

COVID-19 UK INQUIRY

ANNEX TO SUBMISSIONS OF THE DISABILITY CHARITIES CONSORTIUM

MODULE 3

PRELIMINARY HEARING 1: 28 FEBRUARY 2023

DISABILITY CHARITIES CONSORTIUM CONCERNS AND CONTENT OF INQUIRY MODULES

Scope of Module 3

In particular, this module will examine:

1. The impact of Covid-19 on people's experience of healthcare.
2. Core decision-making and leadership within healthcare systems during the pandemic.
3. Staffing levels and critical care capacity, the establishment and use of Nightingale hospitals and the use of private hospitals.
4. 111, 999 and ambulance services, GP surgeries and hospitals and cross-sectional co-operation between services.
5. Healthcare provision and treatment for patients with Covid-19, healthcare systems' response to clinical trials and research during the pandemic. The allocation of staff and resources. The impact on those requiring care for reasons other than Covid-19. Quality of treatment for Covid-19 and nonCovid-19 patients, delays in treatment, waiting lists and people not seeking or receiving treatment. Palliative care. The discharge of patients from hospital.
6. Decision-making about the nature of healthcare to be provided for patients with Covid-19, its escalation and the provision of cardiopulmonary resuscitation, including the use of do not attempt cardiopulmonary resuscitation instructions (DNACPRs).
7. The impact of the pandemic on doctors, nurses and other healthcare staff, including on those in training and specific groups of healthcare workers (for example by reference to ethnic background). Availability of healthcare staff. The NHS surcharge for non-UK healthcare staff and the decision to remove the surcharge.
8. Preventing the spread of Covid-19 within healthcare settings,

including infection control, the adequacy of PPE and rules about visiting those in hospital.

9. Communication with patients with Covid-19 and their loved ones about patients' condition and treatment, including discussions about DNACPRs.
10. Deaths caused by the Covid-19 pandemic, in terms of the numbers, classification and recording of deaths, including the impact on specific groups of healthcare workers, for example by reference to ethnic background and geographical location.
11. Shielding and the impact on the clinically vulnerable (including those referred to as "clinically extremely vulnerable").
12. Characterisation and identification of Post-Covid Condition (including the condition referred to as long Covid) and its diagnosis and treatment."

Areas in particular that Module 3 will consider within that scope include (per Note from Counsel to the Inquiry dated 14 February 2023)

- A. The impact of Government decision-making on healthcare systems across the United Kingdom;
- B. How the treatments available to those suffering from Covid-19 developed and changed over the course of the pandemic;
- C. The quality of care provided to Covid 19 patients and non-Covid 19 patients;
- D. In relation to discharging patients from hospital, a distinction is drawn between Module 3 and the care sector module. The care sector module is the appropriate forum to deal with availability of care and/or processes about setting up care packages. Module 3 will consider the impact on hospitals of an inability to discharge patients who have been deemed fit for discharge;
- E. The availability and suitability of appropriate PPE. A later module will consider government procurement and PPE but Module 3 will consider the impact within healthcare systems of the PPE that was available at the time;
- F. The effect of national guidance on infection control within healthcare settings;
- G. The redeployment of healthcare staff from one area to another;
- H. The use of technology to conduct appointments and meetings;
- I. Cancellation of surgery and the creation of surgical hubs in which the risk of Covid-19 infection was minimised.

Future modules

- i. Vaccines, therapeutics and anti-viral treatment
- ii. The care sector
- iii. Government procurement and PPE
- iv. Testing and tracing
- v. The Government's business and financial responses
- vi. Health inequalities and the impact of Covid-19
- vii. Education, children and young persons
- viii. Other public services, including frontline delivery by key workers

DCC priorities and content of Inquiry Modules

KEY:

Green = Module 3

Blue = Past or future module

Orange = currently not covered

DCC priorities and content of Inquiry Modules	
Priorities	Scope
Miscommunication/confusion re eligibility for healthcare for people with disabilities, including issues with DNACPR notices	Module 3: (6), (9), (C)
Access to healthcare: delays to all forms of treatment, deterrence from seeking healthcare, cancellations or remote appointment with no accessible alternative for disabled people (NICE Covid-19 arguably restricted access to healthcare for disabled people)	Module 3: (1), (5), (H) and (I)
Poor coordination of healthcare services across the borders of the devolved administrations	Missing from scope.

