be aimed at all of you, some to individual organisations but we'll let you know. So, if we could just start with a really broad question around for each of your organisations, for your members or your service users, what have been the main issues and challenges that they or you have encountered through this pandemic. I know there have been lots and there is a lot in your written evidence but if you could maybe pull out I'd say the top two or three maximum. Chris shall we start with you again?

Chris Hopson

Thanks Munira, so I think we probably see this so far as in a sense a game of two halves, so the first half was very much about creating the additional capacity that the NHS needed to ensure that we were in the position to treat what we thought would be, or could be, the same level of coronavirus patients that for example we'd seen in Northern Italy. So you will remember that in a sense the first half of the game was really ensuring that there was sufficient capacity, so 33,000 beds for coronavirus patients created at the new Nightingale Hospitals but also, which I'm sure we'll come onto, ensuring discharge of medically fit patients but also ensuring that when you looked at all of that together there was sufficient capacity and just a couple of sort of things there, so for example oxygen system capacity, ventilator capacity to treat those patients. I think where we've now come onto is having sort of successfully surmounted that first peak of coronavirus demand and I think the sense was that actually certainly as far as hospitals were concerned actually the level of patients they were required to treat with coronavirus was actually less than had been predicted, we're now in the phase of needing to fully restart services but also catch up with the backlog that has inevitably built up as we prioritised being ready for and then treating coronavirus patients and clearly that is a big issue for the NHS, particularly when you recognise that in order to ensure effective infection control you do have to for example in hospitals create Covid only and Covid free zones, you have to ensure for example people who are treating patients who might have Covid have got full protective equipment. Just perhaps two more things very quickly and then I shall shut up, so basically I think we probably, I mean I'm sure we will talk about the things that have proved problematic, I think if you asked our members what was difficult for them inevitably I think personal protective equipment would be one issue, I think a second issue would be testing where to be frank there still are a difficult set of issues. Hope that's helpful. I think you're on mute Munira.

Munira Wilson MP

Thank you, sorry. If we can move to you Ruth next.

Ruth Isden

Thank you, well I think as you'd expect a lot of the wider issues this really has been a very significant crisis for older people so we know of course that nine out of ten of the people who've sadly died as a result of Covid have been over the age of 65. About one in four, a little over than that were living with dementia at the time that it happened, more than 19,000 were living in a care home so this really has been a crisis that had a very profound impact on older people in terms of the rates of fatality, hospitalisation and poor health and risk of infection. However, the impact for older people has gone much, much wider than that. So, moving beyond that kind of very immediate risk there's been a couple of things that have really been very difficult for older people. So particularly in the very immediate phase after lockdown which of course disrupted everybody's usual routines and supporting mechanisms and coping mechanisms, older people were very much struggling with access to basic

essential goods and services, so that was things like shopping, groceries, medications and access to cash actually as well emerged as a very significant issue because of course a lot of the support that was put in place or a lot of the community groups that sprang up to try and offer support actually being able to access cash in order to ask somebody to go and do your shopping for example became a major barrier, so that's been something that older people have really struggled with and we've come across many very distressing examples. Other things that have been particularly difficult during this period of time are some that you would expect and some which are now just starting emerge, so we've certainly seen some difficulties amongst older people who very much understood quite early on, as you'd absolutely expect given the messaging, that they were at particularly high risk from this virus, of course that induced a great deal of anxiety and concern, however it wasn't always very easy certainly for us as an organisation and for others to access really good quality timely information which the older people and their families were really desperate to have in order to be able to understand how to keep themselves safe, how to keep their loved ones safe, especially for those older people who were either advised to shield and that was about 1.3 million people over the age of 65, or people who felt extremely vulnerable for one reason or another and weren't clear what they could do and also what access to services might be safe. Following on from that we've seen a lot of people who did withdraw from services or who found it very difficult to access health services particularly, so on-going routine or urgent healthcare services for non-Covid related health needs of course this is a group for whom many were engaging with health services on a regular basis because of the nature of their conditions, but also I think critically we saw an awful lot of people who particularly living in the community withdrew from receiving care services, particularly domiciliary care services because they were felt to be too risky for them, to have people coming in and out of the home, so a lot of people have been going without care services during this period and of course alongside that all the community based services and support, day centres, lunch clubs, exercise classes, all of those other things as well were of course shut down for the duration of lockdown and they're really struggling to start back up again for a whole myriad of reasons. This has had of course a very broad effect on older people's mental and physical health, some of which we're only just really starting to understand now but we are starting to see a very important and significant evidence that the impact of lockdown, of on-going social distancing measures has led to a great deal of what we might say deconditioning amongst older people, so people are reporting loss of mobility, increased risk of falls, loss of strength and balance, were reporting low mood and of course for people living with particularly dementia in many cases that lack of stimulation over this period has led to significant levels of cognitive decline as well, so we really are starting to see that we're storing up a great deal of both mental and physical health need amongst the older population as a result of some of this. And then I just want to say one last word I think around carers, so obviously the fact that so many people have withdrawn from services, the fact that so many services were unavailable to them over this period of time and of course that increased level of need that I've described meant that the burden of support has fallen increasingly hard on family carers and many of whom are older people themselves and we've certainly seen very significant evidence of family carers taking up more and more of support needs for their loved ones and also more and more carers who are reporting feeling extremely close to burn out and that they are really starting to struggle in managing that on their own, so I think that's probably a quick run around the major issues that we're seeing.

Munira Wilson MP

Thanks Ruth, there's a huge amount there and there are certainly a number of topics that you flagged that we were planning to ask some more detailed questions on, but Morgan if I could come to you, if you could maybe flag the two or three key issues that you'd like to highlight on behalf of your service users and people you support.

Morgan Vine

Yeah absolutely, so I'd really echo what Ruth's just said, we're seeing the same issues coming into our helpline and from our teams on the ground, just in addition to a few of those, so access to food has been one of the biggest problems that people have faced and although there have been lots of improvements made and we do genuinely feel like more people are now feeling confident about how they can access food, we also know that local authorities across the country have different levels of support that's being provided and that a lot of people aren't aware of the options available to them, so that is still a concern particularly if we hit a second peak. We would also talk about the changing guidance and how there's been lots of different guidance to follow, sometimes changes to guidance have happened quite close together so people in the shielding group have thought a change impacted them but actually it was for the general public but all the changes have been happening at similar times and we've had lots of people getting in touch with us who for example in their early 70s, fit and healthy and think they should be shielding and don't know if they're allowed to go and see a friend who is in a similar situation, so there's been a lot of confusion about the levels to which the healthy over 70s, what they're able to do during the pandemic and obviously the knock-on impact of somebody shielding when they're not being advised to do that obviously it's their choice if they want to, but if they think that's what they're being told to do that obviously has a massive impact on mental health and anxiety. The other key thing that I think is something to think about going forward from our point of view is we did some calculations and we estimate that about 98,000 people have lost a partner during Covid and that is one and a half times as many as the last five years for this period, so there are going to be many people in later life who are experiencing complex grief and I'm sure some of the panel will know what that is, but for those who don't it's basically where you might have experienced multiple bereavements in one go, you didn't know they were coming, you couldn't be there with the person, you don't know if they had a good end of life and all of that can combine to create a situation where people experience PTSD symptoms and would really need some professional support, so we're really concerned about the number of people going through grief at the moment and how they're going to be supported to deal with that. And on a related note mental health support, so we're hearing from people who really confident, really fit, really able who are now anxious about going into the town centre, they just don't know, they haven't been out for such a long time and these aren't, a lot of these people aren't shielders, they're just people who have been concerned about the virus and telling us that their anxiety levels are now really high. So, we want to make sure that people of all ages, but also people in later life, get the mental health support that they need going forward.

Munira Wilson MP

Thanks Morgan. Helen and Judy was there anything you'd like to add in terms of key challenges that we haven't touched on already?

Judy Downey

Where do we begin? I'm going to start with a couple of major topics that we're concerned about and Helen is going to do the third one if that's OK? I think that there are some over-arching things that we'd like to mention and obviously we would reinforce all that's already been said by the other people in terms of the impact on older people in the community in particular. We feel that from the beginning there's been a lack of understanding about the care sector and its vulnerabilities at the top of Government that evidence statements made by the Secretary of State, the Chief Statistical Officer, the Chief Medical Officer and the Chief Nursing Officer, all of whom seem to have an apparent lack of comprehension about the shape and structure of the care system which made it increasingly difficult to manage and difficult to monitor. We noted the missing role of the regulator using its intelligence

and reach sufficiently effectively and an awareness that the social care sector essentially comprises a huge number of relatively small businesses, there are three times as many beds in care homes as in the entire NHS and the size and complexity of the care sector really didn't seem to have been taken into account in making policy. 500,000 beds for people in care homes, four fifths of these occupied by older people, that's 18,000 providers in 39,000 different settings. 10,000 care homes for older people, mostly small and medium sized and the sector which has 1.62 million jobs reliant on a workforce that has massive vacancies and where huge numbers of people have acquired important and key skills but basically reliant on people without professional qualifications. 51% of the workforce according to NHS Digital Statistics have no relevant qualifications. So we're talking about a very vulnerable sector and a very unbalanced sector in terms of being 80% plus dominated by independent for profit homes, 13% by not for profit and a tiny percentage of local authority provision, so it's a very unbalanced market and we feel that despite knowing and actually stating that older people and those with underlying health conditions are most at risk from the virus, the Government made statements saying that people in care homes were assumed to be protected, but hard to know on what basis this judgement was made but on the 2nd of April the guidance said that tests are not required prior to admission or transfer to care homes, even those testing positive could be admitted and on the 15th of April all patients discharged from hospitals would be tested for the virus but by this date 28,000 had been moved from care homes to hospitals and by then nearly 6,000 care home residents had died as a direct result. Only on the 14th of March were a handful of care home residents tested and the pledge to test all staff who needed one that was if they were in households that were self-isolating, by the 15th of April just 1,000 out of 685,000 care home staff were tested, and Helen's going to talk about the failure of planning.

