

Reflections on the contribution I made during the Covid-19 pandemic

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This year more than ever, all communities, no matter their differences have been working towards a common goal, protecting the health of our nation. In some ways, our NHS is a reflection of wider society, each ward, department, specialty or practice is a community of its own all with the common aim of keeping people healthy. Medical students and junior doctors get to be part of some of these communities for a time as they rotate around the NHS learning and gaining experience. Over the last year, I have had the privilege of working in four different corners of the NHS, seeing four different teams of people go above and beyond for the benefit of others. I have also had my fifth community, witnessing all that my family, friends, church and neighbourhood have also contributed over the last year, our own little corner of society.

It's late February, I am enjoying the last few weeks of maternity leave, including a trip to a bustling London with my family but things are changing. By the 20th March people have been advised to avoid crowds and social contact, keeping two metre distance is becoming the norm. Pubs and restaurants are closed, the government has announced a furlough scheme and the schools are closed indefinitely. The supermarkets are sparsely stocked, people are panic buying toilet roll, pasta, tins, nappies and paracetamol and the staff look tired.

But as an antidote to this, there are stories of retired doctors and nurses are coming back to the frontline to help. People are posting notes through letterboxes to give their neighbours their contact details in case they need anything if they have to isolate. There is a call for community volunteers and hundreds of thousands sign up.

I feel guilty sitting at home and keen to get back to work, so call the training programme directors to see if it's possible to come back early. I am redeployed just a couple of weeks early to the community hospitals. The idea is that we will try to take more of the medical patients to ease the pressure on the acute hospitals. I am nervous about going back to work, as I think I would be about returning in any circumstances. But my brain starts to wake up from its medical hibernation and people are very kind. There is a sense of everyone learning on the job with all the changes coming in which is helpful to me. All the staff are ok, taking things in their stride. More and more staff are told they must work from home because of being vulnerable themselves, there isn't resentment about this demising workforce from those remaining on the ward, just a steady resolve.

The community hospital wards I am on are supposed to be for Covid negative patients but there is already a lady who was discharged from the acute hospitals and developed symptoms after she arrived. She then tests positive and is placed in isolation, but she had contact with two others in a bay when she arrived. People are working hard to make sure they do the right thing, and managers must be working round the clock to try and get PPE, testing kits and up to date guidance out to staff on the ground. There is a lot of discussion about PPE, we have masks, gowns and gloves aplenty but testing kits, biohazard bags and visors are in short supply.

I spot some visors on one of the PPE trolleys that have appeared in the corridors. On the side is a small sticker that says it was made in the design and technology department of a local

school. How thoughtful of them. As the days go by there are other marks of generosity and thoughtfulness by strangers out in the community. Little bottles of hand cream turn up one day and loaves of fresh bread the next. Around Easter, mountains of chocolate eggs appear in the matron's office and are handed out to all the staff. There are several deliveries of headbands with buttons on the side for masks to attach to in order to protect our ears. Each one has been hand made by someone. I choose a blue one with stars on, I'm also grateful because it hides the messy post-partum hair regrowth that sticks vertically up from my head. Hairdressers are closed. Fortunately our nursery is still open for the children, they offered to take on our youngest for the first time when other childcare plans fell through. Many of the nurseries have had to close but ours has stayed open, working very hard to take on key worker children who have been left without childcare. We are hugely grateful to them, because of the pandemic Samuel can't do any settling in sessions so we dropped him and Beth, our 3year old, off on the first day and came back 10hours later, he was fine!

We clap on our doorstep on Thursday evenings for all key workers. Suddenly people emerge from their houses, where they have been doing their best to stay, sacrificing their own freedom to fight the pandemic. I am clapping as much for all people staying at home as for my colleagues. For most of my friends, they stay home, only allowed out once a day to exercise and are trying hard to be patient teachers/parents/playmates to their children. I feel once again, almost guilty, my part time work means I get to go out to work, to see other people, to vary my days and be in the same room as other people but still enjoy some time at home with my family. The weather is beautiful, it's lovely and strange when everything else has come to standstill, to see nature ploughing on with Spring regardless.

