**IN THE UK COVID-19 PUBLIC INQUIRY**

**BEFORE BARONESS HEATHER HALLETT**

**IN THE MATTER OF:**

**THE PUBLIC INQUIRY TO EXAMINE THE COVID-19 PANDEMIC IN THE UK**

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# STATEMENT OF HELÉNA HERKLOTS CBE, OLDER PEOPLE'S COMMISSIONER FOR WALES

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## 1. Introduction

1.1 I am the Older People's Commissioner for Wales. This is an independent, statutory role with the remit to protect and promote the rights of older people in Wales. The role is established in the Commissioner for Older People (Wales) Act 2006 ("**the 2006 Act**") which provides that "*older person*" means "*a person aged 60 or over*". The 2006 Act also states that *"in considering, for the purposes of this Act, what constitutes the interests of older people in Wales, the Commissioner must have regard to the United Nations Principles for Older Persons*".

1.2 Although the 2006 Act refers to the Commissioner for Older People in Wales, the Commissioner is, in fact, known as the Older People's Commissioner for Wales.

1.3 The 2006 Act sets out the functions of the Older People's Commissioner for Wales ("**the Commissioner**") which are to:

1.3.1 Promote awareness of the interests of older people in Wales and the need to safeguard those interests;

1.3.2 Promote the provision of opportunities for, and the elimination of discrimination against, older people in Wales;

1.3.3 Encourage best practice in the treatment of older people in Wales; and

1.3.4 Keep under review the adequacy and effectiveness of law affecting the interests of older people in Wales.

1.4 The legal powers of the Commissioner are limited to the areas over which the Welsh Government has competency. The Commissioner is however able to consider and make representations to the Welsh Ministers, the First Minister, and the Counsel General on any matter relating to the interests of older people in Wales and this can include non-devolved, as well as devolved, matters.

1.5 In summary, the legal powers of the Commissioner are:

1.5.1 Review of the discharge of functions of public bodies;

1.5.2 Review of advocacy, whistle-blowing or complaints arrangements;

1.5.3 Assisting an older person in making a complaint or representation to a public body;

1.5.4 Examining the case of an older person in a matter that affects the interest of a wider group of older people;

1.5.5 Issuing guidance on best practice to public bodies; and

1.5.6 Undertaking or commissioning research and educational activities or giving assistance to another in order to do so.

1.6 The roles, duties and responsibilities of the Commissioner reflect the functions in the 2006 Act, as set out at paragraph 1.3 above, and include to:

1.6.1 Provide national leadership that will make a difference to older people's lives by establishing strong partnerships and powerful relationships with people and organisations to drive improved outcomes and influence policy, legislation, decision-making and practice that affects older peoples' lives;

1.6.2 Scrutinise Welsh Government, other public bodies or persons listed in Schedule 2 of the 2006 Act to ensure they deliver responsive services to older people; and

1.6.3 Champion the voice of older people across Wales and ensure their views and concerns are taken into account by working with older people's groups and networks across Wales.

1.7 I was appointed Commissioner on 20 August 2018 and served as Commissioner throughout the Covid-19 pandemic ("**the pandemic**"). My term of office ends on 19 August 2024.

1.8 A requirement of the 2006 Act is that the Commissioner should appoint a Deputy Commissioner who "*may discharge the functions of the Commissioner during a vacancy in the office of Commissioner or at any time when the Commissioner is for any reason unable to act*". The current Deputy Commissioner also undertakes the role of Chief Operating Officer in my team, and she served throughout the pandemic.

## 2. Older people and the National Health Service

2.1 Difficulties in accessing healthcare were raised with me and my team by older people throughout the pandemic. My Advice and Assistance service received emails, telephone calls and letters from older people, their families and friends, seeking advice on how to get the healthcare that they or their loved ones needed. Concerns were also raised with me and my team by older people, their families and friends, in relation to: restrictions on visiting loved ones in hospital; hospital discharge; the Do Not Attempt CPR process ("**the DNACPR process**"); difficulties in getting appointments with General Practitioners ("**GPs**"); and the impact of messaging and communications about the National Health Service ("**the NHS**"). It is difficult to give a meaningful

comparison between the level of enquiries received during the pandemic and the year before as me and my team ran a major information and communications campaign on claiming Pension Credit in 2019-2020 which resulted in an increased number of contacts to our service.

