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Cymru Wales

Health, Social Care and Sport Committee
Welsh Parliament
Cardiff Bay, Cardiff

By email only

22 May 2020

Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

BMA Cymru Wales response

Introduction

BMA Cymru Wales is pleased to provide a response to the Health, Social Care and Sport Committee's inquiry into the Covid-19 outbreak in Wales.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care.

The terms of reference for the inquiry states that it will evaluate the impact of the outbreak, and its management, on health and social care services in Wales. It may be useful to outline BMA Cymru Wales' involvement in several important groups which have helped to coordinate NHS Wales' response. Our presence on these groups, alongside our consistent lobbying and campaigning, allows us to actively push for change on behalf of our members. These have included:

- Regular meetings of the NHS Wales Partnership Forum & Partnership Forum business committee, alongside other trade unions
- Weekly meetings with the Minister for Health & Social Services and health & social care unions
- Welsh Government Workforce Planning Cell (Weekly)

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- Welsh Government Primary Care Group alongside RCGP Wales (weekly)
- Technical Briefings on issues such as Testing, PPE and the BAME risk assessment work
- Regular CMO calls with Welsh Council Chair

In terms of our thoughts on the outbreak response, we think it would be helpful to firstly describe issues which we have progressed through partnership working with Welsh Government and NHS Wales, and secondly areas that represent ongoing concerns for the Association.

Issues progressed through Partnership working

Ensuring appropriate terms and conditions for Junior doctors, SAS doctors and Consultants working amended hours

Given the substantial and immediate variance in all secondary care doctors' working patterns, we engaged in discussions with Welsh Government and NHS Employers in order to ensure that appropriate terms and conditions were being followed.

- **For junior doctors**, we agreed a joint understanding document with Welsh Government and NHS employers, confirming that the terms of the 2002 junior doctor contract would be applied to a uniform standard, including protections on break and shift rules, appropriate pay banding of emergency rotas, protections for annual leave, and for Less than Full time (LTFT) trainees. We also have also secured an agreement with regard to accommodation for junior doctors with NHS Employers.
- **For consultants**, we agreed a pay advisory notice, which received Ministerial approval as of 17 April. This recommends temporary pay arrangements for consultants required to work amended hours but makes clear this does not represent any change to current contractual terms. The advisory note remains valid until 30 June.
- **For SAS doctors**, we also agreed a joint statement with Welsh Government, confirming that SAS doctors would receive improved Out of Hours rates for the duration of the COVID period, without amending any other contractual terms and conditions.

Ensuring primary care readiness during COVID-19

In discussion with Welsh Government, to allow GP practices to prepare for the COVID-19 and focus on direct patient care, we agreed to suspend all non-core elements of the General Medical Services. We communicated this to GP members in a letter¹. Most enhanced services have been suspended with some to continue, with relaxed post-payment verification and payment according to the previous financial year's achievement. Welsh Government confirmed that no practices would be financially penalised for amendments to the contract. We have further agreed regulations to enable

¹ Dr Phil White [letter to GP practices](#) (23/03/20)

a degree of financial support to practices that cannot deliver services from their main site due to COVID-19.

Easter Bank Holiday opening of GP practices hours to help OOH and secondary care

In order to ensure support for the wider NHS over the Easter Bank Holiday period, in particular the OOH and 111 systems, we negotiated a Directed Enhanced Service with Welsh Government to allow GP practices to open over the bank holiday Easter weekend and provide an additional layer of support in the community. The initiative was well received amongst hospital colleagues in many parts of the country, and anecdotal reports suggested significant reductions in demand on OOH and 111. The DES may continue for the forthcoming bank holidays, depending on whether Health Boards will choose to commission the agreement.

New ways of working through technology

With our support, online videocall solutions have rapidly been rolled out across Wales, allowing doctors to see patients remotely and reserving face-to-face consultation for those that need it the most. GPs have moved rapidly to utilise these platforms (including AccuRX and Attend Anywhere) and take up is increasing within secondary care. These platforms can also allow video consultation between primary and secondary care clinicians. Remote access software has also been enabled allowing doctors to access their clinical systems outside their usual place of work, a necessary measure considering self-isolation and social distancing guidance.

