

# Through the visor 2

## Further learning from member experiences during COVID-19



## Foreword

When we published *Through the Visor* in March 2021, we commented on the challenges that our members faced in the first wave of the COVID-19 pandemic, acknowledging that the report captured a specific point in time and that most people faced more challenging circumstances over the winter period. We heard in our first survey about the practical challenges faced during the pandemic including access to personal protective equipment (PPE) and COVID testing as well as the strain that the pandemic had placed on individuals' emotional and mental health and that of their families.

It is heartening to hear from BGS members via our second survey that, for the most part, the practical aspects of the pandemic have been easier to manage and that the introduction of the COVID-19 vaccination programme has been well-handled and smooth. However, the impact of the pandemic on our members' mental and emotional wellbeing has not lessened and we once again heard heartbreaking comments from our colleagues who have faced unimaginable working conditions and seen the pressures of the pandemic affect their families. Healthcare professionals who care for older people are exhausted, burnt out and experiencing stress and anxiety. We heard from several people who described increases in workplace bullying and a worrying number of colleagues suggested that they are considering leaving their profession, either taking early retirement or moving to non-clinical roles.

There has long been a crisis within the health and social care workforce and we have known for a long time that we are not training enough specialists in older people's care. We can ill afford for colleagues to leave the profession now, worsening the crisis. It is essential that the mental health of the workforce is taken seriously and that healthcare professionals are supported to come to terms with what they have faced over the last year, so that they can return refreshed to doing what they are best at – providing exemplary care for our ageing population.

While many people enjoy a healthy old age, the demand for health and social care services for those over 65 continues to grow. The pandemic has highlighted the importance of ensuring we have the right workforce, suitably equipped with skills and knowledge to support the older population's health needs. It is essential that steps are taken now to recruit and train more specialists in older people's healthcare across the multidisciplinary team and to ensure that the entire healthcare workforce, including specialists in other disciplines, have a good understanding of frailty, multi-morbidity and cognitive impairments. Investment must also be made in providing care in the community closer to home, improving quality of life for older people, and preventing escalation of dependency, saving money in the long-term.

We are proud of each and every one of our members. They have gone above and beyond the call of duty during the pandemic, working through the biggest public health crisis in the NHS's history with professionalism and compassion for the older people they serve. We thank them for their commitment.



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# Executive Summary

*'I have always loved my job [but] in the last few months I have thought frequently about giving up medicine... I hope the joy returns.'* - **Consultant, Scotland**

*'Dear God, don't let it happen again. I don't know if I can do that all again.'* - **Speciality doctor, England**

In March 2021, the British Geriatrics Society published *Through the Visor*, the results of a survey of our members about their experiences of working through the first wave of the COVID-19 pandemic. However, this survey was conducted in autumn 2020 and we recognised that in winter 2020/21 many, if not all, of our members went on to experience more challenging circumstances than they did in the first wave. We set out to repeat the survey in order to understand how our members' experiences had changed through the winter and whether they faced the same challenges as they did in the first wave of the pandemic.

Respondents told us that many of the practical aspects of working through the pandemic had improved. They reported better access to personal protective equipment (PPE) and testing for both staff and patients than they did during earlier stages of the pandemic. However, members continued to raise concerns about the quality of the PPE being used. Respondents were also less likely to be redeployed or have their job plans changed during this wave of the pandemic.

This survey included some questions that were not included in our last survey such as sections about education and training, care homes and vaccinations. The trainees who responded to the questions about education and training were divided about the impact of the pandemic on their training, with some seeing the positive impact or not yet feeling able to judge what the impact would be. We will continue to monitor the long-term impact of the pandemic on trainees. Those who work in care homes told us about the devastating impact of the pandemic on care home residents, particularly those with cognitive impairments. Respondents were generally positive about the roll-out of the COVID vaccination programme, both to older people and healthcare staff.

The mental and emotional toll of the pandemic on our members was evident with quotes such as the two above common throughout the survey results. It was clear that even when the pandemic is 'over', the impact on BGS members will not be. Our members have seen excessive levels of death and report high levels of anxiety, stress, burnout and exhaustion. Some members commented that as a result of the pandemic they are now considering taking early retirement or changing their working patterns.

## Introduction

Winter 2020/21 was an extraordinary time for older people's healthcare in the UK. Having been pushed to their limits by the first wave of the COVID-19 pandemic, as detailed in our *Through the Visor* report,<sup>1</sup> for BGS members the winter brought even more challenging working conditions. We conducted this survey in early spring 2021 to try to understand the impact of the pandemic over winter.<sup>2</sup>

The survey was open to BGS members over a six-week period from 12 April 2021 to 24 May 2021. The survey was conducted through SurveyMonkey, which facilitated binary yes/no questions and analysis. Many of the questions also offered a free text option to allow people to expand on their answers and share their experiences.

