healthwatch

The Rt Hon Jeremy Hunt MP
Chair, Health and Social Care Select Committee
House of Commons
London SW1 0AA

By email only.

15 April 2020

Dear Jeremy,

Thank you for taking the time to talk to me last week about various issues concerning the current pandemic.

It is clear to all that the NHS and social care services are responding heroically and with amazing dedication, speed, and inventivess to this crisis, as a result of which many lives will be saved. We at Healthwatch join the rest of the country in our admiration and gratitude for the defence they are mounting for the well-being of our country.

What have we been doing to help?

We have made it our priority to support the local Healthwatch network in continuing to perform their statutory functions in so far as they are possible and relevant during the pandemic. This has seen our network play an enhanced role in many areas including providing information, signposting and an advice service supporting people to get the help they need. In particular, we have been using our links within seldom heard communities to ensure that important public health messages are heard by all.

We have also seen local Healthwatch mobilise their staff and volunteers to support the wider community response:

• **Healthwatch Bracknell Forest** have been working with the council to coordinate the local volunteer effort – mobilising more than 1,500 local people to help with delivering food and medicine to people shielding.

• In **Devon and Torbay** local Healthwatch volunteer digital trainers who despite being in lockdown at home, have worked together to offer digital support for the public remotely, including advice on how to access Governmental and NHS Coronavirus services online.

• **Healthwatch York** have been receiving a high number of calls from the public, who are being asked to go into work despite having underlying health conditions. They have therefore been working with local employers to understand how to better protect staff and helping them understand the potential implications for disability discrimination.

At a national level we have been collating feedback gathered by our network and sharing this with key stakeholders across the NHS, local government and the Department of Health and Social Care.

healthwatch

Issues we want to bring to your attention

The reason for writing to you at this time is to raise four issues of immediate concern and one of longer term relevance that you and your Committee might wish to consider.

It is also worth making a general point about social care. While the initial response to Covid-19 has focussed on supporting the NHS (given the volume of patients they were dealing with), I welcome the shift of the focus implicit in today's briefing by the Secretary of State and his commitment to ensuring that the social care sector is equally well equipped and supported. Sad to say we believe that the consequences of the years of neglect of the need for reform in this sector are now being cruelly exposed and visited on the elderly, frail and vulnerable. You will see how our concerns regarding the social care sector are playing out through the issues we highlight below.

1. Shortage of Personal Protective Equipment (PPE):

This issue has been well documented by others but it is also worth considering this from the perspective of service users. From the social care sector for example, we have received a small but steady stream of feedback from users of home care services about concerns [not mentioned today by the Secretary of State] that support workers are visiting without any PPE. This scares service users who fear the virus might be transmitted to or from them, and in some cases we have heard that this has led to people cancelling care visits that they do actually need to live safely.

More generally our local teams are still hearing that care homes and community support services are facing great challenges in acquiring sufficient equipment of this type. It may be, as the Government states, that there is a large quantity of equipment available but if so, the supply chain to the hugely complex and varied social care sector is inadequate. As a result, a great deal of time is being spent locating and obtaining equipment, thus reducing the time available to deliver services. Today's announcement suggests the supply probems are being addressed, but it is necessary for the arrangements to take realistic account of the huge range of care homes in terms of size, location and need.

An issue has also been raised by several local Healthwatch about the availability and suitability of PPE for family carers and volunteers who are being asked to do more and put themselves in harms way at this time. Whilst PPE may not be the answer, there is a need here for more clear and simple guidance to reassure people they are doing the right thing.

The issue of variable guidance on what PPE to use and when to use it is also playing out across the NHS. It is important that there is uniform application of current national guidance to ensure that available supplies of equipment are able to meet actual demand.

2. Gaps in the data:

With the NHS we have been able to rely on existing national mechanisms for extracting local performance data, which has provided almost realtime insight on how the crisis is being managed. However, the lack of a satisfactory system for data collection in social care (an issue which has been raised on multiple occasions by Healthwatch in recent years) means we have not been able to do the same for care homes and home care services. This is illustrated by the lack of reliable figures of Covid-19 related deaths in care homes. This simply must be addressed as a matter of urgency, to expose what we fear is the dreadful effect that this pandemic is having on our most vulnerable citizens. Clearly, the collection

of essential data – and it is important that collection is limited to data that serves and is used for an important purpose - from this sector is more demanding than for hospitals, but I believe the regulatory structure is present to enable the relevant information to be collected, analysed and published.

3. Public understanding of COVID-19:

While a very strong and simple message has been relayed to and received by the public about the need to stay at home to protect the NHS and save lives, we are not sure that the underlying scientific reasoning for this has been explained and repeated in terms that can be sufficiently widely understood to ensure that compliance remains almost universal for as long as it is likely to be necessary.