	Arguably could come under (4) cross-sectional co-operation between services like GP services and hospitals and/or (A), i.e. impact of government decision-making on healthcare systems across the UK, although coordination and devolved administrations aren't explicitly mentioned.
Access to Personal Protection Equipment (PPE) for social care providers	Future modules = (ii)
Accessibility of health communications e.g. lockdown messages and shielding advice	Module 3: (6), (9), (G)
Inaccessibility and availability of covid tests (sight impairment and independent covid testing, and initially disabled people could only be tested if symptomatic)	Lockdown messages arguably in Module 2 political governance
Discharge of patients from hospitals into care homes and the community (infections and death among care home residents)	Future modules = (iv) Testing and tracing
Inaccessibility of Local Resilience Forums and lack of support offered	Future modules = (ii), on the basis of (D)
Communication barriers (unable to bring companion to support e.g. visual impairment, and therefore sometimes unable to attend medical appointments, and also unable to lip read when wearing masks). Increase in challenging behaviours within services in response to masks. Mask exemption guidance was unclear.	Although arguably Module 3: (F) The effect of national guidance on infection control within healthcare settings;
	Past Module 1 – Preparedness and Resilience?, but also future module viii (other public services)
	Module 3: (1), (5), (8), (9), (E)

Impact of shielding (non-shielding disabled people at a disadvantage for online distancing). Inaccessibility of outside world e.g. one-way systems. Many disabled children ineligible for additional support if not clinically extremely vulnerable.	Module 3: (11)
Hospital visiting rules – preventing equal access for disabled people, later withdrawn. Isolation is hospital, or avoiding seeking help due to risk of isolation.	Module 3: (1), (5), (8)
The role of family carers – medical support reduced and family carers adopted larger healthcare role.	Arguably future module: (ii) care sector, but there is scope to argue it falls within Module 3: (1), (5).
Mortality data – 6 in 10 deaths, when 2 in 10 population. Also lack of mortality data re autistic people.	Module 3: (10)
Inquiry should examine whether the focus on protecting those deemed Clinically Vulnerable and Clinically Extremely Vulnerable inadvertently contributed to providing too little protection for disabled people who did not fall into these categories.	Module 3: (11)

DCC Priorities

Priorities	Scope
<u>Access to pre-existing services and support in community</u>	
Social care services and support in the community and at home were reduced/cut.	Future module: (ii) the care sector
Lack of support for disabled adults not in receipt of social care services.	Future module: (ii) the care sector / (v) health inequalities and the impact of C-19

Support often tailored to the NHS and older people, often excluding disabled people.	Future module: (v) health inequalities and the impact of C-19
Coronavirus Act 2020 removed legal rights to assessments/support for disabled people	Future module: (ii) the care sector
Healthcare appointments/therapies cancelled/moved online/over the phone, with no accessible alternatives for many	Module 3: (1), (5), (H), (I)
Delays to treatment including access to diagnostics.	Module 3: (1), (5), (I)
Impact of delays to treatment on co-morbidities or multiple long term health conditions – lack of categorisation of needs	Module 3: (1), (5), (I)
Access to respite for families paused or stopped completely – many having to go back to square one with assessments	Future module: (ii) the care sector
Direct Payments – inflexibility of LA on how families could use them when usual activities not available – funds not used were withdrawn	Future module: (ii) the care sector
Difficulties accessing sufficient PPE and covid-19 testing – testing initially prioritised for older people and people with dementia	Future module: (iii) Testing and tracing, (ii) the care sector
Impact of lack of reinstatement of social care and other support in the community	Future module: (ii) the care sector
Many care packages were reduced during the pandemic and some have still not been reinstated at the correct level.	Future module: (ii) the care sector
<u>Increased death rates and wider inequalities</u>	(Arguably under M3, although future modules will also consider (vi) Health inequalities and the impact of C-19)

