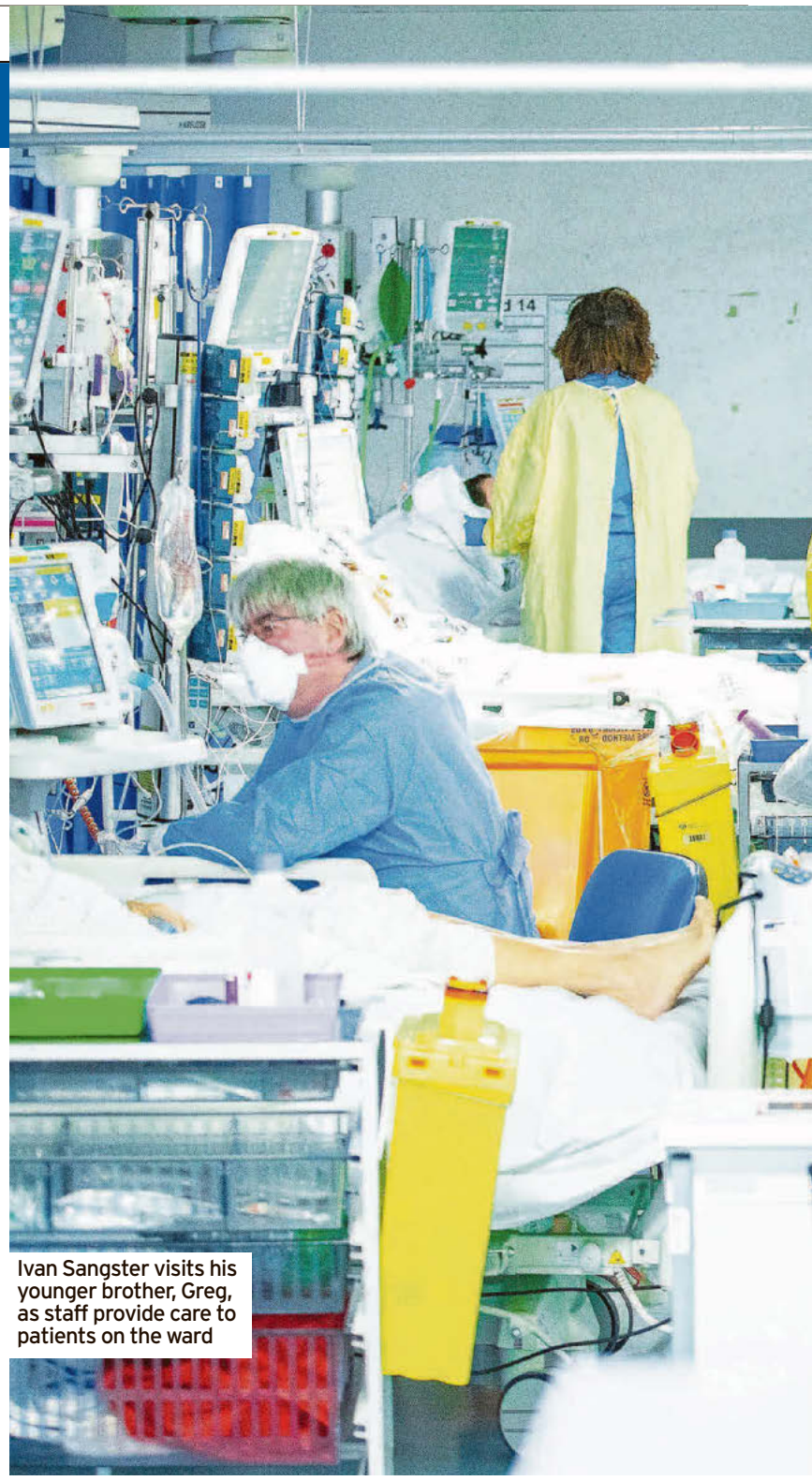
News /Covid Frontline

It's difficult because he's intubated and can't talk, but he did manage to smile a couple of times



Ivan Sangster visits his younger brother, Greg, as staff provide care to patients on the ward

In the second part of an M.E.N. special series, staff, patients and family members tell ***Sophie Halle-Richards*** about the daily challenges faced on the Covid-19 Critical Care Unit at Wythenshawe Hospital

CLUTCHING the hands of his younger brother through a pair of bright blue surgical gloves, Ivan Sangster leans in to tell his sibling how much his family miss him.

