Ymchwiliad i effaith Covid-19, a'r modd y mae'n cael ei reoli, ar iechyd a gofal cymdeithasol yng Nghymru Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales Ymateb gan unigolyn

Response from an individual

I am writing in response to your request for information from health and social care staff involved with COVID.

Current lessons learnt;

- 'Standard' PPE ineffective (So many of my team working on the normal wards have had COVID and this is directly from the patients & then shared between ourselves. I can provide the numbers if needed. None of us are going anywhere but work and have excellent hand hygiene practices and training for don/doff PPE. Those staff working in 'full PPE' have not had it to date)
- testing process unacceptably slow (given the size of Wales and the fact that so many people know one another test track and trace should have been set up immediately)
- health boards/Wales is so small it should have worked together. The extortionate amount spent on field hospitals and testing centres was unnecessary and should have been arranged more strategically.
- asymptomatic staff are 'super spreaders'. If the footballs league can test players and staff twice a week then why hasn't this happened in the NHS. It would be an investment to put COVID to bed and enable business to start back.
- Getting schools back and scaremongering. So many of our staff have the added stress of child care on top of their already stressful jobs. If schools were back and functioning They would not be trying to do everything to avoid sending kids to key worker schools which they have been told should be an absolutely last resort (evidence shows less then 0.05% of the UK have reportedly died as a result of OR with COVID, of these 0.01% are under 15.)

Long term lessons learnt;

- the number of people accessing the NHS In the 'normal world' is excessive. The 'accident' or 'emergency' elements of A&E are not enforced. There is also evidence with lockdown/furlough that a large proportion are ringing GP or physio or A&E for the purposes of a sick note (evidence shows depts are busiest on Mondays!) Hence reduced demand at this time.
- Patients admitted to acute hospitals for social care reasons is heartbreaking. Many of these will be people who have died of COVID as a direct result of being in a hospital when they didn't need to be. There needs to be a fundamental shift in how the system works, with families/communities caring for their own not relying on the nhs.