



# *Experiences with COVID in the UK*

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# COVID in the UK

## Jan- July 2020

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# International Timeline

- 31.12.19 - China alerts WHO to new virus
- 20.1.20 - human to human transmission confirmed
- 22.1.2020 - Wuhan locks down
- 30.1.2020 - WHO declares public health emergency of national concern, 2 people in the UK test +ve for COVID
- Jan/Feb 2020 - UK PM fails to attend 5 COBRA meetings, refuses to sign up to join EU scheme to source PPE. NHS continues as usual. Pubs/bars shops open.
- UK govt advisor 'Herd immunity, protect the economy, and if that means some pensioners die, too bad'





# LNWUH

- BACKGROUND
  - Three site trust. Main acute site - 18 wards, 658 beds. Occupancy usually 80-90%. 1260 beds across all 3 sites (1037 acute adult beds)
  - 2 'HDU' areas - PACU 5 beds, MHDU 5 beds
  - 2 level 3 ITUs - 11 +12 beds (33 critical care beds total)
  - population of >1million, high proportion BAME,
  - 8000 members of staff





# Personal aside #1

## Next door

- 13.3.2020
- It is my sons birthday, I wake up to flashing lights coming through our window.
- An ambulance has pulled up next door. 2 young paramedics jump out. No PPE. We all know a tidal wave is coming. My son takes them an easter egg to say thank you for the hard work.
- They assess my next door neighbour in his house, he's febrile and scared, they advise him to stay at home.
- He's 60 years old. Still working 15 hour days as a cab driver. He does the airport runs. No one is screened coming in or out of the country. No one quarantines.
- They're back 6 hours later and he's taken to hospital. His sats are 80%. He's ventilated within a week.
- "ITS JUST A BAD FLU"





# NWP March 2020

## - the calm before the storm

### Timeline

- 3.3.2020 - first COVID patient admitted
- 9.3.2020 - elective surgery is stopped
- 16.3.2020 - all critical care beds are full. Theatres act as an overspill for ventilated patients
- 17.3.2020 - first death at LNWUH
- 19.3.2020 - CRITICAL INCIDENT - LNWUH first NHS trust to run out of critical care beds
- 23.3 - UK locks down. Official UK death toll 400 (likely >800)