Helen Wildbore

Yes, so hopefully everybody can hear me, I've just unmuted myself, I'm going to focus on the lockdown of care homes and the impact that had on older people. So many care homes closed their doors to visitors long before the Government called for a lockdown, many care homes locked down in February so now that's many months for those care homes that did in February and the Government guidance then advised care homes to stop visits except for in exceptional circumstances like an end of life. There was no risk assessment for the sudden ending of visits and cutting off those vital support networks for older people receiving care and that just to pick up on what Judy said, that demonstrates a lack of understanding about the role that many relatives play as a central part of the care team for their relative helping not only with emotional needs and providing emotional support, but also providing really crucial practical support to their relatives such as help with eating, drinking, etc. And many people in care homes faced a double isolation, so the isolation from external contacts as visits were stopped, no longer able to receive that support from friends and family who would normally visit regularly but also the isolation internally from care homes restricting movement, people being asked to stay in their rooms, those shared areas would be closed, you know lack of activities, so then people living in care homes were not getting the support from and the interactions they would normally get with other residents and with many staff members. For those with mental capacity issues like dementia that isolation would have a much more detrimental impact, particularly if the person can't understand why those changes have suddenly been put into place and why their family is suddenly no longer visiting them with fears of what's happened to their family, whether they're safe or why they're no longer coming which has caused lots of distress. People go into care not only to have their care needs met, those physical care needs but also their social needs and if you take away that social element, the social support networks that people have homes become very different places and sadly many of the callers to our helpline have been telling us that the current situation in care homes is now very much like a prison with such restricted visiting, residents unable to leave the grounds of the home and those limited interactions with other residents and staff and this has had a really devastating impact on mental health, not only for people using care services but also for the staff who have been

through some very challenging times over the past six months dealing with that isolation and the loneliness that comes with that and the mental health issues that come with that, not only for the residents but also for themselves, the increased distress of the residents, the bereavements that we've seen, whether they've had the training on how to deal with that and the support that they need to deal with that and we know that many care staff are now sadly facing burnout. We hear daily from our helpline callers about how their relatives in care are deteriorating, not just their mental health but also the knock on impact on their physical health of older people losing weight, losing speech, losing their memory, no longer being able to recognise their family members and there's one relative put it to us that they're losing the will to live, so we really need to find a safe way to manage the virus going forwards in care settings to achieve a better balance between protecting life and protecting wellbeing and there's a really good quote from Justice Mumby who said in a case where he was considering that balance between physical safety and emotional wellbeing, he said "what good is it making someone safer if it merely makes them miserable?"

Munira Wilson MP

Thank you Helen, some really big issues you've flagged there which we are going to delve into further but before we go into some of those more detailed themes, Caroline could I bring you in here for your question? Is Caroline still with us, I know she was having some connectivity problems.

Caroline Lucas MP

I'm so sorry, can you hear me?

Munira Wilson MP

I can hear you now.

Caroline Lucas MP

Thank you so much and I do apologise I've just turned my video off just because I'm in the wilds of Wales where Wi-Fi is problematic, so I do apologise for that. But I did have a general question I was hoping to ask all of our witnesses perhaps in the same order that they've spoken if that's alright. Many of you have identified the problems that in a sense aren't new to us knowing about the problems around testing and PPE and around the complexity of care homes and so forth, obviously the Government has known about that for some time and the question really is [inaudible 0:40:33.1] problems were brought to their attention for the first time from yourselves, I wonder if you could give us an insight into [inaudible 0:40:42.9] what was done to overcome the problems that you've identified and in particular what support was provided by Government.

Munira Wilson MP

Hopefully you all caught that, it was slightly broken up, but broadly it was around what support you've had from Government and if you could try and be reasonably succinct because we've got lots of rich issues that we really want to dig into in more detail. So Chris, could you maybe kick us off?

Chris Hopson

Well it's very difficult to give a detailed answer to that, you know a question like that, but here's our sense, our sense is that you know this was a virus that hit the UK and it hit the world at relatively short notice and my personal view and I said this on the media about two or three months ago is that I think we should assess the Government by its ability to perhaps not necessarily get the first reaction right but actually to listen very carefully and adapt to the feedback that is coming back from those who are at the frontline, so if I give you kind of a couple of examples, we certainly felt that in terms of PPE we very quickly flagged that there was a problem and we then did a very concerted piece of work working with the Government and working with NHS England in Improvement, but certainly for our sector and I accept it's absolutely wasn't the case for the social care sector, the primary care sector and for example the hospice sector, but for our sector partly because of the logistics involved there's only 217 Trusts actually we felt that the Government did respond pretty kind of, and NHS England responded pretty rapidly to the feedback that we were giving them. I think on testing our kind of sense would be we were flagging problems really you know fairly early on, I think our view would be that it did seem to take the Government an awfully long time to set up NHS test and trace which I think is beginning to kind of get there though it's still got a number of different problems, so I suppose my answer would be that on certain problems I think particularly where actually the Government was able to mobilise quickly then actually I think there was a response but in others it took quite a long time. But I think one of the themes that will come out of here, out of the session today is that I think the NHS experience has probably been really very different from a social care experience and you know I hear very loudly what Judy was saying which is that the social care sector, which we don't represent, went into a very, it went into this pandemic in a very, very different position to the NHS and I completely accept the argument that I think most people now argue that the Government perhaps did not do as much as it should have done at the speed which it should have done in relation to the social care sector, but in terms of what we experienced it was differential depending upon the issue.

Munira Wilson MP

So, before we move onto Ruth actually, I just wanted to bring in Lord Strasburger here because I think he wanted to ask a follow up on the point you've just made.

Lord Strasburger

Thank you Chair, I wonder what's the view of the witnesses on the view that the protection of the NHS was mistakenly prioritised over saving lives?

Chris Hopson

Well I think our response Lord Strasburger would be that effectively the NHS did what it needed to do in order to ensure that it looked after the patients for which it was responsible. I think we would, and again it's not my area but I recognise as I've just said, the idea that actually I don't think the Government did what it should have done in relation to social care. The bit that I have a problem with if you don't mind me saying is the idea that effectively social care wasn't prioritised because the NHS was prioritised at the expense of social care, I don't think that's the right formulation, I think the right formulation for where we sit is that the NHS did what it needed to do but the social care didn't, it didn't do what it was needed to do, but I think the concept that that was because it was that the NHS was prioritised at the expense of social care feels to me to be making a comparison between the two which really from where we sit isn't particularly helpful.

Lord Strasburger

I'd be interested in the views of the other witnesses on that.

Munira Wilson MP

Thanks Chris, if we move onto Ruth about support from Government and the question that Lord Strasburger asked.

Ruth Isden

Well I think I'll just pick up on that question now, I mean in my view it's both and, you know it was important to ensure that the NHS had the capacity that it needed in order to address the challenge that we all feared it would face and of course now we're in a position whereby you know we're now in a position where we need to support the NHS to move forward to be able to have the capability and the capacity to do both so it can get back on track in terms of that routine and on-going and urgent healthcare relating to non-Covid related support as well as ensure that it has the capacity to meet whatever challenges this winter has to throw at us. So my answer to that is and both, but I think I would certainly reflect Chris's views that the social care system did not go into this in a position in which it needed to be, so I mean we can talk at length about the deficiency, the long-term historic deficiencies of the social care sector and the failure to reform the social care sector over a very extended period of time, but we know for the purposes of this conversation the social care sector was in a very weak position entering into this pandemic. Then of course the crisis hit and I think one of the reasons it was in a weak position and one of the things that I think as a by-product of that was actually there was a lack of understanding and a lack of insight and a lack of knowledge which of course Helen and Judy have already spoken about at national level about what the realities on the ground would look like for the social care system, actually what kind of capacity, what the realistic capacity was of the system to respond to weather this storm. And I think that also reflects as well and I'm just speaking a bit more broadly to some of those wider issues that I referenced in my earlier remarks is I think that also reflects a lack of understanding perhaps about older people, about ageing and about the way that this overall crisis would impact on older people living in the community as well, so I think there was a slowness to respond, I don't think we responded as quickly as we needed to to the crisis, we didn't recognise it, or it wasn't recognised quickly enough at Government levels especially those of us working in our sector were raising these issues because of the overall weakness of the sector but then that weakness in effect meant that it's partly the case that there was just that lack of understanding and those two things probably sit together, if there'd been a greater depth of understanding we'd have probably been in a stronger position going into this in terms of where the sector was, so I think those are kind of related issues.

Munira Wilson MP

Thanks Ruth, Morgan was there anything you'd like to add from Government support and this suggestion that NHS was prioritised over social care?

