

Evidence submitted by the Royal College of General Practitioners Wales to the Welsh Parliament Health, Social Care and Sport Committee inquiry into the Covid-19 outbreak on health and social care in Wales

Thank you for the opportunity to contribute to the inquiry into the Covid-19 outbreak on health and social care in Wales.

We would first and foremost like to recognise the tremendous dedication and work of all health and social care professionals along with other key workers during this most challenging of times.

Before addressing individual issues, the College would also like to put on record its appreciation for the way in which NHS Wales and Welsh Government have engaged with us, listened to our concerns, responded swiftly and considered our ideas. It is hoped that when we reach the 'new normal' post-Covid-19 that these constructive relationships will be maintained.

Our further comments are noted below by subject:

Technology

- The rapid roll-out of remote consulting software and accompanying engagement from NWIS is to be applauded.
- The functionality of the Attend Anywhere software is limited in comparison to Accrux, with the latter tending to be the preferred choice of GPs. It is appreciated that in other areas of the health service Attend Anywhere may be preferable.
- An alternative to the charge of £85 for a remote working code-generator was appreciated, although it would have been helpful if this option had been introduced and publicised at the point when home working was required.
- The need for GPs to be able to utilise the latest technology for the benefit of their patients has been further highlighted by the pandemic. Urgent investment is required in general practice technology to bring it up to the highest possible standard and ensure the infrastructure is in place to make the most of new technology. Currently, ultrafast broadband coverage across Wales is the lowest of all the other nations in the UK – with only a third of the country being provided with 300MBs broadband.
- The College has previously called for the swift roll out of electronic prescribing software. Had this been enacted it would have been very beneficial during the pandemic. We would reiterate this urgent request and suggest that such a move would be very much in keeping with the new ways of working.
- Consideration must be given to how marginalised patients and those from economically disadvantaged areas can engage with technological advancements in primary care.
- The rapid roll out of the 111 telephone service across Wales was very welcome.

Consultations

- For many consultations video and telephone have proved sufficient in replacing face to face. However, this is not universally the case either in terms of the ailment or of being the most appropriate for the individual patient. While there will be no turning back from the welcome technological advances we must not lose sight of the continued importance of the face to face consultation and the balance between them.

- We need to remain mindful that these technologies do not work for all patients and should emphasise the potential health inequalities impact of the GP model moving too far in this direction long term.
- The additional flexibility of remote consultation might appeal to GPs who are interested in taking on extra shifts but require a flexible work / life balance.
- It is also possible that this new flexibility of consultation format could facilitate access during extended hours. If this were to be the case it is important that the future workforce has sufficient capacity.

Personal protective equipment (PPE)

- It was apparent that there was insufficient resilience in the supply of usable PPE. At our first request to Welsh Government regarding provision of PPE we were informed that no provision was planned for GPs at that stage. This position rapidly evolved though the initial supply of PPE was patchy, poorly communicated and lacked clarity over the proper use of equipment. A further supply of stock was a marked improvement, although it took another upgrade until GPs had usable eye protection. By this time many GPs had purchased their own makeshift protective wear from online hardware retailers. It is entirely accepted that this is an extreme situation and that there is global demand on the supply chains. However, one of the lessons which should be learned from this pandemic is a need to shift focus proportionately towards resilience of supply and away from 'just in time' delivery which while sufficient in normal times was found wanting in a crisis.
- It is our view that primary care must be an integral consideration in future planning for PPE provision and resilience strategy.

Shielding

- Delays in shielding letters led to confusion for patients and GPs with information appearing in the media and on official websites before the letters were received.
- The decision to link shielding directly to provision of services such as prescription collection and supermarket deliveries created an unintended consequence that led to inclusion on the shielding list being desirable which in turn increased workload and put pressure on GPs to provide letters.
- There was miscommunication regarding Advance Care Planning (ACP) which led to some distress. When one controversy received news coverage it became even harder for GPs to have these vital conversations with patients. ACP is good medical practice and it should be part of routine primary care for health professionals and patients. In retrospect a better approach would have been for a clear message from Welsh Government that there was a need for ACP conversations and that these would be about best understanding the most comfortable environment for a patient while ensuring they were receiving all appropriate care. That would have then framed the conversation allowing GPs to have productive conversations with patients. As it was, GPs were having to broach the subject and then with undue haste, go into the more sensitive aspects of ACP.
- There was a need for earlier and clearer dialogue on messaging in consultation with front line clinicians.
- It is unclear to the College as to the extent of conversations between Welsh Government and organisations representing older people and extremely vulnerable patients. However, such discussions taking place prior to the issuing of shielding letters could have established greater

understanding of ACP. Working collaboratively with the relevant stakeholders involved, it should have been possible to ensure a consistently compassionate tone for such sensitive discussions

- A related matter was the conflation of ACP with the Do Not Resuscitate (DNR) instruction. ACP is good medical practice when carried out sensitively. ACP covers a far wider remit and should have been the focus with issues of DNR left primarily to the patient to raise unless specific circumstances made it relevant for the GP to do so. This conflation was not the responsibility of Welsh Government or the NHS, but rather a consequence of the overall short-comings regarding the communications around this most sensitive of topics.

