Oral Evidence Session – All-Party Group on Coronavirus

24 August 2021

Layla Moran MP

Well, welcome everybody to this session of the All-Party Group on Coronavirus where we'll be looking at the capability of the NHS to meet the demands this winter, and you may be asking well why are we doing this in August, well of course winter is very nearly upon us and unless we get ready for it and get a good sense of preparedness for it, we're not going to be able to change policy on it. In order to help us get a picture of what it's like for staff and services we've got two brilliant panels today, each running for 45 minutes, I'll introduce the first panel, at which point I'll hand over to Baroness Brinton who will take us through to the second panel.

So, in our first panel I'm delighted to be able to welcome Professor Stephanie Snow, Stephanie is a Professor of Health History and Policy at the University of Manchester and she's speaking on behalf of the NHS Voice of Covid-19 Project, the NHS Voices project has collected the voices of NHS staff, clinical leaders and policy makers and patients about the impacts of Covid-19 and to date they've spoken upwards to 2,000 interviews which is extraordinary, collecting around 1,500 hours of audio recording, voices from England, Wales, Scotland and Northern Ireland are represented in the collection so welcome Stephanie, it's lovely to speak to you again and thank you so much for joining us.

We've also got Dr Rachel Sumner, Rachel Sumner is a Senior Lecturer in Psychology at the University of Gloucestershire, she co-authored with Dr Kinsella the Covid-19 Heroes study which looks at the resilience, burnout and wellbeing of frontline workers during the pandemic in Ireland and the UK, so welcome. And Dr Elaine Kinsella is a Chartered Psychologist and Psychology Lecturer at the University of Limerick in Ireland, welcome both, thank you for joining us again.

And Steve Carter is our fourth panellist, First Care, and Steve is the Director of Consulting Services at First Care. First Care has been the UK's leading authority on workforce absence management since 2004. So thank you all for joining us this morning and I'll hand over first to Philippa Whitford. Philippa.

Philippa Whitford MP

Thanks very much Chair, my first question is to Dr Rachel Sumner and Dr Elaine Kinsella. Obviously workforce challenges existed in all four of the UK national health services and indeed probably Dr Kinsella will be aware of the same in Ireland, but when you first gave evidence to the APPG in March you said frontline healthcare staff were suffering with low resilience and wellbeing and at high risk of burnout. How has that changed if at all since then?

Dr. Rachel Sumner

Thank you very much for having us back today, we really appreciate it to be able to share some more of our findings because we are still collecting data on this project which incorporates NHS workers but also frontline workers of a variety of different sectors in supermarkets and care home and what have you. So I'll update you a little bit on some of the things we discussed last time and Elaine is going to add some more detail because we've been able to collect some even more rich information since the last time we spoke.

So, as we said last time their levels of anxiety, burnout, post traumatic stress symptoms, these were all high in the UK compared to Ireland, I'm afraid to report actually that this is still the case, this is still very much the case. All of the markers that we're looking at in terms of the welfare of our frontline workers are worse in the UK than they are in the Republic of Ireland. We've also added in here to look at physical symptoms of health which are often associated with prolonged stress, so this is an extra thing that we've added and actually the stress that our frontline workers are experiencing is starting to manifest itself into physical symptoms of health problems as well.

So pretty much each of our indicators of welfare have become poorer since the start of the pandemic and are still tracking below those in the Republic of Ireland. At this stage we're seeing some quite similar degrees of post traumatic symptomology that we discussed last time, so we've had a recent update in March to April this year and the levels are looking the same, they have not got better unfortunately. In the UK there's higher proportions of frontline workers who are indicating more severe levels of anxiety as well, quite clinically significant levels of anxiety compared to those in the Republic of Ireland. Overall anxiety, burnout, post traumatic stress symptoms, physical health symptoms, these are all higher in those in the UK.

We are looking at post traumatic growth in order to try to see if eventually this will manifest into hopefully something positive but it's our belief at this stage that we're still very much too in the pandemic to be able to really visualise post traumatic growth developing, but what we've seen so far is yet again those in the UK seem to be tracking below those in the Republic of Ireland with regard to that.

Philippa Whitford MP

And do you have a clue as to why that is, I mean is that coming out of the testimony, why there should be such a dramatic difference?

Dr. Rachel Sumner

Well, it's very much a similar picture to the last time we spoke, Elaine's got some more detail in terms of the specifics there because she's done some, well she's been looking at our interview data recently to try to unpick some more of that, so Elaine do you want to speak to that?

Dr. Elaine Kinsella

Thank you. So I suppose our latest data offers some more nuance with regard to how UK frontline workers are fairing over time, so many frontline workers have expressed a great sense of pride in

their work and also in their organisation's handling of the pandemic and also many have expressed a great sense of pride in the UK vaccine rollout programme. But despite these positives many are just feeling extremely tired, lethargy, apathy and compassion fatigue are creeping in and some are closing themselves off from other people as a means of preventing further distress. We would see these as key psychological markers of burnout. Our data is also showing that sense of meaning in life is decreasing over time, so since we started tracking it it's decreasing. And also frontline workers aren't typically prioritising those activities which would usually help us to restore meaning in our lives which is a little bit worrying.

Feelings of solidarity with organisations and with colleagues is high, but with Government and with members of the general public solidarity is low. And this lowered sense of solidarity has implications for burnout over time. From our interview data that we've collected just over the last couple of months we can also see a range of factors that are influencing these psychological variables over time, so many frontline workers are feeling angry at being left exposed to Covid with little or no protection, often due to insufficient PPE and also with the recent removal of safeguards. Also for many there are limited mental health supports. Long Covid is also cited as problematic in many frontline areas and participants are worried that this will continue with the decreasing safeguards. International travel is another factor for concern that many frontline workers have raised in our interviews. And that's not just about letting new variants in but also letting our variants out, and the Northern Ireland loophole has been cited several times as being problematic. And many frontline workers actually acknowledged that this is a global problem requiring a global solution and that we should be leading a more joined up approach in tackling Covid rather than trying to go it alone.

Interestingly many frontline workers have great empathy for the general public, especially those living in poverty and in poor quality housing, so while they do feel frustrated that you know with many media reports of the general public over the last few months and over the last year flouted public health guidelines, but many frontline workers although they do feel frustrated with that, they do also feel a sense of sympathy and empathy for the challenges that people are facing across society. And worryingly I suppose frontline workers are sharing stories about their children and other people's children and they are concerned for young people in terms of their exposure to the disease but also due to the fact that they've been out of school for quite some time and particularly in terms of their social and emotional development and the educational losses that they've sustained. And many were frustrated with the lack of education and information based strategies to help deal with general public concerns over Covid-19 and also vaccines, as well as combatting misinformation and disinformation.

And I suppose the final point that I wanted to make here was that teachers, care workers, police officers and those working in retail have all had high occupational exposure to the disease and many have told us that they've received very little support for their physical and their mental health and in many cases they were not prioritised for a vaccine despite being front-facing.

Philippa Whitford MP

And Elaine, did you get a sense of why there would be a difference, I mean I totally understand all of those challenges which as MPs we'll have had reflected from our constituents who were frontline workers, whether public sector or not, but why do you think there's a difference between the UK nations and the Republic of Ireland?

Dr. Elaine Kinsella

So we have data from some months ago where perceptions of Government responsiveness and effectiveness and timeliness seemed to be quite different across both nations, so where in Ireland perceptions of Government was at, particularly during the initial lockdown that action was taken quite quickly and this served to be a positive thing for frontline workers, so they felt that somebody was acting on their behalf quite quickly and was taking affirmative action. Whereas in the UK the data seemed to suggest that people were feeling that the action, you know was slower, it was less effective and this seemed to be feeding into poor wellbeing, lower resilience and higher levels of burnout and that path seems to have continued over time, although the ratings for the Government here has dropped.

