

11th May 2020



Helen Whately MP
Minister of State for Care
House of Commons
London
SW1A 0AA

By Email: helen.whately.mp@parliament.uk

Dear Minister for Care

Covid-19 - Social Care

GMB is one of the largest trade unions representing the social care workforce and I am writing again to raise serious concerns that we have regards social care during Covid. It is disappointing that despite two previous letters, one to the Secretary of State on 29th March and one to yourself on 16th April, (copies attached) that we have yet to receive a response.

We are in no doubt that the social care workforce, residents, service users and their families, have been completely let down by the Government throughout Covid. The NHS has been prioritised time and again, at the expense of care homes and domiciliary care. There can be no doubt that the lack of PPE and testing in social care has allowed the Covid virus to run through the social care sector unchecked.

As you can see from the GMB letter sent to the Secretary of State on the 29th March, we already had concerns about the lack of PPE and testing for the social care sector. It is now more than 6 weeks later and we have still not seen any improvements.

- **Personal Protective Equipment**

Social care workers were originally excluded from Public Health England (PHE) Guidance on PPE. GMB worked to ensure these key workers were included and guidance was eventually amended. However, what remains, is huge issues with access to PPE as well as differing guidance issued dependent on who the social care provider is.

The Government has published guidance for care homes: 'Admission and Care of Residents during Covid19' 2nd April; 'Supplementary Guidance on the Operation of Care Homes' 17th April.

The GMB has great concerns about the inconsistencies between this PHE guidance and that of the World Health Organisation (WHO) and we need to understand why this is.

1. Why does WHO require an Infection, Prevention and Control (IPC) Lead in care homes but the UK guidance makes no mention or encouragement of this?
2. Why does WHO require a minimum of 40 second handwashing and the UK a minimum of 20 seconds?
3. Why does WHO give guidance on social distancing (group activities to be physically distanced or cancelled; staggered meal breaks or the closure of dining halls and facilitate meals in bedrooms; minimum 1-meter distance between residents; residents and staff to avoid touching where possible) and the UK guidance completely fails to mention anything on group activities, meal times, minimum distances or touching?

WHO guidance specifies actions and guidance for what PPE to wear if there is a resident with suspected or confirmed Covid. PPE should be used within 2 meters, includes eye protection and also includes a mask for the resident. The original UK guidance did not specify any level of PPE and the new guidance puts the onus on the individual staff member to risk assess, consider whether there is 'prolonged contact' and discuss with their manager to determine whether they also need eye protection.

4. Why does the UK guidance delegate the use of eye protection to staff and managers, whereas WHO avoids risk assessments on each occasion and insists on eye protection at all times where there is a suspected or confirmed Covid resident or service user?
5. Why does the UK require 'prolonged contact' to be a consideration when this clearly ignores all scientific evidence that Covid can be transmitted in seconds?
6. Why does the UK advice fail to advise what PPE should be worn by cleaners in care homes, unlike WHO that require masks, gloves, long sleeve gowns, face protection and closed toe shoes, plus hand hygiene, for all those handling soiled bedding and laundry?

- **Testing**

It is noted that the Secretary of State extended the eligibility to be tested to all social care staff and residents on 28th April and you asked local public health directors to take charge of testing in care homes in England on the 7th May.

What is concerning is that a target of 30,000 test per day has been set. The Government have so far failed to reach their testing commitment of 100,000 per day and to commit to only 30,000 per day in social care means that a substantial amount of time will pass before the almost 1 million tests that are needed have been done. This also does not include the essential re-testing of staff and residents and service users.

WHO guidance also differs on testing to that guidance published by the UK. WHO state that residents who are suspected or confirmed as having Covid should be isolated until there have been 2 negative test results at least 24 hours apart after symptoms have gone. If testing is not possible, residents should be isolated for an additional 2 weeks after symptoms have gone.

7. Why does the UK guidance only require 2 weeks' isolation from the start of symptoms showing and makes no reference to testing?

The social care workforce is made up of a predominantly under paid and overworked female workforce, the sector was already working with 120,000 staffing vacancies prior to Covid. Many of our members have been forced to make the unbearable decision between following Government advice to self-isolate and only receive Statutory Sick Pay (SSP) or go to work and put the very people they care for every day at risk because they simply cannot afford not to go to work.

GMB believes that the social care workforce should be entitled to at least the real living wage for all hours worked and that they should receive their full and normal rates of pay as they would have received had they been employed by the NHS or Local Government.

There can be no return to business as usual after the crisis. We now have no choice, it's time to turn the tide and put people before profit. It's time for the social green paper. We need to fix decades of broken promises and fix social care.

Once again, the GMB is requesting a meeting with you to discuss all of the issues raised above and understand what you and the Government are going to do to restore the faith of the social care workforce, residents, service users and their families.

I look forward to your speedy response.



Rachel Harrison
GMB National Officer - Health & Social Care
Rachel.harrison@gmb.org.uk