Appropriate terms and conditions for Medical Students entering the NHS workforce

On a pan-UK basis Medical Students were asked to enter into a variety of NHS roles prior to their graduation as part of the COVID-19 response. Whilst this additional workforce has not been utilised to the extent originally anticipated, in Wales, the position for students looking to enter the workforce is far better following BMA Cymru Wales intervention. Unfortunately, the BMA was not involved in these discussions at the earliest opportunity, hence the problems that arose were not anticipated until our involvement.

We worked with Swansea and Cardiff Universities and Healthcare Education and Improvement Wales (HEIW) to develop appropriate Agenda for Change terms and conditions for Welsh medical students who chose to enter take up the new roles on offer. The measures ensured that students would enjoy all the necessary employment rights, including access to the NHS pension scheme, indemnity, sick pay, adequate working hours and breaks, and a commitment to supervision.

Ongoing concerns

The following areas represent ongoing challenges for our members, which also represent priorities for resolution prior to, or as we enter a phase of continuation of most elective NHS activity.

PPE

We know that PPE is only one of a range of control measures necessary to prevent transmission of COVID-19, with others such as hand hygiene being vitally important as the first line of defence.

Nevertheless, inadequate or insufficient PPE puts doctors, nurses and other healthcare staff, as well as patients, at risk of contracting a potentially fatal infection. During the pandemic period we have received a significant number of concerns from our members regarding both the supply of PPE and the adequacy of stock provided. A survey of our members in Wales² conducted in late April revealed that 67% of respondents did not feel fully protected from COVID-19 at work, with 60% having to purchase PPE directly or making use of donated equipment. Concerns in particular related to shortages of long-sleeved gowns, with 27% of respondents experiencing shortages. Respondents reported challenges in receiving fit tests for FFP3 masks necessary for the most intensive procedures (17% saying they had failed or not been tested).

Members also reported confusion in the initial stages of the pandemic regarding the guidance on the types of PPE necessary for different environments and procedures. We were concerned about the deviation from WHO guidance on appropriate PPE in the documentation produced by Welsh Government and other UK administrations. The updated guidance produced by all four UK Chief Medical Officers in early April was helpful in realigning toward WHO recommendations, although we remain concerned about its application across all healthcare environments given the that asymptomatic transmission of COVID-19 has been proven.

Moving forward we must have a sufficient supply of appropriate PPE for health, social care and other essential workers for immediate and ongoing health service needs. We need a guaranteed means of supply and distribution for the future across all essential services, including domestic production within Wales and across the UK, and an agreed system of reciprocal supply between UK nations based on demand.

In recent weeks, we have been reassured by Welsh Government and NHS Wales Shared Services Partnership that there is currently enough PPE stock in Wales to cover demand. Focus must now shift toward ensuring the robustness of supply in light of the resumption of services being considered, which will of course increase demand.

Nevertheless, our survey data demonstrates that the medical profession remains concerned about PPE. We feel that increased transparency about the supply and availability of PPE would go some way toward alleviating these concerns: this could take the form of a regular newsletter from Health Board Chief Executives to their staff as has been done in Cardiff & Vale Health Board.

Face coverings in non-clinical settings

We would welcome a clearer recommendation about the wearing of non-medical face coverings in public places where social distancing cannot be guaranteed, including non-

² <https://www.bma.org.uk/news-and-opinion/bma-survey-reveals-that-67-of-doctors-in-wales-do-not-feel-fully-protected-from-covid-19-at-work>

clinical areas of healthcare settings. We note the Chief Medical Officer's statement³ that compulsory wearing of face coverings on leaving home is not recommended and appreciate his concerns about the potential impact on supplies of clinical masks (even if the recommendation would not be for clinical-grade face-coverings). His statement rightly recognises that face-coverings of some sort may be useful on public transport where the 2m social distancing recommendation cannot be maintained during the journey.

