

# Interim survey report

## Impact of the Covid-19 outbreak on health and social care in Wales

July 2020

### Background

As part of the Inquiry into the Impact of the Covid-19 outbreak on health and social care in Wales, the Health, Social Care and Sport Committee is conducting a survey. The survey went live on 9 June 2020 and will remain live throughout the Summer recess. This interim report will focus on the **73 survey responses** received between 9 June 2020 and 6 July 2020.

The survey aims to uncover the impact the Covid-19 outbreak is having on frontline staff, patients, carers and those receiving care or treatment in both clinical settings and the community.

The purpose of this interim report is to illustrate the key issues reported so far. It is not meant to be a detailed examination or analysis of the survey.

With the Covid-19 timeline moving at pace, this interim report will enable the Committee to have a timely understanding of the key issues and to keep abreast of the impact upon staff, patients and carers.

A full report will be published at the beginning of the Autumn term.

### Key issues

A number of key issues have emerged from the survey so far. These include personal protective equipment; testing; shielding of vulnerable people and financial implications. These are areas also highlighted in the Committee's report: *'Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Report 1'*

Further key issues from the survey include, easing restrictions and an exit strategy; impact of service disruption and redeployment of staff; mental health; impact on unpaid carers; keeping people informed; and new working practices. These are areas that the Committee might wish to consider in future work.

## Personal Protective Equipment (PPE)

Interim summary:

- PPE should be of adequate quality and fit for purpose, including that the design and fit is appropriate for all wearers and suitable for staff, patients or carers.
- Guidance on PPE should be kept up to date in the light of the most recent scientific advice, and advice communicated clearly to staff.
- Third sector organisations providing vital care services should have reliable access to appropriate PPE.

Working long hours in full PPE is exhausting and sometimes painful. It also affects our communication in more ways than is imaginable. Work is physically and emotionally more difficult and tiring. Then we have constant headaches from dehydration as we limit breaks to save PPE, and can only drink so much in our breaks to prevent impromptu toilet breaks. It has been a constant challenge to procure PPE necessary for our safety, meaning staff have had to be non-clinical when their expertise are desperately needed.

### **Staff nurse**

Working according to government guidelines is impossible - have you tried socially distancing whilst completing home assessments and addressing personal care needs? Have you tried communicating with a deaf person who cannot read your lips or a confused patient who longs for human touch and cannot comprehend why you are wearing a mask and glove etc and are frightened by you?

### **Health professional working in a hospital setting**

With discrepancies in PPE guidance at the beginning, our staff were put in danger due to misunderstood information been actioned. For example, wearing a surgical mask in an ITU setting with cohorted covid 19 patients, some which were ventilated. A lot of our staff contacted covid 19.

### **Staff Nurse**

Impacts every aspect of our work. Face to face contact and treatment if very poorly covid patients. Dealing with and caring for the distressed families. Attempting resuscitation of covid cardiac arrest. The stress both emotionally and physically of dealing with these jobs and having to work in complete PPE/respirator hoods in the unusually hot weather has brought myself and colleagues close to collapse on numerous occasions. Trying to clean and protect ourselves and our families. I have been a paramedic for 36 years, and have never experienced anything like this!

**Paramedic**

Ensure adequate PPE and look at ways to provide more comfortable PPE. Such as breathable gowns, more comfortable disposable masks, hoods that don't break down and tolerate the use they have to endure, also quieter systems that allow communication.

**Staff nurse**

Improved "amber" PPE, minimum we should have is full gowns, should never have to go into addresses in Aprons!!

**Paramedic**

As a radiographer we are required to x-ray and scan patients for doctors to be able to diagnose and monitor Coronavirus pneumonia in the patients' lungs. This can mean that we are spending hours of time stuck in PPE which leaves us with sores and rashes on our skin, and dehydrated from the amount of water we have lost

**Radiographer**

## Testing

Interim summary:

- Concerns about access to testing in care homes, with testing for all care home residents and staff to be made available.
- Patients being discharged from hospital directly into a care home should be tested in accordance with latest best practice to ensure maximum protection for residents and staff.
- GPs and primary care need to be an integral part of testing arrangements.