Philippa Whitford MP

OK, thank you very much, back to you Chair.

Layla Moran MP

Thank you very much. Lord Russell.

Lord Russell

Yes, this is a question for you Stephanie if you please. You've been collating the testimonies of staff and NHS policy leaders, so could you summarise what you've found about their sort of feelings at the moment amongst NHS staff as we come out of what we hope is this phase of the pandemic and what are their key concerns?

Prof. Stephanie Snow

Thank you and good morning and thank you very much for inviting me to join you today. NHS Voices of Covid-19 has been collecting testimonies on the pandemic since March 2020 and prior to that we've been collecting testimonies since 2017, so our evidence gives us the ability to work out what the difference is in terms of how staff have felt approaching winter, before the pandemic, during the first winter of the pandemic last year and this coming winter now. So what NHS staff are telling us now about the coming winter is that they feel very nervous, they're apprehensive, they feel very uncertain about meeting the challenges ahead and one interviewee put it that it feels like we're in winter already. So their concerns are that unvaccinated patients are still getting ill, they need ICU care and although the numbers are smaller than last winter's peak they are still rising. There are also the added pressures of looking after patients with Long Covid, particularly in primary care. But I think the critical concern that is different about this coming winter compared to last year is that the pandemic work is having to run alongside all the other services that staff are trying to run and return to some sort of normal. And I think this is what is causing them most anxiety.

So for example waiting lists are very long, the backlog of treatments has built up and there are still the long term pressures that staff were working through before the pandemic, so for example the pressure on emergency departments, underfunding in areas of mental health, workforce shortages, these sort of longer chronic perennial problems have all fed into the way in which the pandemic has exacerbated those. And again the fact that we are still in a pandemic means that the infection control processes are still in place, so what this means in practice is that there are fewer beds available, staff still have to wear PPE in face to face settings which means they can actually treat lower numbers of patients than would be normally treated in a clinic session. And also there are the knock-on effects of staff themselves having to isolate because of Covid.

So, they feel that it's very difficult to anticipate what winter will bring and also they are concerned about the impact of other winter infections such as flu, you know other respiratory diseases and although the vaccine booster programme and the vaccine programme as a whole has been incredibly positive and really uplifting for them, in practical terms that means a whole new vaccination programme has got to be rolled out on top of the normal sort of winter work.

And I think I would just conclude by saying what staff are also deeply aware of, which picks up very much with what Elaine and Rachel have already noted, is that they are still dealing with the impacts of the trauma that they suffered during the peaks of the pandemic and they're all very aware that they're not even through the impact of that. The impact is still revealing itself and as one interviewee put it, you know "I'm worried that we'll end up losing more colleagues due to the after-effects and the mental health issues if we don't deal with those, than we actually did in the Covid pandemic." And there is a real sense of fear about a mass exodus of health professionals who are leaving because of ill health, they simply can't face working in healthcare anymore. Thank you.

Lord Russell

Stephanie, you've spoken a lot about the concerns, do you have any evidence of any of those concerns, fears or mental health issues actually being dealt with, are there any you know bright spots in terms of the institutions or individuals being able to respond to some of those concerns, or do they feel they're being rather left alone?

Prof. Stephanie Snow

I think it's incredibly patchy across the different organisations, so say for example we do have evidence of a group of practices that were very effective in doing the vaccine rollout last time and who actually now are approaching the idea of having to do a vaccine booster, they're going to combine it with flu. They're looking upon it as a logistical exercise, not a sort of worry. But other places where perhaps you know there are more staff shortages, the relationships between the different parts of the service are less good, again that leads to more anxiety. Again, I think it very much depends on the culture in the individual organisation, so for example in some parts of the NHS we know that staff are being very directly supported in terms of how to deal with compassion fatigue and in fact one of the parts of our programme is we are working with various Trusts using oral history as a methodology to help staff process the pandemic and engage in some meaning-making and sense-making around it. So there are areas of the NHS which actually are really moving forwards in a positive way, but there are a lot of other places where staff feel that they are very unsupported and they, I think a lot of the problem is some of the support is coming internally, but actually for some

staff they don't want support from their organisation because they're worried about other people finding what their fears might be and the implications for career development and things. So I think along the whole process of support packages identifying what is available externally that can be accessed confidentially is actually a really important aspect.

Lord Russell

Thank you, Stephanie, we're always very interested in hearing about good practice or best practice so if we could follow up with you and just if you could forward what do appear to be examples of best practice it's always helpful for us to know it and remind Government occasionally that there are potentially answers out there. Just before we move onto the next question, Steve, do you have anything to add?

Steve Carter

Just to reiterate really I guess following Stephanie's feedback, yeah I would say the same. Thank you for having me on. At First Care we provide a sickness absence solution and it feeds into health and wellbeing in terms of occupational health counselling and support services and again, I would just emphasise exactly what Stephanie said, there are pockets of extremely good practice, but in our experience it really is about early intervention being the key feature and we don't see enough early intervention.

Lord Russell

OK, thank you very much, back to you Layla.

Layla Moran MP

Thank you, thank you both. Before I pass to Baroness Brinton, Stephanie you mentioned compassion fatigue, and I think someone else mentioned it as well earlier, it sounds like it's pretty self-explanatory what it means but is there a definition of it just to make sure that we're all understanding what you mean by that?

Prof. Stephanie Snow

My interpretation of it is that it becomes an impact of moral injury which has been discussed in some of your earlier hearings, so the fact that staff have not been able to deliver the standards of care that they wanted to and they've felt they've let patients down, essentially has reduced them to a point where they feel they actually can give no longer to patients, they've got nothing left to give and they're concerned about their own abilities to deliver care. So, compassion fatigue is a thing about you know how do you rebuild their sort of self-confidence, their professional confidence, about caring for patients and enabling them to consider whether or not they can do it to the best standards or whether or not the situation is simply impossible and therefore they have to look upon it in a slightly different way that they would in terms of normal practice.

Layla Moran MP

OK, thank you that's very helpful. Baroness Brinton.

Baroness Brinton

Yes, thank you Layla. My question is for Steve. Do we know how many mental health related absences there have been since the start of the pandemic in the NHS and how does this compare to Covid related absences and what's the cost to the NHS?

Steve Carter

OK, good morning. Again, thank you for having me on. Little bit of context, at First Care we provide sickness absence support services, during our 17 years we've captured over 23 million days of sickness absence data. The information that I'm going to present to you today is based on pandemic dates of Jan 2020 through to June 2021. During that period of time the biggest reason for absence at 5.8 million working days lost was non-medical Covid isolation. Number three on the list were mental health absences, totalling 3.7 million days of data. Around about 15% of all working time lost. The second reason for absence during that time was medical infection Covid, confirmed cases, at 3.8 million days, representing 16%. So mental health issues compared to Covid very, very close, 3.7 to 3.8 million days for lost working time.

What's interesting is that the mental health absence equates to only 5% of spells, but because of the duration of the mental health absence it contributes significantly. So for example a Covid related absence has an average duration of 5.9 working days, a mental health absence has an average duration of 19.8 days. So it's broadly four times as long a spell. We have a full breakdown, I can certainly share with you in terms of 2020 compared to 2021. I guess the key note really if you take into account lost productivity, the individual not being in the role and the replacement of that individual which is around about 90% of clinical vacancies are replace, the cost of mental health absence during the 18 month period we believe sits in and around £805 million and if you were to compare that to Covid confirmed absence cost that would be £827 million. So, broadly very close in terms of actual cost.

