All-Party Group on Coronavirus - Oral Evidence Session 12

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Layla Moran MP

Hi everyone, I'm going to start the session even though my internet seems to be playing up slightly, so I do apologise and if someone can let me know if they can hear and see me. I am delighted to be able to welcome you to this session of the All-Party Group on Coronavirus where we will be looking specifically at both cancer care, but also very much concerned with the return and impact of both elective surgeries and the impact that our second wave may have on this. We have two sessions today, the first is specifically focused on cancer care. I am delighted to be able to welcome with us today Cancer Research UK and we have Emlyn Samuel, thank you so much Emlyn for coming. From Breast Cancer Now we have Mia Rosenblatt, Mia is the Associate Director of Policy and Influencing at Breast Cancer Now so thank you very much. And I should have said Emlyn is the Director of Policy, and also we have I'm very delighted to be joined by Dame Laura Lee who is the Chief Executive of Maggie's Cancer Support. So, thank you all for being with us today and I'm going to dive right in, we've got lots of questions from our Parliamentarians and my first ask actually of everyone is to be as concise as possible so that we can fit as much into this time as we possibly can.

So, starting with Emlyn then Mia and then Dame Laura, could I simply ask what are the issues that your organisation has witnessed over the course of the pandemic?

Emlyn Samuel

Thank you Layla and thank you very much for inviting me and Cancer Research UK along today. I will try and be concise but what I thought I'd do is take you through a bit of the journey, so what happened in the immediacy in terms of the first lockdown, where we're at now and some of the considerations of where we are now and looking to the future. So, if we think about the immediate impact of the pandemic and what that had on cancer services, it had a considerable impact. If we look at some of the figures we saw that patient presentation to their GP when people had signs and symptoms of cancer really dropped and we saw a real big drop in the number of referrals into the NHS from primary care and that was as much as a 75% drop in some cases. It simply meant people weren't going to their GP with their signs and symptoms and then being referred into the service. We also saw cancer screening services paused officially in Scotland, Wales and Northern Ireland and de facto paused in England meaning that people weren't being invited to screening during that time, and we also saw many diagnostics and treatment services put on hold. You know, in many cases for valid reasons because of patient safety and I think that's an important message to get across, that a lot of decisions were taken in the interests of patients, but it has caused huge amounts of disruption. And then also a vast majority of clinical trials paused to recruitment during that time as well. 95% of Cancer Research UK's clinical trials paused their recruitment and figures show that recruitment to trials dropped by about 87% in that period, so we're talking April/May time here.

But if we look to where we are now there's been a huge amount of effort put in from across the health sector to get services back on track. Covid protected safe spaces for cancer care have been set up across the country, public awareness campaigns are working and encouraging people back into the system which is really encouraging. And the latest cancer waiting times from England that were published last week show that we're pretty much back to pre-pandemic levels in terms of those

indicators. So, in terms of that urgent referral that's now above what it was this time last year, however there's some detail within that, it's better for some cancer types than others and there are areas such as referrals for lung cancer which continue to lag behind which is really worrying. But cancer screening services are getting back up and running and so are trials, albeit quite slowly. So, while it's encouraging that we're looking at back to pre-pandemic levels in terms of those indicators what it does mean though is that there remains a significant backlog in terms of the number of patients yet to come into the system but also in the system, because the service will need to run over 100% of what it was doing previously to clear the number of patients that weren't coming into the system during that period of time.

So, we estimate that around three million people weren't invited to screening during that period of time, about 400,000 people were not referred for diagnosis during that time. There were over three million fewer diagnostic tests and thousands of patients, over 30,000 patients didn't start their treatment in comparison to a previous year during that time and many patients missed out on clinical trials due to the pausing. So, it's encouraging that we are back to that level but there is a central backlog to still clear. And the real worry here is that we're going to be seeing more people, a lot of people haven't been diagnosed with the disease during this period and there is a real worry that we'll see more people diagnosed at a later stage because of this backlog and that is a considerable worry in terms of the outcomes that those patients will receive.

Looking at where we are now, as a second wave is hitting the NHS, the signs are that people are still continuing to present to their GP and that's really, really important that we continue to maintain that uplift and that progression but we are seeing in parts of the country where Covid is most prevalent, you know real impacts on capacity, particularly in diagnostics and treatment services which is a worry. It's absolutely vital that we learn the lessons from the first wave and that we protect cancer services through this second surge and beyond, it's absolutely critical. And there are many things that have been put in place as I mentioned, Covid protected safe spaces, we're really encouraged to see that the Government is now rolling out twice weekly testing for all patient facing NHS staff which will really, really help. We need to maintain those public awareness campaigns and we need to protect the services and the trials at the same time to ensure that we can continue the progression to recovery and transformation beyond that.

Layla Moran MP

Thank you so much and we'll certainly be returning to many of those things I know in the questions that we've got. Mia.

Mia Rosenblatt

Thank you, I'll give a view from breast cancer's more specific angle but I absolutely agree with the points that Emlyn has raised there and as you say I think some of the detail, I'll give quite headline but we'll come back to the detail as well. So, for breast cancer coronavirus is the biggest risk that breast cancer has faced in decades and the impact has been felt across the breast cancer pathway, I'm going to give a bit of an overview on some of the key issues faced, so for diagnosis at the height of the first wave we saw a big drop in the number of people being referred to see a specialist with suspected breast cancer. The routine screening programme was effectively paused and while referrals have improved and the screening programme has resumed we believe that the impact is likely to be an increase in demand for diagnostic and imaging services in the coming months with a significant impact on an already over-stretched workforce; that is a really big area for us, the impact on the workforce at the moment and I'm sure we'll come back to that in more detail as well.

In terms of treatment and support many patients' treatment has continued and changed but other patients saw delays and cancellations to their treatment alongside changes to the support they received, this has caused huge levels of anxiety, particularly for patients with incurable secondary breast cancer, and their loved ones. And you know I really want to make the point that while we will rightly focus a lot on diagnosis today and that is absolutely essentially it's so important that we don't lose sight of the impact of coronavirus on people with secondary breast cancer and secondary cancers, this community really often feel that their needs are forgotten and they should be front and central in the conversation about the impact of coronavirus on cancer, and equally in the Government and NHS England's plans moving forward, you know we really passionately believe that. Guidance published earlier this year by NHS England and NICE suggested how patients should be prioritised for drug treatment if this became necessary, patients having non-curative treatment such as those with secondary breast cancer were generally given a lower priority than curative, this was hugely concerning and something that we raised with Government and the NHS who did reiterate the importance of decisions being made on an individual basis according to the risk and benefits of treatment, but the extent to which this guidance has been used in practice is unclear, it's essential that the needs of secondary breast cancer patients are identified and addressed in cancer recovery plans including recognising the absolute importance of drug treatments for these patients, you know at the moment unfortunately our understanding of the true impact of coronavirus on patients with secondary breast cancer is going to be hampered by the lack of available data on this group including even the number of people actually living with the disease, it makes it extremely difficult to plan services at the best of times and that's why part of what Breast Cancer Now at the moment are calling for in terms of the Comprehensive Spending Review is an audit on secondary breast cancer.

And finally, I would just echo Emlyn's point as well about the impact on clinical trials being paused and again this is something that people with secondary breast cancer really felt passionately about and were deeply concerned about because clinical trials represent for many their hope of a future and the pause of those trials had a really big impact on many people. You know research that Breast Cancer Now and other medical research charities fund has also been impacted by the estimated drop in charities' income and I think it's clear that without further action there is going to be a gap for years to come as well. So, that's just a brief overview on issues but hopefully we'll pick more up later. Thank you.

Layla Moran MP

Thank you, Mia, we will certainly come back to many of those issues and I know many of them are also shared by Maggie's. Dame Laura.