The breathing tubes attached to his body stop him from speaking. But Greg is conscious and alert. His eyes light up with emotion as he appears to recognise his brother's masked face.

In the background is the soft hum of the mechanical ventilator which is keeping him alive.

It's such a sweet, personal moment, it's possible to forget for an instant, in spite of the machinery, that you're on a ward surrounded by patients rendered helpless by Covid-19.

Greg Sangster was admitted to intensive care at the beginning of the year.

The 58-year-old bus driver at Manchester Airport believes he picked up the virus from a colleague at work.

Shortly after spending Christmas with his family, Greg was rushed to Stepping Hill Hospital in Stockport, having phoned the 111 service. He told the call handler he was struggling to breathe.

He is now being cared for by a dedicated team of staff at the Covid-19 Critical Care Unit at Wythenshawe Hospital. Thanks to them, Greg has been weaned off sedation and is beginning to turn a corner.

Ivan is the first familiar face he has seen in nearly two months.

It's extremely rare for loved ones to witness what happens on a Covid intensive care unit, such is the cruelty of this disease. But doctors have made an exception in this case, as they believe it could be crucial to Greg's recovery.

"Up until 18 months ago he weighed 24 stone, but Greg's become a guru for the Keto diet and lost nine-and-a-half stone," says Ivan, 64.

He removes his plastic apron and gloves as he steps outside the ward, having hugged his brother goodbye. He knows it's unlikely he'll see Greg again for some time now.

"Doctors said if he had not lost that weight he might have been in a very different position," Ivan continues. "But we think he's turned a corner now. He was definitely trying to join in the conversation just now. It is difficult because he's intubated and can't talk, but he did manage to smile a couple of times."

Greg is among 17 patients who are intubated and hooked up to a ventilator when we visit the intensive care ward. Normally only staff are allowed behind these doors. Covid-19 can be so lethal that visits are significantly restricted, allowed only in specific circumstances.

But, so we can show the public the reality of the disease – and reveal the commitment and courage of staff, the Manchester Evening News has been allowed to visit our region's hospitals for a series of stories about the Covid frontline. Each looks at a different aspect of our region's health service as it comes under unprecedented pressure.

At Wythenshawe, a second Critical Care Unit had to be set up as Covid patients flooded in last year.

Now, both units are full – as Wythenshawe accepts patients from struggling hospitals across the North West and the Midlands.

Despite only being in his late 50s, Greg is by no means the youngest person in intensive care when we visit. As we arrive, the atmosphere is calm, peaceful and positive, as staff tend to patients during the lunchtime ward rounds.

NHS COVID FRONTLINE



Most of the patients are 'holding their own,' says respiratory nurse Ellie Walker. But the mood can change in minutes, she warns.

Just a few days ago, the team lost three patients in the space of one morning.

Shortly after we chat to Ivan, two grief-stricken family members are ushered around a patient's bedside. A curtain is drawn for their privacy.

The family's pain is reflected on the face of every health professional in the room.

They all work tirelessly, sometimes at a great emotional cost, to ensure their patients recover from this disease. That means that for every loss, there are stories of hope, like that of Kevin Crampton. The 59-year-old can now breathe on his own, having been discharged from ICU to a Covid respiratory ward.