Morgan Vine

Yeah so just to start with the NHS social care issue, I mean for most people particularly those in later life, they're relying on both those systems and it's no good one working brilliantly and then they go back into their own home and need a domiciliary care package and nothing comes because they'll end up back in hospital, so I agree that the NHS of course should have been given the funding it needed to manage this crisis, but we were really concerned when we saw the Care Act easements in the coronavirus Bill, now the Act, and we couldn't really understand why so much support was being given rightly so to the NHS and at the same time it was being pulled back from the social care system which was already not in a great state when we started this crisis. So, that's one thing I'd say on that. In terms of Caroline's question about how the Government responded, I just want to raise two things which might be slightly different to others so I thought that might be helpful, when it comes to access to food as I mentioned at the beginning of the pandemic we surveyed a couple of thousand people and 50% almost were saying they were struggling to get food, they couldn't get supermarket slots, they were skipping meals, reducing how much food they were eating or relying on others to get their shopping, we've had a really good experience with Defra and they have made some really good positive changes based on stakeholder feedback so for example support to access food is no longer restricted just to the shielding group, it was widened out, they also gave more support to carers who weren't originally in that pool so now if you're a carer and you don't feel you can leave your house to go to the supermarket for whatever reason you should be able to access support. The things that we want to ensure for the next stage of this is that every local council across the country is supported to offer the same options to people, so that if regardless of where I live I can know that I'm entitled to the same support and I think that's something that's really important. The other thing that we liaised quite closely with Government and lot of other stakeholders on was around the guidance and the clarity and I think one thing from Independent Age's perspective is that we believe that guidance could have done with a bit of clarity and that that could have come quite early on, so for example the clinically vulnerable group, which was the second tier down under the shielders were told to take particular care, but there was no sort of fleshing out of what that meant, did it mean wash your hands more regularly, did it mean stay further apart or be in groups of less people and I think bearing in mind that whatever you think about the decision, everyone over 70 was told that they were automatically in that group, we think some clarity would have been really great earlier on so that people could make their decision about what they felt the risk was and how they wanted to conduct themselves during that period.

Munira Wilson MP

Thanks Morgan, Judy and Helen was there anything you want to add from your perspective on these questions?

Judy Downey

I think it's hard to be positive when you're asked about what the Government support was in this context to care because as I think it was Morgan said very clearly the guidance was confused and contradictory and often too late and that was really very hard for people to cope with, I mean care home managers, you know faced with sort of 60 different bits of guidance from different sources, some contradicting each other and Helen will say a bit more about that, but the other thing that I'd like to mention although it's kind of putting the question upside down about the support for Government, the fact that Government support was actually withdrawn, we have a very vulnerable sector we've all gone on about that ad nauseum, a lot of huge turnover, massive vacancies, large number of people without qualification working their socks off, poor pay, lousy conditions, not getting

paid if they don't work, we all know about all of that but that didn't seem to be factored into any of the support and also the fact that CQC which is the organisation set up to protect vulnerable people in registered settings decided that it was switching off and you know they said they didn't want to spread infection, well if the Government agency can't get PPE and tested we despair, Helen you want to add a bit more about the advice as well that came.

Helen Wildbore

Yes, so just in terms of the kind of, what was done to overcome the problems by Government, in terms of visiting and lockdown of care homes the Government guidance on stopping those visits provided very little support on alternatives other than you know using telephone and video which is completely impractical and simply not an option for some people in care. It didn't provide any support on how to maintain wellbeing during that lockdown, the Government guidance on visiting was then withdrawn on the 19th of June and we were told it was being replaced with something, we waited over a month for that replacement with care homes and their residents in limbo during that time. When it was finally published on the 22nd of July that new guidance lacks clarity, it lacks leadership, it's difficult to follow and for many care homes it actually takes them backwards rather than forwards in terms of lockdown and visiting, particularly disturbing for many of our helpline callers has been the part of the guidance which says that a care home resident should have one single constant visitor which is just impractical for many people and heart-breaking for many families who may have two, three, more people who want to visit them and provide different types of support, as I said people are providing emotional support as well as really practical support, so and in terms of the disparity between health and care that's been mentioned the Scottish guidance was very different on this and so was the guidance on visiting in hospitals, that guidance for the NHS was permitted visits for people with mental health issues like dementia where not allowing a visitor would have been too distressing for that person in hospital, so there's been a disparity between the guidance between hospitals and care homes and as Judy said contradictory guidance in different settings and from different agencies.

Munira Wilson MP

I wanted to bring in Barbara Keeley next if I may to pick up on some of those themes you've just touched on.

Barbara Keeley MP

Thank you yes, I've got questions on care homes but also questions on shielding, but we'll start with care homes because you've just been talking us through that Helen. I mean Helen you said earlier that lockdown had led to care homes being like a prison and you've also just stated a lot of further issues in terms of the guidance and lack of clarity and some care homes going backwards. Could you expand on that for us, is that widespread what you've said about care homes being really like a prison for people and you know to your knowledge is it being done better in some places, are some places examples that should be followed because you know if Government guidance is wrong clearly something needs to change.

Helen Wildbore

So yeah those are the reflections, this is what we've been hearing through the helpline that we run. Lots of the callers to our helpline have been incredibly distressed over these past six to eight months

about the lockdown and about the impact that's having on those people receiving that care. There's also a knock-on impact on the mental wellbeing of those relatives who are on the other side of the door and the anxiety that they've had, sort of not knowing whether their care home that their relative is in has Covid, what the Covid status of that home is and the anxiety of you know if you do have calls over video watching and seeing your relative slowly deteriorate over weeks and months then they can see how much weight the person is losing, they can see how much their mental health is deteriorating and that's heart-breaking for the relatives as well as for the people actually living in care settings. So, in terms of what we've been hearing on our helpline a lot of people have been saying that to us, that they feel it's akin to a prison. In terms of you know what could be done different, I mean as I said the guidance in Scotland was very different on this and the guidance for NHS visits and that just shows that lack of... the disparity between health and care setting that a person can go into hospital, we heard from somebody today whose, I think it was father has broken their hip and gone into hospital and they've been able to go in daily to visit him while he's in hospital, once he goes back into care those restricted visits will come back into play, he'll be self-isolating and asked to stay in his room for 14 days because he's been out of the care home and then coming back in. And then they will go back to the visits, time restricted visits for a single constant visitor, so the disparity we're feeling a lot of the unfairness is coming through on our helpline about the different settings and people becoming very frustrated that that has not been rectified in the Government guidance that's been published.

Judy Downey

Can I add something about good practice that Barbara asked, we certainly are aware of some superb practice Barbara, I mean you know heart-warming practice with very good providers making enormous efforts to have weekly newsletters to families, phoning them up weekly, letting them know how their relative is getting on, not only issuing weekly newsletters but actually explaining the status of the home because I think we have to remember that 60% of homes didn't have Covid, but some of those have been shut down too and you know it's very difficult to, as I said it's such a disparate sector and so many small providers and the guidance being so confusing, I think for a lot of people to get back to Lord Strasburger's question thinking they must protect life at all cost without actually valuing what makes life worth living, as Helen said, I mean Justice Mumby's very, you know important words about you know what makes life worth living for most people, it's interaction with the people they love and doing things they like and all of that has gone and it's not necessarily because there is Covid present. Sometimes there was, and sometimes there might be but it's people living in a kind of hideous limbo and some people as Helen says saying to us that you know their relative would rather die than carry on living like this. You know we have to balance it and to talk vaguely about risk assessments when there isn't proper advice about decent infection control, the use of pharmaceuticals, any proper oversight you know we talked about psychological damage and physical, people going back physically but the kind of infection control that most homes have dealt with in the past is of a different level, it's a different complexity from the kind of amazing difficulties caused by Covid, so you know to talk about risk assessment and expertise when people are struggling just to staff the place and then not even having guidance about the use of agency workers to restrict their use, I mean there was something on the BBC channel today about a care worker heartbroken because she has found out just that she has Covid and she's been working at four different care homes and she thinks she also contributed to her own mother's death because her mother was 82, she visited her not knowing that she was herself was Covid positive and her mother has since died. I mean, to talk as though ... and I absolutely understand why the NHS is important, but the NHS was actually set up for older people and they've been the victims often of the failure to prioritise them and you know why haven't they had decent PPE, they still haven't got it and they're still not being tested. The Government announced 50,000 tests a day, there are you know, the whole social care sector comprises nearly two million people if we're counting all the people that work in the different domiciliary and residential settings, each of those needs to be properly protected and not feel they

ought to go to work because otherwise their families aren't going to eat and some are putting infection into care homes, we don't know what conditions a lot of care workers are living in, we can't put all the responsibility on them without even paying them for when they're off sick.

Barbara Keeley MP

I think that was a very good point. We take that there are real challenges for staff dealing with the isolation and illness and the decline that Helen has talked about, just don't know if you've got anything you want to expand on for the committee on those challenges because as Judy pointed out in the start of her evidence today it's a sector that already had a very high vacancy rate, easily 122,000 and more than half the staff as you said Judy don't have a qualification, so I don't know what your thoughts are or the thoughts of the people you represent in terms of that going forward and what should be done best now.

Helen Wildbore

Yes so when people call our helpline as I say they're calling about concerns about the person who is actually receiving care, they're also concerned about the staff who seem to be working incredibly hard under very difficult circumstances, without the kind of support that you would expect with having PPE and having testing, sort of the basic tools that we would expect to be available to frontline staff, to be able to make sure that they can deliver a safe and dignified service, to keep the people that they're caring for safe but also to keep themselves safe and their own families safe and you know here we are sort of eight months down the line since the virus first came to this country and we're still talking about a lack of those very basic tools and I think that's incredibly frustrating for staff and we know that there are staff who have lost their lives and paid the ultimate price for that. But it's also incredibly frustrating for the people that they're caring for and their families who are very worried about the virus spreading within care settings and ...

Barbara Keeley MP

Could I just ask you what sense you have about how widespread that is because we are concerned as a committee, as a group about the PPE problem, I mean do you feel it's just as bad because you know certainly I've been in contact throughout with care homes in my constituency and I think there was an improvement and you know there was a sort of step change at one point, but you're hearing, could you tell us what you're hearing about how it is now? We've got to face a second wave haven't we so we need to learn the lessons from the first.

Helen Wildbore

So, yes lack of PPE has been a major concern on our helpline since the outset.

Barbara Keeley MP

And still is?