[Loss of audio]

Dame Laura Lee

… and has so eloquently described and Mia, Maggie Centres, we have 24 centres that are based on Cancer Centre grounds that provide psychological, emotional and practical support to people with cancer, so we've been very much at the end of people experiencing the cessation of palliative chemotherapy, the cessation of clinical trials and alterations to their treatment pathways and the delays of coming through the system and being seen by their GP and being seen in the hospital. What our staff and I have a background in cancer nursing as well, but all of our senior clinical cancer nurses and clinical psychologists have said that we know in the best of times cancer is hard, it's a complex disease with very many complex treatments and consequences of the disease, but what coronavirus has done is it's heightened many of the experiences that people with cancer talk about and it really sort of falls into four themes. I think our staff have said that they have not experienced the level of

anxiety and distress in people affected by cancer, it's absolutely profound and as they came through the first lockdown that anxiety has shifted into anger or feeling like they've been forgotten and feeling an increased anxiety about the impact of this second wave is having on their treatment.

We've seen huge impact of people presenting with advanced disease, it's already coming through the system, I think Emlyn you mentioned about the impact on lung cancer and we know in our Nottingham Centre that lung cancer has increased by 22%, those that are presenting with advanced disease and that's impacting on their emotional impact of having to deal with the fact that they are presenting with incurable cancer. Bereavement has been a huge impact as a result of the lockdown, so people have had to experience losing someone that they love because of the cessation of their treatment and not being able to be with them, so bereavement work has become much more complicated and complex as a result. And the financial impact of coronavirus, people with cancer are not immune to … cost of cancer itself is expensive then losing jobs and work on top of that and our benefits advisors have seen over 16,000 people that have accessed them for additional help and support in terms of the financial impact. And I think this level of fear and anxiety is not cessating at all and is continuing to remain at very high levels because of this unmet need of the advanced disease group that are coming through. I'll hand it back to you, Layla.

Layla Moran MP

Well thank you very much all for those precis and my first question and perhaps we'll do it in reverse order, there is quite rightly a lot of consternation right now about the impact of coronavirus on people not presenting, not going to GPs, it's very heartening to hear that some of these numbers are going up again but they obviously need to be balanced by what you've just described Laura of the anxiety of those who are suffering with cancer, and their families. In terms of the balance between you know do we in this second lockdown, is this the right thing to do to get on top of the virus versus the worry that people have about delayed diagnoses and problems that we're storing up down the line. Where do you see that balance lying, what should the Government be trying to do? Should they be prioritising cancer care and elective surgery very cognisant of the long term effects of not doing those, or should they be prioritising on stamping down the virus in the short-term. Where is that balance in your opinion? Laura and then Mia and then back to Emlyn.

Dame Laura Lee

It's obviously a very fine balance and it's not that the community that Maggie's supports don't understand the impact of Covid and the need to protect the NHS and to keep people safe, but there is a feeling that they have been forgotten in this process and I think we have to strike a balance for making sure that we consider the long-term impacts of this. So, when you think that we could take as long as 15 years, that some people are articulating, to get back to 2019 survival rates, the long-term cost over the short-term actions of this are really very significant. And then you've got a medium-term impact of this increased anxiety and distress in what is a large population of people who before Covid, you know 450 people a day approximately would die of cancer so for them they're used to living with death being a daily consequence as a result of their disease. So, I think that we need to continue to find a balance for keeping cancer referrals into the system and treatment going and that means that we need to encourage people to go and see their GP, we need to make people feel that they're going to visit their GP and visiting the hospital is safe, we've had many people who because of the Government's messaging have not even gone in for their cancer treatments because they have felt that they should also stay away from hospital, so we need to change that messaging.

Layla Moran MP

Thank you very much, Mia.

Mia Rosenblatt

Thank you. I mean this is a very difficult one isn't it and I think it's worth bearing in mind that we have learnt a lot since the first wave as well, you know I think at first some people's treatments were stopped not because of capacity but because of concerns on immunity or who was going to be more vulnerable to the virus and how we managed that. I think we are clearer on which groups are affected now, but I guess I would say you know we need to see cancer services continue this time, we really need to not stall again, we can't afford to pause again. But, I don't see it as an either/or situation and I don't think that it is about lockdown per se. You know if the rate of coronavirus increases and becomes uncontrollable that will affect the health service, the continuation of breast cancer services depends on keeping coronavirus under control as well, so you know I think it's not … we should see it more as managing coronavirus will help us to have a health service that can support other areas too and therefore I think a focus on lockdown as part of the problem perhaps takes us on a path that perhaps slightly confuses things and more the question is you know how can we best focus on keeping coronavirus manageable and keeping other services on the road at the same time, which we need to do. And I think there is recognition that we need to keep cancer services operating as much as can be done at the moment and I think there is a difference perhaps at the beginning of the first wave on that.

Layla Moran MP

So not either/or but and.

Mia Rosenblatt

Exactly, yeah I mean it's definitely … the value for cancer patients by controlling coronavirus absolutely you know also cancer patients are at risk of coronavirus themselves and keeping the infection rate low is valuable to cancer patients, not least when it comes to services that they may access for cancer too. Thank you.

Layla Moran MP

Thank you. Emlyn.

Emlyn Samuel

Yeah, I would agree with all that actually, I realise there's a balance to strike but we absolutely need to be able to control the virus because as we've seen from the numbers and the impact that it had on cancer care in wave one, we absolutely need to try and control that and bring it down so it doesn't have that level of impact again. At the same time, as Mia said, we've learnt a lot of lessons about how the service reacted and has put measures in place to bring the service back and we absolutely need to maintain those, so the balance here is that yes we need to control the virus and as Mia rightly said, you know some cancer patients are particularly vulnerable and if they catch Covid it could be very detrimental so we need to balance that with protecting cancer services in the NHS. The Government

has committed in all four nations as well to protect cancer throughout the Covid pandemic and they need to absolutely back that commitment. The set up of Covid protected spaces, the increase in testing is really encouraging, you know we are starting to see increased sickness rates and things like that which is putting even more strain on services and fundamentally there's a lack of capacity in cancer care that existed pre-pandemic that does need to be addressed, but there are other ways as well that the service can continue to protect cancer services, including through use of the independent sector as well and so there is that commitment there to protect cancer during Covid, we saw what happened in wave one, huge lessons have been learned, we cannot go back to a state like that and we absolutely need to protect cancer services through this second wave and continue on that trajectory of recovery because as I mentioned before there's still a very large backlog of people and patients waiting and we absolutely need to work hard to clear that in order to protect patients and give them the very best care.

Layla Moran MP

Thank you very much. So, I'll now throw this to Paul Strasburger, we've got six Parliamentarians who have very important questions to ask and we have around 20 minutes to do that all in, so just to ask if we can keep it very brief and if someone else has said something you agree with feel free to sort of pass on and I'm confident that we will cover all the major issues. Similarly, Parliamentarians if your question has been answered I would appreciate it if you would say so and either ask something else or move on. Paul Strasburger.

Lord Strasburger

Thank you Layla and good morning to you all. We've partly discussed this already but can we be a bit more specific on it, how have Covid-19 restrictions and reduced access to services impacted diagnosis and support and in particular are patients presenting with more advanced cancers and what impact is that likely to have on survival rates? Perhaps Emlyn, you go first.

Emlyn Samuel

Sorry was that me?

Lord Strasburger

Yes please.

Emlyn Samuel

Yes, oh sorry I missed that. Yeah, so I've described already the impact that it's had on diagnosis from a number of angles, so the reduction in number of people coming forward with signs and symptoms and the pausing of cancer screening so that has absolutely had an impact on the number of people coming through the system for a diagnosis and that absolutely needs to be cleared. We don't have … as I said upfront and Laura mentioned earlier we are really worried about the fact that people will be starting to present and are presenting with later stage disease and an early diagnosis of cancer is absolutely critical to improving survival outcomes and we're hearing anecdotally that more people are coming in with advanced disease and that is really worrying because that could lead to a knock-on impact in terms of our survival outcomes and patient survival outcomes in this country. We don't

have the data to show us that yet for sure and I realise that there have been quite a few different studies out there projecting and modelling the impact on survival but from Cancer Research UK's perspective we're waiting to understand and see the data, for example there is data on stage of presentation which will tell us what the impact is and then we can understand what the survival impact will be going forward, but we don't want to … we want to wait until we see that evidence before we make firm conclusions.

