Welsh Parliament
Health and Social Care Committee

COVID-19 recovery: academics

Note of issues discussed

November 2021

This note summarises issues relating to COVID-19 recovery the Health and Social Care Committee discussed with academics on Thursday 7 October 2021 as part of the development of our strategic approach to our remit in the Sixth Senedd.

1. Introduction

1. The Committee invited six academic experts from across the health and social care policy field to discuss their views on the emerging issues in respect of COVID-19 recovery, and to inform the development of the Committee's strategic planning and priority setting. The Senedd Research COVID-19 expert register was used to identify academics from across Wales with relevant expertise

2. This note summarises issues and themes discussed during the session. Reference to an issue does not necessarily represent endorsement either by all participants or by the Committee.

2. Issues discussed

Evidence-based health and social care

3. The need for healthcare practice to be evidence based, or evidence generating. Clinical research - the study of health and illness in individuals is important in healthcare to improve treatment and care options for patients. However, clinicians often feel unable to find time for research .

4. The number of clinical academics in Wales has declined over time. There needs to be a critical mass of clinical academics and greater investment in the role is needed. Previously clinical academics would be part-time in hospital and part-time in university delivering high-impact clinical trials, but now it's generally done in spare time, on top of clinical roles.

5. The need to develop research capacity around social care, equivalent to health care, including building research into the integrated workforce and encouraging quality improvement cycles. It was stressed that data collection should be about improving care, not compliance.

6. The importance of filling gaps in evidence, and the need for clinical academics, charities, and others to do this. The role of big research organisations in bringing leaders together, fostering collaboration, and shaping work programmes needed.

7. Concerns about the extent to which the potential for Wales to be at the forefront of evidence-based decision making is being realised, for example whether Welsh Government is making use of the findings of the Wales Wellbeing COVID-19 survey and associated dataset.

8. The need for effective delivery of research evidence - it can take years for evidence-based practices to be used in care. The Secure Anonymised Information Linkage (SAIL) Databank is a way to improve health outcomes by using granular data, and is a world-leading resource.

9. The importance of decision-makers listening to the views and evidence of experts, and the importance of listening to patients.

Respiratory illnesses

10. The need for a serious acute respiratory failure centre in Wales - currently, people go to Guys and St Thomas hospital in London for treatment. There are only five ECMO machines in the UK, and none in Wales. However, it's not just about the (ECMO) machine, but the benefits to patients and their families of the multi-disciplinary services that come with it, including data capture and care.

11. The reduction in serious asthma and COPD attacks as a result of COVID, due to: reduced transmission of other viruses, better self-management and improved air quality. The need to build on the positive aspects in future care, especially self-management.

12. Reduction in viral transmission longer term through public health measures, self-management apps (and improving self-management more generally), diagnostic hubs (as some tests aren't being done in primary care any more).

Hospital pressures in the short and long term

13. The UK has the lowest critical care bed capacity per head, and Wales has one of the lowest capacities in the UK - this is not new and has been known for more than a decade. A spotlight has been put on critical care because these hospital wards have been used to treat COVID-19 patients who have been unable to breathe without support, or where they've had problems with their organs. However, critical care is important for treating and monitoring seriously ill patients after routine complex surgery such as cancer surgery, and life-threatening illness or an injury.

14. The need to learn from the pandemic, as the population is more willing to accept change and innovation. For example, there is an opportunity to change culture around attending GPs with a viral infection, which can be passed on to other vulnerable people in waiting rooms.

15. The need to reduce respiratory hospitalisations to improve bed capacity as an immediate priority. During the winter: COVID, flu and RSV will rise, and hospital acquired infections will rise.

16. The ways to reduce respiratory pressure on hospitals is to keep people out of hospital in the first place, through preventative measures such as encouraging the COVID booster uptake and flu vaccines, and increasing capacity in primary and secondary care to support patients to stay well.

17. Improved communication is needed between care homes and the NHS, to ensure there's a shared understanding about when it is safe to discharge patients to care homes. The problem of medically-fit patients in hospital beds while they wait for their social care to be arranged is huge and delayed transfers of care is worse than it has ever been. The need to address workforce issues in social care, and develop a social care strategy to ensure better discharge flows.

18. Beds don't look after patients, people do, and greater investment in the workforce is needed, in terms of pay and conditions; support and an exploration of the use of agency staff. Many nurses are leaving due to low morale and low pay – "it is not an attractive prospect being a nurse at the moment".

19. Much of NHS infrastructure is from the 1970s, and doesn't conform to published guidelines, for example on bed distance.

Abuse of the healthcare workforce

20. While hospitals have good systems in place for dealing with physical abuse this is not replicated for online abuse, largely due to its covert nature, but online abuse is actually far more intrusive, as it takes place in your own home.

Vaccine uptake: children and young people

21. The need to increase immunity in children as they are driving the present wave. However, the vaccine has not yet been approved for under 12s.

22. The view that vaccination should take place in schools rather than vaccination centres which would encourage 'opt out' rather than an 'opt in' system. Immunity in schools is now higher but this is as a result of higher rates of infection rather than vaccination, and this is not the right way to go. Also, many parents would prefer a community based approach and vaccinating in a school setting could help to normalise the process of having a vaccination.

23. Evidence of social norms being important to vaccine uptake and while the majority of parents want their children to be vaccinated there is some hesitancy so it's important to get the message across that the vaccine is both safe and necessary.