Helen Wildbore

And still is, so when relatives are on video calls or they're doing outdoor or window visits to their relatives in care they can see the staff sort of in the background or some of those visits are monitored by staff and we're still receiving calls from people who can see staff either without PPE or wearing it incorrectly.

Judy Downey

Or using it again and again.

Helen Wildbore

And we don't know the quality of that PPE. And we've seen some of our helpline callers have been so desperate to get a safe visit with their relative in care, or to ensure that the care home that their relative is in is a safe environment that you know we had one caller who spent their own money to provide PPE for a care home which the care home couldn't accept. And you know the supplier problems have been well-documented and we continue to receive calls about that and we hear from providers that there is still limited publicly funded supplies of PPE and some care providers are actually passing the costs of that PPE onto residents of care homes and we've been receiving calls from people who have faced either increased fees for their care or extra sort of Covid charges that have been added on to their weekly or monthly charges and we've been calling on the Government to provide free PPE not only for staff but also for care users and for visitors across the whole of the care sector, not just in care homes but for domiciliary care and people in supporting living, in other care settings where that's needed as well and that should be a basic principal of infection control that that is centrally provided and paid for.

Barbara Keeley MP

OK thank you.

Munira Wilson MP

Barbara, I know you wanted to move onto shielding, before you do, I know Dan Poulter wanted to ask some follow ups on PPE and while we're on that topic if we could.

Daniel Poulter MP

Thank you Munira and thank you to our guests for the evidence they've given so far, one thing that struck me from Chris Hopson outlined was that he felt that the, one the NHS side that NHS England were very responsive to concerns that he raised from an NHS perspective on behalf of providers about availability of PPE but sort of to paraphrase I suppose they felt that from the social care there was a Government that was perhaps to some extent asleep at the wheel in understanding or responding to the needs of the sector. I just wondered one thing that occurred to me was that social care is commissioned by local authorities and I just wondered, you know what role if any the panellists felt that local authorities played or could have played in, they also have of course a public health function, in providing support and advice to the care sector in particularly in regards to sort of PPE and testing.

Chris Hopson

So Dan, can I just, for me I mean we spent a lot of time in the first half of the first wave talking to our colleagues at NHS England about PPE distribution problems and I think the bit that just to be fair that we need to be really clear about is that there is this division between 217 Trusts and Foundation Trusts and 55,000 social care providers with the kind of diversity that Judy's described but also primary care hospices etc and what happened is as you know how this is meant to work which is there is a national stockpile that effectively you can access and it guides you through until the materials that you start ordering when the crisis hit then kind of come on stream and that will take however long it takes, two or three months, so what happened was that when demand for PPE went through the roof actually what happened was the strategic stockpile found it relatively easy to deliver to 217 Trusts and Foundation Trusts because they moved straight away to a push system whereby effectively they were pulling pallets of PPE out of the strategic warehouses and then were effectively sending them on a push basis to 217 Trusts and Foundation Trusts fully confident in the knowledge that if they sent them massive of boxes of masks, masses of boxes of gloves, masses of boxes of aprons, they would be used and of course the key about 217 Trusts and Foundation Trust is there's only 217 of them and also we've got distribution facilities and goods in facilities that means that we can take deliveries at two o'clock in the morning which was what was quite often happening, we were being rung up, our members were being rung up at 11 o'clock at night and being told it's arriving in three hours, make sure there's somebody there. There's then the contrast with the 55,000 where effectively you can't just send pallets and boxes of materials, you actually have to probably pick 20 gloves or 50 gloves, 100 masks, 35 aprons, put them into a specific package, part of the problem was that the 55,000 are actually not customers of supply chain, so our 217 Trusts and Foundation Trusts, the delivery details are simply handed to the strategic reserve and they had them all on the computer straight away, but the problem is that the vast majority of the 55,000 had never come in contact with either supply chain or with the strategic reserve, so they had to go through a process of getting a call in, logging the details of where the material needed to be sent, as I said picking relatively small numbers as opposed to just you know proactively passing pallets to our members and then effectively they then had to ensure distribution, again to places that to be frank were not open 24 hours a day, so the two logistical challenges are completely different. So when we were talking to NHS England what they said is look it's relatively easy for us to sort out you guys, the big problem that we've got is the 55,000 and I think NHS England, again it's not my job to speak to them, you know I'm an independent membership organisation but to be fair they had a massive logistical challenge to set up that distribution system for the 55,000 because again as you've already heard when those 55,000 were going to their normal wholesalers and retailers what they were being told was no, we've run out, global shortage. So, I buy the argument about the need for the Government to in a sense get its act together and to ensure that distribution works effectively but I can absolutely see why it was easier to solve for our 217 Trusts for the number of them and the volume of kit that they needed versus the diversity of the 55,000 where you've got much, much smaller volumes. That hopefully is a helpful perspective.

Daniel Poulter MP

It is, just I think that's absolutely very, very helpful Chris and just onto that I mean you know as I mentioned in my opening, in my question was that the commissioning of social care is done by local authorities not by the NHS which of course compounds some of the challenges that you have outlined when you've got such a wide number of providers but I just wondered and what I was trying to get to with my question is how much did we, how effective was the engagement with local authorities by central Government in addressing this issue of providing PPE and testing for the care home sector and

how much of a role should local authorities have given the fact they also have an important public health function in actually taking a leadership in this, in the early stages of the virus.

Chris Hopson

Well I think what happened Dan actually is over time what I think people realised was that the local resilience forums were the very obvious place to use to provide support, so what happened was our members who because they worked so closely with for example care homes were hearing very quickly that there were problems, what they were immediately doing was either supplying direct to care homes where they had spare stock or alternatively working with the local resilience forums which as you know are effectively local authorities meets you know the NHS, meets key you know emergency services in an area and they rapidly developed into the places where effectively if you needed emergency supplies you went to the local resilience forum. But your basic point I think is a really important one which is that one of the questions we're gonna need to answer here is, is a single national strategic reserve distribution system the best way of effectively dealing with that diversity of supply and I think there's a pretty clear answer that actually a better approach would be to actually have a series of lower tier, probably regional stockpiles where effectively if needed that's the place where you go. For our 217 I think the national level works, but I think for the 55,000 I think it doesn't and that's what I think we learnt through this process is that actually ... and again this is just one of several, testing is a great example of where actually the Government flexibly reached for centralised solutions but it realised relatively quickly that what we actually needed to do was decentralise more power lower down and that's exactly the process I think we're literally going through with testing and I would argue it was the sort of process we began to go through with PPE but we need to answer that question about where does the stockpile effectively sit for the 55,000 going forward.

Baroness Finlay

Munira you're muted.

Munira Wilson MP

Sorry, Baroness Finlay can I move to you please just to pick up on that PPE point and then a couple of other questions.

Baroness Finlay

Yes, thank you so much, I mean just to pin you down Chris really and I guess before I start I should declare an interest, I've got two interests, one is that I Chair the National Mental Capacity Forum [inaudible 1:15:54.6] has been a responsibility and secondly that I've been very involved in the distance aware initiative because of those who have been shielding or shielding somebody else feeling that it's becoming less safe as they come out from lockdown. But if I can pin you down Chris, you've described the problems, do you think the lessons have been learnt and that when we go into second wave things will be better organised or do you think they're still at the stage of these are what should be done but nobody's implementing them?

Chris Hopson

I thought Helen was very interesting in the answer that she gave where I was listening really carefully, what I thought I heard Helen say was that effectively the distribution problems seem to be have got better and certainly the intention was the Government was gonna set up a direct ordering system for the 55,000 an Amazon style website where you could effectively get registered as one of the 55,000 and then you'd be able to order PPE from that central site and it would come to you. I think what Helen pointed to which absolutely our members reinforce is that because of the nature of the social care sector, sometimes actually the staff usage of PPE and the quality of the infection control inside local care homes is perhaps not what it should be. So even if they have perfect amounts of stock going to those homes actually what they need is help in using them properly and that's what our members, quite a few of them have said to us they have been trying to help care homes, because obviously they have infection control teams for who it's literally their day job is to make sure this works effectively and they've been working ... [inaudible 1:17:45.7].

Baroness Finlay

I'm gonna shorten you a bit Chris if I may because I'm really worried about the time and I did want to ask a much broader question which is whether people think that the elderly and those who are more vulnerable have had delayed access to care and were unable to access the care that they needed because of blanket policies being in place which seemed to exclude them from transfer back into the NHS, transfer within the NHS into ICU on basis of age or comorbidities and whether some of those blanket policies that were designed to stop us having people lying in corridors such as we saw from the Italian pictures, whether actually those worked against people and whether people have understood that DNAR is not legal, it is dangerous and we are only talking about DNACPR as a clinical decision on an individual but that any of these blanket policies should not be there and I think I'd like to go to some of the broader group if I may who've given us evidence but particularly perhaps Helen and Judy to start with.

Judy Downey

Well we certainly know that DNAR is still in operation in lots of places, certainly I don't know how common it is but lots of people that I know living near me and I'm well over 70, in fact I'm over 80, have had letters suggesting that we might let our GPs have information about our wishes and I'm not in a care home, so I think that the pressures on medical staff throughout has been let's be careful that we don't extend life unnecessarily rather than how can we please preserve life to ensure that it's a decent quality and that people survive regardless of disability or mental incapacity to have as good a life as they can. I'm delighted to hear that things seem to be better in some aspects of PPE but we know that people are still not getting it and people are certainly still not getting tested and we've heard of care home providers driving all over the country for supplies, trying to get supplies from China and there's been a really unseemly battle between providers, sometimes trying to do the same job to get the basic tools of their trade and that has not improved enough, that is certainly not good enough and people seem to not be aware that you don't get one set of PPE for life, they need to be changed for each individual person with an infection, so there's a sort of, you know talking about the numbers or talking about the numbers of tests none of this is once for all, it's a repetitive enterprise.

