ENGINE
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PANDEMIC PERSPECTIVES: AN ANNIVERSARY FOR REFLECTION

You could be forgiven for thinking that you had wandered on to the set of a Hollywood movie when the World Health Organisation declared that COVID-19 had become a global pandemic on 11 March 2020. A week or so later the UK, along with many other countries, declared a lockdown which saw wholesale restrictions on social and economic life, designed to reduce the transmission of the virus so the health service was not overwhelmed. Every line of official communication started telling us to 'Stay at Home, Protect the NHS, Save Lives'.

Ever since this watershed moment the lives of the entire population have been massively altered, and for health and care workers normal daily life has been turned on its head. Previous stresses from the NHS' 75-year history pale into comparison to the seismic shock of the coronavirus pandemic.

Scrambling to understand and treat a novel virus; delivering care with a shortage of essential equipment; reorganising modes of care; establishing the Nightingale hospitals; ensuring those with 'normal' ailments were not forgotten; being retrained or redeployed; contending with risks to their own health and wellbeing; developing and delivering a vaccine; and being placed on a pedestal with the Thursday evening applause – all elements that have made 2020-21 a time like no other for the NHS.

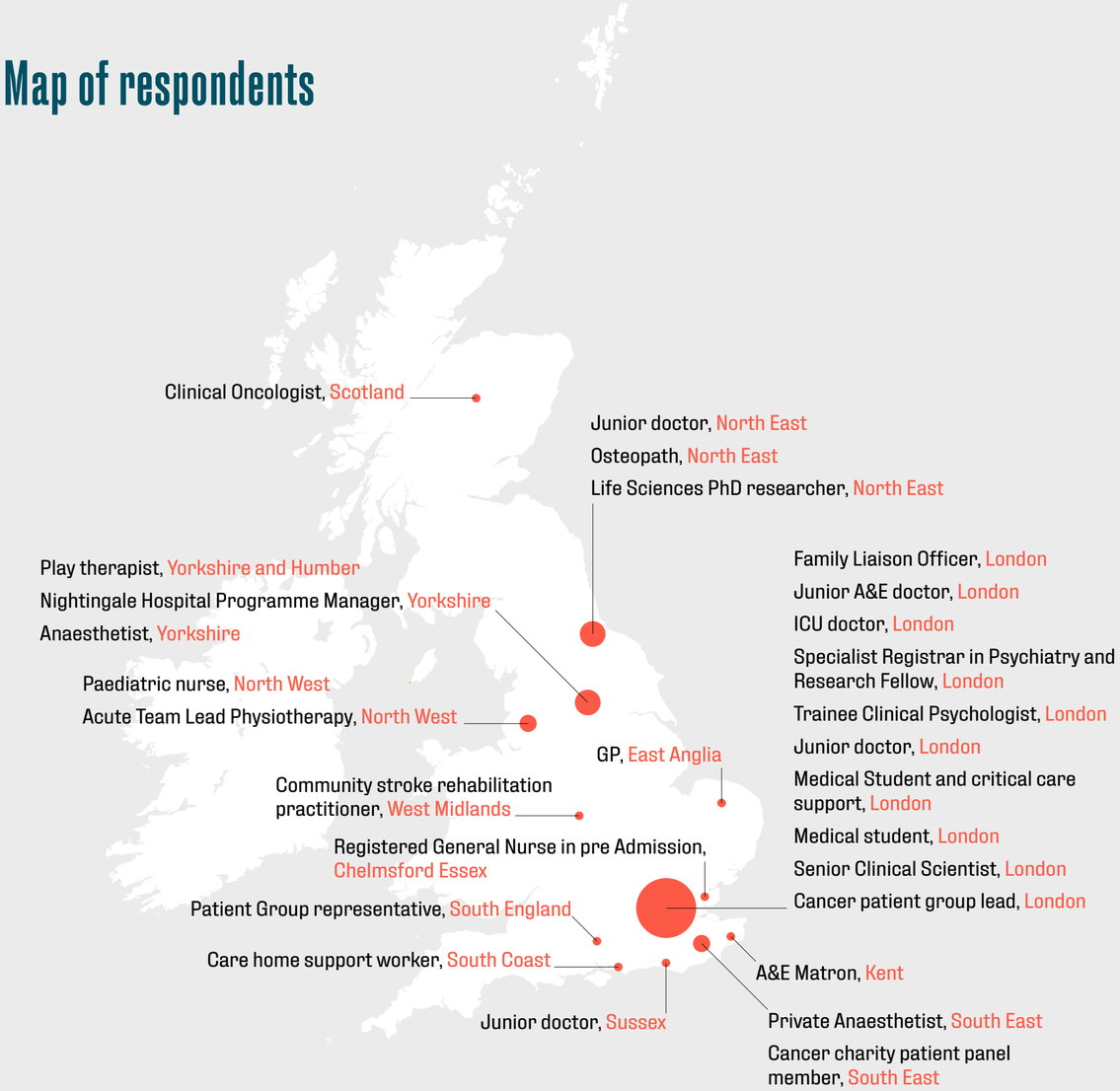
The legacy of COVID-19 will continue to be written long after the final person has been vaccinated and we can all enjoy a pint in a pub again. The NHS and the services it delivers will be recovering for a long time to come. But a post-pandemic NHS will also prove fertile ground for fundamental positive changes, many of which were born out of necessity in the thick of the virus, to take root and become the norm.