## About our respondents

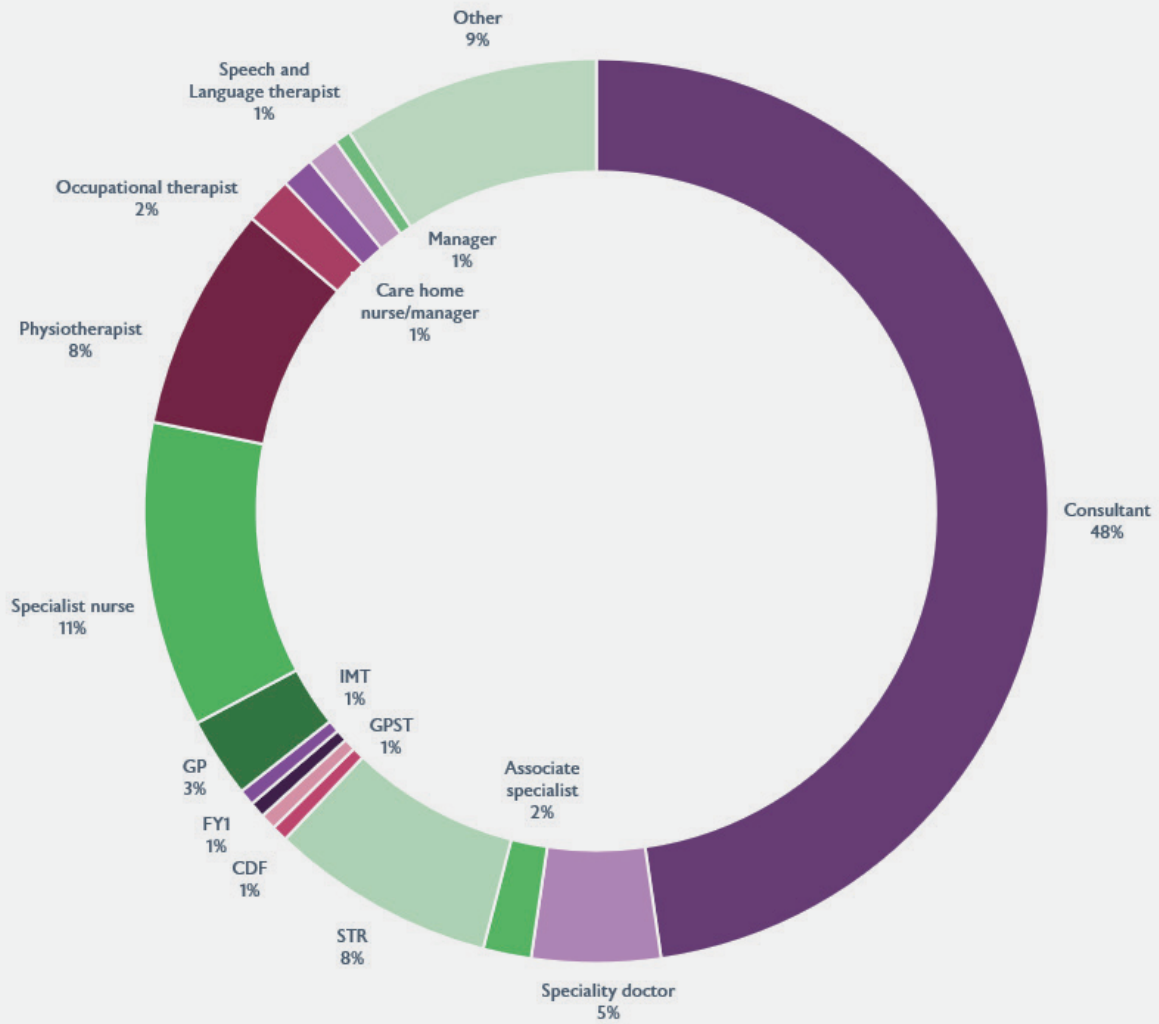
We received 174 responses from across the UK and Ireland. This is a significant decrease from our last survey<sup>1</sup> which attracted 425 responses. The vast majority of respondents (78.7%) were from England

with 15.5% from Scotland, 2.9% from Wales, 1.2% from Northern Ireland and 1.7% from Ireland. Due to low numbers of responses received from Wales and Northern Ireland in particular, we have refrained from breaking down our analysis by nation.

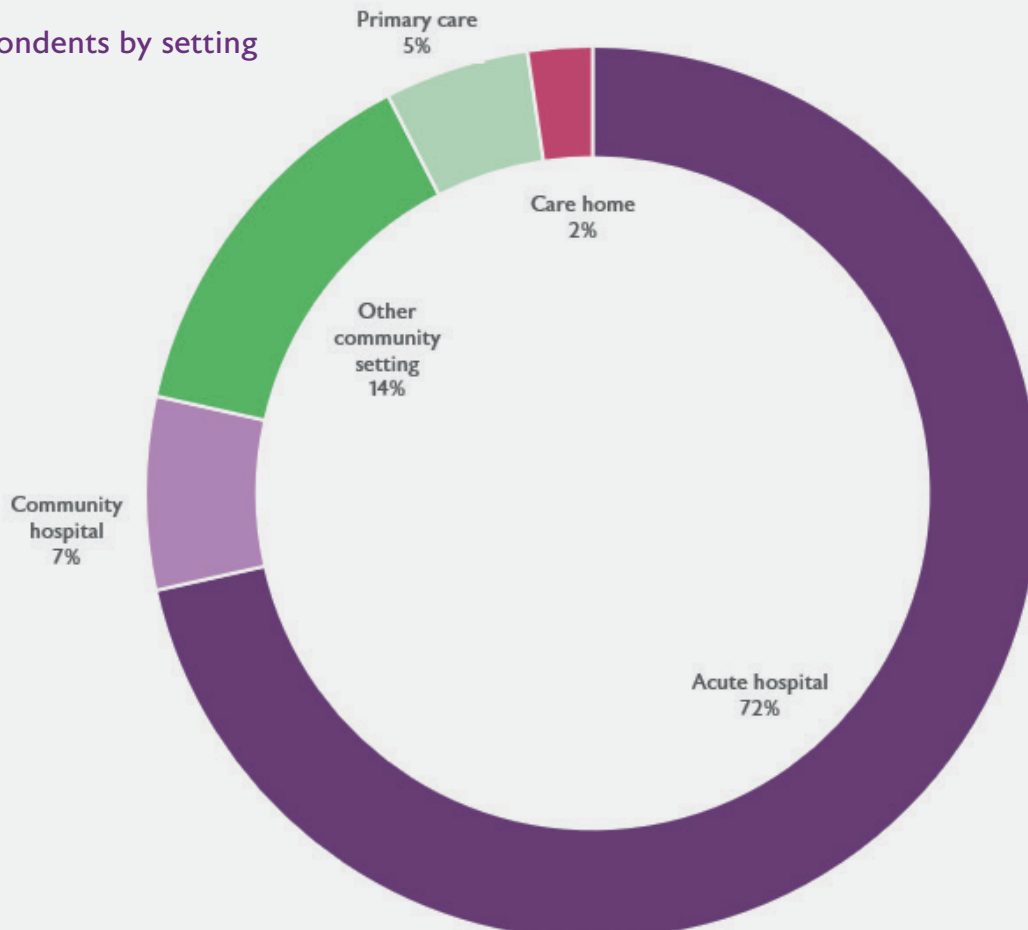
The biggest group of respondents by profession were consultants (47.7%), followed by specialist nurses (10.9%). It is worth noting that several of the respondents who selected 'other' specified nursing roles. The majority (71.5%) of respondents said that they worked in an acute hospital with the second biggest group (14%) selecting 'other community setting' and specifying that they worked in roles across community and acute care.