Baroness Finlay

I wanted to get a little bit away actually from some of the PPE issues and I wonder if we might go to Helen because I think that I'm not talking about approaches that try to [inaudible 1:21:21.5] what their

wishes are and how they would like to live because one wants everybody to be able to express their wishes if they can and their family on their behalf, what I was concerned about was whether there were blanket policies that were stopping people getting the care when actually they wanted the care and their families in particular and they probably also felt that they should have been eligible for a higher level of care or that the care was not able to go into the care home because those more expert clinicians were actually being excluded.

Helen Wildbore

So yeah there's quite a lot to unpick there, I think certainly towards the beginning of the outbreak when we saw those messages around the clear message from Government around protecting the NHS and a move to try and sort of free up beds within the NHS to try to ensure that the NHS was prepared for the outbreak and wouldn't become overwhelmed, I think that led to some policies which clearly have had a detrimental impact on older people and particularly those in care settings, as Judy has alluded to in terms of the discharge from hospital. We also saw it the other way and people who live in care settings we had calls to our helpline from relatives who were really concerned that the resident wouldn't be transferred to hospital for care and you know that could be as you say part of a person's wishes, if a person has decided for themselves that they want to spend the rest of their time in that care setting and you know move towards palliative care that's for them and that should be respected but where it's really concerning is where that isn't happening and where the person isn't being consulted or their family isn't being consulted about where they would want to go to hospital to get that level of treatment.

Baroness Finlay

But could I ask Ruth to come in because I think you had some really strong evidence that came through from Age UK.

Ruth Isden

So as Helen said I think there's a lot to unpack here and I'd offer a few reflections, I think the first thing to say is again it goes back to the, well we wouldn't start from here point about the overall kind of position of the care sector and specifically with regard to this I'd say you know it was recognised at the five year review about five years ago that the care home sector was desperately underserved in terms of access to clinical support and what we needed to do was to wrap clinical support around care homes and care home residents in a much more strategic way and of course that has been you know, and then the NHS long term plan's intention to roll that out nationwide after a series of successful pilots. Of course, that enhanced care in care homes has been massively accelerated and going into this winter, but would we have been in a much better position to safeguard the health of care residents during this period of time if we had, if all care homes had already had access to the enhanced care and care programmes and that wrap around multi-disciplinary clinical support then the answer is yes, yes we would have been. So, I think that's the first thing to say, we were starting from a low base where actually still there was parts of the country and care homes who still lack that basic kind of on-going routine and enhanced clinical care. Of course so I would start by saying that I think even we have seen some very distressing examples of blanket policies applied to care home residents and also to people perhaps living in their own homes as well in some instances and our view is those are always completely unacceptable and I think again to be fair once it started to become apparent that these protocols were being applied at local level then NHS England and the Government were quite quick to say, to echo that view and to give a very strong signal to the system that no, blanket

application of policies whether that be DNACPR or whether that is criteria around admission to hospital, everything had to be done on a case by case basis. Which is absolutely the right approach. But I think again what part of that reveals to us is the fact that there is not fantastic understanding necessarily across all parts of the NHS about the clinical care of older people, and we have seen this in many contexts over the years about people conflating issues around age and frailty and comorbidity and not necessarily having the expertise in order to make some of those actually quite refined judgements and again I think this is something that we saw come to the fore really that you had often people who didn't necessarily have the right clinical expertise around care of older people being asked to make judgements and decisions about that community and maybe applying kind of blanket criteria or applying a blunt instrument which was a view about their age in that context.

Baroness Finlay

Could I bring Morgan in now, thank you so much Ruth and I think also really thinking about delayed access to care now for people who have comorbidities and whether we've got anything better as we go forwards, Morgan.

Morgan Vine

Yeah so we chatted to our colleagues on the helpline just last week to ask them if we were still getting calls about this because as you can all imagine it was something that we were hearing about but we wanted to check it was still a problem and they fed back that despite the fact that no current local authority say they're enacting easements, Care Act easements, people are still calling us about packages being suspended or cancelled, there's an increase in informal carers having to take on the provision of care and support, people are delaying seeking assessments because they're really worried about infection control and we've heard that throughout the pandemic. There's also we've heard of local authorities not reviewing care packages because they've said they can't come and assess face to face, so people are just waiting with severe care needs for an assessment and they've also talked about waiting times being longer than normal. Also, just to come in on the health side to back up what Ruth said, we were really concerned at the beginning of the pandemic when this draft intensive care decision support tool was leaked to the press and it had a weighting for age on its own regardless of frailty, regardless of underlying health conditions and it gave you something like seven points and if you got eight points in total you wouldn't be able to access intensive care treatment and we felt that was essentially an ageist policy, frailty we understand, you know fitness to treat is obviously really, really important but we didn't see that somebody's age should almost be double counted against them when it comes to intensive care and I think moving forward we would really want to make sure that any tool like that, if it was bought in and it wasn't on this occasion because the NHS was able to cope with what was happening, but if any tool like that was bought in that it was fairly weighted and wasn't disadvantaging people in later life.

Munira Wilson MP

Thank you, I was going to move to Lord Strasburger now please if we could.

Lord Strasburger

Thank you Chair. On the subject of staffing what impact did the use of agency staff do you believe have on infections in the care sector and also what mitigations do you think are needed for the disproportionate impacts suffered by BAME staff?

Munira Wilson MP

Who would like to pick that up first?

Judy Downey

Should I start?

Munira Wilson MP

OK Judy if you'd kick off.

Judy Downey

We know that unlike other countries and other advice there was no guidance about the use of agency staff in the province of British Columbia in Canada and there are other examples I think in New York also, agency staff were forbidden for working in more than one place and it should have been possible for there to be Government guidance and there should be in future of restricting agency workers to particular groups and making sure of course that they had appropriate protection and testing before they went from place to place, but we know the problems of being asymptomatic but that's a very minimum that people should be doing. We know from research that's come out recently that agency staff had a disproportionate effect on spreading the virus and we also know from evidence that Unison has published that care staff were very torn between going to work with symptoms and not working and that meant not earning anything, so you know it's a very complex problem but it is possible for there to be better guidance to ensure better use of staff and better protection for staff and certainly as I think both Ruth and Morgan have said, the importance of good infection control and you know if we can have 24 hour helplines for this, that and the other it seems really important when people know how isolated care homes are and how often lacking in professional expertise some of the staff and managers might be on pharmaceutical problems, for example one of the rigidities in care homes at the moment is that they're not allowed to carry a stock of anticipatory medicine, so if there's been a particular person perhaps with problems with acute anxiety they can't stock that particular drug to use for someone else without having medical oversight and they're not getting medical oversight often, they're not allowed to reallocate medication that was prescribed for someone else which obviously it hasn't been used for another patient without a very complex bureaucratic procedure. So, there are all sorts of inhibitors which assume there's going to be oversight which actually in fact didn't exist and still doesn't.

Munira Wilson MP

Was there anybody else who wanted to pick up on the point about turnover of staff and agency staff and particularly BAME impact, I know Chris if I can come to you briefly first and then I'll come to you Morgan and Ruth.

Chris Hopson

So Munira I just wanted to double check, are we gonna cover NHS discharges into care homes in a later question?

Munira Wilson MP

Yes, we're coming into testing shortly and I wanted to pick that up then. OK.

Chris Hopson

[Inaudible 1:33:07.0] BAME staff then clearly one of the things that I think we've discovered very quickly once the virus started spreading was that it had a disproportionate impact on BAME communities, my kind of sense is we were probably collectively as a health and care system, slower than was ideal to pick that up. I think what's happened since then in terms of the NHS sector is we have been doing as rapid a set of work as possible to try to identify how we can manage that risk both with patients and staff and I think as you probably know certainly in terms of staff our Trusts have just, nearly almost completely finished now a set of risk assessments where effectively they've been risk assessing each individual BAME member of staff and ensuring that any personal risk to them is appropriately managed.

Munira Wilson MP

Morgan and Ruth if we can come to you about the use of agency staff and also the sort of movement of staff because obviously if there's a shortage they're gonna need agency staff, so what can we be thinking about recommendations for a second wave and also if you've got any insight on how BAME staff in the care sector are being protected better if at all.

Morgan Vine

Yeah so we've been hearing this problem from lots of people, we spoke to somebody recently called Anne who said that since the pandemic happened she's now had lots of different staff, she used to have a couple of regular carers but because of illness or infection they weren't able to come and she was now having about 12 people a week coming into her home. At the beginning she was saying that often professional carers weren't given PPE and she was asking them if they could wash their hands and asking where their PPE was and they were saying we have to buy it ourselves, we're not being given it, now I hope that has significantly improved but I think what is of course still a problem [Inaudible 1:34:54.8] tested and they could be going in, which I know many professional carers are really, really concerned about so I think whilst [Inaudible 1:35:04.8] to maintain the testing for all care workers and make sure that they get what they need. The thing that I guess could be looked at for professional carers, whether they're agency or not and whether they're in, I should say home care is also really important, I think care homes have been spoken about a lot but there are so many people receiving domiciliary care in their own homes, they also need, those carers need [Inaudible 1:35:30.6] there are staff who are at particular risk whether that's because they're black Asian or minority ethnic groups or whether that's because they've got diabetes or another condition that would have put them at more risk that the companies that manage the professional carers or the local authorities put in place mechanisms where those people can only visit the same client and keep that regularity rather

than making them visit different homes all at the same ... but it also isn't good for the person receiving [inaudible 1:36:01.7].

Munira Wilson MP

Ruth.