2.2 The pandemic exacerbated the existing health inequalities within the older population and some groups of older people faced greater barriers and challenges in accessing the NHS. These included:

2.2.1 Older people who were not online or digitally confident;

2.2.2 Older people living alone who did not have family or friends to assist them in making appointments (particularly if this necessitated repeated contact with the NHS to get an appointment);

2.2.3 Older people from Black, Asian and Minority Ethnic communities;

2.2.4 Older people who could not make their own way to medical appointments and relied on others or on public transport; and

2.2.5 Older people who were shielding and older people who had health conditions limiting their activity but who were not on the shielding list.

2.3 Throughout the pandemic, I held online engagement sessions with older people and community organisations and these included discussion of the health and wellbeing of older people, including older people's mental health, and issues concerning the healthcare system. I drew on the information, experience and insights from these sessions in my work including in my reports and briefings.

2.4 The pressures on staff working in the NHS were immense, and they too were dealing with the pandemic on a personal level, many of them with older people in their own families that they were concerned about and/or trying to support. Many of the older people and their families who raised concerns with me about the NHS also spoke about their concern for the pressures faced by NHS staff.

## 3. Access to General Practitioners

3.1 Data from the Welsh Government's National Survey for Wales in March 2021 showed that only 62% of older people had an appointment with a GP in the preceding 12 months, compared with 77% of older people in the 12 months prior to May 2020. As I stated in my written response to the Senedd's Health, Social Care and Sport Committee consultation on '*The impact of the Covid-19 pandemic and its management on health and social care in Wales',* dated April 2022 [HH/1 – **INQ000181716**

*"Access to GP surgeries was an issue prior to the pandemic, and for many older people the pandemic made things worse, especially those living with dementia and those who may be isolated and especially where there is no-one nearby who can help them. Other people have had difficulties accessing their GP or not been able to see their GP at all.*

*People contacting the Commissioner's Advice and Assistance Team report: an inability to get through to a GP practice by telephone (and, in one case, being threatened with removal from the practice list if they did not contact their GP, after days of trying to do so); having to queue outside the practice in the heat or in the cold and rain; telephone-only consultations; being required to book appointments and order medication online and not being able to do so, or being hesitant to share personal information on the internet; requests to take and send digital photographs, which people were unable to do; problems arranging follow-up procedures after hospital discharge; not being able to see their preferred clinician. This has left some older people feeling neglected and anxious, and needing support and reassurance which has not necessarily been forthcoming."*

3.2 In my report *'Care Home Voices – a snapshot of life in care homes in Wales during Covid-19'*, published on 21 June 2020, I stated that issues were reported to me regarding access to health services for older people living in care homes, particularly visits from GPs. [HH/2 – **INQ000181725**

3.3 The following examples of enquiries made to my Advice and Assistance service illustrate the experiences of older people and their families when accessing GPs. It was clear from these enquiries that there was a lack of clarity about what older people should be able to expect from their GP surgery, and variation in how each individual GP surgery managed appointments and services.

3.4 An enquirer shared that:

*"…I have seen huge decline in appointments available and zero face to face contact with the surgeries. I'm not alone on this. My local neighbourhood network has reported a very serious lack of GP care some of which could have resulted in, what can only be described as life threatening situations".*

3.5 The next three examples concern the move to remote GP appointments. This is in the context of the Welsh Government's National Survey for Wales (April – June 2021) showing that :

3.5.1 31% of people over the age of 75 not having access to the internet at home; and

3.5.2 33% of people over the age of 75 not using the internet (including Smart TV and handheld devices). [HH/3 – INQ000217415]

In addition, having access to the internet does not necessarily mean that people have the digital skills or are confident or able to manage remote consultations.

3.6 An enquirer was unable to get a hospital appointment and was told by the hospital to go back to her GP. She shared that:

*"our surgery has gone online only since June. This makes it very difficult to be able to speak to a GP let alone get an appointment….I understand all the problems at present, but this does not help me or other older persons finding themselves in a similar situation, it is as if we are just being put out to pasture and fend for yourselves".*

3.7 Another enquirer shared that:

*"difficulties in trying to make a doctor's appointment are increasing….today I was told to use e-consult. Firstly, not all older people have computers. Secondly, many of us are uncomfortable about sharing private information with an outside contractor. Why are more obstacles put in our way of seeing a doctor? It is so stressful. In my case I just gave up".*

3.8 Another enquirer shared with us that her father had surgery in February 2020 which resulted in him having a colostomy bag. His follow up health appointments and other health related appointments were undertaken via telephone and the enquirer summarises the service that her father received as '*poor*':

*"He doesn't really know what a computer is about let alone emails and text messages. He has a mobile, with three contacts on it, which he will ring in an emergency. Now he is expected to talk to professionals on the phone and explain to them that he can't send them photos of his feet or access any text messages. The professionals would not be able to make a true assessment of his condition as he finds it so difficult on the phone, he needs to have face to face contact with people so that he can explain a little clearer as to what's happening. He feels very neglected, that nobody really cares these days, and is very anxious about his health and needs support and reassurance regarding his health.'*

3.9 The tension between staying at home during lockdown and accessing necessary NHS treatment is illustrated by the following example.