Disproportionate number of deaths were of disabled people.	Module 3: (10)
Disabled people who didn't meet the threshold for CEV were still societally vulnerable	Module 3: (11)
<u>Lack of inclusion of disabled people in policy making</u>	
CEV categorization: confusion about categorization, slow identification of particular clinical conditions, misinformation, and changing categorization	Module 3: (11)
Vaccination priority groups: confusion, exclusion of many disabled people at greater risk, developmental disorders (e.g. LD) excluded priority groups, inaccessible vaccination venues, lack of accessibility of vaccine information, Changes to green book weren't always replicable in GP data and there were also issues with process.	Future module: (i) Vaccines, therapeutics and anti-viral treatment
Face coverings and social distancing: lack of clarity re exemptions leading to hate crime, continuous use in healthcare and social care settings with no alternative for those who lip read, social distance challenges for disabled people unable to adhere to restrictions	Module 3: (9) Communication and (8) Preventing the spread.
	However, face coverings and social distancing in the community are unlikely to fall within M3. Arguably under future module (vi) Health Inequalities
Lack of understanding of the needs of working age disabled people, leading the response to be focused on older people which meant that social care force supporting disabled people struggled to access PPE, and testing	Unclear whether this falls neatly into a future module, but it would not fall under M3. Possibly Future module: (ii) care sector

Lack of focus on supported living compared to residential care albeit disabled people may have been at the same risk in both settings	Future module: (ii) the care sector
Blanket DNR and impact on disabled people's access to treatment and withholding of support	Module 3: (6) and (9)
Confusion around social work protocols and levels of PPE	Future module: (ii) the care sector
Different staff rather than regular staff created additional pressures for families	Future module: (ii) the care sector
Care home visiting policies and impact on disabled people isolated from friends and families.	Future module: (ii) the care sector
Disabled people's experience of accessing health services and lack of reasonable adjustments.	Module 3: (1) and (5) and (8) and (9), (C), (H), (I)
Patients transitioning out of/discharged from hospitals into care homes led to increased risk	Future module: (ii) the care sector
	Although arguably Module 3: (F) The effect of national guidance on infection control within healthcare settings;
Day services were not included in policy making for vaccinations, testing and PPE	Future module: (i) vaccines and (ii) the care sector
Impact on mandatory testing on recruitment of social care workforce to support disabled people.	Future module: (ii) the care sector
Many disabled people unable to access priority shopping slots or unable to attend the supermarket without a carer or a guide	Future module: (ii) the care sector
Public transport being restricted	Future module: (viii) other public services
The impact of the change of routine when visiting supermarkets and the community	Unclear whether this falls neatly into a future module, but it would not fall under M3

Street changes: one-way systems, inaccessible streets, e-scooter pilot schemes, pavement licensing for dining/drinking, no adhere to PSED with pandemic used as an excuse	Future module: (viii) other public services
Disabled people excluded from communication about recovery and access to venues in their communities, e.g. hospitality reopening – street furniture making communities less accessible	Unclear whether this falls neatly into a future module, but it would not fall under M3
Lack of clear support package or recovery plan available for disabled people to return to normality, including employment and support at work, mental health.	Unclear whether this falls neatly into a future module, but it would not fall under M3.
<u>Shielding</u>	
Difficulties accessing practical support as part of the shielding programme	Module 3: (11)
Impact on wider family and lack of support for family members e.g. employment and income, additional caring responsibilities	Module 3: (11)
Shielding programme paused and ended during pandemic – CEV families still at risk when COVID-19 rates high. Lack of ongoing additional support as part of shielding program.	Module 3: (11)
Clash between clinical advice and the expectation of employers of people to return to work despite living with people who were CEV who were shielding and restrictions ended but cases were still high	Module 3: (11)