- Regular and repeated testing of health and social care staff, including asymptomatic staff.

More rigorous testing Results are too slow should have blanket tested all staff even if they didn't have symptoms. We all now need antibody testing as soon as possible

**Staff nurse**

I unfortunately had the virus and there was no advice from my occupational health department except that I could go back to work on day 8 if better I felt they and managers didn't care if you were still unwell they just wanted you back in work and a lot NHS workers went back before they should have

**Staff nurse**

Include Social Care staff in testing

**Care worker**

## Shielding of Vulnerable People

Interim summary:

- Getting help and support from services, such as priority deliveries from supermarkets is difficult for many vulnerable people. Major supermarkets lack sufficient capacity for online food shopping and home delivery to meet demand.
- Consideration of support arrangements for disabled and/or vulnerable families.

Local shopping is difficult as there are often long queues. I have a bladder problem and IBS and by the time I reach the shop I already need to urinate. I worry I will wet myself queuing. My daughter has a kidney problem and needs to be able to urinate as soon as she needs to go. My daughter and I have terrible back pain when we stand still for more than a few minutes. I have four special needs children that I care for and only 10 people are allowed on a bus. I have not got a bus since lockdown as I'm scared I will be turned away as there are too many people then wet myself while waiting for the next bus. Bus station closed and my son won't tolerate rain so if there is no shelter at bus stop in town he has meltdowns and may run into the road. Only one person allowed on each seat on bus and my son needs me next to him. I feel like a prisoner in my own home

and often go without food as no online slots available either. I have had to make use of food banks for the first time.

### **Unpaid carer**

## **Financial implications**

Interim summary:

- Significant financial pressures on dental practices and other health and social care professionals with calls for urgent support to mitigate the financial impact of Covid-19.

I run a small private dental practice. Our income has dried up to a tiny fraction of what it was. We have furloughed all staff...We have kept going by using my savings and a Bounce Back loan. It is frustrating that we have to pay business rates even though we cannot run as usual. All NHS practices have their rates paid for them. PPE is going to be a headache when we do reopen as FFP3 masks are hard to obtain. The CDO has imposed stricter rules than in England which will disadvantage patients and we may need to send them over the border for care if we can't do it. The UK rules in general for dentistry are far more restrictive than other countries e.g. Italy and France regarding PPE requirements and protocols for cleaning. This means that as soon as we reopen we will start to lose money faster. I am praying that this all comes to an end before I run out of money but we can't stay closed forever. Patients still need care.

### **Dentist**

Realise that dental nurses have worked throughout the coronavirus pandemic, triaging patients over the phone and now seeing patients back in the surgery. Support us with our pay as we are all desperately struggling.

### **Dental nurse**

Give us clear guidelines and allow us to do check-ups etc before 2021... Most dentists in Wales are in mixed practice with the NHS help not even covering staff wages, let alone expenses. Mixed and private practices need financial help or we will go under.

### **Dentist**

Extend the business rates holiday to healthcare businesses. The CDO should ensure that Standard Operating Procedures are based on scientific research and not gold plated beyond reason. The General Dental Council should be

investigated for its use of the furlough scheme whilst still maintaining the fees charged to registrants. It should have the ability for registrants to pay in instalments.

#### **Dentist**

I am Podiatrist that rents a room in a dental surgery. It has had a terrible effect on my business as unlike other Podiatrists, I have been unable to treat emergencies, as I am not insured to work out of a dental surgery during their red phase, although I work on a different day to dentists... Many of my patients have gone elsewhere feeling I have let them down.

#### **Podiatrist**

The £500 payment to social care staff would also be welcomed in community pharmacy recognition that covid has had a cost implication to community pharmacies and an appropriate financial settlement - my pharmacy reacted by doing everything it could to make sure we could stay open and meet the needs of our patients, that cost money - currently pharmacies have paid out.

#### **Pharmacist**

Uncertainty in our jobs, we work in the highest risk category yet we are only receiving 80% of our pay, despite working throughout the pandemic. I worry how to pay my bills and even though I am qualified and registered, working for an NHS provider, I earn £9.00 per hour.