3.10 On 22 May 2020, an enquirer shared with us that his mother had not left her home since lockdown was announced. His mother lived with health issues but was not

shielding. The District Nursing team were unable to visit her at home to administer blood tests. The enquirer's mother was told that she had to attend a GP surgery, which was seven miles away from her home (not her local GP surgery which was three miles away). This journey would involve the enquirer's mother taking two buses and encountering other people in the GP surgery. His mother was in a "*state"* and asked the enquirer to drive her to her appointment, but he was conflicted given that his wife was shielding. Ultimately, the enquirer drove his mother to her appointment and the blood test took place in the car park of the GP surgery. The enquirer stated:

*"I'm disgusted by their attitude. My mother is torn between a fear of going out and a fear of what might happen if she doesn't have her bloods".*

## 4. Senedd Committee consultation on the impact of the Covid-19 pandemic and its management on health and social care in Wales - April 2022

4.1 In my written response, dated April 2022, to the Senedd Committee consultation on *'The impact of the Covid-19 pandemic and its management on health and social care in Wales'*, I made the following key points concerning healthcare for older people:

4.1.1 The physical and emotional impact of paused care – both directly on older people and on their loved ones. The physical impacts include loss of independence; declining health; and irreversible damage. The emotional impacts include anxiety, worry, isolation and loneliness.

4.1.2 Older people avoiding accessing services – older people deciding not to approach the NHS when they have health concerns or illness because they were worried about their safety or did not want to be a burden on the NHS at a time of crisis and when the pressures in the NHS were being widely reported.

4.1.3 Significant problems in accessing primary care, dentistry, and, early in the pandemic, difficulties in getting medication from pharmacies.

4.1.4 Some older people and their families experienced difficulties in getting an ambulance in an emergency, describing the distress of waiting many hours, in pain and suffering, for an ambulance to arrive.

4.1.5 Issues relating to hospitals:

4.1.5.1 People being prevented from accompanying vulnerable older relatives to hospital;

4.1.5.2 Visiting restrictions causing isolation and anxiety for the patient; anxiety and distress to the patient's family/friends; reducing the opportunity for

a patient's family/friend to support them when in hospital and through the hospital discharge process; reducing the contact and information sharing between a patient's carer and hospital staff;

4.1.5.3 Uncertainty or a lack of knowledge about whether a DNACPR notice had been put in place for a loved one, including when the relative had a health and welfare Lasting Power of Attorney;

4.1.5.4 Delayed discharge from hospital because of a lack of community support (primary care and social care); unsafe discharge because relatives felt pressured to have their older relatives stay with them but without other support to help them; and

4.1.5.5 Problems with transport to and from hospitals and concerns about the safety of using public transport.

4.1.6 Issues relating to digital access and services:

4.1.6.1 I outlined the guidance that I issued on 18 November 2021 to health boards and local authorities in Wales *'Ensuring access to information and services in a digital age'*, setting out the action they should be taking so that older people can access information and services in an increasingly digital world. [HH/4 – **INQ000184920**

4.1.7 Improving the health and wellbeing of older people:

4.1.7.1 I included the recommendations made to the Welsh Government from my report *'The Health and Wellbeing of Older People, Recommendations and Action: August 2021'* to take a population level; community level; and individual and group support level approach to halt and reverse the physical and mental deconditioning which older people experienced because of the pandemic. I outlined the progress made against my recommendations. [HH/5 – **INQ000184992**

## 5. Do Not Attempt CPR

5.1 On 1 April 2020, I issued a public statement and gave a television interview following the shocking letter sent on 27 March 2020 by a surgery to some of its patients saying that they would like to complete a Do Not Attempt CPR form (**"a DNACPR form"**) for them. [HH/6 – **INQ000181737** The letter, sent to patients with serious health conditions, told them they were "*unlikely to be offered hospital admission*" if they

became unwell with coronavirus and "*certainly will not be offered a ventilator bed*". The letter further stated that the completion of the DNACPR form:

"*will mean that in the event of a sudden deterioration in your condition because of a Covid-19 infection or disease progression the emergency services will not be called and resuscitation attempts to restart your heart or breathing will not be attempted*".