Ruth Isden

I just wanted to make a quick point I guess about the scale of this just so, in March around 25% of frontline care staff were unavailable to work at one point and that was about 170% increase in terms of sick days would have been average, so I mean it was an enormous logistic challenge and yes absolutely so the facet that we then had staff moving between different homes and then as Morgan has said are coming into people's own homes has undoubtedly had a very significant impact and it's absolutely something we need to be very conscious of moving forward. It's also an area I think, you know going back to that lack of knowledge and that lack of understanding at national level but that was never actually factored in I think to the way that people thought this might unfold around care homes and what might need to be done, so I think that's a really important lesson learned. The other thing that I would say is, and in terms of a recommendation we know that there's a significant number of people who stepped back from receiving domiciliary care services during this period, including in addition to those people that Morgan has already articulated have kind of see their packages cut, reduced or compromised in some capacity and rebuilding the confidence of those people to receive domiciliary care into their home again is going to be absolutely paramount because these people cannot continue, informal carers cannot continue indefinitely to provide the support that people needs, it's putting a tremendous strain and pressure on informal carers and families and of course it's contributing to that picture of deterioration I laid out in the first instance. So looking at how we work with domiciliary care differently over the coming winter to think about how we put in place "bubbles" so that people can be assured of ... so in addition to those questions about testing and PPE but actually how people can be assured of who they are receiving into their home and that we can try and minimise those kind of contacts in so far as possible, that will take money and support for the sector in order to be able to look at doing things like that but I think it would be well worth it because otherwise I don't see how we will rebuild the confidence of many of those individuals to restart receiving services that they really do urgently need.

Munira Wilson MP

Thank you, I wanted to move onto testing now and more broadly Lord Strasburger was gonna kick us off and we will cover testing and discharge as parts of our follow ups as well.

Lord Strasburger

Thank you Chair, I've got two questions, one about testing and one about track and trace, to save time I'll ask them together. First one is how content are you with the way the testing service is now operating, particularly in care homes and what if anything still needs to change and the other question is are you happy that the Government has finally come round to locally run track and trace and what more needs to be done to get track and trace running as well as we need it to?

Munira Wilson MP

So, Chris I know you talked quite a lot about test and trace in your evidence from NHS Providers, shall we kick off with you?

Chris Hopson

Yes, so I think as ever across a whole load of things we're clearly on a journey here, we'll be releasing a survey later on this week, in fact on Friday I think which effectively is a survey of our members and how happy they were with the testing strategy up to now and also going forward, but I don't think it'll come as a great surprise when I say that they're very not particularly happy and they're not particularly confident. I think to be fair particularly on NHS Test and Trace our kind of sense was that that should have been set up properly three months before it actually was, it's on a journey, I think it comes out in our survey actually is that our members are more confident about what is now in place, but clearly there are a whole load of different things that need to be done, so if I just give you four or five, the first is it's very clear we need to up the percentage of people who we are putting into the test and trace system, we need to up the percentages of people who are actually giving their contact details, we need to up the percentages of people who then actually when contacted isolate, in order to make that happen second issue we agree very strongly with those who are arguing that Government financial support for those who find it difficult financially to isolate for the required 14 days if you really want the isolation to happen you're gonna have to boost that support, thirdly the Government has said very clearly it wants to get to 500,000 tests by the end of October, it hasn't set out how it's going to achieve that and that is fundamental for the testing of all health and care staff and our kind of sense is that the reason as to why you're not seeing promises that have been made about care staff being tested is the capacity but it's not just the capacity that isn't there, it's not just the capacity it's also the fact that you need the testing close enough to where the people who need to be tested are, clearly it helps if you can do postal tests but actually you know this, again, NHS Test and Trace has promised that you will be no more than 30 minutes' walk away from a testing centre by the end of October, again we need to see how that's gonna work. I think the fourth issue which again is something that people really haven't talked about is when you really look at the places where there are concerns about local outbreaks they do tend to have a particular demographic profile, they do tend to be areas that tend to have, they tend to be quite deprived, they tend to quite often kind of have particularly high percentages of black and ethnic minority citizens, they also tend to be in places of high population density and one of the things that test and trace, if you talk to Directors of Public Health they absolutely wanted to do is they want the test and trace service to reach more effectively into those communities, some of whom to be frank don't particularly want to interact with the State and are not used to interacting with the State, so there are a whole bunch of things that we kind of need to do in terms of building capacity, in terms of ensuring that we can get rapid test turnaround, ensuring that therefore when we get to winter, and this is the really important point to make is, when we get to winter it is clinically very difficult to tell the difference between winter flu and Covid symptoms and the key to doing that is to have sufficient testing capacity with at least next day turnaround in order for you to identify whether you are looking at a winter flu patient or whether you're looking at a Covid patient, so there is huge amounts of work to be done. I think as I said we're more confident about where we now are than we were certainly four or five months ago but there's an awful lot that still needs to be done before we can be confident that we've got a fit for purpose let alone world class test and trace service in place for winter.

Munira Wilson MP

Thanks, I wonder if we can bring you in Helen, I'd like to pick up on Lord Strasburger's question around testing availability in care homes at the moment, we know there's been a commitment for repeat testing, can you just update us on what the status of that is on the ground and particularly to your knowledge learning disability homes are now regularly accessing testing.

Helen Wildbore

So as an organisation we work with older people receiving care, so I wouldn't be able to specifically answer around care homes that are specifically for people with learning disabilities, but there was a Unison survey of care workers in July which make up on both of those types of setting which found that 80% of staff hadn't been tested at all during the pandemic and of those tested only 46% had been tested only once, so clearly there is still a problem with regular testing which as we know from lessons from elsewhere around the world and from the really strong message from the World Health Organisation that test, test, test is the route to managing this pandemic. There was a commitment from the Government at the beginning of July as you know to test care home staff regularly, there was no mention of domiciliary care or other care settings like sheltered or supported housing and we now know that that has been delayed until September due to some issues with roll outs. Care providers that we're in touch with tell us that testing recently has become more unreliable and they've not had any news of the new test that's been developed, the rapid test which would turn the results around more quickly.

Munira Wilson MP

Was there anything Morgan or Ruth you wanted to add on this point before we move onto testing on discharge from hospital?

Morgan Vine

Yeah I can come in, so we ... the same as Residents and Relatives Association we don't own care homes or run them but we do speak to people that manage care homes quite a lot and many of the people that we support do live in care. From a few of the people we've spoken to who manage care homes they've been saying that recently the testing service has been really challenging, that they've had swabs come back with no answer about whether the person has got it or not, also swabs going missing or swabs not being available, so they're finding it really difficult some care homes to abide by the new guidance that they have to test staff and residents, obviously they want to do it but they're finding that the swabs aren't available and the tests aren't coming back so that's one thing that I would flag is worth thinking about making sure that care homes and those in domiciliary care and sheltered accommodation have the equipment they need to be able to abide by the guidance which they want to, to make sure that everybody stays safe.

Ruth Isden

I'd just add to that that one of the issues that we've certainly encountered in addition to those points that have been raised is actually about sharing of test results as well, so care home residents are [inaudible 1:46:10.8] they're being tested and those results are not being shared with necessarily with their GP or with the clinical team that is supporting and looking after residents within that care home, so you know some community geriatricians have described it to me as like getting blood from a stone

in trying to get data across the different pillars and to actually understand what's going on in the care homes and for the residents in the area that they're supporting and that actually is a real drag on them having a very effective clinical response in providing the right clinical support into care homes.

Munira Wilson MP

So just to be clear Ruth, after people have had a test where are the results going?

Ruth Isden

So my understanding is that it's a difficulty in that they are struggling to access, and Chris will correct me if I'm wrong, pillar two testing results, that those are not being automatically shared with NHS teams working in localities and certainly that the results of those tests are not being sent to the individual patient's GP so looking at it from both angles that there's a difficulty there in actually ensuring that partly just that residents or people who may be in need of clinical support as a result of that diagnosis are getting it, but then also for NHS multi-disciplinary teams that are supporting a number of care homes in their area in order to really be understanding what's going on for those care homes and making sure that they're directing care appropriately.

Munira Wilson MP

But can I just check care homes are getting the results, are they?

Chris Hopson

So the issue Munira effectively, and it's something that affects both the NHS and it affects care is that effectively at the moment testing is happening in a number of different places as I think you probably know, there are NHS laboratories, there are PHE laboratories, there are pillar two which effectively is the Lighthouse Labs and the Government contracted central testing operation and then you've got what we call the flotilla of small ships, people like [inaudible 1:48:05.3] etc, clearly if you use an NHS lab and if you use a PHE lab then the IT systems are pretty well connected and effectively what happens is that results from there tend to flow direct into care records and NHS care records and that tends not to be a problem in terms of you know NHS staff and care staff because if they've got access to a single care record being able to access that data, the problem is that because we've set up these different, for understandable reasons, we've set up these different sources of testing what we certainly hear is that the reliability of the information from particularly pillar two which is the Lighthouse Labs and the Government central contracted tracing the speed with which and the consistency of those test results then get translated into NHS records and are therefore available via a single care record is patchy, it's not as good as it should be and that's the reason it's because effectively previously all tests of this type was basically run through NHS labs which effectively were set up to link to the care record.

Ruth Isden

So, it's like having to do that manually, so firstly having to you know kind of attempt to get hold of the results and then having to manually transcribe them across so that they can have that clear picture across their locality.

Munira Wilson MP

But the individual and the care home is getting the results even if the NHS systems are talking, is that what you're saying? I just want to nail down this point where the results are going, yeah OK.

Ruth Isden

Although that does raise another problem with the testing more broadly for older people around some things around access and digital access, but that's a sort of slightly different issue but you still need to have essentially an email address in order to receive test results and obviously a lot of older people don't have that and that's proving a barrier for community testing as well.