Knock on impact on care home staff who shielded with residents	Arguably Module 3: (11), but most likely future module: (ii) care sector
<u>Testing</u> <ul style="list-style-type: none"> • Inaccessible test sites – drive through and mobile • Lack of disability awareness training for test site staff • Inaccessible PCR home test kits – need to read bar codes to register kits and lack of instructions in alternative formats • Need to be online to order and register kits • Inaccessible LFD home test kits – need to read result, process of taking test difficult with sight loss or if your dexterity is impaired • Lack of in person assisted testing 	Future module: (iv) Testing and Tracing
<u>Accessibility to information</u>	
Court cases by Kate Rowley and Sarah Leadbetter	Past module 2: political governance
Inaccessible information sent to those expected to shield, i.e. letters in unreadable formats	Module 3: (11)
Government announcements were not inclusive – lack of BSL interpreters (sign language / captions)	Past module 2: political governance
Vaccination info as above	Future module: (i) Vaccines

Information on issues such as shielding was regularly released without any prior notice or full explanatory notes. Leading to people not having a complete understanding of the changes. Updates leaked to the press ahead of government announcements causing confusion and fear.	Module 3: (11)
Information provision from health, local authority etc was not accessible	Module 3: (1), (9)
Activities supplemented via digital provision leading to further exclusion particularly for people without access to technology at all or the skills or support to use technology.	Module 3: (5), (9), (H)
Documents such as the passenger locator form remain exclusively online and some street consultations were online only for a time.	Future module: (viii) Other public services
Huge increase in level of isolation and loneliness among disabled people – this was high pre-pandemic	Future module: (vi) Health inequalities and the impact of C-19
Many disabled people continued to shield for months at a time and have lost confidence and independence	Arguably Module 3: (11), but if this is by choice then more likely Future module: (vi) Health inequalities and the impact of C-19
Lack of recovery plan/investment in mental health services to support disabled people post-pandemic	Future module: (vi) Health inequalities and the impact of C-19
Research from Mind found that in additional 2,441 people were discharged from mental health	Module 3: (1) and (5)

hospitals in March 2020 compared to February 2020 .	
When exiting the pandemic, the sudden reduction in restrictions lead to disabled people feeling incredibly anxious.	Future module: (vi) Health inequalities and the impact of C-19
While the move to online support may have been isolating for some it also allowed charities and organisations to reach more people.	Unclear whether this falls neatly into a future module, but it would not fall under M3
Higher proportion of disabled people been made redundant during pandemic	Future module: (vi) Health inequalities and the impact of C-19
Many businesses that traditionally attract a strong disabled workforce (such as leisure and retail) were hardest hit by the pandemic.	Future module: (vi) Health inequalities and the impact of C-19
The disability employment gap increased during the first months of the pandemic and remains above the pre-pandemic level.	Future module: (vi) Health inequalities and the impact of C-19
Pressure of workplaces and flexible working/adaptations potentially not offered/understood	Unclear whether this falls neatly into a future module, but it would not fall under M3
No update to 'Access to Work benefit' or how this has been impacted – some people might be more/less support for working from home	Future module: (v) The Government's business and financial responses
Some disabled people benefited from remote/flexible working but technology is not always accessible.	Future module: (vi) Health inequalities and the impact of C-19
£20 uplift for Universal Credit not replicated across legacy benefits, many disabled people impacted due to being on these benefits, such as ESA.	Future module: (v) The Government's business and financial responses

<p>There have been long delays for people waiting for ESA assessments, with some waiting for over a year.</p>	<p>Future module: (vi) Health inequalities and the impact of C-19</p>
<p>During the pandemic, disabled people were more than twice as likely to have reported poverty income and problems to paying their bills compared to non-disabled individuals.</p>	<p>Future module: (vi) Health inequalities and the impact of C-19</p>
<p>The pandemic has demonstrated the value of flexible working practices including working from home and flexible hours. This has made more jobs accessible to disabled people.</p>	<p>Unclear whether this falls neatly into a future module, but it would not fall under M3</p>
<p>Impact of shielding on work</p>	<p>Arguably (11)</p>