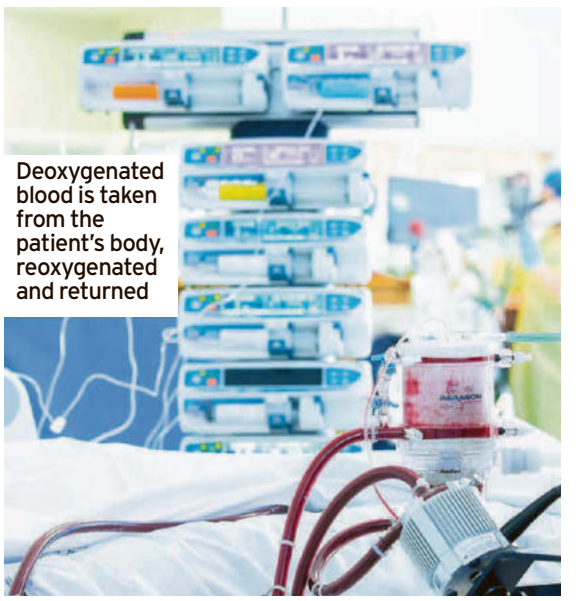
News /Covid Frontline



PICTURES: JOEL GOODMAN



Respiratory ward manager Thomas Kellet



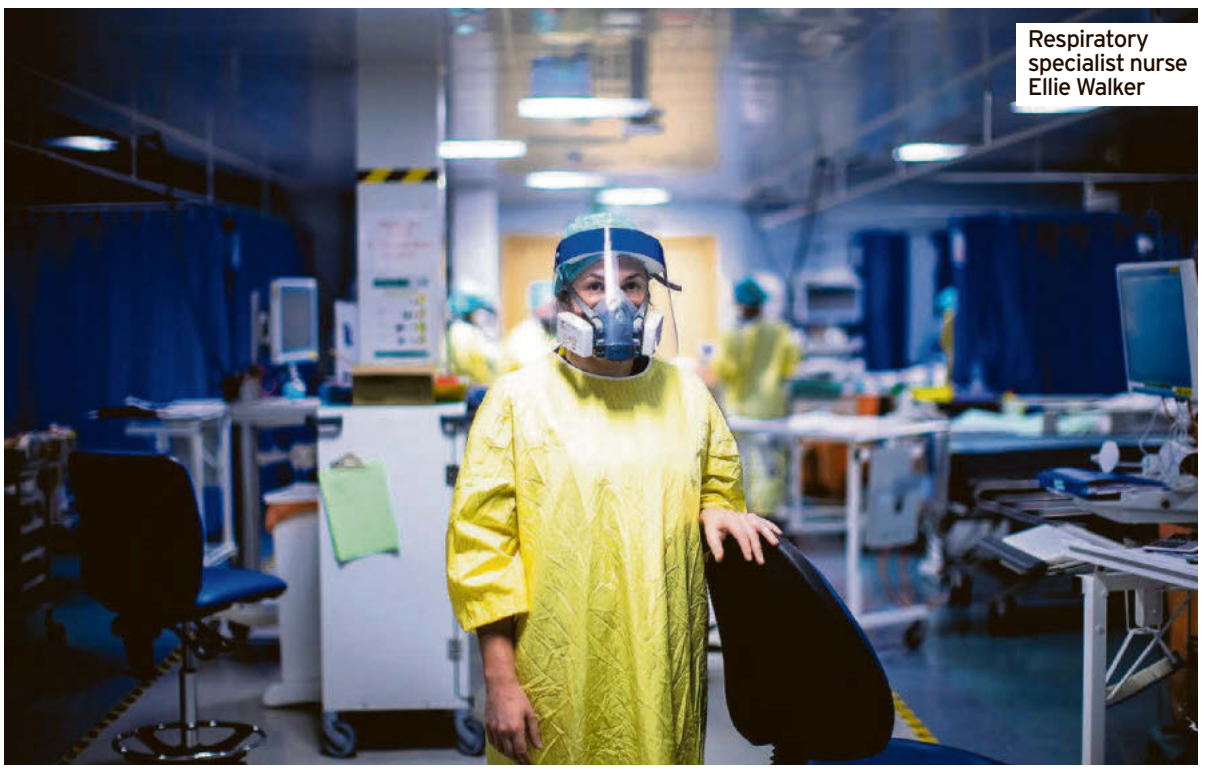
Deoxygenated blood is taken from the patient's body, reoxygenated and returned



Intensive care physiotherapist Barbara Bonvento



A clinician wearing PPE works at a mobile workstation alongside oxygen canisters



Respiratory specialist nurse Ellie Walker

The dad-of-two, from south Manchester, contracted Covid-19 at the start of January, and has spent a number of weeks in a coma on ventilation.

