

All-Party Group on Coronavirus - Oral Evidence Session 6

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Layla Moran MP

Well, welcome everybody for this session for the APPG on Coronavirus, I'm Layla Moran, I'm chairing today. Welcome to our Parliamentarians and a very special welcome of course to our panellists. The theme of today's session is on frontline workers and the extraordinary job that they have been doing so far. We are very keen to hear their own stories of what's happened so far but also as ever with this inquiry the aim of what we are trying to do is to learn the lessons before, and we say potential second wave but I find we are today reflecting on the fact that yesterday we had nearly 2,500 new cases reported, nearly 8,400 new cases reported since Sunday and if you look at the graphs of what's going on it does look indeed like if there was a second wave we are already starting it and so we are very keen to hear how it's been for you, the experiences of either yourselves or your members and you know what we can do to press Government in order to do more and be even more prepared. So, I'm delighted to have with us from the Royal College of Nursing, Susan Masters, who is the Director of Nursing Policy and Practice at the RCN. The RCN is the largest trade union and professional body in the world representing 450,000 members in the UK. Its members have been at the fore of the response to Covid-19 leading treatment in care and hospitals, communities as well as supporting people in their own homes, so you're very welcome Susan, thank you so much for sparing the time.

Susan Masters

Thank you.

Layla Moran MP

We also have representatives from GMB union, we have Rehana Azam who is the GMB Public National Services Team and Rehana led the GMB union national response to Covid-19, GMB Public Service Team covers the majority of frontline public service members across the union including social care, NHS workers, cleaners, local Government officers and school support staff, so thank you for sharing your insight of that wider group of people Rehana, but also we're especially delighted to have with us Zoe Smith and Chika Reuben who are both themselves frontline residential care workers and have been at the forefront of this pandemic as well and I wonder if I could just start very quickly, starting with Zoe and then Chika and then we'll go to Rehana and then finally with Susan, how has the pandemic been so far for you, what's your experience been of it and what have been the major challenges that you have faced so far or indeed your unions and their representatives have face so far. So, starting with Zoe if that's alright.

Zoe Smith

At the home that I worked at our manager decided to go on lockdown just before the Government went on lockdown so we've been very, very lucky that we've had no cases whatsoever within our home. However, one of the biggest problems that we have had has been the clarity in who gets paid, who can shield, who's at risk because at the beginning their advice was very all over the place so we had people who went off shielding because the advice said that people with heart conditions should

shield and then it turned out that it was only certain ones and they ended up not getting paid. We've had pregnant people who have been told that they can shield and then they can't and then once we finally did get the sick pay confirmed with the GMB and our company it was only ... it was a confirmed case and unfortunately many doctors, many doctors wouldn't actually see people to confirm it if you had symptoms so it didn't really cover a lot of our staff. So, to us this has definitely been the fact that all the advice has not necessarily been consistent with anything, it's been very second guessing and then when you have made a decision to do something it turned out that that's not the right decision so you're not gonna get paid.

Layla Moran MP

That's really helpful, thank you so much. Chika how has it been for you? And I believe, I think you might be still on mute, oh yes, there you are.

Chika Reuben

Hello, OK. At first no one understood what was actually going on but residents who were dying without any information and then finally when we understood what was happening a lot of staff were sick, they had symptoms and they had to self-isolate and they are getting the SSP from Government, Statutory Sick Pay, so it wasn't enough for them so they had to just come back to work, so it was a lot of pressure and some people have got childcare, personally I had to self-isolate because of childcare and actually it's not been easy. It wasn't that easy but as time moved on everybody started understanding what was going on because we started asking for PPE, the provision of PPE and GMB worked hard, they fought for it and right now everything has been settled and is taken care of now. It's actually taken care of because we've got staff having weekly testing among the staff and then monthly for the residents so it's actually being managed properly at the moment.

Layla Moran MP

OK, well that's very heartening to hear. So Rehana what's your wider experience of the pandemic so far and what have been the challenges that you've noted?

Rehana Azam

Thank you very much and I just want to do thank both Zoe and Chika who had to make time for today's session and I think that kind of sums it up, you know at the start of the pandemic there was just this whole nobody knows what's going on and I think this is where the Government really does need to take responsibility and I think it goes without saying our key workers have been the backbone of this country and fighting this pandemic and I think it's great that the public have recognised the value of our workers, but yet the Government is unwilling to do so and I think it's important that I also stress that the entire health and social care workforce, they've continued to work as you've just heard without question during this pandemic and in many cases leaving their own families behind and putting their lives in danger. All this despite being repeatedly failed at all key stages throughout the pandemic, particularly as you've heard in terms of PPE, pay and testing and that is still a live issue and whilst there's been some good examples shared today the bottom line is the reason why we're able to share some good examples is we've worked and challenged the employers our members have worked in to ensure that we can get personal protective equipment in place to make sure that we can get protection in place. But the GMB's main issues I would say at the start of the pandemic, largely,

remains unresolved we lobbied hard right at the start to get sick pay made available from day one and I was pleased that we managed to get that. However, it goes without saying most of our care sector workers are on minimum terms and conditions and are only getting Statutory Sick Pay and you know a lot of our care workers have been in this impossible choice of going to work or staying at home at the paltry £95 a week that there is, so we've still got masses of issues around sick pay and that's why the GMB has launched their full pay sick pay campaign and we've been lobbying really hard with Government, I mean we've made robust representation to Government at all different levels and whilst they sympathise they still haven't responded to that and I think that's our single biggest problem going forward and as you said right at the start is we are potentially going into a second wave, what lessons do we want to learn, well we have to make sure people's wages are protected and I do think that the furlough scheme which was welcomed at the beginning as you all know that's looking to be tailed off towards the end of this year and again we've been making robust representation to Government to retain that because there are lots of workplaces and businesses that just can't go back to work or can't build in the safe systems of work.

So that's our second issue is safe systems of work and obviously within the public services where key workers have just had to go into work, and I think it's important I stress at this stage that the vast majority of GMB members in public services have just been in work, so it's not a case of that they've been working from home the vast majority have been working in schools, in the care homes as you've heard and obviously in the NHS and other sectors and I do think when it comes to the safe systems of work the Government's position on erratic announcements of their national guidances has been massively unhelpful. The bottom line is we have a Health and Safety Act in this country and it's ultimately the employer's responsibility and duty of care to their employees and that's what the GMB has been doing is, whilst we've been challenging Government we've been challenging employers to build those safe systems of work. So I think if anything the APPG can do going forward is really try and make the case to Government that when they issue national guidance it's done in partnership with the trade unions and the key stakeholders and whilst we've been in weekly talks up to I would say about seven, eight weeks ago with Government which has now completely tailed off, is the Government just don't seem to want to be challenged and build in that partnership or that expertise that we bring to the table. And one of the points that the GMB has made robustly as more sectors were opening up was we've got thousands of GMB health and safety representatives, now we know the Health and Safety Executive because of austerity and all sorts of other reasons have had their funding cut back and we said through the TUC with all the trade unions is between us we've got thousands of educated, trained health and safety reps who can really work with us and the Government to make sure we get safe systems in place, but the Government largely has dismissed that but I have to say credit to our health and safety reps who have been doing some tremendous work on the ground.

And then the third issue is saving lives and on that I mean I think it's fair to say and I don't want to be rude when I say this but I think it's been an utter car crash, the Government's track, test and trace system and you only have to look at the care sector alone, you know we had conflicting advice right from the start, we've still got real examples where in-care testing isn't being done, as you know there's been [inaudible 0:20:55.7] reopening of schools and you know day four we've already got lots of our members in schools saying to us is they've already got cases of Covid-19 in their schools, they can't access testing, they're struggling to get the children to social distance and that's not the children's fault but the point that I'm trying to make is we have to save lives and in all of this what we can't ignore is the disproportionate impact on working class people and people from a black Asian minority ethnic background in how they have caught the virus. Now the big issue that the GMB has pushed and something that we feel very, very strongly about is if you look at the first plan Boris Johnson presented to the country what was absent from that was an equality impact assessment and so if there's anything the APPG can do is we need to demand that equality impact assessment because had the plan been put in place and then an assessment had been done we would have known that the

disproportionate impact would have been people on minimum wage, whether it was in care homes, whether it was in services that had been privatised through public services and what the GMB did which I'm more than happy to share with yourselves is we ended up doing our own equality impact assessment on the Government's plan, let me just give you some figures, in terms of age 46% of people below 24 and the age of above 65 largely have Statutory Sick Pay, so they would have been disproportionately impacted had the Government done that assessment. 37% of workers with a disability are reliant on Statutory Sick Pay and then when we come onto the black Asian minority ethnic aspect 40% of BAME workers are reliant on Statutory Sick Pay and then when you move it down to gender 35% of women are reliant on Statutory Sick Pay compared to 28% of men. So, we've done this equality impact assessment and I have to say we have shared this with Government, with several different departments, to make the business case if you like as to why Statutory Sick Pay is too low and that workers need to get full pay if they have to self-isolate.

And just one final point because I don't want to take up everybody's time but this is quite an important one is we have to get the full sick pay issue resolved and resolved really quickly, we are moving into a second phase and workers are still in this impossible choice and it needs to be addressed really fast.

Layla Moran MP

Thank you, before I move to Susan I just have a quick follow up on that, the thing that concerns this APPG has always been yes there's a financial impact but also the public health implications of people feeling that they have to go back to work when they are sick or potentially have symptoms and that then goes on to exacerbate the problem in the first place and I wonder Rehana are you aware of people who have actively taken the decision to go to work whilst sick because they can't afford to stay at home, do you know of people who have done that?

Rehana Azam

Yes, and I have shared this with the Government departments. We had a number of workplaces that were NHS providers but they had been privatised, so the predominant workforce were cleaners and what was happening was there was this tearing of personal protective equipment available to them or not as the case was to be and because we couldn't get full sick pay in place by this particular private sector employer workers were within that impossible position of do I go to work or do I not go to work, one because of cost but more importantly it's because they didn't want to let people down. At the start of the pandemic there was this real everybody needs to sort of come together and really do what they can to protect the public and I think what's happened is key workers have been exploited to what is their complete selflessness in delivering services. So, I think it wasn't just about ...

Layla Moran MP

So, it's a culture shift that we need as well as clearer guidance, thank you so much Rehana. Susan Masters thank you so much for being here, so how has it been from the point of view of the RCN so far and what are the major challenges?