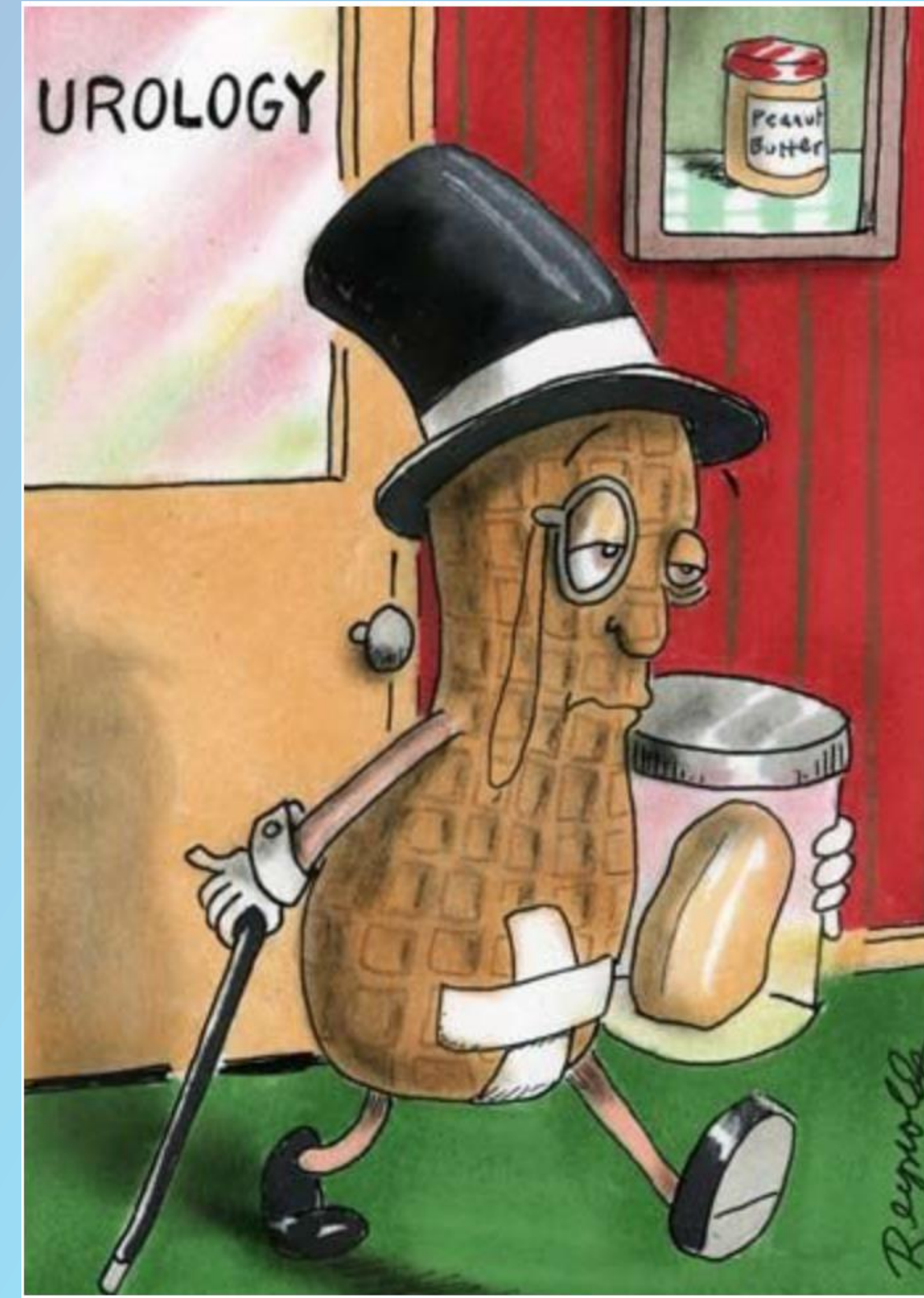




# Personal aside #2

## What can a consultant urologist do for HCID

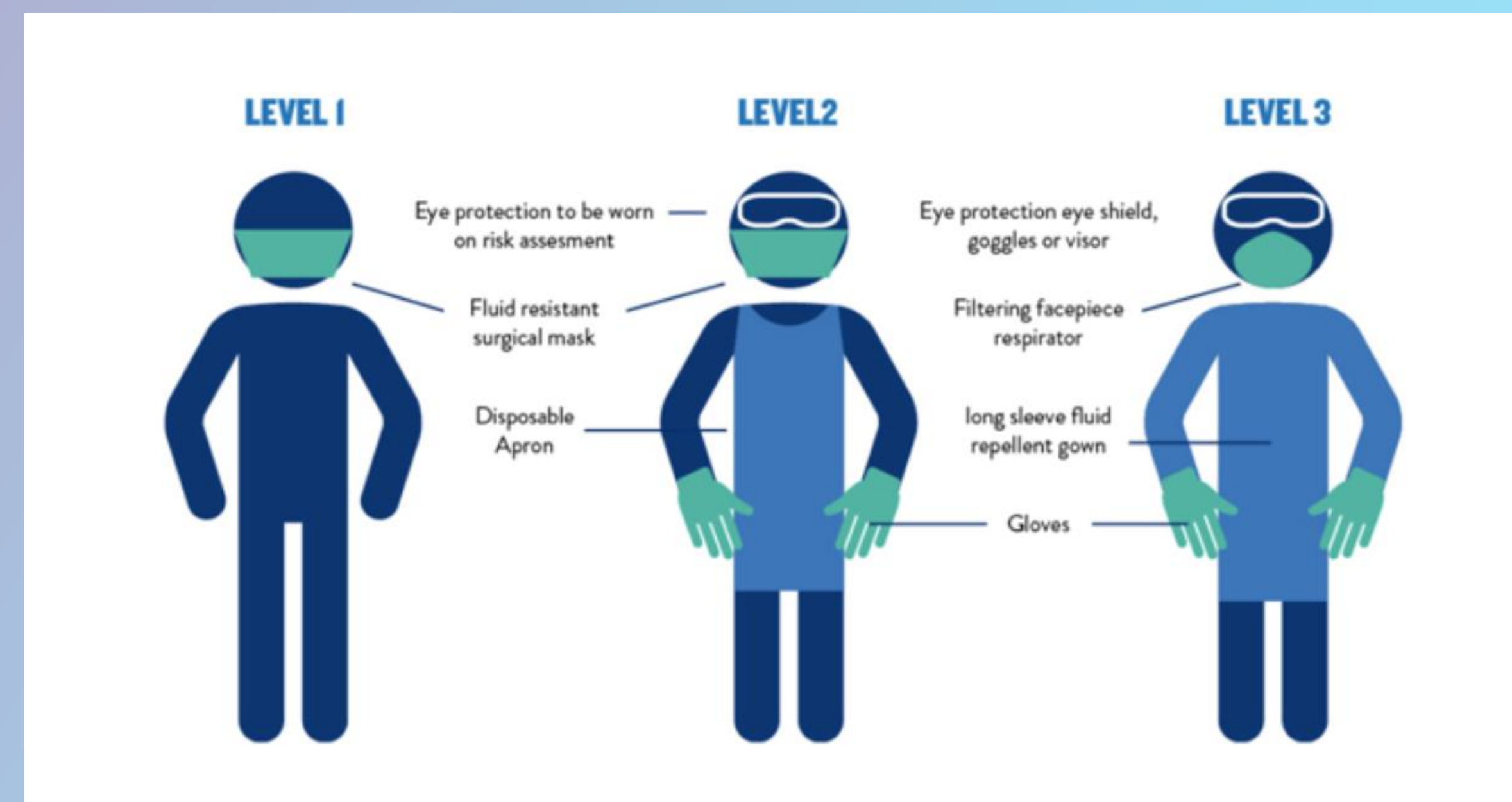
- 1000 catheters?
- Other skills -
  - Communication/breaking bad news, liaising with colleagues/family
  - Leading a team, proning.
  - Logistics - where things are, how they work.
  - Running 24h on call rotas, free up juniors.
  - Data entry - what works for COVID - trials, outcomes
  - Reduce the collateral damage in your speciality.





# PPE UK response

- Pandemic stockpile all expired,
- Inadequate amounts
- Used anyway
- PPE guidance changed 13.3.20 based on availability. PPE for covid +ve patient - plastic pinny, non sterile gloves, surgical mask. no need to change between patients.
- Matrons telling staff off for wearing PPE/masks outside of patient bays as 'scaring the patients'
- 12.4.2020 - whole country ran out of surgical gowns - asked to reuse the ones we had
- 16% of all UK covid infections acquired in hospital