To give his lungs the best chance of working, doctors used a technique called proning.

The controlled and perfectly timed team movement consists of six or seven people turning a patient on to their stomach, where they will stay for hours at a time. Kevin no longer requires oxygen, or a breathing tube.

However, due to the amount of time spent in the prone position, he is unable to use his arms and may have suffered permanent nerve damage – profound weakness is common after a prolonged intensive care stay.

He is strong enough to eat and drink again, but doctors predict he will need to remain on the A1 respiratory ward at Wythenshawe Hospital for at least another month to six

Continued on page 6

Continued from page 5

weeks. "It was scary," Kevin says as he recalls the moment he was admitted by ambulance. You can see the torment in his eyes and he looks for the reassurance of nurses standing attentively at his bedside.

"When you're told that you're going to be put in a coma you think about what might happen next.

"My head was spinning. I thought, will I come out of this? But I did it. It's been very emotional. I have definitely done a bit of crying.

"I can tell people you don't want this virus. You really have to fight it."

Kevin's recovery will now consist of rehabilitation. It's likely to be months before he will return to the man he was before he was struck down by coronavirus.

It could take even longer for him to regain full movement in his arms and legs.

"Patients get very surprised about how weak they are when they wake up," says Specialist Intensive Care Physiotherapist, Barbara Bonvento.

"Most people can't even move their fingers or sit unsupported. It can be quite horrible when they wake up because patients are quite confused."

Barbara says some patients have woken up believing they have been kidnapped, or are trapped on a boat, due to the amount of time they have spent unconscious.

"We have to explain to them they are not going crazy, it's just the side effects of the drugs," she says.

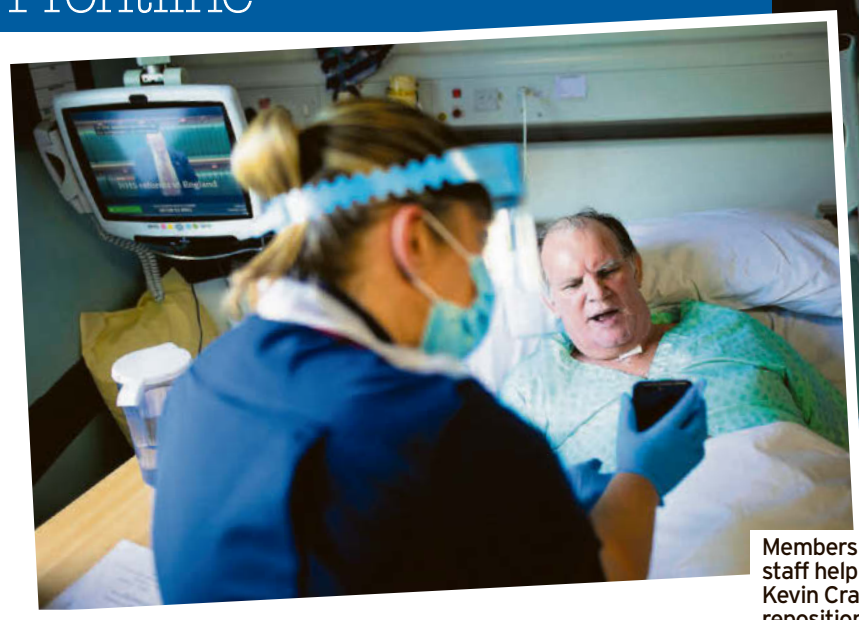
"It can take patients weeks for them to come round."

