

Dr Andrew Goodall  
Chief Executive NHS Wales  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ

2 July 2020

Dear Dr Goodall,

**Re: COVID-light sites for elective surgery, endoscopy and diagnostics**

The NHS in Wales, and our staff, are to be congratulated on the admirable response to the unprecedented challenge of the COVID 19 pandemic.

However, we have only been able to do so by significantly reducing our core activity and are still far from getting back to 'business as usual'. As services begin to recover, we now face the dual challenge of addressing the backlog of pre-existing cases which may have become more complex, as well as new referrals presenting at a later stage of disease.

Cancer Research UK estimates there has been a drop of almost 14,000 urgent GP referrals for suspected cancer in Wales in the ten weeks following the beginning of lockdown<sup>1</sup>. Furthermore, based on Welsh Government's own information, there were almost 21,200 fewer surgical and midwifery admissions between March and April 2020 alone<sup>2</sup>.

Radical changes need to be made to the delivery of care in Wales to ensure that COVID-19 can be managed safely in hospitals, and that health services for other patients with non-COVID disease are organised in a sustainable way. This will also be key to keeping such services running through any future surges in infections and minimise the risk of nosocomial infection.

As medical leaders in Wales, we are calling for the swift development of "COVID-light" sites across Wales, hospitals which are as free as possible from COVID-19, where diagnostics, surgery and cancer care can take place safely, so that work to reduce patient backlog can get underway and be sustained. COVID-light sites are also essential in reassuring patients that it is safe to present for care. Hybrid sites are not appropriate as the risks from COVID-19 in the post-operative period are extreme.

Segregated facilities, including COVID-light sites, need<sup>3</sup>:

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<sup>1</sup> <https://business.senedd.wales/documents/s101654/C39%20-%20Cancer%20Research%20UK.pdf>

<sup>2</sup> <https://record.senedd.wales/WrittenQuestion/80524>

<sup>3</sup> <https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/>

1. Good access to testing with fast results, to test patients shortly before admission and again before discharge, and weekly testing of staff. This will help lower the risk of nosocomial infections in hospitals.
2. A good stock of PPE for all staff – not ‘just in time’ but including a stockpile to enable planning of diagnostics (e.g. endoscopy) and operations. Staff will need to operate in PPE for the foreseeable future to manage the risk of working with undifferentiated patients.
3. Sufficient hospital facilities. This includes diagnostic facilities; for example, dedicated manned CT and MR scanners. Hospitals need to have enough side rooms to protect patients who are at high risk of dying from hospital-acquired infections.
4. Segregated critical care facilities, including isolation rooms, where patients requiring post-operative critical care can be isolated from infection risk.

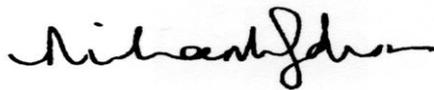
To ensure equity of access for patients in Wales and avoid a postcode lottery of care, in our view these sites need to be planned strategically, across Health Board boundaries with a consistent, transparent approach.

The NHS cannot continue to function as a ‘COVID-only’ service. Given that the virus looks set to be with us for the foreseeable future, we need to organise services so that all patients can safely be treated. The prospect of stopping life-saving treatments again, in the autumn, must be avoided by planning now to ensure continuity of service.

It is the Welsh Government’s responsibility to keep health services operating safely during this time. To fail to do so would further reduce patients’ treatment options and, for many cancer patients, their chances of survival. We therefore urge you to make COVID-light sites a priority for the NHS in Wales.

We would be very happy to discuss this with you or your team further, and look forward to your reply.

Yours sincerely,



Mr Richard Johnson  
Director (Wales)  
Royal College of Surgeons of England



Dr Esther Youd  
Chair  
Academy of Medical Royal Colleges in Wales