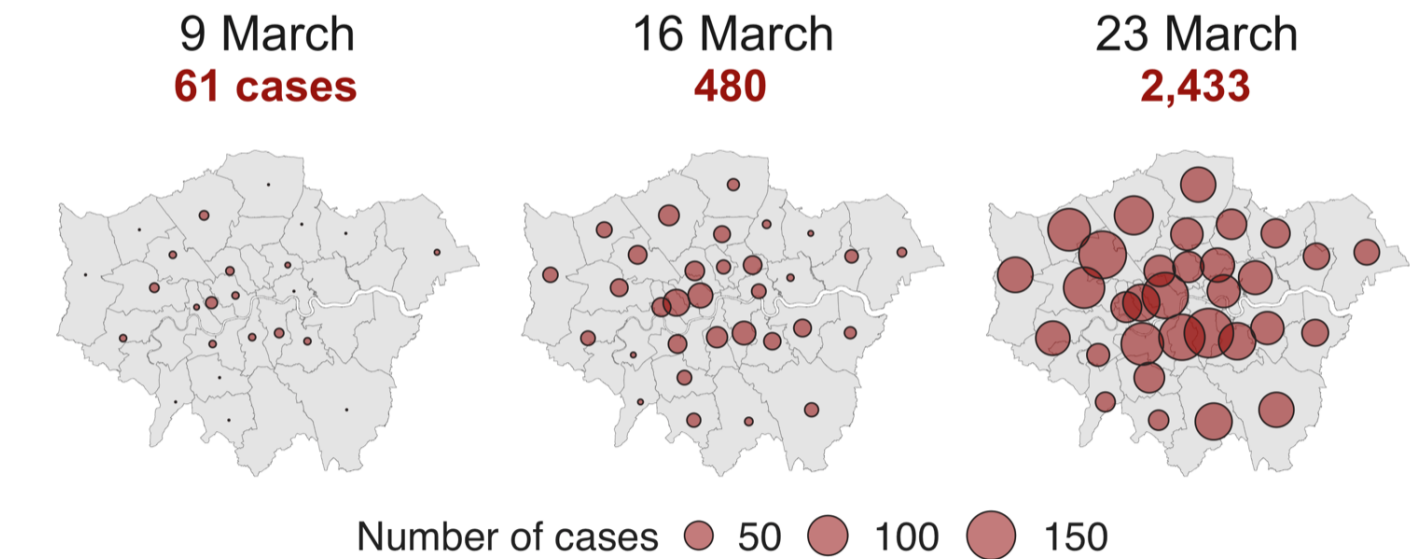


# NWP 20.3.2020- 30.4.2020

## The peak

- ITU surge capacity
- recovery now an ITU, 16 theatres all ITU including anaesthetic rooms
- 100 ventilated patients.
- Entry and exit 'portals' to don and doff. OPD nurses making sure you stay safe, keeping stock and morale up
- 150 patients covid confirmed in 'red' wards
- 150 more suspected - awaiting results. Pts quickly streamlined. Clean vs dirty ED.
- 133 ventilated patients transferred to other sites over these 6 weeks
- 27.3 - no visitors allowed. No way for loved ones to see their relatives

Confirmed Covid-19 cases, by London borough



Source: Public Health England. City of London cases are combined with Hackney **BBC**



# What did we see and do in Urology

**20.3.2020 - 30.4.2020**

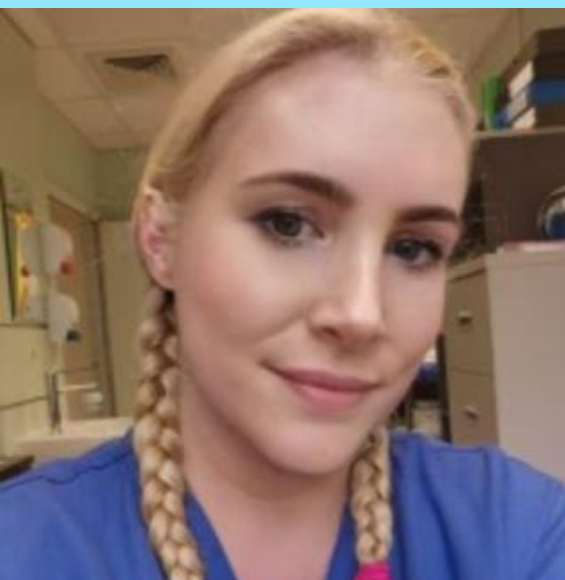
- 28 members of the team (10 consultants, 10 middle grades, 8 junior doctors)
- 22 went to 'covid rota' juniors to wards and cons to gold command/surgical support consultants
- Poor organisation - no scope for offsite working, telephone clinics have to be done from the trust site. Admin staff sat in full offices. No prioritisation of clinical risk.
- Remaining 6 cons - acute admissions and suspected cancer diagnostics. prioritisation of all elective surgery on the waiting list. Eventually urgent surgery at private hospital
- What I saw
  - 9 day history fourniers
  - dead testicle in son of GP with 36 hour history



