Royal College of Physicians

Coleg Brenhinol y Meddygon (Cymru)

Making the connection

Living and working through the pandemic in south west Wales

Cyswllt RCP Connect event report

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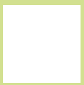
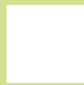
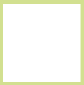
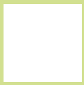
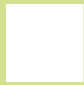
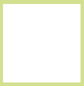
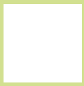
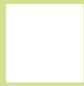
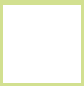
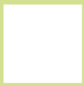
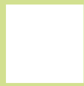
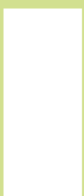








Foreword

We organised the first-ever Cyswllt RCP Connect session to bring physicians together across the south west Wales region.

We wanted to listen and learn from what we have achieved at our different hospital sites and review and discuss common problems and their solutions.

For me, more than that – and particularly at this time – it was a way to link with colleagues and put some virtual arms around shoulders.

Dr Sam Rice
RCP regional adviser
for south west Wales

It was a great pleasure to be part of this first Cyswllt RCP meeting. We are indebted to Dr Sam Rice who created the concept and put together an interesting and varied programme which I thoroughly enjoyed.

I look forward to this forum becoming a regular event in the RCP Cymru Wales calendar where we connect with members across different regions, get to know each other, and share good practice, innovation and research.

Dr Olwen Williams
RCP vice president for Wales

Key findings

- **Virtual working** should ensure medical education becomes more flexible and accessible, especially in remote and rural hospitals. Doctors must be given every opportunity to learn.
- **Staff wellbeing**, compassionate leadership and mental health must become a priority for the NHS. We need to raise awareness and remove the barriers to seeking help.
- NHS health boards **must share learning** and experiences more effectively and work in a more united way to improve patient care across Wales.
- COVID-19 has allowed a lot of clinicians to become more **involved with research**. Dedicated time, regional working, formal teaching and mentoring would ensure these changes work for everyone.
- Every clinician has a role to play in **reducing health inequalities**. The NHS should target interventions for struggling communities and improve access to healthcare for everyone.

Introduction

In March 2021, the Royal College of Physicians (RCP) in Wales hosted the inaugural Cyswllt RCP Connect event. This workshop took place virtually at lunchtime on 10 March 2021, with physicians invited from across Swansea Bay and Hywel Dda University Health Boards.

Chaired by Dr Sam Rice, regional adviser for south west Wales, with conclusions from Dr Olwen Williams, RCP vice president for Wales, this 2-hour online get-together was a huge success: the group discussed workforce wellbeing, access to clinical research, innovation and new ways of working during the pandemic, medical education, health inequalities, and so much more.

The workshop allowed clinicians from across a large rural area to gather online and discuss their pandemic experiences. They shared learning and flagged local priorities that the RCP should proactively support, including the integration of care, staff wellbeing, protected time, and support for junior doctors.

In total, 38 delegates registered for the event and 31 attendees joined us on the day. The meeting was open to trainees, physician associates, SAS doctors and consultants. The event carried 1 CPD point and was free to attend. Speakers included a hospital director, an assistant medical director for education, a health board executive medical director, and a UK postgraduate lead for asthma research.

‘Brilliant idea. Sharing post-COVID experiences with corridor conversations restored! Great to see trainees contributing.’

– Event attendee

What did we learn?

Below, five of the speakers at the workshop share some key insights into their pandemic experience.

1 Changes to medical education and teaching

'When the pandemic began, we quickly adapted our clinical and non-clinical learning environments. We embraced digital education: for a very remote hospital like Ysbyty Bronglais in Aberystwyth, there have been huge benefits in reducing travel to meetings and conferences. Our postgraduate team began to offer pastoral care alongside lectures and clinical skills teaching; the need to support our juniors has never been greater than now. We've used WhatsApp groups and Microsoft Teams to deliver inductions. The way we teach is more flexible now.

'Medical education has undergone huge change in the past year. There have been far fewer opportunities to practise procedures or see patients in clinic and it has been very difficult for trainees to meet the curriculum requirements. Indeed, things have changed so much that we may need to consider whether the curriculum is still fit for purpose. Many trainees are very concerned that they've missed too many clinics. We've encountered problems with IT: hospital computers don't always have speakers or a microphone, so doctors sometimes can't interact with training or ask questions. Evening webinars are brilliant, but often people are tired after a long day at work.

'One unforeseen benefit is that COVID-19 has meant that consultants have been more available to spend time on the wards. With meetings moving online, and all-hands-on-deck, it has been easier to find the breathing space to teach junior doctors, to move away from lecture-based teaching towards ward-based learning. In some ways, it has also helped junior doctors and medical students feel part of the wider team: many of them have been very involved in caring for patients and speaking to families during the pandemic. Yet the knock-on effect for some senior trainees is that there has been a big loss in their autonomy and clinical decision-making.

