

Questions to the advisers over the pandemic

The Chief Executive of the NHS was rarely present at the news conferences to present the actions being taken to handle the pandemic. That was a pity, as many of the most important matters were for those running the NHS. One of the main aims of the policy generally was to avoid placing too much strain on NHS capacity. We needed to know how staff were going to be protected and helped to tackle this big challenge. We needed to know how all the extra money and resource was going to be deployed, how the hospitals would cope and how the virus would gradually be brought under control.

The scientific and medical advisers usually present have a close working relationship with the NHS senior administrators. They did not however see fit to give us presentations about work on finding drugs that could abate symptoms or avert serious developments in a covid patient. They did not comment much on why the NHS put in substantial extra bed capacity for the pandemic, used it little and then closed it all down again before the pandemic was over. They did not comment on the underuse made of the private hospitals whose capacity the NHS bought up for the first year of the disease.

They were reluctant to be tempted to discuss improving infection control. We did not get regular reports on how they were changing and improving air extraction, UV filtration and better air management though they told us it was an airborne disease. They decided against creating isolation hospitals that just handled covid, living with cross infection dangers in all DG hospitals. They allowed early discharge of elderly patients to care homes in the first weeks of the pandemic which may have increased the wave of infection that visited those homes.

On the whole the news conferences stuck to a routine of presenting figures for cases, hospital admissions and deaths, and forecasts of grim news to come, followed by announcements and comments on various lockdown policies being followed. They did not do a good job bringing out the need for strong action on treatments, infection control and improving NHS capacity. They told us little about how the senior management of the NHS were using their staff and facilities, how they were managing the covid workload or how they were ensuring fairness and safety for their medical employees facing the pandemic dangers.