

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar y effaith pandemig COVID-19, a'i reolaeth, ar iechyd a gofal cymdeithasol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee consultation on the impact of the COVID-19 pandemic, and its management, on health and social care in Wales](#)

COV 05

Ymateb gan: | Response from: Dr Matt Morgan

Health and Social Care Committee Written Evidence Summary

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These are my personal and independent opinions and not representative of any formal body.

1. All Welsh healthcare should be evidence based or evidence generating

Wales played an essential role in developing the research basis for effective treatments of COVID. Recruitment of large numbers of Welsh patients into the RECOVERY study was recognised in a speech by [Boris Johnston](#). Showing the inexpensive steroid drug dexamethasone was safe and effective has saved countless lives globally.

This emphasis on evidenced based care should be extended to all interventions. Wales should support the structures, people and systems needed to deliver high quality healthcare evidence in both acute and chronic illness. Where high quality evidence is not available, data should be gathered on these interventions to lead to future improvements in care. I believe that all Welsh healthcare should be evidence based or evidence generating.

Barriers to this include the low numbers of clinical academics supported by institutions in Wales and underuse by some sectors of the already available pseudonymised data sources such as SAIL.

I call on this committee to endorse the statement that all Welsh healthcare should be evidence based or evidence generating, support clinical academics and allow easier access to pseudonymised data for research.

2. Online abuse: The standard you walk past is the standard you accept

Aneurin Bevan said that “the purpose of power is to give it away.” This pandemic has been fought not only by nurses, doctors and other health workers, but by the community pulling

together to support each other through the tough times. Public understanding of the many complex and changing aspects of healthcare is therefore key.

Many health workers have chosen to spend their free time promoting public health messages and science by working with traditional and social media companies. There has been a small but significant amount of directed, targeted and coordinated online abuse against some of these [people](#). Not only does this undermine the public messaging around health promotion, but it can have a damaging effect on the individuals targeted.

I call on this committee to produce a clear statement, embedded in the NHS charter, making this targeted online abuse of healthcare workers unacceptable with no place to hide in the Welsh NHS.

3. Welsh care for Welsh patients: A severe respiratory failure service for Wales

Some Welsh patients with COVID and other respiratory illnesses need advanced treatments including extracorporeal membrane oxygenation (ECMO). This is currently only available in 5 UK centres, none of which are in Wales. Although Wales receives an excellent service from our English colleagues, there are advantages to treating Welsh patients needing ECMO in Wales.

This may allow more timely access to services, will help recruit and retain skilled staff, allow local shared decision making and be better for patients and their families. This is illustrated by the case of [Davide Compagnone](#), a fit and healthy young father working as a pharmacist, who survived severe COVID thanks to these advanced treatments.

Cardiff and Vale are progressing with a case to develop a severe respiratory failure service in Wales. Many aspects needed for a Welsh service are already in place with initial costings suggesting that compared with an English commissioned service, the costs may be neutral.

I call on this committee to support the concept of a Welsh severe respiratory failure service for patients in Wales.