The letter also listed benefits to the completion of a DNACPR form, including that:

"*scarce ambulance resources can be targeted to the young and fit who have chance of surviving the infection*".

5.2 This letter caused significant alarm and distress to older people and led to older people and their families contacting us about DNACPR and hospital treatment. My team and I continued to have these concerns raised with us throughout the pandemic. I was contacted by a Member of the Senedd concerning a constituent who had been contacted by her GP practice to ask if she would agree to DNACPR and, if hospital treatment was needed, would she agree to stay at home. The older person: had been self-isolating; had no immediate support; was living with depression; was hard of hearing and found this interaction extremely distressing. [HH/7 – INQ000217417]

5.3 I discussed the issue of DNACPR with the UK Network of Older People's Organisations (an informal network I established in March 2020), and we issued a joint statement on 6 April 2020 calling on the governments and health services of the four nations of the UK to:

*"carefully consider they ways they can provide stronger leadership and guidance - to ensure that people's rights are upheld."* [HH/8 – **INQ000181738**

5.4 I emailed a copy of this joint statement to Julie Morgan MS, Deputy Minister for Health and Social Services **("the Deputy Minister for HSS")** and Albert Heaney, Deputy Director General for Health and Social Services **("the Deputy Director General for HSS")** on 6 April 2020, for information.

5.5 I met with the Deputy Minister for HSS on 9 April 2020 by Skype and our discussions included the issues about DNACPR. I sent an email to her following our meeting with a link to a letter on DNACPR from the Chief Nursing Officer and National Medical Director at NHS England to Chief executives of all NHS trusts and foundation trusts, CCG Accountable Officers, GP practices and Primary Care Networks, and Providers of community health services. This letter stated that:

*'the key principle is that each person is an individual whose needs and preferences must be taken account of individually. By contrast blanket policies are inappropriate whether due to medical condition, disability or age. This is particularly important in regard to 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders, which should only ever be made on an individual basis and in consultation with the individual or their family.'*

In my email, I suggested the need for a similar letter to be issued by the Chief Nursing Officer and Chief Medical Officer in Wales. [HH/9 – INQ000217418]

5.6 I was pleased that, on 17 April 2020, the Welsh Government's Chief Nursing Officer and Chief Medical Officer issued a letter to the Chief Executives, Medical Directors, Directors of Nursing, and Directors of Therapies and Healthcare Sciences in all of the Health Boards in Wales referencing the concerns that I had raised regarding DNACPR and the joint statement issued on 6 April 2020, setting out that:

*"age, disability or long term condition alone should never by a sole reason for issuing a DNACPR order against an individual's wishes".*

5.7 I was also pleased to see the joint statement on 21 April from Healthcare Inspectorate Wales and Care Inspectorate Wales, and welcomed the establishment of the Covid-19 Moral and Ethical Advisory Group. [HH/10 – INQ000221538]

5.8 For some older people, concerns about DNACPR led to a breakdown in trust in the NHS and anxiety about whether they would get other treatment that they might need or whether this would be denied. An enquirer to my Advice and Assistance service shared his experience. His wife lived in a nursing home and he was contacted by her GP to ask him to agree to a DNACPR and to agree that she would not be admitted to hospital for any reason. The enquirer was seeking information from my team about DNACPR and Advance Care Planning. He had been told that he did not need to sign any DNAPCR documentation, that his verbal agreement was sufficient, and he was unsure if this was correct.

5.9 There were problems with regard to the discussion and communications about DNACPR decisions. As I stated in my written response to the Senedd's Health, Social Care and Sport Committee consultation on '*The impact of the Covid-19 pandemic and its management on health and social care in Wales',* dated April 2022, *'several enquirers did not know whether a DNACPR order was in place.'*

5.10 On 18 May 2022, a member of my team attended and presented at the Welsh Government's Advance Future Care Planning Group meeting to outline the issues and

concerns that older people were raising with us and the need to improve the communications with older people, and where appropriate family and friends, about DNACPR decisions.

## 6. Hospitals

6.1 The key issues raised with me were: access to hospital care; hospital visiting and accompanying loved ones to hospital; hospital discharge and transport to/from hospital.

6.2 On 30 March 2020, the UK Network of Older People's Organisations issued a public statement *'The rights of older people to treatment during this pandemic.'* [HH/11 – **INQ000181736** ] We stated that:

*"….Any suggestion that treatment decisions can be blanket ones, based on age alone or with a person's age given undue weight as against other factors, such as their usual state of health and capacity to benefit from treatment, would be completely unacceptable……In addition, the fact that someone is in need of care and support, in a care home or their own home, should not be used as a proxy for their health status, nor blanket policies applied – for example, over whether they should be admitted to hospital. To make such decisions without considering either an older person's needs or their capacity to benefit from hospital treatment would be discriminatory and unfair."*

6.3 On 30 March 2020, I emailed a copy of this public statement to the Deputy Minister for HSS and the Deputy Director General for HSS, for information.