What I will come back to is that diagnostic services in the NHS are significantly under-resourced and have been for many, many years, both in terms of staff capacity but also in terms of equipment and as Mia said, you know the spending review coming up is a really critical opportunity for Government to invest heavily in the diagnostic element of the NHS because that is going to be really critical, not just to shifting the dial in the current situation but also to transforming cancer outcomes in the future.

Lord Strasburger

Thank you, Laura have you got anything to add to that?

Dame Laura Lee

Yes, I would say that from the work that goes on in our Centres our staff are reporting a significant uplift of those that are coming into the Centre with more advanced disease. In part, as Emlyn has said, it's quite hard to sort of track how far Covid has impacted on that but there is also some data around 50,000 people who have not presented who would normally have come through the system this year and we can only assume that as they start to come through that they will present with later disease. But from the Centre staff specifically an increase in people coming in for emotional support having been told that their disease is at an advanced stage and that palliative treatment options are … and it's varying between 10-20% across our different Centres. I would say that the Centres in the north of England have been the worst affected, the London Centres that we have have certainly had a better cancer … a sense that cancer services have continued in the hospitals environment but we've again over the last few months, last few weeks we've had surgeries delayed again in Nottingham and Liverpool and that's certainly flowing through into the support requirements for the patients and family members that are coming through.

And I think it's been particularly significant for the family members because they've not been able to go into the hospital, join any of the consultations and so they're sitting there without actually really understanding the impact of Covid on their loved one's survival pathway.

Lord Strasburger

Thank you, Mia, anything to add?

Mia Rosenblatt

Thanks, yeah I'd just say from a breast cancer view between March and September there were over 98,000 fewer referrals by a GP for tests compared with the previous year and we've estimated that a backlog of nearly a million women built up across the UK prior to screening programmes restarting so in terms of attending routine screening appointments. And in terms of diagnostics more generally women who already have a diagnosis of breast cancer may have missed scans too, such as to check whether people with secondary breast cancer whether their cancer has progressed or not, that will

have been impacted in terms of access. So, while referrals have improved and the routine screening programme has re-started there are changes to the way the service is now operating which could have consequences for some time to come as well, particularly for the routine screening programme, the move away from timed appointments to open appointments, we expect that is going to significantly decrease the expected number of attendees for routine screening. I think when it comes to breast cancer it is going to take us years to fully understand the impact on outcomes, routine screening obviously often picks up cancers at a very early stage. We will see cancers come through for people who missed screening in years to come as a result and it will take us a long time to really understand the impact on this and equally so not just at the first wave but now once the screening programme is resumed, if less people come through that would have done for that cycle we'll feel the impact of that for a long time.

Lord Strasburger

Although I understand that you don't have the data yet and it's going to take a long time to come through, would you expect the impact on outcomes to be significant?

Mia Rosenblatt

I think what will be … I definitely think, yes there will be an impact on outcomes, I think the extent to which I guess will depend on … for a routine screening angle how many people do now take up appointments and how much we see that happening. I think how much we as Emlyn said, how much do we invest now in diagnostics urgently to make sure that we are resourced to see people, you know we're not going to be able to catch up unless we seriously invest in this area and we hope that the spending review will be able to do that not just for single year but for multi-year, because you know the diagnostic workforce was under significant pressure prior to Covid so now you add on all of this we are going to see those impacts and I think there's a lot of things that we will need to unpick, potentially from across increased deaths of people with cancer because of Covid during this time, how does that affect deaths from cancer in future years to delayed diagnosis in future years and deaths in future years, you know some people, you know it might be that people don't present for cancer for some time to come for breast cancer for months or years to come, so it will be a long time before we get a true picture of the impact.

Lord Strasburger

Thank you very much, back to you Layla.

Layla Moran MP

Thank you very much. Caroline Lucas.

Caroline Lucas MP

Thank you and I know we're under time pressure so I just want to pick up I guess something that several have you talked about indirectly which is around staffing and you've obviously talked about the impact in diagnostics of having an under-resourced workforce there, but could one of you maybe just give a bit of a picture about how much of an issue if at all staff shortages have been in your areas,

I'm thinking as a result of doctors having to self-isolate or medical staff waiting a lot time for tests, how has that impacted if at all this sector. Maybe Emlyn, do you want to go first?

Emlyn Samuel

Thank you. So, as I mentioned before, yeah diagnostic services and staffing in diagnostics were … there were lots of shortages, I think about one in ten vacancies in diagnostics pre-pandemic, the pandemic has only exacerbated the issues in this space, primarily because you know that staffing group is under even more pressure to diagnose the many conditions that are coming around and you know diagnosis is absolutely critical for cancer but of course it's critical for many other diseases too. So it's under pressure from the weight of people that are coming that we need to diagnose right now, but it's also under pressure coming back to the point around sickness, we are seeing more and more, it's inevitable isn't it that staff are having to self-isolate, staff are having to ensure that they are protecting their patients and that's where testing is really, really critical and why we're really encouraged by the announcement that twice weekly testing for patient facing staff is now being rolled out and that doesn't just go for staff in hospitals but also in primary care as well because we know that GP practices are under significant pressure as well. So, it's absolutely vital, we need the investment in the long-term to increase the number of staff that we have but in this period we absolutely need routine testing of staff so there aren't people who are self-isolating for no reason given, you know if they didn't have Covid and we can maximise the resource that they have. Sorry?

Caroline Lucas MP

Sorry, do you have any figures by any chance about what percentages of the workforce at any given time recently have been out of the workforce because they're self-isolating or waiting tests or whatever?

Emlyn Samuel

Only from what I saw from the Government's own press conference a couple of, I think it was a couple of weeks ago that it estimated that about 30,000 staff were off sick or self-isolating which is a substantial number of staff in an already stretched NHS.

Caroline Lucas MP

I don't know if anyone else had anything to add but other we'll move …

Dame Laura Lee

I would just like to add in about the emotional health and wellbeing of our cancer centre staff, again much of the work that our Centres provided during the lockdown period was our psychologists supporting staff and I think if we're going to be part of the cancer recovery plan it's about making sure that we look after our cancer centre staff who are at the coal face of having to deal with the catch-up but also seeing how it's impacted on people's lives as they're presenting with you know pretty challenging scenarios as a result of later diagnosis. So, I think it's a thing for the future but it's staff health and wellbeing is a vital point.

Caroline Lucas MP

Thank you.

Layla Moran MP

Thank you very much, if I can now go to Baroness Masham.

Baroness Masham

Has Government guidance on shielding or easing of restrictions been sufficiently clear for patients and those who they live with, if we could have an answer for all three because this is a very, very important question for people who think they should be shielding. All three of you an answer please.

Dame Laura Lee

I'll go first, I think the initial shielding was frightening and daunting for people and it was something that both the person who was asked to shield and their family members actively sought support and of course that was then provided online and digitally. What happened when we got to the end of the first lot of lockdown is I think they weren't adequately guided as to how to come out of that shielding process, they were scared and anxious and they didn't know where to go to feel safe, so I think we could have done a better job of helping people make that initial transition. As we moved into the second lockdown I think there was an absolute fear that they were going to get this letter again and that what that would mean for their emotional health and wellbeing and how to sustain themselves through a second lockdown. So, I think that although they understand the purposes behind the shielding letter and welcome the guidance from the Government I think we could do a better job of helping people come out of the shielding process and help them move back into society in a safe and timely way.

Layla Moran MP

Anything more other panellists want to add in addition?

Mia Rosenblatt

Yeah I guess I would just say I think, you know it's not necessarily a straightforward answer to this information as the guidance has changed repeatedly during the time and you know I think as has been expressed there's been a lot of anxiety from people about the guidance, there has been concern at times about how the shielding guidance was communicated, that changes to shielding was not always as clear as it could be. I know there have been efforts to improve this though and recognition of the need to improve it. Our sister charity Blood Cancer UK have done a lot of work on this issue across this sector, leading on the sector, and continue to do so. So, you know I think what's really important moving forward in this second wave of the pandemic and beyond is that any changes to shielding advice are clearly communicated and cascaded effectively as well and that people are really supported to receive relevant emotional, practice and financial support services.

