OPUS2

Scottish Covid-19 Inquiry

Day 50

May 17, 2024

Opus 2 - Official Court Reporters

Phone: 020 4518 8448
Email: transcripts@opus2.com
Website: https://www.opus2.com

1 Friday, 17 May 2024
2 (9.45 am)
3 THE CHAIR: Good morning, Mr Dunlop.
4 MR DUNLOP: Good morning, my Lord. The first witness this
5 morning, there's a restriction order in place so we
6 won't be using the witness' name. For your benefit, the
7 witness number is SCI—WT0647—000001.
8 THE CHAIR: Very good. Thank you.
9 WITNESS HSC0163 (called)
10 Questions by MR DUNLOP
11 MR DUNLOP: Good morning, ma'am.
12 A. Good morning.
13 Q. As you'll just have heard, as I was explaining to his
14 Lordship, there's a restriction order in place so we
15 won't be using your name, but if I can also remind you
16 not to use anybody else's names because I appreciate
17 you're going to be talking about your youngest son quite
18 a lot in evidence this morning. A great deal of your
19 evidence concerns him so I'll try and use "youngest son"
20 just to kind of prompt you so that you don't say his
21 name.
22 Now, you've provided us with a statement and we see
23 in paragraph 3 of your statement that —— do you have
24 a copy of that statement in front of you?
25 A. I've got it on a laptop so ——

1 Q. Perfect. We see in paragraph 3 of that statement that
2 you're an unpaid carer for your son who you've raised
3 since he was 15 months old. What age is your youngest
4 son now?
5 A. 29.
6 Q. And are you a full—time unpaid carer for your youngest
7 son?
8 A. Yes.
9 Q. And how long have you been doing that for, the unpaid
10 carer role? Since he was born or —— on a full—time
11 basis I meant, sorry.
12 A. Probably since he was —— probably officially an unpaid
13 carer from 15 months. Up til then I was part—time work
14 because of marital considerations at the time.
15 Q. And during the pandemic, which is the period we're
16 interested in, were you a full—time carer for your
17 youngest son during that period?
18 A. Yes.
19 Q. Okay. And he lives with you; am I correct?
20 A. Yes.
21 Q. And can you tell me, your youngest son's medical
22 conditions immediately before the pandemic, what were
23 those or are those?
24 A. He has Down's syndrome, autism and epilepsy. They were
25 all diagnosed before the pandemic, yeah.

1 Q. And how do those impact on his day—to—day life in terms
2 of looking after himself?
3 A. [Redacted] is totally dependent ——
4 Q. Sorry, I should have said "youngest son".
5 A. Sorry.
6 THE CHAIRMAN: We'll have to have a pause, madam.
7 (9.48 am)
8 (A short break)
9 (9.52 am)
10 THE CHAIR: Right. I think that's us ready again,
11 Mr Dunlop. Can I just say to the witness, don't worry
12 about that. It's the most natural thing to use your
13 son's name. Try not to do it again but you're not to
14 worry about it.
15 A. Sorry.
16 THE CHAIR: Not at all. On you go, Mr Dunlop.
17 MR DUNLOP: I think I've recommended, if you write down
18 "youngest son" on a piece of paper —— I have to do that
19 with people's names as well —— so that may help.
20 A. (Inaudible) I've been told now.
21 Q. Before we had that short break, I think you were
22 explaining what conditions your youngest son had and
23 I think I'd asked did it affect him in kind of aspects
24 of his daily life. So in terms of your youngest son,
25 does your youngest son —— is he able to look after

1 himself?
2 A. No, my youngest son isn't able to look after himself.
3 He has no concept of money, no concept of how to get
4 places. He could probably cross a road but he wouldn't
5 know any of the safety issues around it. He needs help
6 with making choices about food. He needs help with
7 getting to all his places where he enjoys his clubs and
8 different things. So he really —— I've got welfare
9 guardianship for him. He really requires quite a lot of
10 support to do activities.
11 Q. Thank you. You tell us at paragraph 10 of the statement
12 that since the pandemic your youngest son also now
13 suffers from celiac disease, which is a chronic immune
14 disorder. Did the pandemic play any role in contracting
15 that condition?
16 A. No.
17 Q. No. And as you just indicated in your evidence, in
18 paragraph 12 you tell us that your son has required care
19 all of his life and at paragraph 14 you say that he
20 receives little support from Social Work. When you say
21 "little support from Social Work", is that something
22 that's been a feature of the care package throughout or
23 is that something that's related to the pandemic?
24 A. That is a feature throughout, but I think it became much
25 more obvious during the pandemic that there was nowhere

1 to go, nowhere.
2 Q. Well, I'll talk about where he could go, but in terms of
3 I suppose in the domestic home, does your youngest son
4 receive any care packages from Social Work? Do
5 social workers come in during the week to your house and
6 assist your youngest son with anything?
7 A. Social workers will come -- do the minimum, which is
8 I think they have to see you every three years to check
9 your package of care is all right. Apart from that, you
10 have to go through the normal enquiry routes to
11 Social Work departments. You start without -- you don't
12 have a named person or anything like that.
13 Q. I won't dwell on this. If I'm understanding you
14 correctly, what you're saying is there wasn't great deal
15 of Social Work involvement before the pandemic and that
16 remained largely constant throughout the pandemic; is
17 that correct?
18 A. That's correct.
19 Q. Let's not dwell on that then.
20 At paragraph 16 of your statement, you discuss your
21 son's social life prior to the pandemic and you tell us
22 that he attended a club four mornings a week. How many
23 hours was that for in each morning roughly?
24 A. He would go in about -- well, it depended each day. It
25 would probably about five hours. It wasn't just

1 a morning. It kind of went morning to afternoon, so one
2 day he goes in later in the day. But I would think four
3 to five hours a day.
4 Q. And in terms of -- you identify that he was socialising
5 at these clubs. Can you just tell us a little bit about
6 what kind of activities he was undertaking?
7 A. He was doing drama, dance, music, bowling, snooker, lots
8 of cooking activities, day outings, all sorts of
9 different things, but with a group of people who also
10 had learning disabilities.
11 Q. That's what I was going to ask. The people that were --
12 all the attendees of the club, were they -- maybe not
13 all obviously -- to a degree or one degree or another,
14 they had learning difficulties?
15 A. Everybody. Everybody in the particular club that he
16 goes to has a learning disability of some sort.
17 Q. And were the attendees -- you say that your son went to
18 this one four mornings a week. Were there other people
19 that went regularly that he formed relationships with,
20 friendships with?
21 A. Yes. Not outside because we don't really do that much,
22 but within the place, yes. It was their lifeline to be
23 themselves and to be respected and the real good bonds
24 between people.
25 Q. Is consistency of activities and socialising more

1 important to your son given his conditions than it might
2 be to other people?
3 A. Yes, totally.
4 Q. Thank you. And how does that -- you say "totally". You
5 didn't hesitate at all. How does that manifest? How
6 do you know that? How is that demonstrated?
7 A. Well, it's almost if it can be in reverse, to say that
8 without the activities [redacted] becomes quite
9 withdrawn and lost and I would say he's only now
10 beginning to socialise like he did before the --
11 Q. I'm sorry. I think you maybe mentioned your son's name.
12 A. Sorry.
13 Q. Not to worry.
14 THE CHAIR: Not to worry. We'll sort it out.
15 MR DUNLOP: Again, my apologies. I perhaps should have said
16 "youngest son". We'll just take a short break.
17 A. Yeah.
18 (9.58 am)
19 (A short break)
20 (10.02 am)
21 THE CHAIR: Right, Mr Dunlop, I think we're ready to go
22 again.
23 MR DUNLOP: Thank you, my Lord.
24 I think where we were, we were talking about the
25 activities that your youngest son attended and how they

1 were important to him, the consistency of them. Now,
2 you tell us in paragraph 17 that your son also attended
3 a dance group once a week before the pandemic. And in
4 terms of a typical weekend for your youngest son before
5 the pandemic, what would your youngest son have done
6 during the weekend prior to the pandemic?
7 A. Well, Saturday was always a kind of family day, going
8 round and seeing sisters, brothers, mother, different
9 things like that, so it would just be a kind of day and
10 we would probably have a meal out somewhere.
11 Q. Out and about then?
12 A. Out and about absolutely.
13 Q. And you tell us at paragraph 21 that your youngest son
14 received four weeks of respite on a 12-month period and
15 this allowed you to recharge your own batteries. That
16 respite, am I correct, you're talking about that before
17 the pandemic?
18 A. Yes.
19 Q. And at paragraph 22 you tell us about the type of
20 respite holidays that your youngest son enjoyed and the
21 type of activities he undertook. I think --
22 am I correct that respite offered you, you said, an
23 opportunity to recharge your batteries, so was respite
24 important to you?
25 A. Yes, it was the most important thing when I was -- with

1 his package of care, that in order to be able to provide
2 the care [redacted] requires, I needed these --
3 Q. I'm sorry. I think we've slipped up.
4 A. Oh, I did.
5 Q. That's okay. Don't worry about it.
6 A. No, I'm really sorry.
7 THE CHAIR: No, no, nothing to apologise for. Nothing to
8 apologise. It's natural to call your son by his name.
9 A. Yeah.
10 (10.04 am)
11 (A short break)
12 (10.26 am)
13 THE CHAIR: Now, Mr Dunlop, I'm sorry for that delay. We
14 had a power cut out here.
15 MR DUNLOP: Thank you. Good morning again, ma'am. I've got
16 to go through still a few more questions for you.
17 You tell us in your statement from paragraph 28
18 about the impacts of the pandemic on your son, including
19 the activities he enjoyed all stopping suddenly,
20 including the morning clubs that we were talking about
21 earlier this morning. You say at paragraph 30 of your
22 statement that your son thought that you were punishing
23 him. I presume that must have been heartbreaking to
24 hear that, that your son thought that you were punishing
25 him; am I correct?

1 A. Yes, it was. Heartbreaking.
2 Q. You tell us at paragraph 32 that the Indepen-dance
3 sessions -- because you told us that he went to these
4 dance sessions -- went online and that your son joined
5 other activities online, such as bingo. You also tell
6 us that you had an old iPad that didn't work well and
7 that that was really all your son was able to use in
8 order to keep in contact; is that correct?
9 A. Yes. I don't have a smart TV so everything was having
10 to be done on the iPad. Yeah, difficult.
11 Q. You talk about -- in paragraph 37 you tell us that the
12 Government did not provide for the learning disabled or
13 carers. You tell us your views on that. At
14 paragraph 40 you go on to say that the structure was
15 removed from your son's life, and am I correct that,
16 given your son's medical conditions, structure is very
17 important to him?
18 A. Structure is absolutely paramount, particularly with
19 people on the autistic spectrum, yeah.
20 Q. And you tell us at paragraph 42 that communication from
21 Social Work and CrossReach was poor. Again, without
22 naming any names -- I'm asking you just about
23 social work and CrossReach -- what was it about
24 social work and CrossReach that -- what aspect of the
25 communication was poor?

1 A. CrossReach didn't know what they were doing in terms of
2 what they were allowed to do, what Social Work would
3 allow them to do, and they're providing a service with
4 Social Work's blessing. So they didn't -- they couldn't
5 really give me any information and there was no way of
6 getting a social worker to get back to you within maybe
7 four or five days if you tried to contact them.
8 Q. Okay. Thank you. And you tell us at paragraph 43 that,
9 when respite recommenced in August 2021, your son was
10 not permitted to attend as he lived in a different
11 authority. Could I just -- just on a "Yes" or "No"
12 basis, was there any respite in your authority that your
13 son could have gone to?
14 A. It was almost impossible because everybody was asking
15 for respite and everybody was calling the emergency
16 Social Work. So Enable might have been able to offer
17 two days, but the only other option was a care home and
18 that wasn't -- for people in a dementia unit. I don't
19 think that was appropriate for my youngest son.
20 Q. Thank you. You then go on to discuss shielding and you
21 tell us that your youngest son was first told he should
22 be shielding -- he was first told that he should be
23 shielding six months after the start of the pandemic.
24 Am I correct that the reason for your son requiring to
25 shield was that essentially he suffers from

1 Down's syndrome and there was pressure put on the
2 Scottish Government by various Down's syndrome
3 charities; is that correct?
4 A. That's correct.
5 Q. You tell us at paragraph 48 that you spoke to City of
6 Glasgow Council hundreds of times and I think you've
7 explained that it was difficult to get through to
8 Social Work; am I correct? Is that what you --
9 A. Yes. Yes, very difficult, and different -- getting
10 a different person. And I think the people on the end
11 of the phone were getting frustrated because they
12 couldn't do anything either, so it was just not good.
13 Q. Okay. And at paragraphs 57 to 59 you explain to us in
14 your statement that your youngest son got frustrated due
15 to the lack of respite and the failure of people to
16 socially distance when you were out. I take it, is that
17 something -- again, develop the answer if you want but
18 you can answer it "Yes" or "No" -- is that something --
19 did your son not really understand what was happening?
20 A. On one level he understood because he was obsessed with
21 Nicola Sturgeon's conferences every day; on the other
22 hand he wanted to see his friends so didn't maybe
23 understand.
24 Q. And he couldn't do that and that upset him;
25 am I correct?

SCI-TRNSPT-000048_0004

1 A. It really upset him.
2 Q. Okay, and we'll come on to that. I think you discuss
3 that later in your statement. We'll come on to that
4 very shortly. From paragraphs 60 to 73 you discuss the
5 re-opening of services such as respite and the morning
6 classes that your youngest son attended but you tell us
7 that the two-year break had an impact on him. At
8 paragraph 64 you tell us now that he's happy to sit on
9 his own in front of a computer, and that's even when
10 he's away on respite. In terms of -- respite has been
11 open for a period of time. Have you seen an improvement
12 in your youngest son over the past couple of years or
13 is it -- are we now plateau'd in terms of where he is?
14 A. My son was in respite just a week ago and it's the first
15 time that he has participated in activities outwith the
16 building. Similarly I would say just in the last few
17 weeks he's started to go out again from the building at
18 CrossReach. I don't allow any electronic devices to go
19 with him because of the natural isolation of being on
20 one.
21 Q. Can I ask a question? We've obviously been talking
22 about your youngest son. There's other children or
23 adults with learning difficulties that attend these
24 classes. From speaking to other parents, is the
25 experience that you've had with your youngest son -- is

1 that mirrored by other parents? Have they said that
2 their children have become, you know, introverted as
3 a result of the period where they were unable to
4 undertake the activities? Is that something you've
5 heard other people complain about?
6 A. Absolutely, and I think in particular there are some
7 people that have never returned to the dance company at
8 all who were extremely talented. So it's really sad
9 that the break for them gave them an option.
10 Q. Thank you. At paragraph 65 you tell us your son is more
11 clingy now and he's content not to leave the house. You
12 also tell us it's harder to get him out of bed and he'll
13 say he's sick. When he says he's sick, is that not
14 genuine? Is that an attempt to essentially stay in the
15 house?
16 A. Generally it is. I have to go through a whole lot of
17 checks. But on the whole, when my youngest son doesn't
18 fancy doing something, he might tell you two days before
19 that he's going to be sick on the day he's going to do
20 it --
21 Q. Right.
22 A. -- so it's pretty obvious that it's about not wanting to
23 go out.
24 Q. Can I ask you about yourself? You tell us at
25 paragraph 73 -- and I've just got a couple more

1 questions for you -- that you've not fully recovered.
2 So putting your youngest son to one side, in what
3 respects have you not fully recovered?
4 A. I just -- I'm 65, therefore I'm not my first flush of
5 youth and I just -- I'm exhausted still with it. I've
6 been treated for depression and an ADHD diagnosis very
7 recently. My dad died during COVID as well, so we had
8 to have a funeral with 12 people. So all these things
9 have kind of played on my mental health.
10 Q. Do the medical professionals attribute your mental
11 health problems to the pandemic?
12 A. The isolation, yes, definitely, because it's much more
13 difficult -- I find it more difficult myself to go back
14 out into the community now than I used to.
15 Q. Thank you. And, finally, in your statement you provide
16 us with your hopes for the Inquiry. Maybe if I could
17 just summarise those. Firstly, you tell us that carers
18 should be treated as key workers; secondly, you tell us
19 that facilities for the learning disabled should remain
20 open with restrictions; and, thirdly, if I'm summarising
21 them correctly, you say that communication from
22 Social Work Services requires to be better. Is my -- is
23 that a fair summary of what your hopes are?
24 A. Yes, very much so.
25 Q. Thank you. Just before I thank you for your time today,

1 is there anything else you would like to say to the
2 Inquiry? And given we're in the last minute,
3 I encourage you not to use your youngest son's name if
4 possible. But is there anything else you wish to convey
5 to the Inquiry?
6 A. No. It was hard I think to have NHS workers getting
7 discounts at shops who were on salaries and unpaid
8 carers not. It sounds really petty, but it was really
9 upsetting at the time, really upsetting. But apart from
10 that, I apologise for several times using my youngest
11 son's name and making -- sorry.
12 Q. I am fortunate enough to have more than one boy as well
13 and I know how difficult it is when you do have to --
14 you do use names, so certainly as far as I'm
15 concerned -- and I'm sure his Lordship echoes my
16 thoughts -- it's entirely natural and I think his
17 Lordship mentioned that earlier, so there's absolutely
18 no need to apologise.
19 My Lord, unless there's anything further, there's
20 nothing further from me.
21 THE CHAIR: Not at all, Mr Dunlop.
22 And, madam, I echo exactly what Mr Dunlop said. You
23 have no need to be apologising to us for that. Thank
24 you for your evidence. I'm very grateful.
25 A. Thank you, my Lord.

1 THE CHAIR: 11 o'clock, Mr Dunlop.
2 MR DUNLOP: Yes, I hope the witness should be here. The
3 witness is travelling --
4 THE CHAIR: The witness is here.
5 MR DUNLOP: You're more in the know than I am, so, yes,
6 11 o'clock is perfect.
7 THE CHAIR: I have ways of knowing!
8 MR DUNLOP: Perfect. Thank you, my Lord.
9 (10.38 am)
10 (A short break)
11 (11.00 am)
12 THE CHAIR: Good morning again, Mr Dunlop. Good morning,
13 Ms Small.
14 MR DUNLOP: The next witness is Dr Small, my Lord, and just
15 for the benefit of your notes, Dr Small's witness
16 statement is reference SCI-T0475-000001.
17 DR AMY SMALL (called)
18 THE CHAIR: Very good. Thank you. Sorry, Dr Small,
19 I didn't appreciate you were a doctor.
20 Questions by MR DUNLOP
21 MR DUNLOP: Dr Small, can you provide us with your full
22 name, please?
23 A. Amy Small.
24 Q. You've provided us with a statement that I've just read
25 the reference out to his Lordship. In terms of

1 preparing for today, when you've been looking over this
2 statement, have you noticed any typos or errors that you
3 feel you should bring to the attention of the Inquiry?
4 A. There are just three dates that are out by a week from
5 when I got sick.
6 Q. Do you want to tell us where those are, just for the
7 benefit of the recording?
8 A. Unfortunately I didn't write down the paragraphs with me
9 here but I can provide that afterwards.
10 Q. No, that's fine. But it's just dates?
11 A. Yeah.
12 Q. And perhaps -- I wonder if you would look at
13 paragraphs 61 and 62 first.
14 A. Yeah, it's those dates.
15 Q. When you say "it's those dates", can we look at the
16 first date, 17 April 2020? Do you know what date that
17 should be?
18 A. That should be the 10th.
19 Q. By process -- does that mean the one in the next
20 paragraph should be the 11th?
21 A. Yes.
22 Q. And if we look at paragraph 65, we see the 20th, and
23 that should be the ...?
24 A. The 13th.
25 Q. Thank you.

1 A. Minus seven.
2 Q. No, I was trying to do it in my head as well. It's not
3 easy when you're giving evidence or asking questions.
4 Thank you.
5 As I've said, you've provided a statement and we see
6 in paragraph 1 of your statement that you're a qualified
7 general practitioner and also hold the position of
8 clinical adviser to the charity Chest, Heart and Stroke
9 Scotland.
10 A. Yes.
11 Q. Just looking at the overview of your career, in
12 paragraphs 6 to 15 you narrate some of your career
13 history and essentially the route you came to becoming
14 a GP, working in Prestonpans, East Lothian. Is that
15 a fair summary of it, doing it swiftly?
16 A. Yes.
17 Q. Thank you. At paragraph 16 of your statement you say
18 that in November 2020 you could see what was happening
19 in China and what would happen next if it comes to
20 Scotland, and you tell us in 17 that there was no
21 long-term planning in general practice and that, within
22 one weekend, the doors were shut and everything was
23 being done by phone. In terms of planning, are you of
24 the opinion that pre-pandemic planning for a GP
25 practice -- better planning should have taken place and,

1 if so, what do you have in mind?
2 A. I think back to the swine flu pandemic actually and so
3 we'd had some practice in the sense of we'd lived
4 through a little bit of that, but because swine flu
5 never came to fruition, we never had the fall-out
6 I think that we were expecting. There was probably
7 a degree of blasé-ness in the early days of thinking,
8 "Well, hopefully this will never happen. Everyone was
9 very worried about swine flu, so will this happen
10 again?".
11 So what would I want for the future? I think it
12 took us some weeks to gather and a lot of that was just
13 learnt from each other.
14 Q. When you say "each other", fellow GPs in the practice --
15 A. Yeah.
16 Q. -- or in the wider community?
17 A. Together -- within the practice and within the wider
18 community. I set up a WhatsApp group in East Lothian
19 for all my colleagues to join in so we could share
20 things that we'd read or learnt or share any official
21 documents that were coming through. And it did take
22 some time for us to create, for example, the red room.
23 So every GP practice learnt that we were to have one
24 area, a room, where we would see people that potentially
25 had COVID. But I remember doing that then in April and

1 of course we had locked down in March, so that had taken
2 some time for us to get to that point. I think in the
3 future we would know exactly what to do in advance and
4 that had never been discussed.
5 Q. Out of interest -- you talk about the red room and we've
6 heard of that from other witnesses. Did the concept of
7 a red room -- did that mean something to you before the
8 pandemic --
9 A. No.
10 Q. -- or was that something that you became aware -- and
11 how did you become aware of the need, the requirement,
12 to create a red room?
13 A. I think that was through fellow colleagues and WhatsApp
14 groups and things that people had learnt from elsewhere.
15 Q. So is that essentially ad hoc sharing good practice?
16 A. Yes.
17 Q. And you move on to discuss in your statement the
18 difference between Scotland and England in relation to
19 being able to call 111 for medical appointments. Can
20 you tell us a little bit more of what the difference was
21 in England if you wanted to contact your GP and what the
22 difference in Scotland was?
23 A. So, from my recollection, calls to general practice were
24 fielded by 111 in England in those earlier days, which
25 we didn't have access to here. So if you thought you

1 might have COVID or an illness related to it, you phoned
2 111 and then there was a sort of call-handling system
3 that went on from that; whereas in Scotland you phoned
4 the GP.
5 So that first Monday of lockdown was just insane
6 because everyone who had sneezed once, of course,
7 understandably had panicked and thought they had COVID
8 and we were having to field all of those calls in the
9 practice with no additional support. I remember just
10 feeling a little bit aggrieved that we didn't have any
11 additional support -- which it felt like England had
12 that we didn't.
13 Q. In terms of the volume, you know, in the first few days,
14 I mean, can you put that into numbers or is that
15 something you wouldn't know? I appreciate it's not in
16 your statement, so it's not a memory test.
17 A. I cannot recall, but it was huge.
18 Q. You go on to tell us in paragraph 22 that patients were
19 being seen in gazebos in the car park of the practice --
20 sorry, the practice car park. Was that because --
21 I mean, I can appreciate the reasons for having them
22 out, obviously the fresh air -- well, I presume the
23 reason is that air is circulating. It might be
24 suggested by some witnesses that appointments could be
25 replaced by, you know, telephone or remote consultations

1 by iPad. What was the benefit of being able to see the
2 patients in person, albeit in the car park?
3 A. There are some people you just have to examine. You
4 have to check that they can breathe, that their oxygen
5 is okay, that their temperature is okay. And it was not
6 all just COVID as well. You know, people were sick for
7 other reasons. So there are always times when you have
8 to see someone face to face.
9 We did change how we practise medicine in general
10 practice and there is a lot that we discovered we could
11 do over the phone, and that was beneficial to patients
12 as well. Not everyone wants to take the day off to go
13 and see the GP, so there were things that benefitted.
14 But there are simply times you have to examine people to
15 see how sick they are and whether they needed treatment
16 or admission to hospital.
17 Q. Moving on to paragraph 26, you tell us that after a few
18 days at the beginning of the pandemic patients stopped
19 phoning and that patients felt that you really had to be
20 sick to see your doctor. I'm just wondering, in terms
21 of services that were being provided by the practice in
22 terms of antenatal screening for cancers and serious
23 disease, were those taking place in 2020 after the
24 pandemic?
25 A. So I got sick relatively early on so I can't give

1 timelines for everything as I was off, but certainly for
2 the beginning of the pandemic we stopped all screening.
3 All protocols were looked at differently. For example,
4 people who were on a medication called "warfarin" that
5 thins your blood that you might need to take to prevent
6 stroke, we -- where appropriate, we actually switched
7 those patients on to a different medication that didn't
8 need regular monitoring, so they didn't have to go and
9 have regular blood tests which would mean they didn't
10 have to come into contact with healthcare workers.
11 So there was a whole swathe of things that we did
12 differently. We found out what contraceptives actually
13 could be used for longer than their original licences.
14 That was done across medicine in general. Everything
15 was done to try to stop people coming in, to try to
16 protect them and us.
17 Q. Was that being done in an individual GP practice or was
18 that something that was being filtered down from the
19 Royal College or the BMA or ...?
20 A. We got some guidance from National Services Scotland, we
21 got some guidance published by various different bodies,
22 depending on what it was, and some was done through just
23 mutual discussions with colleagues; you know, "What
24 could we do differently? What could we do as individual
25 clinicians to make this better?".

1 THE CHAIR: Can I ask a question? I understand that very
2 clear evidence, if I may say so, Doctor. Could all that
3 have been done in advance and in a centralised fashion
4 as well, is the obvious notion?
5 A. It's a really good question if it could have been done
6 in advance. Of course I suspect all these things could
7 have been done in advance if we'd had appropriate
8 pandemic planning and ——
9 THE CHAIR: That's the point, isn't it?
10 A. Yes. So I think now we've learnt a lot from this and
11 I would hope that for future pandemics —— I also think
12 we brought a lot of what we learnt into our everyday
13 practice, which has revolutionised some of what we do
14 for the better.
15 THE CHAIR: For example, it wouldn't have beyond the wit and
16 wisdom of —— I was going to say "man", but probably
17 "doctors" is a better way of putting it —— but the wit
18 and wisdom of appropriate people to have sat down with
19 a blank sheet of paper and said, "Right, let us assume
20 we're going to have a pneumonic virus, what things could
21 we do of the sort that you've described, that we could
22 have a ready—made plan set to run?", and you could do
23 the same for an enteric virus and so forth and so on; is
24 that correct?
25 A. Yes, and I certainly think that would have taken an

1 awful lot of stress away had we had that planning.
2 THE CHAIR: Yes, no doubt a lot of effort, but it could have
3 been done?
4 A. Yes.
5 THE CHAIR: Yes, thank you. Sorry, Mr Dunlop.
6 MR DUNLOP: No, no, not at all, my Lord.
7 You go on at paragraph 28 to your chapter of
8 evidence on do not attempt CPR and in paragraphs 28
9 to 41 you discuss having to phone patients who were
10 vulnerable to COVID and asking whether they wanted to be
11 resuscitated or not. You tell us in some cases it was
12 not appropriate to do this by phone.
13 The point you make at paragraph 41 is that the
14 decisions made in relation to do not resuscitate were
15 made in the context of COVID at the beginning of the
16 pandemic. Do you know if GPs have since reviewed the
17 wishes of those patients now that there has been
18 a vaccine roll—out and I suppose the threat of catching
19 COVID isn't quite as harsh as it was at the outset of
20 the pandemic?
21 A. I honestly don't know what's officially been done as I'm
22 no longer a partner and I'm not involved in the planning
23 of looking after patients at that level. I certainly
24 would hope that some of these things have been reviewed
25 at a practice level.