6.4 On 14 April 2020, I wrote to the Deputy Minister for HSS calling for a care homes action plan to include action to:

*'ensure that residents are able to access NHS services and treatment that they may need (including for Covid-19) and that there are no blanket policies applied excluding care home residents from receiving hospital treatment if their condition warrants it. Ensure that all care homes are able to quickly access healthcare support and guidance including any need for training, for example, on infection control.'* [HH/12 – **INQ000184935**

I followed this with a public statement issued on 15 April 2020. [HH/13 – **INQ000181739**

6.5 In my meeting of 28 May 2020 with the Deputy Minister for HSS and a number of her colleagues, and also in my follow up email of 3 June 2020, I raised the issue of access to NHS services and whether residents in care homes had been able to access hospital

care and treatment if their condition warranted it and asked for data on this. [HH/14 – INQ000237737] I met with the Deputy Minister for HSS on 4 June 2020 at which stage she had not seen my email of 3 June 2020, so I went through the issues that I had raised in that email. I understood from our discussion that I would receive a formal response from the Deputy Minister for HSS following the meeting, but this did not happen.

## 7. Hospital visiting and accompanying patients to hospital

7.1 I was contacted by friends and relatives unable to visit their loved ones in hospital because of a Covid outbreak, and/or because ongoing restrictions on visiting where there was no such outbreak. People also raised concerns about their inability to accompany their vulnerable older relatives to hospital.

7.2 As I stated in my written response to the Senedd Committee's consultation on *'The impact of the Covid-19 pandemic and its management on health and social care in Wales'*:

*'Many older people approached the Commissioner's Advice and Assistance team with concerns about their inability to accompany their vulnerable older relatives to hospital, to provide practical information and to advocate for them during their stay, even though they were the main carer. Several of them pointed out that people with advanced dementia would not understand what was going on, would not be able to provide accurate information about themselves and that being admitted to hospital was very frightening for them.'*

*'Visiting restrictions have challenged the ability of family and friends to build relationships with clinical staff and input meaningfully into the treatment and discharge process.'*

7.3 Enquirers to my Advice and Assistance service shared how visiting restrictions caused great distress and anxiety for the older person and their loved one and how the older person deteriorated under these circumstances. An enquirer said:

*"I feel that one of the reasons for this deterioration is his feeling of abandonment by his family, and a feeling of isolation due to his inability to have conversations with other people around him as a result of his hearing difficulties".*

7.4 Another enquirer said:

*"Although I stressed to the paramedics that [name] had Alzheimer's and I was not only her partner but fulltime and only carer and had LPAs, I was not allowed to visit, and*

*apart from one phone call from A&E the afternoon of her admission, I was not contacted by any staff."*

7.5 When visiting is restricted, the ability to be able to maintain contact with the older person through other means – such as phone calls and video calls – is vital. An example of limitations shared with my Advice and Assistance service was a visit by an older person's family being limited to '*virtual visiting'* once a week for 30 minutes facilitated by a Healthcare Assistant.

7.6 An enquirer shared an example with my Advice and Assistance service of a "*truly kind*" Healthcare Assistant who facilitated a virtual visit between the enquirer and her father using her personal mobile. Prior to hospital admission, the enquirer's father was in good health, but the enquirer found him to be visibly weakened due to him not eating. The enquirer attributed this to a feeling of abandonment her father may have felt by not having visitors and being isolated as he had a hearing impairment which would have been a barrier to him engaging with staff/patients. The enquirer shared:

*"He regularly says, "when will you come to visit?", "why don't you visit me?", "bring me my clothes", "I think there is a conspiracy going on here", and most upsettingly "I've had enough now I want to go".*

7.7 An enquirer, who was the carer for her partner who was living with Alzheimer's and also held Lasting Power of Attorney for her, shared that she was not allowed to accompany her partner into an Accident and Emergency Unit ("**A&E**") and/or visit her for the 10 days that she was an inpatient. The enquirer only received one telephone call from hospital during this time and felt that her loved one would not have understood her isolation which she would have found "*scary*".

7.8 There was a lack of clarity about what carers of older people in hospital could expect in relation to contact and visiting and concerns were raised with my Advice and Assistance service that their relative's rights had been denied. One inquirer shared that they had been told by the ward manager that *'all our rights as guardians of law have been taken away'.*

7.9 Older people and their families also raised concerns about standards of care when visiting was not permitted, including issues witnessed during remote calls, for example staff speaking inappropriately to patients.