The key element in terms of the data that we have though is that we've seen mental health cases rise significantly in 2021, if we look at April, May and June this year compared to the same period in 2020, there's been a 55% increase in mental health absence in May, and another 42% increase in June. Which leads us to believe that there are certainly in May nearly 13,000 absences directly related to mental health and in June over 13,000 which is significantly higher than 8,000 and 9,000 respectively the year before.

Baroness Brinton

Thank you very much, so is that an indicator of cumulative pressure over 18 months plus of the pandemic?

Steve Carter

Absolutely yeah, it would appear that there was negligible increase in the early part of 2021 compared to 2020, but certainly from April onwards significant increase and it shows no sign of stopping, the increase is continuing.

Baroness Brinton

Thank you very much Steve. Can I turn now to Elaine and to Rachel, when we last heard evidence from you on the mental health impact of the pandemic on staff we had yet to experience the most recent and significant wave of the pandemic. What do we know of the experience of moral injury felt by frontline staff which I think was referred to earlier on.

Dr. Elaine Kinsella

So I suppose based on interviews that we've conducted recently lots of participants have spoken about having to make very difficult and sometimes ethical decisions in a work context and many have noted in hindsight that the decisions that they made previously may have not been the correct ones, particularly in a medical context where there was limited knowledge about the disease at the time and that our knowledge of the disease has obviously grown over the past year. But also outside of a medical context many shop workers found themselves having to make moral decisions about whether to hoard milk and bread for the local ageing community or whether to allow individuals to buy multiples of products, sometimes in quite personally threatening situations. And many have experienced trauma and rumination as a result of these decisions that they've had to make, questioning the efficacy of those decisions, so they are experiencing kind of an on-going trauma as a result of those work-related decisions. And those who have engaged in psychological and counselling support have found it very beneficial although for many it's been very time limited, where for example they might get five or six sessions which really they felt wasn't enough.

Baroness Brinton

Thank you very much Elaine, Rachel was there anything you wanted to add on that?

Dr. Rachel Sumner

No, Elaine has captured that perfectly, thanks.

Baroness Brinton

OK, thank you both very much. Back to you Layla.

Layla Moran MP

Thank you very much. Right, I've got a bit of a thesis question for you guys, you have been warned this question was coming and my plea is to try not to keep it too long, but if you can possibly, and I'll start perhaps with Stephanie, in your view what have been the key factors that have contributed to the current state of the NHS? So, huge question, Stephanie what's your take?

Prof. Stephanie Snow

[Inaudible 0:26:33.0] I think we have to understand that the current state is not simply the impact of an unprecedented global health pandemic. It's about the pre-pandemic structural and cultural issues that were evident in the NHS before 2020, so for example before the pandemic staff were reporting that the years of austerity that the NHS had suffered had really cut the NHS to the bone in the words of one interviewee, so for example services around mental health services were already thought to be very close to the edge, to be at breaking point. Workforce shortages have been a chronic problem since the NHS was created in 1948 and we also know that staff were experiencing burnout from overworking due to all these other factors before the pandemic, so I think any engagement with the state of the NHS at this moment in time has to take on account what happened before the pandemic as well as the consequences of the pandemic itself.

Layla Moran MP

Thank you, very clear. Steve, what's your take on that question?

Steve Carter

Absolutely agree, a lot of these factors were in play well before the pandemic, it accentuated during the pandemic. We've seen this over 17 years that we've been provided information, I think from our perspective there is a real lack of data and that a lot of the NHS trusts that we engage with prior to First Care working with them, don't have good quality solid reliable data with which to make key decisions. And that's clearly something that we change, but it feeds into a lot of the health and wellbeing support services that everybody is talking about in this session. And actually it is early intervention, early engagement leads to better outcomes and we've got multiple examples where we've cut absence durations significantly by engaging very, very early in the process. So they were pre-existing issues, I firmly believe accentuated by the pandemic.

Layla Moran MP

Thank you. And do you get any sense before I come to Rachel perhaps, that are we falling into a trap of comparing post, well sort of middle of Covid to pre-Covid and that that's hiding some of the issues that existed before, we're not actually tackling the core issues, or do you see the NHS innovating in a

way that's actually tackling some of the core issues that were existing before, and forgive me if you don't feel that's a question for you but I'm just curious if your data is showing anything like that.

Steve Carter

Again, we compare you know as far back as 2017/18/19, we don't compare 2021 to 2020 necessarily unless specifically asked, but this is very definitely a brave new world, the existing conditions accentuated in terms of where we are now, but there is no direct ability to be able to compare and contrast. So, it's unprecedented I guess, I can't really answer that.

Layla Moran MP

Thank you. And Rachel?

Dr. Rachel Sumner

Very briefly just to agree with what's been said before, our participants have said that going into this the NHS was under-resourced in terms of people, in terms of beds, equipment, PPE, pretty much any metric you could possibly think of, so it was in a bad place to begin with, it's continually a bad place now, there was, our participants also said there was a very basic lack of preparation for a disaster such as this, which you know to most people across the World we could have seen coming to a certain extent with the various pandemics that have been certainly emerging in the last couple of decades.

More recently obviously we have to think about the fact that whilst we as the public look at the graphs on the news and we see these peaks and the troughs and the peaks and the troughs there's been no troughs for the NHS, if they're not fighting an influx of Covid patients they're trying to tackle the backlog and that's exhausting, it is absolutely exhausting. We also have many staff as Steve said who are off work because they are sick, either due to Covid or due to their mental health or even Long Covid as well, so this is an on-going situation and I'm really not sure when we will see the end of it.

Layla Moran MP

Thank you very much. Elaine is there anything you'd like to add?

Dr. Elaine Kinsella

No, Rachel has covered it, thank you.

Layla Moran MP

Well, thank you all. Baroness Masham.

Baroness Masham

How have the public attitudes towards the NHS changed over the course of the pandemic? I have noticed that people have stopped wearing masks in crowded places and some people just think the problem has gone away. What does Steve think?

Steve Carter

It's difficult for me to answer Baroness Masham if I'm honest. We just look at the data, yeah I'm going to pass to the rest of the panel if I can on that one.

Baroness Masham

It's a difficult one. What about Stephanie?

Prof. Stephanie Snow

Thank you, thank you for that question yes, I think there have been very many shifts in public attitudes towards the NHS over the course of the pandemic, so for example at the initial period we saw the clapping for key workers, rainbows across the UK in all shape and form, all the food and support things that were left at different places to support staff, but I mean as I think has already been covered in other sessions of your group, the creation of a hero narrative was actually very difficult for NHS staff in that they felt that they didn't want to be looked upon as heroes when they weren't actually being protected by PPE equipment or they weren't being given a reasonable pay increase and all those sort of factors, so I think when we came out of the first lockdown sort of last summer and there was still social isolation regulations but a lot of the public weren't following them, then I think a lot of NHS staff did feel quite let down that they really had been to the brink of their limits but actually the public were almost disregarding the sacrifices that they'd made and I think whilst at the earlier part of this year we might have seen with the sort of second peak, we might have seen a bit of a return to the sort of public you know support of the NHS, actually now with the sort of message being that the NHS is returning to normal, a lot of staff are reporting that they are experiencing abuse from patients, that patients are actually quite dissatisfied with some of the changes that have been made around doing clinical consultations remotely for example, long waiting times, so I think there's a real, again a mismatch, so some patients are very supportive, they're still actually holding back from accessing services because they think the NHS is still under pressure, others are going forward thinking that actually everything should be back to normal and they don't understand why they have to wait so long.