Baroness Masham

Thank you very much and what about Emlyn?

Emlyn Samuel

I don't have a huge amount more to add, I agree with Laura and Mia on a lot of these things, I can just say in terms of response to you know the Cancer Research UK runs a helpline and provides a lot of patient information and support and we did have quite a significant uptick in number of calls at the beginning of the initial pandemic and concerns about shielding and what it means for family and loved ones as well as patients themselves. That seems to have fallen off a little bit and we're seeing some calls still come in, but clearly it is a very anxious time and I think I would just agree in terms of the communication going forward that it's absolutely critical that we get this right.

Baroness Masham

There is one problem which is travelling to treatment if they don't drive and having to use taxis or public transport, that can be a problem.

Layla Moran MP

Yeah, thank you very much, I'm afraid we're going to have to move on. Lord Russell.

Lord Russell

Yes, just if I could ask each of you very, very briefly if you think of the … if you distil the lessons that we learned in the first wave down to let's say the three most important lessons are they being applied now, have we learnt from them and we means the Government as well as your organisations, are we actually applying the lessons that we've learned in an appropriate way, so if I could start off please with Dame Laura?

Dame Laura Lee

I think what's been helpful about this time is that there's been no question that Maggie Centres can stay open and operational and continue to provide face to face support and that has been a huge relief to the people that we see in our centres that digital support fills a gap but it's not sufficient, particularly at this point, so that's been really helpful. I think my one thing for the messaging around the NHS is that we need to find a way of not just saying that the NHS is open and that GPs are open but it's also a safe place for people to come and receive their cancer treatment and have their consultations and I think if that was the bit that I would shift is that we need to help people come into the system as opposed to at the moment people are very fearful and interestingly they'll come to a Maggie Centre in the hospital grounds and feel safe in a Maggie's but they don't feel safe going into the hospital and I think we have an opportunity going forward to address that.

Lord Russell

Thank you, Mia please?

Mia Rosenblatt

Thanks, yeah I think there is a real emphasis it feels at the moment about keeping services running, keeping referrals going I think which we've learnt the lesson from, you know there was a big drop in referrals and you know the message has gone out from NHS England to really encourage people to keep coming forward for that which is really important. I think some of the … if the NHS does face the pressure it did previously about what the prioritisation guidelines that might come out from that are not completely clear at this point, we would really like to see a focus on supporting people with secondary breast cancer as we move forward and continue to do that and how we can keep treatment going for people. So I think that's a really key area for us moving forward but you know I think there have been some, there have also been some innovations that have been adopted really quickly during the pandemic which might not have been as quickly adopted previously, such in terms of radiotherapy where research showed that actually you can give, you can look at giving the same treatment over five days instead of three weeks in more intense doses and it would be as effective and the NHS moved really quickly on that which is great, you know we need to keep those innovations going as things revert back in some way to the old system, so it's really important to keep the positive stuff as well as trying to address what has been more negative during this time, negative impact on services.

Lord Russell

Thanks, and very briefly Emlyn.

Emlyn Samuel

Yeah I guess building on that the three things that I would say is one, cancer services needed protecting there's a big lesson and patients need confidence in those services and I think that is one huge lesson that we learnt from wave one that I think is being taken forward in wave two during the development of Covid protected spaces, the testing agenda, all of that sort of stuff and as I said we need to absolutely maintain that, we absolutely need to protect cancer services in wave two. Second just picking up on Mia's point there's been a huge amount of effort to reorganise services, to run services differently and some innovation has come from that which we should look to embed and there are some good lessons there. And then the third thing I think it's only heightened the resource issues associated with cancer services, it's really come to the fore that we need more staff, we need more equipment, not just to cope with the pandemic but to improve cancer survival in the long-term and on that third point we're yet to see a shift from Government and we're hopeful that the spending review will provide that shift.

Layla Moran MP

Thank you, message received loud and clear and we'll add our names to that call I'm sure. Barbara Keeley, I should add we are now on borrowed time, so as quickly as we possibly can, thank you very much.

Barbara Keeley MP

Well I think Emlyn led into that question, thanks Layla and thanks to all the witnesses, my question is what support from Government is urgently needed now and in the future, Emlyn I think you're making

a bid for staffing and equipment in the Comprehensive Spending Review but what else, what other support is urgently needed now?

Dame Laura Lee

Can I go first? I would say that we need to embed in psychological and emotional support for people with cancer, we'll be moving to a culture of encouraging people to self-manage their care but clearly with the impact of Covid and the nature of what will be quite long-term effects and we need to make sure that patients and their families are adequately supported both psychologically and emotionally, not just out of the Covid period but I think there's an opportunity to embed that so that we can actually look in five years' time to actually think that we care for our people affected by cancer better than what we did when we went into Covid.

Barbara Keeley MP

OK, thank you. Mia?

Mia Rosenblatt

Thank you, yes I mean as I've said and Emlyn said you know we really echo the workforce point investment and also investment for clinical nurse specialists as well, we know for people with secondary breast cancer often don't have access to a CNS and it's really important that we invest so that everybody does and that we invest in having a secondary breast cancer audit as I mentioned in the intro. But more broadly I think that we continue to invest in medical research, the Association of Medical Research Charities has a call for much funding for charities for research investment and for the spending review and I know that the medical research community backs them strongly in this call and I think, I hope that an opportunity to support further research will come through that. You know research has reduced and suffered as a result of Covid in the area in cancer and I think we need to get that back on track and as we move forward it's really important.

Barbara Keeley MP

Thank you, Emlyn you've already made a bid, haven't you?

Emlyn Samuel

I have, yes. Workforce and kit particularly and diagnostics is absolutely what we're hoping to see come out of the spending review in terms of the NHS, but just building on Mia's point in terms of you know there's lots of stuff that we can do to improve cancer care right now and in the near future by just implementing things that we know work well, but we're not going to achieve really substantial change in improving cancer survival without medical research and without continuing to invest in medical research and just speaking from Cancer Research UK's point of view and we're working very closely with the Association of Medical Research Charities on this, the financial impact of Covid has meant that we've had to cut £44 million out of our budget this year already, we've not been able to fund a new clinical trial this year and that financial hole is only going to deepen as we have to look to reduce our spending by about £150 million in future years because of this financial hole and ultimately that will hold back progress for patients in the future. We really don't want to have to do that and we are working with others across the sector to seek some financial support through the spending review

from Government to protect this vital medical research and ultimately it's all part of ambitions as well to be a world-leader in life sciences and a super power in science that can really benefit health and wealth of the nation in the future.

Barbara Keeley MP

Thank you, thanks Chair.

Layla Moran MP

Thank you very much everyone, we have only gone five minutes over which I think was some great achievement actually but I thank you all for joining us today, it's been certainly illuminating, your oral evidence now, your written evidence before and if there's anything you felt that you weren't able to cover please do write in again or if anyone watching feels compelled to write in please do do that. I'm now going to move onto the second panel and thank you all for again joining us, if you wish to stay and listen to the second panel you're very welcome although I appreciate you are very busy people and may need to head off to somewhere else, so Emlyn Samuel from Cancer Research UK, Mia Rosenblatt from Breast Cancer Now and Dame Laura Lee from Maggie's Cancer Support thank you all and thank you to your organisations and your staff for everything that you're doing in this very, very difficult time.

So, I'll now move onto the next panel, just six minutes late, and with permission I'll go slightly beyond one o'clock so we get the full time because it's an incredibly important panel and very much linked to what we've just heard and we're going to be focusing on the impact of Covid-19 on non-Covid care, some call elective care although no doubt the patients who need that care don't consider it as something that's optional. And so, we have a very knowledgeable panel, we have Saffron Cordery who is the Deputy Chief Executive of NHS Providers, we also have Neil Mortensen who is the President of the Royal College of Surgeons of England and we have Dr Edward Morris who is the President of the Royal College of Obstetricians and Gynaecologists, so thank you all so much for being with us today. And I'll start in the same vain as I did with the first panel, if you could perhaps start by just taking us through from the perspective of your organisations, what have you seen happen to non-Covid care over the course of the last few months and perhaps if I can sort of add to that, we know that there is a concern with the second lockdown that elective care and non-Covid care may be paired back if we aren't going to see the reduction in Covid cases that we're hoping to see. Can you take us through what you think that's going to look like, is that already happening and to what extent should we be concerned that that's happening as we speak? So, let's start perhaps with Saffron.

