

Witness Name: Dr Jim Elder-  
Woodward OBE  
Statement No: 1  
Exhibits: 38  
Dated: 10/08/2023

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF DR JIM ELDER-WOODWARD OBE ON BEHALF OF INCLUSION SCOTLAND

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I, **Dr Jim Elder-Woodward OBE** will say as follows: -

1. I am the Chair of Inclusion Scotland and make this statement on its behalf. This statement is intended to address matters within the scope of Module 3 of the Covid-19 Public Inquiry and is made at the Inquiry's request. Some of this statement's content and exhibits are also relevant to the scope of Modules 2 and 2A in relation to which Inclusion Scotland intends to provide further evidence in due course.
2. Established in 2001, Inclusion Scotland is a registered charity (SC031619) and 'Disabled People's Organisation' (DPO) – meaning led by d/Deaf and Disabled people ourselves. Inclusion Scotland works to achieve positive changes to policy and practice, so that we Disabled people are fully included throughout all Scottish society as equal citizens. The majority of Inclusion Scotland's work is confined to Scotland, but we do engage at a UK level on some reserved issues impacting Disabled people in Scotland.
3. We are an independent, non-party political, representative organisation of Disabled people across Scotland with a network of over 50 DPO members and partner organisations, alongside our individual members. We reach thousands of Disabled people across Scotland, many of whom experience profound exclusion and intersectional barriers to participation in society.

## **What we do**

4. Inclusion Scotland represents our members which include Disabled People's Organisations and individual Disabled people. Beyond our membership, we also support Disabled people to take part in employment, politics, policy-making and influencing, and research through our projects, some of which are described below.
5. Inclusion Scotland believes in and is founded upon the social model of disability, we are Disabled by the barriers we face rather than our impairments themselves. Inclusion Scotland is a pan-impairment DPO, meaning that we represent all Disabled people regardless of impairment type.
6. Inclusion Scotland leads on the development and delivery of projects designed to promote and involve the voice and choices of Disabled people in public policy to create a more equal society. These projects include, but are not limited to:
  - Informing Disabled people of their rights and working with them to gather and share their lived experience and solutions for change with policy makers;
  - Empowering Disabled people to use their experiences to inform the Scottish Government as to how social care support can be improved;
  - Working with employers to make their recruitment and operational practices more accessible and inclusive for Disabled people;
  - Offering advice and support to Disabled people to become more involved in political life, from joining a political party to running for elected office;
  - Engaging with DPOs from across the UK to collaborate on UK-wide and international issues such as engagement with the UN Committee on the Rights of Disabled People.

## **How Inclusion Scotland gathered information during the pandemic**

7. Throughout the pandemic Inclusion Scotland ran a number of online anonymous surveys for Disabled people to find out what was happening to them and to

gather their lived experience. We used this evidence to inform government and campaign for the things that Disabled people needed.

8. Our first survey ran throughout April 2020 and we received over 800 responses. We published an initial findings report called 'Initial Findings of Inclusion Scotland's Covid-19 Survey' (JEW/1 – INQ000233594) in May 2020 and an in-depth report of the findings in October 2020 called 'Rights at Risk - Covid-19, disabled people and emergency planning in Scotland' (JEW/2 -INQ000147891). In this statement we refer to this survey as our 'Covid-19 survey'.
9. We ran a survey on Disabled people's experiences of shielding which took place between 19 June and 3 July 2020 and received 135 responses. We published a key survey results report called 'Disabled People's Lived Experience of Shielding Key Survey Results' in July 2020 (JEW/3 - INQ000147881). In this statement we refer to this survey as our 'shielding survey'.
10. We also ran a survey on experiences of social care support during the pandemic between 3 and 24 July 2020 and published the results in July 2021 "“We have been completely abandoned”: Experiences of social care support during the 2020 lockdown' (JEW/4 – INQ000233588).
11. The analysis of the data collected included both qualitative and quantitative approaches. A thematic approach was taken to analysis of text responses with common themes identified.
12. Inclusion Scotland also received lived experience information and evidence from individual members and Disabled people contacting us via email, phone and on social media, from our own staff, from other organisations including other DPOs, and from news outlets and social media.