7.10 I raised the impact of restrictions on visiting at meetings with the Welsh Government. [HH/15 – INQ000217407] There appeared to be differences in visiting arrangements and restrictions between wards, and a lack of clarity for older people and their loved

ones about what the arrangements would be, and under what circumstances visits might be permitted – for example at the end of life and how 'end of life' was defined. Lack of access also made it difficult for families and friends to support older people in hospital to manage their personal affairs whilst in hospital.

## 8. Hospital discharge

8.1 The key issues raised with me were: delayed discharge; unsafe discharge; and poor communications about discharge. I was also concerned about the issue of testing for Covid-19 before older people were discharged from hospital to care homes. I raised these issues in my meetings with the Welsh Government throughout the Pandemic.

8.2 At a meeting on 10 December 2020, the Deputy Minister for HSS discussed forthcoming Technical Advisory Group consensus statements from the Welsh Government on "*testing criteria for discharge to care homes"* and "*defining the duration of outbreaks in closed settings*." These were emailed to me on 11 December 2020 and I was given an opportunity to provide comments and questions on these, which I did via email on 14 December 2020. [HH/16 – **INQ000185049** In this email, I asked whether the proposed changes to testing criteria for discharge arrangements applied to people of all ages as the statement "*testing criteria for discharge to care homes"* seemed to suggest that the changes were focused on older people, particularly those who lived in or would be moving into a care home. I stated that my understanding from reading the statements was that the proposed changes in policy involved some increased risk and there was uncertainty about how such a change would work in practice. I asked whether the change would be tested out/piloted before being rolled out more widely; what information patients in hospital would be given about the risks and decisions on discharge; and how they or their advocates would be involved in decisions about their discharge. I also raised a concern about the description of care homes as '*closed settings'*. I suggested that they should not be regarded as *'closed settings'* as there were people visiting care homes.

8.3 I received an email from the Welsh Government later that day which sought to address the concerns that I had raised. On 16 December 2020, I sent an email in response with some remaining questions about the hospital discharge policy and asking for further detail on how the Welsh Government would be monitoring the impact of the changes. I did not receive a further response. [HH/16 – **INQ000185049**

8.4 As stated in my written response to the Senedd Committee consultation on *'The impact of the Covid-19 pandemic and its management on health and social care in Wales'* dated April 2022, an enquirer to my Advice and Assistance service asked:

"*what rights do a patient and their family have about being discharged from hospital when they feel that they are not strong or well enough to be discharged back to their own home?"*

The enquirer's mother had been discharged from, and readmitted to, hospital three times over the course of a few weeks and had also spent a day in A&E following a fall. This experience led the enquirer to conclude that:

*"our elderly non virus people are being forgotten… and I would like to know our rights (my Mum and her family) in advance of her discharge".*

8.5 Other enquirers complained that their relative had been discharged to a care home, either without the enquirer's knowledge or against their wishes. An enquirer shared that:

*"my mother this morning has been sent to a home in a hospital gown and in a very undignified way with no support, no explanation to her or ourselves and with no dignity".*

8.6 In my written response to the Senedd Committee consultation *'The impact of the Covid-19 pandemic and its management on health and social care in Wales', dated April 2022*, I further stated that:

*"several health boards have made public statements asking people to support the NHS in a range of ways, including taking relatives who are ready for discharge home where they can. Data on the extent to which this is happening, and the consequences for the people concerned and their families, do not appear to be available".*

8.7 An enquirer to my Advice and Assistance service described the experience of her mother who had been living independently at home with support from one of her daughters. Following a fall, the older person was admitted to hospital where she contracted Covid-19 and was isolated in a room. Her daughters were not allowed to visit their mother and communication with the ward was extremely poor. I was told that the ward telephone would go unanswered for hours.

The daughters were not permitted to visit their mother for a period of 10 days (until she tested negative for Covid-19) but when they were able to do so, they were very concerned about her condition and felt she was being neglected. The enquirer stated that their mother: did not receive oral care; was not mobilised; did not receive physiotherapy; was catheterised to make her easier to manage; was not washed for 3 days and left in her post-operative hospital gown for days. When the enquirer's mother was eventually discharged home, her daughters found dried faeces and moisture sores

and her only pain relief was paracetamol . Her GP was horrified. The enquirer's mother sadly passed away a few days later and the enquirer was deeply distressed by her mother's "*nightmarish experience*".