And I think the final thing I would just flag is that the historical relationship between the public and the NHS is complicated and it operates on two dimensions, so on one hand the NHS for most UK citizens is the absolutely epitome of humanitarianism, it's the fact that we give people healthcare without having to pay at that point, which makes it stand out across the World. Having said that, although in the imagination that's how it stands, in terms of everyday experiences they can often be very uneven in terms of quality and patient safety, and patient satisfaction. So I think that it's this mismatch between our sort of you know anticipations and actually the reality that can often, and

historically has created a lot of tension, and I think the pandemic has exacerbated that and also because there is actually a lot of public confusion about the Government messaging about what it is reasonable to expect from NHS services at the moment, you know what is a normal service when we are still in the middle of a pandemic. Thank you.

Baroness Masham

And do you think also there is a problem with getting appointments with GPs for some of the public, I think they perhaps need better information.

Prof. Stephanie Snow

Yes, I absolutely agree and I know from some of the interviews that we've done covering sort of primary care, patients not being able to simply you know walk down to their local surgery and get some sort of immediate face to face response is being found to be very difficult. So whereas some patients have adjusted and the remote consultations and new online booking systems can work well, for other groups of patients they really have been floundering.

Baroness Masham

I also find the A&E Departments get so overwhelmed sometimes.

Prof. Stephanie Snow

I would agree with that and also flag again that that was happening before the pandemic so I know in various parts of the country they've been trialling the equivalent of a sort of triaging system for emergency departments so to try and redirect patients elsewhere if they don't actually need to access the emergency department, but again communication around that can be quite tricky.

Baroness Masham

Thank you so much, does Dr Kinsella want to add anything?

Dr. Elaine Kinsella

Thank you, so I suppose our data primarily focuses on frontline workers but they are giving us some insights into how they think that public attitudes have changed, so I suppose they had a great sense of concern that the public were very concerned about them as a group particularly at the start of the pandemic but perhaps they've expected frontline workers to kind of adapt to the situation that we've got used to this new normal and maybe that there isn't that same clarity about how difficult things still are. Certainly in the latest round of qualitative data many of our participants have really emphasised that they feel that other people don't really have an insight into how hard it's been and how hard it continues to be. And also the fact that there is a sense that you know breaking public

health guidelines over the past few months, that has almost become normative and once it's perceived that way then it almost gives people a licence not to kind of obey the rules because other people aren't doing it. And even in the most recent round of interviews people are still citing where there have been breaches both in Ireland and in the UK of key leadership figures not following the advice, there is that sense of there are different rules for different people and not only does that erode solidarity but it also changes, you know people feel that they have a licence to actually not play ball with public, you know with NHS workers or not follow the guidelines which of course will put pressure on the service. So there is frustration with both I suppose the general public are frustrated but also frontline workers are frustrated so there's this … you know everybody's frustrated which is not a happy place to be for us and it's putting extra pressure on people at work where they're having to deal with that frustration as well as their day to day jobs.

Baroness Masham

Do you think that frustration has something to do with the abuse of staff, I mean that's awfully sad when that happens but also there's been an increase in alcohol and drug abuse, that can't help?

Dr. Elaine Kinsella

Yeah, we've had lots of, across all sectors, stories of abuse, not necessarily physical abuse but verbal abuse at supermarkets, in medical settings, which is extremely upsetting for people and of course it's very difficult to continue to work in those circumstances.

Baroness Masham

Thank you so much, back to the Chair.

Layla Moran MP

Thank you very much. Lord Strasburger.

Lord Strasburger

Good morning to you all. Will the NHS do you think be able to cope with the pressures and challenges that are coming this winter, in view of the fact that they've had winter level demand through the summer, or to put it another way, are the worst days of the pandemic still ahead of us from the perspective of keeping the NHS running? Rachel, would you like to kick off on that?

Dr. Rachel Sumner

Sure, thank you. Well, obviously continuing sickness due to Covid and Long Covid is going to be challenging for all frontline workers including the NHS, you know that is still a problem, and mental health issues within NHS workers either them choosing to sacrifice their mental health to stay at

work or to actually look after themselves and therefore be out of work, that in itself is an incredibly difficult decision for most frontline workers to take. The lack of safeguards of infection, particularly in children, seems to be a really key area of concern, we are not vaccinating children, we are sending them back to school soon without masks on, you know everybody else doesn't have to wear a mask or distance anymore and there is the real question of whether or not we have the sufficient resources within the NHS to cope with a wave of paediatric cases of Covid, not just in terms of dealing with it in the here and now, but also in the long term, we still don't know what Covid does in the long term, we don't know five, ten, 20 years down the line what somebody having been infected with Covid will do to them physically and to their long term health, so there is a real concern whether or not we have the paeds resources in terms of staff and beds to be able to cope with what could conceivably be a large influx of paediatric cases of Covid over the winter.

When we specifically, and we did ask our participants about any advice they had for the group in terms of the autumn and winter ahead, they voiced concerns over boosters as well and who might be prioritised for these boosters. Obviously we don't fully understand just yet the longevity of the immune protection that vaccines give us, now obviously we do need to consider as Elaine said before that this is a global pandemic, there is vaccine diplomacy to consider in terms of the global situation so you know there's not an easy answer to that but it is something that our participants have said needs to be addressed. And again the under-resourcing of the NHS, our participants are considering, many of them have spoken to us and have said that they are considering leaving and that would be a true tragedy and most of them probably won't leave during the pandemic because they feel a real sense of duty and that's compelling them to stay and to do their work, but you know this is only going to get worse unless there is a significant amount of work done to try to sort out the under-resourcing problems.

Interestingly enough our community pharmacists, of which we have quite a good cohort in our group, have been really keen to help as much as they can with the NHS with the rollout of the vaccines, they've been desperate to help, but they've often felt left out of that conversation, so I think there is a real bit of support that community pharmacists in particular would like to give the NHS over the autumn and winter to come.

Lord Strasburger

Thank you very much. Stephanie how confident are you that the NHS is going to make it through the winter?

Prof. Stephanie Snow

I think yes in simple terms, because NHS staff have a history of coping, but I think to echo all the things that Rachel and Elaine have said which really concur with our evidence it's what the impact of that coping will be on the emotional and physical health of staff and the fact that they are a workforce generally who are really motivated to help, the culture is one of goodwill, it's a doing your best, it's of staying on, it's of doing absolutely everything you can, so you know the implications of sort of people putting themselves on the frontline at a time when the service is under-resourced and suffering the on-going impact of the pandemic is enormous and we've already discussed you know how patients are responding and there's frustration building on both sides. So I think in order to be able to cope with this one of the things that needs to be really sort of put out there is actually what

the expectations are of staff and to try and make those reasonable within the limitations of under-resourcing and staff health generally, because I think that's what will help people cope as best they can.

Lord Strasburger

Thank you very much. Steve, what's your perspective on how the NHS is going to survive the winter?

Steve Carter

A couple of comments if I may, again this is based on our evidence and our experience over 17 years. Our forecast for this year's flu challenge is quite light based on what we've seen in Australia during their winter, so we're not anticipating flu being a big impact this year. We've seen evidence to suggest that broadly 70% of the NHS working population are considering a career change in the course of the next 12 months and a couple of other points, we generally see sort of spikes in our absence which is a prelude to how bad the winter is going to be, clearly when the children go back first week of September and the third week of October, so we can normally forecast by mid-October how bad the winter is going to be. The overriding factor from our perspective based on the data is as I mentioned earlier that the average duration of a mental health absence is at least three times as long as any Covid absence, it appears to be fairly stable at that point, so we need to address the mental health issue quickly if we are to get through the winter.