'In the future, we'll teach more often, in much smaller groups. The hierarchy is likely to be flatter: there's a lot we can learn from younger colleagues about technology. We need to make the most of every learning opportunity: every time there's a procedure to be done, there should be a trainee in the room. Our trainees need to lead ward rounds and run clinics – it's a huge change in mindset, but it's crucial.

'We've learnt that what we did before wasn't good enough. We've now got an opportunity to change things, to address service pressures in a different way. Medical education must become a priority for our hospitals and the NHS, and doctors must be given every opportunity to learn.'

More than 80% of doctors in training say disruption caused by coronavirus reduced their access to the learning they need to progress their careers.

– GMC NTS 2020

Dr Graham Boswell
Assistant medical director for education
Ysbyty Bronglais, Hywel Dda University Health Board

2 Workforce wellbeing and staff morale

‘Even before COVID-19, NHS Wales had a national programme for health and wellbeing. There are networks within this programme that share best practice, information and guidance between NHS Wales health boards and trusts. During the first wave, the Welsh government established a project group that drew on these existing relationships to quickly set up resources for health professionals.

Wellbeing and mental health resources

- BMA Wellbeing Support Services
- Health for Health Professionals Wales
- HEIW Professional Support Unit
- Samaritans helpline – 116 123 (English) 0808 164 0123 (Welsh)
- SilverCloud Wales Online Cognitive Behavioural Therapy

‘Before the second wave, this work was moved back into the national programme where colleagues have focused on raising awareness and evaluating which resources have been accessed, how people have engaged, whether there are any gaps in provision, and how we can scale up innovation.

‘There’s so much out there, it can be difficult to know what is right for an individual who’s struggling. We need to raise awareness and remove barriers to seeking help. To be a compassionate leader, it’s important to pause and breathe, then listen and ask questions, and be helpful and kind. The first time you ask how someone is, they might say, “I’m fine”, but the next time, or the time after that, they might open up to you. It’s also important to look after yourself. That helps us to help others.’

Claire Smith
Workforce programme manager, Health Education and Improvement Wales
Chair of NHS Wales Health and Wellbeing Network

3 Innovation and new ways of working

'In my role as hospital director, it's been intriguing watching a team of superb colleagues – doctors, nurses, medical students, domestics and porters – work together to deliver something new. We've worked so quickly, and we've ripped up the rule book. The NHS has always been held back by resources, but because of COVID-19 we've had to adapt and move things forward in a way we've never done before.

'When the first cases of COVID-19 were admitted to hospitals in south Wales, there were so many unknowns. We had no idea of the personal and professional impact it would have. It was so unpredictable: some frail, older patients were asymptomatic while other younger, fitter patients became very seriously ill, very quickly. We very quickly had staffing shortages due to shielding and illness. We also focused completely on COVID-19 to the detriment of other conditions.

'We increased the intensive care bed capacity, developed field hospitals, and upskilled our healthcare staff. We split our hospital into red and green zones, and we limited movement between hospitals and individual wards, introducing social distancing and cancelling all surgeries, outpatient appointments, diagnostic radiology and endoscopy procedures.

'At the time, it was apocalyptic: like nothing we've ever seen before. But as with any world-changing event, alongside all the destruction and loss, we now have the opportunity to innovate and build a better future. How can we work more closely and improve the Welsh healthcare system?

'The priority now is tackling the backlog. But we haven't had time to rest. Physicians were absolutely hammered during the second wave, and we need to manage their wellbeing very carefully.'

Good things to come out of the pandemic

- Greater freedom to innovate
- Virtual clinics and remote working
- New roles and responsibilities for different professional groups
- Support networks and the role of community volunteers
- Cross-border working between different health boards

'In more rural and remote hospitals, the nature of the work changed radically. COVID-19 never overwhelmed these sites, but they still changed their working practice in preparation for an influx that never came. Patient behaviour has changed: there were fewer sports injuries presenting to emergency departments and minor injuries units during lockdown, and some people started using the hospital front door as a primary care assessment centre, instead of visiting their GP.

'There is a real worry that as we get back to 'normal', the system will fall into its old ways. We're already seeing delays for hospital transfer into residential care. In the second wave, we didn't stop outpatient activity, and so we had both COVID-19 and non-COVID-19 patients to treat. However, I believe the pandemic gives us a real springboard to work in a more united way across all health boards. We need to share our experiences and work together to improve care for patients wherever they live in Wales.'

