

With 2020 Vision: lessons for health, care and well-being: an introduction

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This paper is my personal “starter for ten” and as such deliberately only scratches the surface of some profound issues. My focus is not on the epidemiological arguments or false comparisons of performance with other countries but on attempting to take the viewpoint of those members of the public puzzled by some of the things they are seeing and simply seeking answers to questions affecting their lives. I have, therefore, avoided seeking an academic basis for these reflections but I hope this contribution at least helps open our minds to further thinking.

WHEN SHOULD WE START LEARNING LESSONS?

The coronavirus pandemic has provided an opportunity for unprecedented learning that will not only be critical to how we respond to future pandemics but also to how we wish to live our lives after them. The inevitable saturation media coverage of the last few months has provided the general public with new levels of knowledge about subjects outside its normal sphere of interest. Issues that were recently the domain of professionals and politicians are now the subject of daily discussions across the land. Critical care beds, personal protective equipment (PPE), mortality rates, ventilators, the R factor, antibody testing and contact tracing feature in virtually every news bulletin and it appears there’s never been a better time to be a professor if you are motivated by expounding your knowledge and expertise on national media. The daily ministerial briefings have been fascinating not least because of the contrast in the straightforwardness of the medical and scientific officers with the political speak of ministers.

Opposition politicians have been desperately trying to show qualities of unity and loyalty in the country’s hour of need whilst straining at the leash to vent their frustrations about many aspects of government performance. We are told “now is not the time to be worrying about learning lessons” but one wonders whether the inevitable enquiry, public or otherwise, that follows sometime in the future, will enable us to fully capture how we feel now about the horrendous number of deaths, the way frontline workers have been asked to do dangerous jobs without proper PPE, and the pain and suffering of losing jobs and businesses. Feelings are as important as facts in the current situation and I would argue now is very much the time to begin the learning process, to start considering some of these matters contemporaneously and with openness and honesty.

MANAGING A PANDEMIC

We can begin the learning by considering how our health and social care services operate in a pandemic, how government is able to manage a crisis that affects the whole population, the extent to which we are prepared to conform to instructions, and how a market driven global economy copes with the need for a universal response based on priority to health. We can also begin to judge government performance not only in terms of policy but also how it is able to have those policies implemented. In the absence of a cure and a vaccine, the immediate criteria for judging performance relate to government’s ability to keep us safe and help those who unfortunately contract the virus to recover and avoid death. The main specific issues under scrutiny have been the social distancing policy, testing, the supply of PPE and economic support for businesses and workers. In the longer term it will be the

degree to which the “new normal” will be an acceptable way to lead our lives that will be the real test of how we feel about how the pandemic has been managed.

Covid has impacted us in similar and different ways depending on our circumstances and it is right to start with some reflections on the last couple of months. Perhaps there were no more vivid examples of how the virus has no respect for status or authority than learning that both the heir to the throne and Prime Minister had been infected, in the case of the latter sufficiently to warrant life-saving hospital treatment. Political prejudice was mercifully abandoned as people hoped and prayed for his recovery. Yet it is also appropriate to consider how many other lives may have been saved if all people with particular symptoms had been able to access hospitals for “precautionary reasons” rather than be told to self-isolate until their symptoms worsened. The fear of overwhelming the NHS critical care capacity that underpinned that advice is understandable but of little consolation to those who died or their families or friends.

The last months have seen a continuation of the three word slogan approach to communicating government policy. “Take Back Control” and “Get Brexit Done” have been replaced by “Stay at Home” and “Protect the NHS”. The inadequacy of such a simplistic approach has been exposed by problems with implementation. “Stay at Home”, for example, is qualified by a range of advice about who, when and how people can be exempted. Saving lives is a consequence of protecting the NHS yet the spare intensive care capacity that the approach succeeded in delivering has failed to stop the UK rate of deaths being amongst the highest in the world. In a recent television interview, the UK’s transport minister responded to criticism that the government was ill prepared for the pandemic in terms of testing capacity by commenting that the UK’s pharmaceutical industrial profile was not centred on testing and “you can’t help where you start on these things”. In which case, one has to wonder what effect a decade of austerity had on the robustness of the NHS to deal with the pandemic and how that influenced government’s assessment of its ability to manage demand.