Susan Masters

Of course, so the main issues facing nursing during this pandemic was right at the very beginning for us the health and social care services were not adequately equipped to deal with this Covid-19 pandemic from the very start, prior to Covid-19 hit us there were already 50,000 nursing vacancies in

the NHS in England alone and over 100,000 vacant nursing posts in social care. Now, we have seen that nursing teams have gone you know above and beyond during this pandemic showing leadership skill, bravery in their work, but the impacts of the pandemic on them have been considerable. Nursing staff working in unsafe conditions at the beginning without access to PPE or testing as you know our previous guests have said, in settings that were already understaffed. So, the big thing at the beginning was personal protective equipment as we've mentioned this morning, but in the early days, the PPE, the pandemic our members faced consistent challenges around the availability and also the quality of PPE that was provided to them. The slow distribution of PPE was and is wholly unacceptable to us and compromises the safety of nursing teams. We wrote to the Prime Minister himself in March calling on him to personally intervene because the situation was dire. Supplies of PPE, I mean it's not just acute hospitals, not just the visions that we see in the media this is, you know supplies of PPE to general practice, social care and hospice settings were just not prioritised at the beginning, meaning that nursing staff were working with very vulnerable patients, they couldn't protect themselves or their patients and this was particularly evident in the high number of care homes where outbreaks took place.

So, going forwards we really need to see the UK Government and employers ensure that all nursing staff working in all settings have access to adequate supplies of high quality PPE. Lessons from previous wave, this wave, and supply chain issues need to be identified and learned. Care homes reported incurring excessive costs as well associated with buying unsuitable PPE in desperation to get some protection for their staff and due to the serious issues with supply chains faced by all health and care social providers there were frequent shortages. We surveyed our membership of the availability of PPE in April, 13,000 of our members responded and we found that 30% of those respondents said that there just was not enough eye or face protection for them to use for the duration of their shift. More than 25% responded saying there weren't enough fluid resistant surgical masks for them to use for the whole of their shift. Only 28% of our members were confident that their employer was doing enough to adequately protect them from Covid-19 in the workplace. So, you can see that there has been significant problems with PPE provision and supply and confidence in that supply during the pandemic.

When we come onto testing and Rehana has mentioned testing as well so testing to identify health and care professionals who are symptomatic with possible Covid-19 is vital in supporting the infection prevention and control decisions that are made, including that necessary use of PPE and the correct isolation of patients. The testing infrastructure took a long time, it took a long time to roll out across acute trusts and the wider health and care settings and it meant that nursing staff took the precaution of self-isolating when presenting with some symptoms, but they were unable to access a test. So that meant that staff sickness rates rose, also it meant that they were having to self-isolate from their own families, their own children, their own elderly relatives and their own support systems just when they needed it the most. In some areas we saw staff sickness rates of over 20% which when you put that against the backdrop of the staffing challenges that I've mentioned before, the shortages of staff anyway, this just placed huge additional pressure on the over-burdened staff. You know we are really clear that the UK Government and devolved governments must prioritise the testing of all health and care staff. It's got to be universally available to all staff when required, including agency and bank staff and this has been an issue. Irrespective of whether they present with symptoms or have been caring for patients with Covid, so that their patients, their safety and the safety of people in their care is protected. Though testing has improved since the early day of the pandemic many members are still telling us that they are being asked to travel many miles to access a test, so it's not just having a test available they need to be able to get there. Some don't have vehicles and travelling unwell on public transport is unsafe and some testing sites aren't even on a public transport route. The Government must work to ensure that testing is easily and locally accessible to all health and care staff.

Another issue we faced, one of our big challenges throughout the pandemic is actually reporting, the reporting of nursing deaths, from the outset we have been calling for data and transparent reporting on deaths, infection rates, self-isolation amongst health and care staff and we expected data by role, setting and ethnic background. The infection and self-isolation rate is an indicator for the impact on how effective the Government's approach to Covid-19 is, every death in service is significant, every life lost is important but the importance the impact the crisis has on the lives of the health and care staff is important and we call, we expect the Government to take immediate steps towards including the data on nursing deaths in their daily reporting and this must include the numbers of staff who have tested positive for Covid-19 and who are currently self-isolating and therefore not in service because that is hugely significant.

Lastly I must come onto the main challenge which I noted at the beginning which is the workforce gap and the staff shortages. So, we've mentioned there were significant nursing vacancies in the NHS in England prior to Covid-19, over 40,000. We don't have a clear estimate for social care but Skills for Care suggest vacancies are more than 100,000 vacancies. Thousands of staff, thousands of our nurses returned to clinical practice and many nurses were redeployed and more than 25,000 students volunteered for extended clinical placements. Despite this 38% of our members told us that staffing levels have got worse since the pandemic and 33% told us that they are working longer hours than they did before the pandemic. Legal accountability for staffing levels does not exist in England, it doesn't exist, and the RCN believes that it's more relevant now to provide assurance to our nursing community that our workforce problems are going to be fixed in the future. We know that Covid-19 has had a significant impact on the workforce both from over-work and exhaustion but also on the mental health and wellbeing of staff. We're concerned not only of attracting new nurses to the profession but also about the retention of staff that have been on the frontline with huge amounts that they're asked to do. Coming now into the months ahead of us we're coming into winter, there will be intense additional pressures on the workforce, routine service has got to be delivered, backlogs of undelivered care from peak months of the pandemic must be delivered, it's also likely that for many patients missed and undelivered care could result in higher levels of morbidity and increased clinical complexity for nursing teams and healthcare services to cope with. We need to think about community nursing staff who play a crucial role in delivering rehabilitation services for those who have been severely ill with Covid. The long term impacts of this disease are still not fully known and it is likely that community and primary care services will be dealing with the consequences for a long time to come.

Other things that have been a challenge for us that we've been raising is fit testing of PPE masks, so fit testing and fit checking is not the same thing and actually some masks that were provided in the PPE provision were different to the brand that they were fit tested for and the RCN position is that fit testing must always be available to staff using the FFP3 respirator masks to guarantee their safety. We also absolutely do not support any re-use of labelled single use PPE which 39% of our ... when we surveyed our members told us they were pressured to do so right at the beginning of the pandemic in the first wave. And, you know it's vital that all staff have access to quality counselling and psychological support during and after this very critical time. Thank you.

Layla Moran MP

Thank you so much Susan and thank you all for your initial comments. You've covered a lot of ground and in fact there are some questions where we'll come back and touch on those, I'm also very aware that we've got just over half an hour left of the session so my ask of Parliamentarians is to keep questions short and specific to who you want to ask them to, we won't be able to go round everyone for every question because otherwise we simply won't finish and to panellists if you could please keep

it short but I thought it was very important to get the wide picture before we started to dive in. And so, if I can now go to Barbara Keeley.

Barbara Keeley MP

Thanks Chair, and as the Chair has already said we do owe a great deal to all key workers in health and care who've done so much and worked so hard, I think we get a sense of that from what we've just heard really of the nurses, but also care staff I think don't always get the recognition they deserve so, you know, thank you from all of us. I think having had that useful round-up there it would be helpful for the All-Party Group to understand what the remaining issues are, something, if you can just highlight for us out of everything you've just said what remains the issues so for RCN you've talked about a whole range of issues there but you know how bad is this PPE problem that you've talked about, how bad is the problem with fit testing that you've talked about and as we go into winter what is the problem with staff sickness and perhaps also Rehana this issue with pay and problems with PPE and testing, how widespread are those among your members, I think it would be helpful to have that sense. And if Zoe has got anything to say too about whether the advice that wasn't consistent about shielding and members who were pregnant, has that improved? So, if we start with Rehana maybe and then we'll come to Susan.

Rehana Azam

Thanks Barbara for the questions, and I do think that I'm not exaggerating when I'm saying that the initial concerns are still very much the live concerns, so when I'm talking about you know PPE that is still an on-going concern and as the last speaker said it is the quality of personal protective equipment and if you just look at the social care sector alone and you look at the chronic under-funding of social care, employers are also battling with how they're going to pay for personal protective equipment. So one of the things that we did manage to get from Government because we lobbied hard was the £600 million infection control fund, however there was so much bureaucracy attached to drawing down that fund so essentially the fund was there for employers to draw it down through the Local Authorities as a way of managing infection control so that there was less staff being in contact with one another, that there was money being made available for those that were Covid-19 positive and that they would get full sick pay and we worked with some of the bigger employers to draw that money down. But I have to say it was impossible in terms of the bureaucracy we had to go through and we can't ignore in all of this that whilst the Government wanted the Local Government sector to oversee the £600 million infection fund they weren't given any additional money, so we've still got this black hole of funding if you like across the different sectors. So if we want to do something that's going to work is when the Government promises certain amount of money or they ringfence money for Covid then that money needs to be made available, not well we'll make it up as we go along and we'll reconcile it as we go forward because what we do know is we've got the second wave and we've got [inaudible 0:39:00.8] in different places in terms of where they are with their infection rates and that will apply with the workers too. So again, you know I'm not exaggerating when we're saying that we need to still sort of the personal protective equipment, I stand by the comments I made about testing, it's not widely available, it's very difficult to access and I think the Government strategy on that is very poor and we really do need to get a grip on that as soon as possible, particularly now that the schools have gone back. But on pay I have to say this certainly in sectors that have been privatised and our care sector, predominantly workers are women on zero hour contracts, you only have to look at domiciliary care, I mean commissioning is done hour by hour, minute by minute so the point I'm trying to make is we need some sort of parity in paid terms and conditions with NHS staff or Local Government staff, we need that and we need that now because some of the surveys that we've done is we've got, we did a big surveyation poll over 2,000 care workers took part, **four out of care** workers

said they were expected to quit the job because the pressure was just too much, 99% said they hadn't been tested, three quarters thought that they might actually contract the virus, one in five were considered quitting due to the lack of PPE and almost half said not adequate PPE and then there's that big risk of will we pass it onto our families, so ...

Layla Moran MP

What was the date of that poll Rehana, sorry to interrupt?

Rehana Azam

I think that was seven weeks ago, I can confirm that to the Secretariat.

Layla Moran MP

That would be helpful thank you.

Rehana Azam

I can send you the details of that. But the key thing here is we've got an army of workers on minimum wage, we've seen press reports over the weekend that the Government might not implement the Low Pay Commission recommendation to upgrade the minimum wage, the GMB is quite simple on this, we need proper pay justice for care sector workers, if we can't come throughout this pandemic by recognising the value of care workers beyond the minimum wage well I think that's a stain on all of us frankly and certainly from the GMB's perspective is we are campaigning to get pay justice for our care workers and I can't dismiss the real issue about the choices our care workers having to make of do I self-isolate on £94, you know £95 a week or do I go to work and we need to get that addressed really quickly.

Barbara Keeley MP

Thank you. Susan, yeah the scale of the problem that remains if you like.