1 Q. You said you didn't know what officially had been done,
2 which suggested you may have something that you can
3 offer in terms of —— do you know what's —— do you have
4 a ——
5 A. I mean, if I —— if it was my practice and I'd been
6 a partner somewhere, I probably would have gone back and
7 looked through all the anticipatory care plans that we
8 had written at the time and gone back and reviewed and
9 updated those, but it's a big piece of work.
10 Q. You then go on to discuss protective equipment at
11 paragraphs 42 through to 59. We've heard from witnesses
12 who were carers and I think you echo their evidence at
13 paragraph 45 when you say that it took too long to
14 ensure that carers had access to PPE. You also say it
15 wasn't the right PPE. Why do you say that? What was
16 wrong with it?
17 A. The PPE that we got?
18 Q. Well, the PPE —— I think you deal with carers as well
19 as —— because I think you talk about going out and
20 having seen carers doing house visits. What in
21 particular was it about carers that didn't —— that
22 wasn't satisfactory?
23 A. Well, initially they had no PPE at all. So we were
24 given the surgical masks that were rather large and
25 dinner lady plastic aprons and a visor if we were lucky

1 and gloves for an airborne virus, which was not
2 appropriate for us, let alone carers. So if you are
3 a vulnerable person, potentially on immunosuppressant
4 medication, and you're having four different carers
5 a day come into your house and they're also visiting
6 lots of other houses and they are all either not wearing
7 PPE because they weren't given any for quite some time
8 or they're not wearing the appropriate PPE when they had
9 it, ie at least FFP2, if not FFP3, they were potentially
10 spreading COVID from house to house to vulnerable
11 people, who otherwise wouldn't have had it because they
12 were sitting in their homes on their own.
13 Q. Thank you. You mentioned the rather large surgical
14 masks. I think you deal with that in your statement.
15 You say at paragraph 48 that the masks you were supplied
16 with didn't fit properly and you also mention that
17 people who were exposed to aerosol—generating procedures
18 could get FFP3 masks, but breathing itself, is that ——
19 am I correct that your evidence is that GPs should have
20 been provided with these masks?
21 A. Absolutely. I mean, there was this constant battle
22 that —— Public Health had said that it had to be an
23 aerosol—generating procedure, ie sticking a tube down
24 someone's throat or using an endoscopy or something,
25 that would make someone cough in your —— you know,

1 through this procedure, but merely breathing is an
2 aerosol-generating procedure and so therefore anyone who
3 is coming into contact with someone who is potentially
4 ill should have access to that if you're in a healthcare
5 setting. And still -- you know, months down the line,
6 when I was working in COVID units, I still didn't have
7 access to that and I still wouldn't have access to that
8 now. So I feel, four years down the line, not much has
9 changed there.
10 Q. And you tell us in paragraph 46, just dealing with
11 I think it's masks, you say the local community made
12 personal protective equipment for the doctors in your
13 surgery. Was that masks?
14 A. No, they made the visors.
15 Q. They made the visors. I don't know how to put this, but
16 presumably that didn't offer you the same level of
17 protection as professionally constructed or
18 professionally manufactured PPE?
19 A. So the visors I think that the community made would have
20 been the same as any visors you'd get anywhere.
21 Frankly, they were fine. It's just that visors aren't
22 PPE -- I mean, they're not PPE. They're not protective
23 for this sort of a virus, an airborne virus. So it was
24 fantastic that they did that and it certainly gave us
25 some reassurance, but really we know that what we needed

1 was FFP3 ideally.
2 Q. And dealing with FFP3, you've already told us about
3 creating a WhatsApp group with other GPs in the area in
4 East Lothian and in paragraph 20 you talk about
5 discussing matters with the BMA. Was the issue of the
6 FFP3 masks being raised at a higher level?
7 A. It was continuously raised at a higher level. I raised
8 it personally, others raised it at the BMA and they
9 still continue to raise it. There are still doctors who
10 haven't got access to it in secondary care settings who
11 should. What we've found is that women in particular
12 and Asian women in particular have smaller faces and
13 it's harder for them to get masks that fit. The problem
14 is that each fitting takes half an hour for just two
15 masks and that's the only slot that you get. The
16 hospital where I attended only had seven masks in total
17 and I was told at the beginning, when I tried to get
18 a mask fitted, that it was probably unlikely that they
19 would find one that would fit my face.
20 So this is a problem that a lot of women in
21 particular and smaller women face, and I think other
22 people with facial hair and other issues have also had
23 problems and continue to have those problems. And
24 general practice in particular didn't have access to any
25 of that testing. In some regions I believe -- I believe

1 in Tayside they did do an outreach to primary care,
2 where they could go and get measured in the community
3 and did measure up GPs, but that certainly didn't happen
4 in the Lothian area and probably in the majority of
5 Scotland.
6 Q. When you were giving your evidence there, you
7 mentioned -- you were talking about whether it was
8 primary care or secondary care. Was there a difference
9 in the availability of PPE depending on whether you were
10 in primary care or in secondary care as a doctor?
11 A. In the sense that, if you were in secondary care, (a)
12 you could go and get fitted on site usually, so it was
13 there, you didn't have to travel to it, and (b) more
14 secondary care doctors would have been classed as doing
15 aerosol-generating procedures and therefore would have
16 been eligible at an earlier stage than primary care.
17 Q. Okay. You go on to tell us -- I don't think we can
18 discuss it in detail today -- unfortunately we'll hear
19 about you contracting long COVID, but you lost your job
20 in late 2020 and then you secured locum work in
21 a hospital, and you tell us in paragraphs 51 and 52 that
22 that was the point when you were fitted for a FFP3
23 mask -- is that -- and before then you hadn't had access
24 to those masks?
25 A. No. So I got the job in the COVID assessment unit and

1 there it was standard for us again to wear the surgical
2 masks and the plastic aprons and visors and gloves and
3 we didn't routinely get offered FFP3. I wrote to the
4 team organising that unit and said, "Look, I really want
5 access to FFP3. I'm just recovering. I really don't
6 want to get COVID again". They said, "Oh, well, you
7 could go if you wanted and get fitted", so I had to
8 arrange that in my own time. And, as I said, I did this
9 off my own back on a Wednesday morning.
10 I went for one fitting and the guy looked at me at
11 the beginning and said, "This is going to be tricky".
12 I quickly gave up after one session of that because it
13 took half an hour each time, I was locuming, which was
14 my only income, and it was over half an hour away from
15 where I lived, so every time I was going to go and do
16 that, I was also not having any income. And I was also
17 ill still, so even the effort to get there to do that
18 was taking away from me. So I actually never did get
19 FFP3 fully fitted. I stopped after one session.
20 Q. And had it been fully fitted, would that have been --
21 I don't know -- are you provided with a number of masks
22 that are all fully fitted or are there filters? How
23 does it actually work?
24 A. So my understanding would have been that you would have
25 had one mask per session that you worked and that would

1 have been provided by the hospital, and so that would
2 have only been within that COVID assessment unit
3 setting. I don't know what I would have done then going
4 back into general practice, where I was doing my other
5 locum work, whether I would have had to have provided
6 that myself. So at that stage I just purchased FFP2,
7 which I found was more appropriate than just surgical
8 masks.
9 Q. The question I suppose I was maybe badly putting was:
10 did you need to be fitted every time you got a new FFP3
11 mask?
12 A. No. So once they found -- unless you grew a beard or
13 something, yeah, you could have -- keep the same one.
14 Q. And you move on in your statement at paragraph 60 to
15 talk about long COVID. You identify that you contracted
16 COVID, and at paragraph 60 you say that -- I'll go
17 through the details relatively quickly -- you tell us
18 you were setting up the red room at the GP practice on
19 16 April and you were setting that up with a nurse who
20 had tested positive for COVID the following day; is that
21 correct?
22 A. Yes.
23 Q. Then you tell us that you started to feel poorly, you
24 took a test and the test was negative. In your
25 statement you tell us that two weeks later you were

1 still feeling awful and had a temperature and you went
2 to the Western and tested negative again; is that
3 correct?
4 A. Yes.
5 Q. And you describe a range of symptoms in your statement,
6 including breathlessness, a fever, headaches.
7 Am I correct that you were having all these symptoms and
8 you were off work but you were still testing negative;
9 is that correct?
10 A. Yes.
11 Q. But nobody has ever suggested that you didn't have
12 COVID?
13 A. No. I'm one of the lucky ones. I've been believed all
14 the time by my healthcare professionals. In the earlier
15 days, my belief is that the tests weren't that accurate.
16 My understanding was that there was still a 20% false
17 negative rate and some data that came out at the time
18 said that that was as high as 80% false negative if you
19 didn't have a cough.
20 In the early days, we were only eligible to be
21 swabbed within the first, I believe, 48 hours of the
22 illness and I didn't develop the cough till day 6 and
23 there was only a small window when those tests would
24 remain positive, so I was tested before I had a cough
25 and then two weeks in when I'd had a -- I'd been ill for

1 too long, if you like. So because of all of the rest of
2 my symptoms fitting very much with COVID, I was lucky
3 that I was believed, but many other people with
4 long COVID have had problems proving it.
5 Q. I think, without naming names, your husband also
6 contracted COVID and he was poorly for a lengthy period
7 as well.
8 A. Yes.
9 Q. Was it classified as long COVID by anybody
10 professionally?
11 A. Yes. He also has a long COVID diagnosis.
12 Q. Did he test negative or positive?
13 A. Also negative because he was tested at the same time.
14 In fact even earlier because it was on my day 2 and his
15 day 1 of the illness.
16 Q. Thank you. At paragraph 86 of your statement you
17 mention reading an article in the British Medical
18 Journal, the BMJ, in May 2020 about long COVID.
19 I think -- sorry, to put this into -- I don't think
20 I asked you. When was it that you started to suffer the
21 symptoms? You talked about the red room on 16 April.
22 Was it right at the beginning? Was it in mid-April that
23 you started to feel poorly?
24 A. So we set up the red room on the 9th. The 10th was
25 I think a Bank Holiday Friday and it was the Saturday

1 that I started to feel unwell, and I just didn't get
2 better. So a month in, I was pretty sure there was
3 something going on.
4 Q. And you were off work that full period?
5 A. Yes.
6 Q. And just to put it into context, I think you went back
7 on a phased return, we hear later. When was that?
8 A. So I tried to do two days in June. I was still having
9 fever every day at that point, but I had been reassured
10 by infectious diseases that I wasn't contagious at this
11 point, it was something else causing the fever. So
12 I tried two days, but those two days then made me very
13 unwell and I was in bed for about ten days after that.
14 Q. And turning back the clock a bit, when we look at
15 paragraph 86, you say that you read this article in the
16 BMJ in May 2020 about long COVID. What did you think
17 when you read that article?
18 A. It was a real light-bulb moment for me. I read this and
19 I remember saying to my husband, "Look, it's not just
20 us, there's other people out there with this". It was
21 about that time that stuff started to come on to social
22 media and I looked at Twitter and saw more and more
23 people sort of talking about this phenomenon known as
24 "long COVID" and then we had a doctors' long COVID group
25 that popped up on to Facebook. It was really through

1 peer support that I found out more and more, and from
2 the community of people who'd had ME for a long time,
3 I got a lot of information from them as well.
4 Q. Because I think you deal with -- talking about ME, you
5 deal with that at I think paragraph 91, where you tell
6 us, as you've already indicated, you tried to return to
7 work as a GP in early June. And then at paragraph 98
8 you state that you started to think you had ME and that
9 you saw a nutritionist, an osteopath and read up on your
10 symptoms. We see also in paragraph 107 that you had
11 a full body CT and a heart scan. I mean, over what
12 period were all of these tests?
13 A. So I initially saw infectious diseases in May 2020,
14 where they just did some blood tests and another swab at
15 that point, and they told me that they would contact me
16 in August. And it was then in August that they were
17 shocked that I still had fever and I hadn't been back in
18 touch with them, I was just waiting for them to contact
19 me. So it was then September that I had the echo scan
20 of my heart and the CT scan. I think more of those
21 tests happened then, at that point, because really
22 long COVID is a diagnosis of exclusion, so you need to
23 make sure there's nothing else causing the fever,
24 something like lymphoma or another disease. So that
25 was -- their main thing was to rule out anything else

1 that could be causing my symptoms.
2 Q. And was everything else ruled out?
3 A. Everything else was ruled out. I ended up with this
4 diagnosis of postural orthostatic tachycardic syndrome,
5 which you may or may not have heard about from others
6 with long COVID, but --
7 THE CHAIR: We have heard about that.
8 A. Yeah. So like many with long COVID I ended up with that
9 diagnosis, which I self-diagnosed, but managed to get
10 support after that.
11 MR DUNLOP: And I didn't ask you how you were before the
12 pandemic and before you contracted COVID, then
13 long COVID. Were you a fit, healthy person?
14 A. Yes, we used to run 5K three times a week. We did
15 weekly Pilates together, my husband and I. We did --
16 you know the daily exercise that we were all encouraged
17 to do at the beginning of lockdown, I've got a gazillion
18 selfies of us up various hills in Edinburgh with the
19 children. So, yes, I was fit and healthy.
20 Q. And without jumping forward too much, how are you now?
21 Are you recovered? Do you still have some symptoms?
22 A. I'm very fortunate that I'm well enough to be able to
23 work full-time. I don't know that my body will ever be
24 what it was pre-COVID.
25 Q. You say "well enough". That suggests to me -- maybe I'm

1 reading too much into it -- that you're still suffering
2 some --
3 A. Every time my children get a cold, I get a fever.
4 I become much more unwell with illnesses. I had COVID
5 for the third time in September and I was floored for
6 two weeks and it took me till December to get back on
7 a bike again. That wouldn't have happened pre-COVID.
8 Q. At paragraph 147 you tell us that you're now well enough
9 to work. What are you working as now? Sorry, I should
10 have asked at the beginning.
11 A. So three days a week I'm clinical adviser to Chest,
12 Heart and Stroke Scotland and two days a week I'm
13 a locum GP.
14 Q. And I think -- you were in the East Lothian area.
15 I think are you now down working in England?
16 A. Yes, I now live in Sheffield.
17 Q. You also tell us at paragraph 147 that you've become
18 aware of other doctors who have also become unable to
19 continue working in medicine, full-time at least, due to
20 long COVID. Can you give us an impression of the
21 magnitude of that issue?
22 A. So actually the BMA did a survey back in 2023, last
23 year, which 600 doctors responded to, and of that, one
24 in five doctors reported that they couldn't work,
25 48% experienced a loss of earnings, and I had to

1 crowdfund for a colleague, who is a GP, who was eating
2 out of a food bank. And I found that eating your
3 Christmas dinner out of a food bank was rather
4 depressing and a group of us got together to support
5 her, to help her. And --
6 Q. And the BMA's survey, do you have more details of that
7 or are you able to provide the Inquiry with more
8 details?
9 A. I am. I can definitely provide the report and the
10 journal article that was published alongside that.
11 Q. And you tell us in paragraph 154 that various countries,
12 such as Belgium, Spain and Canada, recognise COVID as an
13 occupational illness. Am I correct that you're
14 advocating that that's something that the UK or Scotland
15 should be doing as well and why?
16 A. So I wrote a motion to the BMA annual representative
17 meeting back in September 2021 calling for long COVID --
18 or for COVID to be recognised as an occupational
19 illness. Doctors in Canada, Spain, Belgium, other
20 key workers, have already not only had it recognised but
21 had compensation. Those that died, those that have been
22 severely disabled as a consequence and unable to work
23 have had that recognised and been compensated
24 accordingly. I'm still really disappointed that we have
25 not come further forward some four years later with

1 that, for a bunch of doctors that got sick at work
2 during the pandemic.
3 In that survey that I mentioned earlier, 77% of
4 people in that survey said that they believe they caught
5 COVID in the workplace and only 11% had access to FFP2
6 and only 16% had access to FFP3. So I think it's
7 absolutely just that this is an occupational illness and
8 that doctors who have been disabled and are unable to
9 make a living are justly recognised and compensated for
10 that. And not just doctors, I mean all health and
11 social care workers and other key workers who have
12 suffered.
13 Q. All persons that have contracted it in the workplace
14 essentially?
15 A. Yeah.
16 Q. Moving on to your own —— and I appreciate there's not
17 a one size fits all —— but you tell us —— you go on to
18 discuss the impact of your diagnosis and treatment. You
19 tell us in paragraph 160 that you asked to be prescribed
20 beta blockers and I think it was a particular type of
21 beta blockers, and you identify in your statement. You
22 say that was very effective in treating your long COVID
23 symptoms. What was it that caused you to conclude ——
24 you were almost —— I don't want to suggest it was
25 a science experiment, but it seems as if you were trying

1 to kind of work out what might help you. How did you go
2 about that?
3 A. So I'd been reading all that time that I was ill about
4 COVID and about long COVID and I'd been hearing more and
5 more about this group of disorders called
6 "dysautonomia", where your temperature control is out,
7 your heart rate is up and your respiratory rate is up,
8 all because that part of your brain isn't functioning
9 properly, and it was becoming evident, as we know now,
10 that COVID is a multi—system disease. Initially we
11 thought it was just a lung disease but we now know it
12 affects every part, including our brain. Because
13 I still had fever in September, every single day —— I'd
14 had fever since April —— I figured I probably fell under
15 this group, and that I'd learnt through social media.
16 I had a difficult meeting with my partners, where
17 I suspected I was going to lose my job, and I had some
18 out—of—date propranolol that I'd been prescribed for
19 when my father was dying and I was anxious about his
20 death at the time, and I thought, "I'm just going to
21 take this to see if I can get through the meeting". And
22 it was at that point that, regardless of what happened
23 in the meeting, I realised I could walk up the stairs
24 without stopping, and I hadn't managed to do that in
25 four or five months. I lived in a double upper and it

1 was always that difficult bit and always the dread of
2 going up the stairs that was the difficulty. And I'd
3 noticed that, when I brushed my teeth, I was standing up
4 and my heart rate was 110 but my resting heart rate was
5 58.
6 Q. Is that because you had a watch that ——
7 A. Yeah. I thought, "That's odd. It shouldn't be 110 just
8 because I'm standing up". And when I walked up the
9 stairs —— so I started to then look at my watch more.
10 So when I walked up the stairs, it was 145, and I was
11 someone who was able to run 5K three times a week prior
12 to this so I knew that this was an abnormal response.
13 So I phoned my GP, who was really supportive, and
14 I just said, "Look, I think I've got POTS and could
15 I try a beta blocker?", and that made all the
16 difference. Within two weeks of starting that I could
17 keep up with my incredibly slow three year old, which
18 was something I hadn't been able to do for a long time.
19 Q. Just without naming names, your husband, who you said
20 also suffered from long COVID, did he benefit from
21 a similar treatment or ...?
22 A. So latterly he certainly —— unfortunately, as we got
23 COVID again in September, he's had a big relapse since
24 then, like many others, and has struggled with that, but
25 he certainly has had a similar diagnosis and has had

1 treatment appropriately to help support him.
2 Q. And you also go on to discuss in your statement that
3 you —— I think you mentioned earlier that you saw
4 a nutritionist. Did you change your diet and did that
5 have an effect?
6 A. So, yeah, in those early days I was very fortunate that
7 I had the means to see these people because (a) it was
8 an expensive venture, not only for the appointments but
9 for all the supplements and food that we bought as
10 a consequence, but one of the most important things
11 I learnt from her was to allow my body to rest,
12 therefore no alcohol, no caffeine, no sugar. That was
13 the biggest difference, was cutting out sugar to stop
14 the body going through these peaks and troughs of stress
15 internally. And then we also cut out dairy and
16 gluten —— I've never been so healthy in my diet —— and
17 we did that for some months. It did make a degree of
18 difference, there certainly was benefit from that, but
19 it didn't cure it.
20 Q. Okay. You talked about having the means to be able to
21 do that. Now, if individuals were suffering from
22 long COVID presently in 2024 —— and I appreciate you're
23 practising in England so it's maybe unfair to ask you
24 this question —— but do you know if nutritional advice
25 and similar would be available to long COVID ...?

1 A. So I certainly -- I mean, in my own practice I talk
2 patients through it and I do say to them that they may
3 consider giving up, you know, the big vices, the
4 caffeine, the sugar, the main things, but I'm also very
5 conscious that the vast majority of people can't afford
6 to do these things. Food is really expensive, eating
7 healthily is really expensive, and I can simply give
8 them a guidance, but many aren't as fortunate as I am.
9 Q. Okay. I'll maybe come on to what treatment is available
10 to people who are suffering from long COVID. You say at
11 paragraph 169 that you've chatted to -- and I hope I'm
12 quoting you correctly -- long COVID doctors, whose
13 patients with long COVID have suffered strokes, MS and
14 breast cancer. I wonder if I could ask, firstly, what
15 is a long COVID doctor?
16 A. So -- that's a good question actually. As yet, in
17 Scotland, we are somewhat behind in our treatment of
18 long COVID and development of long COVID services
19 compared to England. So in England they set up services
20 much more quickly and there are some long COVID services
21 in England who have employed doctors specifically to
22 manage the clinical aspects of long COVID.
23 So the vast majority of long COVID services in
24 Scotland are still rehabilitation services and they
25 don't have a doctor attached to their team who can

1 diagnose and prescribe, so the diagnosis has to be -- is
2 usually made by the GP and then the patient is passed
3 over to that team to help with pacing advice, fatigue
4 management, et cetera.
5 So long COVID doctors are ones who predominantly
6 exist in England and other countries who have developed
7 an expertise through the clinics that they work in or
8 those who have self-interests. So there are doctors, as
9 we know, in Scotland, who have given evidence here, who
10 have developed an interest in long COVID and have
11 prescribed and treated patients well accordingly.
12 Q. Could I maybe just probe you a bit more about the
13 difference in Scotland? You said it was
14 a rehabilitation service only and that there wasn't
15 a qualified doctor, I think is what you said. So what
16 is a rehabilitation service? What is it you can
17 currently get in Scotland if you're suffering from --
18 A. So the funding went down to health board level, so it's
19 dependent on the health board that you're in. There are
20 a couple of health boards that do have doctors that work
21 within them, but the vast majority don't.
22 So the rehabilitation service will be that you will
23 see potentially an occupational therapist, who can help
24 you with your day-to-day tasks; a physiotherapist who
25 can help you, again, with your day-to-day symptoms; you

1 may be lucky enough to see a psychologist, who can
2 manage the mental health fall-out of having a chronic
3 disease; and also other people who can help you with
4 navigating the benefits system, et cetera. But the vast
5 majority of long COVID clinics in Scotland don't have
6 a doctor attached to them.
7 Q. Okay. And in England -- and maybe I'm misunderstanding
8 the position -- can you go to your GP and ask to be
9 referred to a long COVID doctor?
10 A. The vast majority of places, yes, you can. Still you'd
11 be referred to a long COVID clinic --
12 Q. Sorry.
13 A. -- and some of them may or may not have doctors, but
14 more of them have doctors than they do in Scotland.
15 Q. And what would happen in a long COVID clinic if you were
16 referred there? Maybe that all depends on the patient,
17 but is there a particular -- is there a treatment regime
18 or particular tests that they undergo --
19 A. Well, it's an entire postcode lottery.
20 Q. Is it?
21 A. It's an entire postcode lottery, so it really depends on
22 where you live, who you see in the first instance,
23 whether they believe that you have this illness, how
24 much they know about it, and then it will then go on to
25 who you can be referred into and then it will depend on

1 what service is available locally to you.
2 Q. So am I right that, whilst Scotland may -- England is
3 more ahead of Scotland, there's still not a perfect
4 service in England either? Is that fair to say?
5 A. No, there is not, and again the funding is now being
6 rejigged so it's no longer allocated purely to
7 long COVID, and so things are changing in England as
8 well now. I think that's one of the big concerns. It's
9 almost like we're pretending that it's all finished --
10 "Now COVID's finished and no one is testing anymore and
11 therefore it's all going to go away, isn't it?", and
12 that's how it feels.
13 Q. When I originally asked you the questions when we were
14 looking at paragraph 169, you mentioned the long COVID
15 doctors whose patients had suffered strokes, MS and
16 breast cancer. Were those doctors suggesting that there
17 was a causal link to the conditions and long COVID?
18 A. No. I think -- so I think some -- there have been some
19 cases where it's -- you know, these other conditions
20 have been missed. They could have had both, they could
21 have had long COVID and those, but then I think there's
22 other patients who potentially had lymphoma, for
23 example, that produces fever, and someone went, "Oh,
24 well, I can't see anything else that's wrong with you so
25 let's call it 'long COVID'", but actually they've then

1 not been investigated further.
2 I think that is the big concern with long COVID from
3 a clinician perspective, is that the diagnostic criteria
4 is one symptom for 12 weeks or longer, so it's very
5 vague. We don't have a set of symptoms yet that
6 still -- or a diagnostic criteria other than exclusion
7 of other illness yet.
8 Q. In paragraph 173 of your statement you talk about the
9 Scottish Government funding and you seem to be -- maybe
10 you're not -- but it seems to be a criticism of the
11 funding of long COVID. What do you say should be done?
12 A. I mean, look, we've got 180,000 people in Scotland
13 living with long COVID. If we look at -- I mean, I've
14 long now begun to understand that -- I feel our
15 Government doesn't particularly care about people but it
16 certainly cares about economics.
17 If we look at the economic impact of long COVID and
18 the number of people that are off sick, the number of
19 people that are unable to work, the number of people
20 that are claiming benefits, to me it's a no-brainer that
21 we invest upfront to treat these people and provide
22 decent services much earlier on in a patient's
23 experience and illness to make sure that they don't get
24 prolonged illness and disability because there's
25 thousands of disabled people now as a consequence of

1 this, who have not been seen early enough, who have not
2 been treated and who still aren't treated, and it's not
3 acceptable.
4 Q. On that point, you discuss in your statement -- I think
5 it's down at paragraph 177 or 178 -- you talk about
6 a talk that was organised by the Scottish Government in
7 which various medical professionals were dismissive of
8 long COVID. In your opinion -- you've maybe answered
9 this to a certain extent because you've talked about
10 people thinking that it's all over -- but is it
11 a question -- is the medical profession taking
12 long COVID seriously, in your opinion?
13 A. Some are, some aren't. I think it's improving and
14 I think -- and it's a sad state -- a sort of sad fact
15 that it takes a lot of doctors to get sick with
16 something to make people understand and realise that it
17 really is a thing.
18 There are people with ME who call themselves the
19 "missing millions" because they've had that diagnosis,
20 they've been put in a box and they've locked the key and
21 they've thrown the key away, and those people have been
22 for years banging the drum to say, "Listen to us, we're
23 ill", and not very much has been done for them. You've
24 now had a pandemic and, as a consequence, a huge
25 percentage of healthcare workers have got sick and

1 a huge percentage of those people are now turning round
2 going, "Ah, it really is a thing and I didn't really get
3 it before but I get it now".
4 So if one good thing has come from this, it's the
5 fact that maybe actually a lot more people are going to
6 be taken seriously and learnt. But unfortunately there
7 are still those that don't really get it, they don't
8 really believe it. They think that there's probably
9 more psychological aspects that's making us ill than
10 true pathology, and I don't know that we'll ever really
11 change those doctors' minds.
12 Q. I was going to say, where do we need to -- what needs to
13 be changed? At what level does it need to be changed?
14 Is it at the GP level? Is it a higher level? Is it at
15 Government level? Where's the ...?
16 A. I mean, (a) Public Health need to talk more about this.
17 We're not talking about this and we're certainly not
18 talking about it now because now we're not testing -- so
19 now we're not even testing for COVID. As a doctor, I'm
20 now finding it very hard to diagnose long COVID. I can
21 diagnose a post-viral illness but I can't, hand on my
22 heart, for some people say it's COVID because we simply
23 don't know and those patients aren't maybe ready to
24 admit that it was COVID that they had.
25 So, yes, we need to -- right from the top, from

1 Public Health all the way down to medical schools and
2 what we teach about ME -- I never learnt anything about
3 post-viral illness in medical school and I certainly
4 didn't learn about it in my GP training. It's something
5 I learnt from patients and on the job.
6 Q. And what -- do you know what's being done in England
7 essentially to improve -- you said it was a postcode
8 lottery, I think to use your own words. Are there
9 changes in England that Scotland could learn from?
10 A. So they are creating a network for doctors -- not
11 just -- clinicians working with long COVID, a sort of
12 expert network, which is a start, and there's also some
13 discussion about potentially creating almost like
14 a certification for GP surgeries to become
15 COVID-friendly, long-COVID-friendly surgeries, so that
16 GPs could do -- and practices could go through some
17 training and be accredited as a long-COVID-friendly
18 surgery, which hopefully would help raise the profile of
19 the illness and reassure patients that, when they go to
20 that doctors, they will be believed and understood and
21 treated appropriately.
22 THE CHAIR: Can I ask in relation to that last answer,
23 Doctor, who the "they" are in the "they are creating"?
24 Is it health boards, is it the Government, is it the
25 BMA?

1 A. It is a network of doctors that have been working within
2 the Long COVID Clinic network in England, funded by
3 NHS England. I don't know how the funding for this will
4 come through. They are working jointly with the RCGP
5 I believe at some point in the near future to look at
6 this.
7 THE CHAIR: And I take it that -- we have some researchers
8 and so forth -- I take it that, if we have a look, we
9 will be able to find documentation from NHS England and
10 the other bodies that you mentioned in your evidence
11 a few minutes ago that will assist us in looking at this
12 matter?
13 A. Yes. I recently attended a conference in Birmingham
14 where much of this was discussed and certainly can
15 provide the appropriate contacts if needed.
16 THE CHAIR: If you could provide the contacts to --
17 Mr Dunlop will tell you who -- it will certainly save us
18 a lot of work. Thank you very much indeed. You can do
19 that, Mr Dunlop, can you?
20 MR DUNLOP: Yes, absolutely. We'll do that at the end of
21 the evidence, which should only be another ten minutes
22 or so at the most.
23 THE CHAIR: Thank you.
24 MR DUNLOP: You move on to the lessons to be learned in your
25 statement and you have a chapter on that. Maybe if

1 I could just run through some of those relatively
2 quickly and just see if I understand what you're saying
3 correctly. In paragraph 198 you identify that in
4 England and Wales only one parent had to be a key worker
5 to have childcare support whereas in Scotland it was --
6 was it two?
7 A. Yeah, certainly in the first lockdown it was two.
8 Q. And, secondly, am I correct that you're saying it was
9 wrong to tell people to stay at home to protect the NHS
10 and that essentially -- I think this is at
11 paragraph 200 -- you're saying that sick people should
12 have been allowed or encouraged -- I think is almost
13 what you say -- to see a doctor and go to surgery; is
14 that --
15 A. Not just to surgery but to hospital if needed. I mean,
16 the number of people who -- you know, I've talked with
17 colleagues with long COVID who weren't sure they were
18 going to wake up the next day, who wrote goodbye letters
19 to their children, who should have been in hospital. We
20 sat there with oxygen sats probes on our fingers and
21 watched our oxygen plummet into the 80s.
22 Q. You say "we", that was you and your husband?
23 A. Me and my husband. That's not normal, and had I seen
24 them in any -- had I been my patient in any other time
25 and I'd come in to see me, I would have, you know,

1 called an ambulance and said "You need to be in
2 hospital". I think a lot of people became very sick and
3 disabled as a consequence of staying at home to protect
4 the NHS and I think that mantra was wrong.
5 Q. You then go on to say that there needs to be more
6 research and funded treatment of long COVID. I think
7 we've discussed that earlier today. You then go on to
8 say that the medical profession should be careful not to
9 diagnose or label long COVID as ME. You deal with that
10 in paragraph 207. Why do you say that?
11 A. It's more a concern that if we too quickly lump the two
12 together, for those that haven't caught up yet with the
13 pathology and haven't caught up with the latest, that
14 again we are going to fall into the missing millions.
15 So that's not to say that people with ME are any less
16 ill or valued than people with long COVID; it's that
17 I want them to be brought up to us rather than us to be
18 locked away with them.
19 Q. Then you as a general point say that, on a positive
20 note, newer ways of working have been discovered which
21 enable people to free up time, at paragraph 211.
22 You say on a negative note more people, including
23 children, have become carers. I won't dwell on that
24 because we've heard a lot of evidence from carers, but
25 I take it that's something you've seen in your GP

1 practice, or your practice as a doctor, sorry.
2 A. Yeah. I mean, the fall-out of this entire pandemic from
3 the psychological aspects of how children and young
4 people have been affected and the elderly is huge, and
5 I think we will see the ramifications of that for years
6 to come. And I think all the young people looking after
7 their ill parents with long COVID, for example, that is
8 going to go on for decades.
9 Q. You mention further lessons but have I picked up the
10 main ones or is there anything ...? I suppose this is
11 an opportunity, if there's anything -- because I've
12 almost finished my questioning, I was just wondering if
13 there's anything else that you would like to add before
14 I thank you for your time this morning?
15 A. I think it's -- yeah, it's just emphasising the fact
16 that -- the disability caused by long COVID and that we
17 need to recognise that and ensure that that does -- you
18 know, we move forward with that. But I think we have
19 covered all the other points.
20 MR DUNLOP: Okay, thank you.
21 My Lord, I don't have any further questions for
22 Dr Small. I appreciate I'm slightly ahead of time but
23 that's my questioning.
24 THE CHAIR: Thank you, Mr Dunlop.
25 Dr Small, thank you very much. That was very

1 stimulating. I'm very grateful for your evidence.
2 A. Thank you.
3 THE CHAIR: Now, Mr Dunlop, we're not due to start the next
4 witness until 1.30, I don't think. I've no idea on this
5 occasion where the other witness is or whether the
6 witness is likely to be here early.
7 MR DUNLOP: I think the next witness is -- Dr Cunningham is
8 based in the Isle of Lewis. I can certainly make
9 enquiries to see -- I wonder, my Lord --
10 THE CHAIR: I'm perfectly happy -- I'll just adjourn now,
11 but if it's possible to have Dr Cunningham earlier, then
12 I'm perfectly amenable to do that. It's 11.51 now, so
13 any time really from 1 o'clock onwards we could have
14 Dr Cunningham. If you just get my PA to text me, if
15 that's possible to do, I'm happy so to do.
16 MR DUNLOP: Absolutely, my Lord. I'll try to bring
17 everything forward to 1 o'clock. That would make
18 perfect sense.
19 THE CHAIR: Super. I'm very grateful. Thank you very much
20 indeed, everybody.
21 MR DUNLOP: Thank you, my Lord.
22 (11.51 am)
23 (A short break)
24 (1.15 pm)
25

1 DR GAIL CUNNINGHAM (called)
2 THE CHAIR: Good afternoon, Mr Dunlop, and good afternoon,
3 Dr Cunningham.
4 MR DUNLOP: Good afternoon, my Lord.
5 A. Good afternoon.
6 THE CHAIR: Right. Ready to go, Mr Dunlop, when you're
7 ready.
8 MR DUNLOP: Yes, thank you. Just for the benefit of your
9 own records, my Lord, the witness' reference number is
10 SCI-WT0384-000001.
11 Questions by MR DUNLOP
12 MR DUNLOP: Good afternoon, Dr Cunningham. You've provided
13 a statement to the Inquiry. That's correct, isn't it?
14 A. That's correct.
15 Q. Yes, I wonder if you could speak up slightly or
16 hopefully by me saying this the people in the back room
17 may turn up the volume slightly, but you're slightly
18 quiet.
19 Can you provide us with your full name, please?
20 A. Yes, Gail Kathleen Cunningham.
21 Q. Thank you. Am I correct that you live on the Isle of
22 Lewis on the Western Isles?
23 A. That's right.
24 Q. You tell us in paragraphs 5 and 6 of your statement that
25 you're a doctor, a GP, working at a medical practice in

1 Lewis and that you've been practising medicine for about
2 39 years; is that correct?
3 A. That's correct.
4 Q. We also read that you've been a GP on Lewis for the vast
5 majority of your medical career; is that correct?
6 A. Yes.
7 Q. We see at paragraph 8 that you were working as a GP
8 during the pandemic and in paragraph 9 you tell us you
9 were also involved in an organisation --
10 am I correct? -- that's called "Long Term Conditions
11 Hebrides"?
12 A. That's correct.
13 Q. I think that was set up in 2018. Can you tell me, what
14 was the reason for setting that up?
15 A. Because there are many people with long-term conditions
16 that need long-term support that is not available on the
17 NHS, so it was set up by people -- I had been running
18 self-management courses, eight-week-long courses, and
19 many of the people following that felt that they needed
20 longer-term support in self-management.
21 Q. To put it into context, can you give us any particular
22 medical conditions that patients suffered from?
23 A. Yes. I mean, any physical or mental long-term
24 conditions, so from things like anxiety, depression,
25 stress, to arthritis, inflammatory conditions,

1 auto-immune conditions, chronic fatigue.
2 Q. So a combination of both what I might in a layman's
3 terms call "physical ailments" and also mental health
4 problems?
5 A. Absolutely -- and undiagnosed, so people who just have
6 persistent symptoms without a diagnosis are welcome.
7 Q. We see in paragraph 11 that this -- can I call it the
8 "long conditions group"? Can I call it that?
9 A. Yes.
10 Q. We see in paragraph 11 that the long conditions group
11 went online from May 2020 and that the demand increased
12 hugely during the initial stages of the pandemic. What
13 was fuelling that extra demand?
14 A. Mostly mental health. Mostly people feeling very
15 anxious and stressed. And because it's for people with
16 long-term conditions, the additional pressures and
17 stress of the pandemic, often their own conditions were
18 worsening.
19 Q. Okay. As the pandemic progressed, were you starting to
20 find that people were presenting with long COVID
21 symptoms?
22 A. Yes. You know, certainly over the years many of the
23 people within the group have had COVID and a significant
24 number of them have had long COVID symptoms, yes.
25 Q. And maybe this is --

1 A. (overspeaking - inaudible).
2 Q. -- probably a point to jump in. I think regrettably you
3 caught COVID, which developed into long COVID, during
4 the pandemic; is that correct?
5 A. Yes.
6 Q. And when was that approximately?
7 A. I avoided COVID until February 2023, so just over a year
8 ago, (inaudible) since.
9 Q. And my understanding is that long COVID is COVID
10 symptoms that last over 12 weeks. Are your symptoms
11 still continuing to date?
12 A. They are, yes.
13 Q. I suppose, before we come back to your statement, how
14 has that affected your ability to carry out your duty --
15 or how has it affected you in your day-to-day life
16 first?
17 A. You know, certainly I live with long-term conditions so
18 I have a degree of daily symptoms anyway. Since COVID
19 I have more tiredness, you know, greater fatigue. You
20 know, I will generally have to rest every day for
21 several hours. I have breathlessness, I have increased
22 chronic pain --
23 Q. And do you know --
24 A. -- (inaudible) to long COVID.
25 Q. We heard earlier today from a GP in the central belt who

1 contracted long COVID whilst in the course of her
2 employment as a GP. Do you know how you contracted
3 COVID which led --
4 A. I have been working remotely so mine was through
5 community.
6 Q. Thank you. Moving back to your statement, at
7 paragraph 16 you discuss your GP medical practice and
8 that the population in Lewis is more elderly than
9 average. You tell us that during COVID the practice
10 continued to take blood tests and blood pressure tests.
11 If you can move forward to paragraphs 42 and 43, you
12 identify some services, medical services, that stopped.
13 We see -- just correct me if I'm wrong -- it may be
14 easier for me to read them out, but you say at
15 paragraph 42:
16 "Cervical screening stopped I believe. I know that
17 the Breast Screening unit had been here not long before
18 lockdown, but I think I'm right in saying that breast
19 screening also stopped for a while. I think they only
20 returned just this year in 2023."
21 At paragraph 43 you say:
22 "We only had minimal contact for women who needed
23 pregnancy/antenatal care. Most of that is done at the
24 hospital. Patients might come in here for confirmation
25 of pregnancy but that's it really."