Lord Strasburger

Thank you very much. That's an extraordinarily high figure for the percentage of staff considering a career change and that should worry us very much. Elaine, have you anything you'd like to add?

Dr. Elaine Kinsella

Thank you, I suppose the main thing I would agree with everything that's been said so far and it definitely corresponds with the recent survey we've run. I suppose the main thing that I would re-emphasise is just the mental health aspect in terms of just the fatigue that people have going into this next phase of it, I was just really struck with our interviews how just tired people were and I think that's really a difficult place to be, so I think just thinking about how we can support those people in terms of mental health, in terms of proper breaks, in terms of managing expectations and workload and also managing the public's expectations of what we can expect from that service.

Lord Strasburger

Thank you very much, back to you Chair.

Layla Moran MP

Thank you very much. Well for the final question it's a very simple question, you've got Boris Johnson and Sajid Javid in a lift and you've got them for 30 seconds, what do you want to say to them? Perhaps I'll start with Steve.

Steve Carter

I'm bound to say this, I will open it on that basis, base decisions on data, look at pre-Covid as well as during Covid and let's make plans for the long term based on the information that we already know. Early intervention as far as we're concerned is the key criteria. Bolstering mental health support, early awareness, both contributing factors. Look at the data.

Layla Moran MP

Thank you. Look at the data. Stephanie?

Prof. Stephanie Snow

So I would say protect the emotional and physical health of NHS staff now and establish a clear public dialogue about what is reasonable to expect NHS services to look like over the winter and if you don't take these actions now it will be a matter of picking up the pieces in the spring.

Layla Moran MP

Thank you. Elaine?

Dr. Elaine Kinsella

So I would say consult with the people on the ground who are working at the coalface when it comes to making decisions about vaccines, PPE, engagement of the public and virus management. Get information from those people who are going to be working hands on over the next few months.

Layla Moran MP

Thank you. And Rachel.

Dr. Rachel Sumner

Well the one thing our participants really want is for the key public health measures of mask wearing and distancing to be reinstated to keep everybody safe. But I guess other than that, lead from the front, demonstrate that this is something that we are all in together, set an example for the country, for the public, for the frontline workers and look after our frontline workers, they are a very thin line that stand between us and disaster and if we don't look after them, disaster will come.

Layla Moran MP

Thank you very, very much. Thank you all for your time this morning, really appreciate it. We're going to pass onto the second panel now but before I do a heartfelt thanks from us all. You are very welcome to stay, we are equally not offended if you decide to go off and do something else, so I'll now hand over to Baroness Brinton to take us through to the second session and apologies if my screen goes blank I have to go to that briefing that I've got this afternoon. Over to you Sal.

Baroness Brinton

Thank you very much Layla and welcome to the second half and as Layla has said, if you contributed in the first session please feel free to stay with us, also recognising pressures you've got, it's absolutely not a problem if you want to go. Can I introduce our four panellists for this next session. We have Dr Graham Burns who is President of the British Thoracic Society and a Consultant Respiratory Physician at Newcastle. Dr Katherine Henderson who is the President of the Royal College of Emergency Medicine, she's been an Emergency Medicine Clinician for over 20 years. Nick Hulme is the Chief Executive of the East Suffolk and North Essex NHS Foundation Trust and speak about leadership and other matters as well as the practicalities of running large foundations trusts. And finally James Devine from the NHS Confederation, he is the Programme Director of Acute Care at the NHS Confederation and he speaks both in the UK but also internationally on leadership, improvement and employee engagement.

So if I can ask the first question, this is to both James and to Nick. I wonder if you could give us an overview of the situation across hospitals right now. Starting with James and then coming to Nick.

James Devine

Thank you Baroness Brinton, thanks for that question. I think it's fair to say that hospitals are under immense pressure, the acute sector which I'll include ambulance trusts within that narrative, we see ambulance trusts missing performance targets and what that means is that patients are waiting in some parts of the country you know one to two hours plus for what they call category one and category two type issues and these are life-threatening issues where we are seeing delays in ambulances getting to those patients. In hospitals you know we are seeing more cases in terms of hospital admissions today than we were in March, we have one in five intensive care beds utilised across the country, these are not statistics that we should just bypass, this is the reality that Covid certainly has not gone away for acute hospitals and that demand is now, which it wasn't before, is alongside those demands of getting our elective work back on track. And even small numbers of Covid positive patients as I'm sure Nick will allude to means some significant logistical challenges in separating parts of the hospital to ensure that we don't mix Covid positive and Covid negative

patients which again lessens the capacity that we then have to not just treat our Covid patients but keep our elective backlog heading in the right direction.

So there are some significant challenges still very much with treating Covid positive patients and it certainly has not gone away and that pressure is as bad today as it was in March, if not worse.

Baroness Brinton

Thank you very much. Nick.

Nick Hulme

Good afternoon and thank you for the invite to talk this afternoon. Not a lot to add from what James has said really, except I would describe it as a perfect storm, and not only have we got the pressures of Covid but continuing looking across the two acute sites, I understand this morning we've got about 30 patients on the site which again as James says it actually causes a lot more of a logistical problem [inaudible 0:53:22.7] but our overall bed capacity is running at 96%, so it's almost impossible to effectively run services at 96%. To date we [inaudible 0:53:37.8] …

Baroness Brinton

Nick, I wonder if it's possible for you to get slightly closer to your microphone, I think some of us are struggling to hear you rather.

Nick Hulme

I do apologise, is that better?

Baroness Brinton

Thank you, that's brilliant.

Nick Hulme

[Inaudible 0:53:48.7] 96% is both, it's pretty high risk it also means that you are literally [inaudible 0:53:56.7] the flow in and out of the hospital and I think the combination of A&E being busier than we've ever seen in the summer [inaudible 0:54:06.6] which we are seeing because people are not going away on holiday, because from a perception of different types of primary care, that may be perception or really it's quite difficult to understand the difference in the two. And also the legacy effectively an A&E department that's been very much significantly lower numbers [inaudible 0:54:28.1] …

Baroness Brinton

I'm really sorry, we're still struggling to hear you.

Nick Hulme

Sorry, is that better? I don't know if that helps at all?

Baroness Brinton

Not particularly I'm afraid, could we come back to you, I don't know if you're able just to perhaps look at your settings or something and then I'll come back to you after the next question because I'm very keen to hear what you've got to say. I'm going to move onto Susan next for the next question but I will come back to you Nick. Susan, question two please. Sorry, I think we're just going … Susan, can you hear us? The gremlins are definitely at work today, apologies for participants and those viewing. I think in that case we'll come back to Susan as well. Can we move to question, the next question from Paul? Sorry to jump ahead.

Lord Strasburger

No problem, good morning to you all. The APPG understands that a number of Trusts have declared black alerts and are unable to deliver a full service at this time. Was this inevitable and what could have been done to prevent it? Steve, would you like to kick off on that please?

Steve Carter

Thank you. Was it inevitable? I think we've been heading towards a degree of inevitability, we haven't acted early enough despite the fact that the warning signs I guess were building through 2018-2019 and I think again just to go back over what's been said earlier, the Covid pandemic has just accentuated everything. The warning signs were clear and evident, and I'm going to say a lack of decisive action has probably caused where we are, inevitably yes, we are where we are because of a lack of action.

Lord Strasburger

Right, thank you. Nick are you online yet? Or shall we come back to you later?

Baroness Brinton

Can we leave Nick just for a second because I think they're trying to sort out the technical problem, I wonder if James might respond?

