

## BMA briefing – COVID-19 General debate – 11 May

### About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

### Key asks:

- As the UK passes the peak of the COVID-19 outbreak and approaches the potential relaxation of lockdown measures, it is vital that the NHS is prepared for further pressures and outbreak waves and that we recognise there are still great pressures on our health service and health and care workforce. We must learn lessons from the difficulties faced during this first outbreak to ensure NHS staff, other key workers, patients and the public are protected.
- Throughout the pandemic we have heard consistently from our members of severe shortages of PPE across care settings. Our latest survey showed that two-thirds of doctors still don't feel fully protected by PPE. A sufficient, guaranteed supply of PPE for healthcare workers to account for COVID-work, and for restarting non-COVID care, is essential.
- The government must support local public health services and ensure there is adequate capacity to test, trace and quarantine.
- All doctors, including emergency registrants and retired doctors returning to work should receive key contractual protections including Death in Service Benefit and Sick Pay. This is a vital means of reassurance for doctors in the circumstances they are facing. Full detail of the Government's proposal is still to be set out.
- Better, real-time data on the impacts of COVID-19 by protected characteristics must be collected, recorded and published, so we can learn lessons and take action to prevent excessive and unjustifiable harms for particular groups.
- All doctors must be given a health and safety risk assessment taking into account evidence of risk factors associated with age, ethnicity, sex and comorbidities. The staff who are found to be greater risk of COVID-related ill-health or death, should not be deployed to potentially infectious areas.

### Personal Protective Equipment

- It is essential that frontline staff have the proper personal protective equipment if they are treating patients with COVID-19 or suspected to have COVID-19, all too often they have not.
- Doctors are placing themselves at personal risk every day to keep patients and the public safe. Without proper PPE doctors will get sick, and in the worst cases die. As of 7 May, there have been 25 confirmed deaths of doctors from COVID-19.
- We have heard harrowing stories from doctors who feel they are being treated as "expendable", struggling to get hold of adequate or any PPE. In some circumstances, doctors have been forced to source PPE for themselves from hardware stores.
- Although in recent days the situation has improved, with less pressure on health services in general, there are still doctors and other health and care staff currently facing the daunting prospect of having to consider treating patients without adequate protection.



- The most recent BMA COVID-19 tracker survey<sup>1</sup> of over 16,000 doctors found that 65% of doctors still don't feel fully protected by PPE. **Over half of GPs and just over a third of hospital doctors reported sourcing their own PPE for personal or departmental use, or they have relied upon donations.**
- Healthcare workers should not, and do not, have to expose themselves to high risk situations without having adequate PPE.
- **A sufficient, guaranteed supply of PPE for healthcare workers to account for COVID-work, and for restarting non-COVID care, is essential.**
- **A significant problem for doctors has been the sometimes confusing and delayed guidance issued by Public Health England which has at times been issued without consultation or clear rationale. Doctors have also felt that guidance has been updated simply to match with supply rather than best evidence.**

## COVID-19 Testing

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- The BMA has consistently called for increased testing for NHS staff and the wider population.
- Staff testing is of the utmost importance as it contributes to maximising the number of staff on the frontline and to reassuring key staff with potential symptoms. For too long there was inadequate capacity to test staff and their families, meaning staff have been forced away from providing much needed care to potentially isolate unnecessarily, while others may risk spreading an infection to vulnerable patients.
- The impact of this lack of testing has been acknowledged by the Government's chief scientific advisor, Sir Patrick Vallance, in a health select committee session on 5 May<sup>2</sup>.
- Mass testing and a thorough, targeted contact tracing programme will be instrumental in reducing the spread of this devastating illness. As the restoration of non-covid-19 services moves forward, the Government must put in place a credible and transparent strategy on testing.
- While an app is likely to help with some of this, it is not a panacea – it needs to be backed by robust manual contact-tracing, and targeted testing on a far greater scale than we have now.
- The tests used will also need ongoing assessment of their sensitivity and specificity, especially as several of the tests used have questionable validity
- Patient testing must be expanded, particularly for vulnerable patients such as those in residential and nursing care homes, and for patients who are accessing routine care to provide confidence that areas designated for the care of non-Covid patients are not exposed unnecessarily to asymptomatic spread of Covid.
- Alongside this a further significant increase in capacity is needed to enable much more widespread testing of whole communities to more effectively track and prevent further spread of the disease.
- **The government must support local public health services and ensure there is adequate capacity to test, trace and quarantine.**

