

Emergency and Resilience Planning in the NHS: COVID-19 Inquiry
Health and Sport Committee

RCGP Scotland is pleased to provide a response to this inquiry. We would like to caveat our contribution by highlighting that while there have been many well documented challenges which have arisen in the course of the national pandemic response, opportunities to improve health service delivery have also been grasped. The rapid mobilisation of both intensive care capacity and general practice to meet this public health crisis has been impressive. The creation of Covid Community pathways, largely staffed by GPs, has protected the acute sector from the very worst excesses of COVID-19 and we have welcomed the investment in these pathways and also in general practice to bolster the community response.

The following consultation response is based on our observation of and contribution to the pandemic response, rather than on intricate knowledge of the planning that was undertaken for such an eventuality, as RCGP Scotland was not specifically involved in these discussions and preparations.

Did previous planning adequately prepare us for the current pandemic?

The scale of the challenge presented by Covid-19 for the health service was unprecedented, with no previous public health challenge in living memory presenting a similar level of challenge. Given the nature of the virus (a novel disease rather than an influenza virus) it is difficult to ascertain whether any degree of preparation would have been enough to ready us for COVID-19. RCGP Scotland has not been previously involved in pandemic preparations and, as such, the following reflections are from our involvement in this pandemic response.

- **Personal Protective Equipment (PPE)**

In the early stages of the pandemic, availability of PPE was a concern for many health and social care professionals, including GPs. The availability of PPE appeared slow to mobilise across all sectors and many GPs were reliant on PPE that was available to them from previous outbreaks such as SARS. We appreciate that it is difficult to get the balance right in terms of being able to provide adequate levels of PPE, without stockpiling unnecessarily. However, in the early stages of the pandemic especially, the supply chain logistics around PPE appeared to be absent. Within general practice, we welcomed efforts made to resolve these challenges through the establishment of a dedicated email address and delivering PPE at a Health Board level. However, we recognise that challenges regarding PPE persisted well into the crisis in other parts of the health and social care sector. Previous planning did not appear to enable a sufficient early response with regards to PPE mobilisation.

- **Community Covid pathways**

The mobilisation within primary care of Community Covid pathways (which include the establishment of Covid Hubs and Community Assessment Centres) was impressive and helped to ensure that general practice could continue to provide a high standard of patient care (largely through video consultations and over the telephone) to those patients without COVID-19 symptoms, while ensuring that those with COVID-19 symptoms could access the care that they require safely and quickly. This pathway also helped to protect the acute sector from being overwhelmed with patients presenting with COVID-19 symptoms. From a general practice perspective, the establishment of the Covid pathways has been one of the most impressive elements of the COVID-19 response and has helped to ensure that the health service's capacity was not overwhelmed by the virus. We are unsure of whether plans for the establishment of such pathways were the result of previous planning or whether they were a direct response to the COVID-19 pandemic.

- **ICU Capacity**

Similarly to the mobilisation of the Community Covid pathways, the bolstering of ICU capacity

in the early stages of the pandemic was impressive and certainly helped to ensure that the health service had the means to respond to a significant public health emergency. The increase in levels of equipment, the redeployment of staff to those areas of the health service likely to be experiencing increased pressures and the building of the Luisa Jordan Hospital were all impressive measures to be taken in a short period of time. Once again, it is unclear whether this response was the result of previous planning or a reaction to the pandemic as it unfolded.

- **The Care Home Sector**

It is clear from the levels of mortality, especially in the care home sector, that we were not prepared to meet the challenge presented by Covid-19 to some of our most vulnerable members of society. Perhaps lessons could have been learnt from those countries which were at a later stage of managing this crisis. However, the underestimation of COVID-19 does not appear to be a failing confined to Scotland. The nature of the virus has left questions remaining over whether any level of preparation could have truly readied us for the COVID-19 pandemic.

With hindsight, what prevented better advanced planning to deal with the pandemic? Were the right people and organisations involved?

It is difficult to judge the effectiveness of the response through the prism of hindsight, given that the pandemic was being responded to as it unfolded. Throughout the pandemic, RCGP Scotland has fed into the production of Scottish Government guidance for general practitioners to assist the national response and to ensure that the guidance being provided nationally was workable at a practice level. We have also provided advice and guidance during the pandemic on practical elements of the response, such as the establishment of Covid pathways. From an organisational perspective, it is difficult to comment on whether the right people and organisations were involved in advanced planning. We were pleased to be consulted alongside the BMA's Scottish General Practitioner Committee (SGPC) by the Scottish Government at a very early stage of the Covid-19 response and feel that our concerns and ideas have been appropriately considered and incorporated throughout this period.

