

Paul Veysey (NWSSP - L&RS - Solicitor)

From: Tracey Cooper (Public Health Wales - No. 2 Capital Quarter)
Sent: 12 March 2020 20:59
To: 'Andrew.Goodall@Gov.Wales'; Frank.Atherton@gov.wales
Cc: Quentin Sandifer (Public Health Wales - No. 2 Capital Quarter); Jason Killens (Welsh Ambulance Service NHS Trust - 020)
Subject: Changes to the case definition and the movement to delay phase

Dear both, we are somewhat scrambling around with NHS colleagues tonight to try and get on top of the changes today in relation to the case definition guidance and also the move towards delay and self-isolation of people with a persistent cough etc... Of course, moving to delay is the right thing to do but colleagues are obviously concerned about confusion and significant service implications etc, particularly with the lack of notification and preparation for these changes.

What we are doing tonight, as discussed with Frank earlier, is as follows:

1. We have been working with Rebecca to ascertain what communications have been already prepared by DHSC that we may be able to use that provides clarity for the public.
2. Jason and I spoke earlier to talk through the 111/WAST aspects and implications – interestingly, Jason found that 111 England had already uploaded an amended symptom tracker- Jason can say more on this.
3. I arranged a CE conference call at 6pm to go through these changes with CE colleagues, as far as we could at that point, who are anxious as you can imagine – particularly in relation to broadening the potential implications for more patients requiring testing, increase in clinical definition and the potential for more staff off work as a result of being contacts and also from self-isolating.
4. We've arranged an 8:30 call with CEs for a follow up call.
5. We're trying to ensure consistent messages from 9am for the public and preparing the system for this next capacity challenge with clear public messaging from early in the morning.
6. We are currently on a conference call with DsPH, a range of COOs and other directors from health boards, Velindre and WAST to talk through the potential implications. There is significant concern that the changes will create a tipping point for some HBs (particularly ABUHB). There is also a unanimous view from the COOs on the call that now is a compelling time – both operationally and clinically on the basis of minimising exposure of current admitted patients in clinical settings to increasing COVID-19 patients, to free up capacity on elective, OPAs, discharging people, clarity around primary care services etc to enable people to rapidly implement capacity plans, prioritise clinical services and enable clinicians to prepare for what is to come which has apparently been an ask of anaesthetists and other clinicians in the system. The ask was for a decision to be made tomorrow (Friday) to proceed on this basis.
7. Also the fact that WAST will now need to have a low threshold of transporting people, with the broader case definition, in full PPE and will expect hospitals to admit the patients and this will have significant impacts has also been discussed.
8. Tomorrow, the team have tweaked Frank's CMO update for you Frank to align with the amendments of today, we will also be issuing draft PHW guidance for healthcare workers out tonight to NHS colleagues.

There was a request from CEs as to whether it is possible to bring the CEs call with you earlier in the day.

I wanted to share some of the events of this evening with you – it is clear that we are now moving in to another level and our service model needs to adapt rapidly to reflect this. Please ring if that would be helpful.

Best wishes,
Tracey

No notice..