## Workforce: numbers, safeguards and guidance

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- NHS staff are doing exceptional jobs in extraordinarily difficult circumstances across the country. The Government has taken measures to bolster workforce numbers, which has included calling for recently retired doctors to return to work and registering senior medical students.
- Doctors are putting themselves at risk of significant illness and even death as a result of this disease. It is essential that all staff and their families are protected if the worst happens.
- The Government has announced a life assurance scheme for health and social care professionals who die from COVID-19, whereby their dependents will receive a single sum of £60,000. Whilst this may provide

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<sup>1</sup> 16,343 doctors responded to the survey which was carried out between the 28th and 30th April 2020.

<sup>2</sup> Health and Social Care Committee, Oral Evidence: Management of the Coronavirus Outbreak (5 May 2020). Available at: <https://committees.parliament.uk/oralevidence/341/html/>

immediate financial relief, it could leave families bereft of longer-term financial security, particularly if their loved one was not a current member of the NHS pension scheme or had only recently joined the scheme.

- Full detail of the Government's proposal is still to be set out. **We have called on the Government to ensure all doctors, including emergency registrants and those who are not a member of the NHS Pension Scheme (including doctors who have returned to work after retirement), will receive key contractual protections including Death in Service Benefit and Sick Pay.**

### Equalities impacts of COVID-19

- The COVID-19 pandemic and the measures taken to address it are having different impacts on people with different protected characteristics.
- Of the 25 doctors who have sadly died from the disease, 23 are from BAME backgrounds. Our COVID-19 tracker [survey](#) found that BAME doctors were much more likely than white doctors to say they felt pressured to see patients without adequate PPE. Among those working in high risk (AGP) areas, 23.2% of BAME doctors said they 'often' felt pressured to see patients without adequate protection compared to 8.5% of white doctors.
- We welcome the Government review into BAME deaths, however, further details of how it will be carried out, the issues and data under consideration, and how organisations representing BAME doctors and healthcare workers will be involved in the review, is urgently needed.
- **An immediate priority must also be to ensure that better, real-time data is recorded and collated on the impacts of COVID-19 by protected characteristics.** This data should be regularly shared so that we can learn lessons and take action during this pandemic to prevent excessive and unjustifiable harms for particular groups.
- **As well as improving the supply of PPE to healthcare workers, we must ensure that differing needs are taken into account, including in relation to gender, disability and religion.**
- COVID-19 and the government measures introduced to tackle the virus have also had a significant impact on childcare. With at least [57% of early years childcare settings](#) now closed, there is currently not enough childcare provision for critical workers and this is keeping many doctors who are fit and able to go to work at home.
- **Extra financial support and a commitment from government to reimburse additional childcare and other caring costs incurred by doctors and other NHS staff is required to prevent the disadvantage, that is most likely to fall on women, from deepening.**
- We welcome that NHSE has announced that on a precautionary basis doctors who are identified as being at potentially greater risk must be given a health and safety risk assessment. **This must take into account emerging evidence of risk factors associated with age, ethnicity, sex and co-morbidities. Where staff are determined to be at high risk, steps must be taken to protect them like re-deployment to lower risk roles or remote working. It is important that the risk assessment tool is kept under review and improvements made where necessary as evidence continues to emerge and the pandemic progresses.**

To support doctors battling this crisis we ask that you raise the key points outlined in this document with the Government. For further information and support with doing so, please contact [lmiller@bma.org.uk](mailto:lmiller@bma.org.uk)

To assist constituents of yours working in the NHS during this crisis, you can find professional guidance on the [BMA website](#). This includes guidance on [PPE](#), for [retired doctors](#), [ethical issues](#) and much more.