#### **Extended duties Dental Nurse GDC Registered**

## **Easing restrictions / Exit strategy**

Interim summary:

- Cessation of social distancing giving families autonomy over contact.
- Easing restrictions to enable travel for unpaid carers.
- Easing of restrictions to allow face to face contact for health professionals working in a community setting.

Finish lockdown. Allow people to make a choice if their family can come to their homes, if they would rather risk hugging their children and grandchildren. Depend on staff who are trained professionals to make calls in the best interest of their patients, colleagues and themselves. Trust people to be able to share an

office without taking undue risks and that people can understand how to make risk assessed judgement calls. End lockdown so that people have a quality of life. End lockdown so that people can do their jobs properly. End lockdown.

### **Health professional working in a hospital setting**

A patient observed today that isolation has been no life to her as she has been unable to see grandchildren for months. At 85 years old, she observed, you are going to die of somethings at some time - her life is being extended by shielding and lock down but it's not really living. This patient is neither depressed nor suffering with mental health problems and just making an observation of her perspective of life in lockdown.

### **Health professional working in a hospital setting**

Recognise and address the issues affecting people with memory problems and their carers. This includes providing care to a person who lives alone and more than 5 miles from their carer.

### **Unpaid carer**

Allow professionals to continue with their services face to face, applying social distancing. We are professional adults, we are aware of our own safety and needs and I believe the WG need to see this. I don't understand how teachers have been allowed to continue face to face but social workers cant? Employees in shops and fast food places can see these families but we can't? I don't believe the guidance set by WG has been the forefront of needs

### **Youth Justice Officer**

## **Impact of service disruption and redeployment of NHS and care sector staff**

Interim summary:

- Service disruption could lead to late diagnosis, complications or deterioration in a patient's condition, with increased waiting times also for elective care and cancers.
- Concerns about the redeployment of staff to areas beyond their area of expertise.
- Unequal weighting of staff redeployment resulting in some departments being overrun whilst others having little work..

Covid has made many 'non urgent' scans and examinations breach their waiting times and therefore we are experiencing and will continue to have very long waiting lists for these examinations. The delayed impact covid will have on these patients is almost more worrying for the NHS to deal with (And afford) in the long run. At the moment 'covid' patients are being dealt with in a similar way to any other inpatient

### **Radiographer**

Reduced surgery. Staff working in areas for which they aren't trained. Staff scared, not only about the virus but in working beyond their area of expertise. Short staffed because of self-isolation etc.

### **Theatre sister /team leader**

Huge changes within the department with regard to services, I work in minor injuries - this has been moved to a different hospital under the guise of COVID - unsure if it'll be returned. Specialist staff relocated to work in areas of unit where they have no training or experience of. Services withdrawn. Injuries that used to be urgent referrals are suddenly acceptable to manage conservatively - this is completely against the grain!

### **Emergency Nurse**

There were initially a lot of very hasty decisions made by lots of services and some services were just suspended overnight. The population I work with in the community they lost all their support overnight, family carers as well as schools and support services. With hindsight these didn't need to stop, but should have stayed operational with adaptations to remote ways of working. Some of these decisions still haven't been reversed. For example, some staff are redeployed to covid-related activities or even filing elsewhere now, and services can't resume without them. If there is a strategy about this it doesn't seem clear to the staff on the ground. Some very vulnerable service-users have been left with very little or no support. It is very upsetting for staff who know them. One government grant project I work on was suspended and the staff are now redeployed, or pulled into core services, but staff were explicitly forbidden to work on the grant work even when they had nothing else to do, which lead to high levels of stress. The burden of the work seems very uneven - some working flat out, others seemingly not doing very much.

### **Clinical Psychologist**



Longer hours, less days off work... The service users also need extra attention. Some are so lonely and need extra time to chat, we are having to do more tasks such as cleaning and shopping as family members are not visiting.

#### **Domiciliary care worker for a private company**

Having to work from home. No face to face in person with young people who have been in care. Referrals have gone up from 4 a month to over 140 a month.