1 So the blood tests were continuing but these
2 services were not ongoing --
3 A. The cervical screening stopped for several months at the
4 beginning of the pandemic. My understanding is, in the
5 practice, it restarted by the summer, by July 2020 --
6 restarted doing cervical screening. The breast
7 screening is only done intermittently anyway, so the
8 unit only comes to the island usually every three years.
9 Q. Right.
10 A. It had been, you know, just before the pandemic, so
11 there wasn't a much longer gap than usual.
12 Q. You tell us at paragraphs 39 and 40 that patients with
13 chronic conditions were not being monitored and that
14 some people's health declined because of this. Without
15 naming any individuals, do you have examples of people
16 whose health declined as a result of the failure -- not
17 the failure -- but the inability to monitor the health
18 of those patients?
19 A. So I think what I've said here is:
20 "I think it's fair to say that patients not being
21 monitored during that time [it] would not have helped
22 their condition."
23 You know, so some people's health may have declined.
24 Some of that is through, you know, the monitoring but
25 a lot of that was through lockdown and people not being

1 able to exercise and possibly not sticking to their diet
2 as well. For our chronic disease monitoring, it did
3 stop again for a few months at the beginning of the
4 pandemic. It restarted by telephone in the June of
5 2020. The service was, you know, almost normalised by
6 the summer 2022, when we were offering either
7 face-to-face or telephone review. But it has taken
8 a while for that to get -- for the backlog to be
9 completely cleared and for us to be completely up to
10 date with the chronic disease monitoring.
11 Q. I suppose the point I was trying to make, maybe poorly,
12 was that -- perhaps I was misunderstanding you. You
13 said people's conditions may have worsened. I was just
14 wondering if you knew of any concrete examples of where
15 that had happened.
16 A. No, because of the way that I've been working, you know,
17 latterly, I've been doing mostly mental health work in
18 the practice.
19 Q. Well, I wonder if we can talk about the mental health
20 work that you've been doing. In terms of mental health,
21 did you see an increase in patients presenting with
22 mental health problems at the outset of the pandemic?
23 A. Absolutely, yes, at the outset and throughout.
24 Q. Okay. And was that a range of ages or did there --
25 sorry -- before the pandemic, patients with mental

transcripts@opus2.com
020 4518 8448

1 health problems, were they of a particular age group?
2 A. I mean, we would see people of all ages but it was
3 predominantly middle-aged people. I think once the
4 pandemic came in, you know, within numbers of months we
5 were seeing more and more younger people, and numbers of
6 them were even in their teens, with significant usually
7 anxiety but sometimes depression. The numbers of people
8 with mental health conditions had been increasing slowly
9 pre-pandemic but there was a fairly dramatic increase.
10 Q. And I think you deal with this -- there's a chapter on
11 mental health starting at paragraph 74 in your statement
12 and you say at paragraphs 75 to 77 that there was
13 a shift from middle-aged to younger people who were
14 suffering mental health problems. You mention anxiety.
15 What was the root cause of that anxiety? Was it the
16 inability to get out and about? What in particular was
17 causing the anxiety?
18 A. A huge range of things. So some of it was, you know,
19 people being anxious about the virus itself, often the
20 effect it might have on their health, on their
21 livelihood. But a lot of the youngsters, I think it was
22 the effects of the lockdown, you know, not being able to
23 socialise, you know, people having their schooling
24 disrupted, their university disrupted.
25 Q. Have those conditions -- in those patients that

1 presented -- the younger ones I'm more interested in at
2 the moment -- those younger patients that presented
3 themselves in, I'll say, the first few months of the
4 pandemic, are you still seeing them because of
5 continuing mental health problems or are they still
6 seeing medical practitioners as a result of continuing
7 mental health problems?
8 A. I would imagine that, you know, some of them that
9 engaged during the pandemic will still be under the care
10 of mental health professionals, yes, or the GP.
11 Q. And in terms of -- we've discussed these younger
12 patients having mental health problems caused by
13 lockdown restrictions. What was the availability of
14 mental health medical services and support like in the
15 Isle of Lewis at that time at the beginning of the
16 pandemic?
17 A. You know, we did have services. Most of it was being
18 carried out remotely, so a lot of it was on telephone.
19 My understanding is that they may very well have visited
20 some people and probably increasing numbers of people at
21 home as the -- you know, as things continued.
22 Q. You say most of it was done remotely. Would it have
23 been done remotely before the pandemic?
24 A. No, I don't -- not that I'm aware. I think there may
25 have been times when they would do reviews by telephone,

1 but first contact, my understanding is that usually the
2 community health service see people face -- they used to
3 see people face to face.
4 Q. Is that because it's more effective to assess someone's
5 mental health problems if you are face to face?
6 A. I would say so, yes. It's also easier to build rapport,
7 which is so important.
8 Q. You also tell us that suicidal thoughts among young
9 people was increasing. Again, was that due to COVID?
10 A. You know, it's difficult to say, but it became, you
11 know, really very marked during the pandemic. Prior to
12 the COVID-19 pandemic, I would maybe see somebody who
13 was expressing suicidal ideas once a month whereas
14 during the pandemic that had increased dramatically and
15 sometimes every week somebody was saying that they were
16 feeling suicidal. Often they were young, in their teens
17 or 20s.
18 Q. And did they indicate what was causing them to have this
19 suicidal ideation?
20 A. I mean, usually it's multi-factorial.
21 Q. I'm not trying to speak about any individual patients.
22 I'm just wondering -- obviously this Inquiry is
23 concerned with the impacts of COVID -- I'm wondering
24 whether one of those factors was anything that had
25 anything to do with the lockdown or the restrictions or

1 anything that arose out of the pandemic.
2 A. I'm sure that would be a significant factor for most of
3 these people, yes.
4 Q. And you tell us at paragraph 80 that the waiting list
5 for mental health has increased. Is that
6 a combination -- sorry -- is that due to increased
7 mental health problems or the backlog in the NHS or
8 a combination of both?
9 A. It will be a combination of both, but certainly there is
10 a bigger burden of mental health. You know, my
11 understanding is that in numbers of areas, if not all
12 areas, of the NHS, staffing post pandemic has been even
13 more difficult than it was before. So people -- you
14 know, posts that become vacant not being replaced, not
15 being able to be replaced, or people -- I think people
16 are less resilient, people are tired, the NHS workers.
17 So I think there is greater sick leave in almost every
18 area.
19 Q. Is that -- are you talking about primary and secondary
20 care?
21 A. Certainly primary care. Primary care and community --
22 you know, if we're talking about a mental health team,
23 that's community.
24 Q. Going back to your statement, I suppose going back as we
25 were looking at the chapter on mental health, I think

1 before we looked at that we were back at -- well, if we
2 look at paragraph 27, you tell us about infection
3 control purposes and that the practice had to be
4 changed, and you described various things being done,
5 such as vinyl floors being laid over carpets in areas
6 and the practice being sectioned off. To what extent
7 did those changes enable the practice to -- I don't want
8 to say "operate as normal", but operate as normal as it
9 possibly could given the circumstances of the pandemic?
10 A. Yes, we always remained open. We always remained
11 available for patients who wanted to come in to be seen
12 face to face. But, yes, as I've said in my statement,
13 you know, our practices had to change. You know, we're
14 lucky that we're a relatively small practice so we can
15 be quite quickly adaptable.
16 Q. Okay. You're a small practice, but presumably there's
17 a number of other practices in the general area.
18 Whereabouts in the Isle of Lewis are you based?
19 A. Stornoway.
20 Q. So there will be other GP practices in Stornoway
21 presumably?
22 A. Yes, there are two. There are two practices in -- based
23 in Stornoway that cover, you know, most of the east of
24 the island and there's one more practice that covers
25 rural Lewis, mostly to the west.

1 Q. You tell us at paragraph 32 that the patients were happy
2 with remote contact with their GP and you've already
3 told us in your statement that there was a greater
4 proportion of elderly patients. When there did have to
5 be remote contact, did IT cause any issues given the
6 proportion of elderly patients?
7 A. So remote contact, a lot of the patients were quite
8 happy with telephone contact.
9 Q. Right.
10 A. The Near Me video consultations was much more
11 problematic.
12 Q. In what respects?
13 A. I think just people not used to using the technology,
14 particularly the older generation. And, you know, in
15 general, when I moved to remote working, I had the
16 option of using Near Me but I would tend to rely on
17 telephone consultations.
18 Q. What about the GPs themselves, people like you? Was the
19 GP practice up and -- was it ready to go, digital, so to
20 speak?
21 A. We were lucky in that our lead GP is very IT-literate
22 and he was already using remote means, so our changeover
23 to working remotely was relatively smooth and relatively
24 well supported.
25 Q. Thank you. Moving on to paragraph 33, you tell us the

1 out of hours service continued through the pandemic and,
2 if I'm understanding you correctly, in paragraph 32,
3 going back one, you're saying that -- you're telling us
4 in your statement that patients with -- and correct me
5 if I'm wrong because maybe I've picked this up wrong.
6 Does paragraph 32 -- it suggests to me that patients
7 with symptoms of COVID were sent to an assessment unit
8 at Stornoway Hospital; is that correct?
9 A. Well, initially they would all be coming to the
10 practice. Everybody was coming to the practice.
11 Q. And when you say "initially", just so I can put that
12 into context, what dates are we talking about roughly?
13 A. Roughly the first few months.
14 Q. Right. And after the first few months they were going
15 somewhere else?
16 A. Yes. Public Health set up an acute assessment unit at
17 the hospital so that everybody who had -- was suspected
18 of having COVID was assessed up at the hospital.
19 Q. Is that the hospital for the whole of -- I think I've
20 been over to the island, but the Isle of Lewis and the
21 Isle of Harris, essentially it's one land mass, albeit
22 that they're described as "the Isle of Harris and the
23 Isle of Lewis", so if I talk about that one land mass,
24 was that everyone in Harris and Lewis going to
25 Stornoway?

1 A. Yes.
2 Q. You'll be able to help me better than my recollection,
3 but in terms of distances, what kind of distances were
4 people maybe having to travel? Up to 100 miles or not
5 as much as that?
6 A. 75 anyway from some of the people in the very south of
7 Harris.
8 Q. Is that for everyone, even if they had mild symptoms?
9 A. I mean, there was a team that could be called out, so,
10 you know, people in and around the town area were
11 encouraged to go to the hospital. Others -- you know,
12 particularly if they were ill or -- I'm not involved
13 with on-call, but I would guess that the team would
14 cover people who were in the outlying areas -- you know,
15 the community team that went out to assess would have
16 covered these people in the very outlying areas.
17 Q. Okay, thank you. Just sticking with the difference
18 between I suppose somebody that's requiring treatment in
19 a city centre in the central belt compared to an island
20 like the Isle of Lewis -- I mean, you discuss the
21 differences at paragraph 87 of your statement and you
22 first identify that there were no ICU facilities on the
23 island, although there were ventilators available during
24 the pandemic. Did all hospital patients who needed
25 a ventilator get access to a ventilator? Was there any

1 shortage that you were aware of?
2 A. Not that I was aware of. But, you know, with not being
3 involved with secondary care -- I was never aware of
4 there being any shortage of ventilators. I mean, we do
5 have a small high dependency unit that runs all the time
6 that has the opportunity of three ventilators in it, but
7 I am aware that the health board got further ventilators
8 and adapted a separate area just in case there was extra
9 need.
10 Q. You tell us in paragraph 89 that patients required to be
11 transferred from the island to ICU. How was that --
12 where did they go and how was that done?
13 A. You know, again, that's all secondary care, but it would
14 be through the hospital, in contact with hospitals on
15 the mainland. We usually go to Glasgow, but sometimes,
16 if the ICUs in Glasgow are full, they do go out -- you
17 know, I know they often use Paisley as well.
18 Q. I think you mentioned that in your statement at
19 paragraph 90, patients having to go to Glasgow ICU.
20 During the pandemic, if someone from the island had to
21 go to ICU -- or maybe it's the same before the
22 pandemic -- how would they actually get there? Would it
23 be an ambulance? Would it be lifted by an air
24 ambulance?
25 A. An air ambulance.

1 Q. Sorry?
2 A. Air ambulance.
3 Q. Air ambulance. And those patients that required to go
4 to -- and I'll just say to "Glasgow". Whether it's
5 Glasgow or Paisley I don't think it really matters for
6 the purpose of my question -- how would family
7 members -- would family members be restricted
8 essentially from visiting them at the early stages of
9 the pandemic if they were based on the island, the Isle
10 of Lewis?
11 A. I think there was restrictions everywhere on family
12 visiting. You know, it did make it much more stressful
13 for family members if their, you know, beloved family
14 member with COVID was on the mainland and very ill.
15 Q. You mention at paragraph 92 of your statement that the
16 island generally relies on locum support. Did that
17 place any particular pressures, given the difficulties
18 in bringing people to the island during lockdown?
19 A. I'm sure it made it all even more problematic than it is
20 already. You know, I'm not aware of any critical
21 incidents that occurred from it, but I would -- I think
22 it would be fair to say that it was more challenging to
23 bring locums on --
24 Q. In the next paragraph -- sorry.
25 A. -- in the initial few weeks, but locums were coming and

1 going.
2 Q. And in paragraph 32, in the next paragraph, you state
3 that, as far as you were aware, there were no particular
4 issues with PPE and that there was a decent supply.
5 A. Yes.
6 Q. Can you remember what kind of masks you were supplied
7 with?
8 A. The normal surgical masks, often called the "surgical
9 masks".
10 Q. And in terms of --
11 A. I think doctors were tested for the fancy FFP3s as well.
12 Q. Sorry, it's entirely my fault. I heard you mentioning
13 the masks but you said you were tested for, did you say?
14 A. I think we all got -- I think all the doctors --
15 probably all the clinicians that were likely to be in
16 face-to-face contact with COVID-positive people at the
17 beginning of the pandemic did get FFP3 testing and
18 supply of, you know, those masks, but in general what
19 people were using was just the normal surgical masks.
20 That was the standard.
21 Q. And living on an island, were there any particular
22 difficulties caused by pharmaceutical supplies being
23 delivered as normal?
24 A. I am aware that with the initial vaccines, the ones that
25 had to be frozen or deep-chilled, there was some

1 concern, particularly with taking that down to the
2 Southern Isles because I think there were restrictions
3 in them being able to be flown and, you know, there were
4 concerns. I don't think it -- at the end of the day,
5 I think they managed to work around the concerns and the
6 whole of the vaccination roll-out went very smoothly
7 from what I can gather.
8 Q. Just dealing with the vaccination roll-out going very
9 smoothly, in terms of -- I know just from my own
10 personal experience how it operated in the central belt.
11 In terms of the Isle of Lewis, was there a single
12 vaccination centre or were there a number dotted round
13 the island?
14 A. There were a number.
15 Q. There were a number. And in terms of -- could patients
16 be vaccinated in their home if required?
17 A. Yes.
18 Q. Were you involved in the -- I say "the delivery of" --
19 the administration of the vaccination?
20 A. [Shakes head]
21 Q. Okay. Largely your statement -- notwithstanding
22 obviously the effects of the pandemic, you're relatively
23 positive about how things happened on the island and
24 indeed, in paragraph 95, you talk about the communities
25 rallying round together and each village arranging

1 a WhatsApp group to enable deliveries of groceries and
2 medication. Maybe that -- that probably comes back to
3 my first question. Putting aside the vaccines, were
4 there any issues with ferries that kind of caused
5 difficulty in delivering medical care?
6 A. No, I mean, no more difficulties than we usually have
7 with ferries and the weather. No, I don't think there
8 were any greater difficulty here.
9 Q. Moving on to paragraph 99 of your statement, you tell us
10 that visiting care homes wasn't one of your duties, but
11 do you know if your colleague GPs were still visiting
12 care homes at the early stage of the pandemic?
13 A. In the very early stages they were and then there were
14 other systems put in place where -- it was either
15 specialist nurses or advanced nurse practitioners
16 were -- part of their remit was to cover the care homes
17 and they would then, you know, deal with anything that
18 was within their capability and, if it wasn't, they
19 would liaise with the GPs, rather than different GPs
20 traipsing in and out of the home.
21 Q. And was that to free up the GPs or was that to ensure
22 that there was one person only going in and out?
23 A. Both, but certainly, you know, infection awareness was
24 a big part of that.
25 Q. Just generally, did you notice a discernible change in

1 the level of service provided by GP practices during the
2 pandemic?
3 A. I mean, our practice remained open right through and
4 I think the service was always there. The patients were
5 very mindful of the recommendations and the call rate
6 into the practice plummeted for the first numbers of
7 weeks of the pandemic and it really took several months
8 for the demand to come back up. So often the patients
9 were thinking, "Oh, well, the practice is busy with
10 people that are in greater need than I am".
11 Q. We discussed vaccines earlier and the difficulty --
12 I think it was the Pfizer one that had to be kept at
13 a low temperature. You mention that at paragraph 107,
14 of your recognition. I'm just wondering whether that
15 difficulty to keep -- I think you said it was overcome
16 but correct me if I'm wrong. Did the requirement to
17 keep certain vaccines at a low temperature reduce the
18 choice of vaccines available to people on the island?
19 A. I don't know. I would guess so.
20 Q. Moving on, I suppose, back to long COVID, at
21 paragraph 115 you say you were part of the steering
22 group that "set up the Long COVID Service for here". By
23 "here", you mean the Isle of Lewis, I take it?
24 A. Yes.
25 Q. And who was represented in that steering group; do you

1 remember? What bodies I meant -- sorry -- not
2 individuals' names.
3 A. There was, you know, representation from the hospital
4 sector, the primary care, your -- allied health
5 professionals were part of that, the physios, the OTs.
6 There were, you know, myself as a GP but also
7 representing Long Term Conditions Hebrides. I think
8 Chest, Heart and Stroke Scotland also had representation
9 on it.
10 Q. And what was the purpose of that Long Covid service? I
11 know it was shelved before it ever got anywhere, we know
12 that from your statement, but what was the purpose of it
13 when it was initially to be set up?
14 A. it was set up to do assessment and support for people
15 with Long Covid.
16 Q. And I understand from your statement that it was
17 shelved, I think is the world you used, is that right?
18 Do you know it was shelved?
19 A. No I don't know why so I can't say but it certainly
20 appeared to be up and ready to go
21 Q. Do you think it was the right decision to shelve it?
22 A. No. You know, I think there is still quite a lot of
23 people living and struggling with long COVID as there
24 are people struggling with all sorts of post-viral
25 fatigue syndrome. My hope had always been that, if

1 a long COVID service could be set up, that it could then
2 be widened to include people with other post-viral
3 symptoms.
4 Q. We talked -- when we started speaking, we talked about
5 the long term conditions group, I think. Is it
6 essentially stepping into the gap left by shelving
7 long COVID?
8 A. Yes, certainly many of our members have issues with
9 long COVID and the work that we do certainly helps them
10 manage their symptoms, yes.
11 Q. And are there facilities on the island for people to
12 receive treatment for long COVID or do they usually have
13 to go to the mainland?
14 A. Where I saw the service -- you know, the long COVID
15 service stepping in was for people with the vaguer
16 symptoms. You know, people with more significant
17 symptoms, cardiac symptoms or respiratory symptoms, you
18 know, will continue -- will have been and will continue
19 to be seen by our specialist respiratory physicians or
20 will be referred over to a cardiology specialist on the
21 mainland. But the vaguer symptoms, things like brain
22 fog, fatigue, you know, diffuse chronic pain, they're
23 not managed terribly well with standard services.
24 Q. I think you identify that in your statement. You say at
25 paragraph 117 that your view is that long COVID can

1 essentially be dissected into component parts, some of
2 which are vague, such as brain fog, and it's those more
3 vague symptoms that there's a gap in the treatment
4 options.
5 A. Yes.
6 Q. How, in your opinion, should that be addressed?
7 A. You know, certainly a long COVID service on the island
8 would certainly go some way to addressing it. At the
9 moment it's organisations -- voluntary organisations
10 like Long Term Conditions Hebrides or Chest, Heart and
11 Stroke Scotland. I believe they run a long COVID
12 service as well to support people that are needing
13 support and, you know, tips on self-management.
14 Q. At paragraph 119 of your statement you tell us that
15 overall, I think, you were happy with the strategic
16 decisions that were made by the Scottish Government at
17 the time and that the guidance issued was generally
18 clear, but you go on to make some criticisms after that.
19 I mean, in paragraph 120, you ponder whether lockdown
20 was in everyone's best interests. What do you mean by
21 that?
22 A. Well, I think, as I've said before, that the levels of
23 health issues, particularly mental health issues, that
24 I believe are at least in part due to the prolonged and
25 repeated lockdowns.

1 Q. And that could have been avoided if the lockdowns hadn't
2 been so -- if they hadn't been so severe; is that what
3 you're suggesting?
4 A. What I'm suggesting is I think it all needs to be looked
5 at and, you know, scientifically examined and what were
6 the risks, what were the benefits, you know, what should
7 we do in a future pandemic, you know, what would be to
8 the best of the population.
9 Q. At paragraph 123 you identify that information from the
10 Scottish Government and Public Health Scotland wasn't
11 being updated regularly enough in your opinion and you
12 give examples, one of which is that the symptoms of
13 emerging variants were not updated.
14 You go on to say in paragraph 124 that the UK's
15 ZOE Study was much more up to date than the Government.
16 By the "ZOE Study", what do you mean by that?
17 A. It's a study possibly in Oxford down in England. It had
18 been running for several years before the pandemic and
19 I believe they had several thousand people on
20 a database, and they produced an app fairly early on in
21 the pandemic where these several thousand people could
22 offer in their symptoms. And very quickly I believe it
23 grew and had a whole wealth of data coming in, which was
24 then analysed by the team. I think Dr Tim Spector is
25 the lead for it. And I certainly found that I got more

1 up-to-date information from their videos on YouTube that
2 would give you the percentages of symptoms that you
3 were -- that were happening in their several thousand
4 population and the rates at which they would be
5 occurring in COVID-positive people.
6 Q. Thank you. I think you mentioned the UK ZOE Study in
7 more detail in paragraph 124. Just coming to the end of
8 your evidence, but in paragraph 126 you discuss the
9 remote working carried out at your medical practice.
10 I'm just wondering, has the practice -- and I appreciate
11 you told us that your practice was open for business
12 throughout the pandemic -- but the level of remote,
13 whether that be by telephone or any other form of
14 digital consultation, has that remained the same or has
15 it reduced as we've come out the pandemic?
16 A. Well it's certainly reduced since we've come out the
17 pandemic. You know, pre-pandemic some work was done by
18 phone but most of it was face to face. You know,
19 I would say that we now offer patients the choice
20 because there are many patients that find it preferable
21 to have a telephone consultation or a videolink, you
22 know, so we're now using mixed methods.
23 Q. Okay. And just finally, I suppose, is there anything
24 else -- we're at the end of your statement. Is there
25 anything else you'd like to add or you think I haven't

1 covered in your statement before I thank you for your
2 time today?
3 A. You know, I suppose a couple of things that I'm very
4 interested in is -- you know, are the excess death rates
5 and any research that is going into why we should have
6 excess death rates post pandemic. You know, I guess the
7 other thing that I'm also very interested in is the
8 vaccines and potential -- well, the vaccine injury that
9 we know happens with any vaccine. I think it would be
10 really helpful for us to be very clear about what the
11 risks are and bear that in mind if we are producing any
12 more mRNA vaccines -- you know, just to be very, very
13 clear about the safety profile of the ones that we're
14 using at this time.
15 MR DUNLOP: Thank you, Doctor. I don't have any further
16 questions for you.
17 My Lord, I don't have any further questions for this
18 witness.
19 THE CHAIR: Thank you, Dr Cunningham. Just for your
20 information, the second-last thing you said, excess
21 death rates, I've been wondering about that for a while
22 and only about ten days ago I asked some of our research
23 team to not only dig out statistics but to pry into the
24 statistics to see if we can get to the bottom of that,
25 so it's something that I'll be looking at fairly

1 carefully in the months or possibly years ahead. I hope
2 you think we get the right answers when we get some
3 results on it, but thank you for your evidence. I'm
4 very grateful.
5 A. Thank you very much.
6 MR DUNLOP: Thank you.
7 THE CHAIR: Good. Now, Mr Dunlop, I'm in the happy position
8 of telling you that your next witness is ready for 2.15
9 if you're happy to start at 2.15.
10 MR DUNLOP: Absolutely. It's a Friday so ...
11 THE CHAIR: That's very sensible. Thank you.
12 MR DUNLOP: Thank you, my Lord.
13 THE CHAIR: 2.15.
14 (1.58 pm)
15 (A short break)
16 (2.15 pm)
17 THE CHAIR: Good afternoon again, Mr Dunlop.
18 MR DUNLOP: Good afternoon, my Lord.
19 The last witness today is Mrs Purchase and the
20 witness statement number is SCI-WT0419-000001.
21 MRS FIONA PURCHASE (called)
22 THE CHAIR: Thank you. Good afternoon, Mrs Purchase.
23 A. Good afternoon, Lord Brailsford.
24 THE CHAIR: Very good. Now, when Mr Dunlop is ready, he'll
25 ask you some questions.

1 MR DUNLOP: Thank you, my Lord.
2 Questions by MR DUNLOP
3 MR DUNLOP: Good afternoon, Mrs Purchase. You've provided
4 a statement to the Inquiry; is that correct?
5 A. Yes, it is.
6 Q. And we see that -- is your full name shown in that,
7 Fiona Margaret Purchase?
8 A. Yes, that's right.
9 Q. I think, in preparing for today's hearing, you've
10 noticed a couple of errors in your statement. I wonder
11 if I can take you to what I understand to be the first
12 error. If we look at paragraph 9 --
13 A. Yes.
14 Q. I'm just looking at it on the screen to make sure -- we
15 can see it says -- and Claire Cairns is one of the
16 witnesses to the Inquiry. That's why she's named. As
17 we've explained, we don't normally name individuals.
18 You say:
19 "At some time in 2021 I was approached by
20 Claire Cairns to be part of [the care group as I'm going
21 to call it]."
22 I understand it was -- and please don't say the
23 person's name -- but it wasn't Claire Cairns, it was
24 another individual; is that correct?
25 A. Yes, that's correct. It was another representative of

1 the Coalition of Carers but it wasn't Claire.
2 Q. I think the other error was a date. Can you --
3 A. Yes, that was paragraph 13 and the first meeting that we
4 attended of the Pandemic Response Adult Social Care
5 Group wasn't 28 October 2021, it was actually
6 23 September 2021.
7 Q. 27 September?
8 A. 23 September.
9 Q. Thank you. But other than those two -- I'll call them
10 "typos" -- everything else is in order?
11 A. Yes, that's right.
12 Q. Thank you. I wonder then -- we'll just start -- maybe
13 just go through the statement. I have a few questions
14 for you, but we'll just go through it in the order that
15 it runs.
16 We see at paragraph 1 that prior to retiring you
17 were a senior social worker. When did you retire
18 approximately?
19 A. I retired in August 2020.
20 Q. And without naming him, do you live with your husband?
21 A. Yes, I do.
22 Q. Does anyone else live in your house other than you and
23 your husband?
24 A. Well, at that time --
25 Q. Without naming anyone -- sorry -- just to make ...

1 A. Yeah, at that time it was just ourselves. Yeah, that's
2 right.
3 Q. And when you say "at that time" -- sorry -- maybe just
4 so that we're -- the period we're particularly
5 interested in is just immediately before the pandemic
6 in March 2020 and then from March 2020 through to the
7 end of 2022. During that period, was it just you and
8 your husband in the house or were there any other
9 people?
10 A. Our daughter moved out to protect my husband because she
11 was working and our son moved in, again really to be
12 part of the -- I can't remember what you call it -- that
13 kind of grouping that you were allowed to have.
14 Q. Bubble?
15 A. That's it. It was also for support to us.
16 Q. Dealing with your husband, does your husband suffer from
17 any medical conditions?
18 A. Yeah, my husband has advanced Parkinson's and he was
19 diagnosed almost 30 years ago, so he was young when he
20 was diagnosed. He was just 41. And his condition
21 obviously -- it's progressive, so his condition is very
22 advanced now. It was throughout the pandemic.
23 Q. I suppose that was my question. At the outset of the
24 pandemic, in March 2020, did your husband require
25 a carer?

1 A. Yes, he had a personal assistant. It was just for
2 12 hours a week. And at that time that was enabling me
3 to keep working because she would come in and make sure
4 that he was -- you know, he had his lunch and had some
5 support during the week and, you know, part of that
6 support enabled me. I was still working full-time at
7 that time.
8 Q. You say working full-time. You told us that you retired
9 I think in August 2020; was that correct?
10 A. It was, yeah. I hadn't intended to retire. I took
11 early retirement really because -- well, first of all,
12 I was working from home, really because of my husband's
13 vulnerability, but at the very beginning of the
14 pandemic -- it was that initial week really where
15 everybody knew that the risks were high, but there still
16 hadn't been word to work from home or to lock down or to
17 take precautions. So everybody knew that the risks were
18 high, so I was first of all given a remit to work from
19 home and I was told by my husband's Parkinson's nurse
20 that we should be shielding and we stopped the personal
21 assistant coming in to protect him. Then the following
22 week I was required to go back into the office, but felt
23 but I couldn't safely go back into the office because of
24 the risk, so that was a difficult period for us, as you
25 can imagine.

