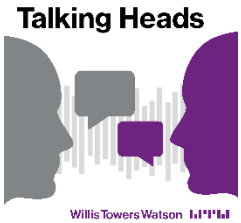

Episode 4 – Safeguarding Employee Health and Wellness

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SPEAKER: You're listening to Talking Heads, A Willis Towers Watson podcastseries, featuring interviews with senior leaders on the most pressing human capital and benefit-related topics.

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LUCIE MCGRATH: A very warm welcome to the next in the series of Talking Heads podcast from Willis TowersWatson. Today we will be discussing long COVID, the UK COVID-19 vaccination program,and the impact of the COVID-19 pandemic on overall health and well-being in the UK, andwhat this means for individuals and for employers. My name is Lucie McGrath, and I'mdelighted to be joined by two senior medical professionals from the HCA Hospital Group, aprivate health care provider in the UK-- Cliff Bucknall, HCA UK's chief medical officer, andClaire Dunsterville, director of Rehabilitation Services at the Wellington Hospital in London.Welcome to you both.

CLIFF BUCKNALL: Hi, there.

CLAIRE DUNSTERVILLE: Hello.

LUCIE MCGRATH: Cliff, before we delve into the impact on individual health and health outcomes, could you provide some context around the situation in the UK in relation to the NHS to help people understand the challenges currently being faced?

CLIFF BUCKNALL: Well, we are, first of all, most fortunate-- that's myself and Claire-- to be able to join you today. And I would just like to say that one of the outstanding things we have in the UK is for the National Health Service. And in normal times, we are all most grateful for that. We do have a private sector that is there, and generally tends to provide elective care to patients who require various procedures. But at the heart of health care in the UK is our National Health Service.

Now, the reality is that unfortunately, COVID has come and has hit us really quite badly, to an extent whereby several of our hospitals at various times during the last year have been overwhelmed. What this has meant is that as at the present time, we are in a particularly difficult environment, where our patients cannot necessarily receive the elective care that they should receive.

And I think one of the big problems for us at the moment is not so much the fact the National Health Service is unable to cope with the COVID surge, because they're doing a remarkable job, unbelievable job, and doing it in such a spectacularly professional manner. The worry, the real worry behind all of this, is the group of patients who are not coming-- either not coming forward for treatment, or they are coming forward for treatment, but unfortunately, are being delayed in the either lifesaving or diagnostic investigation or treatment. And this may well lead to important life-changing results of delay.

And by this, I mean if you do have symptoms that are like cancer or might be caused by a cancer, then you are way better to come forward. Even if the investigation isn't performed directly through the National Health Service, this is where the private sector in the UK has actually stepped up to the mark across the country.

Now, prior to all of this, the private sector in the UK is quite different, depending upon where you live. In some parts of the UK, the private sector really is there to assist in performing elective surgical procedures that are relatively simple and straightforward, and in a sense, are rather dependent upon the National Health Service providing ITU support, and so on and so forth, in normal times.

However, in London, we have a situation that is significantly different. And similarly, our relationships in Manchester, and soon to be Birmingham with HCA, the difference between us and several of the other private providers is the fact that we do have our own intensive care unit. We do not look to the NHS to take our patients when things are difficult.

So the situation at the present time is that we are being called upon, and we are, of course, responding. We're proud to serve and to help the National Health Service patients who require investigation and treatment. And as part of this, these patients are undergoing their investigations in what we're calling a green environment.

Now, if I may just take a couple of moments to explain what I mean by a green environment. A green environment is an environment in which we are knowing that the patients do not have COVID, because we're testing them before they come in. And often, they will have self-isolated prior to admission. And the staff do not have COVID, because we are testing them regularly.

Therefore, you have a different hospital environment in which times are effectively normal. In other words, the way in which we can manage patients is very similar to normal, and the way in which we can proceed with operations is very similar to normal. In amber environments, this is where you don't quite know what the situation is. And there are many of the units in-- the NHS units-- where the predominating management system is amber, or indeed, blue, where the patient's known to have COVID.

