

Inquiry into COVID-19 and its impact on matters relating to the Equality, Local Government and Communities Committee's remit **RCP Cymru Wales response**

About us

Our 37,000 members worldwide, including 1,300 in Wales, work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions, including stroke, care of older people, diabetes, cardiology and respiratory disease. We campaign for improvements to healthcare, medical education and public health.

In Wales, we work directly with health boards and other NHS Wales organisations, including Health Education and Improvement Wales; we carry out regular local conversation hospital visits to meet patients and staff; and we collaborate with other organisations to raise awareness of public health challenges.

We organise high-quality conferences, teaching and workshop events that attract hundreds of doctors every year. Our work with the Society of Physicians in Wales aims to showcase best practice through poster competitions and trainee awards. We also host the highly successful biennial RCP membership and fellowship ceremony for Wales.

To help shape the future of medical care in Wales, visit our website:

www.rcplondon.ac.uk/wales

To tell us what you think - or to request more information - email us at:

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Tweet your support:

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Inquiry into COVID-19 and its impact on matters relating to the Equality, Local Government and Communities Committee's remit

Thank you for the opportunity to respond to the Committee's invitation for written evidence on Covid-19. The Royal College of Physicians (RCP) Cymru Wales used the results of our four surveys looking into the impact of COVID-19 to form our evidence base to this inquiry. We have also worked with consultant physicians, trainee and specialty doctors, and members of our patient carer network in Wales to produce this response.

We would be happy to organise further written or oral evidence if that would be helpful.

Name of organisation: Royal College of Physicians (RCP) Cymru Wales

Lead contact:

Contact detail:



Our response

Introduction

We welcome the inquiry into the COVID-19 outbreak in Wales by the Equality, Local Government and Communities Committee. As a leading health organisation with an aim of being person centred and clinically led, our members are committed to supporting the global response to COVID-19 and are at the centre of the NHS response in Wales.

The RCP has been tracking the impact of COVID-19 on frontline clinicians during the pandemic through membership surveys¹. These surveys alongside continued engagement with our members have informed the evidence in this submission.

Our evidence shows COVID-19 has had an impact on several areas of interest to the RCP and the committee.

¹ [RCP What are we learning from the workforce about the impacts of COVID-19? - 2020](#)



Recommendations

PPE and hearing loss

- Healthcare professional should learn how to communicate via sign language. Being able to finger spell your name, and a few simple signs, such as 'hurt' and 'where' can go a long way to support communication with BSL users.
- The pandemic has led to an increase in the use of video consultations, remote meetings and apps which proves that the technology required to support communication is available. While transparent masks are still required. It is important to still raise awareness and advocacy from healthcare staff, and a commitment to ensuring that patients with hearing loss are no longer overlooked but are fully involved and supported in decisions about their care.
- Deaf and hard of hearing people face a lack of interpreters, isolation from loved ones, and difficulties understanding doctors wearing PPE. Given the increasing importance of digital solutions to assist with communication, patients should be placed on wards with access to high-quality Wi-Fi. Likewise, not all patients have access to a smartphone; and wards should have access to tablets with internet connectivity that can be used on loan.

Outdoor air quality in Wales

- The Welsh Government's Healthy Air Healthy Wales strategy plan will assist in the development of a healthier living conditions for Wales. Nevertheless, much more needs to be done to address air pollution and health related illnesses.
- The changes we have seen to everyday life has led to people developing healthy habits that have cleaned our air, lowered our emissions and kept people safe. There is a new normal unfolding. It is important to avoid going back to the poor air quality we had before COVID-19. To keep us healthy and safe, and to protect the planet, we need a Clean Air Act for Wales as soon as possible.

Indoor air quality (IAQ) in Wales

- It is important that a Clean Air Plan for Wales also considers the deterioration of indoor air quality which might result from the current lockdown measures aimed at reducing the spread of COVID-19.

International workforce

- The COVID-19 pandemic has highlighted the crucial role that EU and international staff play in UK health and social care services. We call for a new deal where all NHS and social care staff who have worked during the pandemic, and their spouses and dependants are granted indefinite leave to remain. This is echoed by findings from a recent poll by YouGov, which shows that 59% of the public believe international staff who have worked in the NHS during the coronavirus pandemic should have the right to permanently stay in the UK.
- This crisis has once again shone a light on the importance of health and social care working in equal partnership. Which is why we are also calling on the UK Government to extend the proposed NHS Visa to social care staff. Attracting the best international talent to the social



care service is also key to ensuring patients receive a seamless service, where systems can effectively deliver community interventions and help keep people out of hospital, leading full lives.

COVID-19 on BAME communities

- Evidence shows that COVID-19 is exacerbating health inequalities including those within the BAME community. We welcome Welsh Governments commitment to work with Public Health Wales (PHW) to investigate this further. The findings from this report must inform future policy decisions as we seek to reduce the risk to those most vulnerable. In the meantime, we are calling for all NHS employers to undertake an initial risk assessment for those staff most at risk within the next two weeks.