Susan Masters

Yeah OK, alright. I'll try and be brief, I'll try and summarise sort of five key things that, or six key things that are really an issue still. So, PPE supply, stockpiles, we need to see supply chains and we need to see central oversight, central Government oversight of where there are issues, so where things are being resolved locally we need to have a central oversight to make sure that we are completely on top of that PPE supply and continuing supply in the future so that our staff can work safely. Value, so nursing workforce is the next thing to be able to have the numbers of people, the numbers of nurses to be able to work and to care for our communities safely, so we surveyed our members and nursing staff need to feel appropriately valued for the work that they do, only 18% of our members told us that they feel more valued by the Government than before the pandemic and over 70% told us that increased pay would make them feel more valued, so the RCN's Fair Pay for Nursing campaign has begun and calls for the Government to commit to an early pay settlement which gives Agenda for Change staff across all bands an immediate 12.5% pay uplift. Accountability for workforce supply, so

the workforce shortage has got to be resolved and we need a law to clarify responsibilities and accountabilities for growing and developing the workforce in England. Scotland and Wales already have legislation related to nurse staffing and Northern Ireland has committed to bring forward law. We shouldn't be in a position where we're having to call people out of retirement and rely on a student workforce.

Education funding is the next thing, while this year has seen a 16% increase in applications to nursing degrees this amounts to approximately 4,000 more nurses and we have so many shortages so we need to financially incentivise more students to study nursing and join the workforce in order to meet the Government's 50,000 more nurses target by the end of its parliament in order for that to happen we're calling for current student tuition fees to be reimbursed or converted to forgivable debt and for student funded tuition fees for nursing students going forwards to be scrapped. And in addition, nursing students need to receive a universal living maintenance grant that reflects their need because it's a unique degree, they can't go out and take a part-time job to support themselves because 50% of the time that they spend studying is in practical placements so they need to have that financial support. We are also calling for, the RCN is calling for a public inquiry to learn the lessons from this pandemic and to look at all areas of the response and the management of Covid-19, it needs to look at issues including the general level of pandemic preparedness and emergency planning and then the specific effectiveness of the legislation that was bought in over the last six months. Key issues we need to look at include the procurement of PPE and testing kits, the development of clinical guidance and the quality and effectiveness of public health communication. There needs to be a cross-sector inquiry panel with a diverse range of socio-economic and ethnic backgrounds and the panel must include Registered Nurses. Representatives from across health and social care should be facilitated to give evidence to the inquiry and it should be initiated when the Covid-19 UK alert level is at two and make recommendations for the UK Government within an appropriate timescale. Thank you.

Layla Moran MP

Thank you. So, we are going to have to speed this up or we're not going to get through this so if I can now throw it to Caroline Lucas please.

Caroline Lucas MP

Thanks, so much Layla, yes I wanted to come to Chika and Zoe and to ask maybe Chika first whether or not you feel safe right now in your role and whether or not you think your colleagues do.

Chika Reuben

At the moment the testing, because where I work in my workplace GMB they actually I appreciated the GMB for pushing forward for weekly testing, so I would say I feel safe because of the testing, they test staff every week and then the residents are being tested monthly. So but because of visitation some residents have been tested positive because they let family members come into the garden and they are not on their full PPE so but all the residents that have tested positive have been kept on isolation for 14 days, at the moment now I have spoken to the management so they have stopped the visitation for now, going forward, to see actually why, why a resident tests positive if the staff are testing negative. So, I will tell you I feel very much safe working at the moment.

Caroline Lucas MP

Thank you, Chika, and maybe I could ask that to Zoe as well.

Zoe Smith

I think our biggest problem with the testing is the time that it's taking to get the results and so far we've done really well, we've been tested every Thursday and you get your results by about Monday, they get emailed to the work as well so everybody knows, but one of the examples of the time problem is that this weekend we found out our very first staff member has come back positive from catching it from home but they worked all weekend, so they had the test Thursday, worked all the weekend with staff and then we don't get tested again till tomorrow. So, we don't know if everybody on the weekend is also carrying coronavirus because they've caught it off her because there's been no other testing since. So, to me it would be better if we could get a test and then within that day sort of you could know so that can straight away stop staffing the people who've come back positive or inconclusive. Thank you.

Caroline Lucas MP

Thanks so much, no I can really see that that lack of testing is obviously breeding an awful lot of uncertainty and anxiety. I just wanted to quickly throw a question to Susan and Rehana but I guess just overall you've documented just how many problems are still outstanding and that things like PPE and so forth isn't just a problem of the past. I wonder if you could say anything about your perception of how safe your staff feel and in particular whether they would feel safe right now do you think in terms of blowing the whistle over problems. Maybe to Susan first.

Susan Masters

Thank you. I think as far as staff safety and how staff are feeling, how our members are feeling is to be really honest they're absolutely exhausted, so we really need, so as far as their own psychological safety we really need to tackle staff fatigue, their mental health and their burnout, you know winter is going to be challenging for them and they have, I was talking to a member, a nursing colleague of mine yesterday who is nursing in London and the intensity of traumatic events that came their way was just immense, so numbers of patients dying at speed, dying without relatives with them so nursing staff are not only physically caring for them but trying to provide for their emotional needs and that of the family as well without relatives being there. Then their nursing colleagues becoming sick, having to nurse their colleagues and then nurse to the end of life for their colleagues as well, so the traumatic events that they have almost not yet dealt with because they are still working at such intense levels and that is I think something that we are ... well it is something we are going to absolutely need to deal with. So, provision of appropriate psychological support for all nursing staff in all settings and staff need to be able to self-refer to those services rather than wait for that to happen, you know our helpline has seen an increase, a huge increase in calls where nursing staff are tired, tearful, anxious, overwhelmed and showing signs, early signs of PTSD and our counselling service has seen an increase in members experiencing suicidal ideation and severe psychological distress. From a staff safety perspective, I think that's a significant factor that we haven't yet spoken about this morning.

Caroline Lucas MP

Thank you that's a really, really important point. I know Layla is rightly concerned about time so very quickly if I could just come to Rehana for her thoughts about safety.

Rehana Azam

Yeah and I'll just keep it brief, I think where we've got really good examples is where the trade unions have actually challenged the employers and put better safe systems of work in place, so for example in the GMB we've been advising all our members and we've been upskilling our reps of how to challenge employers to carry out individual risk assessments because we think you know with the virus we don't know what the implications are to the individuals, it was better that we carried out individual risk assessments and we've sort of like put lots of resources together for our reps and our members as how they can do that, so for example for our black Asian minority ethnic members we've actually put together sort of like a calculator of how they can calculate their risk and then depending on risk one, risk two, risk three then what letters they need to then issue to their employers and then where they're not getting a response how the GMB then steps in to challenge the employers. So, I think there's ... I'm just picking up on the last point is you know we've just issued the first right across the union, so we have manufacturing sector, commercial public ... right across our union we've issued the first mental health survey covering all of our members and the responses as they're coming in thick and fast is the lack of adequate support so there's that physical support as in physically this is what my workplace looks like in terms of safety but then there's that mental health and wellbeing support and we've been doing some great work with Dr Rosena Allin-Khan who's launched a great campaign to make sure that people can fast-track and make sure they've got access to the needs, but we can't ignore the funding issue you know the Government has to be serious about this, they need to put funding in place so the workers health and safety is much more predicated.

Layla Moran MP

Thank you. Debbie Abrahams.

Debbie Abrahams MP

Thanks Layla, just a very, very quick one, first of all to Susan in terms of the scale of what you think the mental health effects are, appreciate and I've had anecdotal reports but what do you think the scale of that is, does your survey show anything in relation to that and then what is the current level of support and I don't know if Chika or Zoe want to explain specifically any support that they've been able to get and finally Rehana again just in a sentence are we reassured about the risk assessments that are being undertaken of employees in high risk categories. Thank you.

Susan Masters

Shall I come in first on that one? OK, so our helpline has seen, so the scale of the stress, so almost a 30% increase in calls where nursing staff are exhibiting psychological distress, we know that there is an NHS staff mental health helpline and that's received over 2,500 calls at its inception, so a significant amount of psychological distress is being displayed by members, yeah so in a sentence that's, yeah.

Layla Moran MP

Rehana do you want to add anything?

Debbie Abrahams MP

I was going to say Chika and Zoe are you able to say about the level of support you've had, do you feel that there needs to be more?

Chika Reuben

I didn't get that.

Debbie Abrahams MP

Are you getting adequate support that you need for when you are particularly under so much stress?

Chika Reuben

Sometimes my members when they feel strange they feel they can't talk to their union rep which is me and when they tell me their problems they say helpline desk which my company, my employer has and I asked them to call the helpline and whatever issues they have but sometimes they tell them their problems and they come back and you talk to me, so it's as if their problems are not solved. So, they are not getting any support, they are not. Because I don't understand why you have to call a helpline [inaudible 0:54:58.1] support people in one way or the other but they are not really getting that support, no.

Debbie Abrahams MP

OK thank you.

Layla Moran MP

We're losing you a little bit there Chika, but I think we caught that, thank you so much.

Debbie Abrahams MP

Thank you and Rehana finally around risk assessments. Are employees from in high category groups getting the risk assessments and the appropriate support and action needed?

Rehana Azam

Well no, and I think this is the Government's fault really because when you look at all the guidance they've issued it's been a bit of a one size fits all type of approach and that's why the GMB launched their Get Me Personal Protective Equipment campaign but more importantly had to put very clear advice and guidance of how to request your employer to carry out an individual risk assessment based

on your personal situation, that's your health needs, your physical needs and all the other needs that come with that and again we can't ignore the disproportionate impact on different workers so we have to move away from the mentality of one size fits all, but this is where I think the trade unions have come into their own in the pandemic because we've had that expertise and we've been able to robustly represent our members but then what we've got in the care sector versus the NHS is the Cinderella service and it comes back to austerity and funding cuts of what can be made available or not.

Layla Moran MP

Thank you. Clive Lewis.

Clive Lewis MP

Thank you, I want to ask my questions around about guidance from Government and also I suppose management as well to Susan, and I know Rehana just touched on PPE and the kind of one size fits all guidance but I'm interested in the guidance that you've been getting from Government both good and bad, so what's worked and what hasn't on everything from PPE through to how to protect black and ethnic minority workers on mental health, I just want to find again an overall impression and any specific examples that you've got on guidance from Government through this pandemic, you first Susan if that's possible?