### **Loss of healthcare during the pandemic**

13. Through surveys and other engagement activities such as those listed above, Inclusion Scotland and other Scottish DPOs like Glasgow Disability Alliance (which

has over 5,000 members in Glasgow and surrounding areas) identified early on in the pandemic that Disabled people had lost access to essential healthcare and treatments as a result of the closure of services. This included physiotherapy, pain clinics, injections, neurology appointments and other vital services (JEW/2 - INQ000147891, pg.25) (JEW/5 - INQ000184668, pg.18). From the outset of the pandemic Disabled people were telling us and others that the loss of healthcare services was having a detrimental impact on their health (JEW/2 - INQ000147891, pg.25) (JEW/6 - INQ000184687, pgs.16-18). In Glasgow Disability Alliance's survey of 2,100 Disabled people, one person said: "Health care has been cancelled and I have to manage my pain on my own. I know I won't get the surgery I've been waiting on for a long time." (JEW/5 - INQ000184668, pg.18).

14. The ONS published UK data on Disabled people's access to healthcare during the coronavirus pandemic which showed that Disabled people were twice as likely as non-Disabled people to report their access to healthcare and treatment for non-coronavirus related issues had been affected (JEW/7 - INQ000184681).
15. Through our Covid-19 survey, Disabled people also told us they were unable to do the things they would normally do to manage their impairments and conditions such as swimming, massage for pain or attending group activities for mental health support (JEW/2 - INQ000147891, pg.25). This reportedly contributed to Disabled people feeling their health was deteriorating.
16. The Scotland in Lockdown project was funded by the Chief Scientist Office (Scottish Government) and conducted by researchers at Glasgow University. The study was carried out between July and December 2020 and sought to understand how Covid-19 restrictions affected people in groups already facing isolation and exclusion. The project reported that many Disabled people were reluctant to contact services because of awareness of their limited capacity and concern about being in health settings and putting themselves at risk of Covid-19. It found that '(t)he implications of changes to service provision on this population was often profound' (JEW/8 - INQ000184683, pg.45). This must also be considered in light of the fear experienced by Disabled people about treatment prioritisation

(discussed below) which we consider may also have dissuaded some people from seeking treatment.

17. In our Covid-19 survey, Disabled people reported struggling to access medications in the early days of the first lockdown (JEW/2 - INQ000147891, pg.14). This was due to a number of factors including not having the usual support to collect prescriptions, public transport to the pharmacy being cancelled, and not being able to go outside because of shielding or self-isolating. Systems put in place to manage social distancing like queuing to enter shops and pharmacies, and shopping alone, excluded Disabled people who, for example, could not stand for long periods or needed assistance to shop.
  
18. The Health and Social Care Alliance gathered lived health and wellbeing experience of a broad range of people living in Scotland during the COVID-19 pandemic through its People at the Centre Engagement Programme (PATC). The PATC programme ran a range of engagement activities and over 1000 people in Scotland shared their views. The Health and Social Care Alliance found that the move to digital healthcare services excluded Disabled people who did not have access to the internet and/or who did not have the necessary devices and skills. Disabled people are less likely than non-disabled people to use the internet according to official statistics meaning they will have been disproportionately impacted by the digitisation of services. Other Disabled people told the Health and Social Care Alliance that they experienced lower levels of care when using digital services – “A significant proportion of people felt that in the context of their health and wellbeing experience, virtual and teleconsultations had been an inadequate replacement to face to face care” (JEW/9 - INQ000184670, pg.7). However, it should also be noted that many Disabled people welcomed the use of online and telephone health services as this was more accessible for them (JEW/9 - INQ000184670, pg.7).
  
19. Throughout the pandemic governments and health services were providing lots of information about important developments and what the public needed to do to keep safe. However, there was a general lack of accessible information and Disabled people who required information in alternative formats often struggled to

find it as reported by the House of Commons Women and Equalities Committee which conducted a sub-inquiry to examine the effects of the pandemic on disabled people (JEW/10 - INQ000184672, pg.36). This was seen in the failure to provide British Sign Language (BSL) interpretation at UK government daily briefings, Easy Read versions of information not being provided contemporaneously, shielding letters not being provided in accessible formats. In addition, most information was online which meant that it was unavailable to those without internet access. Third sector organisations, like Glasgow Disability Alliance, had to step in to provide accessible information and support as it reported in its Covid-19 report (JEW/5 - INQ000184668, pg.5&13).