The majority of respondents (86.2%) identified as being from a white background with the second largest ethnic group identified as Asian or Asian British (9.2%). More than three quarters (77.6%) of respondents identified as female, and respondents were spread in age from the 20s to the 70s, with the largest number of respondents saying they were in their 40s.

## Respondents by profession



## Respondents by setting



## Access to PPE

More respondents (89%) reported having access to appropriate personal protective equipment (PPE) than in our earlier report, when 79% told us that they had adequate PPE.

However, similarly to the first report, many respondents commented that while they had access to what was considered adequate in terms of guidelines, there were doubts about whether this PPE was really fit for purpose.

*'We had PPE in line with national guidance but when you review the number of us who caught COVID, I am not sure the guidance was correct.'*

*- Consultant, England*

*'Surgical face mask and plastic pinny-style aprons were available but this is not adequate PPE when facing patients who are ill with COVID.'*

*- Consultant, England*

Some respondents also told us about guidelines not being followed locally, citing examples of being told they did not need PPE or were required to share PPE among staff.

*'We had visors that were shared between staff which were heavy and unhygienic.'*

*- Physiotherapist, England*

*'Paper masks and unusable plastic binbag pinnies. Told we did not need full PPE because our geriatric patients can't project their cough as far as younger patients. All juniors on our ward caught covid.'*

*- Associate specialist, England*

We also heard about people starting or returning to posts during the pandemic who struggled to access appropriate PPE as all available PPE had already been distributed.

*'Bought own goggles on Amazon Prime as when arrived in new trust in October all goggles had been distributed.'*

*- STR, England*

*'I returned from maternity leave in October and it took a long time to get FFP3 mask fit tested. During this time I was covering an arrest bleep that would include covid arrests.'*

*- STR, England.*



## Staff testing

More than 90% of respondents said that they had access to lateral flow testing and 83% reported that they had clear guidelines regarding COVID testing for staff. Two thirds (67%) of respondents said that they were required to have regular COVID testing, usually on a weekly or twice-weekly basis.

Similarly to our previous report, many people felt that guidance on staff testing improved as the pandemic progressed.

In our previous survey, many respondents reported not being able to access testing in the early stages of the pandemic but said that access improved over time.

*'Not at first. Very poor communication. No-one had a clue. Occupational health and infection control staff ironically completely unhelpful.'*

*- Consultant, England*

*'We had no access to regular testing until a few months ago and I feel staff should have been tested regularly from the outset.'*

*- Consultant, England*

There was significant variation among respondents regarding communication of the availability of staff testing with some respondents reporting poor communication and others reporting the opposite, suggesting perhaps a lack of a national standardised approach to testing.

## Patient testing

Three quarters (75%) of respondents reported that there was clear guidance on the testing of patients in acute care, a slight increase on results from our last survey (72.6% last time). However, similarly to our last report, respondents told us that the guidance changed constantly, making it difficult to understand what the latest protocols were.

*'It was clear but it kept changing so there was potential for misunderstanding. Different frequency of testing for inpatients over this time, when we had an outbreak on ward, started testing patients daily. Repeated tests to show negativity before discharge to care facility or to have care delivered at home. No care available that day so further testing 2 days later. Some patients had about 10 tests just waiting to get out of hospital.'*  
- Consultant, England

There was also a slight increase in the numbers of respondents who said that there was clear guidance about patient testing in both community settings (34.8% compared to 30.6% previously) and care homes (37.7% compared to 29.5% previously). It's important to note that again large numbers of respondents selected 'don't know' for these questions, in line with the fact that the majority of respondents work in acute hospitals and are not familiar with protocols in community settings.

67.5% of respondents said that they had clear guidance about testing of patients being discharged to care homes, a small increase from 61.3% in the first survey. However, respondents stated that at times the requirements of individual care homes differed from official guidance, causing confusion and delays.

*'Initially unclear, then clear (test within 48hrs) then once again unclear (don't retest for 90 days if have had Covid). Caused many delays in transfer to care homes.'*  
- Consultant, England

*'This was slightly confusing but also was very care home dependant. Some wouldn't take anyone unless they had a negative swab - including patients admitted with COVID who were felt to no longer be infectious (admitted for over 14 days).'*  
- STR, England

## Changes to work

More than a quarter (27.9%) of respondents told us that they were redeployed to a different clinical area during the winter – this is similar to the last survey when 28.5% told us they were redeployed. Several respondents commented that they were redeployed due to their own personal risk of contracting COVID.

*'Male and over 65 so considered at risk and maintained in COVID Green (neg) area of my ward.'*  
- Consultant, England

*'Redeployed because of my own health risk status, so have had to work on green areas only.'*  
- Physiotherapist, England

Fewer respondents told us this time that their job plans had changed, with 64.3% telling us this was the case over the winter, compared with 77.4% last time. There were similar themes to the last report however, with many people telling us that they were required to take more on-call shifts and more weekend working. Some respondents told us that their job plan did not change during the winter because it was changed during the first wave of the pandemic and was never restored.

Three quarters (75.8%) of respondents told us that the way they worked changed during the winter, and 84.6% said that the intensity of their work increased. The most common comment about this was an increase in virtual consultations and meetings and updating relatives of patients by phone rather than face-to-face. Respondents also reported caring for patients with COVID only, caring for younger patients than they would do normally and not having time for additional activities such as education or research.

*'Younger patient group on complex medical ward as this wave Covid positive patients distributed throughout medicine bed base on a number of wards. First wave dedicated frailty Covid ward.'*  
- Physiotherapist, England

*'Fewer staff so more prioritising, and focusing on the immediate things which were likely to keep the patients in hospital ("firefighting").'*  
- GP Specialist Trainee, England

Respondents also reported that in addition to the increased demand during the winter wave of the pandemic, many patients and relatives were less tolerant with NHS staff and systems than they had been during earlier stages of the pandemic.