1 And trying to work from home -- well, I didn't go
2 back into the office, and a few days later everybody was
3 working from home, but that was quite traumatic. And
4 then he had a number of falls because I was trying to
5 work from home in one room and he was trying to manage
6 in another room, so he had some quite serious falls. So
7 really I decided that early retirement was what I had to
8 do at that point.
9 Q. Would you have -- maybe you can't answer this question,
10 but was the early retirement caused by -- indirectly
11 caused by the pandemic insofar as it caused you to have
12 a change of work and it caused there to be less services
13 available to your husband?
14 A. Yeah, I think it -- you know, I would safely say that it
15 was directly caused by the pandemic because it resulted
16 in all of that. It resulted in us having to say to the
17 personal assistant not to come in, having no support,
18 and -- because of all that difficulty about working
19 because of his declining health and the falls that he
20 had. And that was really all as a result of the
21 pandemic. And I hadn't intended to retire early at all
22 because we had -- I work in the local authority, I had
23 the option to reduce my hours and really do -- to start
24 drawing a pension but still working, and that's what
25 I had in mind as my retirement plan and to gradually

1 retire, so -- there was a financial cost to that as
2 well.
3 Q. Of course. And in terms of your evidence before us
4 today, I suppose it's not largely -- it's helpful as
5 a background to know a bit about your husband because
6 that kind of led you, I suppose, into your charitable
7 work with these organisations that we'll talk about this
8 afternoon, and the organisation to be spoken of is
9 Pandemic Response Adult Social Care Group, PRASCG. If
10 you don't mind, I'll just refer to that as "the care
11 group". It's quite a mouthful for me. Please tell us
12 what is the care group? What is it and what does it do?
13 A. Well, it had been meeting before we joined it and my
14 understanding was that it was a follow-on to the
15 Care Home Rapid Action Group. And really my
16 understanding with Pandemic Response Adult Social Care
17 Group -- it trips off my tongue because I've said it so
18 often -- it was a group really to bring together -- it's
19 probably helpful, if you don't mind, if I just refer to
20 the summary about it.
21 It was a successor to the Care Home Rapid Action
22 Group and it was a multi-stakeholder focal point for the
23 work being undertaken to support the effective delivery
24 of adult social care. So it brought together a whole
25 range of people. About I think 60 people were on the

1 invitation list for the group from a wide variety of
2 organisations, COSLA, from the Scottish Government and
3 from the third sector.
4 It was really to share information about risks from
5 the pandemic, risks from the -- preventing the recovery
6 from the pandemic. I thought it was going to be more of
7 a decision-making group, but I think, in my experience,
8 it was more of that awareness-raising, sharing
9 information and raising issues where it was clear that
10 issues needed to be raised, to COSLA, to the Scottish
11 Government or to the Gold Group.
12 And we heard a bit more about the Gold Group as the
13 group progressed and there was a representative from the
14 Gold Group, so the Gold Social Care Group came to that
15 group and presented. So it linked with quite a number
16 of bodies and it brought together a large number of
17 agencies, so it was really a lot about
18 information-sharing and raising the profile of risks as
19 it became more apparent.
20 Q. And I think that's not the only organisation you're
21 involved in. You tell us in your statement that you're
22 involved with the Scottish Coalition of Carers, and
23 maybe you can just tell us briefly what the Coalition of
24 Carers -- we'll maybe refer to it as "the coalition", if
25 you don't mind, but what does it briefly do, can you

1 tell us?
2 A. Oh, it covers Scotland. It's a small organisation but
3 it's very much about raising the issues on behalf of
4 carers, bringing together carers. It links with the
5 Scottish Government. It's a high-profile group and it's
6 an influential group, I found. I became involved in it
7 because I was campaigning about the charging policy for
8 my husband's care -- charging for non-residential social
9 care support and the injustice of that, and I found that
10 the Coalition of Carers was an organisation that was
11 really championing that issue as well.
12 And they had a group called the
13 "Carers' Collaborative Group", which brought together
14 around 12 carers regularly each month to discuss issues
15 and raise issues and campaign. So I became involved
16 with the Carers' Collaborative and it was through that
17 that I was asked to join the Pandemic Response Adult
18 Social Care Group, because the group I think decided to
19 involve unpaid carers in the group to make it more
20 representative. But I think --
21 Q. But they're separate organisations?
22 A. Yeah, separate organisations. Totally separate. But
23 the Coalition of Carers is a member of the Pandemic
24 Response Adult Social Care Group. So I think we were
25 asked about involving -- I think initially it was one

1 unpaid carer and then it was two unpaid carers and then
2 three of us from the Carers' Collaborative were invited
3 to join, and I think that the thinking had been that, if
4 one of us couldn't attend, then there would be two
5 people to attend. But, as it turned out, three of us
6 attended the first meeting and we just kept attending
7 and nobody stopped us. So we had three representatives
8 on the Pandemic Response Adult Social Care Group from
9 the Coalition of Carers.
10 Q. Thank you. And you discuss the care group from
11 paragraph 10 of your statement and you tell us at
12 paragraph 11 that during the pandemic you attended
13 various meetings of the care group. Can you tell us --
14 and I suppose you can name these bodies -- what bodies
15 were represented at the care group meetings?
16 A. Well, it was jointly chaired by COSLA and the
17 Scottish Government, so that tended to alternate. So
18 there would be a COSLA chair and then
19 a Scottish Government chair. There was a big long list
20 of organisations attending. Many -- there was SSSC,
21 Coalition of Carers, Carers Scotland -- oh, I would need
22 to go back through --
23 Q. I can describe them as heavyweights in the carers'
24 decision-making process, Scottish Government, COSLA,
25 Coalition of Carers, Scottish -- I mean, in terms of --

1 what type of issues were discussed at these meetings?
2 You maybe can give us two or three examples.
3 A. Yeah, it was very broad-ranging. It was things like the
4 vaccination strategy. We'd get updates about the
5 vaccination strategy and updates about the latest
6 decisions that the Scottish Government was making about
7 the pandemic response.
8 Q. Can I cut in there? When you say "updates", were there
9 decisions made at these meetings or was it a kind of
10 chit-chat about what was happening or was there actually
11 something that had to be decided at the meetings?
12 A. There were sometimes action points from the group. Very
13 often we'd have a representative from the Gold Group,
14 who would come and present us with quite a lot of stats
15 about things like the vaccination strategy or about
16 COVID rates and what was happening in care homes and
17 that kind of thing, so a lot of information-sharing.
18 But sometimes, from the discussion in the group, there
19 would be an action point; for example, one of the carer
20 representatives was keen to know about the extent to
21 which day centres and community supports were actually
22 opening, because we were hearing -- getting feedback
23 that agreement had been given to, say, day centres
24 opening, but actually the reality on the ground was that
25 very often they either hadn't opened or they'd been

1 re-opened partially or, you know, staffing levels
2 wouldn't allow them to open because staff were being
3 deployed elsewhere.
4 So it was really hard to get information about
5 actually what was -- you know, it sounded fine to say
6 agreement has been given to day centres opening, but
7 then the reality on the ground is that they haven't
8 opened very much. But there wasn't a clarity about the
9 extent to which they'd opened, so an action point had
10 been to try and establish to what extent day centres had
11 opened.
12 Q. Can I use that as an example in a question?
13 A. Yes.
14 Q. So using that example, you're at a meeting which is
15 represented by some heavyweights, Scottish Government,
16 COSLA and other groups we've talked about, and it comes
17 to light during these discussions that these day centres
18 aren't open and the suggestion is that they are. What
19 gets done at the meeting, using that as an example?
20 Does that get fed back so that -- you talked about an
21 action point or an action plan, so does something get
22 done about that?
23 A. Yeah, we found that quite a frustrating issue actually
24 to follow because by the next meeting, where we were
25 expecting to get some feedback about that, there wasn't

1 feedback and actually it seemed very difficult to get
2 that information because it doesn't seem to exist
3 anywhere.
4 In the course of -- I suppose alongside our
5 involvement in the Pandemic Response Adult Social Care
6 Group, we were still attending the Coalition of Carers'
7 collaborative meetings and from -- through that --
8 through those meetings we were offered the opportunity
9 to meet with the Cabinet Secretary at the time. And it
10 wasn't just us three carers who were on the
11 Pandemic Response Group. It was the 12 or so carers
12 from the Carers' Collaborative. So we had the chance to
13 raise that issue as one of the issues that we had with
14 the Cabinet Secretary and he said that he would find
15 out.
16 We found through the Pandemic Response Group, when
17 we didn't have the answer to that and we pursued that
18 further, then we were told, "Well, a number of carers
19 have met with the Cabinet Secretary and he's asked for
20 that information so it will likely come through that
21 route". Eventually we got information back that showed
22 that the day centres, many of them had only partially
23 opened or hadn't opened. But it was really, really
24 difficult to get that information and it just didn't
25 seem to exist anywhere. I think actually the

1 information only came through the discussion with the
2 Cabinet Secretary through the Coalition of Carers rather
3 than us raising it in the Pandemic Response Group, so --
4 Q. And in terms of the information, just dealing with the
5 care group meetings, the information that would be fed
6 back, you were looking generally for information to come
7 back from the Scottish Government and that information
8 wasn't coming back; is that a fair summary?
9 A. Yes, and I think it just didn't exist anywhere either.
10 I think a simple way might have been to ask health and
11 social care partnerships to provide that information,
12 but it just seemed that -- just the questions weren't
13 being asked or the information didn't exist. It seemed
14 to take an inordinately long time.
15 Q. Can I ask, were there minutes of these meetings?
16 A. Yes, there were minutes.
17 Q. Right. And we would be able to presumably -- the
18 Inquiry could get hold of those minutes if required?
19 A. Yes, yes, they'd be --
20 Q. Would you be able to help us with those minutes?
21 A. Yes, they were emailed out to us so I would be able to
22 look back at my emails and get them.
23 Q. We won't dwell on that today but that might be something
24 that the Inquiry staff -- if you would be kind enough to
25 help them with, that might be useful.

1 Looking at paragraph 12 of your statement, you say
2 some of the issues included the vaccination strategy and
3 the winter preparedness strategy and that those were
4 discussed. We also see at paragraph 14 of your
5 statement that unpaid carers was a standing item on the
6 care group agenda at meetings. Why was unpaid carers
7 deemed sufficiently important to be a standing item?
8 A. Well, I think the first meeting we went to, which was
9 23 September, we just got the agenda that day for that
10 meeting and -- I think that there probably wasn't very
11 much of an expectation that we'd be attending that
12 meeting because we'd just been invited to join and then
13 we got the agenda, and it was after that that we met the
14 leads of the Pandemic Response Group to discuss our
15 involvement. So I think we rather -- not so much
16 gatecrashed the meeting but we weren't really expected.
17 But as carers we were pretty vocal I think about the
18 issues that we were experiencing and that we knew other
19 carers were experiencing, so I think that raised the
20 profile of carers' issues within those meetings.
21 And then by the following meeting it was -- well, by
22 the following meeting, what had happened was that --
23 because in the first meeting the winter preparedness
24 strategy was presented, it was in draft form and we were
25 asked for comments. We very quickly, as a threesome of

1 carers, put together comments. We actually -- we gave
2 comments on 23 September, as we were looking at it, but
3 we met on 27 September and we gave quite detailed
4 comments. We met and we discussed it and we put
5 together detailed comments and we got them sent in that
6 day. So that was just four days after the initial
7 meeting.
8 But by the following meeting we found that the
9 winter strategy had gone out and that none of our
10 comments had been included. We felt nothing that we had
11 to say had really influenced that and it made us really
12 very frustrated. We were told there hadn't been time to
13 take into account our comments, so there was to be
14 further discussion -- well, somebody -- a representative
15 of the carers' policy team who is on the Pandemic
16 Response Group wasn't I think there that day, but he was
17 invited to -- you know, it was suggested he would be
18 there by the following meeting and that we could meet
19 with him. So I think that raised the profile of carers'
20 issues and from that it was decided that carers' issues
21 should be a standing item on the Pandemic Response
22 Group.
23 Q. And I think we see that all discussed in your statement.
24 There's comments on the vaccine strategy, there's
25 comments about the winter preparedness strategy and

1 I think there's comments about the winter preparedness
2 plan, and I think the plan and the strategy, are they
3 different? Am I correct?
4 A. Well, I think they were pretty much the same. There was
5 a first draft between -- and then it turned into the
6 kind of strategy plan, but I think they're one and the
7 same.
8 Q. I think, as you identified, the main items in one of the
9 meetings was the draft adult social care winter
10 preparedness plan. It was circulated for comments. The
11 care groups "quickly sent extensive comments, however
12 none of these comments were reflected in the published
13 plan -- we were told that there had been insufficient
14 time". And I think you say that you did it very
15 quickly. Do you think they were just paying lip service
16 to what you were ...?
17 A. Well, that's what it felt like to us at that time, you
18 know. I think, you know, because having had that
19 experience of 36 years in social work in a local
20 authority and in a management position, you know, I was
21 used to contributing to policy documents and so on and
22 having that taken into account.
23 So finding ourselves -- particularly, you know --
24 because we weren't being paid for this. We were there
25 as unpaid carers and everybody else round that table was

1 being paid for their time. We weren't. But we were
2 happy to have the opportunity to be involved, but we
3 devoted quite a lot of time to putting together our
4 thoughts and contributing, so it did feel a bit of
5 a slap in the face really not to have our comments taken
6 into account.
7 But I think that was recognised to an extent and
8 there was then further discussion with the carers'
9 policy team because at that time we were really
10 highlighting the need for a carer recovery plan, and the
11 carers' policy team told us that the Minister for Mental
12 Wellbeing and Social Care at the time had decided to
13 develop a stand-alone carer recovery plan and that we
14 could contribute to that.
15 And one of the suggestions we'd made about winter
16 strategy was that there should be urgently a sum of
17 money -- we were suggesting about 5 million -- given to
18 carer centres to support the urgent needs that so many
19 carers have. At that time -- because, you know, by that
20 time so many carers had -- it was very traumatic for
21 many carers. Also they were providing a lot of care
22 without support and they were in need of urgent support.
23 So we suggested that, a budget of around 5 million. And
24 not long after that actually we were told through the
25 carers' policy team that a decision had been made to

1 allocate £4 million for that support. And actually we
2 were given the credit for that through raising,
3 I suppose, the issue of the need for the support through
4 the Pandemic Response Group. So there was something
5 came out of it, but not something --
6 Q. Yeah, I think we see that in your statement because you
7 deal with that at paragraph 21. You identify that
8 £4 million of funding was made available for urgent
9 support to carer organisations. Just in very brief
10 terms, what was that funding to be used for?
11 A. Well, really it was for carer support centres to have to
12 offer directly to carers with urgent need. The idea
13 was -- well, I'm not sure how it was all delivered in
14 every area, but it went to carer centres, I think
15 largely, and carers could apply for it. And it went out
16 really quickly because I think the thinking was that
17 this money was really needed urgently and that the carer
18 centres were best placed to deliver it urgently, and it
19 was gone very, very quickly.
20 Q. We see again, just looking through your statement, at
21 paragraph 20 you say that the Scottish Government were
22 looking into a carer strategy and you discuss that in
23 paragraph 20. I don't need to dwell on that.
24 We see at paragraph 22 that the Distance Aware
25 Scheme was introduced in January 2022 and you don't have

1 any details of what it is, but I presume that Distance
2 Awareness Scheme -- was that for people to be aware of
3 how close they were to each other? Is that broadly
4 speaking what it was about?
5 A. Well, it was at the time when things were kind of easing
6 up in terms of the protective measures, so people were
7 able to -- there wasn't so much legislation around going
8 out and keeping a distance and wearing masks and so on.
9 But the thinking was to recognise that there were people
10 who were vulnerable, that there could be a lanyard or
11 a badge to say, you know, "Stay 2 metres away from me
12 because I'm vulnerable", and it provoked a lot of anger.
13 I certainly felt angry about it because I felt that what
14 should be happening is that everybody should be taking
15 the measures to keep everybody safe rather than people
16 having to take that kind of personal responsibility and
17 single themselves out as being vulnerable.
18 And in reality nobody -- well practically nobody --
19 knew what this Distance Aware Scheme was. They didn't
20 know what these lanyards meant, the badges were tiny.
21 If you were going to read the badge you'd have to be up
22 close to somebody. And it just felt like that was
23 another token measure to say, "Well, we're taking away
24 the protective measures but here's something that you
25 can use to keep yourself safe", but actually it wasn't

1 going to work in practice.
2 Q. You talk about that and then you move on in your
3 statement to paragraphs 24 and 25, that in February 2022
4 the group raised concerns about the Scottish Government
5 carer strategy. Am I correct that one of the principal
6 concerns was the lack of services not having been
7 re-opened by 2022? Was that right?
8 A. Yeah, well, that was certainly one of the concerns
9 and -- sorry, I'm just --
10 Q. And I think that's what prompted the meeting with
11 Humza Yousaf -- you mention that -- who was the
12 Cabinet Secretary at the time; is that fair to say?
13 I think we've already heard your evidence on that so we
14 don't need to hear it again, but am I correct that that
15 arose out of the carers' strategy?
16 A. The meeting with the Cabinet Secretary, that came about
17 with me through the Coalition of Carers, and some of it
18 was kind of linked -- you know, because we were three
19 unpaid carers from the Coalition of Carers'
20 Collaborative Group who were attending the Pandemic
21 Response Group, we would go back and feed back issues to
22 that Carers' Collaborative Group.
23 There were quite a number of issues. It wasn't just
24 about the lack of opening of services. It was things
25 like the fact that people were still being charged for

1 support even if that support wasn't actually there or
2 people couldn't use the support and people's concerns
3 about -- I won't call them "restrictions" because
4 they're more like protections -- but lots of concerns
5 about protective measures being lifted.
6 I had particular concerns about my husband and his
7 condition because Parkinson's, for some strange reason,
8 wasn't included in the list of high-risk conditions. So
9 people with Parkinson's weren't in the shielding list,
10 they weren't offered the support that people were
11 provided when they were shielding, they weren't given
12 priority for vaccines. Well, Parkinson's UK and
13 Scotland were really saying that people with Parkinson's
14 were clearly at risk, particularly with advanced
15 Parkinson's, because of the respiratory issues, the
16 swallowing difficulties . So that was -- you know, it
17 was a whole range of issues really that we wanted to
18 raise with the Cabinet Secretary.
19 Q. Can I just -- just as a general question because you go
20 on to paragraph 28 to tell us a further meeting was
21 arranged this time with the Deputy Chief Medical
22 Officer, although that was cancelled. Just as a general
23 proposition, without going into details of the
24 particular discussions or the particular meetings,
25 did you feel that the public bodies, whether it be the

1 Chief Medical Officer, whether it be Scottish Government
2 or the local authorities -- did you feel that they were
3 listening to the care group at these meetings?
4 A. I think not enough. There were two meetings with the
5 deputy clinical medical director or officer arranged --
6 well, one was through the Coalition of Carers and that
7 one actually happened. The other one was through the
8 Pandemic Response Adult Social Care Group, and that one
9 didn't happen because we were told that there was too
10 much pressure on diaries and that there was annual
11 leave, which, as you can imagine, didn't go down very
12 well with us unpaid carers, who hadn't had a holiday for
13 a long time.
14 But we put our questions to -- the questions that
15 came from the Pandemic Response Group we put down in
16 writing and we got answers back from -- but the meeting
17 that we had through the Coalition of Carers, we did
18 actually have a meeting and we asked for something back
19 in writing and we did get something back in writing. So
20 I think we were listened to and I think we got answers.
21 But it very often felt as if the answers were just kind
22 of stock answers, they didn't actually change anything.
23 So I think it was once again an experience of raising
24 the issues, saying what we thought but just feeling that
25 it didn't actually change anything.

1 Q. I think the answer to my question maybe lies in your
2 statement itself because, if I understand you correctly,
3 what you're saying in paragraphs 42 and 43 is that one
4 of the group's concerns was that the Scottish Government
5 was more concerned about getting the economy back up and
6 running than the vulnerable members of society. Have
7 I properly narrated your position in those paragraphs?
8 A. Yeah, I think that's just the way it was. One of the
9 questions that we had -- and we asked the clinical
10 medical -- the deputy clinical medical -- I can't
11 remember whether it's director or officer now but ...--
12 was about whether there had been an equality impact
13 assessment, you know, as protective measures have been
14 lifted and it took a while to get an answer to that.
15 But then, in one of the responses that we got back,
16 there was actually a link to the equality impact
17 assessment and I've actually -- just the way that it
18 ended, it says:
19 "Insofar as mitigating actions may not be able to
20 mitigate all of the potential impacts, the
21 Scottish Government currently considers the potential
22 impacts justified [as read]."
23 As I read that equality impact assessment -- and
24 I read it again today -- it was really based on the fact
25 that they were removing many of the requirements for

1 people to take these protective actions but it was on
2 the expectation that there would be a lot of guidance to
3 people to still keep them in place and to recognise that
4 there were really vulnerable people out there and -- you
5 know, and that -- it was based on the expectation that
6 people would, you know, still be wearing masks and --
7 where required and still keeping 2 metres apart.
8 Of course the reality is, once you've removed the
9 requirement, people just went back -- you know, many of
10 them did -- to how things were before and the equality
11 impact assessment was really about vulnerable people
12 taking personal responsibility for keeping themselves
13 safe. Well, people can't -- you know, they can't take
14 personal responsibility for keeping themselves safe
15 because that depends on other people.
16 So to finish off saying that -- you know,
17 recognising that they can't mitigate all of the
18 potential impacts but considering the potential impacts
19 justified -- I think what was really needed was action
20 to protect the most vulnerable and to make sure that the
21 most vulnerable were protected rather than just
22 acknowledging that we can't keep everybody safe, which
23 is the way that reads, but it's justified .
24 Q. Just to summarise what I understand you're saying,
25 you're critical -- one of the other things you're

1 critical of is the time taken by the Scottish Government
2 to progress the carers' strategy. Just as a general
3 proposition, is that -- the time taken, would you say it
4 was too long?
5 A. It was far, far too long because we're really
6 highlighting the need for urgent action and for it to be
7 about carer recovery. We were told first of all that it
8 would be produced by the spring, and the spring came and
9 went, and then we were told it would be by summer,
10 summer came and went, and in the end it was December
11 before it was published and really much -- focussed on
12 recovery in it.
13 Q. Can I ask, what were the consequences of the delay?
14 Were there any negative consequences for carers?
15 A. Yeah. What we were asking for was the carer -- well, we
16 asked that there be a carer recovery plan; we asked that
17 they recognise that carers had been struggling for
18 a long time. You know, carers' mental health had been
19 affected, it had been traumatic, carers' physical health
20 had been affected. Often the conditions of the people
21 we were caring for had been affected and it almost was
22 a lack of support.
23 Before the pandemic there was a lack of support,
24 throughout the pandemic that was worse, and so to have
25 a year go by without any strategy to deal with that and

1 then, when the strategy was published, we'd ask that it
2 be short, sharp -- because the draft strategy that came
3 out was very lengthy, it was very comprehensive, but
4 really it was a summary of what was already happening
5 rather than new actions and how things were going to
6 improve and who was going to monitor that and
7 timescales. So we were saying it needs to be short, it
8 needs to be -- if you're going to have a very
9 comprehensive document, you also need to have something
10 that focuses on carer recovery, "These are the actions
11 that we're taking and these are the timescales and this
12 is how it's going to be monitored and this is how it's
13 going to be funded". And actually what came out was
14 simply a big full comprehensive document that didn't
15 have very many new actions in it.
16 Q. Can I ask you a question that maybe summarises your
17 evidence or summarises what I understand to be your
18 statement? The care group and other groups like the
19 Coalition of Carers, the Scottish Government involved
20 them insofar as they were invited to meetings and so
21 forth, but is it your evidence that generally you were
22 there but you were almost a silent partner in terms of
23 moving things forward; is that essentially what ...?
24 A. Yeah, and I think within the Pandemic Response Group --
25 I think we were heard and I think we were -- you know,

1 we were -- well, we said a lot and I think we were
2 listened to. But actually in terms of --
3 Q. But there's a difference between listening to somebody
4 and acting upon what they're saying. I suppose that's
5 my question. Were they listening to you, were they
6 acting upon what you were saying or were they listening
7 to you and not acting upon what you were saying?
8 A. I think it was something to do with the structure as
9 well. I think the group maybe found it difficult to
10 know how to act on what we were saying because, you
11 know, we had -- it was a complicated structure because
12 we had somebody from the Gold Group coming, and
13 that's -- and presenting, and that discussion seemed to
14 be called the "Silver Social Care Group" -- that seems
15 odd -- but that discussion seemed to be with the
16 Silver Social Care Group. So that provoked discussions
17 and we assumed then that what we were saying, we'd go
18 back to the Gold Group.
19 I had no idea who was on the Gold Group and I've no
20 idea anything that we said or the group said went back
21 to that Gold Group or how that was going to be acted on,
22 so it didn't feel really two-way. It just felt we were
23 having these discussions, we were raising the issues, we
24 were agreeing on the issues and sometimes there were
25 actions that were taken forward, but many of the -- it

1 felt more like an information-sharing group than a group
2 that was able to change anything and, as unpaid carers
3 on that group, we felt even less able to change anything
4 really.
5 Q. So I think to summarise -- we'll come to your closing
6 hopes for the Inquiry -- to summarise, you were there
7 and being listened to but you didn't feel that you were
8 influencing the Scottish Government. They weren't being
9 persuaded or changing things because of what was being
10 said. Is that just a fair way to sum it up?
11 A. I think it is, yeah. I think there's a commitment in
12 Scottish Government, you know, to have a partnership
13 approach and to involve people in these policy
14 developments, but actually I think there's a lot to
15 learn really about how to do that in practice because
16 I think, if you're asking people to give up their
17 time -- and it was a considerable amount of time and we
18 put in a considerable amount of effort into attending
19 these meetings and these groups and contributed a lot --
20 that if you're asking people to do that, then I think,
21 you know, what's said -- what the members of the public
22 who are involved in that way need to have the right to
23 expect is that what they say is going to be prioritised
24 and given importance and acted upon. The fact that the
25 Gold Group didn't have unpaid carer representatives

1 I think says a lot too, you know. It didn't feel as if
2 it was going anywhere. It was like talking in a void.
3 Q. The toothless tiger?
4 THE CHAIR: Would it be fair to say -- if I might interrupt,
5 Mr Dunlop -- that you were listened to, you accept that,
6 but, as you've already said, nothing seemed to come of
7 that? If the persons or the recipients had listened to
8 what you were saying and decided that they didn't agree
9 with what you were saying, for example, you couldn't
10 really have any complaint if they had come back to you
11 subsequently and said, "Well, for reasons A, B and C
12 we're not going to accept what you've said there".
13 I think you'd probably agree that would be a reasonable
14 thing to do. You may not agree with them but it would
15 be reasonable. But what you were doing was you were
16 offering your advice, your experience, the information
17 you had to give them, and they went away, didn't do
18 anything about it and didn't explain to you or tell you
19 why they weren't doing anything about it?
20 A. Yes, that's right. It would have been good to maybe
21 have had minutes of the Gold Group, you know, so we
22 could have seen where our discussions went, to see what
23 was discussed, why maybe things weren't agreed with or
24 couldn't happen, than to have that -- because at least
25 then you would be informed. But it didn't feel like

1 that at all. It just felt like it didn't go anywhere.
2 THE CHAIR: I see that. Your point is a valid one, I would
3 have thought, that that may be particularly important
4 when the people that are offering their advice,
5 information and so forth are unpaid volunteers who are
6 giving up their time -- and one would imagine didn't
7 want to give up their time for nothing -- for the
8 purpose.
9 A. Yeah, it was often really quite challenging for us to be
10 able to -- because outwith the meetings, we were
11 arranging to meet with each other and catch up with each
12 other and putting things down in writing. You know,
13 that all takes time because we, all of us, had
14 substantial caring roles throughout this, so that was
15 all hard. And looking back, you know, I think it was
16 probably worth it on balance, you know, but only just.
17 THE CHAIR: Good. Thank you. Sorry, Mr Dunlop.
18 MR DUNLOP: No, that was very useful, my Lord, and I'm
19 grateful. We have your hopes for the Inquiry and
20 I won't repeat those. Your statement is before the
21 Inquiry. I suppose, just before thanking you for your
22 time, Mrs Purchase, I just wonder if there's anything
23 you would like to tell us that's relevant to the Inquiry
24 that isn't either dealt with in your statement or you
25 haven't dealt with in your oral evidence before us

1 today.
2 A. I don't think there's anything that isn't included in
3 the evidence, you know. I just -- it's good that the
4 Inquiry is happening and I hope that there are lessons
5 learned because it was very traumatic for so many
6 people. And I think really the way forward would be to
7 make sure that, when discussions are happening, that
8 people who are going to be most affected by these
9 discussions are involved at every level, including at
10 the highest level, because it does feel still as if at
11 the highest level -- I don't really know who was
12 involved in those really high-level meetings, but there
13 should be a transparency around that and it should be
14 a partnership approach all the way up and all the way
15 down.
16 MR DUNLOP: Thank you, Mrs Purchase. Thank you for your
17 time and for assisting us with preparing such a helpful
18 statement.
19 My Lord, as you know, there are no further witnesses
20 this afternoon.
21 THE CHAIR: No. Very good, thank you.
22 Yes, thank you, Mrs Purchase. I'm very grateful to
23 you.
24 A. Thank you very much. Thank you.
25 THE CHAIR: That brings an end to the proceedings for today.