James Devine

Of course, I would agree with Steve, I think there is certainly an inevitability to Trusts going into black alert, or calling a system OPEL4 status. Covid has most certainly exacerbated many known issues particularly around workforce, around some of the system challenges, particularly where there's been what you might refer to as system points of failure within a wider health and care system, the investment that's perhaps been needed and the attention around improving those parts of the system, rather than letting the entire system fail has certainly in my view contributed to Trusts going into a black alert. As Steve rightly said we are where we are and I think what we must now do is look forward to how ICSs in the future work as a system to not go back to individual organisations needing to call a black alert because of the pressures they're facing.

Lord Strasburger

It's clear that Covid has found out the pressure points in the system hasn't it? I have a second question for all of the panel, it's been clear since the beginning of the pandemic that our NHS staff have been willing to go above and beyond, many working substantial unpaid hours on top of their contracts, how long can we expect staff to carry on doing this? Katherine, would you like to respond to that?

Dr. Katherine Henderson

So, as I think was said in the first panel, the reality is that staff will do what it takes, the problem is what it's doing to them to do what it takes and that I think we are now at the end of. People are now significantly concerned about the moral injury and the complete lack of vision as to what is happening, how are we going to deal with the situation we're in, and I think giving the NHS staff an idea of what the plan is overall would go some way to solidify people's feeling that they could carry on coping. And I think this particularly is important for older staff, so people who could be retiring imminently and who might be willing to hang on and therefore are people with a vast amount of experience in the NHS, and are holding a lot of stuff together, are going to bail out unless it's pretty clear to them that all the things that they've been you know banging on about for a number of years are actually going to be addressed. If we just expect people to carry on seeing this system getting more and more difficult they're going to go earlier than they should. So there needs to be some serious look at retention so that we don't lose people in the next couple of years who might be willing to say on two, three, four, five years to hold the service together while that sense of vision is delivered or at least started to be delivered.

Steve Carter

If I could just add to that briefly, just to agree one of the key metrics that we know, that we see in our data, is that if an individual has two absences for work-related stress they will leave before the third spell of absence for work-related stress. So how long people can continue is one factor, but we need to look at the data to look at the number of people that have already had two instances that we are likely to lose in the course of the next six to 12 months.

Lord Strasburger

Thanks a very useful metric. Catherine, just to come back to you, you talk about exposing staff to the plan, are you confident that there is one, does the Government have a plan?

Dr Katherine Henderson

No, I'm really genuinely not confident there is a plan. My sector is obviously urgent and emergency care so we're the specialty that is staffing emergency departments and interacting with ambulance services particularly, but obviously you know is the doorway to hospitals. It doesn't, there's been a very written about elective recovery plan, but it's taken a huge amount of effort to get the story about how the urgent and emergency care system is utterly interdependent with the elective recovery plan. You can't do one without the other and we're increasingly seeing that coming into play, as the black alerts lead to cancellation of elective services. But we've seen this before and I think it's been said already but we went into this pandemic in the urgent and emergency care system in a critical state. December 2019 was one of the worst periods in my professional career in relation to urgent and emergency care, we were slightly salvaged by the first wave reducing the number of attendances. That meant for once in my career I had enough staff, enough beds and enough space to deal with the patients that were coming in. But we know that that turned into not a good thing because there were a whole load of patients who didn't come who should have come.

So, we started in a very, very bad position, we didn't have a plan then, but any attempt at a plan was kind of put on hold and we still don't really have a plan of how we're going to genuinely link up what we need to deal with the current situation, so we need a short-term public expectation managing, staff vision giving, feeling of somewhere that we're going and then we need a medium to long term plan which is how we're actually going to resource the health service to deliver the care that patients expect us, and regulators expect of us. We can't limp from investigation to investigation to criticism to yet another scandal, where workforce comes down to being the primary problem. We don't have enough people able to deliver the standard of care that we believe the NHS ought to be able to do. But unless that plan starts being articulated pretty quickly, people will start exiting stage left. There will be younger people coming into the system, there always will, but it's the people who have got a lot of experience who will leave sooner than they should.

Lord Strasburger

Well, coming up with a plan seems to be quite a basic requirement. Graham what's your perspective on what we're expecting from staff?

Dr. Graham Burns

Yeah, I think it's been absolutely fascinating to listen to this and particularly the first panel, they were brilliant at putting facts, figures and data behind what I'm saying every single day. Colleagues, very good colleagues, sort of going down absolutely battered by the system. I've worked in hospital medicine for about 30 years now and I have never seen anything like this, it is sure always been busy, always been stressful, we kind of do it because we feel that is the deal we bought into and of course

if we didn't it would be only patients who suffer and the service has been kept going as many panellists have said today because of the goodwill, the professionalism and the sort of ethical responsibilities staff feel, and that's great, that keeps a service that is under-resourced going for a long time, until, until either a new stress comes along that just highlights the fact that there is absolutely no slack whatsoever in the system and that's been made evident. And then of course goodwill begins to be lowest. And I think having listened to the first panel as well today, another problem that's arisen at the same time is the physical and emotional capacity of staff just to keep going at the rate that we're doing and I think these three existential threats have hit us at the same time and I think we are in trouble, I think there's a real problem here.

We've hit a perfect storm now. The first year was very, very stressful, people pulled together, they kind of got through it. This summer we started to see Covid numbers come down and thankfully that allowed people to say look, it looks like it's safe to get back into hospital and the non-Covid numbers started to climb. Now that was busy, it still is very, very busy indeed. A sort of workload above and beyond what we'd expect in winter happening right in the middle of summer. Then of course the Covid numbers have started to rise again, which as some panellists have already quite correctly point out, it's not just an additional number of patients to manage but because of the infection control cohorting that's necessary that's made those proportionately, or disproportionately more difficult to manage. And I think we're in a position now as we see staff, we've had big problems with self-isolation, we've got genuine and real problems with staff going down, really good people going down with stress and I really feel like the system is creaking and I genuinely am fearful of what's ahead of us in the winter.

I can't predict the exact stressor that's going to kick in but I can say something about what it's likely to be, but I am fearful.

Lord Strasburger

Thank you very much, and Nick I hope you're now fully back with us and able to answer this question about how long we can continue to take advantage of the goodwill and the staff going above and beyond.

Nick Hulme

Thank you, I hope you can now hear me.

Lord Strasburger

Perfect, very, very good indeed.

Nick Hulme

Apologies for my IT gremlins, obviously something in the East of England not working terribly well today. So I mean I think the important, many of the points have been made but we have invested heavily over £1 million in health and wellbeing of our staff in the past 12 months, particularly around mental health. I think there's a real leadership challenge here which is for clinical and non-clinical leaders to be much better at identifying where members of their staff are starting to get into trouble. I don't think we're particularly good at that. There is the tendency for some staff to be heroic, either because they feel that moral responsibility or indeed because many, many clinical staff perhaps you know the additional payment that's available and therefore that is attractive to some and I think it's incumbent upon us to manage some of that expectation. There is of course as has been said earlier the huge waiting lists which people feel really uncomfortable about and seeing the very real risk that we're seeing. So asking staff to do additional work at weekends and evenings and everything else, we just need to take some responsibility around managing that.

However, we have got unprecedented waiting lists which are causing real harm to patients, so how do we manage that against supporting our staff to continue under trying circumstances. I also think there is something about having a really good look at the workforce to understand whether or not people are working at the top of their license, and so that those people who are providing care are the only people that can provide that care. I don't think we've been very good across the NHS about the extended roles, I think there's been resistance for example in some areas around physicians associates and anaesthetic associates and even nursing associates and I think there do need to be some conversations with the Royal Colleges, which I know are on-going and encouraging around making sure that we use all of our workforce and not just rely on people who are registered for example medical practitioners, therapists or nurses, but we extend that beyond so that people are working at the top of their license. Thank you.