20. We were also aware of evidence that people with sensory impairments experienced difficulties accessing healthcare services. The Women and Equalities Committee sub-inquiry heard evidence that for some deaf people the move to telephone only appointments and the use of face coverings made it very difficult to communicate with healthcare staff (JEW/10 - INQ000184672, pgs.22-23). In its engagement with Disabled people, Glasgow Disability Alliance was told by one person that:

“Helplines and phone appointments are no use for Deaf people like me, and facemasks mean I can’t lipread so I’m even more cut off.” (JEW/5 - INQ000184668, pg.12).

Sight Scotland reported that survey participants found at-home lateral flow testing and PCR testing kits inaccessible and ‘near impossible’ to do without assistance (JEW/11 – INQ000233589, pg.16).

21. It should be noted that Scottish Government guidance stated that face coverings could be removed for people who rely on lip reading and facial expressions to communicate. NHS Scotland also approved the use of transparent face masks in December 2021.
22. The Scottish Independent Advocacy Alliance raised concerns about people being in hospital without access to friends, family and support workers who would

normally provide communication assistance and/or advocacy support (JEW/12 - INQ000184686). Deaf Action provided one particularly disturbing example concerning a deaf man who was given a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) notice at a routine health appointment without being made aware of this because of 'communication difficulties' (JEW/13 - INQ000184666).

23. We believe that all of the factors mentioned above which prevented or made it more difficult for Disabled people to access healthcare, increased the risk of poorer health outcomes for Disabled people in both the short and long term. In our Covid-19 survey report we called on the Scottish Government to "monitor the health outcomes of disabled people to understand the long-term impacts of the pandemic" (JEW/2 - INQ000147891, pg.27). This report was sent via e-mail to various Scottish Government ministers and officials on publication (JEW/14 - INQ000233593).

### **Shielding**

24. Through our shielding survey, Inclusion Scotland found out that a number of Disabled people were shielding despite not having received a letter from the Chief Medical Officer (CMO) advising them to do so. Many people who shielded without a CMO letter told us they were doing so because they and/or their medical professionals believed they were at high risk (JEW/3 - INQ000147881, pg.1) (JEW/5 - INQ000184683, pg.45). People shielding without a CMO letter could not therefore benefit from the same access to support as those with a letter, for example food parcels and priority delivery slots.
25. Glasgow Disability Alliance's survey of 2,100 Disabled people found that "Delays, hurdles and gaps in accessing eligibility status for shielding support" (JEW/5 - INQ000184668, pg.10) caused stress, confusion and upset for people at high risk. Inclusion Scotland's survey of people who were shielding found that people who were shielding or self-shielding also reported difficulties getting health and other public information about Covid-19, specific to shielding, that was accessible and

that related to their own impairment/s. This included being told whether or not they were at particular risk from Covid-19 and should be shielding.

26. Through our shielding survey, people who were shielding with and without a CMO letter, told us that they felt left behind and abandoned by services, with many having to rely on ad-hoc informal support from family members, friends and neighbours to help them. We also heard that some people had problems getting appropriate food, including food for special diets and food that comes prepared (JEW/3 - INQ000147881, pg.2).
27. Although the Scottish Government set up a helpline for people who needed extra support, our shielding survey found that three quarters of respondents without a CMO letter had not used it. Respondents to our shielding survey also reported difficulties accessing the helpline because of not being able to get through on the phone and uncertainty over who was entitled to support (JEW/3 - INQ000147881, pg.3) and (JEW/5 - INQ000184668, pg.11).
28. In our shielding survey report, Inclusion Scotland called on the Scottish Government to “review the criterion and the limitations of the CMO letter so that those who need to shield can access the guidance and support to enable them to do so safely” (JEW/3 - INQ000147881, pg.3). In its report recommendations, Glasgow Disability Alliance also called for the Scottish Government to extend the shielding list’ (JEW/5 - INQ000184668, pg.28). Inclusion Scotland provided our shielding report to the Scottish Government on publication via email (JEW/15 – INQ000233590). Inclusion Scotland also attended a meeting on shielding and vaccinations with representatives from NHS Scotland/ Scottish Government in January 2021 (JEW/16 – INQ000233591).
29. Through our survey on shielding, Disabled people told us that shielding impacted on their physical and mental health due to lack of exercise, isolation, stress and loss of healthcare and social care support (JEW/3 - INQ000147881, pgs.4-6). In a Public Health Scotland evaluation of the shielding programme, four in ten (40%) people who were shielding said the condition they were shielding for had got worse (JEW/17 - INQ000184664, pg.20).



