## Transcript

**CH, SCCT (Sheffield Community Contact Tracers) talking to local communities**

We raised a certain amount of money through individuals, a lot of SCCT people donated, and through the trade unions, because I'm a trade union member and a delegate to the trade union council in Sheffield. And we collected money, and we would go every Tuesday down the market and buy fruit and veg, 40 quid's worth, and off we'd go to our respective centres, and add that to any kind of food stuffs that they were giving out to families that were really being badly hit economically. And, through that, we just built-up enormous kind of levels of trust with people because we were helpful. Just bog-standard helpful. And then people, you know, say, 'well, could you come to this meeting, could you talk about this'. Louise created this wonderful banner saying, 'LET'S TALK COVID' and we started off having stalls in the middle of the winter! In late 2020, in the kind of freezing snow down Spital Hill, near a testing centre, just trying to encourage people just to come and talk to us. You know, and we weren't being judgemental, we understood what people's fears were, quite right. And there was such mixed messages going on from government, and then of course, you know, all the social media and the WhatsApp and all the conspiracy theories that were banging around… So, we had a whole kind of wealth of experience built up that way, so we kind of got used to talking to people.

**AJ, Support of the local community**

There was so much of that you know it was really lovely, actually. I work at Watford and Watford Football Club is right bang next to us, so literally you can walk from the hospital to the football club, that's how close we are, it's a 30 second walk. So, they opened up an area for them, and their kitchens and they did lunch every day for us, but not just, like, canteen lunch, really nice lunches. So that felt like a real, real treat. And then outside of that we had takeaways, I think a lot of trusts had this, takeaways, local takeaways, and local pizza places doing deliveries, so much so that the volunteers, so one of their jobs was distributing this food [laughs] that was being delivered on a daily basis at one point. Easter was slap-bang in the middle of the first wave so there was, like, you know, a lorry load of eggs being delivered and, so, you know, the amount

of good will that was demonstrated to us was amazing, outstanding, yes, absolutely outstanding. It went a long way to make us feel – valued.

**AF, Relationship between scientists and politicians**

I mean, we haven't really got onto policy stuff, but that was the area where it was quite tricky. You know, when science gets close to politics then you've got two different cultures colliding there, you know, one of which holds the power and the other of which has the knowledge. And, of course, we were dealing in COVID with an area where there was high levels of uncertainty and quite a lot of people willing to sort of shout loud about it [with] a sense of certainty, you know, that they really knew what should be done when they didn't. And the politicians, you know, they don't know exactly who they should be listening to and who they shouldn't be listening to necessarily. You know, there are lots of people who've got 'professors' before their names, or academic affiliations and, you know, it can be difficult for them. And, of course, they are balancing up other considerations beyond the ones that drive me as an individual. You know, there are either/or decisions that they are making as well. So, in that area it got a lot more tricky.

**ED, COVID patient crash cart/laundry powder**

Yeah, I can tell you about one that – again this is something that I'll never forget – so we had an elderly lady, she was in her eighties, and she'd come in with suspected COVID. And I saw her in the morning and she was needing a little bit of oxygen, so around 3 or 4 litres of oxygen, and then, in the afternoon, she really rapidly deteriorated. And my F1 at the time was called down to go and see her on the ward. So, he went there and he phoned me immediately, and this was at the time where we were really struggling for PPE, so there were a few face masks scattered around but they weren't the FFP3 masks, they were just surgical masks if you were lucky. We weren't allowed to wear scrubs because the hospital had such a shortage, and they were saving them for people that were working in theatres. So, I was there in my normal clothes and, we were in the room, me and my F1 at the time, and this lady was – she was dying in front of us. And we didn't know what to do to help her, so we put a crash call out for the cardiac arrest team. Whereas normally what would happen is everyone would kind of come straight into the room and really

hands-on and help you out, the cardiac arrest team all stood outside the door, and everyone was too scared to come into the room, so… [pause]. They opened the door to the room, and they literally pushed the cardiac arrest trolley into the room, so me and my F1, and this cardiac arrest trolley were in there, and then they shut the door quickly, and they wanted us to communicate with them via a piece of paper and a pen that I would then hold messages up, and hold them to the door, and then vice-versa they would write messages back so… I was giving instructions like, 'I need drugs, I need some furosemide, I need magnesium, I need some morphine', and I was holding this sign up to the door and people were running and getting the drugs and then coming back and opening the door quickly, pushing it though on the floor, and I was then having to administer things which, normally you would always have a nurse there that would assist you and help, but no one wanted to come into the room, so it was literally just me and my F1 doctor. And the woman was really, really suffering, and I was there kind off holding her hand and she was so breathless, breathing all over me… and she did pass away and… [pause] It was just something that I'd never experienced, and I hope to never experience again, just feeling so out of my depth, and… [pause] I just felt so sorry for this poor lady who had died such a horrible death.