Susan Masters

Of course, so on the issue of PPE so when we look at what support was available from the Government, on the issue of PPE whilst the helpline that they set up to report PPE shortages, that was set up when ... midway through the pandemic, it was a helpful tool but some of our members fed back to us that despite reporting shortages via this helpline they were not always resolved in a timely way and distribution of PPE remained sporadic for many weeks after that. In addition the changes of guidance to PPE, so what level of PPE was required for what type of patient, so what constituted aerosol generating procedures etc, the guidance changed part way through the pandemic and that meant that our members felt unsure and unconfident that they were adequately protected and 28% of our members told us they felt that only 28% told us that they did feel confident that they were protected from Covid-19 in the workplace because of that changing guidance part way through the pandemic. We recognise of course that in part due to the unprecedented demand on manufacturing of PPE across the world and that the Government were working hard with health agencies to resolve distribution issues, it still remained a problem and the local deviation from the PPE procurement via the NHS supply chains led to variations in the quality and the type of PPE available and then with the additional donations of home-made PPE and it just complicated the oversight, the national oversight of the PPE status, so really central PPE procurement oversight is needed nationally and a simplified central reporting mechanism to make sure that we can ensure that high quality and safety for staff.

Clive Lewis MP

Do you feel that at any point for example from Public Health England or any of the kind of clinical authorities that any of them came under pressure to perhaps change what was said at one stage and what was said at another, so for example on PPE with the shortages there seemed to be a different, a kind of changing opinions as to what was clinically safe and what wasn't and it seemed to tie into the

fact about what was available and what wasn't. I wonder whether you picked up anything along those lines, which undermines staff confidence.

Susan Masters

I think the perception undermines staff confidence certainly and that's what the members were telling us, they were unsure that the level of PPE that they were now advised to use was the right level for them. Although you know I have no evidence to show that that was driven by supply issues rather than clinical expertise.

Clive Lewis MP

Rehana anything specifically on BAME that I'm interested in here on this one, we've heard from PPE, anything there particularly in terms of guidance that once this became clear that BAME staff and healthcare workers were disproportionately at risk do you feel that the guidance was sufficient from Government in dealing with this, and timely?

Rehana Azam

Well to be honest Clive I don't think the guidance has been forthcoming, what the Government has done is done the big one size fits all approach and I think that's the bit that is really quite concerning when there's increasing evidence that people from certain backgrounds are catching the virus and dying yet the Government has continued to carry out reviews and the GMB did meet with Dr Fenton when he was first tasked to do the big review of what the impacts were and the series of recommendations and we took part into that consultation and I think what Dr Fenton set out to do was really quite laudable but the problem that we had is we just kept getting Government interference. If you look back in June when Dr Fenton's recommendations were to be presented the Government redacted that and all they did was like a data review telling us what we already knew and we were up in arms frankly because we knew that these recommendations needed to be tabled because without them we couldn't really challenge the Government to put something in place and we've been in constant dialogue with the Government who keep saying well we've now got this Committee that's looking at this and this on that, I mean just today we've just issued a press release Clive that back in June when the Government did, I think it was a YouGov poll of parents about getting their children back to school, how confident they felt, I think it was something like 42% of parents from a BAME background said they were really nervous about sending their children back to school. Yet the Government didn't publish the full result in its entirety and the GMB has had to do a freedom of information and they've turned round and said "whilst it was in the public interest to release the results questions commissioned by YouGov would not be released as disclosure would weaken Ministers' ability to discuss controversial and sensitive topics from premature public scrutiny." I mean the public were nervous about sending their children back to school and workers were nervous from a BAME background that they weren't getting the protection that they needed, and the Government are still absent on the advice. And just picking up on the last if I may because I do have ...

Clive Lewis MP

I'm just going to stop you there because I ... I'm just going to stop you there Rehana, I really just want a very quick ... I know time isn't on our side.

Layla Moran MP

Very, very quick.

Clive Lewis MP

Chika and Zoe here, I just wondered have you got any on the ground stories where this advice wasn't clear, it was conflicting, is there anything that you've got, any stories on the ground where you can tell us where this clearly was quite confusing, or was it clear, was there clarity?

Chika Reuben

At the first I don't think it was clear at first, but later on my company where I work they started updating the Government guidance and what needs to be worn, what kind of PPE that needs to be worn to attend to the residents and all that, so later I think it became clear because as the health and safety rep I was so concerned about the members and staff and the residents and then to make sure that everybody's working safely and so I always request for the full PPE but just a normal PPE, you know just a normal cover and I asked for the sleeve and all that and they said that the Government guidance were not supposed to be using a sleeve, I said but a lot of them here have got Covid-19, they are positive to Covid-19 and some of them are [inaudible 1:03:58.5] so we need the [inaudible 1:03:59.6] and all that. So, they have now said they bring it on request, so at first I would say that they were not clear about the Government guidance because when they put it on the noticeboard what should be worn and what not should be worn I said this is a care home and the hospital, they said yeah we don't expect to wear what they are wearing in the hospital but we are not being protected. A lot of them have got ... they are positive and you admit people from hospital without getting them tested, so we are the frontline workers, a lot of people died out of Covid-19 and so how are you gonna protect, they said well that's what the Government guidance says. You know so that's why I said at first they were not sure but later on everything started coming, they have started putting everything in place, so.

Layla Moran MP

I'm terribly sorry I'm going to have to move us on because we've only got four minutes left unbelievably, I'm sure we could keep going all afternoon and sorry Zoe I know, do you have a quick follow up on that and then I'll go to Paul Strasburger, I don't want to leave you out.

Zoe Smith

No, I was just ...

Chika Reuben

No, that's fine.

Zoe Smith

... the biggest mix of information for us was to do with the shielding and we actually had a staff member go off for about 12 weeks after they'd had a heart operation and then had to come back to find out at the end of the 12 weeks they were owed no pay whatsoever because their heart condition wasn't one that was included within the shielding letter that was then sent out after they'd told people to shield so for us it has literally just been a case of people not getting paid, so not knowing whether or not they can go off because the clarity wasn't there for a few months.

Layla Moran MP

And is that clarity there now?

Zoe Smith

Yeah, people came back and it's better now and we got sent a self-assessment and that listed down every single condition that you could have and it was very little that you could actually shield for or go off sick for in the end and get paid but that only came maybe about two months ago, so it is quite far in before we did get that.

Layla Moran MP

Thank you. Paul Strasburger.

Lord Strasburger

Thank you Layla and welcome to all our panellists, I've got two quick questions for Susan and Rehana, there's a lot of lessons to be learnt from the first wave, what is the most important one, lesson that we've learnt that's crucial to fix before the winter that is still a problem and ...

Layla Moran MP

Great question, and please just pick one.

Lord Strasburger

And what will happen in the winter if it's not fixed? Susan would you like to go first?

Susan Masters

Yeah, absolutely, key thing is workforce so in a really trying to wrap it up we need enough nurses in the right place at the right time that are well and able to deliver care to patients in all settings and to address that they will need to be adequately protected with PPE, they would need adequate access to testing, they would need adequate and updated risk assessments and also their psychological wellbeing cared for and we need to attract people into the profession and retain them in the profession.

Lord Strasburger

And what will happen if it doesn't happen?

Susan Masters

Then we won't have enough nurses in the health and care system to care for and look after our patients and communities.

Lord Strasburger

Thank you and Rehana.

Rehana Azam

Well we absolutely need to address this chronic underfunding of social care sector because we're going into a second wave and we're doing it without the funds that we need. We need proper resourced local ... resilience forums that have been set up through Local Government and again that's funding. But I have to say it's almost like we need to, I make the point again about the Quality Impact Assessments is people are going to be disproportionately impacted for all sorts of different reasons and the Government needs to put measures in place. And just on the guidance, none of the guidance is binding so it then falls on the employers in terms of responsibility and it's for the trade unions to enforce that. If the Government is going to put some guidance out I think what they perhaps need to look at is look at the coronavirus legislation and put proper longstanding assurances and security in place for key workers going forward because that's really absent and I hate to say it it is about money, I mean it's about time the Government paid public sector workers properly, you know Susan made the point about the NHS, the GMB is putting a claim in for 15%, a minimum of a £2 increase. It is about money, it's about time our key workers were rewarded and paid properly for their brilliant efforts of what they do. Thanks.

Layla Moran MP

Thank you. Lisa Cameron.

Lord Strasburger

Thank you very much.

Lisa Cameron MP

Thanks so much, we heard a lot about testing already and it sounds like some areas are getting that right and others it's quite ad-hoc, I was wanting to ask Susan and then Rehana what should be happening, what do you hope to see and what resources do you need to make sure that this is happening at the right stage and right frequency for staff and also for those patients who maybe moving from hospital to care homes etc and who maybe in care homes over a long period of time, so if I can ask Susan quickly.

Susan Masters

We just need to see that the health and care staff continue to be prioritised for testing to ensure that the workforce can remain working at capacity and that the staff are working safely. That they can access it locally, that they can get to the testing site in practical terms easily and that there is enough capacity to do that.

Layla Moran MP

Thank you, and Rehana.

Rehana Azam

Yeah and just quickly and I'm gonna make this point because we are a trade union, we said that all those services that have gone out to the private sector who have failed in their duty to provide the track, test and trace system I think what we need to do is exactly what we did with the private beds at the start of the pandemic is we need to bring them back in house so that we can build that capacity and do what's needed which is get that testing to the frontline.

Layla Moran MP

Thank you so much and here we are rapidly running out of time and I'm so sad about that, and in fact we're over time but the final question please Lord Russell.

Lord Russell

Sorry very quickly, Zoe I know that you'll know the answer to this because the question is what keeps you awake at night and I think we've already heard it in your case, but in terms of work what is keeping you awake at night about what may happen in the future, so if I could ask you first, then Rehana and then Chika and then Susan. Zoe, over to you.

Zoe Smith

I think we had a meeting at the weekend and we were talking about how flu season is coming up and we've all got to get our flu jabs and there's a whole thing now about are we gonna have flu season coming up in the winter and then a second round of coronavirus, are our residents gonna survive through it all or are we all gonna be going in carrying things that might, carrying infections that might kill lots of people we're trying to look after and then bringing infection home which are children are then gonna take to school and then we're gonna pass it round the street. So, it's just the thing of not knowing now if what we're going into in the next few months massively out-does what we've been through in the last few months really.

Lord Russell

Thanks, Rehana?

Rehana Azam

I'll tell you what's kept me awake is right at the start was the personal protective equipment issue and that's why the GMB ended up partnering with PPE exchanges to get PPE directly to our members. The safety of our members, I've heard some real horror stories and the actual mental health and wellbeing of our members who've come through such a difficult time, Susan and others have said it you know we can't under-estimate the impact on their mental health and wellbeing when what they've done is give themselves selflessly and the fact is hundreds of key workers have died and we can stop that, and the way we can stop that is the Government has a credible plan to protect workers and they really do need to ... done that duty.

Lord Russell

Rehana we need to be very brief. Sorry, Chika?

