

SESSION FIVE OF THE ALL PARTY PARLIAMENTARY GROUP

Pandemic Response and Recovery

Monday 25 April 2022, 5.30-6.30pm, Portcullis House and by Zoom

MINUTES

In Attendance: Esther McVey MP (Chair), Graham Stringer MP, Chris Green MP, Baroness Morrissey, Baroness Foster, Baroness Fox, Earl of Leicester, Philip Davies MP

Non-voting attendees: Leandra Ashton, Dr Ammar Waraich, Carol Munt, Dr Ali Haggett, Jemma Moran (Secretariat), Rachel Marcus (Secretariat), Drusilla Summers.

Apologies: Sir Graham Brady MP, Miriam Cates MP, Emma Lewell-Buck MP, Dawn Butler MP, Andrew Rosindell MP, Sir Charles Walker MP, Sammy Wilson MP, Ian Paisley MP, Paul Girvan MP, Lord Moonie, Baroness Noakes, Lord Robathan, Greg Smith MP, Henry Smith MP, Lord Moylan.

1. The Chair welcomed the APPG members to the fifth session to discuss visiting rights of care home residents and hospital patients.
2. The Chair introduced the four speakers and the Group heard evidence from each:
 - **Leandra Ashton**, founder of The People's Care Watchdog, who together with her mother, battled the authorities when her grandmother was locked away in a care home without visiting rights.

The Group watched a short video of her grandmother's rescue before hearing evidence of continuing restrictions in care homes. Leandra explained how rolling lockdowns and visiting restrictions impact care standards and safeguarding, isolating residents, increasing distress, depression, confusion, anxiety and agitation, worsening chronic conditions and disease, causing decline in cognition and motor skills, severe weight loss, dehydration and malnutrition. She reported increased use of contraindicated medication such as antipsychotics and end-of-life medication without family consent. Speaking about the impact on relatives, including PTSD and suicide, she questioned why it is still happening: to protect the vulnerable or the business interests of the care homes? She identified a lack of risk management expertise in the sector leading to strict measures with no basis and the failure of local authorities, the CQC and other regulators to act, address safeguarding issues and uphold laws such as the Mental Capacity Act or Deprivation of Liberty. In concluding, Leandra called for a mechanism for holding organisations to account in real time. The Group then watched a short film of families who have struggled to gain access to their loved ones.

- **Dr Ammar Waraich**, a medical registrar in the NHS and a Fulbright Scholar to Harvard University, where he completed a master's degree in public policy.

Dr Waraich recounted his experience working in the NHS throughout all the Covid waves and how visiting has been stopped on his wards, a practice he believed might have been justifiable during the early part of the pandemic but not now. Sharing the story of a 62-year-old lady, admitted as a precaution with Covid as she was not that unwell her family thought she would be home in a few days so did not say goodbye. She worsened and was kept in. They were not allowed on the ward to visit and told to FaceTime, difficult due to the poor IT at the hospital. Three weeks later she was admitted to the intensive care unit, intubated, ventilated and was awaiting death. Dr Waraich told how only then were the family allowed in and of multiple similar experiences, arguing that preventing families from visiting sick relatives was one of the biggest mistakes of the pandemic, an unnecessary, inhumane and cruel policy, even at the height of lockdown. Concluding, he highlighted how patients, in hospital for long periods of time, six or seven months, struggle when denied family visits, even refusing food and treatment. Visits for patients is a human right which benefits the recovery of the patient.

- **Dr Ali Haggett**, a former lecturer in mental health, now working in the community, primarily with older people with complex medical problems.

Dr Haggett put her evidence into context with her academic experience and for the last 5 years working in the community with older people with complex medical problems. Spelling out how isolating people from their family and friends is terrible for their mental and physical wellbeing, especially as has been done over the last two years, she cited studies, such as the BBC loneliness project, adding that in her professional opinion there are huge consequences, especially for dementia sufferers. Dr Haggett's second point echoed Leandra Ashton's safeguarding concerns and vital layer of safeguarding by families visiting which has gone with the obstacles still in place. She gave the example of a man who died after being admitted to hospital. He was blind and could not reach his food or drink. Had his wife been allowed to visit she would have picked this up. The hospital admitted liability. Dr Haggett also attested to continued visiting restrictions and problems with the CQC and local authorities not honouring or overturning lasting powers of attorney at best interest meetings. Concluding, she emphasised the serious safeguarding issue that is unfolding in front of us, calling for a legal framework that enshrines access to residents in law and ensures that lockdown is not the future model.

- **Carol Munt**, an honorary lecturer at Manchester Medical School and Experience of Care Partner at the NHS Leadership Academy.

Carol Munt began her evidence with the observation that such different approaches to visiting, i.e. the lack of standard policy, suggests in some areas of the country, individual healthcare staff have either been unable to speak out against the policy, or could not find ways to enable family members to visit their relatives. Carol talked about the impact on dementia sufferers and those with cognitive impairments losing the will to live when denied family visits, emphasising that visitation is an incredibly important and necessary part of the care of patients away from their own home, questioning why decisions were made without considering the needs of patients and their families. She cited the example of the Bristol Nightingale where visiting at the end of life was not considered when it was built. The nurse tasked with running the facility, thinking of families at home not knowing what was happening, put a visiting policy in place, an area away from the main covid ward adding, if it was possible in a Nightingale Hospital where Covid patients were being treated, why not in care homes, allowing families to touch loved ones at the end of their lives. In conclusion, she highlighted that visiting is an integral part of care home life, vitally important in measuring the health, wellbeing and quality of life for residents and believed the CQC is aware from a survey that visits from families are still banned in some care homes, echoing the call for affirmative action from the government and regulators to end visiting restrictions and bans.

3. All the experts argued that visiting restrictions were cruel, inhumane and unnecessary, causing safeguarding issues and curtailing life and that the government, local authorities and regulators must be held to account, do more to uphold the law or establish a legal framework that enshrines visiting rights.

4. The Chair invited Members to ask questions. Members were able to probe the experts further on particular points of concern following examination of the evidence. There was discussion about what measures could be taken to address the unwillingness of care settings to allow visiting and what more the government and regulators must do to resolve the issues.

5. The Group then gave consideration to possible actions arising from the discussion.

6. The Chair thanked all the Members who attended and the speakers, confirmed the date of the next meeting, Monday 6 June 2022 and brought the meeting to a close.