

Hospitals and isolation

I have some questions for the senior managers at the top of the NHS.

Why did they decide that all the main District General hospitals should become the isolation and treatment centres for Covid 19?

Why did they decide to add several mega hospitals in open Exhibition space, but prefer not to use them as specialist and isolation units all the time case numbers could be absorbed by General hospitals?

Why didn't they opt to hire hotels with separate bedrooms with individual bathrooms for virus patients? Wouldn't it have been easier to control infection through simple modification of airflow systems for each room in such a configuration?

How do they keep enough non emergency surgery and treatment going when the general hospitals are so preoccupied with virus cases? What has happened to workloads for non virus patients?

Isn't preventing cross infection from the virus for people needing other emergency treatment in a general hospital more difficult than if there were specialist virus hospitals?

What are plans for handling the backlog of other work as the virus subsides, bearing in mind obvious pressures on all staff involved fighting the virus cases.