*'Far fewer staff, higher demand, sicker people, lots more staff well-being work with junior colleagues this time round, seeing covid patients throughout hospital in every ward, dealing with irate outpatients whose [appointments] were cancelled, far less tolerance, understanding [and] support from relatives or those with cancelled [appointments] this wave.'*  
- Speech and language therapist, Scotland

We also heard from BGS members who told us that the standard of care had deteriorated significantly as time and staffing pressures increased during the pandemic.

*'More intense. We now accept things I would have considered completely impossible pre covid - mixing genders in bays, constantly moving patients (even the [frail], delirious patients) around the site to fit infection control policies or maximise site flow. Nurse staffing stretched to dangerous levels. Pressure care, food fluid and nutrition all deteriorating. I am saddened by the care we now provide.'*  
- Consultant, Scotland

Some 39% of respondents took part in COVID-related research with several respondents identifying that they participated in the *Sarscov2 Immunity*



& REinfection EvaluatioN (SIREN) study.<sup>3</sup> A few respondents commented that they would have liked to participate in research but did not have time.

## Education and training

Around one in five respondents (21.5%) said that their CPD/SPA (Supporting Professional Activities) time was protected during winter 2020/21 with the remainder (78.5%) saying that this was cancelled. Those who commented said that even if officially their study time was protected, in reality they were required to be clinical and did not have time for study. Those who did continue completed CPD in their own time.

*'Doing all SPA and educational supervision in my own time. Doing all CPD in my own time, watching webinars at home.'*  
- Consultant, Scotland

*'Had to cancel everything, was clinical 100%. CPD hours are affected for the NMP annual review and NMC revalidation portfolio as haven't got time to update my CPD modules. Somewhere done out of Duty hours.'*  
- Advanced Nurse Practitioner, England

Experiences regarding 'returning to normal' varied, with some commenting that time for study had not yet been restored and others saying that it was starting to be restored and even that they had more time now.

*'Lost a huge amount of SPA time over the last 12 months, just beginning to get it back now. Was on the ward a lot due to shortages on junior doctor rota, doctors off sick or self-isolating and consultant colleagues off isolating or with Covid.'*  
- Consultant, England

*'Not until recently, just trying to pick up outpatient work to help colleagues who were looking after Covid in-patients. Now much more time for CPD, actually very little work until we can restart clinics and I can get back to liaison work.'*  
- Speciality Doctor, England

Twenty-seven respondents (17.2%) told us that they were trainees and most of these (22) were medical trainees. Half of the trainees who responded told us that they thought that their training needs had been



## COVID in care homes

Over a quarter of respondents (27.2%) told us that they work in care homes in some capacity, either as their primary workplace or as a visiting healthcare professional. More than four out of ten (44.2%) of those who told us that they work in care homes said that they were involved in actively treating care home residents with COVID over winter 2020/21. When asked how social distancing has been managed in a care home environment, some respondents highlighted increased use of video consultations and PPE, but many also highlighted the variation between care homes and the difficulty in requiring residents with cognitive impairment to socially distance. Respondents also highlighted that some care homes required residents to stay in their rooms all the time which had an impact on residents' mental and emotional wellbeing.

met for their stage of training and 96.4% told us that the way their training is delivered had changed. When asked how it had changed, all respondents mentioned a move to virtual training.

When asked how they felt about the future of their training, almost half (46.4%) of trainees said they felt neutral, 28.6% said they felt negative and 21.4% said they felt positive. Those who chose to comment told us about conflicting messages regarding meeting their training requirements while also increasing clinical work to assist with the pandemic.

*'Inconsistency from Deanery/JRCPTB [Joint Royal College of Physicians Training Board] has been hugely negative. Pretending that everyone has been able to achieve normal training targets at a time when we have been in a global pandemic has been undermining. I feel most for our junior colleagues and the unfairness of job allocations/interviews/criteria - they deserve better.'*  
- STR, Scotland

*'Training has certainly been adversely impacted - expected to meet same requirements despite covid impact and have covered covid wards for majority of winter period meaning fewer opportunities to gain experience to show attainment of generic and clinical capabilities in practice, as well as DOPs [direct observation of procedural skills] for core procedures.'*  
- IMT, England

*'All residents are cared for within private room mainly. Days leading up to Christmas one care home facilitated a crafting afternoon for residents - all having fun at shared tables. Also eating together. An outbreak of covid amongst staff and residents and numerous hospital admissions put an immediate stop to that.'*  
- Specialist nurse, England

*'Badly in that staff tried to enforce it with people with dementia living in a unit so rather than treat them as a bubble tried to keep them 2m from each other or in their rooms at all times - heartbreaking.'*  
- Speech and language therapist, Scotland

Close to eight out of ten respondents (79%) who work in care homes said that care home residents are tested regularly for COVID. Of those working in care homes, 92% said that there is regular staff testing within care homes, and 89% of those who work in care homes said that care home staff had access to appropriate PPE. Some respondents cited local initiatives that had been implemented to ensure that the supply of PPE was adequate to meet demand.

*'After a few months the care homes I manage for the GPs worked together in our locality on fair distribution of face masks and PPE. If outbreaks occurred, coordinated centrally by myself and daily contact to ensure each home had what was needed.'*  
- Specialist nurse, England



When asked how care homes have managed the discharge of residents from hospital back to care homes, respondents highlighted, as in our last survey, the concerns of residents having to undertake multiple negative COVID tests and still isolate for 14 days, although it was suggested that some care homes might not be following this guidance. It is worth noting that the requirement to isolate for 14 days has only recently been lifted for most care home residents returning to the home.

Seven out of ten respondents (70.7%) said that care home residents have not been able to receive visitors during the pandemic, although some respondents suggested that there was variation between care homes and that the situation changed as time went on. Respondents also suggested that the situation has improved as the COVID vaccine was rolled out and residents were likely to have been vaccinated.