1 Back on Tuesday. I don't know, are you back next week,
2 Mr Dunlop?
3 MR DUNLOP: No, I'm not. I'm not in at all next week, which
4 I understand is the last week of the impact hearing
5 evidence in relation to Portfolio 3.
6 THE CHAIR: Yes. Thank you for your assistance in the past
7 that you took part in.
8 MR DUNLOP: Not at all. Thank you for your kind words.
9 THE CHAIR: Very good. Tuesday morning then. Thank you
10 very much. 9.45, I should say.
11 MR DUNLOP: Thank you.
12 (2.58 pm)
13 (The hearing adjourned until
14 Tuesday, 21 May 2024 at 9.45 am)
15
16
17
18
19
20
21
22
23
24
25

117

1 INDEX

2 WITNESS HSC0163 (called) 1
3 Questions by MR DUNLOP 1
4 DR AMY SMALL (called) 17
5 Questions by MR DUNLOP 17
6 DR GAIL CUNNINGHAM 58
7 (called)
8 Questions by MR DUNLOP 58
9 MRS FIONA PURCHASE 85
10 (called)
11 Questions by MR DUNLOP 85
12
13
14
15
16
17
18
19
20
21
22
23
24
25

118

119

A

ability (1) 61:14
able (26) 3:25 4:2 9:1 10:7 11:16 21:19 23:1 38:22 40:7 43:11,18 44:20 53:9 64:1 65:22 68:15 72:2 76:3 98:17,20,21 104:7 108:19 113:2,3 115:10
abnormal (1) 43:12
absolutely (11) 8:12 10:18 14:6 16:17 28:21 41:7 53:20 57:16 60:5 64:23 85:10
accept (2) 114:5,12
acceptable (1) 50:3
access (12) 21:25 27:14 29:4,7,7 30:10,24 31:23 32:5 41:5,6 72:25
accordingly (2) 40:24 46:11
account (3) 100:13 101:22 102:6
accredited (1) 52:17
accurate (1) 34:15
acknowledging (1) 109:22
across (1) 24:14
acted (2) 112:21 113:24
acting (3) 112:4,6,7
action (9) 91:15,21 95:12,19 96:9,21,21 109:19 110:6
actions (6) 108:19 109:1 111:5,10,15 112:25
activities (11) 4:10 6:6,8,25 7:8,25 8:21 9:19 10:5 13:15 14:4
actually (32) 20:2 24:6,12 32:18,23 39:22 45:16 48:25 51:5 73:22 87:5 95:10,21,24 96:5,23 97:1,25 100:1 102:24 103:1 104:25 106:1 107:7,18,22,25 108:16,17 111:13 112:2 113:14
acute (1) 71:16
ad (1) 21:15
adaptable (1) 69:15
adapted (1) 73:8
add (2) 56:13 83:25
additional (3) 22:9,11 60:16
addressed (1) 81:6
addressing (1) 81:8
adhd (1) 15:6
adjourn (1) 57:10
adjourned (1) 117:13
administration (1) 76:19
admission (1) 23:16
admit (1) 51:24
adult (10) 87:4 91:9,16,24 93:17,24 94:8 97:5 101:9 107:8
adults (1) 13:23
advance (4) 21:3 25:3,6,7
advanced (4) 77:15 88:18,22 106:14
advice (4) 44:24 46:3 114:16 115:4
adviser (2) 19:8 39:11
advocating (1) 40:14
aerosolgenerating (4) 28:17,23 29:2 31:15
affect (1) 3:23
affected (7) 56:4 61:14,15 110:19,20,21 116:8
affects (1) 42:12
afford (1) 45:5
after (17) 3:2,25 4:2 11:23 23:17,23 26:23 32:12,19 36:13 38:10 56:6 71:14 81:18 99:13 100:6 102:24
afternoon (13) 6:1 58:2,2,4,5,12 85:17,18,22,23 86:3 91:8 116:20
afterwards (1) 18:9
again (27) 3:10,13 7:15,22 9:15 10:21 12:17 13:17 17:12 20:10 32:1,6 34:2 39:7 43:23 46:25 48:5 55:14 64:3 67:9 73:13 85:17 88:11 103:20 105:14 107:23 108:24
age (2) 2:3 65:1
agencies (1) 92:17
agenda (3) 99:6,9,13
ages (2) 64:24 65:2
aggrieved (1) 22:10
ago (5) 13:14 53:11 61:8 84:22 88:19
agree (3) 114:8,13,14
agreed (1) 114:23
agreeing (1) 112:24
agreement (2) 95:23 96:6
ah (1) 51:2
ahead (3) 48:3 56:22 85:1
ailments (1) 60:3
air (6) 22:22,23 73:23,25 74:2,3
airborne (2) 28:1 29:23
albeit (2) 23:2 71:21
alcohol (1) 44:12
allied (1) 79:4
allocate (1) 103:1
allocated (1) 48:6
allow (4) 11:3 13:18 44:11 96:2
allowed (4) 8:15 11:2 54:12 88:13
almost (12) 7:7 11:14 41:24 48:9 52:13 54:12 56:12 64:5 68:17 88:19 110:21 111:22
alone (1) 28:2
alongside (2) 40:10 97:4
already (9) 30:2 37:6 40:20 70:2,22 74:20 105:13 111:4 114:6
also (39) 1:15 4:12 6:9 8:2 10:5 14:12 19:7 25:11 27:14 28:5,16 30:22 32:16,16 35:5,11,13 37:10 39:17,18 43:20 44:2,15 45:4 47:3 52:12 59:4,9 60:3 62:19 67:6,8 79:6,8 84:7 88:15 99:4 102:21 111:9
alternate (1) 94:17
although (2) 72:23 106:22
always (8) 8:7 23:7 43:1,1 69:10,10 78:4 79:25
ambulance (6) 55:1 73:23,24,25 74:2,3
amenable (1) 57:12
among (1) 67:8
amount (2) 113:17,18
amy (3) 17:17,23 118:4
analysed (1) 82:24
anger (1) 104:12
angry (1) 104:13
annual (2) 40:16 107:10
another (8) 6:13 37:14,24 53:21 86:24,25 90:6 104:23
answer (7) 12:17,18 52:22 90:9 97:17 108:1,14
answered (1) 50:8
answers (5) 85:2 107:16,20,21,22
antenatal (1) 23:22
anticipatory (1) 27:7
anxiety (5) 59:24 65:7,14,15,17
anxious (3) 42:19 60:15 65:19
anybody (2) 1:16 35:9
anymore (1) 48:10
anyone (3) 29:2 87:22,25
anything (27) 5:6,12 12:12 16:1,4,19 37:25 48:24 52:2 56:10,11,13 67:24,25 68:1 77:17 83:23,25 107:22,25 112:20 113:2,3 114:18,19 115:22 116:2
anyway (3) 61:18 63:7 72:6
anywhere (7) 29:20 79:11 97:3,25 98:9 114:2 115:1
apart (3) 5:9 16:9 109:7
apologies (1) 7:15
apologise (4) 9:7,8 16:10,18
apologising (1) 16:23
app (1) 82:20
apparent (1) 92:19
appeared (1) 79:20
apply (1) 103:15
appointments (3) 21:19 22:24 44:8
appreciate (8) 1:16 17:19 22:15,21 41:16 44:22 56:22 83:10
approach (2) 113:13 116:14
approached (1) 86:19
appropriate (9) 11:19 24:6 25:7,18 26:12 28:2,8 33:7 53:15
appropriately (2) 44:1 52:21
approximately (2) 61:6 87:18
april (5) 18:16 20:25 33:19 35:21 42:14
aprons (2) 27:25 32:2
area (9) 20:24 30:3 31:4 39:14 68:18 69:17 72:10 73:8 103:14
areas (5) 68:11,12 69:5 72:14,16
arent (6) 29:21 45:8 50:2,13 51:23 96:18
arose (2) 68:1 105:15
around (7) 4:5 72:10 76:5 93:14 102:23 104:7 116:13
arrange (1) 32:8
arranged (2) 106:21 107:5
arranging (2) 76:25 115:11
arthritis (1) 59:25
article (4) 35:17 36:15,17 40:10
asian (1) 30:12
aside (1) 77:3
ask (15) 6:11 13:21 14:24 25:1 38:11 44:23 45:14 47:8 52:22 85:25 98:10,15 110:13 111:1,16
asked (15) 3:23 35:20 39:10 41:19 48:13 84:22 93:17,25 97:19 98:13 99:25 107:18 108:9 110:16,16
asking (7) 10:22 11:14 19:3 26:10 110:15 113:16,20
aspect (1) 10:24
aspects (4) 3:23 45:22 51:9 56:3
assess (2) 67:4 72:15
assessed (1) 71:18
assessment (9) 31:25 33:2 71:7,16 79:14 108:13,17,23 109:11
assist (2) 5:6 53:11
assistance (1) 117:6
assistant (3) 89:1,21 90:17
assisting (1) 116:17
assume (1) 25:19
assumed (1) 112:17
attached (2) 45:25 47:6
attempt (2) 14:14 26:8
attend (4) 11:10 13:23 94:4,5
attended (9) 5:22 7:25 8:2 13:6 30:16 53:13 87:4 94:6,12
attendees (2) 6:12,17
attending (6) 94:6,20 97:6 99:11 105:20 113:18
attention (1) 18:3
attribute (1) 15:10
august (5) 11:9 37:16,16 87:19 89:9
authorities (1) 107:2
authority (4) 11:11,12 90:22 101:20
autism (1) 2:24
autistic (1) 10:19
autoimmune (1) 60:1
availability (2) 31:9 66:13
available (9) 44:25 45:9 48:1 59:16 69:11 72:23 78:18 90:13 103:8
average (1) 62:9
avoided (2) 61:7 82:1
aware (14) 21:10,11 39:18 66:24 73:1,2,3,7 74:20 75:3,24 103:24 104:2,19
awareness (2) 77:23 104:2
awarenessraising (1) 92:8
away (10) 13:10 26:1 32:14,18 48:11 50:21 55:18 104:11,23 114:17
awful (2) 26:1 34:1

B

b (2) 31:13 114:11
back (47) 11:6 15:13 20:2 27:6,8 32:9 33:4 36:6,14 37:17 39:6,22 40:17 58:16 61:13 62:6 68:24,24 69:1 71:3 77:2 78:8,20 89:22,23 90:2 94:22 96:20 97:21 98:6,7,8,22 105:21,21 107:16,18,19 108:5,15 109:9 112:18,20 114:10 115:15 117:1,1
background (1) 91:5
backlog (2) 64:8 68:7
badge (2) 104:11,21
badges (1) 104:20
badly (1) 33:9
balance (1) 115:16
banging (1) 50:22
bank (3) 35:25 40:2,3
based (6) 57:8 69:18,22 74:9 108:24 109:5
basis (2) 2:11 11:12
batteries (2) 8:15,23
battle (1) 28:21
bear (1) 84:11
beard (1) 33:12
became (7) 4:24 21:10 55:2 67:10 92:19 93:6,15
become (8) 14:2 21:11 39:4,17,18 52:14 55:23 68:14
becomes (1) 7:8
becoming (2) 19:13 42:9
bed (2) 14:12 36:13
before (38) 2:22,25 3:21 5:15 7:10 8:3,4,16 14:18 15:25 21:7 31:23 34:24 38:11,12 51:3 56:13 61:13 62:17 63:10 64:25 66:23 68:13 69:1 73:21 79:11 81:22 82:18 84:1 88:5 91:3,13 109:10 110:11,23 115:20,21,25
beginning (14) 7:10 23:18 24:2 26:15 30:17 32:11 35:22 38:17 39:10 63:4 64:3 66:15 75:17 89:13
begun (1) 49:14
behalf (1) 93:3
behind (1) 45:17
being (38) 13:19 19:23 21:19 22:19 23:1,21 24:17,18 30:6 48:5 52:6 63:13,20,25 65:19,22 66:17 68:14,15 69:4,5,6 73:2,4 75:22 76:3 82:11 91:23 96:2 98:13 101:24 102:1 104:17 105:25 106:5 113:7,8,9
belgium (2) 40:12,19
belief (1) 34:15
believe (12) 30:25,25 34:21 41:4 47:23 51:8 53:5 62:16 81:11,24 82:19,22
believed (3) 34:13 35:3 52:20
beloved (1) 74:13
belt (3) 61:25 72:19 76:10
beneficial (1) 23:11
benefit (7) 1:6 17:15 18:7 23:1 43:20 44:18 58:8
benefits (3) 47:4 49:20 82:6
benefitted (1) 23:13
best (3) 81:20 82:8 103:18
beta (3) 41:20,21 43:15
better (7) 15:22 19:25 24:25 25:14,17 36:2 72:2
between (5) 6:24 21:18 72:18 101:5 112:3
beyond (1) 25:15
big (8) 27:9 43:23 45:3 48:8 49:2 77:24 94:19 111:14
bigger (1) 68:10
biggest (1) 44:13
bike (1) 39:7
bingo (1) 10:5
birmingham (1) 53:13
bit (10) 6:5 20:4 21:20 22:10 36:14 43:1 46:12 91:5 92:12 102:4
blank (1) 25:19
blasness (1) 20:7
blessing (1) 11:4
blocker (1) 43:15
blockers (2) 41:20,21
blood (6) 24:5,9 37:14 62:10,10 63:1
bma (6) 24:19 30:5,8 39:22 40:16 52:25
bmas (1) 40:6
bmj (2) 35:18 36:16
board (3) 46:18,19 73:7
boards (2) 46:20 52:24
bodies (7) 24:21 53:10 79:1 92:16 94:14,14 106:25
body (4) 37:11 38:23 44:11,14
bonds (1) 6:23
born (1) 2:10
both (5) 48:20 60:2 68:8,9 77:23
bottom (1) 84:24
bought (1) 44:9
bowling (1) 6:7
box (1) 50:20
boy (1) 16:12
brailsford (1) 85:23
brain (4) 42:8,12 80:21 81:2
break (10) 3:8,21 7:16,19 9:11 13:7 14:9 17:10 57:23 85:15
breast (5) 45:14 48:16 62:17,18 63:6
breathe (1) 23:4
breathing (2) 28:18 29:1
breathlessness (2) 34:6 61:21
brief (1) 103:9
briefly (2) 92:23,25
bring (4) 18:3 57:16 74:23 91:18
bringing (2) 74:18 93:4
brings (1) 116:25
british (1) 35:17
broadly (1) 104:3
broadranging (1) 95:3
brothers (1) 8:8
brought (5) 25:12 55:17 91:24 92:16 93:13
brushed (1) 43:3
bubble (1) 88:14
budget (1) 102:23
build (1) 67:6
building (2) 13:16,17
bunch (1) 41:1
burden (1) 68:10
business (1) 83:11
busy (1) 78:9

C

c (1) 114:11
cabinet (7) 97:9,14,19 98:2 105:12,16 106:18
caffeine (2) 44:12 45:4
cairns (3) 86:15,20,23
call (12) 9:8 21:19 48:25 50:18 60:3,7,8 78:5 86:21 87:9 88:12 106:3
called (16) 1:9 17:17 24:4 42:5 55:1 58:1 59:10 72:9 75:8 85:21 93:12 112:14 118:2,4,7,10
callhandling (1) 22:2
calling (2) 11:15 40:17
calls (2) 21:23 22:8
came (13) 19:13 20:5 34:17 65:4 92:14 98:1 103:5 105:16 107:15 110:8,10 111:2,13
campaign (1) 93:15
campaigning (1) 93:7
canada (2) 40:12,19
cancelled (1) 106:22
cancer (2) 45:14 48:16
cancers (1) 23:22
cannot (1) 22:17
cant (12) 23:25 45:5 48:24 51:21 79:19 88:12 90:9 108:10 109:13,13,17,22
capability (1) 77:18
car (3) 22:19,20 23:2
cardiac (1) 80:17
cardiology (1) 80:20
care (63) 4:18,22 5:4,9 9:1,2 11:17 27:7 30:10 31:1,8,8,10,10,11,14,16 41:11 49:15 62:23 66:9 68:20,21,21 73:3,13 77:5,10,12,16 79:4 86:20 87:4 91:9,10,12,15,16,21,24 92:14 93:8,9,18,24 94:8,10,13,15 95:16 97:5 98:5,11 99:6 101:9,11 102:12,21 107:3,8 111:18 112:14,16
career (3) 19:11,12 59:5
careful (1) 55:8
carefully (1) 85:1
carer (22) 2:2,6,10,13,16 88:25 94:1 95:19 102:10,13,18 103:9,11,14,17,22 105:5 110:7,15,16 111:10 113:25
carers (69) 10:13 15:17 16:8 27:12,14,18,20,21 28:2,4 55:23,24 87:1 92:22,24 93:4,4,10,13,14,16,19,23 94:1,2,9,21,21,23,25 97:6,10,11,12,18 98:2 99:5,6,17,19,20 100:1,15,19,20 101:25 102:8,11,19,20,21,25 103:12,15 105:15,17,19,19,22 107:6,12,17 110:2,14,17,18,19 111:19 113:2
cares (1) 49:16
caring (2) 110:21 115:14
carpets (1) 69:5
carried (2) 66:18 83:9
carry (1) 61:14
cases (2) 26:11 48:19
catch (1) 115:11
catching (1) 26:18
caught (4) 41:4 55:12,13 61:3
causal (1) 48:17
cause (2) 65:15 70:5
caused (10) 41:23 56:16 66:12 75:22 77:4 90:10,11,11,12,15
causing (5) 36:11 37:23 38:1 65:17 67:18
celiac (1) 4:13
central (3) 61:25 72:19 76:10
centralised (1) 25:3
centre (2) 72:19 76:12
centres (10) 95:21,23 96:6,10,17 97:22 102:18 103:11,14,18
certain (2) 50:9 78:17
certification (1) 52:14
cervical (3) 62:16 63:3,6
cetera (2) 46:4 47:4
chair (46) 1:3,8 3:10,16 7:14,21 9:7,13 16:21 17:1,4,7,12,18 25:1,9,15 26:2,5 38:7 52:22 53:7,16,23 56:24 57:3,10,19 58:2,6 84:19 85:7,11,13,17,22,24 94:18,19 114:4 115:2,17 116:21,25 117:6,9
chaired (1) 94:16
chairman (1) 3:6
challenging (2) 74:22 115:9
championing (1) 93:11
chance (1) 97:12
change (10) 23:9 44:4 51:11 69:13 77:25 90:12 107:22,25 113:2,3
changed (4) 29:9 51:13,13 69:4
changeover (1) 70:22
changes (2) 52:9 69:7
changing (2) 48:7 113:9
chapter (4) 26:7 53:25 65:10 68:25
charged (1) 105:25
charging (2) 93:7,8
charitable (1) 91:6
charities (1) 12:3
charity (1) 19:8
chatted (1) 45:11
check (2) 5:8 23:4
checks (1) 14:17
chest (4) 19:8 39:11 79:8 81:10
chief (2) 106:21 107:1
childcare (1) 54:5
children (7) 13:22 14:2 38:19 39:3 54:19 55:23 56:3
china (1) 19:19
chitchat (1) 95:10
choice (2) 78:18 83:19
choices (1) 4:6
christmas (1) 40:3
chronic (8) 4:13 47:2 60:1 61:22 63:13 64:2,10 80:22
circulated (1) 101:10
circulating (1) 22:23
circumstances (1) 69:9
city (2) 12:5 72:19
claiming (1) 49:20
claire (4) 86:15,20,23 87:1
clarity (1) 96:8
classed (1) 31:14
classes (2) 13:6,24
classified (1) 35:9
clear (5) 25:2 81:18 84:10,13 92:9
cleared (1) 64:9
clearly (1) 106:14
clingy (1) 14:11
clinic (3) 47:11,15 53:2
clinical (6) 19:8 39:11 45:22 107:5 108:9,10
clinician (1) 49:3
clinicians (3) 24:25 52:11 75:15
clinics (2) 46:7 47:5
clock (1) 36:14
close (2) 104:3,22
closing (1) 113:5
club (3) 5:22 6:12,15
clubs (3) 4:7 6:5 9:20
coalition (16) 87:1 92:22,23,24 93:10,23 94:9,21,25 97:6 98:2 105:17,19 107:6,17 111:19
cold (1) 39:3
collaborative (7) 93:13,16 94:2 97:7,12 105:20,22

colleague (2) 40:1 77:11
colleagues (4) 20:19 21:13 24:23 54:17
college (1) 24:19
combination (4) 60:2 68:6,8,9
come (27) 5:5,7 13:2,3 24:10 28:5 36:21 40:25 45:9 51:4 53:4 54:25 56:6 61:13 62:24 69:11 78:8 83:15,16 89:3 90:17 95:14 97:20 98:6 113:5 114:6,10
comes (4) 19:19 63:8 77:2 96:16
coming (11) 20:21 24:15 29:3 71:9,10 74:25 82:23 83:7 89:21 98:8 112:12
comments (14) 99:25 100:1,2,4,5,10,13,24,25 101:1,10,11,12 102:5
commitment (1) 113:11
communication (3) 10:20,25 15:21
communities (1) 76:24
community (13) 15:14 20:16,18 29:11,19 31:2 37:2 62:5 67:2 68:21,23 72:15 95:21
company (1) 14:7
compared (2) 45:19 72:19
compensated (2) 40:23 41:9
compensation (1) 40:21
complain (1) 14:5
complaint (1) 114:10
completely (2) 64:9,9
complicated (1) 112:11
component (1) 81:1
comprehensive (3) 111:3,9,14
computer (1) 13:9
concept (3) 4:3,3 21:6
concern (3) 49:2 55:11 76:1
concerned (3) 16:15 67:23 108:5
concerns (11) 1:19 48:8 76:4,5 105:4,6,8 106:2,4,6 108:4
conclude (1) 41:23
concrete (1) 64:14
condition (5) 4:15 63:22 88:20,21 106:7
conditions (27) 2:22 3:22 7:1 10:16 48:17,19 59:10,15,22,24,25 60:1,8,10,16,17 61:17 63:13 64:13 65:8,25 79:7 80:5 81:10 88:17 106:8 110:20
conference (1) 53:13
conferences (1) 12:21
confirmation (1) 62:24
conscious (1) 45:5
consequence (5) 40:22 44:10 49:25 50:24 55:3
consequences (2) 110:13,14
consider (1) 45:3
considerable (2) 113:17,18
considerations (1) 2:14
considering (1) 109:18
considers (1) 108:21
consistency (2) 6:25 8:1
constant (2) 5:16 28:21
constructed (1) 29:17
consultation (2) 83:14,21
consultations (3) 22:25 70:10,17
contact (15) 10:8 11:7 21:21 24:10 29:3 37:15,18 62:22 67:1 70:2,5,7,8 73:14 75:16
contacts (2) 53:15,16
contagious (1) 36:10
content (1) 14:11
context (4) 26:15 36:6 59:21 71:12
continue (5) 30:9,23 39:19 80:18,18
continued (3) 62:10 66:21 71:1
continuing (4) 61:11 63:1 66:5,6
continuously (1) 30:7
contraceptives (1) 24:12
contracted (6) 33:15 35:6 38:12 41:13 62:1,2
contracting (2) 4:14 31:19
contribute (1) 102:14
contributed (1) 113:19
contributing (2) 101:21 102:4
control (2) 42:6 69:3
convey (1) 16:4
cooking (1) 6:8
copy (1) 1:24
correct (41) 2:19 5:17,18 8:16,22 9:25 10:8,15 11:24 12:3,4,8,25 25:24 28:19 33:21 34:3,7,9 40:13 54:8 58:13,14,21 59:2,3,5,10,12 61:4 62:13 71:4,8 78:16 86:4,24,25 89:9 101:3 105:5,14
correctly (6) 5:14 15:21 45:12 54:3 71:2 108:2
cosla (6) 92:2,10 94:16,18,24 96:16
cost (1) 91:1
cough (4) 28:25 34:19,22,24
couldnt (9) 11:4 12:12,24 39:24 89:23 94:4 106:2 114:9,24
council (1) 12:6
countries (2) 40:11 46:6
couple (5) 13:12 14:25 46:20 84:3 86:10
course (7) 21:1 22:6 25:6 62:1 91:3 97:4 109:8
courses (2) 59:18,18
cover (3) 69:23 72:14 77:16
covered (3) 56:19 72:16 84:1
covers (2) 69:24 93:2
covid (116) 15:7 20:25 22:1,7 23:6 26:10,15,19 28:10 29:6 31:19,25 32:6 33:2,15,16,20 34:12 35:2,4,6,9,11,18 36:16,24,24 37:22 38:6,8,12,13 39:4,20 40:12,17,18 41:5,22 42:4,4,10 43:20,23 44:22,25 45:10,12,13,15,18,18,20,22,23 46:5,10 47:5,9,11,15 48:7,14,17,21,25 49:2,11,13,17 50:8,12 51:19,20,22,24 52:11 53:2 54:17 55:6,9,16 56:7,16 60:20,23,24 61:3,3,7,9,9,18,24 62:1,3,9 67:9,23 71:7,18 74:14 78:20,22 79:10,15,23 80:1,7,9,12,14,25 81:7,11 95:16
covid19 (1) 67:12
covidfriendly (1) 52:15
covidpositive (2) 75:16 83:5
covids (1) 48:10
cpr (1) 26:8
create (2) 20:22 21:12
creating (4) 30:3 52:10,13,23
credit (1) 103:2
criteria (2) 49:3,6
critical (3) 74:20 109:25 110:1
criticism (1) 49:10
criticisms (1) 81:18
cross (1) 4:4
crossreach (5) 10:21,23,24 11:1 13:18
crowdfund (1) 40:1
ct (2) 37:11,20
cunningham (9) 57:7,11,14 58:1,3,12,20 84:19 118:6
cure (1) 44:19
currently (2) 46:17 108:21
cut (3) 9:14 44:15 95:8
cutting (1) 44:13

D

dad (1) 15:7
daily (3) 3:24 38:16 61:18
dairy (1) 44:15
dance (4) 6:7 8:3 10:4 14:7
data (2) 34:17 82:23
database (1) 82:20
date (6) 18:16,16 61:11 64:10 82:15 87:2
dates (5) 18:4,10,14,15 71:12
daughter (1) 88:10
day (29) 5:24 6:2,2,3,8 8:7,9 12:21 14:19 23:12 28:5 33:20 34:22 35:14,15 36:9 42:13 54:18 61:20 76:4 95:21,23 96:6,10,17 97:22 99:9 100:6,16
days (19) 11:7,17 14:18 20:7 21:24 22:13 23:18 34:15,20 36:8,12,12,13 39:11,12 44:6 84:22 90:2 100:6
daytoday (4) 3:1 46:24,25 61:15
deal (11) 1:18 5:14 27:18 28:14 37:4,5 55:9 65:10 77:17 103:7 110:25
dealing (5) 29:10 30:2 76:8 88:16 98:4
dealt (2) 115:24,25
death (4) 42:20 84:4,6,21
decades (1) 56:8
december (2) 39:6 110:10
decent (2) 49:22 75:4
decided (6) 90:7 93:18 95:11 100:20 102:12 114:8
decision (2) 79:21 102:25
decisionmaking (2) 92:7 94:24
decisions (4) 26:14 81:16 95:6,9
declined (3) 63:14,16,23
declining (1) 90:19
deemed (1) 99:7
deepchilled (1) 75:25
definitely (2) 15:12 40:9
degree (5) 6:13,13 20:7 44:17 61:18
delay (2) 9:13 110:13
deliver (1) 103:18
delivered (2) 75:23 103:13
deliveries (1) 77:1
delivering (1) 77:5
delivery (2) 76:18 91:23
demand (3) 60:11,13 78:8
dementia (1) 11:18
demonstrated (1) 7:6
departments (1) 5:11
depend (1) 47:25
depended (1) 5:24
dependency (1) 73:5
dependent (2) 3:3 46:19
depending (2) 24:22 31:9
depends (3) 47:16,21 109:15
deployed (1) 96:3
depressing (1) 40:4
depression (3) 15:6 59:24 65:7
deputy (3) 106:21 107:5 108:10
describe (2) 34:5 94:23
described (3) 25:21 69:4 71:22
detail (2) 31:18 83:7
detailed (2) 100:3,5
details (5) 33:17 40:6,8 104:1 106:23
develop (3) 12:17 34:22 102:13
developed (3) 46:6,10 61:3
development (1) 45:18
developments (1) 113:14
devices (1) 13:18
devoted (1) 102:3
diagnose (4) 46:1 51:20,21 55:9
diagnosed (3) 2:25 88:19,20
diagnosis (10) 15:6 35:11 37:22 38:4,9 41:18 43:25 46:1 50:19 60:6
diagnostic (2) 49:3,6
diaries (1) 107:10
didnt (51) 7:5 10:6 11:1,4 12:22 17:19 18:8 21:25 22:10,12 24:7,8,9 27:1,21 28:16 29:6,16 30:24 31:3,13 32:3 34:11,19,22 36:1 38:11 44:19 51:2 52:4 90:1 97:17,24 98:9,13 104:19 107:9,11,22,25 111:14 112:22 113:7,25 114:1,8,17,18,25 115:1,6
died (2) 15:7 40:21
diet (3) 44:4,16 64:1
difference (10) 21:18,20,22 31:8 43:16 44:13,18 46:13 72:17 112:3
differences (1) 72:21
different (11) 4:8 6:9 8:8 11:10 12:9,10 24:7,21 28:4 77:19 101:3
differently (3) 24:3,12,24
difficult (14) 10:10 12:7,9 15:13,13 16:13 42:16 43:1 67:10 68:13 89:24 97:1,24 112:9
difficulties (6) 6:14 13:23 74:17 75:22 77:6 106:16
difficulty (6) 43:2 77:5,8 78:11,15 90:18
diffuse (1) 80:22
dig (1) 84:23
digital (2) 70:19 83:14
dinner (2) 27:25 40:3
directly (2) 90:15 103:12
director (2) 107:5 108:11
disabilities (1) 6:10
disability (3) 6:16 49:24 56:16
disabled (6) 10:12 15:19 40:22 41:8 49:25 55:3
disappointed (1) 40:24
discernible (1) 77:25
discounts (1) 16:7
discovered (2) 23:10 55:20
discuss (18) 5:20 11:20 13:2,4 21:17 26:9 27:10 31:18 41:18 44:2 50:4 62:7 72:20 83:8 93:14 94:10 99:14 103:22
discussed (10) 21:4 53:14 55:7 66:11 78:11 95:1 99:4 100:4,23 114:23
discussing (1) 30:5
discussion (7) 52:13 95:18 98:1 100:14 102:8 112:13,15
discussions (8) 24:23 96:17 106:24 112:16,23 114:22 116:7,9
disease (8) 4:13 23:23 37:24 42:10,11 47:3 64:2,10
diseases (2) 36:10 37:13
dismissive (1) 50:7
disorder (1) 4:14
disorders (1) 42:5
disrupted (2) 65:24,24
dissected (1) 81:1
distance (5) 12:16 103:24 104:1,8,19
distances (2) 72:3,3
doctor (15) 17:19 23:20 25:2 31:10 45:15,25 46:15 47:6,9 51:19 52:23 54:13 56:1 58:25 84:15
doctors (28) 25:17 29:12 30:9 31:14 36:24 39:18,23,24 40:19 41:1,8,10 45:12,21 46:5,8,20 47:13,14 48:15,16 50:15 51:11 52:10,20 53:1 75:11,14
document (2) 111:9,14
documentation (1) 53:9
documents (2) 20:21 101:21
does (16) 3:25 5:3 7:4,5 18:19 32:23 51:13 56:17 71:6 87:22 88:16 91:12 92:25 96:20,21 116:10
doesnt (3) 14:17 49:15 97:2
doing (15) 2:9 6:7 11:1 14:18 19:15 20:25 27:20 31:14 33:4 40:15 63:6 64:17,20 114:15,19
domestic (1) 5:3
done (26) 8:5 10:10 19:23 24:14,15,17,22 25:3,5,7 26:3,21 27:1 33:3 49:11 50:23 52:6 62:23 63:7 66:22,23 69:4 73:12 83:17 96:19,22
dont (49) 1:20 3:11 5:11 6:21 9:5 10:9 11:18 13:18 26:21 29:15 31:17 32:5,21 33:3 35:19 38:23 41:24 45:25 46:21 47:5 49:5,23 51:7,7,10,23 53:3 56:21 57:4 66:24 69:7 74:5 76:4 77:7 78:19 79:19 84:15,17 86:17,22 91:10,19 92:25 103:23,25 105:14 116:2,11 117:1
doors (1) 19:22
dotted (1) 76:12
double (1) 42:25
doubt (1) 26:2
down (19) 3:17 18:8 21:1 24:18 25:18 28:23 29:5,8 39:15 46:18 50:5 52:1 76:1 82:17 89:16 107:11,15 115:12 116:15
downs (3) 2:24 12:1,2
dr (17) 17:14,15,17,18,21 56:22,25 57:7,11,14 58:1,3,12 82:24 84:19 118:4,6
draft (4) 99:24 101:5,9 111:2
drama (1) 6:7
dramatic (1) 65:9
dramatically (1) 67:14
drawing (1) 90:24
dread (1) 43:1
drum (1) 50:22
due (6) 12:14 39:19 57:3 67:9 68:6 81:24
dunlop (64) 1:3,4,10,11 3:11,16,17 7:15,21,23 9:13,15 16:21,22 17:1,2,5,8,12,14,20,21 26:5,6 38:11 53:17,19,20,24 56:20,24 57:3,7,16,21 58:2,4,6,8,11,12 84:15 85:6,7,10,12,17,18,24 86:1,2,3 114:5 115:17,18 116:16 117:2,3,8,11 118:3,5,8,11
during (23) 2:15,17 4:25 5:5 8:6 15:7 41:2 59:8 60:12 61:3 62:9 63:21 66:9 67:11,14 72:23 73:20 74:18 78:1 88:7 89:5 94:12 96:17
duties (1) 77:10
duty (1) 61:14
dwell (5) 5:13,19 55:23 98:23 103:23
dying (1) 42:19
dysautonomia (1) 42:6

