

A Tearful Anaesthetist and the CMO England

Prof Fong a consultant anaesthetist gives tearful evidence about his experience during the pandemic.

He was seconded to NHS England as a clinical advisor in emergency preparedness and resilience.

In his view the data presented to NHS England and ministers did not accurately portray the horrors on the ground.

Hospitals were short of beds, staff, ventilators, protection gear and body bags.

The scale of death was outstanding and well beyond the experience of almost all staff.

His evidence was graphic, if at times a bit overstated in order to make a point.

His most important point was about looking after the wellbeing of staff, the carers.

He wanted to save the organisational memory of

the pandemic and use it when the plan is being prepared for managing the next pandemic.

Our next witness Prof Whitty confirms that another pandemic is inevitable.

Whitty is much calmer and thoughtful. He admits that the government (and their advisors) may have got the early messaging wrong.

They may have overstated the risk.

'Although the NHS came under enormous pressure it remained open during the pandemic for all patients.'

Most hospitals had at least half their beds available for non-covid patients.

The serious exception was intensive care.

As CMO, he and his small team did not normally get involved in detailed clinical advice to the medical profession but gave whatever support they could to clinicians located



within NHS England. The structure of the NHS was in his view a great benefit in a pandemic allowing national decision making to be reasonably effective.

The early messaging about masks had been confusing and it was not entirely clear who could offer the best scientific advice.

A lot of people thought that they were partially accountable which was dangerous.

Vaccines reduced both risk of Covid and long Covid.

Healthcare workers had the same risk of Covid as the rest of the population. The research to determine the extent to which racial groups and workers were potentially at a higher risk continues and may influence staff deployment decisions in the future.

The research continued into long covid. The national research programmes had been strongly refocused during the pandemic.

Shielding was in his view a mixed success and much thought needs to be given to its role in any future pandemic.

[The Scottish CMO who gave evidence the day before would have added more mental health support to those being shielded.](#)

As far as the argument about infection transmission was concerned he preferred to concentrate on “nearfield” and “far field” rather than droplet or aerosol.

He used whatever mask the experts recommended.

Again, more research was needed to find the right answer to a very complicate problem that was disease specific.

We were unlikely to find one mask that was optimal for all infectious diseases.

He added two new recommendations to those he had already offered.

First to develop an ability to conduct rapid but accurate research and second to work out how to protect those patients we already know to be vulnerable.

We can expect the Medical Director of NHS England to come under greater pressure.

[The Inquiry will no doubt hear from Prof Whitty again.](#)