30. Shielding was paused in Scotland from 1 August 2020 (although ultimately shielding requirements were never resumed). However, some people continued to shield because of fear of contracting Covid-19 and their likely outcomes as a result. The pause in shielding and the consequent ending of government support meant that some DPOs and other voluntary organisations were required to fill this gap with limited capacities and reach – for example, Glasgow Disability Alliance’s Covid-19 report stated that: ‘GDA Lifeline referrals are increasing as Shielding has paused and support services wind down’ (JEW/5 - INQ000184668, pg.11).
31. The Scottish Government ended the Covid-19 Highest Risk List (shielding list) on 31 May 2022. The Scottish Government published advice for people who were on the Highest Risk List with the focus on individual risk assessment (JEW/18 - INQ000184684). However, some Disabled people still consider themselves to be at high risk and, with the ending of most health protection measures, support and a lack of information, continue to shield as far as possible.
32. In a letter to the Scottish Government in September 2022, the Scottish Parliament Covid-19 Recovery Committee said:
- “The Committee heard concerns about the discontinuation of the Highest Risk List with those on the list reportedly receiving mixed messages about whether they were at risk or not. The Committee heard that many had not been prioritised for vaccination, and were not eligible for new treatments, despite evidence showing they still had elevated risks.” (JEW/19 - INQ000184665).

### **Treatment prioritisation and DNACPR**

33. In the initial days of lockdown in March 2020, we began to observe news stories about treatment prioritisation in the media (For example, JEW/33 - INQ000184669 and JEW/34 - INQ000184663).
34. At the same time news reports and social media posts started to circulate about people being asked (sometimes pressured) to agree to DNACPR notices without proper guidance and processes being followed. Through surveys and other engagement, we and other DPOs also heard directly from Disabled people about

their own experiences of this and many others told us they were frightened they would be denied treatment if they became ill (JEW/2 - INQ000147891, pgs.25-26) (JEW/5 - INQ000184668, pg.19).

35. In Inclusion Scotland's Covid-19 survey conducted in the first month of the pandemic (April 2020) some respondents said they were worried about DNACPRs: "Concerned about DNR I have been told already that I would not be ventilated. I was in hospital last week with suspected covid19 and the doc stated I would not be treated. There is no DNR in file but this was put in my discharge letter. I feel written off before I start." (JEW/1 – INQ000233594, pg.7-8).

36. On 3 April 2020, the Scottish Government issued Covid-19 clinical guidance and ethical advice. It has been stated that the advice "encouraged anticipatory care planning but arguably focused less on the need to maximise respect for patient autonomy, and more on ensuring that people who are perceived as less likely to benefit will agree not to be admitted to critical care" (JEW/35 - INQ000184682, pg.53).

37. The original clinical guidance and ethical advice appears to no longer be available on the Scottish Government website. However, a report from Edinburgh Napier University, prepared for the Scottish Covid-19 Inquiry, (JEW/35 - INQ000184682, pgs.53-54) reports that the original guidance used concepts like 'acceptable quality of life' and whether someone was 'dependent for activities of daily living' to determine access to critical care. This was highly controversial amongst Disabled people and DPOs who viewed them as discriminatory (JEW/36 - INQ000184671). As noted by the United Nations in a policy brief on a disability-inclusive response to Covid-19:

"Persons with disabilities are at greater risk of discrimination in accessing healthcare and life-saving procedures during the COVID-19 outbreak. In some countries, health care rationing decisions, including triage protocols (e.g. intensive care beds, ventilators), are not being based on an individual prognosis, but rather on discriminatory criteria, such as age or assumptions about quality or value of life based on disability." (JEW/37 - INQ000184685, pgs.5-6)

38. As a result of the objections, the Scottish Government undertook an Equality Impact Assessment of the guidance and advice, and Inclusion Scotland was involved in stakeholder discussions to inform this (JEW/38 - INQ000184678). Updated guidance was subsequently published (JEW/39 – INQ000233592).
39. A paper written for the Scottish Covid-19 Inquiry raises vital questions about the guidance that remain unanswered. These include:
- “What in fact happened? We have not yet found any analysis of whether individual treatment decisions on admission to hospital, to intensive care, or to a ventilator, may have been affected by discriminatory attitudes. Why was the original guidance lacking in awareness of these issues? The authorship of both documents was dominated by medical professionals. It is not clear that disabled people or organisations of disabled people were consulted in advance of the issuing of this guidance, or that statements by disabled peoples’ organisations and international human rights bodies were considered.” (JEW/35 - INQ000184682, pg.55).
40. There is an absence of official data on the number of DNACPR notices made during the pandemic. In England, the Care Quality Commission was commissioned by the Department for Health and Social Care to conduct a special review of DNACPR decisions taken during the COVID-19 pandemic. No equivalent investigation has taken place in Scotland.