Covid has thrown up many different paradoxes. For example, we congratulate ourselves on the extent of our compliance with the lockdown but needed draconian legislation before enough of us were prepared to stay at home. Let’s not forget the crowded tube trains, house parties and reluctance to cease mass gatherings like the Cheltenham Horse Racing Festival only days before the call for social distancing became mandatory. We applaud the skills and bravery of our NHS workers but it took over three weeks before any reasonable level of consciousness emerged about the plight of those living and working in our care homes and there continues to be less recognition and understanding of how the domiciliary care service has to cope. We will return to the situation in care homes in future papers. We were impressed by the Chancellor’s boldness in announcing billions of pounds of support for workers and businesses but then had to see many of them go under as the slowness of the roll-out failed to keep their heads above water. We gasp in admiration at the generosity of people volunteering to support the NHS and donate to fund raising initiatives like those of the incredible and inspirational Captain (now Colonel) Tom Moore, at the same time as seeing other charities struggle to survive. We celebrate the initiative shown by individuals voluntarily manufacturing items of PPE whilst witnessing market forces of supply and demand drive up prices.

THE PERSONAL AND THE POLITICAL

Some of the hidden and unexpected consequences of Covid have been detected in the reduced rate of presentations of suspected illnesses to the NHS, such as early signs of cancer, and the increase of abuse, particularly domestic abuse. We suspect, but can't yet confirm, that even the recorded incidents of abuse represent the tip of the iceberg as those who hide from authority in normal times translate the lockdown into a safe haven for their abusive behaviour. Ironically, reductions in reported abuse engender as much concern in this context as increases.

Our perception of our personal vulnerability and mortality has undoubtedly grown with our knowledge of the virus and its ability to impact young and old. We have been numbed by the numbers of deaths and only the final ONS statistical evidence of the net annual increase will give us a true picture of how devastating this virus has been. The degree to which the current state of fear will remain post lockdown is unknown, but it is unlikely that people will feel safe to frequent pubs, restaurants and mass modes of travel without stringent social distancing rules being applied effectively for some time. The clamour for a defined exit strategy can only be justified in the short-term context as the ingredients of a safe long-term exit – a vaccine, a treatment, and effective mass testing and tracing – appear some way off.

The critical reflection to date has included much debate about the UK's preparedness and whether the series of actions taken in the last few months could have been initiated earlier. We have been told throughout that political leaders have "followed the science" but we know now that there is no single version of the science, evidenced by differing advice about face masks and different approaches to testing amongst the four nations. It is important to avoid leaning on hindsight alone to assess political judgements as the issues facing political leaders at the time have been complex and extremely challenging in terms of timing and substance. However, the boldness and desire by some to demonstrate confidence in the great British spirit to overcome all evils may prove to have been misguided in respect of the apparent comparative slowness to respond, and the relatively casual early advice provided, such as to keep shaking hands and go about normal business as far as possible but with some caution. It was clear that washing our hands was never alone going to be sufficient to prevent the spread of the virus and that other actions would be needed. History will tell whether the political leadership required needed to be more in tune with the population's increasing fears and less on a need to give an appearance of control and confidence.

The PPE issue has revealed that one NHS trust in England goes through around a million items a fortnight across its five hospitals. Sir David Attenborough recently declared that his biggest fear for the planet was waste so is it tolerable that we can't find a way of routinely re-using certain items of PPE safely? It is understandable that an uninformed public should question why washing our hands is an effective way of preventing spread of the virus but we don't routinely wash PPE. I suspect that the influence of accountants making an economic case for disposing PPE over laundering it have contributed as much to the current approach as the safety factors.

It is an indication of the unprecedented times we live in that so many issues have emerged in such a short time. Perhaps it is premature to either judge government performance to

date or forecast the long term future impact of Covid but we have enough evidence to suggest that new norms will be an inevitable consequence. The necessary increase in the use of digital technology to communicate has woken many up to new opportunities to work differently. The order of priority placed on how we value the workforce has been justifiably disturbed, which should at least lead to greater recognition of who really matter and hopefully some additional rewards too. The importance of the state in times of crisis has been reinforced but its inexperience in matters of implementation have too.