Saffron Cordery

Thanks so much Layla and thank you very much for inviting me and NHS Providers to talk to you today. Just briefly NHS Providers is the membership body for all types of provider trusts in England, so we span hospitals, mental health trusts, community services and ambulance services so we're not just focused on hospitals which I think is an important element that we should all take on board in thinking about Covid. I suppose if I just briefly focus on wave one of Covid and then move us into what happened post wave one and where we are now. In terms of wave one of Covid I think it's fair to say for everyone this was an unknown challenge and an unknown quantity but for the NHS in particular it posed an unprecedented threat in a sense to the services that would be provided and the populations that it served and the focus for all providers really at that point was how they could shift capacity, think about how they could manage the workforce challenges which included increased sickness absences of course, self-isolation, the need to redeploy the workforce. There was a real focus as we

all remember on the supply and shortage of PPE and how that was going to get to staff to keep them safe and to keep patients safe, increasing infection prevention and control measures, testing and the development of test and trace. So, all of this really intensive activity that took place at the beginning of the first wave.

And then also critically thinking about the balance between elective and non-elective care and managing some quite important localised estate issues, including things like the supply of oxygen. And I think it's quite important that we remember thinking about it now how intense all of those elements were and felt during the first wave, because the whole service was literally learning as it went, you know we haven't encountered a pandemic like this, so it was very much about identifying new challenges on a week on week basis and working out how to overcome them both in the short and the medium to long term, so that we had a service that could provide that elective as well as non-elective care. And I think it is really important to remember that although it was challenging in the first wave, the NHS didn't shut down entirely for non-Covid care, emergency care was there, some cancer care did continue but it's fair to say not at the volumes that it had previously.

There was an intense period of activity after the first phase of Covid, so as we moved out of that kind of big peak and we came down the other side and the R-rate went right down and you know by July there was a kind of loosening and lifting of the lockdown measures, the NHS Provider sector in particular was focused on restoring services for all physical and mental health trusts and patients across the board and that meant increasing cancer and elective activity and also, and I think this is really important and this gets forgotten, is managing the on-going surge in mental health demand and I'm going to purposefully focus on both of those because I think that it's something that's been massively out of the media spotlight in particular, and it's really important that we remember that non-Covid care includes mental health care and community services.

During the summer the NHS was set a very challenging target which it did actually meet which was to restore the volume during that time, the volume of non-Covid work, so elective work, to 80% of what it had been at that time in the previous year and they did actually meet that target. It was hugely challenging, nobody thought that providers would actually do it and they did, so there was very fast work to overcome the very particular challenges of both the backlog of Covid but also what it means to actually practice during Covid, so although … sorry I've just realised that my cat has woken up, apologies for that. So, during Covid and beyond Covid infection prevention and control, absolutely critical that caused some substantial challenges.

I think wave two feels different to us in many ways, both positively and negatively, so the capacity challenges I just alluded to including social distancing, managing hot and cold sites, the delays built in by infection prevention and control, but the fact that the NHS has actually now established really new ways of working to manage this, including changes to how treatments are delivered, redesigning pathways, virtual appointments where possible and of course for many NHS staff, home working wherever possible and this is absolutely critical when we're thinking about managing treatment whilst also making sure that NHS staff on the frontline don't put themselves and their patients at risk. But, I think that we have to remember that the legacy of the first wave of Covid and what we're dealing with now is workforce burnout, fatigue, extreme challenges, exacerbated by the need for staff to continuously self-isolate if they test positive, but also the compliance with social distancing, the compliance with infection prevention and control does actually really reduce capacity to restore services and that is a reality and you only have to watch the BBC Hospital programme to realise quite how far-reaching this is, but what the NHS is doing really to innovate where it can … I'm going to stop now.

Layla Moran MP

I'm terribly sorry to have to move you on because we do have a lot of questions that we'll dive into. And also, for other panellists, if someone has said something that you agree with please may I implore don't repeat it, just say that you agree with points already made and then make new ones if that's at all possible. So, if I could go now to Edward Morris.

Dr Edward Morris

Thank you very much and thank you for the invitation to give evidence today, I really appreciate the opportunity. So, I'll answer things split by pregnancy and also gynaecology because I think that's probably the best way to illustrate the differences. So, with regards to the initial wave of the pandemic from a pregnancy perspective, so we mustn't forget that pregnancy is one of the hospitals third front doors, it is something that you can't stop, pregnancy has continued during the pandemic and we've had to change how we look after pregnant women. At the College we produced guidance to begin with to help pregnant women and also providers understand how best to deliver care in a changing environment and we've had 12 versions of that guidance during the pandemic to account for the changing environment we've found people in. And this has been a massive uptake nationally and internationally, millions of people have looked at that and it's turned out to be extremely helpful. But the direct effects of Covid on pregnancy thankfully in the UK those have been managed relatively well initially, but what we're starting to see is some of the indirect effects, so the non-Covid effects as this APPG is talking about today. And I think we can concentrate those into areas of staff shortage, so we were already starting with a relatively poorly supplied workforce and a letter from the Royal College of Midwives I think has gone out today to that effect, but that was compounded by the effects of redeploying maternity staff from maternity care into other areas of care where they thought they would be needed urgently during the first wave of the pandemic.

Then the other factor is the change in behaviour of women, understandably there were concerns or worries about the virus in the community and there were concerns about picking up the virus by coming to hospital but in addition to that not wanting to bother a seemingly stretched health service with their pregnancy concerns. And we've seen evidence that some women have presented late with pregnancy complications and we're just starting to collect data about whether these indirect effects on pregnancy have had a significant effect on outcomes and there is a small amount of evidence that there could be a small increase in the number of stillbirths and you'll be aware that the Healthcare Safety Investigation Branch have started to look into some cases to see if we can get more details. My College are trying to do a wider look at the data of other outcomes that could be relevant at the moment.

So, that's the short answer to the pregnancy issue. With gynaecology which is the other half of our specialty we've seen as was said before a significant reduction in activity during the first wave which affected both cancer and non-cancer gynaecology with pretty much a cessation of services. Cancer started to come back on stream somewhat quicker than non-cancer services as trusts prioritised cancer services appropriately, but it appears that as things are coming back to normal and as a College we worked with NHS England to produce a document on restoration and recovery of services which is an immensely useful thing across all the Colleges to be involved with and that has been helpful, though my College are particularly concerned that it seems as though the non-emergency care, so the elective care waiting list for gynaecology is not being shortened as quickly as other specialties and we're concerned that it may be that pressures in trusts are not seeing that women's health is as much of a priority as perhaps it should be, you know women are 51% of the population, a slow increase in activity in gynaecology could mean that tens of thousands more women are waiting and it may look a small number but it could be very significant because these are often young women with problems such as

chronic pain, endometriosis, fibroids, heavy periods who are unable to work because of their problems and have been on a waiting list for a very long period of time.

I'm aware having listened to the panel earlier that you're going to ask some questions about other areas so I'll stop answering at that point and then contribute later on.

Layla Moran MP

Thank you very much, yes, we certainly will. Professor Neil Mortensen.

Professor Neil Mortensen

Hello everybody and thank you again from me for the opportunity to speak to you and I won't repeat, I'll try not to repeat what the other panellists have already told you. As far as surgery is concerned, about mid-April most planned surgery came to a grinding halt. In view of your previous panel I do want to say that in terms of treatment for cancer of course surgery is a very important part of it and much of cancer surgery has continued, there was a brief pause, there was some modification of treatment protocols but mostly cancer surgery treatment has completely recovered and is continuing successfully. However, that leaves all the non-cancer stuff and as you'll be very, very aware there is a massive backlog. In the early stages of if you like viral surge there was a lot of fear amongst surgical staff about what sort of procedures were dangerous or not, some of the early deaths amongst surgical staff from Covid were those looking at noses and throats for example and that's still one of the big backlogs of planned surgery. I'll go into some numbers in a second.