### **Mental health**

41. The pandemic has had a devastating impact on Disabled people’s mental health. Through surveys and other engagement, Disabled people with and without pre-existing mental health conditions told DPOs and other organisations that the experience of lockdown was extremely stressful (JEW/2 - INQ000147891, pgs.26-27) (JEW/5 - INQ000184668, pg.16). In our Covid-19 survey many respondents, including those without pre-existing mental health conditions, reported dealing with a range of challenging issues including: the loss or reduction of vital social care support, the loss of health care, having to shield, anxiety around potentially being

denied access to life-saving treatment, taking on new or increased caring responsibilities, having to work in high-risk occupations and homeschooling children. We found that Disabled people were experiencing a mental health crisis – people told us they could not cope and a number reported that they were suicidal.

42. This experience was reflected in Office for National Statistics figures which showed that although there was an increase in suicidal thoughts and depression across the UK in the first months of the pandemic, Disabled adults were more likely than non-disabled adults to have experienced an increase in moderate to severe symptoms of depression (JEW/40 - INQ000184680).
43. Surveys conducted by Inclusion Scotland and the Scottish Association for Mental Health found that for Disabled people with pre-existing mental health issues, access to mental health care and treatment was impacted due to cancellations during the pandemic, particularly the loss of face-to-face meetings. This consequently resulted in respondents reporting a deterioration in their mental health (JEW/2 - INQ000147891, pgs.26-27) (JEW/41 - INQ000184667, pgs.8-9).

### **Deaths of Disabled people**

44. In our Covid-19 survey report, Inclusion Scotland called on the Scottish Government to analyse and publish data on the number of Disabled people dying with Covid-19 (JEW/2 - INQ000147891, pg.28). Inclusion Scotland also made direct contact with Scottish Government via email stressing the need for this data (JEW/42 – INQ000233595). On 1 December 2020, Inclusion Scotland and Glasgow Disability Alliance met with Scottish Government officials and National Records of Scotland to discuss the need for statistics for number of disabled people dying with Covid-19 (JEW/43 – INQ000233596). Statistics were already being published for deaths amongst other protected characteristic groups. As a result of this meeting, National Records of Scotland agreed to undertake analysis of mortality data for disabled people. In March 2021, data was published showing that six in ten people who died with Covid-19 between March 2020 and January 2021 in Scotland were Disabled people and that this is probably an underestimate

(JEW/44 - INQ000184679, pgs.6-8). We understand that no further statistics have been published.

45. Analysis undertaken by the Scottish Observatory for Learning Disabilities at the University of Glasgow found that people with learning disabilities had higher infection and death rates from Covid-19. People with learning disabilities were almost twice as likely to become infected with Covid-19 and 3.1 times more at risk of Covid-19 mortality (JEW/45 - INQ000184688).
46. We believe the disproportionately high death rate for Disabled people is due to a number of reasons, many of which have already been set out in this statement. Prior to the pandemic, Disabled people experienced high levels of inequality in Scotland across all areas of life, including being more likely to live in poverty, less likely to have a job, and less likely to report having good health. In addition, Disabled people were not included in preparing for a pandemic, meaning that their needs were not taken into account, despite evidence showing that Disabled people are more likely to be adversely impacted by emergency situations. During the pandemic issues around lack of accessible information, DNACPR notices, treatment prioritisation and loss of healthcare and social care support also significantly impacted Disabled people and we believe may have contributed to the disproportionately high death rate.
47. Inclusion Scotland has called on the Scottish Government to determine how many Disabled people died during the pandemic, both as a result of Covid-19 and for other reasons such as loss of social care support and healthcare services. We made this call in a report to the United Nations Committee on the Rights of Disabled People – the body that oversees implementation of the Convention on the Rights of Disabled People. The report was written to inform the Committee of the current state of human rights protection for disabled people in Scotland in preparation for its (now delayed) periodic review of the UK state party (JEW/46 – INQ000236242). The report was sent to the Scottish Government (JEW/47 – INQ000236240) and was covered in the Times newspaper (JEW/48 – INQ000236241).

