All-Party Parliamentary Group on Vulnerable Groups to Pandemics

Inaugural Meeting

Minutes of the meeting held on 4 September 2020, 10:00 – 11:00

Attendees

- Virendra Sharma MP (Chair)
- Lord Lansley
- Jim Shannon MP
- Dr Lisa Cameron MP
- Bob Blackman MP
- Lord Mendelsohn
- Rachael Maskell MP
- Baroness Masham
- John James, Sickle Cell Society
- Adam Lloyd, Sickle Cell Society
- Fiona Loud, Kidney Care UK
- Roger Greer, NHS Digital
- Lydia Makaroff, Fight Bladder Cancer
- Joe Brunwin, Multiple Sclerosis Society
- Jennifer Mitchell, Cancer 52
- Professor Isabel Oliver, Public Health England
- Jess Eagelton, British Lung Foundation
- Dr Keith Brownlee, Cystic Fibrosis Trust
- Angela Brook, Pseudomyxoma Survivor

APOLOGIES

- Lord Patel

1. **Introduction from Chair – Virendra Sharma MP**

The Chair welcomed attendees to the meeting, noting his confidence in establishing an effective APPG that will 'highlight the issues of today'.

The Chair stressed the immediate and long-term threat of COVID-19 and its impact on the treatment, care, and livelihoods of vulnerable groups.

The Chair outlined the key topics for discussion, namely Public Health England's advice on shielding; testimony from representatives from vulnerable groups; lessons learned from shielding advice; and the election of officers to the APPG.

The Chair introduced the Secretariat, who introduced the rationale behind the APPG, noting delays in diagnosis and treatment, the varying advice in shielding, and the testimony of patient groups through shielding.

The Secretariat noted the increased likelihood of future pandemics, and the attendant risk to people with high-risk conditions and multi-morbidities and the role of the APPG in informing policy discussions on resilience to future pandemics.

2. Public Health England Presentation

The Secretariat welcomed Professor Isabel Oliver, Director of the National Infection Service at Public Health England (PHE), to present on shielding advice and vulnerable group classification.

PHE stratification of shielding groups

Oliver noted PHE's stratification of vulnerable groups into two groups, and the inclusion of 2.2 million people in the 'clinically extremely vulnerable' group.

Oliver noted as of 1 August, people in the extremely vulnerable group were permitted to return to work, and that the Office for National Statistics confirmed 68 percent of people will go back to work.

Oliver noted the ability to shield has been impaired by cohabitation with young people, indicating 15 percent of people in the extremely vulnerable group live with children under the age of 16 as an example of varied risk within groups.

Development of shielding advice

Oliver outlined PHE's development of shielding advice in March, noting the early recognition of the importance of rapidly developing advice for vulnerable groups. PHE established advice in collaboration with health partner bodies by looking at the hospitalisation of groups and the factors impacting survival rates, finding the strongest factor was age – people age 80 and over had an 11 times higher risk of mortality compared with people under the age of 50. PHE further identified chronic diseases such as obesity and dementia as key mortality risk factors.

Oliver noted measures implemented for vulnerable groups was, as such, "relevant and appropriate", though Oliver noted other people at elevated risk of infection but not necessarily at an elevated risk of complications were not adequately addressed by this method. Oliver pointed to health inequality drivers such as relative socioeconomic wealth and ethnicity as key causes of this elevated infection risk.

Professor Oliver noted early studies run by PHE focussed on patients hospitalised; as such, PHE ran a study in April interviewing leaders of 95 care homes with suspected outbreaks to understand COVID-19 care in care homes. Leaders reported significant degrees of infection among both staff and residents, and noted the elevated risks of complications, protracted recovery time and mortality.

Current infection and hospitalisation rates

PHE plotted mortality data from early studies in an epidemic curve running through the pandemic, plotting the number of cases over time – at the beginning of the outbreak, the pandemic predominantly impacted people aged over 70, while since June infections in this cohort has remained low as the incidence of COVID-19 steadily increases in younger age cohorts. The age cohort most affected is now 20-29, explaining the current low rate of hospitalisations.

Current self-isolation guidance

As part of contact tracing, Oliver indicated PHE asks people whether they will need support self-isolating; PHE works with local authorities to ensure arrangements are in place to support people in self isolating.

Similar to the Office for National Statistics, Oliver noted PHE found people advised to shield predominantly followed advice, and that 87 percent of those advised to shield received support from local authorities and PHE.

Mental health impact of shielding

Oliver noted a spike in self-reported mental health issues was recorded as a result of shielding, with a significant associated mental health impact on families of shielding individuals. Surveys further found shielding individuals broadly welcomed advice and support, though key outstanding issues such as support with shopping arose.