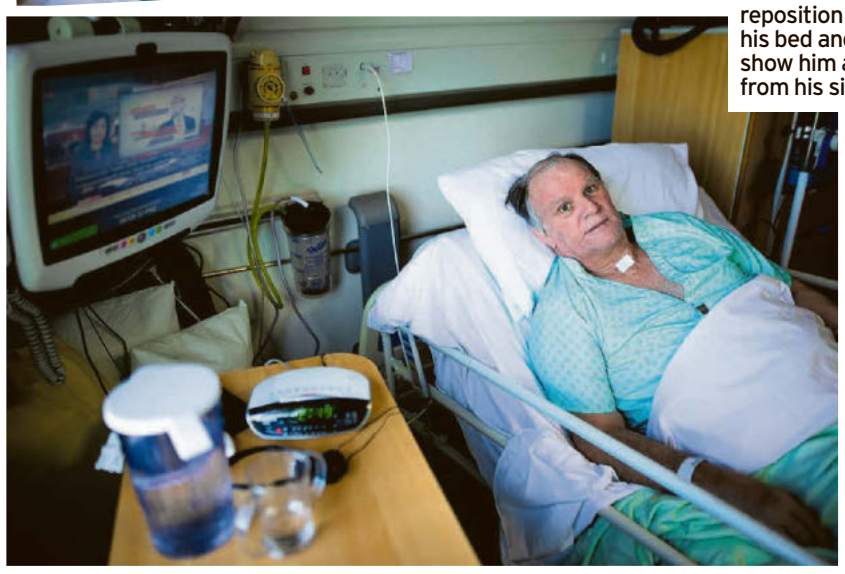
The Italian-born mum-of-one hasn't been able to visit her own elderly parents in Bologna, Italy, for over a year now.

And, like so many of her colleagues, Barbara contracted coronavirus last April. Her sense of taste and smell has still not returned.

Despite her fears about whether she'll see her parents face-to-face again, her dedication to the hundreds of patients she's cared for since March hasn't wavered.

Much like A1 Covid-19 Respiratory Ward manager, Thomas Kellet, 32, who is responsible for the wellbeing of patients, 43 members of staff, and three young children at home.







Members of ward staff help patient Kevin Crampton reposition himself in his bed and, left, show him a video call from his sister

When you're told that you think about what

NHS COVID FRONTLINE



Clinicians at work on the ward

FROM the junior doctors, to nurses and health care assistants, everyone is visibly exhausted during what the hospital now classes as the third wave.

The 28-bed unit has been near full for the entirety of the pandemic, and admissions don't appear to be letting up just yet, says Thomas.

"I think this time has been more challenging for staff. We thought we were at the moment where everything was getting better last year and then it all started again," he says.

"My staff have found it quite hard. It's just ongoing. People are getting tired."

The admission of younger patients and groups of families, believed to have some link to Christmas mixing, has taken a heavy psychological toll on Thomas' team.

"Since October we have seen a lot more younger people. Most of them have pre-existing conditions but there are some who don't," he says.

"We are seeing more families too and that can be quite difficult. Recently we had a dad and two sons admitted, and we've also had a man with his wife come in at the same time. That is emotionally difficult for the staff."

Without their bravery, expertise and diligence, patients like Kevin simply wouldn't make it. "I just can't thank them enough. I'm here and that's the main bit," Kevin says as he grips the hand of a nurse and smiles warmly at her.

As he speaks, Kevin receives a video call from his sister. He's desperate to answer but can't pick up the phone, so ward matron Michele Oldbury carefully holds the device up to his face.

His wife and family haven't been able to visit him since he was admitted to hospital, and so they call his mobile every day.

Kevin tells his sister: "I'm talking to the Manchester Evening News about Man City."

He's an avid supporter and tells us he can't wait to get home so he can watch them win the league.

He tells his sister that he's had this final tube removed that morning. You can hear the relief in her voice.

Despite everything he's been through, Kevin's spirits remain high. He knows he's lucky to be alive, and he doesn't plan on taking a second for granted.

Critical care beds in Wythenshawe have been at a premium throughout the pandemic, but particularly so since Christmas, says Consultant Respiratory Physician, Richard Baraclough.