## Recommendations

48. Inclusion Scotland believes that the experiences of Disabled people during the pandemic were not inevitable and more could have been done to prevent the outcomes we have described in this statement. In order to improve the experiences of Disabled people within the healthcare system in the event of a future pandemic, we believe the Inquiry should consider the following recommendations:

- Governments must meaningfully involve Disabled people in policy and decision-making at all times and particularly in relation to emergency planning. Disabled people and their organisations must be involved in pandemic/emergency planning **before** future pandemic/emergencies take place, and the lessons must be learnt from this pandemic. This is the only way to ensure that Disabled people's needs are addressed from the outset of the emergency/pandemic and includes making mainstream services fully accessible now, so they are readily accessible during an emergency/pandemic.
- Governments must close the implementation gap between law and policy intention and reality in healthcare and prevention. Laws and policies in place to protect Disabled people such as the Equality Act 2010 are not consistently applied.
- Governments must improve the collection of data about Disabled people, particularly intersectional data, ensuring it is publicly available and regularly updated and useful. Data must be used to monitor emerging trends and take action before and during times of emergency.
- Governments must recognise the legacy of exclusion experienced by Disabled people prior to the pandemic which meant that Disabled people were much less prepared and resilient, and our access and inclusion needs not understood or considered by decision-makers responding to the pandemic. Governments must address the systemic inequality which put Disabled people in this position, including intersectional inequality. For example, Disabled people are more likely to live in poverty.

- Governments must recognise the value of Disabled People's Organisations and fund them appropriately. DPOs stepped in to provide services and support and were a lifeline for many Disabled people during the pandemic. Disabled people and their organisations have many of the solutions needed to address the barriers experienced by Disabled people and this must be recognised, valued and supported by decision-makers.

## **Submissions to the Scottish Government**

49. The following submissions were made by Inclusion Scotland to the Scottish Government relating to the impact of the Covid-19 pandemic on Disabled people within the Scottish healthcare system:

Inclusion Scotland - MSP briefing on the 'Coronavirus Update' for Scottish Parliament Meeting (1 April 2020) (JEW/49 - INQ000184677).

Inclusion Scotland - MSP briefing on Coronavirus Update for Members of the Scottish Parliament (16 April 2020) (JEW/50 - INQ000184674).

Inclusion Scotland - MSP briefing Coronavirus Update for Members of the Scottish Parliament (21 April 2020) (JEW/51 - INQ000184675).

Inclusion Scotland - MSP briefing to the Scottish Parliament Debate on 'Suppressing COVID: The Next Phase' (12 May 2020) (JEW/52 - INQ000184676).

Inclusion Scotland - briefing on 'Coronavirus Update for Highland MSP's and Councillors' (13 May 2020) (JEW/53 - INQ000184673).

Inclusion Scotland - written submissions to the Scottish Parliament Equalities and Human Rights Committee: on the 'Impact of COVID-19 pandemic on Equalities and Human Rights' (19 May 2020) (JEW/54 - INQ000147890).

50. If necessary, we can provide the e-mails confirming that these submissions were provided to the Scottish Government. Inclusion Scotland made additional submissions to the Scottish Government officials through other avenues such as through meetings and other e-mail correspondence. However, we do not have records of all our interactions, and we could not always record the impact that our interventions had. We do not have access to records which can confirm all meetings attended by our former CEO or all Scottish Government emails to and from her and so invite the Inquiry to request any records of our interactions with the Scottish Government, directly from them.

### **Other issues**

51. Inclusion Scotland is not specifically aware of any concerns relating to the following matters because we have limited capacity and did not explore these matters:

- the existence of policies in the ambulance service to the effect that Disabled people should not be conveyed to hospital;
- hospital policies and/or hospital decisions in relation to the discharge of Disabled patients;
- the impact on Disabled people working in healthcare settings during the relevant period,

52. Finally, we did not raise any concerns with individual Scottish Health Boards or other healthcare providers about the treatments used or treatment options available to disabled people within the Scottish healthcare systems.

### **Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

**Signed:**



**Personal Data**

**Dated:** 10/08/23