#### **Team Manager**

Encourage managers to allow staff to go back to their work as usual, but adapted to the new situation. This is much better than just stopping services. Only redeploy where there is a clear need - in our area most redeployed staff have been bored with not much to do whilst their usual services struggle.

#### **Clinical Psychologist**

## **Mental health**

Interim summary:

- The impact of the pandemic and the stay at home measures on mental health and wellbeing. There are a wide range of contributory factors, including increased stress, isolation, disruption to routines, financial insecurity and bereavement.
- Concerns about the mental health impact on health, social care and other frontline staff.

Emotionally, I have on many occasions gone home feeling completely destroyed, with no one to hug me and tell me it will be OK as I my partner lives in a separate house. The anxiety and stress at times were unbearable, particularly at the start.

#### **Staff Nurse**

Severe stress, much reduced pay , severe anxiety about the future , stress to try to acquire PPE, 2000% increase in cost of PPE, staff worried about catching corona virus , patients not getting [dental] treatment they need and probably won't until 2021 at earliest if we have gone bankrupt before then. Massive backlog of treatment to be done , increasing hours and days worked causing more stress and still backlog piling up.

#### **Dentist**

Patients who are depressed are now unmotivated and desperately struggling with isolation and increased depression. Patients with dementia are struggling to understand and remember why they are not able to have visitors are become increasingly distressed...Staff come in all spectrums from the highly stressed and very scared to the blasé but following guidelines issued but thinking they are ludicrous. Conversations stem around the fact that we are trading lives and quality of life to protect from one illness whilst others are suffering physically, emotionally and mentally. Suicides have increased as have alcohol and drug dependence. Cancer treatments were suspended. It has gone from necessary precaution to beyond common sense.

### **Health professional working in a hospital setting**

Massive amount of mental health issues due to removal of my support groups and effect of being shielded. Terrified of catching the virus.

### **Unpaid carer**

I also had personal impact of my terminally father dying from cancer at home. His palliative care pathway couldn't be implemented because the hospice was closed due to covid19. I had to care for him at home whilst also working, thankfully with support from hospice at home when possible. We had a funeral for 3 family members, one of my brother not being able to attend due to living in Canada. I live alone so I have had no physical contact with anyone since his death so have not been able to grieve properly. I have had to seek private counselling for bereavement and more recently for impact of isolation.

### **Service manager, adult and children with disabilities.**

Due to the outbreak, we are isolated, many of us are afraid to see our families despite guidance now allowing us. My mental health has personally seen a negative effect, I have seen so many lows, I can't remember the last time I saw my family and held someone, but I have counted myself lucky to be able to work and to see colleagues who I regard as friends. I just want it to be over, I want to be able to drive home to my family and see them. I honestly feel that I got sent to war in March and I am still on the battlefield, fighting a long battle, sacrificing more than the rest of the general public in this pandemic.

### **Diagnostic Radiographer**

## Impacts on unpaid carers

Interim summary:

- Increase in caring responsibilities due to cessation of services, support groups and respite. A higher burden placed on family members, and other unpaid carers, to provide even more care to compensate for the lack of service and support.
- People caring for those with dementia can be heavily reliant on accessing support groups, social activities in the community, befrienders, day care centres, or singing and dancing groups to stay socially active. These face-to-face services are now temporarily closed, leaving huge gaps in support and care needs.

It means a lot of additional work because the clubs and activities that my mother went to have been closed down. I have to clean as the cleaners have stopped. Its added stress because it's limiting time I can do things in my own home. Because my Mum has Alzheimer's it's upsetting that she doesn't understand that she mustn't open the door to her flat which adds stress for me. The lockdown has exacerbated an ongoing situation that Bron Afon have not helped with regarding wandering resident. Lockdown has impacted me more than it's impacted my Mum with extra cleaning, visits and keeping her apart from residents who wander.

### Unpaid carer

I care for my mother who has dementia. Isolation is making her condition worse, not getting to see loved ones or interact with people. I've had little to no support from social services or the mental health team. I'm therefore working from home, home-schooling and trying to get to my mother 3 times a week. This is totally unsustainable

### Unpaid carer

Clear consistent messaging with notice about changes to lockdown so we can prepare. Consult with unpaid family carers - a lot are asking why they don't qualify like the paid care workers. Better access to PPE for unpaid family carers.