Dr Robin Ghosal
Hospital director, Prince Philip Hospital
Hywel Dda University Health Board

4 Time for research

‘COVID-19 has changed the entire research landscape. As researchers, we have all asked ourselves, “how can I adapt my own research to look at COVID?” Locally there are some excellent examples. In Hywel Dda University Health Board, clinical researchers have been collecting blood samples for a COVID-19 biobank, looking at immune responses and testing locally produced CPAP machines. Other studies in Swansea Bay University Health Board are looking at inspiratory muscle training and rehabilitation for COVID-19 patients. In Morriston, Ceri Battle has been working with critical care patients on the genetics of mortality. Nationally, the SAIL database in Wales is now being used to look at clinical and socio-economic risk factors for COVID-19, we’ve had an all-Wales audit of acute oncology activity run by junior doctors, and of course, there are big UK-wide clinical trials like RECOVERY.

‘For some researchers, the pandemic threw us back into clinical medicine. Some of us joined the COVID-19 rotas, especially in the first wave, so it had a massive impact on the research and academic workforce.’

‘Some clinicians have protected time for research. Others are expected to carry out research within their allotted SPA time. This varies hugely between health boards. Where there is a medical school located within a health board area, there are often more clinicians funded specifically to carry out research as part of their job plan. However, perhaps we need to break down those boundaries and work in a more regional way to allow clinicians in other health boards to access those opportunities.

‘COVID-19 has allowed a lot of clinicians to become more involved with research, which is a good thing. But there have been some issues around governance and bureaucracy, and the reduction of red tape, and we just need to be careful that in expediting research activity, we don’t lose the regulatory processes that keep us safe.

‘For many trainee doctors, COVID-19 has been their first experience in clinical research. Quality improvement is sometimes perceived to be a tick-box exercise, and juniors don’t always feel confident in research methodology or processes. Dedicated time, formal teaching and mentoring would help more doctors to understand how they can measure and implement change properly.’

Professor Gwyneth Davies
Professor of respiratory medicine
Swansea University Medical School

5 Tackling health inequalities

'Recently, we marked 50 years since the publication of Julian Tudor-Hart's 1971 inverse care law paper in the Lancet, in which he argued that those who most need medical care are least likely to receive it, and those with least need tend to use health services more. In 1942, Beveridge talked about the five giant evils: squalor (housing), ignorance (education), want (poverty), idleness (unemployment), and disease. These are the social determinants of health. In Hywel Dda health board, there is still a 10-year difference in healthy life expectancy between the most affluent and most deprived people in our society.

Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health, and senior NHS Wales clinicians have acknowledged that 'poverty and health inequality' are the reasons for high COVID-19 death rates in the south Wales valleys.

'During the first and second waves, you didn't have to go far to see inequality. COVID-19 hit Llanelli much more significantly than other areas of south west Wales. The south Wales valleys really suffered. Even pre-COVID, these areas had higher smoking rates, more cancers, more liver disease. We also know that there is less vaccine take-up among ethnic minority communities. Locally, we've used mobile units to get out to hard-to-reach groups. Car ownership is low in some areas, and people can't get to clinics or vaccination centres; those people are often digitally excluded as well.

'Physicians are often in an ideal position to influence the health of their local population and communities. When we meet patients, are we thinking about the illness in front of us, or should we be thinking more about the person as a whole?'

What can physicians do to help?

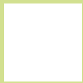
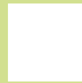
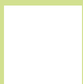
- Research health inequalities and improve understanding
- Raise political awareness
- Target interventions for struggling communities
- Improve access to healthcare (face-to-face and digital)
- Embed health inequalities in medical education
- Encourage and promote diversity in medical professionals

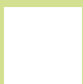
'Health boards in Wales are responsible for population health and wellbeing, not just delivering secondary care in hospitals. Given the profound impact of COVID-19, this should be a time for reflection.

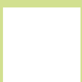
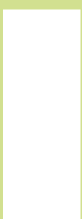
'Our medical schools have got a big role to play. We need to encourage students from more diverse backgrounds to join the NHS: not just doctors, but nurses and allied health professionals too. You're much more likely to take healthcare advice if the person providing that advice has a similar background or belief system to you.

'Some trainees feel underprepared. Even if a subject is on the medical curriculum, it might not be prominently featured. Ultimately, it's how something is delivered, not whether you can tick it off a list. We need to think more carefully about how we ensure broader skills and concepts – eg leadership, the impact of population health – are properly embedded into medical education.'

Professor Phil Kloer
Executive medical director / deputy chief executive
Hywel Dda University Health Board
Honorary professor, Swansea University



Speaking out on behalf of physicians in Wales

Through our work with patients, consultants and trainees, the Royal College of Physicians (RCP) is working to achieve real change across hospitals and the wider health and care sector in Wales.

Our 40,000 members worldwide, including 1,450 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. We campaign for improvements to healthcare, medical education and public health. We organise high-quality conferences and teaching that attract hundreds of doctors every year and our work with the Society of Physicians in Wales showcases best practice through poster competitions and trainee awards.

We work directly with health boards, trusts and Health Education and Improvement Wales (HEIW), we carry out hospital visits, and we collaborate with other organisations to raise awareness of public health challenges.

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wales@rcp.ac.uk

www.rcplondon.ac.uk/wales

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