Lord Strasburger

Thank you. James, forgive me I can't remember if I've put this question to you or not?

James Devine

Not yet, but I'd probably say very, very similar to colleagues. I think the points that Nick and Steve make in particular around the data that sits behind those workforce measures, I think Trusts would be well advised to be doing much more about identifying, if your car starts ticking you take it to the garage, it seems that in the NHS workforce we're waiting till the car is non-startable to do something with. We should never forget that nurses are in special classes, they can retire at age 55, for those who are the most experienced in the way that Katherine mentioned, so there is something there and we are absolutely hearing loud and clear from members that there's a real risk of those retiring early and may not want to see another winter working in the NHS, particularly with the fears and the anxiety that Graham and others talked about, as we head into this particular winter and lots of known unknowns.

The only thing I would add is that Nick touched on, is that there's got to be a more innovative way around our recruitment practices and re-looking at the types of roles that are needed without the constraints of the existing financial envelope. We need to come up with a workforce plan which looks at roles that are needed to undertake the challenge rather than have to morph our workforce into the financial envelope or existing ways of doing stuff, and we will hear very, very strongly from

panellists today and others that there are many roles that we could introduce that other parts of healthcare across the World have done, that we've yet to do in the NHS. You know automation would be another, but workforce roles that could support the challenges that we're facing and we've got to move a lot faster in implementing them.

Lord Strasburger

Thank you very much for that and back to you Chair.

Baroness Brinton

Thank you very much. Just before we go onto the next question, Nick I wanted to give you the chance just to give us your overview of the situation across the country. I'm sorry we just, we couldn't really catch all of it and I think we need to hear it.

Nick Hulme

I do apologise, I mean I think that you know I can talk very specifically about what's happening in the East of England and there's no reason to believe certainly in conversations I've had with colleagues across the country that we are any different. So as I was saying, that perfect storm of increased activity through A&E departments which we've heard colleagues talk about, the elective waiting lists which is … I can just about remember the early 90s when it was a similar situation, two year wait for operations, and still dealing with Covid and staff holidays etc, etc. So it feels, I think the comments made earlier, it feels like the winter, it does feel actually worse than many winters that I've experienced over the years because of the added complication of Covid and trying to manage a hospital that is as of this morning 96% full of its general and acute beds is nigh on impossible. We do it, and there's been lots of conversations about will the NHS cope. The answer is yes we will, because we always do, but at what cost. But at what cost to the elective programme, what cost to our patients and of course what cost to our staff.

So, I think that will we cope is perhaps needs to be a more nuanced question into we will cope, but what's the cost, and I think that's probably where we perhaps need to explore a little further. Thank you.

Baroness Brinton

Thank you very much. Baroness Masham, over to you.

Baroness Masham

Hello everybody. The evidence this APPG heard in our last hearing warned of the potential impact of outbreaks of RSV in the coming autumn and flu in the winter. How concerned should we be about this and will our NHS be able to cope? Also what is your view on booster vaccine for vulnerable people and should it not be also for frontline staff? First of all could we have Dr Graham?

Dr. Graham Burns

Yeah certainly, thanks for that question. Even the best modellers and we've got some excellent modellers in this country occasionally get the modelling wrong. We've heard a lot of discussion in the media and political circles about a possible RSV outbreak. I think it's slightly silly to get bogged down on one specific issue. I'll tell you what is certain however, there will be an increased number in the winter, and I'll tell you something that is pretty certain as well, the reason for that will belong to respiratory medicine. By that I mean whether it be an RSV outbreak, whether it be another variant of Covid or whether it be just the usual stuff that comes into hospital in the winter, the pneumonia, the infected exacerbations of COPD, every single one of those, I don't know which one it'll be, it may be more than one, but they are all respiratory threats.

Now, Katherine's colleagues in emergency medicine are at the very front door, whatever comes through the door they have to deal with it. When these patients get inside of the hospital it is respiratory teams that carry the greater burden of the workload particularly during the winter months. And I think one of the things that we need to do to address this, both now and in the longer term, is to have a slightly more sophisticated, slightly more granular understanding of precisely where the pressures are in the system. I do want to tell people because I don't think this is broadly understood, that the weight of acute Covid did not fall evenly across the NHS, many colleagues through no fault of their own were in specialties that did not, weren't so to speak at the frontline of the acute Covid crisis. Much of acute Covid was managed not on ITU as you might believe if you watch the TV, but by physicians like myself, literally 90% were not managed on ITU. Now one of the things we did in respiratory medicine in a slightly odd ad-hoc fashion at the beginning was set up something we called respiratory support units. We delivered respiratory support particularly in the form of C-PAP to patients and that had outcomes that at least on the face of it early in the first wave looked to be almost better than ITU outcomes. We published data on that and as a consequence the way we managed acute Covid, particularly by the time we got to the second wave, was transformed. There was much more C-PAP use, far less intubation and ventilation and ITU and some of the big lessons we've learnt is the value of this dedicated intensive respiratory support unit environment. Not just for acute Covid, but for the stuff that comes through our door every single winter.

I'd like politicians to remember winter happens every year, that's a bit of a surprise I know, but it is, it's a fact, and we need to be planning for this winter and next winter and we need to be planning to put the resources precisely where the greater workload falls, which is in respiratory medicine, acute respiratory failure, particularly in winter months. And historically I can tell you and for very disappointing demographic reasons, this is an area a patient cohort that have been poorly served by resources in the NHS. I'm happy to go into the reasons for that if you're interested, I think they're highly charged politically but I'll leave my point there. So more granular, more sophisticated look at where the burden of workload will fall, I think it's what we need moving into winter.

Baroness Masham

What about masks, should they not be encouraged rather than discouraged?

Dr. Graham Burns

Yeah, I would support that. I find myself wearing it for all sorts of reasons, if I go into a crowded environment I wear a mask because if nothing else, I know many people in that environment will feel uncomfortable if people aren't, I think it's only polite to do so. I think it is primarily in terms of its proven benefit for the protection of others rather than the wearer, which kind of limits it a little, but yes I would be supportive of a general encouragement to continue to wear masks indoors, particularly crowded environments. I think that would be a good thing. It may not have an enormous impact but any positive impact would be good.

Baroness Masham

And what about boosters?

Dr. Graham Burns

Yeah. I think, well yes is the answer because the greatest fear, the biggest threat of all as I listed was that if we end up with some subtle variant on Covid that's just a little bit more resistant to the vaccines that we've had, I think they've saved us so to speak the vaccines and I think if immunity wanes over the winter months we are in serious trouble. You have got the broader ethical question about do we vaccinate the World first before we give ourselves a second dose, I think that's both a moral and indeed a self-interest question as well, because it sounds like a platitude, but it is true that no one is safe until the World is vaccinated, because our greatest risk, the greatest risk to the planet and therefore to us is that some awful variant emerges elsewhere and that's more likely to happen the more Covid is circulating in the World and if that variant happens to be particularly lethal, particularly transmissible and particularly resistant to vaccines we are in big trouble.

So it's a difficult question, but yes I'm erring on the side of saying autumn boosters.

Baroness Masham

Yes and vaccines as well for everybody, more encouragement to the makers of the vaccines.

Dr. Graham Burns

Yeah, yeah … I think, I mean it gets tricky when you start talking about vaccinating young children because I think very young children are relatively protected, the motivation there for vaccinating them is less than it would be in the elderly population and then you do run into the ethical issues about do we send vaccines elsewhere in the World before we start vaccinating people who aren't particularly vulnerable. So it's a tricky question, I'm not gonna pretend I've got the right answer, but I think sort of late teens, early adults I kind of err on the side of going with, yes.

