Twitter Thread by Gareth Grier



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A lot of people are asking about @NightingaleLDN and the current response. Having spent a lot of time there during the last wave, we are proud of all the energy that went into the response. The NHS in London has adapted and changed since the first wave, with hospitals such as 1/

@NHSBartsHealth vastly increasing critical care capacity. It was always clear that care would be better delivered within the confines of an established NHS hospital although at the time this capacity was just not there. With the creation of a 170 bed critical care unit 2/

@RoyalLondonHosp the current efforts are in bringing all that new resource online to help people needing critical care, and this is progressing. One of the challenges @NightingaleLDN was around public information, and this was tricky to overcome. The other challenge in 3/

providing staff was also well documented. NHS staff, especially in the numbers needed to staff a critical care bed are not ‘spare’ when an incident hits and all hospitals, Nightingale or not, are grappling with the staffing challenge. This current wave is huge, and who knows 4/

if the resources of @NightingaleLDN will be needed, even if in a different operating model. It would be silly to say this won’t happen, as the new variant wave is shocking for us all. But the focus on firstly using the additional new capacity within @NHSEnglandLDN is the 5/

right one. Ambulances queuing is a related but slightly separate issue. The impact of the surge on emergency departments this time is very different from before (bigger, because of bigger numbers). Ambulances can’t offload because of space within the emergency department, 6/n

despite all the immense efforts to make space within hospitals. Official numbers of attendances to ED compared with ‘last year’don’t reflect the acuity of covid, and the need for cubicle use for patients. If covid patients are left in corridors then covid will spread like 7/n

wildfire within the hospital. This cannot be allowed to happen. The corridor medicine that was previously endemic in emergency departments would kill people (and staff) if allowed to reoccur. Hence the awful, terrible option of treating patients outside hospitals in 7/n

ambulances. No one wants to do this, it is a red line for all of us but we've now had to cross it. The impact on ambulances services is inevitably that patients will come to harm while waiting for a response. This is awful, truly awful. The only solution currently seems to be 8/n

to prevent covid from spreading. Vaccination is an answer, but won't have any effect at all for many weeks. Hands, face, space, is the right strap line as is 'stay at home'. Of course, the parallel impact on the economy, education, mental health are enormous. But without 9/n

controlling the spread we will not see any light in this tunnel for a painfully long time. 'Opening the Nightingales' is a decent idea, but is not without massive implications for everyone. However we definitely know that if some new model needs to be built, the @nhs staff 10/n

will find even more energy to make it work the best we can to help those who catch this terrible, nasty, evil virus.