E

earlier (13) 9:21 16:17 21:24 31:16 34:14 35:14 41:3 44:3 49:22 55:7 57:11 61:25 78:11
early (15) 20:7 23:25 34:20 37:7 44:6 50:1 57:6 74:8 77:12,13 82:20 89:11 90:7,10,21
earnings (1) 39:25
easier (2) 62:14 67:6
easing (1) 104:5
east (5) 19:14 20:18 30:4 39:14 69:23
easy (1) 19:3
eating (3) 40:1,2 45:6
echo (3) 16:22 27:12 37:19
echoes (1) 16:15
economic (1) 49:17
economics (1) 49:16
economy (1) 108:5
edinburgh (1) 38:18
effect (2) 44:5 65:20
effective (3) 41:22 67:4 91:23
effects (2) 65:22 76:22
effort (3) 26:2 32:17 113:18
eightweeklong (1) 59:18
either (8) 12:12 28:6 48:4 64:6 77:14 95:25 98:9 115:24
elderly (4) 56:4 62:8 70:4,6
electronic (1) 13:18
eligible (2) 31:16 34:20
else (15) 16:1,4 36:11 37:23,25 38:2,3 48:24 56:13 71:15 83:24,25 87:10,22 101:25
elses (1) 1:16
elsewhere (2) 21:14 96:3
emailed (1) 98:21
emails (1) 98:22
emergency (1) 11:15
emerging (1) 82:13
emphasising (1) 56:15
employed (1) 45:21
employment (1) 62:2
enable (4) 11:16 55:21 69:7 77:1
enabled (1) 89:6
enabling (1) 89:2
encourage (1) 16:3
encouraged (3) 38:16 54:12 72:11
end (8) 12:10 53:20 76:4 83:7,24 88:7 110:10 116:25
ended (3) 38:3,8 108:18
endoscopy (1) 28:24
engaged (1) 66:9
england (21) 21:18,21,24 22:11 39:15 44:23 45:19,19,21 46:6 47:7 48:2,4,7 52:6,9 53:2,3,9 54:4 82:17
enjoyed (2) 8:20 9:19
enjoys (1) 4:7
enough (9) 16:12 38:22,25 39:8 47:1 50:1 82:11 98:24 107:4
enquiries (1) 57:9
enquiry (1) 5:10
ensure (3) 27:14 56:17 77:21
enteric (1) 25:23
entire (3) 47:19,21 56:2
entirely (2) 16:16 75:12
epilepsy (1) 2:24
equality (4) 108:12,16,23 109:10
equipment (2) 27:10 29:12
error (2) 86:12 87:2
errors (2) 18:2 86:10
essentially (12) 11:25 14:14 19:13 21:15 41:14 52:7 54:10 71:21 74:8 80:6 81:1 111:23
establish (1) 96:10
et (2) 46:4 47:4
even (10) 13:9 32:17 35:14 51:19 65:6 68:12 72:8 74:19 106:1 113:3
eventually (1) 97:21
ever (4) 34:11 38:23 51:10 79:11
every (15) 5:8 12:21 20:23 32:15 33:10 36:9 39:3 42:12,13 61:20 63:8 67:15 68:17 103:14 116:9
everybody (14) 6:15,15 11:14,15 57:20 71:10,17 89:15,17 90:2 101:25 104:14,15 109:22
everyday (1) 25:12
everyone (5) 20:8 22:6 23:12 71:24 72:8
everyones (1) 81:20
everything (8) 10:9 19:22 24:1,14 38:2,3 57:17 87:10
everywhere (1) 74:11
evidence (24) 1:18,19 4:17 16:24 19:3 25:2 26:8 27:12 28:19 31:6 46:9 53:10,21 55:24 57:1 83:8 85:3 91:3 105:13 111:17,21 115:25 116:3 117:5
evident (1) 42:9
exactly (2) 16:22 21:3
examine (2) 23:3,14
examined (1) 82:5
example (10) 20:22 24:3 25:15 48:23 56:7 95:19 96:12,14,19 114:9
examples (4) 63:15 64:14 82:12 95:2
excess (3) 84:4,6,20
exclusion (2) 37:22 49:6
exercise (2) 38:16 64:1
exhausted (1) 15:5
exist (5) 46:6 97:2,25 98:9,13
expect (1) 113:23
expectation (3) 99:11 109:2,5
expected (1) 99:16
expecting (2) 20:6 96:25
expensive (3) 44:8 45:6,7
experience (7) 13:25 49:23 76:10 92:7 101:19 107:23 114:16
experienced (1) 39:25
experiencing (2) 99:18,19
experiment (1) 41:25
expert (1) 52:12
expertise (1) 46:7
explain (2) 12:13 114:18
explained (2) 12:7 86:17
explaining (2) 1:13 3:22
exposed (1) 28:17
expressing (1) 67:13
extensive (1) 101:11
extent (6) 50:9 69:6 95:20 96:9,10 102:7
extra (2) 60:13 73:8
extremely (1) 14:8

F

face (14) 23:8,8 30:19,21 67:2,3,3,5,5 69:12,12 83:18,18 102:5
facebook (1) 36:25
faces (1) 30:12
facetoface (2) 64:7 75:16
facial (1) 30:22
facilities (3) 15:19 72:22 80:11
factor (1) 68:2
factors (1) 67:24
failure (3) 12:15 63:16,17
fair (9) 15:23 19:15 48:4 63:20 74:22 98:8 105:12 113:10 114:4
fairly (3) 65:9 82:20 84:25
fall (1) 55:14

fallout (3) 20:5 47:2 56:2
falls (3) 90:4,6,19
false (2) 34:16,18
family (6) 8:7 74:6,7,11,13,13
fancy (2) 14:18 75:11
fantastic (1) 29:24
far (4) 16:14 75:3 110:5,5
fashion (1) 25:3
father (1) 42:19
fatigue (5) 46:3 60:1 61:19 79:25 80:22
fault (1) 75:12
feature (2) 4:22,24
february (2) 61:7 105:3
fed (2) 96:20 98:5
feed (1) 105:21
feedback (3) 95:22 96:25 97:1
feel (14) 18:3 29:8 33:23 35:23 36:1 49:14 102:4 106:25 107:2 112:22 113:7 114:1,25 116:10
feeling (5) 22:10 34:1 60:14 67:16 107:24
feels (1) 48:12
fell (1) 42:14
fellow (2) 20:14 21:13
felt (14) 22:11 23:19 59:19 89:22 100:10 101:17 104:13,13,22 107:21 112:22 113:1,3 115:1
ferries (2) 77:4,7
fever (9) 34:6 36:9,11 37:17,23 39:3 42:13,14 48:23
few (12) 9:16 13:16 22:13 23:17 53:11 64:3 66:3 71:13,14 74:25 87:13 90:2
ffp2 (3) 28:9 33:6 41:5
ffp3 (12) 28:9,18 30:1,2,6 31:22 32:3,5,19 33:10 41:6 75:17
ffp3s (1) 75:11
field (1) 22:8
fielded (1) 21:24
figured (1) 42:14
filtered (1) 24:18
filters (1) 32:22
finally (2) 15:15 83:23
financial (1) 91:1
find (6) 15:13 30:19 53:9 60:20 83:20 97:14
finding (2) 51:20 101:23
fine (3) 18:10 29:21 96:5
fingers (1) 54:20
finish (1) 109:16
finished (3) 48:9,10 56:12
fiona (3) 85:21 86:7 118:9
first (29) 1:4 11:21,22 13:14 15:4 18:13,16 22:5,13 34:21 47:22 54:7 61:16 66:3 67:1 71:13,14 72:22 77:3 78:6 86:11 87:3 89:11,18 94:6 99:8,23 101:5 110:7
firstly (2) 15:17 45:14
fit (5) 28:16 30:13,19 38:13,19
fits (1) 41:17
fitted (8) 30:18 31:12,22 32:7,19,20,22 33:10
fitting (3) 30:14 32:10 35:2
five (5) 5:25 6:3 11:7 39:24 42:25
floored (1) 39:5
floors (1) 69:5
flown (1) 76:3
flu (3) 20:2,4,9
flush (1) 15:4
focal (1) 91:22
focuses (1) 111:10
focussed (1) 110:11
fog (2) 80:22 81:2
follow (1) 96:24
following (7) 33:20 59:19 89:21 99:21,22 100:8,18
followon (1) 91:14
food (5) 4:6 40:2,3 44:9 45:6
form (2) 83:13 99:24
formed (1) 6:19
forth (4) 25:23 53:8 111:21 115:5
fortunate (4) 16:12 38:22 44:6 45:8
forward (8) 38:20 40:25 56:18 57:17 62:11 111:23 112:25 116:6
found (13) 24:12 30:11 33:7,12 37:1 40:2 82:25 93:6,9 96:23 97:16 100:8 112:9
four (10) 5:22 6:2,18 8:14 11:7 28:4 29:8 40:25 42:25 100:6
frankly (1) 29:21
free (2) 55:21 77:21
fresh (1) 22:22
friday (3) 1:1 35:25 85:10
friends (1) 12:22
friendships (1) 6:20
front (2) 1:24 13:9
frozen (1) 75:25
fruition (1) 20:5
frustrated (3) 12:11,14 100:12
frustrating (1) 96:23
fuelling (1) 60:13
full (7) 17:21 36:4 37:11 58:19 73:16 86:6 111:14
fulltime (7) 2:6,10,16 38:23 39:19 89:6,8
fully (5) 15:1,3 32:19,20,22
functioning (1) 42:8
funded (3) 53:2 55:6 111:13
funding (7) 46:18 48:5 49:9,11 53:3 103:8,10
funeral (1) 15:8
further (14) 16:19,20 40:25 49:1 56:9,21 73:7 84:15,17 97:18 100:14 102:8 106:20 116:19
future (5) 20:11 21:3 25:11 53:5 82:7

G

gail (3) 58:1,20 118:6
gap (3) 63:11 80:6 81:3
gatecrashed (1) 99:16
gather (2) 20:12 76:7
gave (5) 14:9 29:24 32:12 100:1,3
gazebos (1) 22:19
gazillion (1) 38:17
general (14) 19:7,21 21:23 23:9 24:14 30:24 33:4 55:19 69:17 70:15 75:18 106:19,22 110:2
generally (7) 14:16 61:20 74:16 77:25 81:17 98:6 111:21
generation (1) 70:14
genuine (1) 14:14
get (49) 4:3 11:6 12:7 14:12 21:2 28:18 29:20 30:13,15,17 31:2,12 32:3,6,7,17,18 36:1 38:9 39:3,3,6 42:21 46:17 49:23 50:15 51:2,3,7 57:14 64:8 65:16 72:25 73:22 75:17 84:24 85:2,2 95:4 96:4,20,21,25 97:1,24 98:18,22 107:19 108:14
gets (1) 96:19
getting (7) 4:7 11:6 12:9,11 16:6 95:22 108:5
give (11) 11:5 23:25 39:20 45:7 59:21 82:12 83:2 95:2 113:16 114:17 115:7
given (16) 7:1 10:16 16:2 27:24 28:7 46:9 69:9 70:5 74:17 89:18 95:23 96:6 102:17 103:2 106:11 113:24
giving (4) 19:3 31:6 45:3 115:6
glasgow (6) 12:6 73:15,16,19 74:4,5
gloves (2) 28:1 32:2
gluten (1) 44:16
goes (2) 6:2,16
going (48) 1:17 6:11 8:7 14:19,19 25:16,20 27:19 32:11,15 33:3 36:3 42:17,20 43:2 44:14 48:11 51:2,5,12 54:18 55:14 56:8 68:24,24 71:3,14,24 75:1 76:8 77:22 84:5 86:20 92:6 104:7,21 105:1 106:23 111:5,6,8,12,13 112:21 113:23 114:2,12 116:8
gold (11) 92:11,12,14,14 95:13 112:12,18,19,21 113:25 114:21
gone (5) 11:13 27:6,8 100:9 103:19
good (32) 1:3,4,8,11,12 6:23 9:15 12:12 17:12,12,18 21:15 25:5 45:16 51:4 58:2,2,4,5,12 85:7,17,18,22,23,24 86:3 114:20 115:17 116:3,21 117:9
goodbye (1) 54:18
government (28) 10:12 12:2 49:9,15 50:6 51:15 52:24 81:16 82:10,15 92:2,11 93:5 94:17,19,24 95:6 96:15 98:7 103:21 105:4 107:1 108:4,21 110:1 111:19 113:8,12
gp (31) 19:14,24 20:23 21:21 22:4 23:13 24:17 33:18 37:7 39:13 40:1 43:13 46:2 47:8 51:14 52:4,14 55:25 58:25 59:4,7 61:25 62:2,7 66:10 69:20 70:2,19,21 78:1 79:6
gps (11) 20:14 26:16 28:19 30:3 31:3 52:16 70:18 77:11,19,19,21
gradually (1) 90:25
grateful (6) 16:24 57:1,19 85:4 115:19 116:22
great (2) 1:18 5:14
greater (5) 61:19 68:17 70:3 77:8 78:10
grew (2) 33:12 82:23
groceries (1) 77:1
ground (2) 95:24 96:7
group (80) 6:9 8:3 20:18 30:3 36:24 40:4 42:5,15 60:8,10,23 65:1 77:1 78:22,25 80:5 86:20 87:5 91:9,11,12,15,17,18,22 92:1,7,11,12,13,14,14,15 93:5,6,12,13,18,18,19,24 94:8,10,13,15 95:12,13,18 97:6,11,16 98:3,5 99:6,14 100:16,22 103:4 105:4,20,21,22 107:3,8,15 111:18,24 112:9,12,14,16,18,19,20,21 113:1,1,3,25 114:21
grouping (1) 88:13
groups (6) 21:14 96:16 101:11 108:4 111:18 113:19
guardianship (1) 4:9
guess (3) 72:13 78:19 84:6
guidance (5) 24:20,21 45:8 81:17 109:2
guy (1) 32:10

H

hadnt (13) 31:23 37:17 42:24 43:18 82:1,2 89:10,16 90:21 95:25 97:23 100:12 107:12
hair (1) 30:22
half (3) 30:14 32:13,14
hand (2) 12:22 51:21
happen (7) 19:19 20:8,9 31:3 47:15 107:9 114:24
happened (7) 37:21 39:7 42:22 64:15 76:23 99:22 107:7
happening (9) 12:19 19:18 83:3 95:10,16 104:14 111:4 116:4,7
happens (1) 84:9
happy (9) 13:8 57:10,15 70:1,8 81:15 85:7,9 102:2
hard (4) 16:6 51:20 96:4 115:15
harder (2) 14:12 30:13
harris (4) 71:21,22,24 72:7
harsh (1) 26:19
havent (6) 30:10 55:12,13 83:25 96:7 115:25
having (23) 10:9 22:8,21 26:9 27:20 28:4 32:16 34:7 36:8 44:20 47:2 65:23 66:12 71:18 72:4 73:19 90:16,17 101:18,22 104:16 105:6 112:23
head (2) 19:2 76:20
headaches (1) 34:6
health (48) 15:9,11 28:22 41:10 46:18,19,20 47:2 51:16 52:1,24 60:3,14 63:14,16,17,23 64:17,19,20,22 65:1,8,11,14,20 66:5,7,10,12,14 67:2,5 68:5,7,10,22,25 71:16 73:7 79:4 81:23,23 82:10 90:19 98:10 110:18,19
healthcare (4) 24:10 29:4 34:14 50:25
healthily (1) 45:7
healthy (3) 38:13,19 44:16
hear (4) 9:24 31:18 36:7 105:14
heard (12) 1:13 14:5 21:6 27:11 38:5,7 55:24 61:25 75:12 92:12 105:13 111:25
hearing (5) 42:4 86:9 95:22 117:4,13
heart (10) 19:8 37:11,20 39:12 42:7 43:4,4 51:22 79:8 81:10
heartbreaking (2) 9:23 10:1
heavyweights (2) 94:23 96:15
hebrides (3) 59:11 79:7 81:10
hell (2) 14:12 85:24
help (14) 3:19 4:5,6 40:5 42:1 44:1 46:3,23,25 47:3 52:18 72:2 98:20,25
helped (1) 63:21
helpful (4) 84:10 91:4,19 116:17
helps (1) 80:9
here (13) 9:14 17:2,4 18:9 21:25 46:9 57:6 62:17,24 63:19 77:8 78:22,23
heres (1) 104:24
hes (11) 7:9 13:8,10,17 14:11,13,13,19,19 43:23 97:19
hesitate (1) 7:5
high (4) 34:18 73:5 89:15,18
higher (3) 30:6,7 51:14
highest (2) 116:10,11
highlevel (1) 116:12
highlighting (2) 102:10 110:6
highprofile (1) 93:5
highrisk (1) 106:8
hills (1) 38:18
himself (3) 3:2 4:1,2
history (1) 19:13
hoc (1) 21:15
hold (2) 19:7 98:18
holiday (2) 35:25 107:12
holidays (1) 8:20
home (15) 5:3 11:17 54:9 55:3 66:21 76:16 77:20 89:12,16,19 90:1,3,5 91:15,21
homes (5) 28:12 77:10,12,16 95:16
honestly (1) 26:21
hope (7) 17:2 25:11 26:24 45:11 79:25 85:1 116:4
hopefully (3) 20:8 52:18 58:16
hopes (4) 15:16,23 113:6 115:19
hospital (16) 23:16 30:16 31:21 33:1 54:15,19 55:2 62:24 71:8,17,18,19 72:11,24 73:14 79:3
hospitals (1) 73:14
hour (3) 30:14 32:13,14
hours (8) 5:23,25 6:3 34:21 61:21 71:1 89:2 90:23
house (9) 5:5 14:11,15 27:20 28:5,10,10 87:22 88:8
houses (1) 28:6
however (1) 101:11
hsc0163 (2) 1:9 118:2
huge (5) 22:17 50:24 51:1 56:4 65:18
hugely (1) 60:12
humza (1) 105:11
hundreds (1) 12:6
husband (17) 35:5 36:19 38:15 43:19 54:22,23 87:20,23 88:8,10,16,16,18,24 90:13 91:5 106:6
husbands (3) 89:12,19 93:8

I

icu (4) 72:22 73:11,19,21
icus (1) 73:16
id (11) 3:23 27:5 34:25,25 42:3,4,13,15,18 43:2 54:25
idea (4) 57:4 103:12 112:19,20
ideally (1) 30:1
ideas (1) 67:13
ideation (1) 67:19
identified (1) 101:8
identify (9) 6:4 33:15 41:21 54:3 62:12 72:22 80:24 82:9 103:7
ie (2) 28:9,23
ill (21) 1:19 5:2 29:4 32:17 33:16 34:25 42:3 45:9 50:23 51:9 55:16 56:7 57:10,16 66:3 72:12 74:4,14 84:25 87:9 91:10
illness (13) 22:1 34:22 35:15 40:13,19 41:7 47:23 49:7,23,24 51:21 52:3,19
illnesses (1) 39:4
im (66) 5:13 7:11 9:3,6,13 10:22 15:4,4,5,20 16:14,15,24 23:20 26:21,22 32:5 34:13 38:22,22,25 39:11,12 40:24 42:20 43:8 45:4,11 47:7 51:19 56:22 57:1,10,12,15,19 62:13,18 66:1,24 67:21,22,23 68:2 71:2,5 72:12 74:19,20 78:14,16 82:4 83:10 84:3,7 85:3,7 86:14,20 103:13 104:12 105:9 115:18 116:22 117:3,3
imagine (4) 66:8 89:25 107:11 115:6
immediately (2) 2:22 88:5
immune (1) 4:13
immunosuppressant (1) 28:3
impact (9) 3:1 13:7 41:18 49:17 108:12,16,23 109:11 117:4
impacts (6) 9:18 67:23 108:20,22 109:18,18
importance (1) 113:24
important (9) 7:1 8:1,24,25 10:17 44:10 67:7 99:7 115:3
impossible (1) 11:14
impression (1) 39:20
improve (2) 52:7 111:6
improvement (1) 13:11
improving (1) 50:13
inability (2) 63:17 65:16
inaudible (4) 3:20 61:1,8,24
incidents (1) 74:21
include (1) 80:2
included (4) 99:2 100:10 106:8 116:2
including (6) 9:18,20 34:6 42:12 55:22 116:9
income (2) 32:14,16
increase (2) 64:21 65:9
increased (5) 60:11 61:21 67:14 68:5,6
increasing (3) 65:8 66:20 67:9
incredibly (1) 43:17
independance (1) 10:2
index (1) 118:1
indicate (1) 67:18
indicated (2) 4:17 37:6
indirectly (1) 90:10
individual (4) 24:17,24 67:21 86:24
individuals (4) 44:21 63:15 79:2 86:17
infection (2) 69:2 77:23
infectious (2) 36:10 37:13
inflammatory (1) 59:25
influenced (1) 100:11
influencing (1) 113:8
influential (1) 93:6
information (21) 11:5 37:3 82:9 83:1 84:20 92:4,9 96:4 97:2,20,21,24 98:1,4,5,6,7,11,13 114:16 115:5
informationsharing (3) 92:18 95:17 113:1
informed (1) 114:25
initial (5) 60:12 74:25 75:24 89:14 100:6
initially (7) 27:23 37:13 42:10 71:9,11 79:13 93:25
injury (1) 84:8
injustice (1) 93:9
inordinately (1) 98:14
inquiry (16) 15:16 16:2,5 18:3 40:7 58:13 67:22 86:4,16 98:18,24 113:6 115:19,21,23 116:4
insane (1) 22:5
insofar (3) 90:11 108:19 111:20
instance (1) 47:22
insufficient (1) 101:13
intended (2) 89:10 90:21
interest (2) 21:5 46:10
interested (5) 2:16 66:1 84:4,7 88:5
interests (1) 81:20
intermittently (1) 63:7
internally (1) 44:15
interrupt (1) 114:4
into (32) 15:14 22:14 24:10 25:12 28:5 29:3 33:4 35:19 36:6 39:1 47:25 54:21 55:14 59:21 61:3 71:12 78:6 80:6 81:1 84:5,23 89:22,23 90:2 91:6 100:13 101:5,22 102:6 103:22 106:23 113:18
introduced (1) 103:25
introverted (1) 14:2
invest (1) 49:21
investigated (1) 49:1
invitation (1) 92:1
invited (4) 94:2 99:12 100:17 111:20
involve (2) 93:19 113:13
involved (14) 26:22 59:9 72:12 73:3 76:18 92:21,22 93:6,15 102:2 111:19 113:22 116:9,12
involvement (3) 5:15 97:5 99:15
involving (1) 93:25
ipad (3) 10:6,10 23:1
island (16) 63:8 69:24 71:20 72:19,23 73:11,20 74:9,16,18 75:21 76:13,23 78:18 80:11 81:7
isle (12) 57:8 58:21 66:15 69:18 71:20,21,22,23 72:20 74:9 76:11 78:23
isles (2) 58:22 76:2
isnt (8) 4:2 25:9 26:19 42:8 48:11 58:13 115:24 116:2
isolation (2) 13:19 15:12
issued (1) 81:17
issues (27) 4:5 30:22 70:5 75:4 77:4 80:8 81:23,23 92:9,10 93:3,14,15 95:1 97:13 99:2,18,20 100:20,20 105:21,23 106:15,17 107:24 112:23,24
item (3) 99:5,7 100:21
items (1) 101:8
itliterate (1) 70:21
its (78) 3:12 7:7 9:8 13:14 14:8,12,22,22 15:12 16:16 18:10,14,15 19:2 22:15,16 25:5 27:9 29:11,21 30:13 36:19 41:6 44:23 46:18 47:19,21 48:6,8,9,11,19 49:4,20 50:2,5,10,13,14 51:4,22 52:4 55:11,16 56:15,15 57:11,12 60:15 63:20 67:4,6,10,20 71:21 73:21 74:4 75:12 81:2,9 82:17 83:16 84:25 85:10 88:21 91:4,4,11,18 93:2,3,5,5 108:11 109:23 111:12,12 116:3
itself (3) 28:18 65:19 108:2
ive (28) 1:25 3:17,20 4:8 9:15 14:25 15:5 17:24 19:5 34:13 38:17 43:14 44:16 49:13 54:16 56:11 57:4 63:19 64:16,17 69:12 71:5,19 81:22 84:21 91:17 108:17 112:19

J

january (1) 103:25
job (4) 31:19,25 42:17 52:5
join (4) 20:19 93:17 94:3 99:12
joined (2) 10:4 91:13
jointly (2) 53:4 94:16
journal (2) 35:18 40:10
july (1) 63:5
jump (1) 61:2
jumping (1) 38:20
june (3) 36:8 37:7 64:4
justified (3) 108:22 109:19,23
justly (1) 41:9

K

kathleen (1) 58:20
keen (1) 95:20
keep (10) 10:8 33:13 43:17 78:15,17 89:3 104:15,25 109:3,22
keeping (4) 104:8 109:7,12,14
kept (2) 78:12 94:6

SCI-TRNSPT-000048_0034

key (6) 15:18 40:20 41:11 50:20,21 54:4
kind (22) 1:20 3:23 6:1,6 8:7,9 15:9 42:1 72:3 75:6 77:4 88:13 91:6 95:9,17 98:24 101:6 104:5,16 105:18 107:21 117:8
knew (6) 43:12 64:14 89:15,17 99:18 104:19
know (146) 4:5 7:6 11:1 14:2 16:13 17:5 18:16 21:3 22:13,15,25 23:6 24:23 26:16,21 27:1,3 28:25 29:5,15,25 32:21 33:3 38:16,23 42:9,11 44:24 45:3 46:9 47:24 48:19 51:10,23 52:6 53:3 54:16,25 56:18 60:22 61:17,19,20,23 62:2,16 63:10,23,24 64:5,16 65:4,18,22,23 66:8,17,21 67:10,11 68:10,14,22 69:13,13,23 70:14 72:10,11,14 73:2,13,17,17 74:12,13,20 75:18 76:3,9 77:11,17,23 78:19 79:3,6,11,11,18,19,22 80:14,16,18,22 81:7,13 82:5,6,7 83:17,18,22 84:3,4,6,9,12 89:4,5 90:14 91:5 95:20 96:1,5 100:17 101:18,18,20,23 102:19 104:11,20 105:18 106:16 108:13 109:5,6,9,13,16 110:18 111:25 112:10,11 113:12,21 114:1,21 115:12,15,16 116:3,11,19 117:1
knowing (1) 17:7
known (1) 36:23

L

label (1) 55:9
lack (5) 12:15 105:6,24 110:22,23
lady (1) 27:25
laid (1) 69:5
land (2) 71:21,23
lanyard (1) 104:10
lanyards (1) 104:20
laptop (1) 1:25
large (3) 27:24 28:13 92:16
largely (4) 5:16 76:21 91:4 103:15
last (7) 13:16 16:2 39:22 52:22 61:10 85:19 117:4
late (1) 31:20
later (6) 6:2 13:3 33:25 36:7 40:25 90:2
latest (2) 55:13 95:5
latterly (2) 43:22 64:17
laymans (1) 60:2
lead (2) 70:21 82:25
leads (1) 99:14
learn (3) 52:4,9 113:15
learned (2) 53:24 116:5
learning (6) 6:10,14,16 10:12 13:23 15:19
learnt (11) 20:13,20,23 21:14 25:10,12 42:15 44:11 51:6 52:2,5
least (4) 28:9 39:19 81:24 114:24
leave (3) 14:11 68:17 107:11
led (2) 62:3 91:6
left (1) 80:6
legislation (1) 104:7
lengthy (2) 35:6 111:3
less (4) 55:15 68:16 90:12 113:3
lessons (3) 53:24 56:9 116:4
let (2) 25:19 28:2
lets (2) 5:19 48:25
letters (1) 54:18
level (16) 12:20 26:23,25 29:16 30:6,7 46:18 51:13,14,14,15 78:1 83:12 116:9,10,11
levels (2) 81:22 96:1
lewis (15) 57:8 58:22 59:1,4 62:8 66:15 69:18,25 71:20,23,24 72:20 74:10 76:11 78:23
liaise (1) 77:19
licences (1) 24:13
lies (1) 108:1
life (6) 3:1,24 4:19 5:21 10:15 61:15
lifeline (1) 6:22
lifted (3) 73:23 106:5 108:14
light (1) 96:17
lightbulb (1) 36:18
like (31) 5:12 7:10 8:9 16:1 22:11 35:1 37:24 38:8 43:24 48:9 52:13 56:13 59:24 66:14 70:18 72:20 80:21 81:10 83:25 95:3,15 101:17 104:22 105:25 106:4 111:18 113:1 114:2,25 115:1,23
likely (3) 57:6 75:15 97:20
line (2) 29:5,8
link (2) 48:17 108:16
linked (2) 92:15 105:18
links (1) 93:4
lip (1) 101:15
list (5) 68:4 92:1 94:19 106:8,9
listen (1) 50:22
listened (5) 107:20 112:2 113:7 114:5,7
listening (4) 107:3 112:3,5,6
little (6) 4:20,21 6:5 20:4 21:20 22:10
live (6) 39:16 47:22 58:21 61:17 87:20,22
lived (4) 11:10 20:3 32:15 42:25
livelihood (1) 65:21
lives (1) 2:19
living (4) 41:9 49:13 75:21 79:23
local (4) 29:11 90:22 101:19 107:2
locally (1) 48:1
lock (1) 89:16
lockdown (10) 22:5 38:17 54:7 62:18 63:25 65:22 66:13 67:25 74:18 81:19
lockdowns (2) 81:25 82:1
locked (3) 21:1 50:20 55:18
locum (4) 31:20 33:5 39:13 74:16
locuming (1) 32:13
locums (2) 74:23,25
long (94) 2:9 27:13 31:19 33:15 35:1,4,9,11,18 36:16,24,24 37:2,22 38:6,8,13 39:20 40:17 41:22 42:4 43:18,20 44:22,25 45:10,12,13,15,18,18,20,22,23 46:5,10 47:5,9,11,15 48:7,14,17,21,25 49:2,11,13,14,17 50:8,12 51:20 52:11 53:2 54:17 55:6,9,16 56:7,16 59:10 60:8,10,20,24 61:3,9,24 62:1,17 78:20,22 79:7,10,15,23 80:1,5,7,9,12,14,25 81:7,10,11 94:19 98:14 102:24 107:13 110:4,5,18
longcovidfriendly (2) 52:15,17
longer (5) 24:13 26:22 48:6 49:4 63:11
longerterm (1) 59:20
longterm (6) 19:21 59:15,16,23 60:16 61:17
look (18) 3:25 4:2 18:12,15,22 32:4 36:14,19 43:9,14 49:12,13,17 53:5,8 69:2 86:12 98:22
looked (6) 24:3 27:7 32:10 36:22 69:1 82:4
looking (16) 3:2 18:1 19:11 26:23 48:14 53:11 56:6 68:25 84:25 86:14 98:6 99:1 100:2 103:20,22 115:15
lordship (4) 1:14 16:15,17 17:25
lose (1) 42:17
loss (1) 39:25
lost (2) 7:9 31:19
lot (32) 1:18 4:9 14:16 20:12 23:10 25:10,12 26:1,2 30:20 37:3 50:15 51:5 53:18 55:2,24 63:25 65:21 66:18 70:7 79:22 92:17 95:14,17 102:3,21 104:12 109:2 112:1 113:14,19 114:1
lothian (5) 19:14 20:18 30:4 31:4 39:14
lots (3) 6:7 28:6 106:4
lottery (3) 47:19,21 52:8
low (2) 78:13,17
lucky (6) 27:25 34:13 35:2 47:1 69:14 70:21
lump (1) 55:11
lunch (1) 89:4
lung (1) 42:11
lymphoma (2) 37:24 48:22