# PERSONAL EXPERIENCE #3

## Senior Sister St Marks- volunteered for redeployed to COVID ward

- Every morning we fight for PPE. The last pair of goggles, a surgical gown.
- Those not for escalation come to me, the family wave goodbye at the door. They die or fly from here. Everyone is DNAR. I go round washing/feeding/ doing nail and mouth care.
- And many many die. I hold their hands, and lay them out. No one dies alone when I'm on duty.
- We run out of shrouds, staff are scared. I have to convince the porter to take the bodies in their night gowns. There are a lot of tears, I try to support the newly qualified nurses.
- But many patients leave through the door they came in. As I pack up one ladies belongings to go home I find two shrouds on her chair - twice we called her family to tell them she wouldn't make it through the night.
- "ITS JUST A BAD FLU"



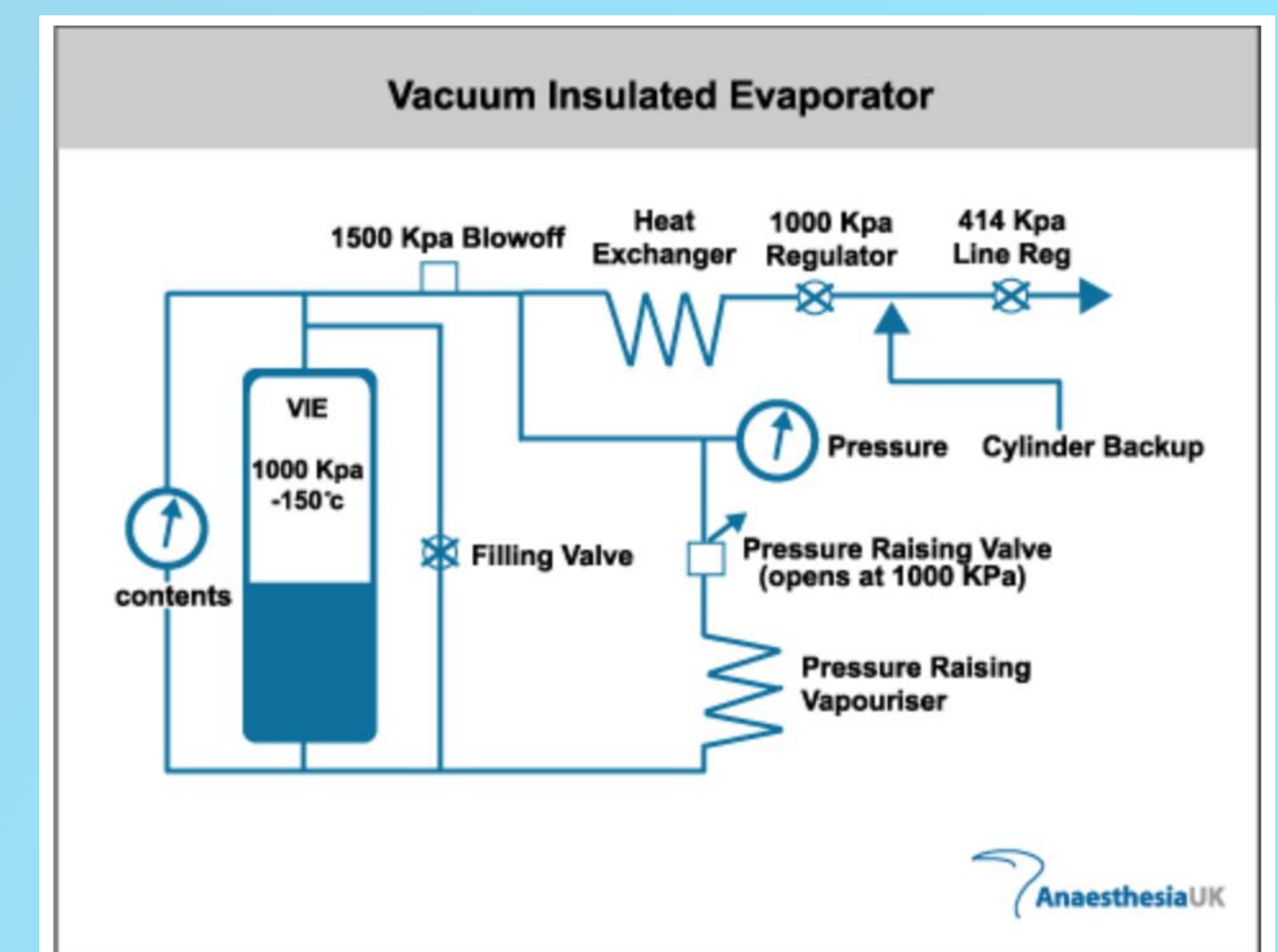






# Shortages

- PPE runs out - more is sourced from Turkey, 400,000 gowns, all fail to meet quality criteria
- Tests - March 18th, NHS stops contact tracing. 2 months later, still don't have a track and trace app.
- Beds - March 19th - government tells NHS to send elderly patients to care homes to 'free up beds'. Policy later blamed for explosion in care home deaths.
- Oxygen - delivery vs evaporator. Watford hospital runs out of O2 4.4.20 and closes ED.





# PERSONAL EXPERIENCE #4

## A Habib Consultant Urologist LNWUH

- One of 8 person team SSC (gen surg/ortho/urology)
- Coordinate transfers - each day was a battle for the SSCs to transfer enough patients out of the ICU during daylight hours to make room for the six to ten who would arrive over the subsequent 24 hours.
- Recorded and disseminated the information - writing the bed state on a whiteboard and posting on the ICU WhatsApp group.
- Walkie talkies also became an essential mode of communication, as using mobiles while wearing full personal protective equipment (PPE) is impossible.
- Also responsible for updating spreadsheet of admissions to ITU, ventilation status and RRT.
- 2/8 developed covid during this period





# Next door

16.6.2020

- Our container is arriving to move our life, just as it pulls in hospital transport arrive with our next door neighbour.