- **Public Health**

The role of public health during a pandemic is hugely important, however experiences from COVID-19 suggest that in some areas of Scotland, the involvement was lacking. At a grassroots level, experiences from GPs in terms of their involvement with public health appears to have been variable across Scotland, with some members reporting that public health professionals at a local level were not visible to them in the pandemic response until a very late stage. At a national level, the role of public health was also not visible during the pandemic. A dedicated Chief Public Health Officer role providing dedicated public health expertise to both the public and the Government may have helped bolster the country's response to the pandemic. Aside from the creation of a separate senior post, more public health advisors feeding into the Covid-19 response could have helped to ensure better advanced planning and potentially a more effective response. Serious consideration and evaluation must be undertaken of the role played by public health and the resourcing available to the profession before, during and beyond this pandemic. As we move into the post-Covid recovery phase, the role of public health will remain crucially important both for continued pandemic response and also to offer more focus on population health at a macro level (in close partnership with general practice, which has a crucial role to play in population health at a micro level). Both specialities need to be appropriately resourced and recognised for their crucial roles in population health.

- **Care Home Sector**

We failed to recognise the huge degree of risk that was present in the care home sector in Scotland until it was too late. The multiple vulnerabilities of care home residents – including age, frailty, co-morbidities and cognitive impairment – mean that they are particularly susceptible to the worst effects of COVID-19. The role of care homes in providing a safe and homely setting, as opposed to a clinical setting, present logistical challenges in terms of adequate infection control, which could perhaps have been foreseen and considered at an earlier stage. The care home sector faced enormous challenges throughout this pandemic, from the provision of PPE to the testing of frontline staff. The emphasis in the early stage of the pandemic was understandably on reducing the number of patients in hospitals and tackling delayed discharges. However, with the limited community testing for Covid-19 and residents not being tested for Covid-19 prior to being discharged into care home settings, this led to significant challenges within this sector. With hindsight, the care home sector should have been one of the major considerations of advanced planning. There are valuable lessons to be learned here.

- **RCGP Scotland involvement**

As previously described, we have worked closely with the government throughout the pandemic to ensure the best possible response within general practice for the benefit of our patients and our staff. Considerable amounts of guidance have been issued to help advise and shape the response at a practice level – at times this has felt overwhelming for GPs as they try and operationalise this guidance to ensure that it works for their local populations. As a College, we have been actively listening to our members' experiences on the ground and feeding these into national planning. However, on reflection there perhaps could have been better mechanisms in place at a local level for those working at the frontline of health and social care delivery to quickly and easily feed in concerns which in turn could help to shape the national response. Similarly, opportunities for shared learnings across Health Board areas were limited. A simple mechanism in place to address these issues would have helped to create a more joined up and agile response, and to avoid duplication of effort.

3) What lessons have been learned which could inform the response to future outbreaks of COVID-19 infection or another pandemic?

There has been much learning within the general practice response specifically which could help to inform the response to any future pandemic outbreaks.

- **Health Inequalities**

The COVID-19 pandemic has shone a light on the persistent health inequalities that continue to exist in Scotland. National Records of Scotland data shows that those who live in the most deprived areas were 2.3 times more likely to die with COVID-19 than those in the least deprived areas. General practitioners and their teams have a unique role to play in mitigating against worsening health inequalities and many have been actively doing so throughout this crisis by supporting those patients who are socially, as well as medically, vulnerable. With general practices embedded within communities across Scotland, they are perfectly placed to assess the public health needs of their local populations. We have seen this throughout the pandemic, with many practices monitoring the needs of their patients and adapting their service delivery accordingly to meet their local population health needs. This role for general practice needs to be explored and developed to feed into national planning to bolster future pandemic responses.

The impact of this pandemic on worsening health inequalities needs to also be fully evaluated and urgent action taken to ensure that future responses to pandemics do not exacerbate worsening inequalities. General practice's ability to help mitigate against worsening health

inequalities could be bolstered if Community Links Workers were further rolled out across Scotland, with practices situated in areas of high deprivation prioritised. Similarly, consideration should be given to provision of additional dedicated funding to those GP practices located in areas of high deprivation to help them meet the challenges (and associated increased workload) within their local populations.

- **Bolstering of the primary care sector**

Sitting at the frontline of the NHS and managing 90% of patient contacts with the NHS, general practice has a vitally important role to play in terms of ensuring the overall functioning and sustainability of the health and care sector. This pandemic has served to highlight the adaptability of GPs and their teams, who, in the very early stages of this crisis, radically adapted the way in which they work to provide patient consultations over the phone, via video consultation and when clinically necessary and safe to do so - in person. While the establishment of the Covid pathways served to ensure that general practice could continue to provide care to non-Covid patients, a high proportion of staff members working within Community Assessment Centres were GPs. The work of general practice and primary care throughout this pandemic has helped to protect and ensure the stability of the acute sector and we must ensure that general practice is adequately resourced, both in terms of funding and workforce provision, to be able to continue to carry out this valuable work.