8.8 Issues concerning hospital discharge continued throughout the pandemic. On 15 June 2022, I welcomed the report of the Welsh Government's Health and Social Care Committee on 'Delayed Transfers of Care' and stated that I hoped that the Welsh Government would respond positively to the Committee's recommendations. [HH/17 – INQ000221540] [HH/25 – **INQ000232392**

8.9 At my meeting on 24 June 2022 with Albert Heaney, Chief Social Care Officer ("**the Chief Social Care Officer**"), I raised the issue of care for older people being discharged from hospital, particularly when the arrangements are designed to be temporary. In my email dated 22 July 2022, to the Chief Social Care Officer following our meeting, I stated that:

*"I am particularly concerned about what happens to older people after being discharged to 'step-down bedded facilities and in care homes not of their first choice' and whether and how quickly they are able to return home or move to a care home of their choice.'*

In this email I also requested data concerning the number of older people affected and how long they had been in temporary placements. [HH/18 – INQ000221541]

## 9. Transport to hospital

9.1 My report *'Accessing Health Services in Wales: Transport Issues and Barriers',* published on 12 August 2021, sets out the findings of research into older people's experiences of accessing health services in Wales and the difficulties they often face due to issues relating to transport. The research for the report was carried out prior to the pandemic, and the problems highlighted were exacerbated by the pandemic. [HH/19 – **INQ000184917**

9.2 As I stated in my written response to the Senedd Committee's consultation on *'The impact of the Covid-19 pandemic and its management on health and social care in Wales'*, dated April 2022:

*"Many people rely on family and friends for help with getting to/from medical appointments during normal times. However, under Tier 4 restrictions, people were not able to get help from friends and family with transport to appointments as they would under usual circumstances. People have concerns regarding the safety of using public transport systems and this has caused an issue for some. Increasingly bus providers*

*have come under pressure with staffing issues due to Covid affecting their ability to maintain certain routes."*

9.3 Older people seeking help from my Advice and Assistance service raised the difficulty of accessing clinical specialities which had been moved to other hospitals as part of the pandemic response, and of the difficulty of navigating multiple hospital sites to attend regular appointments for a range of conditions. Some spoke of long journeys to and from the hospital taking several hours, following which they had to wait for long periods on uncomfortable chairs with no access to water.

## 10. Shielding

10.1 On 23 March 2020, I issued a public statement concerning shielding highlighting that:

*"it's therefore crucial that the government provides people in this group with the detailed information and guidance they will need to help them stay well, as well as assurance that they will still receive the care and support they need, will be able to access essential supplies, and will be able to stay connected with their family and friends.'* [HH/20 – **INQ000181734**]

10.2 The messages from the UK Government, particularly in relation to restrictions for people aged over 70 years, created confusion with some older people thinking this meant that everyone over 70 should shield. [HH/21 – INQ000221542]

10.3 During the first national lockdown, which ended on 29 May 2020, concerns about shielding were raised with my Advice and Assistance service. These included concerns that the '*shielding letter'* from the Chief Medical Officer had not been received to guide the most vulnerable on how best to look after themselves. As the letters were issued in tranches, older people did not know if they were in a tranche yet to be received or had been left off the shielding list with no knowledge of who they should approach for clarity.

10.4 During June and early July 2020, there were concerns around the accuracy of shielding letters and confusion over whose advice people should take when it was not clear why they had received a letter. For example, an enquirer was informed by letter that he was included in the group of individuals who were required to shield (**"the shielding group**"). The enquirer did not have a diagnosed medical condition that would require him to shield and so queried with Public Health Wales why he was being told to do so. He shared that Public Health Wales informed him that his GP would be better placed to advise, but his GP advised there was no clear reason for this and was unable to

provide an explanation. The enquirer continued to shield but was unclear why he needed to do so.

10.5 Some older people who were shielding had anxieties about accessing healthcare. For example, an enquirer was shielding but needed to go to hospital. She had no family or friends to assist her and was worried and wanted to establish what measures were in place to ensure the hygiene of public transport and taxis.

10.6 The Welsh Government sought to provide clarification on shielding to their stakeholders. I received helpful clarification from the Welsh Government by email on 22 April 2020 as a member of the Social Care Planning and Response subgroup. This email explained that approximately 90,000 people in Wales had been identified in the shielding group and should have received shielding letters from the Chief Medical Officer for Wales. It stated that in addition to this group, GPs could use their clinical expertise to advise further patients with serious underlying health conditions to shield and issue the Chief Medical Officer letter to them directly. This information would be passed to local authorities and supermarkets so that people could get access to the support packages and priority delivery slots. My Advice and Assistance service was able to use this information in the advice that we subsequently provided to older people, their families and friends. [HH/22 – INQ000221543] There was further communication on this issue from the Deputy Chief Medical Officer for Wales on 17 June 2020. [HH/23 – INQ000221544]

10.7 The 'exit strategy' from shielding was a concern and how comfortable and confident people would feel about going out when they were permitted to do so. From my contact with older people and older people's organisations, I heard about loss of confidence and older people's reluctance to go out again.