Munira Wilson MP

I know Dan wanted to follow up on some questions on testing.

Daniel Poulter MP

Yes, thank you Munira, just clearly this is a difficult issue, but I was specifically going to look at the issue of discharge from hospital which is ... and just a couple of quick questions on that. I mean firstly you know there is evidence from what we have seen and understand of what happened in Italy that keeping people in hospital, having people in hospital with coronavirus as the same place as other people who have not got coronavirus in itself can lead to cross-infection and a very real risk of increasing mortality rates for those patients who are in hospital and I just wondered, just to get a flavour of perhaps first from Chris about what pressures the NHS faced and where the push came from in terms of encouraging rapid discharge from hospital of people who had, at that time in March and April when we were at the peak of the first wave.

Chris Hopson

So this is a highly contested area and I'm conscious that I'm giving evidence with four colleagues from social care and to be frank if I'm honest I think we could have spent the whole two hours just on this issue because it is quite a complex issue, but just to remind you of the context at the point when the discharge process happened in mid-March the NHS and the Government and the general population I think were very worried about what was going on in terms of Italy where there was an overwhelm so an instruction was given to the NHS to create the extra capacity, we did that in a number of different ways that I've already referred to, creating the Nightingale hospitals, contracting private sector capacity, but was also agreed that we would speed up the discharge of medically fit patients, there was a good reason to do that which was exactly what you were suggesting which effectively is that what you don't want anyway generally is people who are medically fit in hospital but particularly given that there is a potential infection risk. So, what happened was there was a very clear instruction came from the NHS central leadership on 15th of March to make those discharges, the detailed process was set out on March the 17th and a detailed note which effectively said very clearly could you please do this in an extremely collaborative way with both local authorities and local social care providers. What then happened is that there was a rapid discharge process of medically fit patients, the issue that we're talking about testing is as I'm sure you all know is that at that point there was insufficient capacity in order to test the number, those discharges, and if you remember the guidance was very

clear which was it was acceptable for the NHS to discharge patients without a test and the requirement to discharge with a test only arrived in mid-April. Now the obvious question that we all would like the answer to is did that seed coronavirus into care homes or to use Judy's formulation that she used right at the beginning, did that directly lead to excess care home deaths and the answer is we just don't know, the answer is you would need to go through an individual case note review exercise for each individual patient that was discharged to ensure to try to identify who then subsequently got coronavirus for example where did they get that coronavirus from and can it be directly attributed back to the NHS. And the answer is that work has not been done in England, interestingly it has been done in Scotland and as I understand it the Scottish evidence shows clearly that actually there were very few if any cases where effectively patients discharged from hospitals actually it can be proved that they brought coronavirus into the care home. So for us and I accept this is very much an NHS perspective there has been a lot of misreporting and a lot of speculation that the absence of testing directly led to the level of mortality in care homes and the reasons as to why I wanted to slightly jump in earlier Munira is that effectively if you look at the evidence, so for example the ONS evidence, what the Office for National Statistics say is when looking at care home mortality actually the most statistically significant link is to issues like staff infection rates, it's for example the reliance of some care homes on higher numbers of agency staff and carers, there is a definite link between care home staff who, care homes who employ staff who work across multiple sites, a PHE study believes it's found a direct link between the size of the care home and the greater rate of infection, so that appears to argue that there is a tripling in the rate of infection with every extra 20 beds and there's a study from the University of East Anglia that basically says that outbreaks are more likely in places that employ higher numbers of support staff such as cooks and cleaners and there's even some evidence from the ONS that actually when staff receive sick pay rates are lower, so I thought we had a really good conversation earlier with both Judy and Helen where they were talking about the kind of reasons as to why there has been you know coronavirus outbreaks, infection rates in care homes. I think this idea that somehow right at the beginning this discharge process effectively seeded vast amounts of kind of you know coronavirus in care homes is yet to be proved and Dan you probably know we have been, and I personally have been very vociferous on this and the reason is because our members are absolutely clear that they knew there was a risk if they discharged patients without a test and they knew they had to manage that risk very carefully because they spend their whole time working with care homes trying to ensure that they can provide the best quality of care, and so what our members say to us is they were working under a very difficult constraint of not being able to access testing, but actually they very carefully managed that risk to try to ensure that they protected care homes. And the bit that really incenses them and makes them very angry is the suggestion that to protect themselves they very deliberately transferred known and suspected Covid patients on a systematic basis to care homes and that is why we have been very, very strong to say that actually that is, we've seen no evidence of that and you know our members find it really quite distressing when the suggestion that that's what they did is consistently repeated. To be frank what we need to do is to do the detailed case load review exercise and really go through it on a kind of consistent basis, that will take a lot of time, it's something that our members would like to see done but of course they can't do it by themselves because they actually need to do the kind of case note review exercise of the care home record and link the two up. But the bit I really would say incredibly clearly is could we please stop saying that the NHS deliberately seeded and the NHS seeded coronavirus through the discharge process by not having patients tested because as far as we're concerned and our staff are concerned and our leaders are concerned there is not the evidence there to justify that claim.

Daniel Poulter MP

Thank you, Chris, I've just got one follow up for you very quickly, but I'd like to ... I think it's important to bring in everyone else perhaps on this particular question initially of discharge from hospitals. I don't know who would like to address that from our other witnesses?

Judy Downey

Sorry I didn't hear the question very well.

Daniel Poulter MP

No sorry I was just saying that I have one quick follow up specifically to Chris, but which is sort of follow from what he was talking about but I think actually just generally in terms of the challenges that there were in the system with rapid discharge of patients from hospital, I think it would be useful to hear from everybody else what your perspectives are on that.

Judy Downey

Well clearly as Chris says the capacity wasn't there, I mean hospitals didn't have any alternative if they were to send people back to care homes or back to their own homes, I mean at the point at which Chris you know the peak of the virus people were having to be discharged without being tested because there wasn't the capacity, some hospitals were testing people who were leaving and were found to have the virus and they did go back into care homes and the extent of transmission would depend on the extent of infection control, nursing, barrier nursing and the availability of PPE and so on, but to go back to the Government statement on testing of 500,000 by the end of October, we're talking about almost two million social care staff in both the domiciliary and care homes sector and testing isn't a once for all procedure, we know that you can be Covid-free on Sunday but have symptoms four days later, so it's got to be a reiterative system, so to have a target like 500,000 by the end of October doesn't actually cut it, it's got to be a reiterative system where staff and as somebody else pointed out the ancillary staff in care homes, people who are absolutely essential like the cooks and the cleaners and the handymen must also be tested on a regular basis otherwise we're just moving it.

Ruth Isden

I mean one of the things [inaudible 2:00:09.8] I have is I'm just looking at the questions as well that Baroness Altman has typed into the chat and I just want to reflect on the second one because I think that is a very important question and it's one that we perhaps haven't considered enough in this debate where it's been very much the focus on who left hospital when and why and I think that this is really important, I do think that there were across in localities and also in some localities and also at national level a naivety, a lack of understanding about what it would be possible for care homes to do, for a couple of reasons I think and we've seen this in some of the guidance to care homes around for example infection control, they're not hospitals, they're people's homes and that creates a different, and so therefore you need to approach infection control in those environments in a different way because the sorts of things that you might do in a hospital environment are not necessarily possible in people's own homes, where you know they will have soft furnishings for example because it's their home, so some of that has been reflected in some of the guidance but also again and this question about you know care homes not having medical staff onsite, I think sometimes that's overlooked and poorly understood, large numbers of care homes are in fact residential care homes so they are staffed entirely by untrained clinical staff, they have no trained clinical staff on site and even in nursing homes actually it's quite a small number of nurses who will be providing support to a whole nursing home, the majority of support in that context will be being provided again by non-clinically trained care staff, so I think we have to be, and it's really important we do get this right because as we head into winter

we need to be able to ensure that we can safeguard the health of care home residents that has to be absolutely paramount in our thinking, so how do we ensure that care homes are supported to manage infection control and of course there will be patients who are discharged from hospital because we have, there is no value as Chris has said in keeping people who are medically fit to be discharged in a hospital bed. You know in terms of their own health let alone the broader implications of that for the NHS, but we have to be able to ensure that however infection arrives in a care home that people are able to manage it and they're able to manage it safely and they have the support and they actually have the right, they have guidance which is practical, it's implementable, it absolutely understands the context in which they're working and understands the skillsets of the people who are available to implement it because unless we get on top of that I fear that you know whatever way a virus finds its way into another care home come winter we'll see the similar kind of tragedies unfold.

Chris Hopson

And Munira I think it's a really important thing for people to understand is there is a vast difference between national guidance and what happens on the ground and certainly when we were [inaudible 2:02:57.0] what they were basically saying to us was look we know these care homes, we work with them every day, you know we're often you know pulling patients in, we're quite often advising on the phone, we're quite often you know discharging, this is a very regular process for us, we know exactly [inaudible 2:03:12.1] at most risk, we know exactly where we need to be particularly careful, although we have this limited testing capacity so actually you know this particular resident we're not comfortable about kind of sending them back and yes Dan you're right, there was a huge pressure to make this happen at speed but the sort of simplistic view that somehow everybody just very quickly willy-nilly discharged everybody you know [inaudible 2:03:38.1] without thinking about you know the destination to which they were going it's just not true and I think [inaudible 2:03:44.0] who were making those decisions feel very strongly that actually that is denigrating the quality of thought they put into how this processed worked.