- **Interface groups**

The response to COVID-19 has highlighted the importance of good interface working between professions and sectors within health and social care. In some Health Board areas, dedicated Interface Groups already existed, offering a forum for clinically-led solution finding for the specific challenges that the primary-secondary care interface brings. Clinicians in both primary and secondary care are represented on these groups, and where they already existed and were functioning well, they were able to offer a great deal to pandemic planning at a local level. For example, we are aware of a local interface group that focused on the issues of shielding and care planning for the medically vulnerable to facilitate a pan-NHS response to sharing of this workload, and also worked to safely re-open patient referral pathways by introducing clinical triage of all referrals into secondary care. At present, Interface Groups are not mandated at Health Board level, although we are pleased to note that they are now “strongly encouraged”. RCGP Scotland has been leading on a three-year project (funded by Scottish Government) to facilitate the establishment of dedicated interface groups in every Board area, and our strong recommendation is that these groups are mandatory, and given specific resource to enable clinicians to attend and to allow the Interface Group recommendations to be operationalised. This would be invaluable in any future pandemic, or second wave of COVID19.

- **Public messaging**

The handling of this pandemic has highlighted the need for robust and consistent public messaging between nations. At points during the pandemic, where the advice being provided to the public differed between nations (such as with shielding advice and the easing of lockdown), there has understandably been confusion amongst the public. In such instances, GPs are often the first contact for patients to voice concerns and gain clarification. Whilst we recognise that the approach taken towards COVID-19 has been 4-nation in spirit, this is often far more difficult to achieve in reality. As we move through the recovery phase and lockdown measures are eased, perhaps at different speeds across the UK, it is important that the accompanying messaging is clear in terms of which part of the UK it applies to.

There have also been some instances, such as with the further roll out of community testing, where GPs have not been provided with advance notice of changes to arrangements or given information of testing arrangements to be able to provide to patients. This has led to GPs

being unable to answer patients' queries or signpost them to further information. Alignment of messaging between the public and healthcare professionals must be an important factor when considering possible future pandemic responses. However, we would stress that, in general, advance communication around important messaging has been achieved.

For the health service to be able to recover sufficiently and be in a position to respond to future outbreaks of COVID-19, an open and honest conversation must be undertaken with the public around which services they can reasonably expect to receive from their NHS in the coming months and years as the NHS recovers. RCGP Scotland has for some time called for a 'national conversation' to be undertaken with the public around safe and sustainable use of the NHS to safeguard the future stability of the service. The pandemic has further highlighted the need for such a campaign. Such a conversation helps to ensure that the NHS can be at its best where it is needed the most, with its priority on clinical need, rather than demand. This leaves us in a stronger position to be able to prioritise and mobilise quickly to deal with any future pandemics.

Technology

The pace of the digital scale up within general practice in the early stages of the pandemic was significant. Throughout the pandemic, face to face consultations have fallen from around 75% of total consultations within general practice to around 10%, with video and phone consultations rising significantly over that time. 100,000 NHS Near Me video consultations were carried out across the NHS in Scotland between March and May, with more than a third (33,446) carried out in general practice. This surge in the use of digital technology and telephone triage has allowed general practice to continue to operate safely and maintain access during this pandemic, providing care to those patients who need it most. While there are, of course, clear benefits of digital consultations for some patients (convenience, avoidance of unnecessary travel, avoidance time off work, avoidance of having to attend the practice which can be anxiety-provoking for some), we would not wish to see a wholesale move to digital general practice. Digital consultations will be a key feature of healthcare delivery for the foreseeable future, but we should never underestimate the additional value of a face-to-face encounter for many clinical scenarios, and for building relationships of trust more generally. This pandemic has shown the enormous potential of digital consultations, however we recognise that there is the potential for certain groups to be excluded from this type of healthcare delivery because of issues such as literacy, digital poverty, unreliable internet access or mobile phone signal, sensory impairment, language difficulties, learning disability, cognitive impairment and frailty. It is important that any evaluation of digital care considers specifically the unintended impacts on these groups and offers solutions to mitigate against any worsening of health inequalities.

There must also be a commitment to ensuring that all healthcare professionals are able to utilise digital technology, regardless of where they live in Scotland. Anecdotally, we have heard from some members in more remote areas that bandwidth can still dictate what options are available in terms of home working. We are also aware of variation between Health Boards on the permitted use of personal equipment (such as personal computing equipment) to aid home working. The challenges that still exist in utilising digital technology to its full capacity must be fully explored and rectified to ensure that where safe to do so, remote consultations can be undertaken in any future pandemic.