24. Recognition that, unfortunately, there is a sub-group who are influencing by misinformation, some of which centres around the MMR controversy, and this needs to be overcome.

COVID-19 booster and flu vaccines

25. The hesitancy among some groups around having the booster and flu vaccine simultaneously. Possibly because some people experienced a bad reaction to the COVID-19 vaccination and are afraid that could be magnified if the booster and flu vaccine are delivered together.

26. Surveys carried out by Public Health Wales suggest that 9 out of 10 people would have the booster but it needs to be convenient for them to do so.

27. The importance of the messaging that the COVID booster and flu vaccine are safe and beneficial to take together. The flu vaccine must not get lost in the rollout of the COVID booster programme.

28. There is currently no evidence to suggest that people who have had COVID are less likely to take up the flu vaccine or COVID booster. However, evidence does suggest that people who have had the infection and are double vaccinated are extremely immune so it is arguable whether a booster is needed in those circumstances.

Adherence to future COVID-19 measures

29. Around 85% immunity is needed before all restrictions could be released. Unless this level is reached some form of restrictions will remain necessary and without adherence to these lesser restrictions (use of face masks, COVID passes, etc) stricter measures might be needed further down the line. 85% immunity level is unlikely given that 1 in 7 people refused the vaccine.

30. The need for the Welsh Government to identify which restrictions are most important and make these mandatory to avoid 'alert fatigue' (where people struggle to keep up with rules that change frequently and often vary across the four nations).

31. The evidence is mixed as to the impact COVID passes will have but it was suggested that it is likely to encourage vaccine uptake in the younger 18-25 year old group as it will allow them greater freedoms. There will, however, be those who use the lateral flow test as an opt out.

Mental health impacts of the pandemic

32. We were told that the impact of the pandemic on mental health included:

a. A three to four times deterioration in mental health during the first lockdown.

b. A 40 per cent deterioration in November and December 2020 compared to pre-COVID levels.

c. An improvement in mental health since the lifting of restrictions.

33. The greater impacts on mental health experienced by specific groups, including 16-24 year olds (who are 10 times more likely to be in mental distress than the oldest groups), women, and people living in deprived areas. Research so far has focused on who is in mental distress, but there is less data about the reasons why some groups may be more affected than others. Potential reasons for the greater impact on young people were thought to include social

isolation, loss of education and being cut off from their peers. Also, many young people may have turned to social media, which can be toxic at times.

34. The need to channel resources into providing mental health services in schools, particularly in deprived communities.

Long COVID

35. The data gap in recording cases of long COVID and whose role this should be (there was a suggestion that GPs should be reporting the number of patients they are seeing with long COVID).

36. The importance of getting the message across about the long lasting impact of long COVID, particularly on young people, balanced with the need for proportionality.

37. The chances of developing long COVID seem to decrease, with fewer cases reported in those who have been vaccinated, compare to those who have acquired the infection without vaccination.

Social care workforce

38. Additional pressures on the paid social care workforce because of structural challenges and COVID-19 have led to the unit cost of care increasing. There are no simple answers, but it was suggested that equalising pay structures (and the disparities in pay between different roles) should be a priority. Other suggestions included developing career pathways within the integrated health and social care workforce for healthcare assistants and social care workers, and working to ensure the social care work feel valued and supported.

Unpaid carers

39. Pressures on unpaid carers have been exacerbated by the pandemic. The pandemic has further underscored the importance of the role of unpaid carers, who were described as holding together the social support in communities.

40. Consideration also needs to be given to the 'tipping point' where the pressure on unpaid carers reaches a point that they can no longer cope, with corresponding implications for the paid workforce.

41. While there is no data on the impact of the pandemic on unpaid carers' mental health specifically, there has been a significant increase in psychological distress and decrease in mental wellbeing across the Welsh population as a whole. The Wales Wellbeing COVID-19 survey captures data on carers (but not unpaid carers specifically), but further work is needed to

analyse this data. Qualitative research suggests that when unpaid carers are presenting to social services their mental health is much worse than 18 months ago, and while their unmet needs have built up and they are reaching out to social services for help, the support is not there for them.

Integrated care

42. The importance of additional community support was raised, including nursing, the role of primary care, the voluntary and charity sector and communities to help provide support when unmet needs are presented.

43. The review of the Integrated Care Fund was thought to provide opportunities for improvements, although more needed to be done to overcome barriers resulting from a focus on organisational identities rather than the provision of care and support. Data collection needs to focus on outcomes, not just monitoring and compliance.

3. Discussion participants

44. We are grateful to the following for sharing their time and expertise with us:

- Professor Gwyneth Davies, Professor of Respiratory Medicine & Respiratory Physician, Lead - Postgraduate Training, Asthma UK Centre for Applied Research, Population Data Science, Swansea University Medical School
- Professor Nicola Gray, Professor, Psychology, Swansea University
- Professor Mark Llewellyn, Professor of Health and Care Policy, Director, Welsh Institute for Health and Social Care, University of South Wales
- Dr Matt Morgan, Consultant in Intensive Care Medicine, Adult Critical Care Lead for Research and Development, Honorary Senior Research Fellow, University Hospital of Wales, Cardiff
- Dr Angharad Shaw, Lecturer, Department of Computer Science, Aberystwyth University
- Dr Simon Williams, Senior Lecturer in People & Organisation, Swansea University