Munira Wilson MP

Thanks Chris, I'm just, I'm keen because we're short of time and I know Barbara still needs to come back on some questions on shielding, can I just ask one last question on discharge wanted to get clarification maybe from Helen, you might be best placed to answer this, I mean are you confident now that there is this routine testing on discharge and that we're prepared for that in a second wave and actually when there are people coming from the community are they being tested before they're being admitted into care homes?

Helen Wildbore

So, from my understanding the testing the group from NHS into care, the testing is more likely to be in place in the NHS, I've mentioned problems with testing people, regular testing within care homes and sorry was there a second part to your question?

Munira Wilson MP

I just, it was brought to my attention that people going into care homes from the community can't access testing unless they've got symptoms which seems absurd to me so is that also your experience?

Helen Wildbore

Well again it goes back to the management of that virus, so when people are coming from a different setting whether that's hospital or the community or from elsewhere the guidance now is that people are asked to self-isolate for 14 days so that if they do have the virus, even if they're asymptomatic that you know that isn't spread within those first 14 days of them arriving.

Munira Wilson MP

OK I just wanted to move onto Barbara on shielding because I'm conscious of time now.

Barbara Keeley MP

OK and perhaps we can expand this more broadly to moving on it the last part of the meeting to recommendations to help with the second wave because we had some interesting comments before about shielding so if I can just go back to that, the question is really around how might the Government guidance have been clearer because I think we've heard of problems with it, particularly for those who didn't need to be shielded and in terms of withdrawal of shielding which happened very recently obviously at the start of August, was the way that was done appropriate, how did people respond to it, so you know one how could the guidance have been clearer and you know secondly in terms of its removal could that have been done in a better way too and I suppose thinking of these things not just in terms of what went wrong but what changes could be made for the future if shielding is needed again for the second wave and obviously Ruth and Morgan you've both talked about that.

Ruth Isden

I'll kick us off, so I think one of the biggest issues that we encountered with this, well I think partly just to be really clear I think probably some of those issues that Morgan spoke about in the first instance that just if we all cast our mind back to what feels like an absolute lifetime ago now to March, early March, we had an announcement from Government that said one weekend that said people over the age of 70 would be asked to self-isolate, to shield, to stay at home, you know to practice social distancing measures, you know however you want to frame it. That then quite quickly moved to saying actually no we are going to have a nationwide lockdown which we would of course impose social distancing on all age groups and then but then we were also going to identify these additional groups of the clinical vulnerable and the clinical extremely vulnerable so I think for older people who had heard that very initial message about all people over the age of 70 being asked to isolate, to practice social distancing, that then carried through and then the subsequent messages about oh well this group and that group and the over-70s are this unless you are a that, you know it created quite a confused picture which I think as Morgan said led to a perspective not just amongst older people but actually amongst a lot of their families and friends and relatives that they ought to be shielding, so I think we need, if we head into a second wave and of course we're aware that there is work going on through the CMO's office to look at refining that shielding picture now that we know more to create a different risk to think about who might be being asked to shield in future, that will be possibly a slightly different group of people that will give us an opportunity to think much more clearly about how we communicate with those individuals and make sure that they absolutely understand what the risk is and what's being asked of them. The second point that I would make is one of the challenges that we found at Age UK is that of course we received a tremendous volume, our calls to our advice line, our visits to our websites, all of these sort of things skyrocketed and people had some very particular questions because actually Government had set very high level guidance about what people needed to do in order to safeguard themselves but people's lives are more complicated than that and

they had all sorts of questions, you know can my daughter still come over and help me with this, can my cleaner come in because actually I can't clean my house, I can't change the bedlinens by myself, is this OK, is that OK, what's the risk of packaging, people had so many questions and they were really trying very hard to safeguard themselves and their loved ones, particularly for people who perhaps hadn't been advised to shield but they were very aware that they themselves or somebody they loved were in a very fragile state of health. And where we I think struggled is what would have been particularly helpful to us as Age UK in answering more of those questions is to have much, much better access to the evidence base, to the data, to have a much more open and transparent and shared understanding, so again if people recall a lot of the evidence that these decisions were being based on was not a publicly available, it's not been made available to us so that we ourselves could interpret that and try and provide the best information that we could to older people and their families around some ... all the different permutations of what was going on for them, so again going into a second wave much more transparency of data, much better access to the evidence, so that we can really do our job which is to support older people to understand what this means to them.

Munira Wilson MP

And quickly to hear from you Morgan before we wrap up.

Morgan Vine

Yeah sure so we did some polling actually earlier like during lockdown where we asked people whether they thought that shielding was like was the guidance for everybody over 70, even if you were healthy and didn't have any underlying health conditions and we had a really high percentage of people say that they did think that was the guidance, so that told us that the calls we were getting on the helpline were illustrative of the fact that many people over 70 did believe they should be completely shielding which is obviously really concerning because of the impact on their life and what that would entail. A few things that I would say were really problematic specifically about the guidance one is that as I said earlier the clarity of what was meant by things like 'take particular care', I don't think any of us would understand what that means and we keep asking for clarity and I think if you're going to tell a group of people whether you've given them the decent evidence or not, if you're going to say we think you're at more risk they need to understand how they can mitigate that risk and I don't think that was happening. The other thing that I mentioned earlier was around changes to guidance, so a specific example is almost on the same day there was a change where all shielders were told they could now go outside once a day and at almost the same time other people were told you can meet up to six people outside, now I heard from people shielding who thought they could meet six people outside and were suddenly going to the park and meeting lots of relatives because it hadn't been made clear enough that there was different social distancing guidelines for the different groups and I think the changes happening simultaneously for different groups was also really, really confusing. In terms of what we as an organisation would want to see going forward, if we enter a situation again where people do need to shield or where we think other groups are more vulnerable but don't need to go as far as shielding but they are more vulnerable to the virus, we just want clear communication, at the moment so much is online, lots of people over 65 are online and lots of people over 70, but many aren't so there needs to be clear communication on multiple channels and we think that there needs to be targeted communication to groups in communities, like through local community groups for example who can get the messages out and we appreciate that's difficult with the speed that the changes are happening, but that's really important if we go into a second phase.

Barbara Keeley MP

Thanks, and thanks Munira, just to say you mentioned earlier about different levels of support from different local authorities, we're not gonna be able to have time to go into that but perhaps if you could let the committee know any more about that because I think that that's an interesting point. Thanks, Munira.

Judy Downey

Barbara you asked about how the guidance could be improved in future, people shielding were getting four page letters, densely written, hard to understand, it's just not acceptable, even if you have the energy to read through it, my partner was shielded and you know he ... I mean he's what I would call relatively well-educated and motivated to read things and he just gave up after page two in despair so I really think ... and also it's discriminatory this thing about over 70s, I was talking to someone from the RCN who has a team of nurses all of whom are over 70 and they were all saying well are we not allowed to work, they were all doing important work, we've got to stop discriminating against people simply on an age basis, it's not sensible and there's no evidence.

Chris Hopson

There's one more thing that hasn't been said Munira which I think is important is that effectively I get the point Morgan's right about speed but there is some of these decisions that to be frank that they didn't need to be made in quite the speed in which they did, particularly the later ones and the real problem was that there was no advice given to those who advise patients, so medical professionals and care professionals were put in an impossible position where they were being rung up by people who'd seen something on the news and had only just received the advice themselves, so the other thing I would say is just be careful and think through oh Government about how you ensure that those to whom people who are affected will turn straight away including the organisations in this session, but also medical professionals and care professionals have got the information they need to provide the right quality of advice and it's not rocket science and my argument to you would be that actually most of the decisions are gonna be made now probably actually you will have the time to do that.

Munira Wilson MP

OK thank you, I'm conscious we're out of time and whilst if people are OK for me to trespass on your time for a couple of minutes more just as a sort of final thought I'd just like to go round the panel very, very briefly like one word or one sentence ahead of a second wave from your perspective what is the most urgent thing that needs to be rectified, I just want you to pick out one thing please from your perspective, I'll start with you Morgan.

Morgan Vine

So for me ahead of a second wave maybe just coming back to what I said at the beginning about bereavement support and mental health support and they're gonna be needed whether we have a second wave, they're needed now, they're gonna be more needed if we go into a second wave and I'm sure others will cover the protections that of course we need for care homes and for those who are told to shield on medical grounds, but I think making sure that the support is there so people feel that they can get back to life and feel confident doing so is really important.

Munira Wilson MP

Ruth, one thing from you from Age UK please.

Ruth Isden

I think overall I would say that it's really important that any decisions being taken here on out are absolutely informed by people who have really good expertise in the care of older people and that's not been the case to date and I think we have seen some of the ramifications of that.

Munira Wilson MP

Thank you, Judy or Helen from the Relatives and Residents Association, one of you.

Judy Downey

Shall I crash in then, Helen? I think that we feel very strongly about the lack of oversight of vulnerable people in care homes, they haven't all got relatives and the significant proportion, something between ten and 20% have no kith or kin so the withdrawal of any inspection, any oversight, any outside you know monitoring really left some, really did do what the other APPG said about throwing older people to the wolves, we can't just leave people unprotected.

Munira Wilson MP

And from your perspective Chris finally.

Chris Hopson

So, it's not a silver bullet but we absolutely have to develop at pace a fit for purpose testing regime, we're sort of getting there but it's got to be speeded up and it's got to be in place by winter and if it's not that really is a big problem.

Munira Wilson MP

Thank you, thanks very much well thank you all for your time, I hope you haven't all melted, I'm certainly in the process of melting, but yeah thank you to all of you who've given up your time and expertise to give us evidence today and also to all my fellow colleagues on the call, parliamentarians who've been asking questions, there's a huge amount for us to go away and digest and think about and I know a number of us are keen to dig further into some of the issues that have come out today, so we will be following up, there's a lot of big complex issues that we've touched on today so thank you again. I think we're ending the live stream now.