*'Most of the care homes closed the doors to visitors, offering digital technology for family to use. Once the residents had received their second vaccine visiting has improved greatly in my area to 1 or 2 visitors dedicated to that patient but [they] have to have lateral flow testing prior to meeting a loved one.'*  
- Specialist nurse, England

*'Our local care homes have been very varied in their approach. Some have allowed outside visiting from approx Sept last year in either tents or window visiting, others have allowed inside visits in a specialist room with full screens and no personal touch. Visitors were required to have lateral flow tests and only 1 family visitor. Now some but not all are allowing visitors in the person's own room but this is being limited to 1 or 2 family members.'*  
- Specialist nurse, England

When asked about the roll-out of the COVID vaccinations in care homes, most respondents were positive, saying that this was well organised and swift. However, some respondents identified low uptake among care home staff and cited examples of care home managers telling staff that it was mandatory. (It is important to note that at the time of writing, vaccination was not mandatory for care home staff. However, the government has recently announced plans to make it so). Respondents also stated that the roll-out of the second dose of the vaccine was more difficult as by then, different vaccines had been

approved and the logistics were more complex in ensuring residents were given the same brand as their first dose.

*'Progress swift in my area and care home patients and staff offered the vaccine first. Some care home staff have been told by managers of homes that they have to have the vaccine. Been told this by a number of social care staff at the vaccination centre when they have expressed concerns about the vaccine and I have told them they don't have to have it.'* - Pharmacist, England

*'Excellent for first vaccine. But second has been a logistical nightmare because of crossover of Pfizer and Astra Zeneca when new care home residents have been transferred in. Different due dates different vaccines. Hard.'*  
- Specialist nurse, England

Respondents who work in care homes were asked what the biggest impact of the pandemic has been in care homes. Responses almost universally talked about the inability for care home residents to receive visitors and the impact that this has had on the mental and emotional wellbeing of residents.

*'The lack of social contact from family and friends. The care homes have adapted how they work in so many ways and provided exemplary care to the residents but the emotional and mental impact on my patients living with dementia and frailty has taken its toll on some of my most vulnerable physically, the lack of interest some giving up not seeing their loved ones by not eating and drinking and low mood. That it has exacerbated their dementia has been the biggest and saddest impact to witness.'*  
- Specialist nurse, England

*'What matters most to individual residents. Most thrive on family contact. I have seen rapid deconditioning trajectories, loneliness and isolation. Equally some family members have been outright cruel to care staff. It has been a no-win catastrophe.'*  
- Specialist nurse, England

Respondents also raised concerns about the impact of the pandemic on the business model of care homes and whether the pandemic will have affected the financial sustainability of the care home sector.

*'Had high death rate in 1 in wave 1. Wave 2 did not have many / any deaths in care homes due to covid. However the homes now have several vacancies so do wonder how they will financially manage going forward.'*

*- Consultant, England*

*'Increased isolation of residents and possibly an unsustainable business model.'*

*- Consultant, Scotland*

When asked how their care home practice has changed during the pandemic, respondents most often cited the increase in virtual and telephone consultations to limit contact, and 70.3% of respondents told us that they had access to the technology they needed to conduct remote consultations. Some respondents told us that they made a more concerted effort to avoid admitting care home residents to hospital, while others told us about the change to a more 'task-based' way of working which has had an impact on the lives of care home residents.

*'As evidence-based treatments emerged, e.g. dexamethasone, became more active in supportive treatment with oxygen, fluids, LMWH [low molecular weight heparin] in care home rather than admit to hospital.'*

*- Consultant, Northern Ireland*

*'More emphasis on tasks, overriding emphasis on infection control - feels like we've gone back 20 years, rooms stripped of familiar comfort objects, soft furnishings, no Christmas decorations allowed, and now an increase in psychological symptoms, stress and distress and depression.'*

*- Speech and language therapist, Scotland*

## Taking time off

More than a third (37.8%) of respondents told us that they took time off work during the winter for reasons other than planned annual leave or study leave. Of those who took time off, 39% told us that the reason for their time off was a positive COVID test. 17% said they were required to self-isolate, 3.4% said that a family member got COVID and 11.9% said that they had a non-COVID illness. Seventeen people (28.8%) selected 'other,' and of these, six highlighted issues of stress, burn-out or anxiety.

Close to two thirds (64.5%) of respondents said that they were able to take planned annual leave. Many respondents commented that their planned leave was curtailed either by their Trusts or by their own sense of obligation at not letting their teams down or placing more pressure on those not on leave.

*'As team lead, I did not take leave during the pandemic as I felt the team needed consistent support, due to the clinical environment changing on a daily basis.'*

*- Occupational therapist, England*

*'We maintained our annual leave, but it meant an extra burden for those who were not on leave at that time.'*

*- Consultant, Scotland*

We asked whether those who took leave were able to switch off completely or if they continued to dip into work by checking emails or attending meetings. More than three quarters (76.3%) told us that they continued to work in some form while on annual leave. Many of those who commented stated that checking emails helped them to avoid a backlog of work on their return while others told us that they planned to attend certain meetings while on leave.



*'I find it easier to keep up with emails during annual leave in order to avoid a backlog on return to work.'*

*- Specialist nurse, England*

*'As service lead and during lockdown - I felt this was not too bothersome and actually helped me have a better rest period.'*

*- Consultant, England*

*'It was really busy and a proper break wasn't possible. People needed help and so I dipped into emails. Responded to WhatsApp messages but didn't go in - except for the planned days to cross cover for absences I'd agreed to prior to going on leave.'*

*- Consultant, Scotland*

## Impact on family and wellbeing

When we asked about the impact of the pandemic on respondents' families, many of the themes that emerged were similar to those emerging from the first survey. Respondents identified high levels of anxiety among their family members, attributed to worrying about both the respondent's health and the increased exposure to COVID infection due to the respondent's job. Members also told us about anxiety in children of all ages caused by the pressures of learning from home, especially for older children who also experienced increased levels of loneliness as they had both parents working outside of the home during the pandemic.