M

maam (2) 1:11 9:15
madam (2) 3:6 16:22
magnitude (1) 39:21
main (4) 37:25 45:4 56:10 101:8
mainland (4) 73:15 74:14 80:13,21
majority (7) 31:4 45:5,23 46:21 47:5,10 59:5
making (4) 4:6 16:11 51:9 95:6
man (1) 25:16
manage (4) 45:22 47:2 80:10 90:5
managed (4) 38:9 42:24 76:5 80:23
management (2) 46:4 101:20
manifest (1) 7:5
mantra (1) 55:4
manufactured (1) 29:18
many (20) 5:22 35:3 38:8 43:24 45:8 59:15,19 60:22 80:8 83:20 94:20 97:22 102:18,20,21 108:25 109:9 111:15 112:25 116:5
march (4) 21:1 88:6,6,24
margaret (1) 86:7
marital (1) 2:14
marked (1) 67:11
mask (4) 30:18 31:23 32:25 33:11
masks (23) 27:24 28:14,15,18,20 29:11,13 30:6,13,15,16 31:24 32:2,21 33:8 75:6,8,9,13,18,19 104:8 109:6
mass (2) 71:21,23
matter (1) 53:12
matters (2) 30:5 74:5
maybe (35) 6:12 7:11 11:6 12:22 15:16 33:9 38:25 44:23 45:9 46:12 47:7,16 49:9 50:8 51:5,23 53:25 60:25 64:11 67:12 71:5 72:4 73:21 77:2 87:12 88:3 90:9 92:23,24 95:2 108:1 111:16 112:9 114:20,23
meal (1) 8:10
mean (29) 18:19 21:7 22:14,21 24:9 27:5 28:21 29:22 37:11 41:10 45:1 49:12,13 51:16 54:15 56:2 59:23 65:2 67:20 72:9,20 73:4 77:6 78:3,23 81:19,20 82:16 94:25
means (3) 44:7,20 70:22
meant (3) 2:11 79:1 104:20
measure (2) 31:3 104:23
measured (1) 31:2
measures (5) 104:6,15,24 106:5 108:13
media (2) 36:22 42:15
medical (25) 2:21 10:16 15:10 21:19 35:17 50:7,11 52:1,3 55:8 58:25 59:5,22 62:7,12 66:6,14 77:5 83:9 88:17 106:21 107:1,5 108:10,10
medication (4) 24:4,7 28:4 77:2
medicine (4) 23:9 24:14 39:19 59:1
meet (3) 97:9 100:18 115:11
meeting (25) 40:17 42:16,21,23 87:3 91:13 94:6 96:14,19,24 99:8,10,12,16,21,22,23 100:7,8,18 105:10,16 106:20 107:16,18
meetings (19) 94:13,15 95:1,9,11 97:7,8 98:5,15 99:6,20 101:9 106:24 107:3,4 111:20 113:19 115:10 116:12
member (2) 74:14 93:23
members (6) 74:7,7,13 80:8 108:6 113:21
memory (1) 22:16
mental (28) 15:9,10 47:2 59:23 60:3,14 64:17,19,20,22,25 65:8,11,14 66:5,7,10,12,14 67:5 68:5,7,10,22,25 81:23 102:11 110:18
mention (7) 28:16 35:17 56:9 65:14 74:15 78:13 105:11
mentioned (10) 7:11 16:17 28:13 31:7 41:3 44:3 48:14 53:10 73:18 83:6
mentioning (1) 75:12
merely (1) 29:1
met (4) 97:19 99:13 100:3,4
methods (1) 83:22
metres (2) 104:11 109:7
midapril (1) 35:22
middleaged (2) 65:3,13
might (14) 7:1 11:16 14:18 22:1,23 24:5 42:1 60:2 62:24 65:20 98:10,23,25 114:4
mild (1) 72:8
miles (1) 72:4
million (4) 102:17,23 103:1,8
millions (2) 50:19 55:14
mind (6) 20:1 84:11 90:25 91:10,19 92:25
mindful (1) 78:5
minds (1) 51:11
mine (1) 62:4
minimal (1) 62:22
minimum (1) 5:7
minister (1) 102:11
minus (1) 19:1
minute (1) 16:2
minutes (7) 53:11,21 98:15,16,18,20 114:21
mirrored (1) 14:1
missed (1) 48:20
missing (2) 50:19 55:14
misunderstanding (2) 47:7 64:12
mitigate (2) 108:20 109:17
mitigating (1) 108:19
mixed (1) 83:22
moment (3) 36:18 66:2 81:9
monday (1) 22:5
money (3) 4:3 102:17 103:17
monitor (2) 63:17 111:6
monitored (3) 63:13,21 111:12
monitoring (4) 24:8 63:24 64:2,10
month (3) 36:2 67:13 93:14
months (14) 2:3,13 11:23 29:5 42:25 44:17 63:3 64:3 65:4 66:3 71:13,14 78:7 85:1
more (60) 4:25 6:25 9:16 14:10,25 15:12,13 16:12 17:5 21:20 31:13 33:7 36:22,22 37:1,1,20 39:4 40:6,7 42:4,5 43:9 45:20 46:12 47:14 48:3 51:5,9,16 55:5,11,22 61:19 62:8 65:5,5 66:1 67:4 68:13 69:24 70:10 74:12,19,22 77:6 80:16 81:2 82:15,25 83:7 84:12 92:6,8,12,19 93:19 106:4 108:5 113:1
morning (18) 1:3,4,5,11,12,18 5:23 6:1,1 9:15,20,21 13:5 17:12,12 32:9 56:14 117:9
mornings (2) 5:22 6:18
most (13) 3:12 8:25 44:10 53:22 62:23 66:17,22 68:2 69:23 83:18 109:20,21 116:8
mostly (4) 60:14,14 64:17 69:25
mother (1) 8:8
motion (1) 40:16
mouthful (1) 91:11
move (6) 21:17 33:14 53:24 56:18 62:11 105:2
moved (3) 70:15 88:10,11
moving (7) 23:17 41:16 62:6 70:25 77:9 78:20 111:23
mrna (1) 84:12
ms (3) 17:13 45:13 48:15
much (33) 4:24 6:21 15:12,24 29:8 35:2 38:20 39:1,4 45:20 47:24 49:22 50:23 53:14,18 56:25 57:19 63:11 70:10 72:5 74:12 82:15 85:5 93:3 96:8 99:11,15 101:4 104:7 107:10 110:11 116:24 117:10
multifactorial (1) 67:20
multistakeholder (1) 91:22
multisystem (1) 42:10
music (1) 6:7
must (1) 9:23
mutual (1) 24:23
myself (3) 15:13 33:6 79:6

N

name (14) 1:6,15,21 3:13 7:11 9:8 16:3,11 17:22 58:19 86:6,17,23 94:14
named (2) 5:12 86:16
names (7) 1:16 3:19 10:22 16:14 35:5 43:19 79:2
naming (6) 10:22 35:5 43:19 63:15 87:20,25
narrate (1) 19:12
narrated (1) 108:7
national (1) 24:20
natural (4) 3:12 9:8 13:19 16:16
navigating (1) 47:4
near (3) 53:5 70:10,16
need (26) 16:18,23 21:11 24:5,8 33:10 37:22 51:12,13,16,25 55:1 56:17 59:16 73:9 78:10 94:21 102:10,22 103:3,12,23 105:14 110:6 111:9 113:22
needed (11) 9:2 23:15 29:25 53:15 54:15 59:19 62:22 72:24 92:10 103:17 109:19
needing (1) 81:12
needs (8) 4:5,6 51:12 55:5 82:4 102:18 111:7,8
negative (9) 33:24 34:2,8,17,18 35:12,13 55:22 110:14
network (4) 52:10,12 53:1,2
never (9) 14:7 20:5,5,8 21:4 32:18 44:16 52:2 73:3
newer (1) 55:20
next (12) 17:14 18:19 19:19 54:18 57:3,7 74:24 75:2 85:8 96:24 117:1,3
nhs (9) 16:6 53:3,9 54:9 55:4 59:17 68:7,12,16
nicola (1) 12:21
nobody (4) 34:11 94:7 104:18,18
nobrainer (1) 49:20
none (2) 100:9 101:12
nonresidential (1) 93:8
normal (7) 5:10 54:23 69:8,8 75:8,19,23
normalised (1) 64:5
normally (1) 86:17
note (2) 55:20,22
notes (1) 17:15
nothing (7) 9:7,7 16:20 37:23 100:10 114:6 115:7
notice (1) 77:25
noticed (3) 18:2 43:3 86:10
notion (1) 25:4
notwithstanding (1) 76:21
november (1) 19:18
nowhere (2) 4:25 5:1
number (18) 1:7 32:21 49:18,18,19 54:16 58:9 60:24 69:17 76:12,14,15 85:20 90:4 92:15,16 97:18 105:23
numbers (7) 22:14 65:4,5,7 66:20 68:11 78:6
nurse (3) 33:19 77:15 89:19
nurses (1) 77:15
nutritional (1) 44:24
nutritionist (2) 37:9 44:4

O

obsessed (1) 12:20
obvious (3) 4:25 14:22 25:4
obviously (6) 6:13 13:21 22:22 67:22 76:22 88:21
occasion (1) 57:5
occupational (4) 40:13,18 41:7 46:23
occurred (1) 74:21
occurring (1) 83:5
oclock (4) 17:1,6 57:13,17
october (1) 87:5
odd (2) 43:7 112:15
offer (6) 11:16 27:3 29:16 82:22 83:19 103:12
offered (4) 8:22 32:3 97:8 106:10
offering (3) 64:6 114:16 115:4
office (3) 89:22,23 90:2
officer (4) 106:22 107:1,5 108:11
official (1) 20:20
officially (3) 2:12 26:21 27:1
often (12) 60:17 65:19 67:16 73:17 75:8 78:8 91:18 95:13,25 107:21 110:20 115:9
oh (6) 9:4 32:6 48:23 78:9 93:2 94:21
okay (18) 2:19 9:5 11:8 12:13 13:2 23:5,5 31:17 44:20 45:9 47:7 56:20 60:19 64:24 69:16 72:17 76:21 83:23
old (3) 2:3 10:6 43:17
older (1) 70:14
oncall (1) 72:13
once (7) 8:3 22:6 33:12 65:3 67:13 107:23 109:8
ones (6) 34:13 46:5 56:10 66:1 75:24 84:13
ongoing (1) 63:2
online (3) 10:4,5 60:11
onwards (1) 57:13
open (7) 13:11 15:20 69:10 78:3 83:11 96:2,18
opened (6) 95:25 96:8,9,11 97:23,23
opening (4) 95:22,24 96:6 105:24
operate (2) 69:8,8
operated (1) 76:10
opinion (5) 19:24 50:8,12 81:6 82:11
opportunity (5) 8:23 56:11 73:6 97:8 102:2
option (4) 11:17 14:9 70:16 90:23
options (1) 81:4
oral (1) 115:25
order (6) 1:5,14 9:1 10:8 87:10,14
organisation (5) 59:9 91:8 92:20 93:2,10
organisations (8) 81:9,9 91:7 92:2 93:21,22 94:20 103:9
organised (1) 50:6
organising (1) 32:4
original (1) 24:13
originally (1) 48:13
orthostatic (1) 38:4
osteopath (1) 37:9
others (4) 30:8 38:5 43:24 72:11
otherwise (1) 28:11
ots (1) 79:5
ourselves (2) 88:1 101:23
outings (1) 6:8
outlying (2) 72:14,16
outofdate (1) 42:18
outreach (1) 31:1
outset (4) 26:19 64:22,23 88:23
outside (1) 6:21
outwith (2) 13:15 115:10
over (13) 13:12 18:1 23:11 32:14 37:11 46:3 50:10 60:22 61:7,10 69:5 71:20 80:20
overall (1) 81:15
overcome (1) 78:15
overspeaking (1) 61:1
overview (1) 19:11
own (11) 8:15 13:9 28:12 32:8,9 41:16 45:1 52:8 58:9 60:17 76:9
oxford (1) 82:17
oxygen (3) 23:4 54:20,21

P

pa (1) 57:14
pacing (1) 46:3
package (3) 4:22 5:9 9:1
packages (1) 5:4
paid (2) 101:24 102:1
pain (2) 61:22 80:22
paisley (2) 73:17 74:5
pandemic (98) 2:15,22,25 4:12,14,23,25 5:15,16,21 8:3,5,6,17 9:18 11:23 15:11 20:2 21:8 23:18,24 24:2 25:8 26:16,20 38:12 41:2 50:24 56:2 59:8 60:12,17,19 61:4 63:4,10 64:4,22,25 65:4 66:4,9,16,23 67:11,12,14 68:1,12 69:9 71:1 72:24 73:20,22 74:9 75:17 76:22 77:12 78:2,7 82:7,18,21 83:12,15,17 84:6 87:4

88:5,22,24 89:14
90:11,15,21 91:9,16 92:5,6
93:17,23 94:8,12 95:7
97:5,11,16 98:3 99:14
100:15,21 103:4 105:20
107:8,15 110:23,24 111:24
pandemics (1) 25:11
panicked (1) 22:7
paper (2) 3:18 25:19
paragraph (95) 1:23 2:1
4:11,18,19 5:20 8:2,13,19
9:17,21 10:2,11,14,20 11:8
12:5 13:8 14:10,25
18:20,22 19:6,17 22:18
23:17 26:7,13 27:13 28:15
29:10 30:4 33:14,16 35:16
36:15 37:5,7,10 39:8,17
40:11 41:19 45:11 48:14
49:8 50:5 54:3,11 55:10,21
59:7,8 60:7,10 62:7,15,21
65:11 68:4 69:2 70:1,25
71:2,6 72:21 73:10,19
74:15,24 75:2,2 76:24 77:9
78:13,21 80:25 81:14,19
82:9,14 83:7,8 86:12
87:3,16 94:11,12 99:1,4
103:7,21,23,24 106:20
paragraphs (15) 12:13 13:4
18:8,13 19:12 26:8 27:11
31:21 58:24 62:11 63:12
65:12 105:3 108:3,7
paramount (1) 10:18
parent (1) 54:4
parents (3) 13:24 14:1 56:7
park (3) 22:19,20 23:2
parkinsons (7) 88:18 89:19
106:7,9,12,13,15
part (11) 42:8,12 77:16,24
78:21 79:5 81:24 86:20
88:12 89:5 117:7
partially (2) 96:1 97:22
participated (1) 13:15
particular (19) 6:15 14:6
27:21 30:11,12,21,24
41:20 47:17,18 59:21
65:1,16 74:17 75:3,21
106:6,24,24
particularly (10) 10:18 49:15
70:14 72:12 76:1 81:23
88:4 101:23 106:14 115:3
partner (3) 26:22 27:6
111:22
partners (1) 42:16
partnership (2) 113:12
116:14
partnerships (1) 98:11
parts (1) 81:1
parttime (1) 2:13
passed (1) 46:2
past (2) 13:12 117:6
pathology (2) 51:10 55:13
patient (3) 46:2 47:16 54:24
patients (45) 22:18
23:2,11,18,19 24:7
26:9,17,23 45:2,13 46:11
48:15,22 49:22 51:23
52:5,19 59:22 62:24
63:12,18,20 64:21,25
65:25 66:2,12 67:21 69:11
70:1,4,6,7 71:4,6 72:24
73:10,19 74:3 76:15 78:4,8
83:19,20
pause (1) 3:6
paying (1) 101:15
peaks (1) 44:14
peer (1) 37:1
pension (1) 90:24
people (135) 6:9,11,18,24
7:2 10:19 11:18 12:10,15
14:5,7 15:8 20:24 21:14
23:3,6,14 24:4,15 25:18
28:11,17 30:22 35:3
36:20,23 37:2 41:4 44:7
45:5,10 47:3
49:12,15,18,19,19,21,25
50:10,16,18,21 51:1,5,22
54:9,11,16
55:2,15,16,21,22 56:4,6
58:16 59:15,17,19
60:5,14,15,20,23 63:15,25
65:2,3,5,7,13,19,23
66:20,20 67:2,3,9
68:3,13,15,15,16 70:13,18
72:4,6,10,14,16 74:18
75:16,19 78:10,18
79:14,23,24 80:2,11,15,16
81:12 82:19,21 83:5 88:9
91:25,25 94:5 104:2,6,9,15
105:25 106:2,9,10,13
109:1,3,4,6,9,11,13,15
110:20 113:13,16,20 115:4
116:6,8
peoples (5) 3:19 63:14,23
64:13 106:2
per (1) 32:25
percentage (2) 50:25 51:1
percentages (1) 83:2
perfect (5) 2:1 17:6,8 48:3
57:18
perfectly (2) 57:10,12
perhaps (3) 7:15 18:12 64:12
period (11) 2:15,17 8:14
13:11 14:3 35:6 36:4 37:12
88:4,7 89:24
permitted (1) 11:10
persistent (1) 60:6
person (6) 5:12 12:10 23:2
28:3 38:13 77:22
personal (8) 29:12 76:10
89:1,20 90:17 104:16
109:12,14
personally (1) 30:8
persons (3) 41:13 86:23
114:7
perspective (1) 49:3
persuaded (1) 113:9
petty (1) 16:8
pfizer (1) 78:12
pharmaceutical (1) 75:22
phased (1) 36:7
phenomenon (1) 36:23
phone (6) 12:11 19:23 23:11
26:9,12 83:18
phoned (3) 22:1,3 43:13
phoning (1) 23:19
physical (3) 59:23 60:3
110:19
physicians (1) 80:19
physios (1) 79:5
physiotherapist (1) 46:24
picked (2) 56:9 71:5
piece (2) 3:18 27:9
pilates (1) 38:15
place (8) 1:5,14 6:22 19:25
23:23 74:17 77:14 109:3
placed (1) 103:18
places (3) 4:4,7 47:10
plan (11) 25:22 90:25 96:21
101:2,2,6,10,13 102:10,13
110:16
planning (7) 19:21,23,24,25
25:8 26:1,22
plans (1) 27:7
plastic (2) 27:25 32:2
plateaud (1) 13:13
play (1) 4:14
played (1) 15:9
please (4) 17:22 58:19 86:22
91:11
plummet (1) 54:21
plummeted (1) 78:6
pm (4) 57:24 85:14,16
117:12
pneumonic (1) 25:20
points (2) 56:19 95:12
policy (7) 93:7 100:15
101:21 102:9,11,25 113:13
ponder (1) 81:19
poor (2) 10:21,25
poorly (4) 33:23 35:6,23
64:11
popped (1) 36:25
population (3) 62:8 82:8
83:4
portfolio (1) 117:5
position (5) 19:7 47:8 85:7
101:20 108:7
positive (5) 33:20 34:24
35:12 55:19 76:23
possible (3) 16:4 57:11,15
possibly (4) 64:1 69:9 82:17
85:1
post (2) 68:12 84:6
postcode (3) 47:19,21 52:7
posts (1) 68:14
postural (1) 38:4
postviral (4) 51:21 52:3
79:24 80:2
potential (5) 84:8 108:20,21
109:18,18
potentially (7) 20:24 28:3,9
29:3 46:23 48:22 52:13
pots (1) 43:14
power (1) 9:14
ppe (12) 27:14,15,17,18,23
28:7,8 29:18,22,22 31:9
75:4
practically (1) 104:18
practice (45) 19:21,25
20:3,14,17,23 21:15,23
22:9,19,20 23:10,21 24:17
25:13 26:25 27:5 30:24
33:4,18 45:1 56:1,1 58:25
62:7,9 63:5 64:18
69:3,6,7,14,16,24 70:19
71:10,10 78:3,6,9
83:9,10,11 105:1 113:15
practices (6) 52:16
69:13,17,20,22 78:1
practise (1) 23:9
practising (2) 44:23 59:1
practitioner (1) 19:7
practitioners (2) 66:6 77:15
prascg (1) 91:9
precautions (1) 89:17
precovid (2) 38:24 39:7
predominantly (2) 46:5 65:3
preferable (1) 83:20
pregnancy (1) 62:25
pregnancyantenatal (1)
62:23
prepandemic (3) 19:24 65:9
83:17
preparedness (5) 99:3,23
100:25 101:1,10
preparing (3) 18:1 86:9
116:17
prescribe (1) 46:1
prescribed (3) 41:19 42:18
46:11
present (1) 95:14
presented (4) 66:1,2 92:15
99:24
presenting (3) 60:20 64:21
112:13
presently (1) 44:22
pressure (3) 12:1 62:10
107:10
pressures (2) 60:16 74:17
prestonpans (1) 19:14
presumably (4) 29:16
69:16,21 98:17
presume (3) 9:23 22:22
104:1
pretending (1) 48:9
pretty (4) 14:22 36:2 99:17
101:4
prevent (1) 24:5
preventing (1) 92:5
primary (8) 31:1,8,10,16
68:19,21,21 79:4
principal (1) 105:5
prior (5) 5:21 8:6 43:11
67:11 87:16
prioritised (1) 113:23
priority (1) 106:12
probably (20) 2:12,12 4:4
5:25 8:10 20:6 25:16 27:6
30:18 31:4 42:14 51:8 61:2
66:20 75:15 77:2 91:19
99:10 114:13 115:16
probe (1) 46:12
probes (1) 54:20
problem (2) 30:13,20
problematic (2) 70:11 74:19
problems (13) 15:11
30:23,23 35:4 60:4 64:22
65:1,14 66:5,7,12 67:5
68:7
procedure (3) 28:23 29:1,2
procedures (2) 28:17 31:15
proceedings (1) 116:25
process (2) 18:19 94:24
produced (2) 82:20 110:8
produces (1) 48:23
producing (1) 84:11
profession (2) 50:11 55:8
professionally (3) 29:17,18
35:10
professionals (5) 15:10 34:14
50:7 66:10 79:5
profile (5) 52:18 84:13 92:18
99:20 100:19
progress (1) 110:2
progressed (2) 60:19 92:13
progressive (1) 88:21
prolonged (2) 49:24 81:24
prompt (1) 1:20
prompted (1) 105:10
properly (3) 28:16 42:9
108:7
proportion (2) 70:4,6
proposition (2) 106:23 110:3
propranolol (1) 42:18
protect (6) 24:16 54:9 55:3
88:10 89:21 109:20
protected (1) 109:21
protection (1) 29:17
protections (1) 106:4
protective (8) 27:10
29:12,22 104:6,24 106:5
108:13 109:1
protocols (1) 24:3
provide (12) 9:1 10:12 15:15
17:21 18:9 40:7,9 49:21
53:15,16 58:19 98:11
provided (12) 1:22 17:24
19:5 23:21 28:20 32:21
33:1,5 58:12 78:1 86:3
106:11
providing (2) 11:3 102:21
proving (1) 35:4
provoked (2) 104:12 112:16
pry (1) 84:23
psychological (2) 51:9 56:3
psychologist (1) 47:1
public (7) 28:22 51:16 52:1
71:16 82:10 106:25 113:21
published (5) 24:21 40:10
101:12 110:11 111:1
punishing (2) 9:22,24
purchase (9) 85:19,21,22
86:3,7 115:22 116:16,22
118:9
purchased (1) 33:6
purely (1) 48:6
purpose (4) 74:6 79:10,12
115:8
purposes (1) 69:3
pursued (1) 97:17
putting (6) 15:2 25:17 33:9
77:3 102:3 115:12

Q

q (243) 1:13 2:1,6,9,15,19,21
3:1,4,21 4:11,17 5:2,13,19
6:4,11,17,25 7:4,11,13
8:11,13,19 9:3,5
10:2,11,20 11:8,20
12:5,13,24 13:2,21
14:10,21,24 15:10,15,25
16:12 17:24
18:6,10,12,15,19,22,25
19:2,11,17 20:14,16
21:5,10,15,17 22:13,18
23:17 24:17 27:1,10,18
28:13 29:10,15 30:2
31:6,17 32:20 33:9,14,23
34:5,11 35:5,9,12,16
36:4,6,14 37:4 38:2,20,25
39:8,14,17 40:6,11
41:13,16 43:6,19 44:2,20
45:9 46:12 47:7,12,15,20
48:2,13 49:8 50:4 51:12
52:6 54:8,22 55:5,19 56:9
58:15,21,24 59:4,7,13,21
60:2,7,10,19,25
61:2,6,9,13,23,25 62:6
63:9,12 64:11,19,24
65:10,25 66:11,22
67:4,8,18,21 68:4,19,24
69:16,20 70:1,9,12,18,25
71:11,14,19 72:2,8,17
73:10,18 74:1,3,15,24
75:2,6,10,12,21
76:8,15,18,21 77:9,21,25
78:11,20,25 79:10,16,21
80:4,11,24 81:6,14 82:1,9
83:6,23 86:6,9,14
87:2,7,9,12,20,22,25
88:3,14,16,23 89:8 90:9
91:3 92:20 93:21 94:10,23
95:8 96:12,14
98:4,15,17,20,23 100:23
101:8 103:6,20 105:2,10
106:19 108:1 109:24
110:13 111:16 112:3 113:5
114:3
qualified (2) 19:6 46:15
question (16) 13:21 25:1,5
33:9 44:24 45:16 50:11
74:6 77:3 88:23 90:9 96:12
106:19 108:1 111:16 112:5
questioning (2) 56:12,23
questions (21) 1:10 9:16
15:1 17:20 19:3 48:13
56:21 58:11 84:16,17
85:25 86:2 87:13 98:12
107:14,14 108:9
118:3,5,8,11
quickly (12) 32:12 33:17
45:20 54:2 55:11 69:15
82:22 99:25 101:11,15
103:16,19
quiet (1) 58:18
quite (18) 1:17 4:9 7:8 26:19
28:7 69:15 70:7 79:22
90:3,6 91:11 92:15 95:14
96:23 100:3 102:3 105:23
115:9
quoting (1) 45:12

R

raise (5) 30:9 52:18 93:15
97:13 106:18
raised (9) 2:2 30:6,7,7,8
92:10 99:19 100:19 105:4
raising (7) 92:9,18 93:3 98:3
103:2 107:23 112:23
rallying (1) 76:25
ramifications (1) 56:5
range (5) 34:5 64:24 65:18
91:25 106:17
rapid (2) 91:15,21
rapport (1) 67:6
rate (6) 34:17 42:7,7 43:4,4
78:5
rates (5) 83:4 84:4,6,21
95:16
rather (10) 27:24 28:13 40:3
55:17 77:19 98:2 99:15
104:15 109:21 111:5
rcgp (1) 53:4
read (12) 17:24 20:20
36:15,17,18 37:9 59:4
62:14 104:21 108:22,23,24
reading (3) 35:17 39:1 42:3
reads (1) 109:23
ready (9) 3:10 7:21 51:23
58:6,7 70:19 79:20 85:8,24
readymade (1) 25:22
real (2) 6:23 36:18
realise (1) 50:16
realised (1) 42:23
reality (4) 95:24 96:7 104:18
109:8
really (76) 4:8,9 6:21 9:6
10:7 11:5 12:19 13:1 14:8
16:8,8,9 23:19 25:5 29:25
32:4,5 36:25 37:21 40:24
43:13 45:6,7 47:21 50:17
51:2,2,7,8,10 57:13 62:25
67:11 74:5 78:7 84:10
88:11 89:11,12,14
90:7,20,23 91:15,18
92:4,17 93:11 96:4
97:23,23 99:16 100:11,11
102:5,9 103:11,16,17
106:13,17 108:24
109:4,11,19 110:5,11
111:4 112:22 113:4,15
114:10 115:9 116:6,11,12
reason (4) 11:24 22:23 59:14
106:7
reasonable (2) 114:13,15
reasons (3) 22:21 23:7
114:11
reassurance (1) 29:25
reassure (1) 52:19
reassured (1) 36:9
recall (1) 22:17
receive (2) 5:4 80:12
received (1) 8:14
receives (1) 4:20
recently (2) 15:7 53:13
recharge (2) 8:15,23
recipients (1) 114:7
recognise (5) 40:12 56:17
104:9 109:3 110:17
recognised (5) 40:18,20,23
41:9 102:7
recognising (1) 109:17
recognition (1) 78:14
recollection (2) 21:23 72:2
recommenced (1) 11:9
recommendations (1) 78:5
recommended (1) 3:17
recording (1) 18:7
records (1) 58:9
recovered (3) 15:1,3 38:21
recovering (1) 32:5
recovery (7) 92:5 102:10,13
110:7,12,16 111:10
red (7) 20:22 21:5,7,12
33:18 35:21,24
redacted (3) 3:3 7:8 9:2
reduce (2) 78:17 90:23
reduced (2) 83:15,16
refer (3) 91:10,19 92:24
reference (3) 17:16,25 58:9
referred (5) 47:9,11,16,25
80:20
reflected (1) 101:12
regardless (1) 42:22
regime (1) 47:17
regions (1) 30:25
regrettably (1) 61:2
regular (2) 24:8,9
regularly (3) 6:19 82:11
93:14
rehabilitation (4) 45:24
46:14,16,22
rejigged (1) 48:6
relapse (1) 43:23
related (2) 4:23 22:1
relation (4) 21:18 26:14
52:22 117:5
relationships (1) 6:19
relatively (7) 23:25 33:17
54:1 69:14 70:23,23 76:22
relevant (1) 115:23
relies (1) 74:16
rely (1) 70:16
remain (2) 15:19 34:24
remained (5) 5:16 69:10,10
78:3 83:14
remember (7) 20:25 22:9
36:19 75:6 79:1 88:12
108:11
remind (1) 1:15
remit (2) 77:16 89:18
remote (8) 22:25
70:2,5,7,15,22 83:9,12
remotely (5) 62:4
66:18,22,23 70:23
removed (2) 10:15 109:8
removing (1) 108:25
reopened (2) 96:1 105:7
reopening (1) 13:5
repeat (1) 115:20
repeated (1) 81:25
replaced (3) 22:25 68:14,15
report (1) 40:9
reported (1) 39:24
representation (2) 79:3,8
representative (6) 40:16
86:25 92:13 93:20 95:13
100:14
representatives (3) 94:7
95:20 113:25
represented (3) 78:25 94:15
96:15
representing (1) 79:7
require (1) 88:24
required (7) 4:18 73:10 74:3
76:16 89:22 98:18 109:7
requirement (3) 21:11 78:16
109:9
requirements (1) 108:25
requires (3) 4:9 9:2 15:22
requiring (2) 11:24 72:18
research (3) 55:6 84:5,22
researchers (1) 53:7
resilient (1) 68:16
respected (1) 6:23
respects (2) 15:3 70:12
respiratory (4) 42:7 80:17,19
106:15
respite (13) 8:14,16,20,22,23
11:9,12,15 12:15
13:5,10,10,14
responded (1) 39:23
response (20) 43:12 87:4
91:9,16 93:17,24 94:8 95:7
97:5,11,16 98:3 99:14
100:16,21 103:4 105:21
107:8,15 111:24
responses (1) 108:15
responsibility (3) 104:16
109:12,14
rest (3) 35:1 44:11 61:20
restarted (3) 63:5,6 64:4
resting (1) 43:4
restricted (1) 74:7
restriction (2) 1:5,14
restrictions (6) 15:20 66:13
67:25 74:11 76:2 106:3
result (4) 14:3 63:16 66:6
90:20
resulted (2) 90:15,16
results (1) 85:3
resuscitate (1) 26:14
resuscitated (1) 26:11
retire (4) 87:17 89:10 90:21
91:1
retired (2) 87:19 89:8
retirement (4) 89:11
90:7,10,25
retiring (1) 87:16
return (2) 36:7 37:6
returned (2) 14:7 62:20
reverse (1) 7:7
review (1) 64:7
reviewed (3) 26:16,24 27:8
reviews (1) 66:25
revolutionised (1) 25:13
risk (2) 89:24 106:14
risks (7) 82:6 84:11 89:15,17
92:4,5,18
road (1) 4:4
role (2) 2:10 4:14
roles (1) 115:14

rollout (3) 26:18 76:6,8
room (11) 20:22,24 21:5,7,12 33:18 35:21,24 58:16 90:5,6
root (1) 65:15
roughly (3) 5:23 71:12,13
round (5) 8:8 51:1 76:12,25 101:25
route (2) 19:13 97:21
routes (1) 5:10
routinely (1) 32:3
royal (1) 24:19
ruled (2) 38:2,3
run (5) 25:22 38:14 43:11 54:1 81:11
running (3) 59:17 82:18 108:6
runs (2) 73:5 87:15
rural (1) 69:25