So let me return, then, to the private sector, and specifically, HCA. So we are providing complex care to patients who are NHS patients, as well as our private patients who require investigation and treatment either for their cardiac, their heart condition, or indeed, in relation to their cancer or other procedures. So the situation at present-- yes, is it fraught? Of course it's fraught. We've got a pandemic-- a worldwide pandemic.

But what has the NHS and the private sector interlinking done? What it has done is to be able to split the urgently needed elective care, and put that into a green environment, a safe

environment, and move that away from the emergency care environment, which is predominantly amber or blue. So by doing this, we've been able to continue to manage patients, and to try to bring the elective care, and the treatment of cancer, particularly and cardiac conditions, trying to bring that into a safe environment. I hope that goes some way to explain where we're at.

LUCIE MCGRATH: It does. Thank you, Cliff. Just thinking about the impact on the NHS, obviously, the private sector is stepping up and doing as much as possible to help. But clearly, there are going to be routine surgeries that the NHS just isn't going to be able to pick up. Do HCA have a sense of the kind of impact that's likely to have in the short, medium, longer term for things like waiting lists and cancer patients who will need treatment in the future?

CLIFF BUCKNALL: Yes. Well, we all want to keep the waiting lists to a minimum. However, as with all of these things, one of the most important aspects we have to remember is what we call-- it's got a word-- is prioritization. And what it means is if you think that somebody's life chances are going to be materially altered by carrying on and doing the treatment, then that carries a high priority. And those that realistically is not going to alter whether they live or die, but is going to alter their quality of life, then that's a slightly lower priority, and there's very little of any other surgery being done at the moment-- in other words, those where it's not going to affect their longevity, and it's not going to affect their ability to get around. It's just because they want to change the way things might appear.

So I think that at the end of the day, one has to be cognizant of the fact that there is going to be an increase in delay for some of the treatments. We would really hope, all of us, that's the NHS and the independent sector, would hope that there will be as few as possible patients waiting for these lifesaving treatments. But unfortunately, the reality is that we just do not have enough green, inverted commas as it were, capacity to be able to make sure that we don't have a buildup.

So there is inevitably going to be a buildup. The question is how long. Well, when we had the first lockdown, and then the second lockdown, everybody was talking about, well, this is going to be-- there's going to be significant delays for patients for routine procedures, possibly 6 to 12 months. And I'll leave it to your imagination to whether after a third lockdown things are going to be better, worse, or the same. I think I'm pretty clear as to where I am on that matter, and I suspect strongly that most of us would think that we're going to be trying to reduce this waiting list for some time to come.

That having been said, though, the National Health Service, prior to this third lockdown, had done some amazing planning work. And that amazing planning work was really looking very impressive indeed. But all of that, unfortunately, is again, going to have to be put into a slight delay. So I'm sure that those plans will still come to fruition, but it does require us, in the meantime, to think about how we are going to ensure that those who are at the greatest risk do still come forward for treatment.

LUCIE MCGRATH: OK. So Cliff-- briefly touched on this when you were talking earlier, but we know a lot of people have been nervous about going into clinical settings, particularly at the moment. How important is it for individuals to seek medical help and support, and not delay getting treatment for something they might think is minor until after the pandemic is over?

CLIFF BUCKNALL: Yeah. I think this is a really important point. Because one of the difficulties is that people have become very reliant on Dr. Google. And basically, what they're doing is that they're either declaring themselves to be undiagnosed and not in need of treatment, and that's what they're deciding. Or they are worse, still, diagnosing themselves, and deciding that actually they're beyond treatment.

So neither of these tend to be true. And it's way better, actually, to seek medical help, and to get either the reassurance that actually there isn't anything wrong, or to establish what the true diagnosis is, get the right investigations, and the right treatment. We do have green hospitals specifically to be able to do this.

And in London, we're particularly fortunate in that we've got complex care ability hospitals with HCA that are able to do virtually all of the investigations and treatments that you might wish to have done, or might need to have done rather than wish, perhaps. But anyway, you'd be able to get them performed safely and effectively. And it's way better to get these diagnoses achieved and the treatment commenced if it needs to be commenced.

So in short, it is safe to go to hospital. It's safe to see your GP. Establishing that link to the GP, either virtually or directly face-to-face, is a must if you do have symptoms or you're concerned. Please don't just wait for the end of this third or however many lockdowns we have or waves we have. Please don't wait. Just come along, get investigated, get treatment, get it going, and make sure that you're receiving the best possible care.

