Report and Recommendations In Brief

The UK Covid-19 Inquiry is an independent public inquiry examining the response to, and impact of, the Covid-19 pandemic and to learn lessons for the future. Its terms of reference were set by the then Prime Minister Boris Johnson.

The scale of the pandemic was unprecedented; the Inquiry has a huge range of issues to cover. The Chair of the Inquiry, The Rt Hon the Baroness Hallett DBE, decided to address this challenge by dividing its work into separate investigations known as modules. Each module is focused on a different topic with its own public hearings where the Chair hears evidence.

Following hearings, recommendations for change are developed and put into a Module Report. These reports contain findings from the evidence collected across each module and the Chair's recommendations for the future. The following reports have already been published:

- Module 1 - Resilience and preparedness
- Modules 2, 2A, 2B and 2C - Core decision-making and political governance

The **third module** considers the impact of the Covid-19 pandemic on the healthcare systems of the UK. The investigation examined the capacity of healthcare systems to respond to a pandemic and how this evolved during the pandemic. It looked into the governmental and societal response to Covid-19 and the impact that the pandemic had on healthcare systems, patients and healthcare workers.

Future reports will focus on the following areas:

- Module 4 - Vaccines and therapeutics
- Module 5 - Procurement and distribution of key equipment and supplies
- Module 6 - The care sector
- Module 7 - Test, trace and isolate programmes
- Module 8 - Children and young people
- Module 9 - The economic response to the pandemic
- Module 10 - The impact on society

Module 3: the impact of the Covid-19 pandemic on healthcare systems of the UK

The UK Covid-19 Inquiry has found that the UK entered the pandemic ill-prepared and with its overstretched healthcare systems in a precarious state. It is unsurprising that the impact of the pandemic was devastating. Baroness Hallett summarises that impact as: **we coped, but only just**.

Healthcare systems were overwhelmed and came close to collapse. That collapse was only narrowly avoided because of the extraordinary efforts of all those working in healthcare across the UK. Their commitment and dedication were remarkable.

However, despite those efforts, some patients did not get the level of care they would usually receive. Some people were not admitted to hospital when they should have been. Those taken to hospital in an ambulance often waited hours to be admitted, putting them and the ambulance crews at risk. Healthcare staff had to be redeployed to the front line (leaving other aspects of care at risk), staff-to-patient ratios were diluted, the supply of medical equipment was a significant concern and some patients were not admitted to intensive care units despite their serious condition.

Several witnesses related experiences of patients or their families or carers only finding out that a Do Not Attempt Cardiopulmonary Resuscitation notice (known as DNACPR) had been in place after their loved one had died or been discharged from hospital. There were also reports of these notices being imposed inappropriately.

Across the UK, millions of people had non-urgent operations cancelled. Some had their diagnoses and treatments delayed to the point where their conditions became untreatable. Vital cancer screening programmes were paused in the devolved nations.

The enormous strain placed upon the healthcare systems was unprecedented. Those working within it were obliged to work under intolerable pressure for months on end. For many, the Covid-19 pandemic had a significant and long-lasting impact on their mental health and wellbeing and exacerbated the stresses and strains of working in healthcare systems that lacked resilience.

Tragically, there were many deaths of healthcare workers, in particular, those from ethnic minority backgrounds. This is a particular concern given the diversity of the NHS workforce.

The pressures brought to bear on hospitals, and on critical care in particular, demonstrate the need for appropriate plans to be in place setting out how beds, space, equipment and staffing capacity can all be expanded. The need for better pre-pandemic healthcare planning is a theme which runs throughout the report.

Preventing the spread of Covid-19 in healthcare settings was paramount to protect patients and healthcare workers. Initial guidance on preventing the spread of infection was flawed. It assumed the virus was spread by contact transmission, failing properly to consider the extent to which it was also spread by airborne transmission. In future, guidance should assume that all plausible routes of transmission are possible until sufficient evidence proves otherwise.

Visiting restrictions: The significant numbers of people infected with Covid-19 who required treatment and hospitalisation meant terrible trade-offs were required. Visiting restrictions were imposed to limit the spread of infection.

Some vulnerable patients, such as those with dementia or a learning disability, and some pregnant women, were left without vital support when attending medical appointments or receiving care.

End of life visits were refused or restricted so that some of those who died in hospitals, died alone. This has had a devastating impact on the bereaved and greatly affected healthcare workers.

People with certain **underlying health conditions** were particularly vulnerable to Covid-19 infection. The shielding programme was intended to provide additional protection and support but the advice to stay at home and avoid face-to-face contact led to many struggling to cope. Communications with those shielding were not always handled appropriately, with some people incorrectly advised to shield and others not advised to shield when they should have been.

111 services: Where 111 was available, members of the public with mild Covid-19 symptoms were urged to ring for advice and information in the first instance. This led to increased pressure on 111 services. There were long delays in calls being answered such that many calls were abandoned.

Long Covid is one direct long-term impact of the virus. Symptoms vary but it can be life-changing and enduring. During the pandemic, there were concerns about the time taken for sufferers to have symptoms taken seriously and to be diagnosed. Access to healthcare for Long Covid remains variable across the four nations. Research continues but has been significantly scaled back while the need to develop a greater understanding remains.

Module 3 was the first to publish a record of the Inquiry's listening exercise, **Every Story Matters**. We heard from thousands of members of the public and healthcare professionals. The Healthcare Record sets out the very real personal impact of the Covid-19 pandemic in stark and often distressing terms.

Recommendations

There are many lessons to be learned from the experiences of the UK's healthcare systems during the Covid-19 pandemic and many areas for improvement. The Inquiry has made 10 recommendations and considers them all to be necessary to prevent healthcare systems being overwhelmed in the next pandemic.

A comprehensive description of the recommendations can be found in the full Module 3 Report, with a full list in Appendix 3.

In summary, the Inquiry recommends:

- **increasing capacity in urgent and emergency care** and ensuring hospitals have the ability to implement surge capacity;
- **strengthening the body responsible for infection prevention and control guidance,** broadening its membership to enhance its decision-making and improving the guidance itself;
- **improving data collection**, enabling individuals at highest risk of harm from infection to be more easily identified and recording deaths of healthcare workers more accurately;
- **promoting a standardised process and documentation for advance care planning,** recording patients' preferences for future care and treatment;
- **increasing support for healthcare workers,** improving retention and increasing resilience; and
- **publishing guidance to assist decision-makers,** providing clear criteria for clinical decisions if critical care resources become completely exhausted.

The Chair expects that all recommendations are acted upon and implemented within the time frames set out in the recommendations. The Inquiry will monitor the implementation of the recommendations during its lifetime.

To find out more or to download a copy of the full Module 3 Report or other accessible formats, visit: https://covid19.public-inquiry.uk/reports.