*'Kids were off school and wife working from home. They and I were kind of stressed about carrying the infection home to an unvaccinated household.'*

*- Consultant, England*

*'Manager allowed me to go back to working from home mid December (then had to shield again a few weeks later) as 9yr old daughter became very anxious. Terrified of me & her dad (a consultant anaesthetist) dying by being in hospitals for work... Only child and terrified of us dying.'*

*- Speciality Doctor, England*

*'Husband a cancer surgeon so his work continued. Student daughter living away from home missing out on face to face teaching and student life. School age daughter - Higher exams cancelled and suffered home schooling.'*

*'At home herself all day while we were at work. Isolation has been awful for her.'*

*- Speciality Doctor, Scotland*

Members also told us about not seeing their loved ones for sustained periods of time, either because children went to live elsewhere to protect them from infection or because they already lived apart and were unable to see each other due to the lockdown.

*'I did not see my son for months and he moved out to stay with his dad to keep him safe. I also did not see my partner for 6 weeks as we do not live together.'*

*- Nurse, England*

Respondents also highlighted that the pandemic has had an impact on their own mental health, which has had a knock-on effect on their children in particular, who have been more anxious and clingy than they normally would be.

*'My children are more nervous and as I wasn't at home with them, they are more clingy than others of a similar age when I am at home.'*

*- Consultant, Scotland*

*'They have been upset that I am upset, Christmas Day it all came to a head, I was so tired, it all went beautifully but sat down after dinner and began to cry for no apparent reason then couldn't stop, back at work the next day, leave or weekends just don't seem to touch the sides these days.'*

*- Advanced Clinical Practitioner, England*

We asked respondents about the impact of the pandemic on their mental health. 105 out of 174 people chose to answer this question and they almost universally raised issues of anxiety, stress, burnout and struggling to come to terms with the excessive levels of death they have seen among both patients and colleagues during the pandemic.

*'I'm exhausted. I feel constantly that my best isn't good enough. Patient care has suffered and despite working myself into the ground, I'm not able to effect change. I'm broken.'*

*- Speciality doctor, Scotland*

*'I feel brutalised and exhausted - I had 2 days off in 7 weeks and was left beyond tired.'*

*- Consultant, England*

*'Usually a resilient person but I struggled this wave (3rd for our part of Scotland). Adrenaline kicked in in January but by February I was exhausted, crying all the time and just "done".*

*One of the bits I found most different is as a health care worker you are constantly absorbing other people's grief – patients and relatives all telling you their stories, (we had very sad situations and high death rates in the ward), trying to support nursing colleagues and trainees as well as peers. In combination with looking after my own family who though luckier than most were also struggling. It was incredibly depleting.'*

*– Consultant, Scotland*

Respondents also told us about the frustration they have felt when they have seen people breaking lockdown rules.

*'I am exhausted by it, I now find it impossible to switch off, even after a week of leave. I am unreasonably angry with non-medical friends/relatives when they break rules because we've been on the receiving end of the devastation covid causes families.'*

*– Consultant, Scotland*

We did not ask specifically about workplace culture in the survey. However, a worrying number of people raised concerns about attitudes from senior leaders within organisations with comments about a toxic culture and bullying attitudes emerging during the crisis.

*'Behaviour of some clinical managers was deplorable & bullying and apparently excused by a 'crisis' –*

*Consultant, Scotland*

*'Politics at work, has meant harassment and bullying attitudes from a new clinical lead has caused much distress and added to the social isolation, unnecessarily so.'*

*– Consultant, England*

*'Brought nastiness at work to a head. Toxic culture.'*

*– Consultant, England*

The impact of the pandemic on the mental and emotional health of BGS members has left some members considering leaving their professions either in the form of taking early retirement or moving into non-clinical roles.

*'I'm now seriously considering working less than full time, giving up GIM on call and planning on an early retirement.'*

*– Consultant, England*

*'Has made me question if clinical work is still what I want to do and actively looking for posts with more non-clinical / managerial roles. Was already moving in this direction prior to covid but this has accelerated this.'*

*– Consultant, England*

These messages are concerning and suggest that the workforce crisis within the NHS is likely to be compounded over the coming months and years as those who have worked during the pandemic experience a detrimental effect on their wellbeing and mental health. We have known for many years that we are not training enough specialists in older people's care to cater to the UK's rapidly ageing population. It is time now to consider the shortfalls in the older people's healthcare workforce and how some of the gaps might be filled.

It is unrealistic to expect a sudden surge in numbers of medical graduates choosing to specialise in geriatric medicine and as such, it is essential that more attention is paid to developing other clinical roles such as that of Advanced Clinical Practitioner. It is also important to continue to upskill non-specialists in care of older people. Most healthcare professionals will treat older people more than any other population group and it is crucial that all healthcare professionals are well-versed in frailty and other conditions affecting older people.

While the majority of comments from members about wellbeing pointed to the negative impact of the pandemic, a few individuals identified that the pandemic had allowed them to make changes which have had a positive impact on their wellbeing. In particular people highlighted doing more exercise, including cycling to work, and developing closer relationships with their teams.

*'More exercise, more time spent with my colleagues (we're a tighter team now).'*

*– Consultant, England*

*'Generally positive experience due to more healthy activities ie cycling to work, walking locally etc.'*

*– Consultant, England*

## COVID vaccinations

More than three quarters (75.3%) of respondents told us that there was clear guidance available regarding the roll-out of COVID vaccinations to healthcare staff. In the comments however it was clear that the experience of the vaccine roll-out varied depending on geography with some respondents reporting an efficient roll-out and others saying that it took a while for it to get going.

*'This was incredible - our Trust pulled out all the stops and vaccinated staff rapidly.'*  
- Consultant, England

*'Although at the very beginning the vaccination appointment booking system was chaotic in my health board, but they sorted it out after a few weeks.'*  
- Associate Specialist, Scotland

However, some BGS members commented that hospital-based staff were prioritised for vaccines and those based in the community struggled to receive vaccines and others commented that they were disappointed in the national policy decision to delay second doses of the vaccine.

*'However working in the community we were made to feel 2nd class to hospital-based workers as not prioritised for the vaccination. Yet in the community unlike hospital where every admission is COVID screened we go into people's homes 'blind' to COVID status of patients and their household members as they will only be swabbed if they met COVID criteria.'*  
- Nurse, Scotland



*'However, the fact that the guidance changed from the second vaccine being 3 weeks and then 3 months, was a bit of kick in the teeth... It's almost like the UK government could not calculate if they had enough vaccines or not...'*  
- STR, England

Some 76.3% of respondents said that there were clear guidelines regarding the roll-out of the vaccine to older people. However several people identified issues at the beginning of the vaccine roll-out to older people, particularly around the lack of joined-up systems, the challenge of ensuring that patients received the same vaccine for their second dose as they had for the first, and policies around vaccinating hospital inpatients.