Chika Reuben

Sometimes when like Rehana said it's about full PPE and also not encourage this to happen again, but like GMB has wanted full occupational sick pay so right now the full testing is OK, it's going on every week, like Monday to Saturday, so staff are actually being protected against that and if you're positive you stay home and you get your full occupational pay and then the resident testing which goes on monthly, so everything is actually being put in place at my workplace, I'm just talking about my workplace at the moment, so we don't have any fear on that now.

Lord Russell

Thank you. Susan, very quickly, very briefly please.

Susan Masters

OK so in our large member survey 91% of our members are concerned about the wellbeing of their nursing colleagues, 58% of respondents reported that they are concerned about their own physical health and 52% worried about their own mental health. It's that psychological safety of our nursing colleagues and our nursing teams that keeps me awake at night.

Lord Russell

Thank you.

Layla Moran MP

Thank you so much all, so we have gone five minutes over, but it was certainly worth it. It's also worth saying that the session that the APPG is planning to hold next week is going to have a specific focus on mental health and the mental health implications and preparedness and everything else, so thank you for raising that so strongly in this session, it sets us up perfectly for what we're going to be looking at in much more detail next week. And just finally to say a huge thank you to Susan, to Rehana, to

Chika and to Zoe for giving us evidence today, there is never enough time and to firstly say you know thank you to you and your members for the work that you do and are continuing to do, this APPG is incredibly grateful and will continue to press alongside you the Government to ensure that the issues that you've raised are ones that we can also push on so that we can be as prepared as we can be for what is about to hit us, but thank you so much all for coming. You are very welcome to stay, I know you are busy people, you probably have other things to do as well so don't feel obliged. We'll now just take a one minute quick break so that we can make sure that the next set of panels are there and then we'll start questioning there, but thank you so much all it's been a real pleasure, thank you.

Chika Reuben

Thank you. Bye.

Susan Masters

Thank you very much, thank you.

Layla Moran MP

Excellent so now just make sure everyone is here which I think ... now does everyone have their names there, if panellists could ensure their names are on their Zoom that would be helpful, so thank you, there's a few who are missing names. So, I'm assuming that's Rob, but Rob's missing a name I think. And is that ... ah no there they are, they're there, they just appeared.

Dr Rob Hendry

I think I'm there, yeah.

Layla Moran MP

No, no they've just appeared for me, thank you so much that's very helpful for not just me to make sure I'm talking to the right people but also everyone who's watching. So thank you all for this second half of the panel, I think you for your patience and what it does mean is that we are coming under increasing pressure in this session to try and finish on time but this is a huge area that we do want to give justice to and so I'll start simply by welcoming you, so we have first of all Rob Hendry from the Medical Protection Society, MPS, MPS supports over 300,000 healthcare workers around the world including 121,000 active members in the UK, you're very welcome, thank you for coming. The Doctors' Association UK, DAUK, is represented today by Dr Samantha Batt-Rawden who is the President of the Association. Dr Batt-Rawden is an Intensive Care Registrar and author of the Mental Health Appendix to the written submission, so thank you for that. And she will also be able to speak from an organisational point of view about the issues facing frontline doctors including PPE, testing and working conditions. We've also had several other submissions from DAUK and several other chapters including one on black and minority ethnic doctors from Dr Dolin Bhagawati, thank you so much for coming, and we also have Dr Vinesh Patel who is a GP Partner. Dr Dolin Bhagawati by the way is a Neurosurgeon, so we are in eminent, eminent company in this session. And I'll start if we can ask for relatively brief overviews at this point because we are trying to look forwards not just backwards but you have to look backwards in order to look forwards of course and so the question I suppose is how has it been so far, but more importantly what were the issues that you initially had and what issues

have been solved now. So, let's start with what's been not so good in the course of the pandemic so far but what has been solved and then we can move onto other questions after that. And perhaps I can start with Dr Samantha please if you could answer that question first.

Dr Samantha Batt-Rawden

Thank you very much for having us Layla, we very much appreciate the chance to speak on behalf of our members so as you mentioned I'm an Intensive Care Doctor as well as leading the Doctors' Association UK so as you can imagine the pandemic was a busy time. I also have a three year old who has cerebral palsy and is in the high risk shielding group so I've seen things from a patient point of view as well and he's been very well looked after by our incredible NHS during this time. So, I will try and keep this very brief, essentially there are three main issues for our members that I would like to raise today. The first of course being PPE, I know you've heard a lot about this this morning so I won't rehash this too much but this was a widespread issue that affected almost all of our members at one point or another during the pandemic, but I think without going into the details of what the PPE shortages were I think what I'd like to raise is what made this so much harder for all of us as frontline doctors was the Government response and the Government communication with frontline doctors regarding the PPE shortages. Initially we were told there weren't any issues with PPE, then we were told the stockpiles were adequate but actually this was a distribution issue and then in one of the briefings we were told we would need to have an adult conversation about PPE which I think made many doctors and indeed NHS staff feel that their expectations to be protected in the pandemic was perhaps unrealistic. Now, I hope that you would all understand that that was extremely difficult and distressing for doctors who were getting sick themselves, but actually they weren't their first concern, patients were our first concern and doctors were extremely worried that we were potentially spreading the virus to our patients, many of them vulnerable or indeed family members and doctors, many doctors, took the very, very difficult decision to live away from home during the time when they most needed that support from their family members. You can imagine how much harder it was when we saw our own colleagues getting sick and unfortunately in intensive care that meant we ventilated some of our own colleagues and we lost several of them, so I hope you can imagine how hard it was to have that messaging from the Government and that definitely resulted in a breakdown of trust very early on between the NHS staff and the Government and a real disconnect between what we were seeing on the frontline and what the public and indeed NHS staff were being told and all of this also applies to the frontline testing.

So, in terms of our role we sent a letter as did the RCN you heard this morning, directly to the Prime Minister signed by 8,000 doctors asking him to intervene and actually we never had a response from that or indeed anybody within the Government which was really, really hard for doctors who were reaching out and who were risking their own lives. We ended up making a PPE app to collect real time data on the frontline and again we know that there was a shortage so I won't go into it too much but some things did improve and that was things like eye protection which many doctors didn't have and then did have. The main issue always was gowns, where there were severe shortages and actually that got worse in the time we were monitoring PPE, particularly most acute in London and we're still having issues with that across the frontline.

Layla Moran MP

Gowns specifically?

Dr Samantha Batt-Rawden

Gowns specifically, definitely, but PPE across the frontline still. So, again it comes back to trust and communication I think. So, going forward what we would like to see is a more honest conversation between the Government, between organisations, between NHS England and frontline staff. A good example of this was expired PPE, so doctors suddenly were being delivered PPE that had expired with a new expiry date over the top and we later found out that actually all that PPE had been tested and was deemed to be safe but doctors didn't know that and the first that they knew was that suddenly this expired PPE had turned up in their units. So, again just an honest conversation and just including doctors and frontline staff in that communication going forward I think is very important and you said earlier Layla and you're right, we're very worried about the increasing cases, we thought there was going to be a second spike and we are getting concerned. I think now is the opportunity to say things didn't go very well, what did go well, what didn't go well and what are we going to do about this going into a potential second spike. I don't think NHS staff really have confidence that those issues have been fixed. So that's really PPE.

The second concern raised by ...

Layla Moran MP

We'll need to speed this up I'm afraid, I'm so sorry if you can go through them very quickly, maybe list them and we will ask questions, don't you worry, we'll get to the bottom.

Dr Samantha Batt-Rawden

So essentially the second thing was all about speaking up and again not having any way to raise concerns, doctors being prevented from speaking out publicly within the press [inaudible 1:23:04.8] or doctors being disciplined for doing so, so really and that has got better with NHS England but again it's led to a breakdown in trust so I think what we would want to see going forward is doctors being supported in raising their concerns. So that's the second issue and then the last issue and I'll be very, very quick, is on mental health and wellbeing and I know we're talking about this next week so I won't go into too much detail but essentially the mental health impact on our members has been phenomenal and I think again now if we have an opportunity to look after our staff who are exhausted and broken and are worried that they haven't had time to recover going into the second wave and making them feel valued and that includes things like maintaining the morale with a pay rise and I think leaving junior doctors out of that pay rise and GPs has severely damaged morale and made them feel extremely under-valued and making sure that all those things that were put in place like access to food and drink, it's very basic but it really does mean a lot to doctors and helps them do a very difficult job, to making sure all those things are still in place going into a second wave and I will ... I will finish there.

Layla Moran MP

Well thank you so much. So, Rob Hendry next and if you agree with that please just say that and then add, that would be brilliant because that will save time, but thank you, Rob.

Dr Rob Hendry

Absolutely and thank you very much Layla and thank you again to everyone for the invitation to the committee. We really value this. Yeah, I'm not gonna go back over ground that's been covered by others. We have an interest because we support doctors when they're subject to disciplinary or regulatory proceedings and we've been getting a lot of enquiries from our members who are concerned about that. We've had enquiries about having to make choices about putting their own health first if they had health issues or if there was issues with PPE, and there is a lot of anxiety out there in the profession, one of our surveys two thirds of the respondents said that they were concerned that they might be subjected to the disciplinary or regulatory enquiries because of decisions they'd made during the crisis and some of these will be theoretical but this fear that they had of being subject to these things was really a theme we were hearing a lot of and that was one reason we called for some emergency legislation to give immunity to healthcare workers when they'd be making decisions in good faith during the pandemic. Now that was actually stuff that we've seen in other jurisdictions, in New York there's been some similar legislation brought in and I won't go into huge details about how that might work, certainly we wouldn't exclude people who were wilfully doing wrong things but it was this, it was to take away some of this pressure that people were being subjected to. And interestingly we commissioned a YouGov survey of 2,000 members of the UK public and 84% of them backed the idea that healthcare workers should not be subjected to investigation or discipline if they've been acting in good faith and trying to get on with patient care. So that's one thing I can talk more about that if you wish. We've heard a lot of people asking about wellbeing and again I won't go over that ground because I know you've talked a lot about it. Suffice to say we've heard some really tragic stories around the world and I was speaking to an anaesthetist actually who was in South Africa the other day but one of his colleagues had taken his own life because he was just so flattened by looking after an Intensive Care Unit there for their very high death rate. So, it's a real problem.

The third area, and again I think it's something if you're thinking about what can we learn from this and what we can do going forward, one of the areas we've had enquiries from members was around some of the tough decision making with regard to resource allocation and I thank God in this outbreak we haven't been in the position where we've had to, or doctors have had to withdraw treatment, say ventilation for one patient because they believe somebody else might benefit from it more. That remains really quite a grey legal area, there have been plenty of examples, Court of Protection, where decisions around withdrawal of treatment have been made in the past, but that invariably has been making a judgement about what's in the specific patient's best interests. There is a potential, and I say a potential because I don't think it's happened this time, there is a potential that doctor may have to make a horrible decision to withdraw treating one patient if they think somebody else could get more benefit from it, but of course our fear and you ask what keeps us up at night, our fear is that that doctor could suddenly find themselves subject to not just disciplinary, investigations by their employers, referral to the General Medical Council and potentially criminal investigation by the Police and there is the amount of stress that adds is horrendous. So, we believe there are some cost free ways of lightening the load by legislating or by giving central advice, because as I say I think that sort of decision ought to be made by the elected representatives of the population, not by the profession. And I think ...