Housing

- The response by Councils in Wales towards people in the homeless population shows what is possible. Many local councils have worked to provide accommodation and support during the pandemic to people who are sleeping rough. With rooms in hotels, student accommodation and hostels bought up at the start of the pandemic to provide 800 places. As a result, we are hearing from our members that most people without a home have been provided with accommodation.
- The plan for post lockdown must focus initially on how people will continue to be housed until a more permanent solution for them can be identified. A Welsh Government led plan must be developed to allow Councils and Public Health Wales (PHW) to support homeless people.

Health inequalities

PPE and hearing loss

- The COVID-19 outbreak has not only changed the way health professionals work but also what they wear. Masks that are typically worn by doctors in operating theatres are now a mandatory part of PPE. Whilst this form of protection is vital for the safety of healthcare workers and patients, there has been a knock-on effect on communication, especially for those with hearing loss. This is because deaf doctors rely on lip reading to communicate, meaning that the wearing of masks makes this function impossible.
- The inability to lip read is just one aspect of communication that has been lost as a result of face covering. Wearing masks also hides several important non-verbal and social cues, and can exacerbate anxiety, particularly for those with learning disabilities and autism.
- Doctors working in deaf mental health units have found the use of masks especially challenging to the doctor-patient relationship. Communication with deaf relatives can also be affected, with one ITU doctor recently describing how wearing a mask made it impossible to convey simple condolences and instructions to a patient's widow.

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- Around one in six people in the UK have hearing loss, with this number rising to 71% for those over the age of 70. The General Medical Council (GMC) has stated that doctors have a duty to communicate 'in a way that patients understand'. Clear communication is therefore crucial for informed consent, patient safety, and good patient care. Transparent masks approved for use in healthcare settings would be the ideal solution but at present, only one company in the world manufactures these, and they are not available in the UK.
 - It is also important that the rights of patients to be fully informed and involved in decisions about their care is not forgotten during the pandemic. There are several useful and easy to use communication tools which should be used wherever possible.
 - An example of this involves doctors showing patience and rephrasing sentences rather than simply 'repeating it louder'.
 - Speech-to-text apps such as Google's Live Transcribe, Microsoft translator and Apple Notes which can all help decipher speech. It should be noted however that these do not always work well in noisy settings.
 - Written communication is a low-cost and easy to access solution but can be time consuming when there are complex issues relating to healthcare that need to be discussed.
 - Several health providers now use Cardmedic which is an app with a series of digital flashcards with text that can be used to explain procedures, and even assist with complex discussions around resuscitation.
 - It is worth noting that British Sign Language (BSL) has an entirely different grammatical structure to written English, and those who use BSL as their first language may prefer video-relay, the most commonly available one in the UK IS SignHealth. This organisation has launched a new BSL Health Access service for Deaf BSL users that can be used for free 24/7 to support communication in any health setting.

Outdoor air quality in Wales

- Each year around 40,000 UK deaths are related to exposure to outdoor air pollution². Since lockdown, the air in Wales is cleaner and healthier than before. As restrictions are eased, making sure people can breathe clean air must be an essential part of a green and just recovery plan for Wales.
- Being able to access green spaces and nature close to home should be a basic right in Wales. It's vital to protect green spaces for our mental health and to ensure everyone can exercise safely. The Royal College of Physicians and the Royal College of Paediatrics and Child Health (RCPCH) have produced two reports highlighting the damaging effects of air pollution. Every breath we take: The lifelong impact of air pollution (2016) and the inside story: Health effects of indoor air quality on children and young people (2020³).

² Royal College of Peds and Child Health (RCPCH) and Royal College of Physicians (RCP) (2020). Every breath we take. <https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution>

³ Royal College of Peds and Child Health (RCPCH) and Royal College of Physicians (RCP) (2020). The inside story: Health effects of indoor air quality on children and young people

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- The reports highlight that harm from air pollution is not just associated with poor health over short periods. It is a long-term problem that can begin at conception and occur across a lifetime.
 - People should be given safe alternatives to using the private car. High quality public transport that meets the needs of people and communities is an essential part of helping us all to drive less for everyday journeys.
 - It's vital that everyone has the space to move around our towns and cities and that walking, and cycling are a realistic option. Walking and cycling are the best ways to allow people to travel sustainably, which is good for our health, our air and the environment.