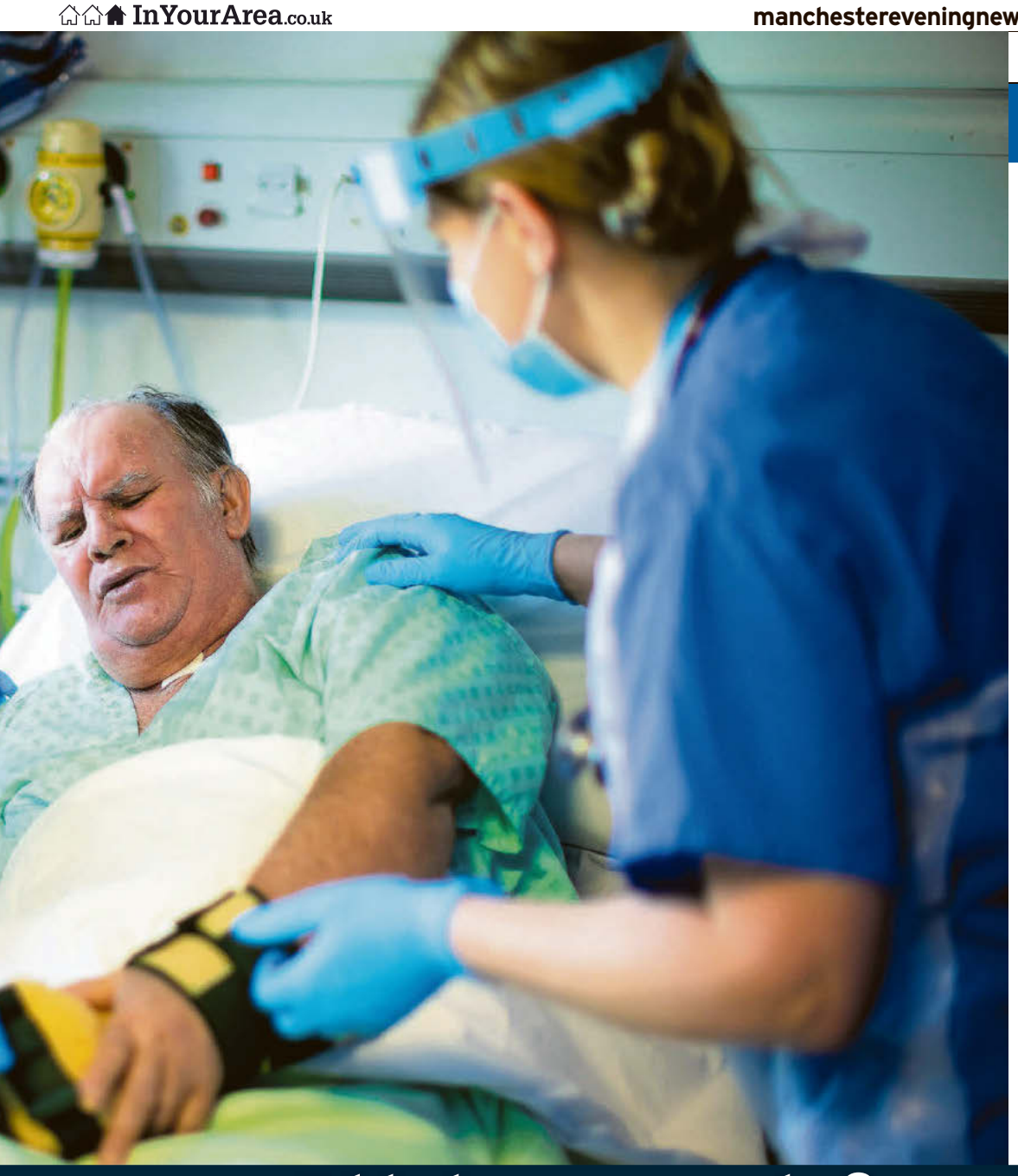
"We had a mini peak in November but since the end of December the numbers have gone up massively," adds Richard, who is also clinical director of the North West Lung Centre.

"Unfortunately, despite our best efforts there are still people dying with this disease, young and old.

"It takes its toll on the staff.

"On a respiratory ward we are used to patients dying but normally you have a small number of patients die in a given week. With Covid, the mortality rate can run up anywhere from 20 per cent."

That rate is considerably higher for those patients who require ventilation, which involves a painstaking decision-making process Richard is



you'll be put in a coma might happen next...



A clinician provides care to a patient on the ward

TOMORROW: BEST OF PEOPLE IN THE WORST OF TIMES



Dr Julian Barker, group clinical director for critical care

occupied by on most days. "If people are deteriorating we need to make a decision about whether they are likely to benefit from critical care and whether ventilation is going to be in their best interest," he says.