Layla Moran MP

Just on that very quickly, are there not local, so medical ethics boards that are meant to feed into the guidance that then goes into this, I thought this wasn't up to the individual clinician initially, are they not working correctly?

Dr Rob Hendry

Well they have worked OK, the trouble we have is that the local Ethics Committee isn't the law, they're not the law makers and whilst the opinions of a committee maybe helpful in defence, if the CPS, the Police decide to investigate a complaint from a member of the public that their loved one had been unlawfully killed the Ethics Committee would be helpful but it wouldn't be a protection and we feel that that, as I say those decisions ought to be made by Parliament frankly.

Layla Moran MP

Thank you, perhaps we'll take this offline with correspondence, I think that's quite an interesting thread and I just want to give a quick hello and a moment for you to lay out your stall, Dr Bhagawati and Dr Patel, but we're already starting to eat into time, so please as quickly as you can.

Dr Dolin Bhagawati

From the black Asian minority and ethnic perspective essentially, we all know that there was an excess mortality due to Covid-19 in this population and to understand it there are a number of things to bear in mind so in terms of pure numbers the UK population has 15% of people from these backgrounds, but 33% of the population dying belong to these backgrounds. Previous research had forecast a flu type pandemic would especially impact on this population and there was early data confirming disproportionate effect on this. From the workforce point of view 20% of the workforce are from a black Asian minority ethnic heritage and 63% of NHS staff of Covid by the end of April were from this background and 94% of those were doctors and dentists. There are a number of modifiable risk factors such as cardiovascular disease, diabetes, high blood pressure and chronic kidney disease where public health initiatives and primary care can play a key role and intrinsic to this will be multi-lingual resources and health promotion and public health initiatives which were somewhat lacking at the start of the pandemic. In terms of the reports that have been published both by the ONS and by Public Health England, there have been extra factors independent of modifiable risk factors which have been shown to ... modifiable risk factors don't fully account for the increased risk from a BAME background and this includes factors like social deprivation and there is a clear correlation with data from the **Marmot** report ten years ago and the negative effect of social deprivation on health outcomes and in addition to that the negative effect of the immigration policy, so the hostile environment leading to a large number of this population fearing the accessing of NHS services due to concerns regarding unjustified immigration detention and this has been shown to be a large factor and a decrease in health accessibility in this population and I've seen it myself in my own patients with patients who are British citizens but of this population who have been scared about accessing healthcare for fear of being illegitimately deported or placed in detention.

And then lastly from a staff point of view people of this background are more likely to be involved in healthcare so in terms of those from an Indian background they are 310% more likely to be in health and social care compared to a white British male but conversely these are people who are also more likely to be exposed to disciplinary action, so the latest workforce race relation data showed that people of this background are more likely to be exposed to disciplinary action, this feeds back into whistleblowing especially the pandemic, so we have members still saying that they were worried about the threat of deportation despite the fact that they had a lack of access to PPE and were worried about their own lives, but the threat of an immigration sanction was weighing heavily against that and that's where we see the impact of the hostile environment on international medical graduates who form a large part of our workforce. So, in 1971 it was 30% of our workforce, today approximately 37% of doctors obtained their qualification abroad, this is a large section of our workforce who feel under

threat and feel restricted in their ability to speak out when there is a problem which we clearly saw in March/April of this year and that has a deleterious effect on their ability to work effectively and safely.

Layla Moran MP

And has that improved at all?

Dr Dolin Bhagawati

So in a word I think these are systemic problems so they're not going to be fixed [inaudible 1:34:22.4] and I think that is part of a cultural problem that been spoken about for years and realistically it's not gonna be solved in a few months and whilst there has been some acknowledgment from certain CCGs, so for example Surrey Heartlands have instituted a review acknowledging these problems, there are still institutional issues, so for example even today we've had reports that up to a third of executive boards don't have representations from these communities, you have an example of for example Birmingham, not singling them out but you have five Trusts that don't have a single representative from these communities despite 40% of the population of that area being from a black Asian minority ethnic background, so this is going to require both a short term and long term solution to this problem.

Layla Moran MP

Thank you very much. Dr Patel and then we'll go to Lord Strasburger. Oh, I think you're muted. No. We seem to be having audio issues with Dr Patel, I wonder if it's worth you leaving and coming back and seeing if that fixes the issue.

Dr Vinesh Patel

Can you hear me now?

Layla Moran MP

Yes, we can, hello.

Dr Vinesh Patel

I'm so sorry, I will try and keep it brief and I know my colleagues have already talked about the PPE issues earlier on this morning and just now, I think suffice to say that we certainly faced that within primary care, we did have quite a slow allocation of PPE and care homes especially faced that which was a big issue and certainly we did see some great collaborative work where we shared resources, but it's something that shouldn't have needed to be done and it certainly had an impact on staff at that early stage. Other things that we've certainly faced in primary care is a lack of understanding in the complexity and difficulty in setting up hot and cold areas and seeing some of these patients and protecting our staff. Estates don't always provide the opportunity to do that and certainly what requirements have come from up above are certainly not easily implementable in the local community while continuing with what we know is the heart of primary care, continuity of care and seeing our patients and knowing our patients. I think Samantha has already touched up on, we value transparency and honesty and we really haven't had an ability to feed that difficulty back up and an

understanding so that we can look at how to change those things. We've also had a lack of clarity of funding, so where we've seen all of our front care staff mobilise very quickly and work collaboratively to face this pandemic we've had word of funding and support to try and help us, yet that hasn't been very clear cut, certainly within between areas and across the country and when certain services have tried to look at how we can improve our infection control measures and implement certain measures to support that there's been a lot of bureaucracy involved in trying to improve things where retrospective funding will be declined and obstacles faced in applying for funding that has been promised at the start but difficult to access later, which certainly increases both admin work but also stress, and actually hampers our response and what we can do.

There's also been issues around the impact of Government policy on how it affects the doctor/patient relationship and I'd apply that more towards the shielding letters that came out, the Government understandably were trying to help in that but certainly without necessarily consulting with us there were lots of letters that went out and then there was lots of correction of lists and the expectation of primary care to correct that and to have those conversations and to remove patients from that list, it's an extra burden but it also, I think people failed to realise the impact that has on the doctor/patient relationship and the work that we do. Lack of testing, I heard colleagues already mention that and that certainly does have an effect on us as well and has been a big impact within primary care and care homes and other services within the community and other aspects that have impacted, I know you're mentioning this next week on mental health, certainly the public perception continues in some areas that primary care remains shut and has done throughout the pandemic and we don't hear a strong voice enough to correct that and that can be very demoralising when we've certainly been working in a very different way, that different way that I just mentioned also has an impact, we've had to change a lot to telephone consultations and video consultations and we've accepted that risk because that is a higher risk and we've just heard from colleagues from the Defence Union talking about how that can have an impact and again that's not really been acknowledged and understood and I think we need to do that because we are practising medicine in a different way and that does have an affect on our mental health. And again ...

Layla Moran MP

Can I just interject, when you say risk, risk in terms of what, misdiagnosis or what do you mean by risk?

Dr Vinesh Patel

Absolutely, the heart of primary care is knowing our patients, knowing them face to face, getting to know them, we have a lot of hidden agendas, patients attend for one thing and actually as you speak to them you learn other things, that is much more difficult to get across a phone call and there's a lot of patients who are reluctant to access us and we've seen that in the number of referrals we can do, for example for cancer or for normal diagnostics or those who've been attending A&E because telephone consultations is a barrier and when we are diagnosing we have, because of lack of PPE, certainly at the start had a lot of pressure in our use of PPE and which patients we were seeing which led to a lower threshold of how we treated patients over the phone of those who we would usually like to bring in and see. So certainly, that has had a massive impact on our mental health and how we have practised medicine. And one of the last things I'd add to that is we still hear stories of the other bureaucracy that continues within primary care, so for example CPC inspections still continue and all these other aspects where there has been some good work and I've got a list of the good stuff that the Government have helped with but certainly we need to reduce down some of those requirements

within primary care to allow us to continue to face this pandemic and potentially what we can already see as a second wave.

Layla Moran MP

Thank you so much, well thank you all four of you for again a very, very broad wide-ranging picture there. We'll try and get through as many Parliamentarians as we can, we've got a lot of questions so my ask is please keep it very short. Paul Strasburger.

Lord Strasburger

Of course I will Layla, thank you, and a warm welcome to all our panellists. My first pair of questions is really directed towards you Samantha, could the problems that you and your members have been avoided and what problems are not yet fixed that must be fixed before winter?

Dr Samantha Batt-Rawden

Thank you very much for that. It's really difficult to know with the PPE question in all honesty and I think that does come back to that honest conversation. We have been asking for a public inquiry along with the RCN so the truth of the matter is we just don't know and that's really quite worrying especially as we're looking at going ahead into a second wave. Some things are sorted in terms of PPE, a lot of stuff still isn't, we're still having issues with patchy supply, we're still having issues with unusable or expired PPE, some of which is now being recalled, so we definitely need to look into that urgently. I think in terms of testing we were concerned about the lack of testing originally, we are very concerned about what's happened in the last 24-48 hours, especially heading into another pandemic, so I think really we need to look into that urgently and give the profession some reassurance that the same thing that happened in February and March is not going to happen now heading into the winter.

Lord Strasburger

OK thank you and my other question is directed really to the other panellists, do you and your colleagues feel able to raise your concerns and are whistleblowers being properly protected? Would you like to go first on that Dolin?

Dr Dolin Bhagawati

I think it's fair to say that the answer is no. People don't feel safe in raising their concerns. There's even now a general feeling that if you were to raise concern there will be a backlash against you. There is the concern about managerial sanction on a local level and more serious sanction, for example GMC referral, on a more national level and you know there were examples throughout the pandemic of shocking practices, so for example Sikh people being told to shave their beards during, to pass mask test fitting which under any form of sensible leadership would have been clamped down on immediately and in a safe whistleblowing environment people could talk about, but that simply didn't happen because people are worried about their jobs, especially in the current economic environment and certainly people from a black Asian minority ethnic background know that they are at higher risk of sanction and there hasn't been an appropriate mechanism put in place to allow that to be dealt with, so for example an anonymous whistleblowing helpline or something akin to our PPE app at

Doctors' Association UK which allows reporting of an issue on-going and facilitating a two-way communication which was what was lacking earlier in the pandemic response.