On the wards, there continue to be a few small outbreaks of the virus and there's a lot of staff going off sick too. Staff are adapting and digging in. The meaningful activities co-ordinator is one minute helping the patients to make a birthday card for Sir Captain Tom Moore and then next she is helping a patient dying of Covid to FaceTime their family to say goodbye.

One afternoon a new lady arrives on the ward one day, she'd fallen, fractured her hip, had her operation and was coming for rehab. It's a common scenario on the ward. She also had dementia and a host of other co-morbidities. She is shaken by the transfer and wondering tearfully where her family are. I explain where she is and why there aren't any visitors allowed.

'Yes I quite understand that.' she replies. 'But I don't know what I've done wrong.'

'You haven't done anything wrong, you've been through a lot and you're here so we can help you get back on your feet again.'

'But why don't my family want me anymore?' she sobbed.

Her daughter had called almost the moment she arrived on the ward. This is the desperately sad nature of dementia. For this lady, her bewildering journey through the hospital was about to get a little bit worse. She had been on the ward two hours before she spiked a temperature of 38. Now we stick a swab in her mouth and nose and move her to a side room, reducing her contact to necessary care. There is a real risk of delirium for most of the patients who come to the community hospital. Most are elderly and been through some physical trauma, often they have memory problems and have been through several hospital settings already, it can be very disorientating. Add to this, in the pandemic, human contact is reduced, visitors are not allowed and everyone they see is wearing PPE. The thing that is really hard, is patient's not being able to see faces. They can't see if you're smiling and they can't use lip reading to help them figure out what's being said. Thinking about this prompted me to start a small project on our ward, the smiley face project. It involved black and yellow badges with a simple smiley face on. The idea was to pin these to our uniforms as staff in order to communicate kindness

and trust non-verbally to patients with dementia. It worked well, the staff liked it and it seemed to give a morale boost. Some of the patients commented on it, one of them even wanted to wear a badge himself.

One gentleman is transferred to our ward following an admission for pneumonia. In addition to all the other challenges, he has no family, no personal possessions, he isn't even wearing his own clothes. Predictably, with nothing to orientate him, he begins to get agitated and confused. One of the ANPs I work with has written the trust policy on delirium, she is an amazing advocate for environmental and social ways of addressing delirium. I have a bit of time in the afternoon so go to see if I can have a chat with the gentleman, turns out he likes steam trains. So does my Dad, who recommends a magazine he might like. The next day in the morning, I walk in the room, he is banging his chair against the radiator, shouting out that he can't take this anymore, he can't do it. When he sees the magazine, he stops, leans forwards and goes 'oh yes, this the

yardstick for all railway magazines, I get this one at home.' He spends some time happily looking through it. Thanks Dad.

It's time for me to move back to psychiatry and the wards have changed significantly since I left before maternity leave to accommodate a 'hot zone' for new patients and for those pending swabs. It's a new environment to get used to, different in many ways from the community hospital wards. One constant during these weeks however, is the lunches the canteen is giving out. Someone's company somewhere is making a huge contribution to the pandemic by donating tons and tons of food to feed the NHS workforce. On occasion there are even ice creams and it is so very much appreciated.

One of the doctors notices that the patient's enclosed garden, the only place they can go outside is overgrown and unusable. But with all the changes being made in the hospital environments and the reduced numbers of staff, it is not just the clinical teams that are feeling the pressure. The estates team is very busy too. My colleague, another GP trainee, instead decides to give up her weekend to weed and tidy the garden to make it a pleasant and safe place for the patients to use. It makes a huge difference being able to sit outside and breathe fresh air especially in the hot summer.