I remember that evening I left work quite late after it, and it was, I think it was the day before we went into lockdown, and my boyfriend had phoned me, saying, 'it sounds like we're about to go into lockdown, you'd better stock up on some food before we get home,' because we didn't have much in the fridge. And there was a supermarket just next door to the hospital, and the shelves were completely empty. There was nothing in there. And what had happened during the day was really playing on my mind and I remember going down the aisle where the laundry products were because I was wearing these clothes that were covered in… this lady had breathed all over me and I could just feel kind of the COVID particles all over me, and all I wanted was some laundry powder to wash my clothes and the shelves were completely empty, there was nothing left. And it was one of those moments, I'll never forget it, I literally stood in the middle of this aisle, probably for about a minute or 2, just staring into space, because I could not believe suddenly what was happening, and something that I'd been so sceptical about, I really did feel – I felt quite stupid of how naïve I'd been to the whole thing. And that was when it really did click in that, actually, COVID is coming, and this is something that we should be scared of because this is going to be bad.

**JdW, Working in an overwhelmed hospital**

Q: *You said that your hospital was overwhelmed. Could you describe why you would use that word?*

I think the word overwhelmed was apposite. So, this is something that made the national press. There was a point where patients who genuinely were candidates for intensive care treatment, who needed intensive care treatment, there was just not enough staff, not enough equipment, not enough space to treat them. And that's where the Trust declared a major internal incident. And this was something that doesn't really get kept secret, and it spilled out into the press and I think it was appropriate at the time that this became national knowledge. There was a hospital in London that just couldn't – because our catchment area was so severely affected by this disease really early on, before something similar happened in other hospitals. I think by that time we realised that something like this might happen, and it was not actually a great surprise when it did in fact happen. This was when we were ankle deep in cases on the wards. The wards were never truly overwhelmed, but the intensive care certainly was. As a system of course we were overwhelmed, in the sense that routine surgery had to be stopped. We were probably not able to deliver optimal care to patients with a non-COVID illness. But they were not coming to us, they were staying at home, as I said, which we found really frightening actually.

**SF, Fear among juniors and consultants**

Medicine is quite hierarchical. I noticed this: some of the hierarchy became less during the pandemic, and I think that was part of the support network. And for the junior staff as well, I remember speaking to them a little while afterwards, and one of them memorably said to me the thing that concerned him the most was seeing the grown ups look scared. And that was interesting, because they were looking to us, they were looking to us for guidance, but they could see the fear in our faces as well and I think they found that really disconcerting because, as I say, medicine is normally so very hierarchical.

**SS, Teaching medicine during COVID**

On a Monday I do 2 hours. On the Tuesday I do an hour and a half. And it's actually quite hard work talking, mainly me, for 2 hours or an hour and a half. I'm pretty knackered by the end of it. I do enjoy it. I do get feedback. The students seem to really enjoy it. I have to say I get good feedback, and as soon as I don't I will stop. These are tomorrow's doctors, and retired folk have something to give. We've got a huge amount of experience. I think it's great to be able to do it and I hope the students say, 'oh well, look, that old boy probably has been around the block a few times. Probably worth listening to.' So, I think on the whole, it's a very, very positive experience. I actually found Zoom okay because I can see all the students on the screen. We're talking about a maximum of nine students. Once I go to PowerPoint, I can see five students to the right hand of my screen, and that's important because I can measure engagement. Recently, UCLH has gone to Teams, Microsoft Teams, and that's pretty awful, because when I go to show slides, I can see one square, so I see one student. And very often, they have a habit of turning their videos off so I'm talking to *a name*, and I have no idea what the other three-four-five-six-seven students are doing. And that I find tough, because I just don't know if they're listening, if they've gone. I don't know what they are *doing*.