"The mortality rate on intensive care nationally has been around 40 to 45 per cent."

The team have often found younger patients most reluctant to be ventilated, as many view it a form of death sentence, Richard says.

"We do get some patients who are too scared and refuse to go. When we feel someone has reached the point they'd be better managed on ICU and they refuse, it is difficult.

"It's something that bothers me. You worry about what their outcome is going to be. It sticks in your mind. You feel like you're failing the patient."

The devastating consequences of Covid-19 mean there are some patients who get so sick, even a ventilator is unlikely to save their life.

Wythenshawe Hospital is one of just five centres in the UK with access to ECMO (Extracorporeal membrane oxygenation) machines – which can replicate the job of the lungs or heart to allow the organs to rest and recover.

The service has come as a lifeline for a select number of Covid patients, including a number of healthcare staff and key workers from across the region.

But, choosing who to put on ECMO isn't an easy decision.

Julian Barker is the director of Wythenshawe Hospital's ECMO service, and has the punishing task of applying clinical guidelines to decide who could benefit from it.

In the first wave, as many as 14 patients at a time were using the service.

"The survival for Covid on ECMO is about 50 to 60 per cent," he says.

"The things that count against your chance of survival are age, BAME, obesity and social deprivation – Manchester has high scores on all of those things," says Julian.

"ECMO will keep you alive, but it might not save your life." Knowing when to inform a patient's family that everything that could be done, has been done is the hardest part of the job, says Julian. The weight of each decision marks his face as he talks about it.

"After a few weeks, and if there is no improvement on their lungs, we have to ask are we torturing this family – are we keeping them alive when they may not survive?" he says.

"We have had a lot of conversations about whether we are doing the right thing. That has been really hard. It's been very difficult knowing when enough is enough."

In a place where lives hang so precariously in the balance, it's the memory of those patients who beat the odds to survive that staff cling on to.

"There have been some patients that we thought weren't going to make it and then they did," says Barbara.

"When you see them go home you remind yourself why you do this job. Sometimes you have to stop yourself crying with joy because there are a few people we really thought wouldn't get there."

Kevin is hoping to be home in time for his 60th birthday in May. His family have already made plans to throw a party (rules permitting) and are said to be organising a treat for hospital staff.

"I am looking forward to getting a proper shower and getting my clobber on. I've lost a lot of weight so I've got my six pack again," he jokes.

He urges us to use his story as a stark reminder of just how cruel coronavirus can be.

"People should still be worried about Covid," he says, putting all jokes aside.

"It's not a light thing like a cold or the flu. People need to understand how serious this is. If it wasn't for the staff here I would not be alive.

"I have got a lot to do before I'm back to normal but I am happy. I am just grateful to be here."

What do you think?

Write to: Viewpoints, M.E.N, Mitchell Henry House, Hollinwood Ave, Oldham, OL9 8EF
Or email: viewpoints @men-news.co.uk

Third of city sees Covid cases rise

THE number of Covid-19 cases continues to fall overall across most of Manchester but almost a third of the city has seen an increase in recent days.

Manchester's infection rate is among the lowest in the city-region after recording 811 positive Covid tests in the week ending February 24

This is 226 fewer than the previous week – a 22 per cent decrease – though its overall infection rate remains higher than the England average.

The latest figures show the biggest rise in cases in the week to February 23 were in Withington North and Old Moat and Moston West, where 12 new cases were reported.

There were 11 new cases in Benchill South and Wythenshawe Central, and eight positive tests in Charlestown and Harpurhey South and Monsall. A further seven cases were reported in New Moston and East Didsbury, with Benchill North and Sharston and Whalley Range North recording five more.

The increases in Moston and Harphurhey could be linked to the mass testing programme set up by public health officials in mid-February after a new Covid variant was found in the areas.

It is the same variant, E484K, detected in Moss Side weeks before, which is itself a mutation of the Kent strain which has spread across the UK.

But for most communities the number of new Covid cases is falling, including in Strangeways where an outbreak at the prison caused a spike of more than 100pc.

