



Gillian Duncan

Personal Data

Our Reference: 202100184339

7 April 2021

Dear Ms Duncan,

Thank you for your email of 18 March to the First Minister, Nicola Sturgeon MSP, regarding your mother and father's passing in a care home last year. I hope you will understand that the First Minister receives a large volume of correspondence and although she would like to, it is not always possible for her to respond personally. I have been asked to respond as I work in the team that has responsibility for the pandemic response in social care in Scotland. We realise this is a particularly difficult time for many families who have lost their loved ones and very much appreciate you taking the time to write to the Scottish Government.

At the outset, I would confirm that the Scottish Government has always placed the upholding of human rights at the heart of its approach and since the start of this pandemic, our priority has been to save people's lives, wherever they live, be that in a care home or at home. In relation to care homes, we have always sought to take firm action to protect care home staff and residents. With the knowledge we have now, there are undoubtedly things we would have done differently, however, at all times our actions have been guided by the available scientific advice at the time. We issued clinical and practice guidance to care homes at the beginning of the pandemic, and as knowledge of the virus has grown over time, the guidance has, and will continue to be developed.

In relation to the guidance, we made sure that our initial focus was on infection prevention and control and the use of testing within care homes. Early advice which suggested that those who did not exhibit symptoms of Covid-19 could not pass on the virus changed as our understanding increased, and this informed our approach to testing within care homes and admissions to care homes. In April 2020, we introduced the policy of requiring any hospital patient to have a negative test for coronavirus before

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being discharged to a care home. As a further safeguard, if the patient had previously been diagnosed with COVID-19, they required two separate negative tests taken at least 24 hours apart. All patients should also have been isolated for 14 days from the onset of symptoms or from the first positive test. Only in exceptional cases, where it is in the a person's best interests, should they have been discharged from hospital to care home without having been tested for coronavirus. In situations like these, the decision is made by doctors and clinical staff, a risk assessment undertaken and the person isolated for 14 days to reduce the risk to other residents.

While the pandemic placed unprecedented pressure on global supply chains for Personal Protective Equipment (PPE), where shortages in supply were identified, we reacted swiftly to establish arrangements to directly source and distribute these supplies to the sector.

We recognise that not being able to see loved ones indoors in care homes has been particularly difficult for both residents and their relatives, especially those with conditions such as Alzheimer's' disease like your mother and father. Where restrictions have been in place, these have always been designed to protect residents who are at highest risk, as well as staff from the virus.

I was sorry to learn of the difficulty you experienced in being able to visit your mother and father towards the end of their lives. Over time, we have continued to develop visiting guidance with input from family members, carers, and clinicians, and to seek to relax restrictions in ways that are most important to residents and their loved ones. As winter approached last year, the guidance was updated to allow greater access to indoor visiting for designated visitors, with appropriate safeguards such as PPE being in place. Throughout the pandemic, we have also been clear that essential, non routine, visits should always be supported and have encouraged care homes to allow this. This should apply in circumstances where it would be beneficial for residents, such as those who have dementia or in end of life situations such as in your parents' case. The guidance is non statutory to enable each care home to determine if and how to facilitate visits based on their individual factors.

As our testing capacity increased, we have also been able to develop on the routine testing of staff in care homes to also include testing of visitors as an additional safeguard to allow visiting.

I was sorry to read of your concerns regarding your mother's care in her final days. The way that patient care was delivered by GP's changed during the pandemic to minimise potential transmission of infection through face to face contact. However, there has always been a recognition of the fact that face to face consultations with a GP are still clinically necessary in some cases, and that they be allowed to continue to enter care settings such as care homes to provide ongoing care and support when required.

With regard to admitting your mother to hospital for treatment, I would confirm that Scottish Government guidance has always made it clear that anyone who would benefit from additional support should receive this. If an individual would benefit from hospital care, including care home residents, and it is in their best interests, then the necessary steps to do so should be taken. In some cases it would not be appropriate for a hospital admission and in those instances additional support may need to be provided within the care home depending on availability of local services.

In terms of provision of oxygen, arrangements were made by NHS National Services Scotland to obtain additional oxygen concentrators to be made available to patients in the community, including

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care homes. If your mother required supportive or palliative care oxygen, this could have been requested and delivered to her care home where required. Health board oxygen leads were in place to ensure that access to additional oxygen supplies could be ordered by other appropriate healthcare professionals working within the community to ensure that oxygen is available when required.

Finally, we recognise that some decisions could have been made differently during the pandemic, and I would confirm that we have long been clear that we will instigate a public inquiry into all aspects of the response to, and impact of, the Covid-19 pandemic, including in care homes. However, we are still in the midst of the pandemic, and setting up an inquiry with the full powers it needs is a complex issue which will inevitably take some time.

Our immediate priority must however be to keep tackling the ongoing pandemic and this includes keeping care home residents and care home staff safe. But we do not need to wait for a public inquiry to learn lessons, we take with the utmost seriousness the duty on government to do all we can to protect people, especially the most vulnerable.

I hope you find this helpful.

Yours sincerely

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Pandemic Response - Adult Social Care

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