In particular, the Healthwatch network has picked up widespread concerns over the lack of translated information material and the inadequate consideration given to the need for accessible information for those with learning disabilities or visual/hearing impairments.

There is a definite need for information to be tailored to different audiences. We understand from national polling that viewer numbers for the Government's daily briefings have fallen significantly and that the supporting communications campaigns feel very one dimensional. In order for messages to reach specific audiences they need to be tailored, for example more focus needs to be put on informing young people how they might be carriers of the disease. The 'one size fits all' message being delivered about 'at risk groups' and 'shielding' risks not cutting through. Healthwatch is in an ideal position to help disseminate such material should it be made available.

There is also an issue of how the current communications have resulted in patients not accessing care for non-Covid 19 related conditions. Whilst this was done to ensure sufficient capacity to deal with the anticipated Covid-19 patients, there is now a need for a major and tailored communications effort to reach out to people and let them know the NHS is still open for business.

As well as the communications, we have had cases reported to us of people having life saving treatment for other conditions put on hold due to the risks of Covid-19. We have heard of prostate cancer patients having their treatment cancelled after a positive PSA test, leaving them scared for their future. In another case reported to us, a cancer patient's chemotherapy was cancelled because of the risks of Covid-19 and commented: "which will kill me first?".

We suggest that urgent consideration needs to be given to whether non-Covid 19 cases can be dealt with in separate units allocted for the purpose. If this issue is not addressed there is a danger that the toll of avoidable non-Covid 19 related fatalities exceeds that of the pandemic.

Where delays to treatment do still have to be implemented, the NHS needs to ensure it is communicating clearly and often with patients and offering interim options for support where possible.

4. Rapid discharge arrangements:

As you will know, NHSE guidance now requires hospital patients who are medically fit for discharge to depart hospital premises within 2 hours. Nobody can argue with the importance

healthwatch

of freeing up beds during these times, but we are concerned about whether there is adequate monitoring of the arrangements in place to ensure that there is adequate social care support available for all who need it. We are not confident that this is in fact the case.

I welcome the announcement today that all patients being discharged from hospital to social care will be tested. This will provide some much needed reassurance where the test is negative [although I understand there is a rate of false results]. Where the test is positive, however, the arrangements for the care of the patient until proved virus-free will need careful attention.

We also have concerns over who will end up paying for the care as current guidance is confusing. On the one hand, the official guidance on discharge says that care for those discharged from hospital during the Covid-19 outbreak will be covered by the NHS. The same is true for people who need care to prevent them being admitted to hospital. We have had clarification that this will be the case for the duration of the outbreak. Yet guidance on application of the Care Act easements requires councils to explain to care users that although financial assessments are not currently being carried out, that charges may be issued retrospectively. However, there is no clarity provided on which cases will be covered by the NHS and who will have to pay. Whilst this won't be a problem in the short term it does open up significant potential for challenge further down the line, particularly where people are forced to take a more expansive care package due to reduced choice at this time.

<u>Collating evidence for a future review of handling of the pandemic:</u>

When this crisis is finally over, I am sure there will be a need to collect learning from the experience in order to inform future planning for disasters of this kind. Noone can reasonably expect that despite the heroic efforts of all involved, that every measure taken will have been as effective as it might have been or that all possible mitigations were in fact deployed. Patients and other service users, and their families need to have the opportunity to feed back the doubtless many positive experiences they have had but also examples of where things could have been handled better. I suspect that at some point in the future your Committee will want to consider conducting such a review. To cater for that eventuality, I suggest that Healthwatch, both nationally and locally, is well-placed to contribute towards that learning by collection of feedback.

We are already exploring how we can gather feedback on:

- People's views and experiences of rapid changes in the way services are delivered - e.g. the huge growth in the use of online and telephone consultations in primary care - where has this led to improvements and where has this caused challenges?
- Any shift in the way care is delivered as a result of the application of the Care Act easements, including any gaps that appear.
- The impact on people with non-Covid 19 related health issues and how the NHS manages these during the crisis and beyond (including how waiting lists are restarted).
- What impact the crisis has had on the movement toward more integration of health and care services.

However, in order to make the most of the limited resources we have available, it would be helpful to know if looking closely at any of these issues (or any other areas the Committee would like us to look at) would be helpful. If your Committee were able to provide such an indication, Healthwatch England could encourage the network to focus more on those

healthwatch

issues. Imelda Redmond, our National Director would be very happy to discuss this further with you or the Committee staff.

Kind regards,

Sir Robert Francis QC
Chair, Healthwatch England