### Unpaid carer

## Keeping people informed

Interim summary:

- A system of clear public messaging at a national and local level.
- Clear and timely information for frontline staff, carers and patients

### **Sector information sharing and planning**

Policies that are clearly written and well communicated with a view to protect staff. More forward planning for these big events. We should not be reaction to a pandemic, but expecting it and being ready for it. For example, each year I have to do information governance training, yet I never had donning/doffing training. Why did we not have an emergency plan for PPE procurement, how this would be dispensed to where it was needed? How different areas would amalgamate in the event of an emergency situation? Covid 19 pandemic was a possibility from December/January time, yet our unit was only providing training and setting up just before it hit us in March, adding to the sense of chaos.

#### **Staff nurse**

...Another significant impact has been the lack of synchronicity and integration between health and social care. Health have not communicated well with social care and social care has been viewed as secondary to health. Social care have also potentially not cooperated as well as they could have for those reasons. The existing habit health have developed of discharge as early as possible has been detrimental to those in care homes and should not have happened.

#### **Programme Manager**

It was a very trying times in the beginning of the outbreak (not just for us of course) as I for instance was trying to keep up to date nightly / in between each shift about the new developments and understand what was going on with treatments and PPE guidelines. It feels less stressful now than it was in the beginning

#### **Advanced Nurse Practitioner for GP Out of Hours Service**

### **Public information**

Clearly explain to patients that only those shielding or self-isolating (with symptoms or household members with symptoms) are entitled to free delivery .... patients have seen things that say “vulnerable” in press releases from WG -

and everyone says they are vulnerable and we cannot financially afford to deliver to everyone

### **Pharmacist**

It seems simple but things like a layperson thinking that wearing gloves to the supermarket will actually help reduce their chance of contracting covid is frustrating. These same people will touch their face/phone/shopping/trolleys/doorways all whilst wearing the same pair of gloves. A simple advert to emphasise that gloves on their own do not avoid covid would be very helpful! (Unless you are trained on how to don and doff PPE properly there is hardly any point to wearing it).

### **Radiographer**

## **New working practices**

Interim summary:

- Working from home could be part of the new normal for families with adequate technical support, improved connectivity and childcare provision.

I'm a hospital pharmacist who has moved to working shifts to preserve social distancing in our department. I now work 12 hour days and childcare is incredibly difficult with two nursery- aged children

### **Hospital pharmacist**

Personally as a key worker with husband working from Home I was not able to access child care hub place for 10 weeks, then was given a space for three weeks. This has caused a lot of stress to us. The process was not robust and not fair . Caerphilly hub provision process has been awful and has shown no equality. As a key worker I have had no time off in 12 weeks and have only had three weeks of hub support . I compared this to others in same locality and others and they have been in receipt of far more support .

### **Ward sister**

Support the speedy adaptation of our technology - at work we require secure technology solutions - to conduct assessments/therapy remotely. For example, we urgently need a facility to resume some of our work whereby service-users can upload and share a video with a clinician securely, but I have been told by information governance that that is not a priority. In the longer term it would be

helpful to look at the broadband infrastructure in rural areas...Some of the changes that have happened during lockdown have been very positive for our family and at work and I hope that the government will be more proactive in supporting family time through allowing people to work from home and encouraging schools to provide live or pre-recorded teaching to reduce the travelling time and costs for the whole family.

**Clinical Psychologist**

In my paid employment I have been working in a remote and dispersed way. As a carer this has enabled me to better manage the balance between work and life and I hope this shift in workplace behaviour becomes the norm.

**Unpaid carer**

I have the technology to remote access my work I can now work as effectively at home as I did in base - I am able to focus much better on my work at home than I was with all the worries at work! Our teams have regular skype catch-ups rather than long meetings infrequently. This works much better, and there is a much greater sense of being a team this way. We are doing our usual work with service-users by the phone. Most of the work can be done like this. Some (face to face assessments) cannot and will have to wait until we can do them.

**Clinical Psychologist**