LUCIE MCGRATH: What sort of impact have HCA seen, Cliff, in terms of patient numbers over the last two, three waves that we've had?

CLIFF BUCKNALL: So what happens is that we've seen the private patients coming forward for by about 30%, which is roughly what we were anticipating. And then as soon as the lockdown is over, everybody comes rushing back. Now, the difficulty with this is that for many, there probably isn't that much of a difference.

But for some, there's a huge difference. And that huge difference can make the difference between being able to be cured of your cancer or cured of your heart condition, as opposed to being palliated. So this is really very important indeed that we do take note of the symptoms we're experiencing, we get professional advice, not Dr. Google, and we get on, get it investigated, and get on and get the right treatment. So please don't hold back. Please do progress, and whether that's NHS or private, same applies.

LUCIE MCGRATH: And have HCA had to reimagine some of the service delivery, Cliff, in order to support continuing to provide treatment during the pandemic-- so are you using different technologies, your consultants doing different things to try and encourage people at least to engage with them?

CLIFF BUCKNALL: Yes. So all of our consultants have become particularly adept at virtual consultation. So that in order to be able to ensure that it's right for the patient to come, then virtually all the time the initial consultation will be virtual. And this allows for the remote assessment of the patient without them leaving home. And it means that when we do see the patient, we're trying to arrange it so that they have the investigation and the initial consultation at the same time on one visit.

So it's converted the situation from come along, get the initial consultation, and possibly a little investigation done at the same time, to very much more preplanned, one-stop shop type assessment, whereby because we know what it is that we're looking for, we've got the first idea as to what we think the diagnosis or the possible diagnoses might be, it means that we can actually get on and do that one-stop shop that we all dream of as being the best way to deliver health care.

LUCIE MCGRATH: So actually a positive outcome and impact from the pandemic.

CLIFF BUCKNALL: Yeah, I think it is. I honestly think that is a significant improvement that we've seen. And I think the other aspect is that the patients are, in general, way more relaxed, because they've actually already met the consultant. So that nasty bit where you're wondering, I wonder what the consultant will be like-- well, you already know that they're not going to bite you. They actually are human, strangely enough.

LUCIE MCGRATH: You talked a little bit, Cliff, about the impact of outcomes for people when they've delayed treatment. I just think it'd be interesting to understand a little bit more about that and what HCA is seeing.

CLIFF BUCKNALL: So it's not just what HCA is seeing, it's the NHS and HCA. We're all seeing that those who have delayed their diagnosis or treatment, the outcomes are worse. And there's reduced survival rates, quality of life isn't as good. And what's worse, not only are the outcomes not as good, but actually, it costs more to do it.

So the treatment costs are higher because the disease has continued to progress, so there's more to be done. So it's every-- there's every conceivable reason out there as to why we need to encourage people to put their hand up, make it clear-- look, I've got a problem. Let's investigate it. And if we do find that there is something, let's get on and treat it quickly.

LUCIE MCGRATH: And from that, of course, it will mean longer recovery periods, and people being off work for longer, and causing longer-term issues as well.

CLIFF BUCKNALL: Yeah, absolutely.

LUCIE MCGRATH: Claire, I don't know if there's anything you'd add to that.

CLAIRE DUNSTERVILLE: Absolutely, to those same points really. For us it's about making sure that we get people back on the road to recovery, whatever issue they're having, but particularly, obviously, with regards to COVID. But it's important that people do get that advice, and then work with their employers to get that return to work sorted.

LUCIE MCGRATH: Have you actually seen, Cliff, any positive impacts? We've obviously talked about that one-stop shop. But anything in terms of emerging treatments or technologies that's really been accelerated by the pandemic, and HCA have seen adopted across the private and public sectors?

CLIFF BUCKNALL: I think that generally, what we have done is it's meant that there's been this desire, as it were, to ensure that we do link different aspects of care together, and I think those have been done better. So I think that the link, for instance-- and this is where Claire really can help us. Because I think that there's been a better link across between acute care

and rehabilitation, for instance. Because I think that link has been more effectively performed, as it were. And it doesn't really matter what sector they're in, whether it's NHS or the independent sector, generally that link has been better. Claire, what's your thought?