Indoor air quality (IAQ) in Wales

- Air pollution has been linked to serious health conditions such as cancer, asthma and cardiovascular diseases. Stay at home measures have been effective in halting the spread of COVID-19 but have also had an impact on indoor air quality. This is because staying indoors with improper ventilation could lead to other health problems.
- Indoor air quality (IAQ) is of special importance because we tend to spend most of our time indoors and it can greatly influence our health. The situation could be even more serious if the IAQ was poor to begin with. People stay indoors for about 93% of their time and this may increase to 100% for some in the current situation, which increases their rate of exposure to poor IAQ.
- The indoor air, and the pollutants present, are the result of a complex set of factors. The air quality changes from building to building, place to place, over time, and in response to the activities taking place indoors. The main way people are exposed is by inhaling pollutants, but they can also be ingested or absorbed through the skin.
- Evidence shows that IAQ is improved by performing regular maintenance on filtering, cooling and heating systems, and by opening their windows/doors to allow fresh air into homes. Research has shown that even though good ventilation is important, there is an association between ventilation and the spread and transmission of infectious diseases, such as severe acute respiratory syndrome (SARS) and influenza.
- It is therefore important to consider home isolation in terms of family housing, care homes, and other establishments where occupancy numbers are increasing. As the number of people living in an area increases, the need for proper ventilation also increases; however, if there is fear of being exposed to fresh air, then this will lower the IAQ, which is further deteriorated by high occupancy.

International workforce

- The RCP welcomes the steps taken so far by the Government to change immigration rules for our international healthcare colleagues. However, more needs to be done to recognise the vital part they have played in the frontline response to COVID-19 and will continue to play in the future.

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- Their vital role in the frontline response to COVID-19 must not be forgotten nor should the important part they will continue to play in the future.
 - While the UK Government have taken steps to change immigration rules for our international healthcare colleagues, we believe they should go further still. The announcement to grant free visa extensions for healthcare workers and their families whose visas were due to expire by October 2020 was a welcome step change. However, this policy has the potential to exclude the tens of thousands of other frontline health and social care workers whose visas are not due to expire, despite their invaluable contribution to the fight against COVID-19.
 - The recent announcement that NHS and social care staff will be exempt from the Immigration Health Surcharge is another welcome policy change. However, our health and social care services have long relied on international colleagues, with a fifth of all health and social care staff in the UK born outside of the UK. We must go further to ensure the UK remains a welcoming place to work for all.
 - Data shows that 94% of the doctors who have died from COVID-19 are from black and minority ethnic (BAME) backgrounds. The RCP has recently called for an individual risk assessment for healthcare workers in such areas in light of this alarming problem. This will be as important for the restart of services.⁴
 - A recent report by Public Health England (PHE) found that the impacts of COVID-19 are being disproportionately felt by some parts of the population, particularly those from BAME backgrounds. It has also impacted heavily on those in the later stages of their lives and those who live in deprived areas, and it is more of a risk to men than to women.
 - The RCP therefore welcomes the announcement that the Welsh Government will work with Public Health Wales to investigate why such a high number of people from BAME backgrounds are dying from the virus.

Housing

Homelessness people and health inequalities

- COVID-19 can spread very easily and for people sleeping on the streets it is very difficult to keep to the government health advice for hygiene, self-isolation and social distancing. To combat this, Councils in Wales are helping people make a homelessness application and, if they are rough sleepers or at risk of ending up so are placed in priority need and given accommodation.
- Homeless people are more likely to have multiple health conditions. In 2016 Crisis estimated that people who experience homelessness for three months or longer cost the NHS an average of £4,298 per person per year⁵.

⁴ [individual risk assessment for healthcare workers](#)

⁵ Homelessness Knowledge Hub - Cost of homelessness Crisis 2016

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- We welcome that another £20m will go towards building homes and converting empty properties to house homeless people along with Welsh Government's commitment to eradicate homelessness for good.
 - We now need a comprehensive plan in place for when lockdown ends to make sure that the support being offered to homeless people continues.
 - The plan must focus initially on how people will continue to be housed until a more permanent solution for them can be identified. Key to this will be putting together financial support for Councils and Public Health Wales. The plan must be evidence-based, regularly evaluated for impact and learning from its implementation and it is crucial that this data is shared.

What we are doing

- The RCP continues to raise the issues that are important to our members at every opportunity. The RCP Vice President for Wales Dr Olwen Williams continue to work closely with national NHS Wales leaders across the UK including the Chief Medical Officers and national medical directors.
- We will continue to support our members with access to development materials, wellbeing resources and guidance.

Further evidence

As part of our evidence, we are also submitting the following RCP Cymru Wales reports and recommendations for consideration. All of them can be accessed below or on our website.

- [Survey of fellows and members about the impact of COVID-19](#)
- [Time for research: Delivering innovative patient care in Wales](#) (2019)
- [Doing things differently: Supporting junior doctors in Wales](#) (2019)
- [Feeling the pressure: Patient care in an overstretched NHS in Wales](#) (2017)
- [Physicians on the front line: The medical workforce in Wales in 2016](#) (2016)
- [The inside story: Health effects of indoor air quality on children and young people](#) (2016)
- [Every breath we take: the lifelong impact of air pollution. Report of a working party](#) (2016)