Baroness Masham

Thank you very much. And Dr Katherine?

Dr. Katherine Henderson

So, I mean I'll talk about the first bit, but not necessarily, it's not my area of expertise either particularly mask wearing, although we would like it, and booster vaccines but there is an RSV outbreak going on in the North-West particularly, they've probably just peaked, the rest of the country will probably peak in three or four weeks, but the general point about respiratory viruses, we're getting very mild respiratory virus presentations particularly among children where people are coming to emergency departments where perhaps they wouldn't in the past, because obviously you know a parent can't tell one respiratory virus from another one and they don't know which way their kid is going to go, so they come up to A&E so we're seeing a lot of mild viral illnesses, otherwise not specified, coming into hospital. Increasingly we're doing multiplex testing in emergency departments but there's no consistency across the country about what you can do. My place I can get a 23 minute point of care test that will tell me about Covid and two sorts of flu, we're not seeing any flu at the moment and therefore we have no idea really because there wasn't much flu in Australia, what the flu is going to be, but we often have a quiet year followed by a busy year when it comes to flu and if you think of the last time, I think it's 2017 winter where we had the last bad flu. By January 2018 we were cancelling pretty well all elective surgery. So a flu outbreak or any other respiratory virus outbreak will have a massive effect on our ability to deal with the elective recovery. And so we need to talk about respiratory viruses, we need to talk about infection prevention and control, but we've needed to do that pre the pandemic, but we know from the way we've managed the pandemic that you could by major drastic measures suppress flu.

But people go oh it's just flu, we make huge efforts over flu vaccination. We have different vaccines for different age groups. We've got to deliver that this winter as well as this potential for a booster, so there's an awful lot of respiratory virus work to be done and the default position unfortunately from my point of view is that people come up to emergency departments, we surveyed our emergency departments last week and 71% of the ones that we surveyed are unable to maintain social distancing every day already and we're in August. So what it's going to be like when there's more respiratory virus is really difficult and that's what I mean about having a plan. We just don't really have a plan for that.

Baroness Masham

Thank you very much, and Nick?

Baroness Brinton

Sorry Baroness Masham, we're very tight for time and we have a couple of other questions that we need to cover.

Baroness Masham

Can they just add very quickly if they want to? It's Nick and James, have you anything to add?

Nick Hulme

Not from me, thank you Chair.

James Devine

I would just add that the NHS Confederation very strongly lobbied for mask wearing in healthcare settings for the very reason that Graham talked about them, it's a citizens role that we're playing rather than an individual one and confidence building within the community that Covid still exists. So, and that's a very much 'not too much to mask' campaign which we ran.

Baroness Masham

Thank you very much.

Baroness Brinton

Lord Strasburger wants to pick up a quick point with Graham.

Lord Strasburger

Graham, as a sufferer from respiratory problems myself I was rather interested by your comment that there was more you wanted to say, but you were a bit squeamish about doing it, I would encourage you not to be squeamish. What was it you wanted to tell us?

Dr. Graham Burns

Yeah, well it's just a plea for respiratory patients actually, because as well as their doctor I'd like to be their advocate as well and it's quite interesting historically how there's been an enormous disparity between how we manage different diseases in different systems, so if you look at the latter half of the 20th century the biggest killer on the planet was ischaemic heart disease. Now that was killing the movers and shakers in society, the middle class, the articulate and we made damn sure we sorted that out. In the last 40 years of the 20th century the global mortality, well certainly developed world mortality for ischaemic heart disease fell by about 60% and that's a testament to what can be done. When we've got Government, we've got healthcare organisations, we've got public health pulling in the same direction, brilliant.

Over the same period of time the mortality for COPD didn't go down, it rose by 163%. Now what's the difference between those two groups? People with ischaemic heart disease, as I said, movers and shakers, the articulate, the middle class. We sorted that out. They were people like us if you like. People with COPD have sat on the bottom of the pile for far too long and we need to dedicate resources to them, we really do. Respiratory medicine can I say, this is a plea for our patients not for the doctors, but respiratory medicine is woefully under-resourced and it has been for a very long time. I think because of the demographics of the patients that we look after. There are far fewer respiratory physicians than there are say cardiologists, gastroenterologists, care of the elderly,

respiratory disease is the biggest killer in the UK. There's a great disparity between burden of disease and resource and if we want to think long term and fix these things we've got to think more intelligently, we need a more granular approach to where this support and the resources go. So that was my point Lord Strasburger.

Lord Strasburger

Thank you very much for getting that off your chest. Back to you Chair.

Baroness Brinton

Thank you very much. Lord Russell.

Lord Russell

Thank you, this is the final question so if I could ask you all to be brief when you recover from the shock of what I'm going to say. If you imagine that you were in a lift with the Prime Minister, the Health Secretary and the Chancellor of the Exchequer at the same time, all wearing masks of course, and you think about what is most urgently needed in the NHS at the moment, what message would you give to the three of them as we head into winter, very briefly, Katherine could you start?

Dr. Katherine Henderson

There needs to be a plan, it needs to feel like a joined up effort to deal with the short term problems, the workforce needs to be reassured that we're going somewhere that's going to fix the overall system and I'm afraid that is going to involve a decent amount of investment in the overall structure of the NHS. Not necessarily reorganising it, but definitely saying what is it that we as a population want to be delivering around healthcare and how are we going to get there and what's the plan to reach that point.

Lord Russell

Thank you. Graham, what would you say?

Dr. Graham Burns

Remember winter happens every year, so yes we do have a crisis to deal with right now but we need to think long term as well and some of the things that we need to do to sort this winter out will of course serve us well further down the line. We, as I said before, I think it's difficult to be absolutely sure about what particular issue will hit us hard, but almost certainly one will hit us and almost certainly that will be a respiratory thing and therefore we need to shore up our defences where the attack is likely to hit. Respiratory support units have been proven to save lives big time, big figures, and I think we need to start investing in those. Every hospital has got a coronary care unit, why

shouldn't it have a respiratory support unit? Respiratory failure kills just as much as heart disease does. And I think the one other thing that I would say is please, please, please have the moral courage to have an honest conversation with the public about expectations.

Lord Russell

Yeah, OK. Nick, could you answer please?

Nick Hulme

Yes, I would ask for investment in capital to create standalone elective treatment centres for orthopaedics and for other elective procedures so that we can protect the pathways so they won't be basically side-lined or knocked out of kilter by the emergency work, and we need very, very quick decision making and authorisation of that. We're currently waiting four years for authorisation of an orthopaedic elective centre that will take 18 months to build.

Lord Russell

And James, lastly please.

James Devine

Thank you. I'd agree with colleagues but thinking further ahead I would talk about something that the Confederation have lobbied for which is the health and care bill must provide as much flexibility as possible for local leaders to be more permissive than prescriptive in terms of outlining how an ICS should operate, let local leaders lead in the way that Nick just referred to, they are the ones who know the answers and they just need to be able to get on with it.

Lord Russell

Thank you, Chair back to you.

Baroness Brinton

Thank you very much and thanks to this panel for the last 45 minutes, it's been absolutely fascinating and although we were focusing on your experience some of the data that you've given us has been as shocking as in the first panel, and can I thank again the first panel who are all still online and have been listening in. And also our secretariat at the All-Party Group for arranging this and everybody who's joined us, thank you for coming in August when most people are away. We felt it was important to meet because Covid is definitely still with us and certainly we have to plan for the winter too. So thank you all very much indeed. Goodbye.