UK Covid-19 Inquiry: Module 3

Opening Statement of the Academy of Medical Royal Colleges

The Academy

1. The Academy of Medical Royal Colleges ('The Academy') is the membership body for medical royal colleges and faculties in the UK and in Ireland providing a professional voice for the medical profession as a whole. As such, the Academy speaks on cross-specialty issues that impact on a number or all colleges. Unless requested by an individual member organisation, the Academy does not comment on specialty specific issues, nor will it give a clinical opinion on specialty matters.

2. The Academy operates on a UK-wide basis and, as far as possible, seeks to devise policy that is applicable across the four nations. Unless obviously only related to issues in one administration, it should be assumed that Academy statements are relevant on a UK basis.

3. In its original submission and written statement to this Module, the Academy sought to avoid retrospective judgments on decisions made in good faith on the evidence available at the time when knowledge and evidence was changing rapidly. As in many crises, the reality is that some decisions could, in retrospect, have been different to what they were. On many occasions it was a case of choosing the least worst option. The Academy wanted to put forward to recommendations to assist the UK in preparedness and management of any future pandemic. That, therefore, is the focus of this statement.

Activity during the pandemic

4. The work of the Academy during the pandemic can be broken down as follows:

    a) Co-ordinating collective engagement between medical royal colleges and DHSC, NHSE and other national bodies e.g., meetings with CMO
    b) Keeping members informed of developments and sharing information e.g., e-mails and our Weekly Update to members.
    c) Seeking and collating views of medical royal colleges in response to requests for clinical input from national bodies e.g., on Infection Prevention Control (IPC) guidance, shielding groups.
    d) Producing position statements and policy papers for public release reflecting the consensus college view on specific issues e.g., on extending vaccination, preparation for further waves of COVID
    e) Media work as required.

5. During the pandemic, the Academy's key links were with the Chief Medical Officer ('CMO') in England, and to a lesser extent the CMOs in the devolved administrations, NHS England, particularly through the NHS England Medical Director, the NHS Statutory Education Bodies in the four nations and the General Medical Council ('GMC').

Recommendations

6. The recommendations in the Academy's original submission, which were drawn from our experience in the pandemic, were split into practical issues relating to healthcare delivery and wider behavioural, relationship and communication issues, particularly at national

level. This Opening Statement sets out these recommendations and briefly explains why we feel they are required.

7. Our July 2020 document Preparing for COVID-19 surges and winter contained a detailed set of recommendations for managing future COVID-19 surges (INQ000369650). These remain relevant, and we would draw the Inquiry's attention to the document. The key points are included in the list below.

NHS and care delivery

Capacity

8. It was clear to colleges and to all working in the NHS that there was insufficient workforce capacity. This was not a sudden pandemic issue but the result of growing chronic workforce shortages throughout the healthcare system over several years This had been a consistent concern of colleges and the problems were exposed during the pandemic.

9. Aside from ICU and bed capacity, this particularly means workforce in terms of medical and other staff. It is crucial that areas such as pathology, public health and occupational health staff are not ignored. The 2023 NHS Workforce Plan was a welcome recognition of the problems and it is essential that an evidence-based fully funded workforce plan is implemented.

10. *Recommendation 1:* It is essential that there is sufficient capacity in the system to be able to manage future pandemics.

Testing

11. There were many commendable aspects to the arrangements and management for COVID testing across the UK. The rapid development of near universal testing capacity was a remarkable logistical achievement. However, colleges expressed a number of operational and scientific concerns over arrangements for COVID testing. These concerns were: -
    a) Insufficient public health and workforce capacity for testing prior to the pandemic
    b) In the initial period of testing (prior to Lateral Flow Antigen tests being available to all) a ministerial concentration on the total number of tests as an end in itself, as opposed to a clear strategy on the purpose, benefit and delivery of testing.
    c) Supply and ordering problems with PCR tests
    d) Logistical problems with PCR test booking e.g., tests allocated at a huge distance from people's homes.
    e) The delay in receiving results of PCR test for inpatient admissions, (and discharge) with staff raising many issues including how to manage the wait for results and utilise staff who were available.
    f) Sensitivity of rapid antigen tests

    These concerns were discussed at various meetings with NHSE and the England CMO.

12. *Recommendation 2*: There must be a clear national strategy for testing setting out the purpose, benefits (and limitations), and delivery of testing. This should not solely focus on the requirements of a pandemic. The plan should address how testing capacity can be rapidly expanded and spread in the event of a pandemic whilst maintaining necessary quality assurance.

Professional involvement in planning

13. It is clear, as the Final Report on Module 1 set out, that there was not sufficient planning or scenario testing for a pandemic not related to influenza. The Academy did participate in some influenza pandemic scenario planning but this needs to be more widespread. During the pandemic there was generally positive engagement of clinical professional bodies but it was sometimes inconsistent and late in commencing, and perhaps inevitably, rushed.

14. *Recommendation 3:* There should be greater involvement of professional clinical and public health bodies in pandemic planning and running scenarios. Transparency and clinical buy-in to likely plans at the earliest stage will be invaluable. This should include planning for mental health, elective and outpatient services, including how they might be delivered safely in non-acute settings and use of the independent sector (including training provision) during a pandemic. Occupational health physician advice should be part of that process to ensure that staff health and welfare is considered from the outset.