CLAIRE DUNSTERVILLE: Yeah. I think actually that's exactly what we're seeing, that there's far better transition from service to service. I think the COVID example is a good one, that actually we're seeing some patients who have become very, very unwell and need a significant amount of support in the acute setting, to the extent that some will obviously need intensive care. And I can talk about that in more depth.

But that transfer, then, into a rehabilitation setting and having the right professionals around you is absolutely vital. And we're seeing that happen more and more as it needs to. And that can only be of benefit to the patients, but also to all of us as professionals, as we start to learn about this condition and develop the best way of managing it going forward.

LUCIE MCGRATH: Thanks, Claire. I think it might be a good point to ask you if you could just talk a little bit about long COVID. I think most of us have heard long COVID mentioned in the press, but I think it would just be really helpful to understand actually what is it? It's being talked about, but what actually is long COVID?

CLAIRE DUNSTERVILLE: So COVID is something that we're learning more and more about all the time, particularly long COVID. And what we've been struggling to do is really define what it is that we're dealing with here. We know it's a multi-system condition, so it can affect any organ in the body. And actually, we hear about it affecting the older generation. But actually, what we're seeing now is that it's also affecting a much wider age group as well.

What we've recently managed to get our hands around, and NICE have published some guidance on this, is some definitions. So we're now dealing with acute COVID, which is really over the first one to four weeks post-infection. Now, with acute COVID, you may need hospitalization. And actually, some of those patients who require hospitalization may become unwell enough that they require intensive care support and ventilation.

Equally, acute COVID could be something that you manage with at home. Generally speaking, those symptoms are gone after four weeks. If they're continuing-- so in the next category we've got ongoing COVID, which is 4 to 12 weeks. So this is where people are continuing to struggle with COVID symptoms, but generally are on an upward trend and starting to feel better.

So thinking about long COVID, also known as post-COVID, this sits at 12 weeks plus. So this is a group of patients who may have been acutely unwell and in hospital and continue to struggle with those symptoms 12 weeks after infection. But interestingly, it also includes a group of patients who may never have been symptomatic. They may have picked up that they got COVID through routine testing, may have felt fine at the time, but actually present with symptoms shortly after in the next couple of weeks. Those symptoms primarily are likely to be respiratory disorders-- so struggling with breathlessness or a continuing cough.

But we're also seeing patients come through with cardiac symptoms. So it may be chest pain or palpitations, equally, anxiety. We're seeing a lot of patients coming through at that 12 weeks plus point who are struggling with anxiety, brain fog-- so struggling to concentrate, poor short-term memory, fatigue, and interestingly, also gastrointestinal symptoms.

We'll talk through some of the ways that we might actually address that and help get patients better, but it is important to say that, again, evidence is still something that we're pulling together on this. We can see that that younger group who are being diagnosed and continue to work, may have family, an active lifestyle, are the patients that are likely to struggle most.

LUCIE MCGRATH: Roughly, how many people are being diagnosed with post-COVID syndrome or long COVID, Claire? What's the kind of impact, and what kind of ages?

CLAIRE DUNSTERVILLE: So the numbers are continuing to change. It has been 1 in 10 people who are suffering from long COVID. It looks now as if that number is shifting towards 1 in 20 now that we've got that definition around the 12-week mark out there.

In terms of numbers of people, there are all the sorts of people that are affected. Potentially, women seem to be affected a little bit more, although that's not been absolutely confirmed through evidence yet. But also, as you get older, the symptoms, you're going to struggle more with them.

It can affect teenagers. And, again, certainly the people that are getting lost in amongst this are working age-- younger people who don't feel like they should be suffering from symptoms of COVID, but actually are the ones who are trying to hold together a family, trying to get back to fitness and exercise, and also, trying to get back to work. They're the ones who are going to really struggle with the long COVID symptoms.

LUCIE MCGRATH: And what's HCA's approach, Claire? So what do you think is the best way of treating those people who are suffering with post-COVID syndrome?

CLAIRE DUNSTERVILLE: Well, I think our approach is very similar now to that within the NHS. And that this has to be multidisciplinary. This is a syndrome that can affect you physically, but also in terms of your psychological well-being as well. So you need a team around you.