S

sad (3) 14:8 50:14,14
safe (5) 104:15,25 109:13,14,22
safely (2) 89:23 90:14
safety (2) 4:5 84:13
salaries (1) 16:7
same (9) 25:23 29:16,20 33:13 35:13 73:21 83:14 101:4,7
sat (2) 25:18 54:20
satisfactory (1) 27:22
sats (1) 54:20
saturday (2) 8:7 35:25
save (1) 53:17
saw (5) 36:22 37:9,13 44:3 80:14
saying (22) 5:14 36:19 54:2,8,11 58:16 62:18 67:15 71:3 106:13 107:24 108:3 109:16,24 111:7 112:4,6,7,10,17 114:8,9
scan (3) 37:11,19,20
scheme (3) 103:25 104:2,19
school (1) 52:3
schooling (1) 65:23
schools (1) 52:1
science (1) 41:25
scientifically (1) 82:5
scit0475000001 (1) 17:16
sciwt0384000001 (1) 58:10
sciwt0419000001 (1) 85:20
sciwt0647000001 (1) 1:7
scotland (27) 19:9,20 21:18,22 22:3 24:20 31:5 39:12 40:14 45:17,24 46:9,13,17 47:5,14 48:2,3 49:12 52:9 54:5 79:8 81:11 82:10 93:2 94:21 106:13
scottish (25) 12:2 49:9 50:6 81:16 82:10 92:2,10,22 93:5 94:17,19,24,25 95:6 96:15 98:7 103:21 105:4 107:1 108:4,21 110:1 111:19 113:8,12
screen (1) 86:14
screening (8) 23:22 24:2 62:16,17,19 63:3,6,7
secondary (8) 30:10 31:8,10,11,14 68:19 73:3,13
secondlast (1) 84:20
secondly (2) 15:18 54:8
secretary (7) 97:9,14,19 98:2 105:12,16 106:18
sectioned (1) 69:6
sector (2) 79:4 92:3
secured (1) 31:20
see (45) 1:22 2:1 5:8 12:22 18:22 19:5,18 20:24 23:1,8,13,15,20 37:10 42:21 44:7 46:23 47:1,22 48:24 54:2,13,25 56:5 57:9 59:7 60:7,10 62:13 64:21 65:2 67:2,3,12 84:24 86:6,15 87:16 99:4 100:23 103:6,20,24 114:22 115:2
seeing (4) 8:8 65:5 66:4,6
seem (3) 49:9 97:2,25
seemed (6) 97:1 98:12,13 112:13,15 114:6
seems (3) 41:25 49:10 112:14
seen (9) 13:11 22:19 27:20 50:1 54:23 55:25 69:11 80:19 114:22
selfdiagnosed (1) 38:9
selfies (1) 38:18
selfinterests (1) 46:8
selfmanagement (3) 59:18,20 81:13
senior (1) 87:17
sense (3) 20:3 31:11 57:18
sensible (1) 85:11
sent (3) 71:7 100:5 101:11
separate (4) 73:8 93:21,22,22
september (11) 37:19 39:5 40:17 42:13 43:23 87:6,7,8 99:9 100:2,3
serious (2) 23:22 90:6
seriously (2) 50:12 51:6
service (19) 11:3 46:14,16,22 48:1,4 64:5 67:2 71:1 78:1,4,22 79:10 80:1,14,15 81:7,12 101:15
services (19) 13:5 15:22 23:21 24:20 45:18,19,20,23,24 49:22 62:12,12 63:2 66:14,17 80:23 90:12 105:6,24
session (3) 32:12,19,25
sessions (2) 10:3,4
set (12) 20:18 25:22 35:24 45:19 49:5 59:13,17 71:16 78:22 79:13,14 80:1
setting (5) 29:5 33:3,18,19 59:14
settings (1) 30:10
seven (2) 19:1 30:16
several (8) 16:10 61:21 63:3 78:7 82:18,19,21 83:3
severe (1) 82:2
severely (1) 40:22
shakes (1) 76:20
share (3) 20:19,20 92:4
sharing (2) 21:15 92:8
sharp (1) 111:2
sheet (1) 25:19
sheffield (1) 39:16
shelve (1) 79:21
shelved (3) 79:11,17,18
shelving (1) 80:6
shes (1) 86:16
shield (1) 11:25
shielding (6) 11:20,22,23 89:20 106:9,11
shift (1) 65:13
shocked (1) 37:17
shops (1) 16:7
short (10) 3:8,21 7:16,19 9:11 17:10 57:23 85:15 111:2,7
shortage (2) 73:1,4
shortly (1) 13:4
should (34) 3:4 7:15 11:21,22 15:18,19 17:2 18:3,17,18,20,23 19:25 28:19 29:4 30:11 39:9 40:15 49:11 53:21 54:11,19 55:8 81:6 82:6 84:5 89:20 100:21 102:16 104:14,14 116:13,13 117:10
shouldnt (1) 43:7
showed (1) 97:21
shown (1) 86:6
shut (1) 19:22
sick (15) 14:13,13,19 18:5 23:6,15,20,25 41:1 49:18 50:15,25 54:11 55:2 68:17
side (1) 15:2
significant (4) 60:23 65:6 68:2 80:16
silent (1) 111:22
silver (2) 112:14,16
similar (3) 43:21,25 44:25
similarly (1) 13:16
simple (1) 98:10
since (10) 2:3,10,12 4:12 26:16 42:14 43:23 61:8,18 83:16
single (3) 42:13 76:11 104:17
sisters (1) 8:8
sit (1) 13:8
site (1) 31:12
sitting (1) 28:12
six (1) 11:23
size (1) 41:17
slap (1) 102:5
slightly (4) 56:22 58:15,17,17
slipped (1) 9:3
slot (1) 30:15
slow (1) 43:17
slowly (1) 65:8
small (14) 17:13,14,17,18,21,23 34:23 56:22,25 69:14,16 73:5 93:2 118:4
smaller (2) 30:12,21
smalls (1) 17:15
smart (1) 10:9
smooth (1) 70:23
smoothly (2) 76:6,9
sneezed (1) 22:6
snooker (1) 6:7
social (38) 4:20,21 5:4,5,7,11,15,21 10:21,23,24 11:2,4,6,16 12:8 15:22 36:21 41:11 42:15 87:4,17 91:9,16,24 92:14 93:8,18,24 94:8 97:5 98:11 101:9,19 102:12 107:8 112:14,16
socialise (2) 7:10 65:23
socialising (2) 6:4,25
socially (1) 12:16
society (1) 108:6
somebody (7) 67:12,15 72:18 100:14 104:22 112:3,12
someone (6) 23:8 28:25 29:3 43:11 48:23 73:20
someones (2) 28:24 67:4
something (32) 4:21,23 12:17,18 14:4,18 21:7,10 22:15 24:18 27:2 28:24 33:13 36:3,11 37:24 40:14 43:18 50:16 52:4 55:25 84:25 95:11 96:21 98:23 103:4,5 104:24 107:18,19 111:9 112:8
sometimes (6) 65:7 67:15 73:15 95:12,18 112:24
somewhat (1) 45:17
somewhere (3) 8:10 27:6 71:15
son (47) 1:17,19 2:2,4,7,17 3:4,18,22,24,25 4:2,12,18 5:3,6 6:17 7:1,16,25 8:2,4,5,13,20 9:8,18,22,24 10:4,7 11:9,13,19,21,24 12:14,19 13:6,12,14,22,25 14:10,17 15:2 88:11
sons (8) 2:21 3:13 5:21 7:11 10:15,16 16:3,11
sort (8) 6:16 7:14 22:2 25:21 29:23 36:23 50:14 52:11
sorts (2) 6:8 79:24
sounded (1) 96:5
sounds (1) 16:8
south (1) 72:6
southern (1) 76:2
spain (2) 40:12,19
speak (3) 58:15 67:21 70:20
speaking (3) 13:24 80:4 104:4
specialist (3) 77:15 80:19,20
specifically (1) 45:21
spector (1) 82:24
spectrum (1) 10:19
spoke (1) 12:5
spoken (1) 91:8
spreading (1) 28:10
spring (2) 110:8,8
sssc (1) 94:20
staff (2) 96:2 98:24
staffing (2) 68:12 96:1
stage (3) 31:16 33:6 77:12
stages (3) 60:12 74:8 77:13
stairs (4) 42:23 43:2,9,10
standalone (1) 102:13
standard (3) 32:1 75:20 80:23
standing (5) 43:3,8 99:5,7 100:21
start (7) 5:11 11:23 52:12 57:3 85:9 87:12 90:23
started (9) 13:17 33:23 35:20,23 36:1,21 37:8 43:9 80:4
starting (3) 43:16 60:19 65:11
statement (66) 1:22,23,24 2:1 4:11 5:20 9:17,22 12:14 13:3 15:15 17:16,24 18:2 19:5,6,17 21:17 22:16 28:14 33:14,25 34:5 35:16 41:21 44:2 49:8 50:4 53:25 58:13,24 61:13 62:6 65:11 68:24 69:12 70:3 71:4 72:21 73:18 74:15 76:21 77:9 79:12,16 80:24 81:14 83:24 84:1 85:20 86:4,10 87:13 92:21 94:11 99:1,5 100:23 103:6,20 105:3 108:2 111:18 115:20,24 116:18
statistics (2) 84:23,24
stats (1) 95:14
stay (3) 14:14 54:9 104:11
staying (1) 55:3
steering (2) 78:21,25
stepping (2) 80:6,15
sticking (3) 28:23 64:1 72:17
still (38) 9:16 15:5 29:5,6,7 30:9,9 32:17 34:1,8,16 36:8 37:17 38:21 39:1 40:24 42:13 45:24 47:10 48:3 49:6 50:2 51:7 61:11 66:4,5,9 77:11 79:22 89:6,15 90:24 97:6 105:25 109:3,6,7 116:10
stimulating (1) 57:1
stock (1) 107:22
stop (3) 24:15 44:13 64:3
stopped (9) 23:18 24:2 32:19 62:12,16,19 63:3 89:20 94:7
stopping (2) 9:19 42:24
stornoway (5) 69:19,20,23 71:8,25
strange (1) 106:7
strategic (1) 81:15
strategy (19) 95:4,5,15 99:2,3,24 100:9,24,25 101:2,6 102:16 103:22 105:5,15 110:2,25 111:1,2
stress (4) 26:1 44:14 59:25 60:17
stressed (1) 60:15
stressful (1) 74:12
stroke (5) 19:8 24:6 39:12 79:8 81:11
strokes (2) 45:13 48:15
structure (5) 10:14,16,18 112:8,11
struggled (1) 43:24
struggling (3) 79:23,24 110:17
study (4) 82:15,16,17 83:6
stuff (1) 36:21
sturgeons (1) 12:21
subsequently (1) 114:11
substantial (1) 115:14
successor (1) 91:21
suddenly (1) 9:19
suffer (2) 35:20 88:16
suffered (5) 41:12 43:20 45:13 48:15 59:22
suffering (5) 39:1 44:21 45:10 46:17 65:14
suffers (2) 4:13 11:25
sufficiently (1) 99:7
sugar (3) 44:12,13 45:4
suggest (1) 41:24
suggested (5) 22:24 27:2 34:11 100:17 102:23
suggesting (4) 48:16 82:3,4 102:17
suggestion (1) 96:18
suggestions (1) 102:15
suggests (2) 38:25 71:6
suicidal (4) 67:8,13,16,19
sum (2) 102:16 113:10
summarise (4) 15:17 109:24 113:5,6
summarises (2) 111:16,17
summarising (1) 15:20
summary (5) 15:23 19:15 91:20 98:8 111:4
summer (4) 63:5 64:6 110:9,10
super (1) 57:19
supplements (1) 44:9
supplied (2) 28:15 75:6
supplies (1) 75:22
supply (2) 75:4,18
support (36) 4:10,20,21 22:9,11 37:1 38:10 40:4 44:1 54:5 59:16,20 66:14 74:16 79:14 81:12,13 88:15 89:5,6 90:17 91:23 93:9 102:18,22,22 103:1,3,9,11 106:1,1,2,10 110:22,23
supported (1) 70:24
supportive (1) 43:13
supports (1) 95:21
suppose (19) 5:3 26:18 33:9 56:10 61:13 64:11 68:24 72:18 78:20 83:23 84:3 88:23 91:4,6 94:14 97:4 103:3 112:4 115:21
sure (12) 16:15 36:2 37:23 49:23 54:17 68:2 74:19 86:14 89:3 103:13 109:20 116:7
surgeries (2) 52:14,15
surgery (4) 29:13 52:18 54:13,15
surgical (7) 27:24 28:13 32:1 33:7 75:8,8,19
survey (4) 39:22 40:6 41:3,4
suspect (1) 25:6
suspected (2) 42:17 71:17
swab (1) 37:14
swabbed (1) 34:21
swallowing (1) 106:16
swathe (1) 24:11
swiftly (1) 19:15
swine (3) 20:2,4,9
switched (1) 24:6
symptom (1) 49:4
symptoms (29) 34:5,7 35:2,21 37:10 38:1,21 41:23 46:25 49:5 60:6,21,24 61:10,10,18 71:7 72:8 80:3,10,16,17,17,17,21 81:3 82:12,22 83:2
syndrome (5) 2:24 12:1,2 38:4 79:25
system (2) 22:2 47:4
systems (1) 77:14

T

table (1) 101:25
tachycardic (1) 38:4
taken (10) 19:25 21:1 25:25 51:6 64:7 101:22 102:5 110:1,3 112:25
takes (3) 30:14 50:15 115:13
taking (8) 23:23 32:18 50:11 76:1 104:14,23 109:12 111:11
talented (1) 14:8
talk (16) 5:2 10:11 21:5 27:19 30:4 33:15 45:1 49:8 50:5,6 51:16 64:19 71:23 76:24 91:7 105:2
talked (8) 35:21 44:20 50:9 54:16 80:4,4 96:16,20
talking (14) 1:17 7:24 8:16 9:20 13:21 31:7 36:23 37:4 51:17,18 68:19,22 71:12 114:2
tasks (1) 46:24
tayside (1) 31:1
teach (1) 52:2
team (13) 32:4 45:25 46:3 68:22 72:9,13,15 82:24 84:23 100:15 102:9,11,25
technology (1) 70:13
teens (2) 65:6 67:16
teeth (1) 43:3
telephone (9) 22:25 64:4,7 66:18,25 70:8,17 83:13,21
telling (2) 71:3 85:8
temperature (5) 23:5 34:1 42:6 78:13,17
ten (3) 36:13 53:21 84:22
tend (1) 70:16
tended (1) 94:17
term (4) 59:10 79:7 80:5 81:10
terms (29) 3:1,24 5:2 6:4 8:4 11:1 13:10,13 17:25 19:23 22:13 23:20,22 27:3 60:3 64:20 66:11 72:3 75:10 76:9,11,15 91:3 94:25 98:4 103:10 104:6 111:22 112:2
terribly (1) 80:23
test (4) 22:16 33:24,24 35:12
tested (6) 33:20 34:2,24 35:13 75:11,13
testing (6) 30:25 34:8 48:10 51:18,19 75:17
tests (10) 24:9 34:15,23 37:12,14,21 47:18 62:10,10 63:1
text (1) 57:14
thank (60) 1:8 4:11 7:4,23 9:15 11:8,20 14:10 15:15,25,25 16:23,25 17:8,18 18:25 19:4,17 26:5 28:13 35:16 53:18,23 56:14,20,24,25 57:2,19,21 58:8,21 62:6 70:25 72:17 83:6 84:1,15,19 85:3,5,6,11,12,22 86:1 87:9,12 94:10 113:17,17 116:16,16,21,22,24,24 117:6,8,9,11
thanking (1) 115:21
thats (49) 3:10 4:22,23 5:18 6:11 9:5 12:4 13:9 18:10 25:9 30:15 40:14 43:7 45:16 48:8,12,24 51:9 54:23 55:15,25 56:23 57:15 58:13,14,23 59:3,10,12 62:25 68:23 72:18 73:13 85:11 86:8,16,25 87:11 88:1,15 90:24 92:20 101:17 105:10 108:8 112:4,13 114:20 115:23
themselves (7) 6:23 50:18 66:3 70:18 104:17 109:12,14
therapist (1) 46:23
therefore (5) 15:4 29:2 31:15 44:12 48:11
theres (28) 1:5,14 13:22 16:17,19,19 36:20 37:23 41:16 48:3,21 49:24 51:8 52:12 56:11,13 65:10 69:16,24 81:3 100:24,24 101:1 112:3 113:11,14 115:22 116:2
theyd (3) 95:25 96:9 98:19
theyre (11) 11:3 28:5,8 29:22,22 71:22 80:22 93:21 101:6 106:4 112:4
theyve (5) 48:25 50:19,20,20,21
thing (10) 3:12 8:25 37:25 50:17 51:2,4 84:7,20 95:17 114:14
thinking (6) 20:7 50:10 78:9 94:3 103:16 104:9
thins (1) 24:5
third (2) 39:5 92:3
thirdly (1) 15:20
thought (10) 9:22,24 21:25 22:7 42:11,20 43:7 92:6 107:24 115:3
thoughts (3) 16:16 67:8 102:4
thousand (3) 82:19,21 83:3
thousands (1) 49:25
threat (1) 26:18
three (14) 5:8 18:4 38:14 39:11 43:11,17 63:8 73:6 94:2,5,7 95:2 97:10 105:18
threesome (1) 99:25
throat (1) 28:24
through (46) 5:10 9:16 12:7 14:16 20:4,21 21:13 24:22 27:7,11 29:1 33:17 36:25 42:15,21 44:14 45:2 46:7 52:16 53:4 54:1 62:4 63:24,25 71:1 73:14 78:3 87:13,14 88:6 93:16 94:22 97:7,8,16,20 98:1,2 102:24 103:2,3,20 105:17 107:6,7,17
throughout (8) 4:22,24 5:16 64:23 83:12 88:22 110:24 115:14
thrown (1) 50:21
tiger (1) 114:3
til (1) 2:13
till (2) 34:22 39:6
tim (1) 82:24
time (65) 2:14 13:11,15 15:25 16:9 20:22 21:2 27:8 28:7 32:8,13,15 33:10 34:14,17 35:13 36:21 37:2 39:3,5 42:3,20 43:18 54:24 55:21 56:14,22 57:13 63:21 66:15 73:5 81:17 84:2,14 86:19 87:24 88:1,3 89:2,7 97:9 98:14 100:12 101:14,17 102:1,3,9,12,19,20 104:5 105:12 106:21 107:13 110:1,3,18 113:17,17 115:6,7,13,22 116:17
timelines (1) 24:1
times (7) 12:6 16:10 23:7,14 38:14 43:11 66:25
timescales (2) 111:7,11
tiny (1) 104:20
tips (1) 81:13
tired (1) 68:16
tiredness (1) 61:19
today (12) 15:25 18:1 31:18 55:7 61:25 84:2 85:19 91:4 98:23 108:24 116:1,25
todays (1) 86:9
together (13) 20:17 38:15 40:4 55:12 76:25 91:18,24 92:16 93:4,13 100:1,5 102:3
token (1) 104:23
told (19) 3:20 10:3 11:21,22 30:2,17 37:15 70:3 83:11 89:8,19 97:18 100:12 101:13 102:11,24 107:9

110:7,9
tongue (1) 91:17
too (9) 27:13 35:1 38:20 39:1 55:11 107:9 110:4,5 114:1
took (9) 20:12 27:13 32:13 33:24 39:6 78:7 89:10 108:14 117:7
toothless (1) 114:3
total (1) 30:16
totally (4) 3:3 7:3,4 93:22
touch (1) 37:18
town (1) 72:10
training (2) 52:4,17
traipsing (1) 77:20
transferred (1) 73:11
transparency (1) 116:13
traumatic (4) 90:3 102:20 110:19 116:5
travel (2) 31:13 72:4
travelling (1) 17:3
treat (1) 49:21
treated (6) 15:6,18 46:11 50:2,2 52:21
treating (1) 41:22
treatment (11) 23:15 41:18 43:21 44:1 45:9,17 47:17 55:6 72:18 80:12 81:3
tricky (1) 32:11
tried (5) 11:7 30:17 36:8,12 37:6
trips (1) 91:17
troughs (1) 44:14
true (1) 51:10
try (7) 1:19 3:13 24:15,15 43:15 57:16 96:10
trying (7) 19:2 41:25 64:11 67:21 90:1,4,5
tube (1) 28:23
tuesday (3) 117:1,9,14
turn (1) 58:17
turned (2) 94:5 101:5
turning (2) 36:14 51:1
tv (1) 10:9
twitter (1) 36:22
twoway (1) 112:22
twoyear (1) 13:7
type (4) 8:19,21 41:20 95:1
typical (1) 8:4
typos (2) 18:2 87:10

U

uk (3) 40:14 83:6 106:12
uks (1) 82:14
unable (5) 14:3 39:18 40:22 41:8 49:19
undergo (1) 47:18
understand (13) 12:19,23 25:1 49:14 50:16 54:2 79:16 86:11,22 108:2 109:24 111:17 117:4
understandably (1) 22:7
understanding (11) 5:13 32:24 34:16 61:9 63:4 66:19 67:1 68:11 71:2 91:14,16
understood (2) 12:20 52:20
undertake (1) 14:4
undertaken (1) 91:23
undertaking (1) 6:6
undertook (1) 8:21
undiagnosed (1) 60:5
unfair (1) 44:23
unfortunately (4) 18:8 31:18 43:22 51:6
unit (9) 11:18 31:25 32:4 33:2 62:17 63:8 71:7,16 73:5
units (1) 29:6
university (1) 65:24
unless (2) 16:19 33:12
unlikely (1) 30:18
unpaid (16) 2:2,6,9,12 16:7 93:19 94:1,1 99:5,6 101:25 105:19 107:12 113:2,25 115:5
until (3) 57:4 61:7 117:13
unwell (3) 36:1,13 39:4
updated (3) 27:9 82:11,13
updates (3) 95:4,5,8
upfront (1) 49:21
upon (4) 112:4,6,7 113:24
upper (1) 42:25
upset (2) 12:24 13:1
upsetting (2) 16:9,9
uptodate (1) 83:1
urgent (5) 102:18,22 103:8,12 110:6
urgently (3) 102:16 103:17,18
used (8) 15:14 24:13 38:14 67:2 70:13 79:17 101:21 103:10
useful (2) 98:25 115:18
using (12) 1:6,15 16:10 28:24 70:13,16,22 75:19 83:22 84:14 96:14,19
usual (1) 63:11
usually (9) 31:12 46:2 63:8 65:6 67:1,20 73:15 77:6 80:12

V

vacant (1) 68:14
vaccinated (1) 76:16
vaccination (8) 76:6,8,12,19 95:4,5,15 99:2
vaccine (4) 26:18 84:8,9 100:24
vaccines (8) 75:24 77:3 78:11,17,18 84:8,12 106:12
vague (3) 49:5 81:2,3
vaguer (2) 80:15,21
valid (1) 115:2
valued (1) 55:16
variants (1) 82:13
variety (1) 92:1
various (7) 12:2 24:21 38:18 40:11 50:7 69:4 94:13
vast (6) 45:5,23 46:21 47:4,10 59:4
ventilator (2) 72:25,25
ventilators (4) 72:23 73:4,6,7
venture (1) 44:8
vices (1) 45:3
video (1) 70:10
videolink (1) 83:21
videos (1) 83:1
views (1) 10:13
village (1) 76:25
vinyl (1) 69:5
virus (6) 25:20,23 28:1 29:23,23 65:19
visited (1) 66:19
visiting (5) 28:5 74:8,12 77:10,11
visits (1) 27:20
visor (1) 27:25
visors (6) 29:14,15,19,20,21 32:2
vocal (1) 99:17
void (1) 114:2
volume (2) 22:13 58:17
voluntary (1) 81:9
volunteers (1) 115:5
vulnerability (1) 89:13
vulnerable (11) 26:10 28:3,10 104:10,12,17 108:6 109:4,11,20,21

W

waiting (2) 37:18 68:4
wake (1) 54:18
wales (1) 54:4
walk (1) 42:23
walked (2) 43:8,10
wanting (1) 14:22
wants (1) 23:12
warfarin (1) 24:4
wasnt (25) 5:14,25 11:18 27:15,22 36:10 46:14 63:11 77:10,18 82:10 86:23 87:1,5 96:8,25 97:10 98:8 99:10 100:16 104:7,25 105:23 106:1,8
watch (2) 43:6,9
watched (1) 54:21
way (14) 11:5 25:17 52:1 64:16 81:8 98:10 108:8,17 109:23 113:10,22 116:6,14,14
ways (2) 17:7 55:20
wealth (1) 82:23
wear (1) 32:1
wearing (4) 28:6,8 104:8 109:6
weather (1) 77:7
wed (11) 20:3,3,20 25:7 95:4,13 99:11,12 102:15 111:1 112:17
wednesday (1) 32:9
week (18) 5:5,22 6:18 8:3 13:14 18:4 38:14 39:11,12 43:11 67:15 89:2,5,14,22 117:1,3,4
weekend (3) 8:4,6 19:22
weekly (1) 38:15
weeks (11) 8:14 13:17 20:12 33:25 34:25 39:6 43:16 49:4 61:10 74:25 78:7
welcome (1) 60:6
welfare (1) 4:8
wellbeing (1) 102:12
went (23) 6:1,17,19 10:3,4 22:3 32:10 34:1 36:6 46:18 48:23 60:11 72:15 76:6 99:8 103:14,15 109:9 110:9,10 112:20 114:17,22
werent (13) 28:7 34:15 54:17 98:12 99:16 101:24 102:1 106:9,10,11 113:8 114:19,23
west (1) 69:25
western (2) 34:2 58:22
weve (15) 9:3 13:21 21:5 25:10 27:11 30:11 49:12 55:7,24 66:11 83:15,16 86:17 96:16 105:13
whats (4) 26:21 27:3 52:6 113:21
whatsapp (4) 20:18 21:13 30:3 77:1
whereabouts (1) 69:18
whereas (3) 22:3 54:5 67:13
wheres (1) 51:15
whilst (2) 48:2 62:1
whod (1) 37:2
whole (8) 14:16,17 24:11 71:19 76:6 82:23 91:24 106:17
whose (3) 45:12 48:15 63:16
wide (1) 92:1
widened (1) 80:2
wider (2) 20:16,17
window (1) 34:23
winter (7) 99:3,23 100:9,25 101:1,9 102:15
wisdom (2) 25:16,18
wish (1) 16:4
wishes (1) 26:17
wit (2) 25:15,17
withdrawn (1) 7:9
witness (20) 1:4,6,7,9 3:11 17:2,3,4,14,15 57:4,5,6,7 58:9 84:18 85:8,19,20 118:2
witnesses (5) 21:6 22:24 27:11 86:16 116:19
women (5) 30:11,12,20,21 62:22
wonder (8) 18:12 45:14 57:9 58:15 64:19 86:10 87:12 115:22
wondering (8) 23:20 56:12 64:14 67:22,23 78:14 83:10 84:21
wont (7) 1:6,15 5:13 55:23 98:23 106:3 115:20
work (46) 2:13 4:20,21 5:4,11,15 10:6,21,23,24 11:2,16 12:8 15:22 27:9 31:20 32:23 33:5 34:8 36:4 37:7 38:23 39:9,24 40:22 41:1 42:1 46:7,20 49:19 53:18 64:17,20 76:5 80:9 83:17 89:16,18 90:1,5,12,22 91:7,23 101:19 105:1
worked (1) 32:25
worker (3) 11:6 54:4 87:17
workers (10) 5:5,7 15:18 16:6 24:10 40:20 41:11,11 50:25 68:16
working (24) 19:14 29:6 39:9,15,19 52:11 53:1,4 55:20 58:25 59:7 62:4 64:16 70:15,23 83:9 88:11 89:3,6,8,12 90:3,18,24
workplace (2) 41:5,13
works (1) 11:4
world (1) 79:17
worried (1) 20:9
worry (5) 3:11,14 7:13,14 9:5
worse (1) 110:24
worsened (1) 64:13
worsening (1) 60:18
worth (1) 115:16
wouldnt (7) 4:4 22:15 25:15 28:11 29:7 39:7 96:2
write (2) 3:17 18:8
writing (4) 107:16,19,19 115:12
written (1) 27:8
wrong (8) 27:16 48:24 54:9 55:4 62:13 71:5,5 78:16
wrote (3) 32:3 40:16 54:18

Y

yeah (31) 2:25 7:17 9:9 10:10,19 18:11,14 20:15 33:13 38:8 41:15 43:7 44:6 54:7 56:2,15 88:1,1,18 89:10 90:14 93:22 95:3 96:23 103:6 105:8 108:8 110:15 111:24 113:11 115:9
year (5) 39:23 43:17 61:7 62:20 110:25
years (13) 5:8 13:12 29:8 40:25 50:22 56:5 59:2 60:22 63:8 82:18 85:1 88:19 101:19
yet (4) 45:16 49:5,7 55:12
youd (5) 29:20 47:10 83:25 104:21 114:13
youll (2) 1:13 72:2
young (5) 56:3,6 67:8,16 88:19
younger (5) 65:5,13 66:1,2,11
youngest (32) 1:17,19 2:3,6,17,21 3:4,18,22,24,25 4:2,12 5:3,6 7:16,25 8:4,5,13,20 11:19,21 12:14 13:6,12,22,25 14:17 15:2 16:3,10
youngsters (1) 65:21
youre (39) 1:17 2:2 3:13 5:14 8:16 17:5 19:3,6 28:4 29:4 39:1,8 40:13 44:22 46:17,19 49:10 54:2,8,11 58:6,17,25 69:16 71:3,3 76:22 82:3 85:9 92:20,21 96:14 108:3 109:24,25,25 111:8 113:16,20
yourself (2) 14:24 104:25
yousaf (1) 105:11
youth (1) 15:5
youtube (1) 83:1
youve (28) 1:22 2:2 12:6 13:25 14:4 15:1 17:24 18:1 19:5 25:21 30:2 37:6 39:17 45:11 50:8,9,23 55:25 58:12 59:1,4 64:20 70:2 86:3,9 109:8 114:6,12

Z

zoe (3) 82:15,16 83:6

1

1 (7) 19:6 35:15 57:13,17 87:16 118:2,3
10 (2) 4:11 94:11
100 (1) 72:4
1002 (1) 7:20
1004 (1) 9:10
1026 (1) 9:12
1038 (1) 17:9
107 (2) 37:10 78:13
10th (2) 18:18 35:24
11 (6) 17:1,6 41:5 60:7,10 94:12
110 (2) 43:4,7
1100 (1) 17:11
111 (3) 21:19,24 22:2
115 (2) 57:24 78:21
1151 (2) 57:12,22
117 (1) 80:25
119 (1) 81:14
11th (1) 18:20
12 (8) 4:18 15:8 49:4 61:10 89:2 93:14 97:11 99:1
120 (1) 81:19
123 (1) 82:9
124 (2) 82:14 83:7
126 (1) 83:8
12month (1) 8:14
13 (1) 87:3
130 (1) 57:4
13th (1) 18:24
14 (2) 4:19 99:4
145 (1) 43:10
147 (2) 39:8,17
15 (3) 2:3,13 19:12
154 (1) 40:11
158 (1) 85:14
16 (6) 5:20 19:17 33:19 35:21 41:6 62:7
160 (1) 41:19
169 (2) 45:11 48:14
17 (6) 1:1 8:2 18:16 19:20 118:4,5
173 (1) 49:8
177 (1) 50:5
178 (1) 50:5
180000 (1) 49:12
198 (1) 54:3

2

2 (3) 35:14 104:11 109:7
20 (4) 30:4 34:16 103:21,23
200 (1) 54:11
2018 (1) 59:13
2020 (15) 18:16 19:18 23:23 31:20 35:18 36:16 37:13 60:11 63:5 64:5 87:19 88:6,6,24 89:9
2021 (5) 11:9 40:17 86:19 87:5,6
2022 (5) 64:6 88:7 103:25 105:3,7
2023 (3) 39:22 61:7 62:20
2024 (3) 1:1 44:22 117:14
207 (1) 55:10
20s (1) 67:17
20th (1) 18:22
21 (3) 8:13 103:7 117:14
211 (1) 55:21
215 (4) 85:8,9,13,16
22 (3) 8:19 22:18 103:24
23 (4) 87:6,8 99:9 100:2
24 (1) 105:3
25 (1) 105:3
258 (1) 117:12
26 (1) 23:17
27 (3) 69:2 87:7 100:3
28 (5) 9:17 26:7,8 87:5 106:20
29 (1) 2:5

3

3 (3) 1:23 2:1 117:5
30 (2) 9:21 88:19
32 (5) 10:2 70:1 71:2,6 75:2
33 (1) 70:25
36 (1) 101:19
37 (1) 10:11
39 (2) 59:2 63:12

4

4 (2) 103:1,8
40 (2) 10:14 63:12
41 (3) 26:9,13 88:20
42 (5) 10:20 27:11 62:11,15 108:3
43 (4) 11:8 62:11,21 108:3
45 (1) 27:13
46 (1) 29:10
48 (4) 12:5 28:15 34:21 39:25

5

5 (3) 58:24 102:17,23
51 (1) 31:21
52 (1) 31:21
57 (1) 12:13
58 (3) 43:5 118:6,8
59 (2) 12:13 27:11
5k (2) 38:14 43:11

6

6 (3) 19:12 34:22 58:24
60 (4) 13:4 33:14,16 91:25
600 (1) 39:23
61 (1) 18:13
62 (1) 18:13
64 (1) 13:8
65 (3) 14:10 15:4 18:22

7

73 (2) 13:4 14:25
74 (1) 65:11
75 (2) 65:12 72:6
77 (2) 41:3 65:12

8

8 (1) 59:7
80 (2) 34:18 68:4
80s (1) 54:21
85 (2) 118:9,11
86 (2) 35:16 36:15
87 (1) 72:21
89 (1) 73:10

9

9 (2) 59:8 86:12
90 (1) 73:19
91 (1) 37:5
92 (1) 74:15
945 (3) 1:2 117:10,14
948 (1) 3:7
95 (1) 76:24
952 (1) 3:9
958 (1) 7:18
98 (1) 37:7
99 (1) 77:9
9th (1) 35:24