Lord Strasburger

And Vinesh do you have something to say on this?

Dr Vinesh Patel

Yes, absolutely, I think we've definitely made great strides but I agree, I don't think we are anywhere near where we should be in being able to speak out and certainly from a primary care perspective we have routes that we are told are there and we would hope would work. I think it's difficult because as we certainly pass it back up the chain in terms of complexities at the frontline and on the ground we tend to get the pressure back from whether it's a local borough or a CCG in continuing with the plan that they've been told to do and whether that's because there's a national plan that they're being pressurised to do, you tend to find that your voice is quieter rather than actually getting that feedback mechanism of what we're really facing on the ground and the complexity of it. That's further faced by a continued reply of requests to look at how much PPE we used, that certainly happened in the first month to two months of regular check of how much PPE had been used, how many patients we'd seen, questions around that and that really put pressure on actually how we practise medicine and there really should be an element of trust and reassurance to say please do your job and instead there was very much a more Big Brother approach which was putting the pressure on and not letting us speak out on the difficulties we were facing.

Lord Strasburger

It's all very top down you are saying.

Dr Vinesh Patel

Yes.

Lord Strasburger

And thank you, and Rob I expect you've got something to say about this.

Dr Rob Hendry

Yes, thanks and I would totally endorse what Vinesh and Dolin have said. We know from the published evidence commissioned by the GMC themselves that doctors from BAME backgrounds are at twice the risk of being subjected to disciplinary procedures by their NHS employers or being referred onto the GMC than their white counterparts, and it doesn't actually matter where they've graduated, it's not whether they're overseas graduates or not the same holds true for graduates of British medical schools. So that fear that I was talking about earlier about being subjected to unfair discipline, unfair referral to a regulator I think is, well even more so from doctors from black Asian and minority ethnic groups. So, you can imagine the pressure they're under already and this pre-dated Covid, this was an issue that we've been concerned about for some time. I think it's been made worse by Covid because

as Vinesh was saying people are consulting in different ways, but they're also working with their managers and communicating with colleagues in a different way and the evidence appears to be that doctors from BAME backgrounds may be more likely to find that difficult with their managers and if there's already this fear of what's going on I think it's compounded and certainly that anecdotally is what I'm hearing speaking to members in all specialties around the country. So, I think it's a really live issue and that again is one of the reasons underpinning our call for some legislation to give a degree of immunity and protection from these sorts of unnecessary but extremely time-consuming, extremely expensive and phenomenally psychologically draining investigations and disciplinary action. Which ultimately may go nowhere but sadly we see doctors who've been subject to them for months and years having their careers destroyed as a result of it.

Lord Strasburger

And so, it's a very dangerous situation for all of us if the people at the coal face can see things going wrong and feel inhibited from speaking out, so thank you for that. Samantha do you want to add ...

Layla Moran MP

Thank you all, I'm afraid ... yeah sorry. Have you got anything to add Samantha?

Lord Strasburger

Samantha do you want to add anything to that or not? No, OK thank you.

Layla Moran MP

Thank you. Barbara Keeley.

Barbara Keeley MP

Thank you, well what we've heard about so far has been very useful and I note that you're calling for an inquiry but we have had time to learn you know so we heard earlier from Dr Samantha about the impact of things like saying "let's have an adult conversation about PPE" but how does that leave people now, my question is how safe and protected do people feel in their role and how does that vary across colleagues, so is it particular Dr Samantha you know for your particular specialism are people in other roles feeling better and I think specifically from the varying backgrounds I think it's very important for us to understand the issues for black and minority ethnic communities and doctors from those communities. So that's my question, just has there been some learning and how safe and protected, so we've been through how people felt when these things happened but how do they feel now?

Dr Samantha Batt-Rawden

Thank you for that. Actually I think in my specialty we've been fairly lucky in that because we've been doing most of the aerosol generating procedures in critical care, so putting people onto ventilators, we've been fairly lucky in that actually a lot of the supplies were directed towards us and very few intensivists or anaesthetists were actually getting sick, it was more hospital doctors on the ward,

people in care homes or people in the community and primary care who were facing that lack of PPE who then became unwell themselves. In terms of lessons learnt I think again it just comes back to that communication and I'm not sure NHS staff have had that communication to say what went wrong, what lessons have been learnt and what can we do going forward in the event of a second spike, so I think things are better, people are feeling safer but I wouldn't say that the profession has the trust that if we do end up where we were in February or March that we would have sufficiently learnt those lessons to ensure adequate supplies of PPE to keep us safe across the frontline.

Barbara Keeley MP

Thank you, and Dolin next.

Dr Dolin Bhagawati

I think in terms of safety when you're talking about black Asian minority ethnic backgrounds you need to talk about them in two ways, so one is their health and one is their sort of social situation, so from a health point of view I don't echo what Samantha said which is to say that you know a lot of things in terms of supplies of PPE for example have had a degree of addressment but in terms of the two-way communication between the frontline and leaders that hasn't been addressed in any way, shape or form, let's be honest. But the other aspect which is more affecting the population that I'm talking about is from the immigration point of view and the threat of deportation which justified or not hangs over anybody who is not on a permanent Visa and you know that situation it's very difficult to appreciate unless you or a family member have been through it, but your immigration status hangs over you like the sword of Damocles.

Layla Moran MP

What's the solution?

Dr Dolin Bhagawati

Indefinite leave to remain for NHS and care workers, plain and simple. In that situation you get rid of the problem. And if that's brought in that would solidify a lot of the mental health aspects for this population and it would help deal with a large whistleblowing problem because those people have a safe immigration status, will not be concerned about the threat of deportation and the fact that their Visas are dependent on their employer and allow them to report on concerns from the frontline in a safe way.

Barbara Keeley MP

Thank you. Dr Vinesh Patel, anything to add from the primary care perspective because that was quite different in terms of some of these issues, how safe and protected are staff feeling now?

Dr Vinesh Patel

I would say unfortunately not and I think actually a DAUK survey that was just recently done last week kind of reflects that, there's quite clear evidence both from all frontline doctors that many were

thinking of leaving because of the fact they didn't feel safe and the lack of PPE putting lives at risk and 71% of GPs who responded said that was the reason they wanted to leave. And I would say that going into the winter months where we've been calling for knowing that we get the usual winter pressures that we have and normal conditions that overlap with the symptoms that we see with Covid we are under-prepared in primary care of how we are going to manage those patients. We don't have the right facilities, the right infection control facilities within primary care to manage them. As I said when we first came with this pandemic there was this wish of hot and cold sites but without the understanding at a ground level of the complexity and what funding was needed for that and that hasn't changed, I haven't heard anything different and we're now coming to the middle of September and actually if this second spike hits along with the winter pressures I don't think primary care has been given the right support to be able to zone these patients appropriately, have the right PPE and therefore protect the services that we need for our patients, but also protect our staff.

Barbara Keeley MP

So, people just don't have confidence that the PPE will be there and is that just based on what happened months ago or understanding for how it is now.

Dr Vinesh Patel

I think it's not just the PPE it is partly that, it is also the fact that we have different facilities across the country so some surgeries are big enough which have separate entrances that may be able to zone and do things differently. There's others that are still out of houses that have poor infection control, they haven't got updated sinks or flooring and where we're trying to get improvement grants pushed through much quicker, we've even been told application that are already there can we get on with the work and if you are going to agree to it later, fantastic, and we've been told no, if you get on with the work without approval even if it would have been approved we will decline it. So, I think we are not just from a PPE perspective but how we see our ... we are being asked to do normal services as well, let's not forget that, we need to get back on with screening, we need to get back on seeing patients and the normal services that we do. That alongside the winter pressures, alongside the second wave, we are not ready from a facilities point of view and we don't have the right support or funding for it.

Barbara Keeley MP

Thank you.

Layla Moran MP

So, let's now start cracking the whip a little bit everybody because we theoretically have 13 minutes left and we have another four questioners so please keep it very short, please pass if you feel that someone's already covered it or keep it very short. And now if we can go to Baroness Masham.

Baroness Masham

My question has been answered in a way but unprepared for winter, because the question was what are your main concerns as we approach a potential second wave for winter. My questions are why are men more susceptible to women for Covid and also is Brexit a problem, are we not going to get

the right drugs and the right equipment if we don't go out with a deal, I think that's very worrying, I wonder what you all think of that?

Layla Moran MP

OK so on the Brexit point, does anyone want to pick that up and then I'll throw the other one out. Does anyone have an answer to that? Samantha.

Dr Samantha Batt-Rawden

Thank you for that. I think doctors have been concerned about exactly those issues to do with Brexit for a long time, this was a longstanding issue even before we went into the pandemic, particularly in critical care because we saw so many critical care nurses in particular going back to their home countries in the EU because of Brexit so going into this crisis we had a very, our worst staffing in intensive care on record last winter, so this was an issue. I think there was also concern that the Government missed opportunities to procure equipment from the EU and there's on-going concerns about research as well with the EU. So yes, it remains a worry and it was there before this pandemic.

Layla Moran MP

Thank you, and in terms of I mean perhaps Dolin can you comment on the prevalence among men more than women, do we have answers for that yet?

Dr Dolin Bhagawati

I think it's still an on-going source subject of research and we don't have a full answer from that point of view. From the Brexit point of view I'm not going to get into the specific of trade deals, etc, but I think what is quite telling is that it takes up Governmental research and time and that was something that was quite evident between January, February and March and it's striking that exactly the same situation is happening again even today, so we have a situation where we are having rising cases in Europe, rising cases in the UK, a Brexit storm in the newspapers and in Government and a situation where we are to an extent taking our eye off the ball with increasing number of cases and unfortunately as sad as I am to say a slightly under-prepared NHS and it's basically repeating our mistakes from earlier in the year and I think that is the largest impact of Brexit to be honest because that's taking people's attention away from a situation where other countries are focused on this 100% and we are not.

Layla Moran MP

Thank you very much.

Baroness Masham

Thank you very much. It's very worrying, what can we do about it, can we help?

Layla Moran MP

That's the aim, that's the aim. So, I'll perhaps pass to Lord Russell unless Vinesh or Rob are jumping up and down. So, Lord Russell.

Lord Russell

So very quickly, we've had a variety of comments about what the Government sort of has or hasn't been doing but if you were to try and put very pithily what you would like the Government to do more of and what would you like the Government to do less of, please give us some useful and penetrating soundbites. Sam first.