Our approach is to make sure that we put people in front of specialists right from the beginning. So we'll match their symptoms to the specialist that would be best placed to diagnose them. The specialist is going to take a look.

Obviously, there'll be some tests that are needed. But there's a lot that you can tell from standard blood tests. It doesn't have to be very invasive. It's about understanding is this definitely COVID we're dealing with or something else?

And then at that point, it's about bringing in the additional workers that can help, the support workers, so physiotherapists, occupational therapists, speech therapists, in some cases, but also psychologists. So that, again, what we can do is look at what the symptoms are, but also look at what the person's goals are. What is it that they're trying to get back to, and who is best placed to help them? And again, the beauty of the HCA approach is that we can tailor it to what that individual needs, and it will all be wrapped up together with the help of the specialist.

LUCIE MCGRATH: And are people needing to travel into London to receive that kind of support and treatment, Claire?

CLAIRE DUNSTERVILLE: Well, to Cliff's point, really, we are absolutely able to deliver many of those modalities virtually. It's been a really interesting journey for us to start off thinking, well, how to deliver physiotherapy in a virtual sense. But actually, we can do it. That's not a problem.

What we are finding, though, is that people do want to be sitting in front of a specialist. They do want that face-to-face contact. And it brings me back to the piece around anxiety, being listened to. This is something that, again, you know, COVID can leave you feeling just a little bit subpar. You don't feel quite right. You don't feel ready to go back to work. And you can start to feel incredibly anxious with that.

Sometimes we can address that perfectly fine in a virtual sense. Sometimes it needs to be face-to-face. So the same process will take place. You can have your consultation face-to-face or virtually, and the rehabilitation, to a degree, can happen virtually as well.

LUCIE MCGRATH: What are you seeing as the main barriers for people getting better, or getting the help and support they need at the moment?

CLAIRE DUNSTERVILLE: I think, again, as Cliff said, it's about putting your hand up and saying, I'm not right. I'm still not right. I'm struggling. I need help. And I think, again, the beauty of this podcast and working with employers is to be able to say you're able to help. You're in a really good position to support your employee, and to be able to get them back to work in a very measured, sensible, helpful way, that will mean that, ultimately, you've got an employee back in work sooner, doing a more comprehensive role, but also happier. And I do think that is absolutely vital.

LUCIE MCGRATH: And from an employer perspective what would you recommend that they should be doing or thinking about to support people who are suffering with post-COVID syndrome in coming back to work? It's obviously a very different environment for many employers and employees at the moment, and much harder to support that return to work process.

CLAIRE DUNSTERVILLE: The best thing that employers can do is listen to their employees. Talk with them. This is going to be a dynamic discussion. And occupational health departments, if you have them, will be a great resource for you, as they'll be able to handle some of those conversations.

But it's really about understanding what symptoms are your employees struggling with? What is it? Making sure that they have access to the right specialists and to the rehabilitation programs that they need, but really working with them to make sure that guidelines are set about a graduated return to work, that there are regular check-in points to make sure that employees are able to get their food, they're managing OK, they're on track, they've got that connection with work, and that they're making progress in the right direction.

But really, again, I was talking to one of our consultants earlier, and he was saying that really the most successful patients that he's had through, have been the ones who have had employees who have felt listened to, and have been going back to a supportive environment. Employees will often feel out of control. It's framing. It's giving them structure, creating graduated returns to work, and taking some of those pressures and assumptions off.

LUCIE MCGRATH: Great. Thank you, Claire. Cliff, if I can come back to you before we close, and would you be able to give us a brief overview on the potential impact of the UK COVID-19 vaccination program for employers?

CLIFF BUCKNALL: Yeah. This is really perhaps the most exciting part of the whole thing, because we should be in a position that we're going to get back to normal. That is the big hope. And I, just like as everybody else, hope and pray that will be the case. Provided that the vaccination program continues as planned, then we will be in a way different place than we are now.