To understand what this has really been like for healthcare professionals, patient groups, and life science researchers in this period and what changes we might see as a result of the pandemic, MHP Health interviewed 30 people from across the country. We asked three questions:

1. What three words would you use to describe your experiences of the pandemic?
2. What do you know now that you wish you had known a year ago?
3. What (if anything) do you think will be the positive legacy of the pandemic for you in your role and what changes would you like to see in the NHS as a result?

This report captures the perspectives of the people on the frontline, from the chaos to the camaraderie, to the hopes for some positive changes as part of COVID-19's legacy.

Map of respondents



Professionals' perspectives



What people wish they knew at the beginning of the pandemic that they know now

"I WISH I'D HAVE KNOWN THAT THE PANDEMIC WOULDN'T SIMPLY BE WISHED AWAY"

"THE LEGACY OF THIS WILL LAST FOR MANY YEARS"

Camaraderie, creative, communication

The clear sense of solidarity through the challenges of the pandemic allowed many to find solace among the chaos. Many commented that the strength of their teams and camaraderie meant that the workforce was able to stay motivated despite the uncertainty. The past year has enabled many working in healthcare to strengthen their relationships with colleagues, learn from one another and rally around to keep services going for those that need them. It was reported that the collective effort of a team experiencing an unknown together allowed those working across the system to unite.

"WE HAVE HAD A LOT OF STAFF HAVING TO QUICKLY LEARN NEW SKILLS IN SECTIONS THEY WOULDN'T USUALLY WORK IN AND WE HAVE ALL PULLED TOGETHER TO ENSURE WE KEEP THE SERVICE GOING NO MATTER WHAT."

Disruptive, disorganised, discombobulating

The risk of a depleted workforce to care for patients during the pandemic was exacerbated by team members contracting COVID or having to stay away from their jobs for periods of time because of exposure to COVID, as well as the need for rapid redeployment of the clinical workforce and recruitment of less experienced staff.

The people we spoke to reported that changes in service delivery which were necessary to adapt to the influx of COVID-19 patients left healthcare professionals quickly having to change their working patterns and roles. This had a knock-on effect for people who are trained as specialists being redeployed, which meant that the skills they have spent years building up were not being used. It was reported that confusion and miscommunication left some feeling unfulfilled with the role they were playing in the pandemic response.

Those working in patient advocacy expressed their concerns for the people who have had their diagnoses and treatment delayed due to the strain on the NHS. People also reported that with hindsight it is clear that more focus should have been placed on ensuring that normal NHS services were kept up and running in order to minimise the long-term impact of the pandemic on people with non-COVID related conditions.

"AT THE PEAK OF THE INITIAL WAVE OF THE PANDEMIC, SERVICES ACROSS THE HOSPITAL WERE CHANGED TO ADAPT TO THE INFLUX OF COVID PATIENTS ... ON REFLECTION THE DEGREE OF CHANGE WAS PROBABLY NOT NECESSARY IN SERVICES SUCH AS ONCOLOGY."

Interesting, insightful, innovative

The opportunities and enthusiasm for innovation and science have been unrivalled, with rapid adaptations and uptake in technology and research enabling much of the flexibility required to manage the pandemic and offering hope for the recovery. Comments were made around the great deal that has been learned throughout the pandemic and the lessons for the future. Those we spoke to working in research have welcomed the shift towards online information sharing, expressing the value and accessibility of the online networking and conferences that has come from the pandemic.