Dr Samantha Batt-Rawden

So I think it all comes back to valuing staff and appreciating and acknowledging huge sacrifice that frontline NHS staff have made to keep patients safe over the winter and I think Vinesh mentioned our survey earlier but we're really worried that we are heading into a recruitment and retention crisis, we have an opportunity now doctors and all frontline staff are extremely exhausted, many are burnt out, we've got ... the Government has an opportunity to re-establish that trust and to really value the staff that they, you know, they clapped for every single Thursday, so I think it really does come back to that.

Lord Russell

OK thank you. Rob?

Dr Rob Hendry

Thanks, yeah two things I think could be done quickly and at low cost as I mentioned when the Coronavirus Act is being reviewed at six months which I think it needs to be done to introduce some emergency legislation to give immunity to healthcare workers from unfair investigations, that would take away a lot of stress and concern and would let people get on with treating the sick and secondly some clarity about what the legal position is should the services be overwhelmed and the NHS is unable to treat everyone, how do we make those decisions lawfully without fear of prosecution.

Lord Russell

Thank you. Dolin?

Dr Dolin Bhagwati

So, I think the immigration situation can be solved pretty quickly and that would bring security to a large section of the workforce and would also help to mitigate the effects of Brexit as Samantha has also mentioned. I think the other thing is that the Government needs to listen and value the frontline, so there needs to be two-way communication so that the Government can act on what is happening in an appropriate amount of time, it's akin to saying a General doesn't know what is going on with his frontline Infantry and is issuing commands completely irrespective of what's going on and that's a

similar situation for what was happening in March and April, so establishing those lines of legitimate two-way communication will help us all to mitigate a lot of problems that we've seen.

Lord Russell

Your point on immigration status is well taken, I have an amendment this afternoon on the Immigration and Social Security Bill dealing with precisely that, so I may even mention your input. Vinesh?

Dr Vinesh Patel

Yeah I think my colleagues have mentioned it, it's communication, we've talked about value, transparency and honesty and I think those are key. We've just heard our Government this morning talk about why testing is an issue at the moment and why it's difficult to test and I think I know that we don't want to scare the public, I know that we don't want to have issues related to that but we do need some honesty if we want the public to be able to respond in the way that we want and follow rules, we need to give honesty and that applies to us at the NHS frontline, that two-way communication, rather than coming up with it's actually because people are accessing the tests when they don't need it, which is what we heard this morning, we need the reality of we just don't have enough testing and we need to fix it. And that will build back the trust that we need and then show us that we're going in the right direction. So, I think we need to stop hearing the political excuses and actually hear the reality of what's going on.

Layla Moran MP

Thank you very much, thank you all for those pithy answers, exemplary. Clive Lewis.

Clive Lewis MP

Thank you Layla, Dolin I think you'd be surprised as a former Infanteer how poor communication between those at the front and those in the rear is, but can I ... look I'm gonna ask you all about healthcare, the health of your colleagues and yourselves, your ability to take sick leave, mental health, testing, I'm gonna ask you that. I always feel there's a question crying out that I need to ask listening to what's been said today and it's do you think Covid has highlighted structural racism in the NHS in a way that perhaps wasn't as obvious before. I'd like all of you to answer that. But I mean the question I'd like to ask you all as well is, and it's off the back of that, do you feel that you were able to take sick leave when you needed to during the height of the crisis? We'll start with you Dolin please if that's alright?

Dr Dolin Bhagawati

So, in terms of the structural racism question as I said earlier what Covid has done is expose long-term issues within the NHS and these are things that have been picked up on in the past, so for example the Snowy White Peaks report from back in 2014/15 and a lack of shall we say demonstrable results from that. In terms of the lack of whistleblowing etc, again as we've heard from Rob we know that black Asian minority ethnic employees are twice as likely to be sanctioned with severe sanction, so these are things that have been known about but in the same way that George Floyd wasn't the first example of Police brutality in the US, Covid is not the first example of systemic issues within the NHS

with regards to race, it's just shining a light and making it public and hopefully will allow greater input into genuine change in terms of helping to resolve it, because if we do that as shown by large numbers of companies with greater diversity, they are more effective, they are more successful and that's what we want from our healthcare.

Clive Lewis MP

Just the question to all of you and please all feel free to kind of comment on the structural racism issue but the question I guess was do you or your colleagues feel that during the pandemic that you were able to take the sick leave that you needed? So, Samantha, maybe you'd like to start.

Dr Samantha Batt-Rawden

Thank you Clive. Initially this was a real problem and we surveyed our members very early on in the pandemic in March and I'm very happy to forward the results of that survey to the Secretariat but essentially we had a problem initially in that so many people were self-isolating because they had had symptoms or indeed one of their household members had had symptoms so they were forced to be off work for 14 days due to not being able to access a test in an already very, very short-staffed and over-stretched NHS and we'll talk about this next week I'm sure with mental health but actually that's been a real risk to people's mental health because those doctors sitting at home felt really guilty about not being able to help that pandemic. But that's a tangent, whilst that was happening we received evidence from several Trusts, of doctors, of several Trusts of doctors being recalled from that self-isolation against NHS England, Public Health England guidance at the time because their departments or wards were so short staffed. That has got better I must say, certainly my personal experience and I know the experience of our members is people understand now that doctors are going to need to take sick leave should they become symptomatic and the access to testing has been until this week much better. So yes, it was an issue, I don't think it is as much of an issue now.

Clive Lewis MP

Support for mental health and wellbeing for staff?

Dr Samantha Batt-Rawden

Patchy I would say, it was interesting listening to people's answers earlier about what keeps them awake at night, I must say that's what keeps me awake at night, I'm very, very worried that now we will see the true personal impact of the pandemic on people's mental health and I think whilst everybody was in the pandemic they felt they had a duty, they came together as a community and in some ways that's very, very protective for people's mental health but now that things are winding down, all those support services are actually being taken away, I think we will start to see real problems with mental health in the community and actually I hate to say it and I know it's already happening but I think we will start to see NHS staff unfortunately taking their own lives because of this. So that is what keeps me up at night, I think there's a lot more that we can do to support people's mental health and I'd be very glad to speak to you all about it next week.

Clive Lewis MP

Thank you, I won't ask any more questions unless anyone else has a burning point they'd like to make, I'm just aware of the time.

Layla Moran MP

Well I think it's worth just perhaps starting with Rob and Vinesh and then going back round, I mean that question about what is keeping you up at night and I thank you Samantha that's why we're going to be going into this in more detail next week because it's a concern that the APPG shares massively, but Rob I mean final points, you know give us homework, what is the one thing that you want us to really push on from your perspective and I'll go round all four panellists with that question.

Clive Lewis MP

[Inaudible 2:08:56.5]

Dr Rob Hendry

Thanks, yeah and I mean I'd just endorse what Samantha said, my big worry now and I think you may have seen this Clive from the military, the stresses aren't necessarily when you're running on adrenaline and cortisol in the acute phase it's when people become exhausted and later and it's thereafter and I think what keeps me awake at night is hearing reports of more members taking their own lives. I think the practical suggestions I made, I won't go back over them but to take away some of the stress that might be adding to it because one of the things that I think does push people into suicidal spaces if this fear, and it may become irrational that they're going to be struck off, that they're going to be splashed across the newspaper, that they're going to have allegations made about them unlawfully killing patients and so forth and doctors get that way out of proportion sometimes and I think the more you can do as legislators to take away that stress then it may go some way to preventing some tragedies.

Layla Moran MP

Thank you, and Vinesh.

Dr Vinesh Patel

Yeah I would echo what my colleagues have already said in terms of the things keeping me up at night definitely the mental health aspect is huge so I won't go into that but I think the other thing that really keeps me up at night is the fear of maintaining what we need as a service during the winter months and I think without better clarity and a two-way communication on implementing what we need and the right funding and resource we are going to struggle during a second peak, and without primary care services and community services we will then put more pressure on secondary care where it's not needed and they're already doing a tough job. So, the mental health is definitely one of them but the other thing that keeps me up is the fear of being able to maintain a service in the pressures that we face in winter.

Layla Moran MP

Thank you very much, Dolin.

Dr Dolin Bhagawati

From my point of view it's two things keeping me up at night, the first thing is the fact that a lot of things happened during the pandemic and they were unprecedented given the nature of the challenge that was faced on all levels, but we don't seem to be analysing and learning those lessons as a country and seem to be sleepwalking into exactly the same situation and mistakes that we made previously and the second problem is a longer-term problem in terms of an NHS recovery from both the first stage of the pandemic and potentially the second stage in terms of the fact that we do have crippling waiting lists that are piling up. So for example in my specialty alone at the start of the year there were 33,000 patients on a neurosurgical waiting list which is serious operations and you will appreciate, at the end of this year we're projecting 66,000, nearly double and in England there are 13 neurosurgical units, that's 3,000 patients per unit without taking into account new patients that are going to need treatments, we're a small specialty if you scale that up across other busy specialties that is a medical and surgical timebomb that is coming and that's something that does need to be borne in mind in a longer term strategy outside of the pandemic and bound up within that is the fact that you're going to have to look after your workforce to deal with that waiting list.

Layla Moran MP

Thank you, very much and last word, to Samantha.

Dr Samantha Batt-Rawden

Thank you, just echoing what my colleague said really, I think we could do a lot more to help value NHS staff, I think in terms of indefinite leave to remain, I know there's a Bill going through at the moment which we 100% support and actually things like scrapping the immigration health surcharge it had a huge impact on morale of frontline NHS workers from other countries, so things like that are really important. I think extending a pay rise and it's not so much about pay it's more about valued and people feel so under-valued and abandoned despite their sacrifices, so extending that pay rise to junior doctors, nurses, paramedics, GPs, I think is really important as well as some ringfenced funding now to support people's mental health and wellbeing on a local level and that's things like just providing people space within a hospital to relax, to recover, to rest, giving people access to food and drink, hot food out of hours, it sounds like they're really basic things but genuinely we know that those are secondary stressors which really, really improve people's morale and wellbeing. So, I think it would be great to see the group recommending those things to support staff now whilst we have the opportunity to do so.

Layla Moran MP

Brilliant, well thank you to all of our panellists I really, really appreciate your time today. That unfortunately brings us to the end and as Samantha has said the purpose of these sessions is to come up with a range of recommendations which we will then escalate to Government and push in the various ways that we've got ability to. If there's anything that is sort of still a burning thing or that you want to give us as evidence please do not hesitate to write in and equally if there's anyone who has been watching today who feels that they either for example are someone who wants to whistleblow,

someone who wants to raise something directly with the APPG don't hesitate, please get in contact with us through ... the information for the portal you can find on our Twitter feed. So, thank you so much all of you for your time, thank you to the Parliamentarians for excellent questions, lots and lots there and all that's left for me to do is to say thank you and goodbye and stay safe everybody, thank you for your time. Bye everybody.