So, there has been a recovery and like my colleagues we've given guidance on the recovery, we helped the NHS with a major prioritisation document which tried across all specialties to fairly decide who should have first, if you like, priority in any particular situation over their particular type of surgical need and that's been very, very useful and of course it's left a big tail of people in the lesser priority areas who haven't had a chance of having their surgery done. If I just give you an idea of the patients waiting over 52 weeks the biggest group is trauma and orthopaedics, 31,000 people waiting over a year now and they may be hips and knees and those patients may be having to get in a wheelchair or have painkillers at night now. The next three groups are ear, nose and throat surgery, I mentioned that because everybody was worried about the possible aerosol spread of the disease. Then general surgery, ophthalmology although we don't represent them, oral surgery, urology and then gynaecology which Ed has mentioned already.

So, we have this massive backlog and we don't know how we're going to quite manage it. We have been arguing all the way through for ring-fenced Covid-lite sites, in those if you like lucky trusts who have a separate site for their planned surgery and if you like another facility which doesn't in any way get mixed up with their emergency admissions, mostly those institutions have managed to keep going to a greater or lesser extent. It's where it's all mixed up in the emergency facility, it's much, much more difficult to have what we call green pathways or Covid-lite pathways in an acute hospital, especially when the prevalence of the virus rises, it's incredibly infectious, it's very difficult to keep it under control, you can have a supposedly Covid-lite ward and then bang, it goes down with an infection, the ward has to be closed or at least closed for planned surgery or other if you like clean medical problems. So, Covid-lite sites are really important, we have got to the point now where we've got testing which is absolutely brilliant and we hope that will make a fantastic difference.

The other area which we haven't really talked about which has been a big change of course has been the recruitment of the independent sector, so those independent sector beds have been absolutely invaluable, for example where Layla is an MP in Oxford where I work, all the breast cancer surgery was done in the private hospital and that was fantastic because there was absolutely no stop to it at all,

but in other places around the country where there is no independent provision easily accessible or where there's no Covid-lite site there has been obviously a major effect on the on-going supply or provision of surgical services.

And I think the other thing that we need to mention at some stage, in the craft specialties where you need to do cases to get up your numbers, to be signed off to eventually qualify as a surgeon this has had a massive, massive impact. There's a whole generation of what we might call the Covid generation of surgical staff whose lives have been very, very, very badly affected by this and we don't know how they're going to get off the end of the training programme. If you can imagine it's rather like a conveyor belt with people getting on at one end and coming off at the other, if they can't come off at the other end how can the new people get on, can they come off at the other end if they haven't actually got the adequate experience, this is a huge, huge problem which we're really, really worried about. So, I'll stop there for now.

Layla Moran MP

Thank you very much and I've got a quick follow up about where we are now because as I know from Oxford University Hospitals but I'm sure they are not unique to others across the country, there is a moment where they're already beginning to start rolling back elective surgery that they had restarted because of the concern about the number of Covid cases that particularly are going to swamp ITUs but also you know the main hospital, because fewer and fewer people are now going to ITU but the main hospital itself. I wonder actually Neil, do you have numbers to suggest how many people are already rolling back on elective surgery that they had restarted or is it too soon to tell how big this problem is in this current lockdown.

Professor Neil Mortensen

Not actually, no I mean we know certainly of probably ten to 15 trusts around the country where that's already happened, obviously around Liverpool it's happened in a big way, in the North-East, around Leeds, Nottingham, Birmingham now are very badly affected. I can't give you the exact details but that's a sort of rough picture.

Layla Moran MP

Thank you very much all of you for your opening statements and answering my question. Caroline Lucas.

Caroline Lucas MP

Thank you Layla, I just had a very quick question building on what I think Saffron certainly you touched on about staffing, I wanted to ask you how much Covid has exacerbated existing staff shortages and in particular around either burnout or the issue of staff having to self-isolate or go through testing and so forth, what has that impact been on top of what I understand has already been a level of concern about staff shortages.

Saffron Cordery

Really it's a very pertinent question, I mean we asked our member trusts about six weeks ago how concerned they were about burnout in their staff and over 90% were concerned about the impact of fatigue and burnout on their staff as a whole. So, it's a real and present issue for staff. We know that the workforce was in a fragile position before we came into the pandemic, approaching 100,000 vacancies. So, that's an already kind of weakened situation as it were. We know that the thing about self-isolation is that it's a deeply frustrating element of this, it's really important that people do self-isolate but the lack of adequate testing so that tests can be turned around quickly if someone in a household is infected but not the NHS worker themselves is deeply frustrating because it takes them away from the frontline. We need to see that changing as fast as possible. We know that the turnaround in say pillar two, which is the general key worker community testing is particularly slow, so that really needs to be improved.

But in terms of your overall question, whilst we saw a number of staff returning to the NHS with that call to arms early in the process I think what we have seen is some key shortages which has caused real pressure. So, if we've got people who are unwell with Covid community prevalence will suggest that NHS staff will fall in line with the prevalence, so if it's one in 85 we can expect at least one in 85 NHS staff, if not more due to their exposure, to fall down with that. Then there's also self-isolation and on top of that we're looking at a workforce that has been working incredibly hard for a sustained period on the back of coming through a really difficult winter, difficult summer before that and a difficult winter before that. So yes, it's a challenging situation, but I'd say that the NHS always does and will continue to rise to the challenge and they've done that by working differently and innovatively and so that's one of the things, I think Neil touched on this to an extent, but different ways of delivering services can help with all of those elements. So, it's not all doom and gloom, we are learning a lot from this pandemic but staff shortages and burnout don't help with it.

Caroline Lucas MP

Thank you, I don't know if you wanted to add anything Neil.

Dr Edward Morris

I could add a little to that, if that's OK? Yes, the issue of burnout is very interesting because prior to the pandemic we did some work and established that 36% of doctors in our specialty were experiencing some level of burnout already and that's before the pandemic and as both my co-speakers have said that the pressure under which people have worked during the pandemic in my specialty, so obstetricians, gynaecologists and midwives has been intense, as I said before pregnancy just does not stop and they've had to work in all sorts of situations, having a clean pathway in a labour ward is a very difficult thing to do and so it's put pressures on quite dramatically. The other information you might find interesting is I spoke in my opening statement about redeployment of staff away from maternity to other parts of the hospitals and as soon as I heard that was going on we decided to send a quick survey round to trusts and 53% of trusts had deployed maternity staff into other areas of the hospital. And we're campaigning to make sure that really doesn't happen during the second wave, mainly because in many ways we've learnt from that not being the right thing to do, but also the fact that testing does, as Neil says, give us a little more confidence about the ability of staff in other areas to come back to work quicker. I think self-isolation is a bit of a problem though because of the length of time that that happens for as I'm sure you're finding with the PM at the moment.

Professor Neil Mortensen

Just to say similar sorts of figures, nothing else to add.

Caroline Lucas MP

Thank you.

Layla Moran MP

Thank you very much. Lord Russell.

Lord Russell

Yes, Saffron this is initially a question for you because when we heard from NHS Providers back in August your boss Chris Hopson told us that, and I quote "we absolutely have to develop at pace a fit for purpose testing regime," this was in relation to preparing for winter. So, as we are now half-way through November and in the second lockdown, what impact on the NHS is the current state of the test and trace regime having on the ability of you to provide non-Covid care?

Saffron Cordery

So, I think this is a really important question, there are two things to look at here when we think about testing, so I would separate out general public community testing from staff testing because they both impact on the NHS but obviously in different ways. I think that, I mean Chris's words are absolutely right, we need effective community testing to get us through the winter because fundamentally the one thing we can control about this pandemic is the number of people getting it and contracting it and testing and tracing is focused on trying to identify those people who've been in contact with people who are already Covid-positive so that we can really get that, you know going back to the original, remember the phase 'flatten the curve' it's going back to that so that we can get the overall number of cases down. So that's one point. It is absolutely fundamental that the system as a whole keeps plugging away at getting effective test and trace, I think it's disappointing that's it's only reaching … you know many more people are being tested but the proportionate level of contacts is going down week on week, so it's only at about 60%. That's really troubling I think.

