

The purpose of this TAG paper is to consider what evidence or information might be required to support the Welsh Government response for the coming winter 21/22. It identifies gaps and uncertainty in our understanding and makes recommendations based on the available evidence. Further evidence and recommendations relevant to the health and public health response for Winter 201/22 are covered by the Academy of Medical Science *Preparing for Winter* Report and are not necessarily repeated here<sup>1</sup>.

A key question that should be asked is – **what outcome is the Welsh government now seeking to achieve?**

The balance of harms has changed. It is fortunate that the emphasis of direct COVID-19 harms can now be more on hospitalisations rather than deaths. At this point, an important question is – can the NHS cope with the increased demand of COVID on patients, staff and service delivery, alongside the usual seasonal pressures as well as the backlog of care?

If the answer is no, there are two approaches to solve the issue. One is to increase the capacity in the NHS and the other is to decrease the demand on the system. Since the first option is operational it will not be considered in this paper. For emergency response planning, we must expect the best but prepare for the worst. In doing so, we must consider the Reasonable Best Case Scenario (RBC) of living with COVID-19, and the Reasonable Worst Case (RWC) of having to react to unmanageable levels of COVID-19.

## 0. Recommendations

**Recommendation 1:** That the Welsh public sector consider and simultaneously prepare for two different winter 21/22 futures for COVID-19:

- Future A - SARS-COV-2 virus is approaching seasonal “normality”, where it could be managed as part of ‘business as new usual’.
- Future B - SARS-COV-2 virus continues to have an impact that is large enough on its own that a public health emergency for COVID-19 is still in effect.

**Recommendation 2:** Reducing nosocomial infection should be a priority, along with continuation of hybrid healthcare (face-to-face and remote), compatible with safe outcomes.

**Recommendation 3:** Data on health and social care associated COVID-19 infections, including analysis of outbreak clusters, should continue to be collected. Transparent and timely reporting on a national level would inform appropriate action, ensuring the safety of those receiving care whilst preventing delay for the discharge of medically fit patients from hospital.

<sup>1</sup> Winter viruses and COVID-19 could push NHS to breaking point, warns new report | The Academy of Medical Sciences (acmedsci.ac.uk)