

Why we still need to talk about Covid

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Making infrastructure visible

Celebrating the rupture

- spotlighting a
practice that is
widely experienced
as humiliating

pandemic as promise and ‘portal’

Whatever it is, coronavirus has made the mighty kneel and brought the world to a halt like nothing else could. Our minds are still racing back and forth, longing for a return to “normality”, trying to stitch our future to our past and refusing to acknowledge the rupture. But the rupture exists. And in the midst of this terrible despair, it offers us a chance to rethink the doomsday machine we have built for ourselves. Nothing could be worse than a return to normality.

Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.

We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.

- Arundhati Roy 2020

opportunity for a ‘new normal’

“Enacting a new normal”

- Judy Chang et al. 2020

“Ripping up the rulebook”

- Dr Adam Winstock, in conversation with Dr Michael Kelleher, April 2020

“Natural experiment” with potential for “a lot of learning”

- Dr Emily Finch 2020

“Once in a generation” chance to provoke system change

- Brandon Del Pozo & Leo Beletsky 2020

A lack of guidance = experimentation

‘Leeway’, ‘permission’, ‘flexibility’, ‘flux’, ‘immunity’ to practice differently

It was Public Health England and there was nothing [a lack of guidance], because it all had to go through one or two people. So, they had this massive funnel, and there was this logjam of what we could do. So, we really had to make all of our own judgements and all of our own risk assessments. (Manager, N Eng)

I think it gave more flexibility to client care and practitioners had to think outside the box a little bit in terms of how they were delivering interventions and how they were working together. (Commissioner, NE Eng)

Never in a million years would we have been able to just try it and see what happened, you know? But we got an opportunity to see what happened and it taught us a lot about changing the way that services operated in terms of how they dispense medication and to make it in line with where people were actually at, rather than that risk adverse way of almost like keeping people tied to a regime in a pharmacy and pick-up. Yeah, and actually, by relaxing that regime a little bit, people are allowed to move on and get well. (Commissioner NW Eng)

disrupting treatment infra/structure

Risk assessments: 'changed the fulcrum for balanced risk assessment', 'sea change' (Consultant psychiatrist, SE Eng)

'Many patients felt more engaged due to feeling trusted & treated like adults' (key worker, N Eng)

De-institutionalising care: It actually changed the dynamic in the treatment process, so rather than people coming to see clinicians in a clinic, it was **going out to see people where they were**, and that actually built up... [...] **trusting relationships**. (CEO, NI)

Let's take the service to those guys instead of pulling them into clinics that they never turn up to. (Co-production-lead, Wales)

Strict contracting: The vast majority of the changes were about services **stepping up** to take on roles that probably **historically weren't in their contracts** and their service specifications. But because of the circumstances, you couldn't fall back on your contract. (Manager, Scot)

Competitive tendering: If the pandemic has taught us anything, it's that we have responsibility to change that language and dynamic, to **challenge the funding environment**, to **stop making us competitors**, and they may well get more out of this as a collaborative force. (Manager, NI)

care that felt ‘good’

During the pandemic, it didn't matter which organization you sat in almost. If there was a job to be done, somebody would put their hand up to do it, and you'd work out how to resource it later. That did feel good. Money was an issue and we had to consider it, but it was [an approach of], we'll sort out what we need to do and then we'll worry about how we do it [finance it]". (Director of Public Health, NE Eng)

It was really good for the soul, you know, even as a staff member and being part of that and actually feeling that connection. Yeah, everyone was there for the same purpose and everybody was struggling with being locked up in your house. (Commissioner, NE Eng)

It was purely driven for your love of that service user group. (Manager, NI)

In COVID, there was this urgency. Like, "We need to move things forward. We need to work together. We need to find solutions. We need to put everybody's ego to the side and whatever politics come into it, all of that needs to be left at the door, and we just need to move forward. And who is the best person to deliver this?" It was just that there was this sense of collective purpose. (HR lead, Scot)

But what happened? Why is this still important?

a return to normal, or even... 'the pendulum has swung the other way' (manager)

"The system [and its social and economic structures] doesn't want change" (Niamh Eastwood, 2023)

We have had a chance to do things differently and like so many services, not fully taken that on board or been creative. I feel OHID/Home Office have stamped on that creativity even though in 2020 I felt like they said to us 'do it whatever way you think best'. They really do try to control rather than support service provision.
(non-medical prescriber, W Eng)

But also ... the pandemic shows us that collective, anti-competitive, responsive, flexible, specific/individualised modes of care are possible.. and deeply desired!

Call: Keeping hold of this spirit of experimentation and solidarity (care that feels good)