Maintenance of this appropriate distancing measure would also be difficult to maintain in many healthcare settings across primary and secondary care. Due to the existing design of much of the healthcare estate it would be extremely difficult to appropriately distance from others in many communal areas, corridors and other non-clinical settings. Our members have reported instances where they have been spoken to by management and told to cease the practice of wearing face-coverings in corridor areas. This is despite them wearing face coverings as an infection control measure in these shared spaces due to concerns for their own and colleagues' health.

This problem is likely to become even more acute as services begin to resume and we would strongly urge that further consideration is given to the Welsh Government's position on face-covers in the settings described above.

Testing: healthcare staff and patients

As discussions around methods of leaving lock down continue, rather more cautiously in Wales and the other devolved nations than in England, it is clear that community testing on a large scale must be implemented. The recent decision by Welsh Government to align with the UK-wide community testing portal is welcomed, although we are aware of issues that still need to be addressed with regards to results being added to the Welsh clinical record.

At the same time, as plans are discussed for the resumption of areas of the health service that have been suspended, it is vital that a system of regular and repeated testing is available to healthcare staff to allow them to both return to work after self-isolation, and to provide ongoing assurance to staff and patients. Our members are particularly concerned about the ongoing impact of service suspension on the health of the public, with 37% of respondents to a recent survey of Welsh members stating they felt care for non-COVID patients was significantly worsening. It is imperative that all necessary steps are put in place to ensure the safe continuation of services, with patient and staff testing being at the very centre

The antigen PCR testing approach (based on throat swabs), whilst being an internationally recognised approach for viral detection and highly calibrated in Wales, detects only for the presence of viral infection (as RNA) in the swab sample taken. This attest to the relatively high false negative rate, as the swab may not have acquired enough of the virus. This can be due to either ineffective swabbing technique (a

³ Chief Medical Officer Written statement 'Face coverings: coronavirus' (<https://gov.wales/face-coverings-coronavirus>)

concern for home testing) or the fact that the virus expresses itself in different cells over the course of the initial infection period. It is therefore necessary that symptomatic individuals are tested more than once on a regular basis before they return to work from self-isolation. Going forward, we suggest that asymptomatic staff should be regularly tested as the service opens up to provide regular assurance on viral transmission.

The rollout of blood antibody testing (serology test), delivered by a handheld device, helps to detect for antibodies and confirms if someone has previously had the virus. However, the body takes time to develop antibodies post-infection and it is not yet known if the presence of antibodies against COVID-19 provides longer term immunity. Wider antibody testing will provide invaluable knowledge about community transmission and also assist with the development of treatment for COVID-19 positive patients.

Without wishing to comment on the specific issue of target numbers, we would commend Welsh Government on their increased transparency around testing data, now published on a weekly basis, and their regular briefings with trade union colleagues. However, it is apparent from the data and member feedback, that the increased capacity within the testing system is not being used to its fullest extent and there are still clear operational challenges in accessing tests from within health boards and in primary care. The increase in drive-through swabbing centres, community sampling teams, and mobile testing units, will help to alleviate concerns from our members based in rural parts of Wales about the significant travel times needed to access sampling sites. We also understand that more laboratory capacity is being used across Wales, which should begin to eliminate delays in receiving test results that our members have reported to us. The recent alignment with the UK online portal enabling home testing may further help to address these issues.

Finally, we would suggest that a concerted effort is made to explain the testing regime to the general public, as the difference between tests and who is eligible for what is not widely understood. Mixed messages being delivered by the media between Welsh Government and UK Government announcements have no doubt contributed to this, and we would push for as much alignment in testing regimes as possible as not to perpetuate this confusion.

Contact tracing

We welcome the recent publication of Welsh Government's Test Trace Protect strategy, which sets out how two different types of testing will be used in combination with extensive contact tracing measures. However, it is clear that more detail is required, at a rapid pace, due to the scale of the infrastructure, technological rollout and recruitment exercises that need to be put into place to realise this strategy. Development should be guided by public health principles and make best use of the clinical and epidemiological expertise in Wales' public health doctors. Additionally, the rapid operationalisation of the plan would be aided through social partnership work alongside trade unions. Maximising the best use of resources within the Welsh public sector for this purpose is vital, given that it has been estimated that contact tracing

teams would identify between 7,500 and 30,000 new contacts per day and 100,000-400,000 individuals being tracked at any one time.