Care Homes

- GPs have continued to be available for care home work, but there have been instances in which lines of communication have not been what they should have and an improved procedure for care homes to notify GPs when residents are unwell would be beneficial.
- We have concerns about the limited supply of PPE for use by care home professionals and the level of guidance provided with regard to the correct use of PPE.
- Care Homes are particularly susceptible to virus outbreaks including more common diseases such as norovirus or flu. Greater training for care home staff in communicable diseases and appropriate procedures in the case of an outbreak would help with future incidents. This training opportunity would also seem to fit with the Welsh Government's aim of advancing social care work to a parity with that of health care. GPs regularly meet care home staff and are impressed by the skills they possess. Further formal training could bring with it accreditation.
- There is a need for greater consideration when discharging patients from hospital back into care homes. Regrettably, there were instances of infection spreading in a care home following a hospital discharge.

Multi-disciplinary team

- It came to our attention that Health Visitors were re-deployed leading to some areas having a delay in referrals. This is unacceptable at a time when vulnerable children were being isolated at home and when there was a documented increase in domestic violence.
- District nursing teams have reported a lack of PPE which is essential if they are to appropriately provide palliative and other care in the community.

Communications

- It is appreciated that the challenge of communicating different approaches taken by the Welsh Government to that of the UK has been a twenty-year issue. However, the topic is specifically relevant at a time of emergency in which the public are concerned. We feel that there has been a failure in the way announcements have been communicated to the public during this period. One example was the announcement to test all over 65s and care home residents in England but not in Wales, though Wales later adopted the policy in regard to care home residents. Under the devolution settlement, it is right and proper that both nations should make their own decision on policy based upon the scientific evidence. Furthermore, it is accepted that this will, on occasion, lead to divergence in approach. However, the communication of such divergence must be clear to patients. A further example of public

confusion related to the launch of the NHS Volunteer scheme which received great publicity from UK Government, but the Welsh equivalent lacked such profile of promotion when launched. We think it is essential that announcements made by UK Government are clear with regard to which nations they relate and where the media conflates England and the UK it is appropriately challenged. In normal times confusion over what is devolved can be an inconvenience, in times of a crisis it can cause unnecessary worry to an already concerned population.

- Related to the previous point, the College believes it is essential that Welsh Government and NHS Wales officials are fully informed of UK Government decision making prior to public statements and vice versa.
- It was noted at the time when those with symptoms were encouraged to make use of online services before contacting 111 by phone, that the NHS England 111.nhs.uk website simply rejected postcodes from Wales with no advice. A separate Welsh symptom checker existed, but with no link to it many patients will simply have concluded they had to phone 111 adding to already congested phone lines. The College raised this matter at both a UK and Welsh level. The response from Welsh Government indicated that there was awareness of the issue and a request for a link to be added had been submitted. It nonetheless took a few days for something as simple as adding a link to a website, typically a five-minute task at longest for most website editors.
- Where Welsh Government consciously chose to diverge from what was being announced at a UK level we think it important that this is clearly communicated with an explanation as to why it is the case. This should be tailored to inform the public.

Non-Covid work

- Initially, routine GP appointments were down compared to usual numbers. This is concerning as it suggests much routine care was not being accessed. This rebounded considerably following publicity from Government, NHS and the College to encourage those who needed an appointment to seek one. However, we do feel that this message must be sustained for the duration of the time while restrictions on public movement remain in place.
- There will be an additional wave of work as routine appointments pick up after some were paused to increase capacity to manage Covid-19 resources. We know from previous epidemics and pandemics that a divergence of resource can have a significant wider impact on health and wellbeing. For example, during the 2014 Ebola crisis, as many people died of untreated malaria, HIV and TB as died of Ebola. In 2009 during the flu epidemic in the UK there was a significant increase in deaths from strokes. There is a risk that the obvious emphasis on Covid patients will result in treatment for other health conditions being delayed if patients do not present in primary care.
- We should plan on the basis that there may be increased work from Covid survivors such as ongoing respiratory and renal impairment which will impinge on primary care workload.
- A particular concern relates to mental health support. The prevalence of Covid-19 and associated lockdown is likely to have led to some cases becoming more acute and the lack of normal routine a challenge for the wellbeing of many. After lockdown we are expecting a surge in those with negative mental health symptoms among patients with anxiety, agoraphobia, OCD, depression etc. This could include unique Covid based problems and severe grief reactions as a result of distancing and in terminal phases of life and restricted funerals. A further consideration would be mental health issues such as post-traumatic stress

following admission to intensive care units. Capacity in primary care for talking therapies must be available to cope with this increased demand.

Wellbeing of GPs and their colleagues

- There need to be concerted resources made available for health professionals' mental health and supporting them, including coping with stress. Burnout will be a huge risk after this crisis, with workload in general practice increasing and we need to be sure that there is support for professionals across the NHS where needed.

In conclusion

General practice has proved to be highly innovative and adaptable, moving the majority of work to remote consultations, making use of technology and rapidly embedding that technology to deliver care in a way that is safe for patients and doctors at this time. Our members have continued to provide continuity of care for those people who had Covid-19 and were referred back to the GP surgery, or who chose not to go to hospital, having follow up conversations with clinicians who know them.

RCGP Wales has worked constructively with NHS Wales, Welsh Government and health sector organisations including the BMA/GPC and Academy of Medical Royal Colleges, Wales. We will continue to do so as Wales seeks to minimise the impact of Covid-19.