Availability of PPE

15. Availability of and access to PPE was one of the major anxieties of front-line staff and professional bodies and a consistent concern. There were major anxieties from colleges and other staff organisations over the content and clarity of guidance on PPE. Whilst in global terms there may have been sufficient PPE there is no doubt that the right equipment was not in the right place at the right time.

16. *Recommendation 4:* Stocks of PPE must be sufficient and available at the right time and place with clear agreement and consistent messaging regarding what is appropriate equipment and usage.

Returning staff

17. The Academy was supportive of the initiatives to bring back retired or non-practicing clinicians to help in the pandemic. However, it is clear that these arrangements were generally not very satisfactory. The experience of many who volunteered was disappointing. Many volunteering clinicians reported encountering bureaucratic hurdles, a lack of employer flexibility or simple lack of response. This was a missed opportunity

18. *Recommendation 5:* A reserve NHS workforce is required across the UK. Arrangements for rapidly bringing staff back into the health sector on a temporary basis need to be drawn up and implementation be carried through. The current NHSE NHS Reservists scheme which offers paid work and training for 32 days per year may be the basis of any arrangement but detailed plans for rapid expansion and operationalisation with effective administrative and communication strategies should be developed.

Care homes

19. The Academy's submission did not specifically address issues in care homes as it is not our area of expertise. But those in care homes were amongst the worst affected by the pandemic and this was a significant concern for colleges. There seemed to be little coherent planning in terms of the care sector and so support lagged for the care sector. That must be addressed.

20. *Recommendation 6:* There should be a full review of plans for supporting care homes in a pandemic.

Mental health consequences

21. Proper consideration of the mental health consequences of a pandemic or disaster on the public, patients and care staff has not always been a priority in the past. However, it has been recognised that the pandemic itself (deaths, long-term illness) and its attendant requirements (lock-down, isolation, closure of schools, inability to visit sick/dying relatives) has had a profound impact on mental health across the population.

22. At the same time health and care staff themselves managing unprecedented workload levels, extremely high mortality amongst patients and colleagues were under huge stress and faced considerable mental health issues. Whilst some of these issues will have been short-term others will have very long-term effects.

23. *Recommendation 7:* There should be proactive consideration and planning for the mental health consequences of pandemic/disasters in advance given the increased risk to the nation as a whole as well as to health professionals including staff who died by suicide and those experiencing moral injury.

Behavioural, relationship and communication issues

24. Issues relating to communications, behaviour and relationships will, in large part, depend very much on the individuals involved in a particular situation. As such they are less amenable to simple focussed recommendations or actions. So, whilst there may not be specific recommendations the general messages are no less important.

Communications

25. Whilst there were many examples of good local communications, and a lot of the national messaging was clear, there were examples of confused and sometimes seemingly contradictory messages at national level. This was both in terms of communication to the public and patients and to the service and clinicians. The fragmentation of responsibilities amongst national organisations in England added to the problem.

26. The communication between medical royal colleges and senior national medical leaders was effective but there were too many occasions where organisational communication was late or insufficient.

Political consistency

27. Beyond healthcare, consistency of political approach between different administrations is crucial. Different messaging confuses the public and often makes the task of professionals managing the pandemic harder.

28. Areas of divergence related to the timing, duration, and stringency of responses. Examples included Stay at Home orders, school closures, use of face coverings in shops and public places, "circuit breakers," internal movement, presence at births/deaths. We recognise the political complexities of managing the pandemic across four different political administrations, but what seemed at times like difference for the sake of difference was not helpful.

Consistency of clinical advice

29. There was a good degree of alignment on messaging on clinical issues nationally between the medical profession, UK Governments and NHS England/Public Heath England. That was hugely important in providing consistency and assurance to both the public and the clinical community.

30. That consistency should apply equally to all clinical advice and guidance. The Academy recognises that professional and third sector bodies have a responsibility to ensure that any guidance they put out aligns with and complements nationally agreed generic guidance, and that they liaise with other relevant organisation in formulating advice. This is not to say there cannot be differences of view, if evidence based, but where this happens, this needs to be explicit, and the differences explained and justified.

Transparency and honesty

31. Finally, and perhaps most crucially, transparency, honesty and engagement must be at the heart of any Government's management of future pandemics. The Academy's engagement with individual national officials was broadly very positive and productive but a perception, whether just or not, that the default position of government seemed to be to retain rather than share information, to tell rather than to consult, gloss rather than candour was a problem.

32. Such a perceived approach to the public and professionals only engendered suspicion and resentment. It made it harder to achieve the jointly held objectives of saving lives, treating patients and overcoming a pandemic.

Medical education and training

33. Whilst not formally part of the Academy's recommendations in its Module 3 written statement, the Academy would wish to stress the need to support medical and other clinical education and training during a pandemic. In medicine, the training of doctors is the life blood of the future healthcare system.

34. Inevitably training was damaged during the pandemic. Trainee doctors were redeployed to support COVID care, exams and training courses were cancelled, progression was stalled. Much of this may have been necessary and the Academy and colleges worked closely and well with the Statutory Education Bodies across the four nations and the GMC to support and maintain education and training.

35. However, it is essential that the importance of maintaining education and training both for the health system itself and for individual doctors in training must be recognised and accepted at all levels. We would urge the Inquiry to ensure that is made clear in its report.

Conclusion

36. Doctors alongside other clinicians played a crucial role throughout the pandemic and had direct personal experience of the pressures, problems and solutions. The Academy believes that their insights, reflected through their medical royal colleges, are important and cogent. We hope the Inquiry finds them useful and is able to support all the recommendations.