- He is transferred from the ambulance to his house via wheelchair
- He's spent the last 3 months in hospital
- He's now unable to perform any ADL. QDS carers.
- Significant rehab requirement






# LESSONS



- The course of a pandemic is dictated by the actions of government
- The collateral damage is far longer lasting
- The psychological impact is significant
- Rehab/care costs likely to hugely outstrip acute care cost
- In the UK after 1st wave - 30% acute medics +ve serology, 35% cleaners 10% ITU staff
  - ★ PPE saves lives
  - ★ COVID affects low socioeconomic groups disproportionately



# Fallen colleagues RIP

 **Abdul Mabud Chowdhury**  
18 March at 03:30 · 🧑🏿‍🦱

Dear and Respectable Prime Minister Mr Boris Johnson,  
Please ensure urgently Personal Protective Equipment (PPE) for each and every NHS health worker in UK. Remember we may be doctor/ nurse/ HCA/ allied health workers who are in direct contact with patients but we are also human being to practice human right like others to live in this world disease free with our family and children. People appreciate us and salute us for our rewarding job which are very inspirational but I would like say, we have to protect ourselves and our families/ kids in this global disaster/Crisis by using appropriate PPE and remedies. I hope we are by default entitled to get this minimal support for our safe medical practice. Otherwise in future our children will loose interest to go Medical school . We also should get first track facilities for corona virus testing to help our patient to prevent disease spreading.



## Coronavirus

### Doctor with Covid-19 dies in Berlin flat after travelling from London

Life is unfair. It should have not ended like this. Very experienced and tireless colleague, excellent teacher, wonderful person, always happy to help and to run the extra mile for patients. During the next ward round I will look for you, Erwin, as I used to do for the last three years: please whisper in my ear from wherever you are, be the wisdom behind my decisions, my older brother always happy to teach me. To live in hearts you leave behind is not to die. You will never be forgotten.