Risk assessments for staff, including BAME workers

There is emerging evidence of the disproportionate impact that COVID-19 is having on some individuals from Black, Asian and Minority Ethnic (BAME) backgrounds. A report by the Intensive Care National Audit and Research Centre (ICNARC) found more than a third (34%) of people critically ill with coronavirus in English, Welsh, and Northern Irish hospitals were from BAME backgrounds, compared with making up 18% of the UK population.

In response to this disturbing trend, the Welsh Government has undertaken a range of measures to better understand the data to inform measures to protect people from BAME backgrounds in the community and within the healthcare workforce. This includes establishing a subgroup to develop an All-Wales Risk Assessment tool for individuals who are more vulnerable in the workplace, building on existing rapid risk assessment work already underway in Health Boards. This is an area in which the BMA has a keen interest.

There are similar pieces of work being developed across the UK including a forthcoming study by members of the BMA's Medical Academics Sub-Committee⁴ which describes a risk stratification tool. We have shared this work with Welsh Government, and are working in social partnership with Welsh Government and other agencies to develop a suitable tool that will help protect a wide sector of our workforce and membership, building on emerging studies and tools that are already in use.

Once the risk assessment is rolled out, we would expect to see it being used consistently in all Health Boards, and the recommendations for mitigating steps routinely followed. We wish to see a firm commitment, from Welsh Government and NHS Wales, that should an individual be redeployed to alternative duties upon completion of the risk assessment, they should not suffer any financial consequences from not being able to perform their usual role (e.g. being removed from on call rotas).

We support Welsh Government's decision to share data with the researchers working on the UK Government's COVID-19 risk factor work. If the review is to have any meaningful impact, it needs to be informed with real-time data. The data must include daily updates on ethnicity, circumstance and all protected characteristics of all patients in hospital as well as levels of illness in the community. However, such data is not recorded, particularly on the occasion of death, in sufficient detail as to allow for the identification meaningful trends.

⁴ Strain, D et al 'Risk Stratification for Healthcare workers during the CoViD-19 Pandemic; using demographics, co-morbid disease and clinical domain in order to assign clinical duties' (<https://www.medrxiv.org/content/10.1101/2020.05.05.20091967v1.article-info>)

Additionally, we would suggest that workers in 'at risk' groups, such as retirees who offered to return as part of the pandemic response, should be deployed away from front-line care in favour of non-patient facing roles.

Death in Service

Healthcare workers are working in unprecedented times as a result of the current COVID-19 pandemic. They are having to work in extremely difficult circumstances and by doing so they are putting both themselves and their families at increased risk. Unfortunately, at the time of writing a significant number of healthcare professionals have sadly died in the UK as a result of COVID-19. The NHS pensions scheme provides death in service and ill-health retirement benefits, which helps provide long term support to the deceased individual's dependents. To be eligible to receive these benefits, you must be an active member of the NHS pension scheme, with over 2 years membership of the scheme and not currently in receipt of pensions. Therefore, a significant number of doctors are excluded having either: deferred their pension, primarily working as a GP locum, returned after retirement, or being new to the scheme.

Welsh Government's announcement of £60,000 of financial support to an eligible beneficiary of frontline staff working in NHS and Social Care should they die in service as a result of COVID-19 mirrors the UK Government scheme. However, we still consider that this falls short – the two-year qualifying rule should be waived as not to disadvantage the families of newly qualified doctors. We believe that families of all NHS staff, regardless of whether they are in the scheme or not and including people returning to service, should receive full Death-in-service benefits as well as the £60,000 lump-sum. We await further information on the detail of the DiS scheme for Wales.

Summary and recommendations

We hope the information provided above gives an indication of BMA Cymru Wales' views on the handling of the COVID-19 pandemic in Wales thus far.