*'Although in-patient vaccination was initially confused and again poor communication with onus on hospital clinical staff to decide despite not having access to full primary care records and added to workload.'*  
- Consultant, Scotland

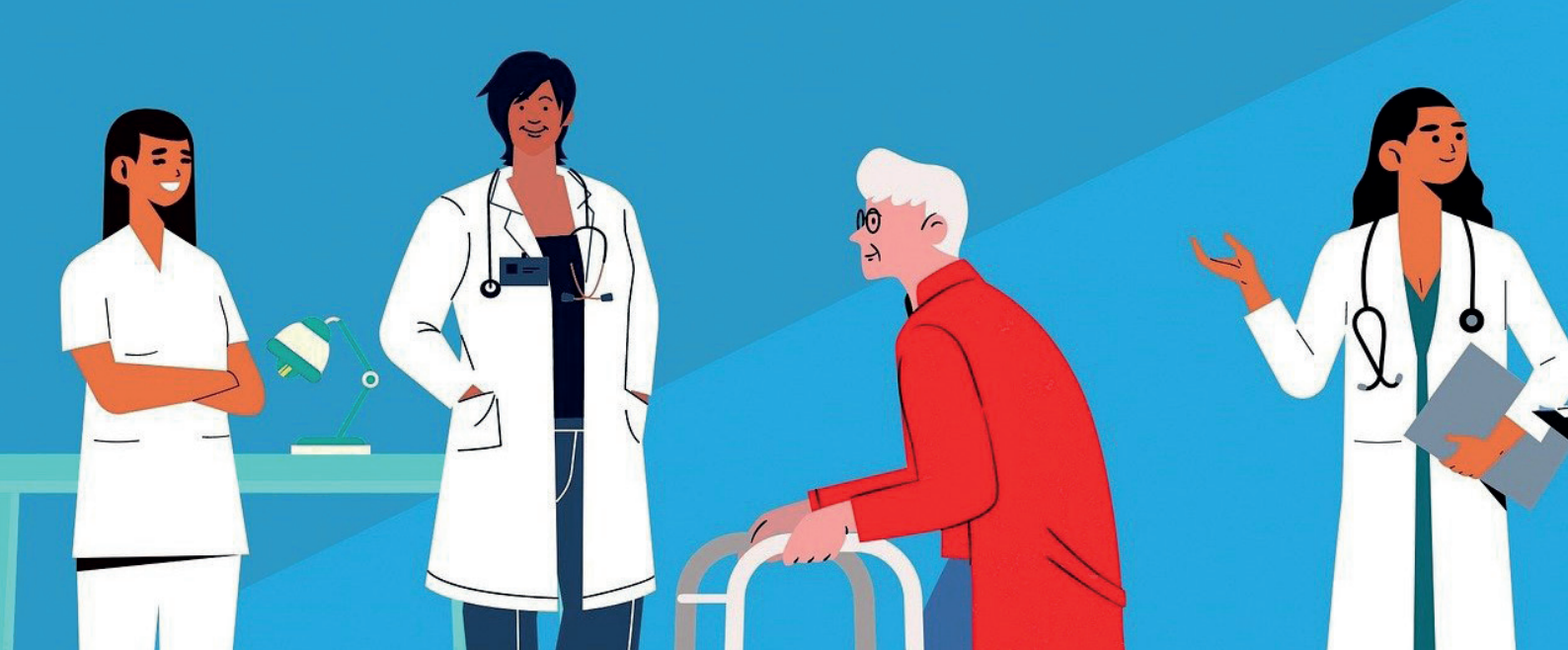
*'Not clear on vaccination policy for in-patients, or what to do if they have missed their appointment / when can they have it after discharge.'*  
- Clinical Development Fellow, England

An eighth (12.5%) of our respondents were involved in the roll-out of the vaccination programme and these people raised similar concerns to those about the roll-out more generally, commenting that the process appeared disorganised to start with and then became clearer as time went on.

Concerns were also raised about issues of consent among older people and concerns that the vaccination programme was pulling staff away from other duties.

*'The administration side of the process has been the most difficult, ensuring that consent and conversations have been had with those lacking capacity to give consent and ensuring that we continue our normal work alongside the vaccination programme.'*  
- Specialist nurse, England

*'Senior clinical staff have been redeployed to deliver this service to the detriment of service provision to many many patients accessing vital services and creating longer waiting lists.'*  
- Specialist nurse, England



## Doing things differently

When asked what they did differently during the pandemic, many pointed towards the increase in digital working, identifying that virtual consultations were more successful than they would have anticipated and that meetings held using platforms such as Microsoft Teams were beneficial as they saved time that would otherwise have been spent travelling. Some were however cautious about keeping these innovations in place on a permanent basis.

*'Digital solutions have been good but have lots of downsides and I wouldn't want many of them to be permanent. We don't have the IT infrastructure to develop really innovative IT solutions.'*

- Consultant, England

*'Some telephone follow-ups to avoid patients having to return to the hospital. More use of Patient at Home team to do follow-up blood tests and BP checks for same reason. Both can be more convenient for patients.'*

- Specialist nurse, England

Some respondents commented that the pandemic had brought their team closer together and they worked better now while other identified that they were better able to support trainees during the pandemic. Respondents also commented that the pandemic made it easier to share information across hospitals and different services.

*'Better information sharing across providers, ability to rapidly implement change especially with regards to discharge pathways.'*

- Consultant, England

*'Got to know trainees better and looked out for their emotional well-being more, formed stronger bonds with the team. Some meetings on Microsoft Teams so less unnecessary travelling.'*

- Consultant, Scotland

We also heard that some people were able to make beneficial changes to their own lives during the pandemic by adopting healthier lifestyles and seeing more of their immediate families during lockdown.