But the other bit of this is staff testing which I think is a better news story which is we are hearing all of the news now around the rapid turnaround tests for staff and also rapid turnaround tests in emergency departments and other places which are really helping, I think, to get to a place where we can reduce the number of staff who are isolating in particular and we can identify more quickly staff who are unwell. But I think what I would say is that the testing is critical but it comes as part of, you know what we might call the Holy Trinity of testing, of isolating and then moving to the vaccine, so it's the lockdown isolation plus the vaccine and testing all coming together. None of these things is a silver bullet alone, we know that the spread is too wide and the issue is too complex to be treated by one, but winter, huge demand, going to go up, we're going to see many more people coming through the door, we need to get community levels of infection down, that's where we need effective test and trace. But the steps forward in asymptomatic and rapid testing for staff are really positive.

Lord Russell

Good. Neil do you have anything to add?

Professor Neil Mortensen

Only that obviously for both the patients and the staff if we have rapid turnaround testing it makes everybody feel much more comfortable, if you have a Covid-lite site and you have repeated rapid testing then you have a potentially safe environment for everybody and it's absolutely essential and we're very pleased with the latest news.

Lord Russell

Good. Edward, any comments?

Dr Edward Morris

Thank you and I'd just echo what Neil says, I think the confidence of the public in the healthcare system being as free of coronavirus I think is the most important thing, certainly from a pregnancy point of view. If a woman who cannot avoid going to hospital because she is in labour knows that she's entering an area where staff have been frequently tested then she will have confidence to come and get the care that she deserves. The other area that's a little more contentious is testing of partners, birth partners that come in in labour and this is something that we are working on with the Royal College of Midwives and with the Department of Health to try and make sure that partners can come with the pregnant woman on various elements of her pregnancy journey. This is a once in a lifetime event and we're doing our very best to try and make sure that the right people are with pregnant mums at the right time during pregnancy.

Lord Russell

Thank you.

Layla Moran MP

Thank you very much. Baroness Masham.

Baroness Masham

As cases of Covid-19 further increase across the UK does it impact the ability to ensure hospital setting are Covid-lite sites and also what about the Nightingale Hospitals, are they suitable and are there enough staff? First of all, could we have the Royal College of Surgeons?

Professor Neil Mortensen

Well, I'm sorry Baroness Masham I completely agree with you, we need Covid-lite sites, we need protected sites in order to be able to preserve elective surgery, we have called for better provision for

elective surgery and that obviously includes the independent sector. We've asked about the Nightingale facilities but they're not good enough for surgery for example, the ventilation systems and so on don't work so they can't be re-provisioned for that. We have talked about a new deal for trying to tackle the great big long wait lists and that may in due course need extra capacity and funding and extra staff all round, maybe we could talk about that later.

Baroness Masham

And what about the other two excellent speakers, Edward.

Dr Edward Morris

Thank you Baroness, yes I completely agree with Neil, I don't have a lot to add here except that I personally have been operating in the private sector on NHS patients in a Covid-lite pathway and that has been incredibly efficient here in Norwich. It's enabled both cancer surgery through the very peak of the pandemic to continue and as we restore and recover back to more normal service when the cancer surgery has moved back into the high-risk setting of my local hospital the private sector has continued to allow us to do the less risk benign surgery again in a Covid-lite setting. So, it sort of comes back to my previous point about confidence in the system, if the system is able to run an efficient reassuring Covid-lite environment which patients really appreciate, I think that has huge benefits to the health service as a whole and should be supported during the rest of the pandemic until we have more confidence that a vaccine is working and the virus is less prevalent.

Baroness Masham

Thank you and Saffron, just to say there's a terrible problem now of infection in Hull to bring it north, what can be done about that?

Saffron Cordery

Well, I mean we do know that I think in the areas where there are really intensive community prevalence of Covid we know we're going to see the cases going up in hospitals and in every healthcare setting and that is a huge problem. I don't know of the specific estate layout and facilities in Hull for all of their healthcare providers so it's difficult to comment specifically, we know as Neil said earlier that trusts who perhaps have a group of hospitals under their auspices can manage to provide that real confidence of the kind of green sites or Covid-lite or green zones much more easily than single site providers and that is a real challenge. However, we are seeing zoning within hospitals as well, red, amber, green zoning, so you know red for Covid-positive, amber for those who are suspected and then green for those who don't have it. So, there are all sorts of situations and plans put into place to manage that, but often a lot of this comes down to you know historical legacy issues like lack of investment in estate, infrastructure across different bits of hospital and other provider sites, so that's really important to remember that this isn't just about how effective people are at the moment in managing that.

The thing I would say is that independent sector capacity has played a huge role here and we would support that, actually I think if you asked the independent sector they were incredibly happy to step forward and help with this, it was everyone to the barricades really in order to support the approach and I think if we look at the level of pent up demand and the need to encourage everyone to come forward to treatment what we need to be able to do is step forward and ensure that we can follow

through on that treatment. I'm not sure even with independent sector capacity that that's going to be there for some significant time. Just on your point on Nightingales, I think we are seeing them being used in different ways, it's absolutely right they can't be used for surgery but I think in Manchester the Nightingale is now being used, not necessarily for Covid patients but for other patients in a different way, so just moving really moving different types of patients into different settings where they can be more easily cared for. But the thing we've got to say is it's one thing, you can build extra capacity but you can't build extra staff overnight, so you know you can put up, the heroics of building the Nightingales was astonishing and we should really congratulate people and they're important safety valves, but if we don't have the staff to actually be by those beds and be by those patients then we've got a real challenge.

And just one final point, I know I've spoken for a long time but we don't have the same level of built-in additional capacity for mental health and community services in the same way. So, we don't have the same independent sector contract there, so it's just something to bear in mind when we're thinking about capacity here which is if we want to come true on our commitments to parity of esteem let's think about that element as well, because it's not there.

Baroness Masham

Thank you all for your excellent presentations and your excellent work.

Saffron Cordery

Thank you.

Layla Moran MP

Thank you all. Right we have three minutes left until we go into extra time, so another plea for brevity as important as these subjects really are. Barbara Keeley.

Barbara Keeley MP

Thank you Layla, I want to just ask around the main barriers to restarting elective care, although I guess it's restarting and stopping and restarting and stopping because I have to say to add to what was said earlier in Greater Manchester we've just seen the halting of all elective care two weeks ago because our hospitals were overrun with other cases. So, could you talk to us about those barriers and perhaps you know what impact in terms of what we already know on further lockdowns due to and spikes in the Covid case rates. I don't mind who starts.

Saffron Cordery

I've got a quick list; shall I go through my list? OK so there are a whole host of barriers to restarting elective care but I think we're seeing people doing it as effectively as they can, but you know obviously we've got fixed theatre, operating theatre capacity, so we need to use that as effectively as possible. Bed capacity, absolutely critical when we're thinking about recovery so it's not just ITU beds but general and acute beds when we're thinking about surgery in particular. The issues we've talked about in staff availability, high sickness and absence levels which are really fundamental and the final barrier which we are overcoming now I think is rapid point of care and staff testing, but that's going to take a

little while to bed in, but I think that's going to really help us on the way to doing what we're probably going to find ourselves doing over the coming period, which is moving in and out of these lockdowns and needing to slow down and start up services, kind of on a very tight turning circle, so the more we learn about this the better we'll get.

Barbara Keeley MP

Yeah, Edward shall I come to you?