So let's just think about what does vaccination mean? Vaccination means that we should then have a vast reduction in the number of people actually going-- experiencing COVID. It doesn't necessarily mean that you wouldn't get COVID. It just means that you're exceptionally unlikely to die from it. So this whole vaccination program really does mean that there will be a chance for the nation to move on from where we are now, to a situation where we are safe to move around, return to work and so on.

However, this is going to be a gradual process. And what we do need to do is to think about how are we going to encourage people to safely return to work? And how are we going to do that in a planned manner? So the key things here are, first of all, to remember that just because you've had the vaccine, I'm afraid to say you do still need to do the safe things.

So you do still need to wear a mask. You do still need to wash your hands. You do still need to take care. So it's important for all of us to remember that the vaccination is only part of the whole process, but it is a crucially important and exciting and, in some ways, invigorating part of the whole process, because it takes us from where we are now to where we want to be, which is back to the old normal, so to speak.

LUCIE MCGRATH: Thank you. And Cliff, could you just explain a little bit about the difference between the vaccine efficacy and the impact it has on morbidity? I know you mentioned there that you'd be exceptionally unlikely to die, but I think people aren't perhaps aware of the difference.

CLIFF BUCKNALL: Yeah. So the efficacy of the vaccination is really around whether or not you develop COVID symptoms. We don't know yet whether or not you would still actually have a viremia-- in other words, you'd still have the virus in you. But what we do know is that you have-- the efficacy is about reducing the symptoms you experience from the COVID itself.

And so that's very exciting in itself. And whether it's 90% or 70%, that is a really impressive reduction, remembering that most of us, when we think about flu vaccine, we think, well, that was OK. The flu vaccine seemed to work. Well, yes. Well, that's only about 50% effective at best on a good year. So to see something that 70% to 90% is really very impressive indeed, and amazingly so.

However, the bit that most people don't seem to have really taken great note of, but I think is quite important to say the least, is that even those that develop COVID don't seem to die if they've been vaccinated. So that's going to really materially alter everything. It should alter our confidence. It should alter our ability to determine when are we going to go back to work. It should free us from this lockdown environment that we are repeatedly going back into.

However, when it comes to employers of employees, I would still say to you that the key thing for the moment is test, test, and test again. Know that the people who you're surrounding yourself with on a day-to-day basis, if you are going into work, know that they've been tested. Make sure that they are free from COVID. That is our safest situation at the present time. So it's going to be a combination of test, test, and test again, vaccination, mask-wearing handwashing, being careful, and most of all, keeping safe.

LUCIE MCGRATH: Great. Thank you. So perhaps a ray of hope on the horizon if things are a little bit difficult still in the meantime. To close, Claire, Cliff, could I ask you both just for some very brief thoughts around what people can do to keep safe, healthy, and well at the moment?

CLIFF BUCKNALL: So I think that the most important thing, other than that which I've said around COVID and vaccine and so on, it comes down to us as individuals. We need to focus on our own physical and mental health. We should try to stay active; eat well, but perhaps not too well; manage our drinking-- in other words, drink, but not too well; and sleep. But make sure you sleep very well.

So at the end of the day, what you're really doing is staying active, eating well, being sensible, and sleeping well. And if you have any problem about your health, please, please you must alert, you must see your GP, so that we can get effective treatment to you as fast as possible. Claire, sorry to have taken most of the answer, but perhaps you can add something to that. Sorry.

CLAIRE DUNSTERVILLE: No. I absolutely echo what you've just said, Cliff. That makes absolute sense. And I think the only thing I would add is the sensible things around steering clear of COVID in the first place-- so hands, face, space. There are such simple basic things that we can do to make sure that we don't put ourselves in that position of contracting COVID, and then needing to come through our long COVID service.

LUCIE MCGRATH: Thank you, both-- a really insightful and thought-provoking conversation. Clearly, there's a long way to go yet before things get better. But hopefully, with the vaccination program, there's brighter things on the horizon for everyone, and clearly, a lot that we can do as individuals and employers to make a difference to health and well-being in the meantime. So thank you again for joining us.

CLIFF BUCKNALL: Oh, thank you very much, and good health to all.

CLAIRE DUNSTERVILLE: Thank you. It's been a pleasure.

LUCIE MCGRATH: Please do join us for the next in the series of the Talking Heads podcasts. Thank you for listening. Goodbye.

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