*'I've probably spent more time with my 16 year old daughter than I would have as her social life has been curtailed.'*

- Consultant, England

*'Focused on own health more recently with Pilates classes online which I would have been unable to go to in person because of finishing time at work. Most junior doctors start at 8 now which has mixed benefits as they can get through daily patient reviews and finish close to 4 pm.'*

- Consultant, England

When asked what changes they would choose to keep, respondents primarily pointed to use of technology to support meetings and patient consultations. When asked about barriers to change, respondents cited IT difficulties and staffing concerns as well as worrying comments about trust within organisations and resistance to change among management.

*'Annoyingly after the waves, things went back to how they had been: 'this is how we always do it''*

- Consultant, England

*'Wider MDT trusting the competence of nurses to continue to do the job they know & love well. Care homes provide 24/7 care and this is led by the expertise of the staff on the ground. There needs to be more joined-up thinking, and trusting relationships to support change that benefits all.'*

*- Care home nurse/manager, England*

*'Significant expectations of 'returning to normal' despite this being an outdated and time-inefficient way of working. These discussions have not been concluded.'*

*- Consultant, England*

## Final reflections

When asked for final reflections about experiences of working through the winter of 2020/21, themes of anxiety, fears for the future and concerns about the system were evident.

*'Our system has been broken. I have not been happy working in a system that is not able to adequately respond to the needs of older people. I am worried about the future and I don't know how to change things.'*

*- Consultant, Scotland*

*'I'm just sad. We've lost a lot of ground for our frail and elderly.'*

*- Speciality doctor, Scotland*

*'I'm so proud of our team of AHPs but have no clue how we are going to reopen routine community services with the staff we have left. The treatment of care home residents continues to break my heart. I'm a tough resilient experienced clinician but I cry so much and I'm ashamed of how we've treated people in care homes. I feel such moral distress, we're now seeing just how much residents have faded away without services or stimulus, physically and cognitively.'*

*- Speech and language therapist, Scotland*

BGS members also expressed frustration with the perceived lack of recognition for healthcare professionals working with older people, commenting that colleagues in other departments were valued and recognised more.

*'I feel elderly care as a speciality has been under-valued in its role in the pandemic – all the glory is given to ICU and respiratory teams but elderly physicians have borne the brunt.'*

*- Consultant, England*

*'At one point geriatricians were looking after 40% of covid in-patients in our Trust.*

*However, resources, donated samples/freebies, attention all went to ITU and ID.'*

*- Consultant, England*

## BGS during the pandemic

We asked BGS members for their comments on BGS's work during the pandemic and where they thought we should focus our attention in the future. Members were generally positive about the BGS's activities during the pandemic, in particular citing the move to online conferences and the publication of guidance and resources to help them navigate the pandemic.

The pandemic exposed an ageism within society and at BGS we sought to challenge this wherever we could, including through our BGS Fair Care campaign which called for older people's needs to be prioritised during the second wave of the pandemic and as we recover from the pandemic. We will continue to promote these messages, ensuring support for older people's healthcare within the NHS.



## Conclusion

As the UK hopefully moves out of the pandemic and lockdown restrictions start to lift, it is clear to us that the impact of this pandemic will last many months or possibly years. The BMA has recently published research about ‘moral distress’ and found that the vast majority of members they surveyed said that COVID had exacerbated the moral distress that they experience in their work.<sup>4</sup>

The impact of the pandemic on the mental and emotional wellbeing of BGS members is significant and will be long-lasting. While the pressures on our members will hopefully lessen over the coming

months, there will be a need to catch up on waiting lists and clear backlogs, meaning that the pressure is unlikely to be relieved completely.

In addition, as we see the long-term impact of both COVID and the lockdown on older people, both in terms of people with long COVID and people who have deconditioned during lockdown, the numbers with frailty and other long-term complex needs will increase considerably.

Care home residents in particular have been isolated over the last year, with a lack of visitors and outings, and they will require additional support over the coming months.

## Actions and updates from BGS

When we published *Through the Visor* in March 2021, we committed to a range of actions that BGS will take to better support our members in light of the comments made in the survey. Given the short time period between the publication of the two reports, we have not set out a second series of actions. However, the commitments we made in the first report still stand and we remain committed to the actions set out. Some of the commitments made previously have been achieved, such as the publication of our position statement on Flexible and Less Than Full Time working.<sup>5</sup> Others are longer-term commitments which will never be ‘complete’ but will remain important, such as calling out ageism when we see it and ensuring that BGS is represented on committees and groups making decisions that affect older people’s healthcare.

The key theme to come out of both of our *Through the Visor* reports is the long-term impact of the pandemic on the mental and emotional health of the workforce. The signs are that this is causing some healthcare professionals working with older people to re-evaluate their working lives, with some taking early retirement, moving to less than full-time working or moving to non-clinical roles. BGS has long been concerned about the sustainability of the workforce caring for older people in the UK and the findings from our reports have exacerbated this concern. As such, over the coming months and years we will be renewing our focus on the workforce and ensuring that we use our channels of influence to ensure that the health and social care workforce has the skills and support required to care for the UK’s rapidly ageing population. This includes ensuring that we are recruiting and training enough specialists in older people’s healthcare across the multidisciplinary team as well as ensuring that all healthcare professionals have a basic understanding of frailty and multimorbidity to enable them to better care for their older patients.

### References and footnotes

1. BGS. *Through the visor: Member experiences of the COVID-19 first wave*. Available at: [www.bgs.org.uk/throughthevisor](http://www.bgs.org.uk/throughthevisor)
2. Generally speaking we have avoided using the terms ‘second wave’ or ‘third wave’. This is in recognition of the fact that different parts of the country experienced the phases of the pandemic differently. For some areas, the COVID peak in winter was the second wave while in others it was the third wave.
3. SIREN (Sarscov2 Immunity & REinfection EvaluatioN): The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers. Available at: <https://snapsurvey.phe.org.uk/siren>
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5. *Flexible Working in Geriatric Medicine: A Workforce Statement from the British Geriatrics Society*. Available at: [www.bgs.org.uk/resources/flexible-working-in-geriatric-medicine](http://www.bgs.org.uk/resources/flexible-working-in-geriatric-medicine)





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