Key concerns raised in PHE's surveys rested on prospective difficulty through the winter months and the likelihood that shielding will again be necessary.

3. Patient testimony on shielding advice

Professor Oliver gave way to Angela Brook of Pseudomxyoma Survivor, the patient charity representing people affected by pseudomyxoma peritonei and other peritoneal surface malignancies.

Brook noted her charity's contribution to the rare cancer umbrella charity Cancer52's survey on shielding, noting responses stressed the importance of clarity on shielding advice.

Brook noted Pseudomyxoma Survivor members received varying advice on shielding despite their common conditions.

Pseudomyxoma Survivor members noted their difficulty in meeting the requirement to avoid work while shielding, and noted a key topic in the charity's support group was the mental health impact of the pandemic.

Brook noted confusion around the inconsistency in the issuing of shielding advice letters was frequently reported, though Brook people reported that, once on the shielding list, advice issued was clear, and support available through the NHS Volunteer responders and the local community eased the practical and emotional impact.

Brook suggested a voluntary payment scheme for people to contribute to food boxes should be investigated as the pandemic persists.

Brook suggested the Government's daily COVID-19 briefings were reassuring, but noted a complete gap in the COVID-19 response was addressing the closure of dental services.

Brook noted referrals to specialists were limited, but that phone consultations provided some respite. Brook noted PMP is usually incidentally diagnosed, and that the difficulty in diagnosis was compounded by restricted diagnostic services.

Brook noted lone attendance at treatment compounded mental health issues, and that patients reported significant variation in treatment locations within hospitals due to pandemic disruption.

Brook nonetheless noted her patient group members had indicated they want to retain positive changes such as phone consultations and home prescription.

Brook noted the initial marginalisation of shielding groups early in the pandemic due to the elevated risk of complications, and persistent concerns around a lack of social distancing and pandemic fatigue among low-risk groups.

4. Discussion

The Secretariat welcomed questions to the presenters, health professionals and Parliamentarians at the meeting.

Lydia Makaroff noted the similarity between stories presented by Brook and individuals living with bladder cancer, and stressed the importance of video conferencing facilities for health professionals and patient groups to replace telephone conferencing.

Lord Mendelsohn welcomed the establishment of the group and emphasised its importance, pointing to doctors suggesting the UK has ranked lowest internationally for treatment strategies, pandemic procedures developed, medicines to use, and noted the absence of UK doctors on international medical advisory panels.

Professor Oliver noted the significant investment from the Department of Health and Social Care on research into COVID-19 treatment, agreeing with Lord Mendelsohn that many conditions are "eminently treatable" and further noting the advance of the Oxford-based research team on dexamethasone on the clinical cause of the disease. Oliver further pointed to PHE's investment into securing adequate stocks of treatments and medicines to treat people over the winter.

Oliver noted the importance of involving NHS colleagues in subsequent meetings. Oliver further noted the importance of people in vulnerable groups in knowing they should continue to seek medical help.

Roger Greer intervened to note the importance of e-consultations, and suggested there will be more e-consultations available on the NHS app.

Joe Brunwin expressed concern around the tool to stratify groups according to vulnerability, and asked Professor Oliver to talk further about the designation of vulnerable groups. Oliver noted the NHS app will soon launch.

Jim Shannon MP expressed his concern around both the physical and mental burden on vulnerable groups, and the importance of looking at both as key issues to be addressed.

Lord Lansley declared an interest in being a recipient of cancer treatment, and noted his difficulty in shielding while cohabiting with teenagers, and noted the burden on them avoiding social events.

Lord Lansley stressed the importance of introducing a more graded system of shielding, rather than the current binary stratification of vulnerability.

Lord Lansley noted the importance of changing lifestyles, including working patterns and who people work with.

Lord Lansley noted different vaccines will have different implications for different vulnerable groups due to different modes of operation, and that a means of prioritising the vaccination of vulnerable groups, and which vaccine they will receive, should be a priority for the APPG. Lord Lansley suggested such a discussion should aim to inform Parliamentarians.

The Secretariat noted such suggestions will be incorporated within a focus on disease areas selected according to vulnerability.

On the treatment of vulnerable groups, Jennifer Mitchell suggested health professionals are working hard to resume cancer treatment services, though people are still not opting to access care

The Secretariat noted the topical focusses will be settled on by the officers of the APPG.

5. Election of Officers

Jim Shannon MP proposed Virendra Sharma MP become Chair of the APPG; Mr Sharma was unanimously approved as Chair.

The Chair invited Jim Shannon MP to become Vice Chair.

Lord Lansley confirmed his contentedness with the position of VC.

Lord Mendelsohn and other Parliamentarians indicated they were happy to serve where appropriate.

Virendra Sharma MP was confirmed as the registered contact.