Next stop and from August onwards I move to start work in paediatric A&E with some ward cover. There are fewer cases of COVID in paediatrics but the pandemic is the back drop to every clinical environment. My favourite part of this job is seeing the babies that come in with jaundice. I like seeing them because they are so adorable but for the mums it's the last place they want to be. I am constantly amazed by these amazing women who have had babies in a pandemic, they have attended appointments alone, often had their partner present only for the birth, then, physically and emotionally exhausted they face parenting a newborn alone in hospital until allowed to go home. Now they are back, on their own again and even more exhausted. I have friends who have had babies during the pandemic, having a newborn can be a lonely experience at the best of times and now they aren't allowed to see anyone to go to groups to make friends and gain support. The mums I see in the hospital get extra tea and biscuits, I'm not sure this is really allowed.

The autumn moves on and the wards start to fill up with children with viral wheeze. Outside the hospital people are soldiering on with social distancing, restricting their freedoms for the sake of everyone and people are getting tired. The initial camaraderie of fighting the virus and 'doing your bit' is ebbing. Parts of the UK are heading into further lockdowns and more restrictions are being put in place. My husband and I used to live in Sheffield and in the last week of October our church organised a festival where people put window decorations up to reflect messages of light, hope and love. It seems to me that we could all do with a bit of this this year. People cannot come into our homes but at least we can spread some positivity from inside our homes out. I set up a project called Loughborough Streets of Light, to do this locally through some of the local churches. We get several hundred households join in and the artwork is beautiful! We find that there are projects springing up across the UK, so many people caught by the idea of spreading hope in a new and creative way.

December arrives and it's time to move to GP land for me. It is a culture shock going to predominantly phone consultations. It's hard to adjust to not being able to read non-verbal communication. But my colleagues have been doing this for months now. The practice I am at has a close knit team feel and I wonder if it was like this before or whether this lovely atmosphere has been born of adversity during this year.

It's wonderful to be in GP land as the vaccines start rolling out. There was such excitement in the team on the first day we went to the care homes and there is a sense of doing something

positive against the tide of gloom which I feel fortunate to be part of. As we get more of the AstraZeneca vaccines we start doing cohorts of people at the practice. Two members of staff's teenage children volunteer their half term holidays to come and help out and they are enthusiastic and capable. One of the couples who attend for their vaccines want to have photos taken so they can post on social media. They

have been running a campaign to increase take up of the vaccine within the BAME community and for them this day is a celebration.

In contrast to this, I have a conversation with a young woman who tells me she is not sure about having the vaccine. She says she's had a test and it was negative so she

doesn't need the vaccine right? If she gets Coronavirus, can she then have the vaccine? And if she refuses the vaccine, will she then be denied medical treatment if she gets the virus? At the same time, I am seeing only lots of jokes and sketches on social media at the expense of those with doubts about the vaccine. So for a quality improvement project, I record a video message with information about the vaccine and answering some common questions, sending it out to our patients to see if it makes them more likely to accept the vaccine. The initial results are interesting but it's a project still underway. I also can't take credit for the set up, filming and editing of the video, my wonderful husband has done this. He is a vicar and now having down almost a year of online church, he has become pretty good at lighting, Teleprompters and all things tech!

By a long way the thing I have found most difficult to contribute to this pandemic, has been homeschooling. My daughter is in reception and through the autumn she had a few bubbles closures and the odd day off waiting for the test results. But the eight weeks of school closures since Christmas doing homeschool three days a week with her lively little brother in the background have been by far the hardest. The children have been phenomenally resilient but the pressure is starting to get to us all.

One Saturday afternoon, we go to Bradgate Park, it's warm and sunny and there are signs of Spring obviously returning once again. The park is full of Leicestershire families getting out and about, seizing the opportunity for some relief from their day to day patterns. I wonder about the collective experience of the last year of those congregated in the park that day. On my journey over the last year through four corners of the NHS and the small corner of society I live in, I have seen a snapshot of the incredible contributions of individuals. Looking now at the crowds of people in Bradgate Park made up of individuals such as those I have been privileged to know, it is staggering to think of the sum total of all that our wider society has given to fight the pandemic. This sunny day in early Spring is a welcome morale boost to me and my family, and I hope it is to others too, giving us all the strength to keep going for the days and weeks ahead.