"WITH HARD WORK WE CAN ACHIEVE JUST ABOUT ANYTHING"

Scared, stressed, sad

Those dealing with the immediate effects of the pandemic have been fearful and anxious under the pressure of COVID . It was reported by many that there were times of isolation and loneliness among the sadness. From the onset of the pandemic, the deficit of PPE and the lack of communication within hospitals around what is available and what should be worn left many healthcare professionals uncertain about what they needed to do to keep themselves and their teams safe.

"HOW TO WORK AND COMMUNICATE WITH PATIENTS AND FAMILY WITH EXTENSIVE PPE ON."

Persistent, pace, punishing

Many people working across the different professions said that they wish they had known of the unrelenting persistence of the pandemic. They would have then been able to pace themselves for the sustained intensity that they have had to endure. Some commented on wishing they had known how much more they would have had to work, the sacrifices they had to make in their personal lives and that they should be really valuing their downtime.

"I WISH I'D KNOWN THE SACRIFICES WE WOULD HAVE TO MAKE AT HOME TO CONTINUE TO BE ABLE TO WORK ON THE FRONTLINE."

Resilience, rewarding, recognition

Undoubtedly, there has been a great deal of resilience shown, with some mentioning the creativity and adaptability that has been demonstrated to help persevere with the challenges.

People commented that they wish they had known that adaptability and flexibility would be invaluable to sustain their own wellbeing and to support others. These were identified as two of the key factors in coping during the pandemic. While many have been exhausted by the pace and persistence of the pandemic, the altruism of healthcare professionals prevailed, with some expressing their experiences as rewarding and humbling.

"AS A TEAM WE HAD THE STRENGTH AND RESILIENCE TO GET THROUGH THE PANDEMIC BY SUPPORTING EACH OTHER"

Looking to the future – what needs to change?

Since the beginning of the pandemic, there have been calls from across the community to 'lock in' the positive changes which have emerged from COVID-19. These calls were echoed by those we spoke to, who gave examples of innovation and flexibility as examples of where the system had adapted for the better because of the pandemic. These are the areas they would like to see continue for the long term and become the norm in their day-to-day practice.

1. Technology – most prominently was the recognition that digital transformation, in particular through virtual consultations, had revolutionised how diagnosis, treatment and ongoing care could be delivered. While the move to digital will not be appropriate for all circumstances, there will be a strong argument to maintain a degree of the flexibility that it allows, thereby easing pressure on clinical schedules, the lives of patients, and the environment.

2. New skills – despite the initial shock of being redeployed or having to learn new practices and skills, many of our respondents noted that this period has been one of development – both emotionally and professionally. While simple things such as a renewed commitment to hygiene on rounds will likely be hardwired into a generation of clinicians for the rest of their working lives, other things, like gaining practical experience of different specialisms, were cited as a positive development and one which is hoped will become the norm in the future. A related theme was the convenience that was afforded by services being able to share staff across settings, easing the burden when the pressure was at its greatest.

3. Support for the NHS – a common sentiment amongst our responses was how the pandemic had revealed how fragile the NHS was, and that it should serve as a warning to address concerns over funding and organisational structure. The effects of the pandemic on NHS services will be felt for years to come, and it is hoped that these will be mitigated by wholesale commitments to continued support, so the service does not have to run on 'bare minimums'.

4. Acceleration of processes – the remarkable race to repurpose existing medicines and develop a vaccine for COVID-19 blazed a trail for how processes that would normally take years could be accelerated into a matter of months. There must always be a balance struck between speed and diligence in areas of clinical research and R&D, but this is an area of medicine where ideas and innovation are the stock-in-trade. It is hoped the agility and new approaches that were demonstrated in the fight against the virus will carry through to other areas of pressing research.

What a year it has been. Where next?

'The NHS cannot survive on applause alone' was one powerful testimonial we received during our research. Where can things go from here and what can policymakers and the wider healthcare community do to help match the resilience and brilliance of those who have sacrificed, sweated and innovated their way through an emergency of gigantic proportions? The first exercise will be to reflect upon what has happened and understand what the pandemic has revealed – both in terms of flaws and strengths. The second will be to listen to those who have shown up every day to deliver care under the most difficult of circumstances, and learn how the NHS can bounce back from the pandemic and not slip into an institutional 'long COVID'. Finally, and perhaps most crucially, will be to act boldly and capitalise on the opportunities that such a seismic event has presented, so that the NHS, founded in the wake of another global catastrophe 75 years ago, can continue to deliver in the post-pandemic phase and beyond.

MHP Health

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