10.8 I also heard about some good practice with shielding arrangements, for example people in one local authority area who received a 'shielding letter' were actively contacted by the local authority and their details passed forward to relevant organisations should any support be needed.

## 11. Public messaging of 'stay at home'

11.1 In my view, drawing on my contact with older people and older people's groups, the UK and Welsh Government public messaging of '*stay at home'* and '*protect the NHS'* combined with the reported pressures on the NHS, led to some older people delaying seeking advice, help and treatment from the NHS. Amongst some older people there was also a question of trust in the NHS and/or fear arising from the abovementioned issues regarding DNACPR, and whether they would be offered the treatment needed.

Some older people were fearful of leaving their homes or being in a hospital and these were also factors in delaying seeking care.

11.2 The impact of these combination of factors and the ongoing reported pressures in the NHS led me to include questions about access to the NHS in a representative survey of 500 people over the age of 60 in Wales, that I commissioned and was carried out in March 2023. This survey asked about the impact of reported pressures on the NHS and found that over 40% of people over the age of 60 were less likely to: visit A&E; try to get a GP appointment; or contact an out of hours GP service. One in four said they were less likely to use the 111 service. [HH/24 – INQ000221545]

## 12. Lessons Learned

12.1 Maintaining contact and communication with a loved one when they are in hospital is crucial. It is clear from the experiences of older people, their families and friends, that the prevention of such visits caused great suffering for the older person in hospital and also, their loved ones. Video and telephone contact is important and needs to be facilitated, but this should generally be in addition to, and not a replacement for, in-person contact. It is my view that there should be a change in policy and practice so that visiting from a loved one can continue and this is particularly important for people living with dementia and those with sensory impairments.

12.2 It is also crucial that older people can be accompanied when they go into hospital, whether that is for a planned admission or an emergency. In my view, it is not acceptable that a vulnerable older person, for example someone living with dementia, is waiting on their own in an Emergency Department, and this practice should be stopped.

12.3 As I have explained above, an issue that caused great distress for older people and their families and friends was the issue of DNACPR. There were concerns about blanket policies on DNACPR, poor communication or a lack of consultation with the older person and/or their family, and instances where the older person and/or their family was unaware that a DNACPR decision was in place. There is a need to:

12.3.1 Review how the DNACPR decision process works and where improvements can be made; and

12.3.2 Raise awareness and improve the availability of information about DNAPCR and the decision process.

12.4 It is my view that insufficient attention was given to older people who could not access information online, or who could not communicate online – for example making

appointments. This led to many older people struggling to get the information they needed and not having an easy means of checking the information they were receiving. The move to online meetings and services during the pandemic, although beneficial for many, excludes many older people – around a third of people over the age of 75 are not currently online. A lesson that should be learned is the need not just to encourage and support older people to get online, but to ensure that older people are not disadvantaged by not being online. However, developments following the pandemic indicate that the situation is getting worse for older people and others who are not online.

12.5 During the pandemic and subsequently, older people have been deterred from seeking help and treatment from the NHS, because of the public messaging and the reported pressures on the NHS. This has serious consequences for older people's health. Communications from governments and health bodies need to provide assurance to older people specifically, that the NHS is there for them, and that older people should approach the NHS if they have concerns about their health.

12.6 Many of the concerns about the NHS raised with my Advice and Assistance service were about accessing GPs. The changes in appointment processes, including the move to making appointments online have made it more difficult for some older people to access GPs. This was highlighted by older people from Black, Asian and Minority Ethnic communities in research my office carried out in 2022 and early 2023, which is due for publication later this year. Access to GP practices needs to be improved, with a more consistent appointments process so people know what they can expect.

12.7 A positive development during the pandemic was the establishment of the Covid-19 Moral and Ethical Advisory Group by Welsh Government. It is disappointing that there appears to have been no continuation of this sort of structure, despite the continuing moral and ethical challenges and questions with the pressures on the NHS.

**STATEMENT OF TRUTH:**

This statement, consisting of 20 pages, is true and accurate to the best of my knowledge and belief.

**SIGNED:** Personal Data DATED: 20-9-23.