Working in social partnership with 16 other trade unions and professional associations, we have developed a high-level blueprint for the return of NHS services across the UK⁵. Broadly, this calls upon all UK Governments and employers to:

- Guarantee sufficient and suitable PPE for all staff
- Ensure proper risk assessments are carried out for all staff
- Enable access to testing with rapid return of results
- Extend pay arrangements to ensure staff are properly compensated, including appropriate application of overtime
- Provide wellbeing support to all staff, whilst maximising opportunities for achieving work life balance through reviewing shift patterns, encouraging breaks and annual leave, and also enhancing access to childcare.

⁵ NHS Trade Unions' *Blueprint for Return* (May 2020). Available at www.unison.org.uk/content/uploads/2020/05/26086.pdf

- Make use of the additional capacity from new and returned staff to ensure safe staffing levels
- Give a firm statement that the contribution of all NHS staff will be reflected in future pay discussions.

Finally, it may be useful to outline the steps we recommend are put in place as the Welsh Government considers a gradual easing of lockdown and resumption of routine services in Wales:

- 1. Guarantee supply of sufficient and appropriate PPE as services resume**
 - We must have a sufficient supply of appropriate PPE for health, social care and other essential workers for immediate and ongoing health service needs.
 - We need a guaranteed means of supply and distribution for the future across all essential services, including domestic production.
- 2. Prioritise the ongoing needs of NHS and social care, public health staff, key workers and their dependents.**
 - It is vital that schools remain open and adequate childcare provision and care needs for vulnerable dependents are in place for key workers, including NHS staff.
 - Support should be offered for the direct and indirect impacts of COVID-19 on NHS and social care staff, including physical, mental and social health and wellbeing impacts.
- 3. There must be a widescale, accurate and systematic approach to test, track, isolate and follow up with people with Covid-19 symptoms or those who have come into contact with people with symptoms.**
 - Public health expertise should be used to devise the test, track, isolate and follow-up strategies which will most effectively and efficiently help to identify and control new cases or outbreaks.
 - All Governments across the UK must assess the current capacity and urgently seek to expand, reinforce and supplement any deficiencies, with adequate funding provided to deliver this programme.
- 4. Use additional resources, innovative new care pathways and new uses of technology to gradually restart routine care and address pre-COVID-19 capacity issues.**
 - Ensure the protection of staff workloads and wellbeing, including through appropriate rest and recuperation, as well as ensuring vital PPE supplies are not depleted.
 - Utilise additional workforce capacity created in response to Covid-19, to ensure that staff working during the pandemic do not become excessively fatigued and have their wellbeing prioritised.
 - Build on new uses of technology and other beneficial efficiencies of working adopted during the outbreak

- Ensure local public health input into decisions regarding priorities for the resumption of routine care.
- 5. Ensure that NHS Wales can flex back to a Covid-19 footing if there is a 'second wave' or local outbreaks of the pandemic.**
- There must be appropriate capacity and planning to support NHS Wales, community and social care to respond to further outbreaks if they occur.
- 6. Take mitigating actions to prevent people from contracting and spreading the virus while carrying out essential duties.**
- Employees should only be encouraged to return to their place of work once their employer can provide a Covid-free workplace that they will be able to do so safely and to work in a manner consistent with social distancing guidelines
 - Further consideration of Welsh Government's stance on wearing facial coverings where social distancing cannot be maintained, including public transport and communal areas of healthcare settings.
- 7. Support the public in adhering to social distancing measures as restrictions are relaxed**
- There must be clear guidance on social distancing in all other relevant public spaces, including for exercise, as any restrictions are relaxed in line with the Welsh Government strategy.
- 8. Appropriate restrictions on all arrivals into the UK by quarantining for two weeks.**
- A list of exemptions for any restrictions should be set out by Government, for example, those travelling within the common travel area.
 - Exemptions should allow for key personnel involved in the import and export of materials, for example, food and PPE.
- 9. Clear guidance and continued provision of shielding and the recommendation of strict social distancing of at-risk groups and demographics, including within the workplace**
- Maintaining continued provision of shielding for high-risk groups with improved protection and support offered.
 - Consistent implementation of the All-Wales risk assessment tool within NHS Wales in order to protect the most 'at risk' staff, and consider further development for application to other sectors.
 - Recommending continued strict social distancing for those at higher risk, including guidance for BAME communities.