Q: *What do your students say about the way in which their learning has changed over the past year?*

Well, it's a tricky question, Lynda, because they know nothing different. Their clinical introduction has been during COVID, and it's quite clear to me that they don't have much confidence, they haven't examined many patients. If I ask a student, 'tell me about a patient you've seen [who's] come to casualty, let's say with a common condition like asthma', there is silence. So, they do grasp that their exposure has been extremely limited, and they therefore focus much more on factual evidence, factual medicine. What they need is the confidence to feel they are competent, and that if they came across a problem or a condition, they would recognise it. So, it's all about building up your bank of experience and there's a great temptation always, I think, that students are desperate to see somebody with a big lump or bump, and until you've looked at 20 normals, you don't appreciate abnormal. And it's that buildup of experience you know, it's something we all go through in every avenue in life, it's *that* that they're missing.

**XHC, Memories of SARS in Singapore**

It was a very odd year, because it was my A-level year and, because my father is a doctor as well, we were told that there was the possibility that he wasn't going to be able to come home to stay with us because there was a virus that was killing medical staff, and he told us that at least one of his colleagues had already died of it. And, around the same time, we were also told that our temperature needed to be taken at school and that's how it all started, we would have to take our temperature with [a thermometer] every day, and I wasn't sure if my dad was going to come home, and because people were dying, so it was quite a different time at school for me, aged, you know, 17/18.

It really brought home to me how, you know, an infectious disease could bring a society to a standstill such that major parts of it, you know, schools stopping, people being separated from one another with a view to preventing spread of that virus, and how quickly it had felled people who were young and fit. I think what was really striking was that people who died from SARS, as opposed to COVID, I suppose, was that they were all young doctors at the peak of their careers and lives, and I think the other thing which it brought home was also how the virus itself travelled to Singapore, where I went to school, from elsewhere and a sense of the inter-connectedness of the world and how quickly a virus could spread and cause such havoc because of that connectedness.

**KT, SCCT (Sheffield Community Contract Tracer) talking with COVID patients**

I think in terms of communication challenges, when someone's on 15 litres of oxygen, it's extremely hard for them to speak to you, because they're essentially gasping for breath or there's a very loud sound of the oxygen tank. Other communication challenges for patients who weren't as unwell but were still obviously very unwell, where people who didn't speak English or very much English, it was extremely difficult sometimes to get hold of an interpreter for them, so sometimes I'd contact trace through family members, and there were times where people would FaceTime their family member and just hold the phone up, and I would kind of talk to them in all my PPE, and that would make it incredibly difficult for them to understand me too, because when you are wearing an FFP3 mask, it's really hard to actually hear. Everything is muffled

and for me it was really muffled as well. So there were challenges with very unwell patients, and those who would then go up to intensive care, who you couldn't really reach, and that was a real worry because you don't know how many people they were in contact with that they could've spread the virus to. My first day on the wards, a patient died in front of me. They went peacefully, and I was with another patient, and I assumed that this patient was asleep. I remember the emergency alarm went off, and another member of staff rushed in whilst I was with another patient. And the patient I was with was my age, and she was very scared at the prospect of being in hospital with COVID and she was requiring oxygen. And it was a real baptism of fire for me because that was my first day on the wards, but thankfully the patient I was with didn't notice, and that's something I felt quite proud of, and I still felt terrible about the patient dying. I remember leaving the ward and telling my colleague Jenny what had happened, and I managed to leave with her, exit the doors of the ward, rush into the changing rooms, and then burst into tears, and tell her what had happened. And it was a real bonding moment as well, I'm still friends with her now. Pregnant patients were another group I spent quite a bit of time with in the maternity hospital. I remember a couple going up to intensive care and unfortunately dying without ever meeting their baby which I think all of the medical team found extremely upsetting. Another memorable moment was a patient inviting me to an Iftar celebration to say thank you for sitting and listening to him and his concerns and worries, which was a really lovely gesture, and I think I got a glimpse of so many people's lives in the most vulnerable time, and it was a real privilege. When you're speaking to somebody, when they are that vulnerable… it's quite difficult to have a conversation just about contact-tracing, because if you say 'oh so who have you been in contact with?' then they'll say 'oh I've seen my elderly mum and I'm really worried about her getting COVID and I don't know what I should do if she does', and I think so much of it was liaising with other people about other concerns, and I think 50% of my time that was sat, contact-tracing, was just having a conversation with someone and chatting, and offering what reassurance I could, within my scope of work and I think that reassurance came from just having a chat with them and giving them that time because a lot of the medical staff, especially you know during delta and omicron, didn't have the time to sit there and have a chat, and you know, even 5 minutes of finding out about someone I think that really helps.