Dr Edward Morris

Yes, I absolutely agree with that. I think this is, we're entering a phase now where we thought we were returning to a new normal but I think the new-new normal is this dynamic potential for stopping and starting the NHS depending on local prevalence. And I think what NHS managers should be supported to do is to come up with plans about how they can do that without having significant knock-on effects to other aspects of care that they have to deliver. Fundamentally things that have to continue are emergency activities, emergency theatres and maternity, they are unavoidable you can't stop those as I've said, but I think as Saffron just said, I think the testing and the ability to have reassurance that people can come back to work quickly is going to be one of the most important ways of removing that particular barrier. When it comes to theatre capacity, yes we have a fixed number of operating theatres and that is where the private sector has helped, but my back of fag packet calculation about the impact of coronavirus on theatre capacities, it's probably about 40% less efficient than it was prior to the pandemic because of the speed at which pathways move. So, if you think that and roll that out through any big trusts with 20 operating theatres, that's an awful lot of loss of operating capacity that's happened.

Barbara Keeley MP

I don't know if Neil you've got anything to add, I think there's a 500,000-patient waiting list for surgery on hips, knees and so on we've heard today.

Professor Neil Mortensen

Yes, so yeah 30,000 over 52 weeks, nothing else to say in terms of Saffron's great points and Edward's points. Just to say I think there is now a political appetite looking forward for there being a separation of emergency, of if you like hot sites and cold sites, planned sites. That's going to take a lot of work by a lot of people, investment, all the rest of it but I think that has to be the long-term solution.

Barbara Keeley MP

Thank you.

Saffron Cordery

Could I just quickly follow up on that point because …

Layla Moran MP

I'm so sorry, we really need to move on or we're not going to finish in time. Baroness Finlay.

Baroness Finlay

Thank you very much, very briefly I just wonder what reserve there has been for what you might call the rare specialties like interventional radiology or blood transfusion technicians, because without a blood transfusion you can't have an obstetric unit, without interventional radiology quite a lot of the neurosurgery type events that need to happen can't happen and some may be emergency. If we lose the spare staff once they are off and isolating or off because they are ill, effectively that service is under threat. And I think Edward and Neil would be the two I'd be directing my first questions to.

Dr Edward Morris

Thank you Baroness, it was a little difficult, I think you said my name first so I'm going to answer first. Not an area of expertise of mine but can I just say that as an obstetrician the use of blood is a vital resource in maternity and interventional radiologists I've long been a big fan, because they can often save a woman's life and avoid the need for really serious surgery if she was to have a massive bleed after delivery of her baby. And certainly, they are specialties that I wholeheartedly support, but I'm afraid I can't answer your question other than to be a fan boy for the question.

Professor Neil Mortensen

Me neither, fortunately I have a daughter who is an interventional radiologist. It's all part of the big picture isn't it, they're all interlocking, it's like a fragile ecosystem as I describe it, one little bit of it goes down and the whole thing falls down and that's why we need all the things we've been talking about. The testing and the Covid-lite sites etc.

Baroness Finlay

It just strikes me that these are small but absolutely essential cogs and if one of those goes out the whole machine collapses and I'm not sure that we've built in enough reserve, thank you.

Layla Moran MP

Saffron, do you have any insight there?

Saffron Cordery

No, I don't know about the specifics of this apart from to say that you know at a larger scale, we see that even when we see an anaesthetist go down that has a massive domino ripple effect so when we're thinking about things that are very highly specialised we can only imagine that it's more intense and will have fundamental challenges because there aren't so many of them to replace. So that's, you know.

Layla Moran MP

Yeah, thank you very much. Dr Philippa Whitford.

Dr Philippa Whitford

Thanks very much Layla. If I could start with Neil, obviously we've talked about getting elective services going, although my specialty of breast cancer locally they did manage to keep working to some extent, but what about the backlog, I mean staff are exhausted, you mentioned the drop in theatre capacity, how can we actually catch up that backlog and I'm starting with you, just your comment about ventilation in the Nightingale units, I found was really kind of rather worrying in that they were designed with the idea of having Covid patients there, perhaps using CPAP, does that not make them quite a dangerous environment if you feel the ventilation isn't up to scratch?

Professor Neil Mortensen

The ventilation I was mentioning was not, if you like, intubated ventilation or CPAP but the ventilation that's specially required, the special flows that are used in theatres for infection prevention and control which is obviously slightly different. The Nightingales can't do that.

Dr Philippa Whitford

Right, so you meant laminar flows like in orthopaedics, OK. And what about the whole issue of how we're going to catch up the backlog, I mean in lots of specialties it's difficult to see enough people in clinics or treat them because of PPE, of having to leave fallow time, again because of ventilation and the risk of aerosols. Have you any suggestion of how the backlog is going to be caught up??

Professor Neil Mortensen

Not simply to be quite honest, not without a massive effort, not without a new deal, not without a national strategy. You know if theatres work seven days a week, 24 hours and all the staff did too they'd all be exhausted very quickly and you know there'd be nobody there to do the work. It's a massive, massive problem and there needs to be some kind of national solution to it I think.

Dr Philippa Whitford

Yeah, as you said earlier it's not just the space it's staff is the kind of pinch point. Edward, any comment, I know obviously you're more on the maternity side.

Dr Edward Morris

From the gynaecology side I completely support what Neil just said. I think you could say well let's have a seven day service but that needs to be designed very carefully because it spreads that same resource thinner and so one has to really plan that very carefully and have staff on side. We've had this all hands to the pump effect for the past seven or eight months and everybody has been very happy to contribute to what has been an enormous national effort and I'm fantastically grateful to everybody who's gone the extra mile during this time, but I think we can wear people out and as we

started this discussion on burnout it's quite prescient to end on the burnout issue. We cannot afford to stretch our staff too much, they fundamentally are still worried about the environment that they're working in, and especially our BME NHS staff, they are at higher risk, there are inequalities in the care that they receive and inequalities in the outcomes they get from Covid and I think it's really important that they are supported and their needs are recognised. They contribute a huge amount of work to the NHS staff cohort and I think it's very important that if we start to work people over a seven day week that it's very, very carefully managed. And there's a greater strategy to plan this, I think I exactly agree with Neil.

Dr Philippa Whitford

And finally, Saffron.

Saffron Cordery

Yeah, I think this is … how are we going to tackle these backlogs is an absolutely critical point and I think what I would draw your attention to is the fact that old problems, just because we're in a pandemic old problems doing go away, so one of the things we need to really focus on is you know flow of patients through hospitals, just because we're in Covidland doesn't mean that we're not going to have delayed transfers of care etc, so we need to make sure that we're really smartly, smoothly focusing on supporting social care, move out into the community, out of hospital, you know making sure that that flow is there and then thinking also about how we bring the extra capacity in, continued contracts with the independent sector, points on burnout fatigue, you know not working people seven days a week is absolutely critical. But, you know at the end of the day Rishi Sunak said in the budget at the beginning of this year you know that the NHS would get everything it needed to tackle Covid, well I think that that's going to be quite a big chunk of money that is needed to actually implement a national and local strategy to get through the backlog, to encourage people to go to their GP to get potential diagnoses as well, so it's not just about what we're seeing in terms of backlog now, it's future backlog as well due to lack of referrals, lack of diagnostics, etc. So, there's a big conundrum of issues there, but let's remember the old problems are still here.

Dr Philippa Whitford

Thank you very much Chair.

Layla Moran MP

Thank you very much all of you. Well that draws our session to the end, I particularly want to thank our witnesses and their pets for joining us today, it's been a really … she's lovely, she's lovely … the more of that the better. I'm very, very grateful for your time thank you for spending extra time with us as well over and above the time that we'd allotted but I think it was absolutely right to continue with the questions. It does feel very much like we're just scratching the surface of a new problem and your calls for what we should be asking for in the spending review I think have been heard loud and clear by many Parliamentarians across the whole House in both places, so thank you very much for your contributions today. So Saffron and Edward and Neil, thank you for your time. Thank you to all Parliamentarians for their questions and thank you to all at home who have been watching this. This is the last of the live evidence sessions we are intending to have this side of Christmas, although if a special occasion arises no doubt our very active group will come back together and coming soon will

be the list of recommendations that we are putting together off the back of these inquiries. So, thank you all again and I'll draw this session to a close. Goodbye everybody.