Four more die in hospitals

ANOTHER four people have died in Greater Manchester's hospitals after testing positive for coronavirus.

The region's hospital death toll has now reached 5,609, the latest NHS figures show.

Across England a further 127 people who tested positive for coronavirus have died in hospital. It brings the total number of confirmed deaths reported in hospitals to 83,250, NHS England said on Monday.

Patients were aged between 46 and 99.

All but one, aged 58, had a known underlying health condition. The deaths were between December 9 and February 28, with the majority being on or after February 24.



MRI deputy medical director Dr Leonard Ebah

In the third part of an M.E.N. special series, staff and patients tell ***Thomas George*** about the heartache and struggles faced on the Covid-19 frontline at Manchester Royal Infirmary

SAM Clarke took the mask from its packet and pulled it over her face. It was a routine she had been through hundreds of times before.

But this time, the instant the fabric touched her skin, she froze. The air heavy, her throat tight, she gasped desperately for breath.

As a nurse, Sam knew she was having a panic attack. It would be the first of many - each time triggered by the feeling of personal protective equipment closing around her nose and her mouth.

The Manchester Evening News met the Sam, 36, earlier this month, on her second stint on Manchester Royal Infirmary's frontline.

Normally, access to the units where Covid-19 patients are treated is heavily restricted. Covid can wreak such havoc on the human body that even families cannot visit sufferers being cared for in hospital.

> I've asked for a T-bone steak but the chef says he can't afford it
> **Paul Duplex**

But, so that the outside world can fully understand the reality of the disease, and the challenges it places on the people who are fighting it, we have been granted rare behind-the-scenes access to NHS wards for a series of stories. Each looks at different faces of the battle against the pandemic, as medics, patients and their loved ones are put under immense strain by it.

Sam was just six months into her nursing career when she was drafted onto Covid-19's frontline, deployed to care for patients on the adult critical care ward at MRI.

But it was only when the number of Covid-19 patients had dropped, and Sam had returned to her normal duties in paediatrics at the Royal Manchester Children's Hospital, that she paused long enough to face up to what she had been through.

The weeks of relentless work in fear of infection, the suffering she had seen, all caught up with the nurse at once - along with the grief.

"She had nobody," Sam says of one Covid patient, her voice cracking as she remembers.

"I felt like I needed to look after her. She was such a character. One minute she'd be your friend, the next she'd tell you off for something.

"I went to see her the morning she passed away. I kissed her hand, then half an hour later she was dead.

"I'll never forget her."

Sam recalls the first wave of the pandemic as a 'massive eye-opener', 'like being thrown in at the deep end.' She could be forgiven for wishing never to return to the Covid frontline.

But instead, when the second wave arrived in the autumn and reinforcements were needed once more, she was among the first to step forward, even though that meant reliving the worst horrors of the pandemic – and the emotional toll – all over again.

"I wanted to do it for myself – to show I'm strong," she says.

"I felt like I had to do on my terms. Last time it didn't feel like it was in my control.

"I feel like a better nurse for what I've been through."

Many of those who lose their battle


Sister Beth Hopper laughs as she talks with a patient on Ward 4

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I kissed her hand, then half an hour later she was dead. I'll never forget her



Staff Nurse Sam Clarke

PICTURES: JOEL GOODMAN

with Covid-19 do so alone, like the dying woman on whose hand Sam left a last kiss. Visitors are allowed only in the most extreme circumstances.

For staff, watching patients suffer without loved ones by their side has been one of the hardest things to cope with.

But amid the horror and sadness have been moments of joy, some bittersweet.

When one woman took a turn for the worse staff helped arrange a last-minute wedding to her partner. As it became clear she was not going to see out the night, the woman requested a priest.

Her partner, who was also being treated with the virus, was called in, along with the woman's children, and vows were exchanged in the most unlikely of settings.

Hours later, the woman died.

"Being able to do that for her was probably the high point of my career," says ward manager Beth Hopper, who works on the Covid-19 respiratory ward, a step down from intensive care, where the most serious cases are treated.

Patients come and go from here every day. Some are gearing up for a return home, while others take a turn for the worse and need to be transferred to intensive care.

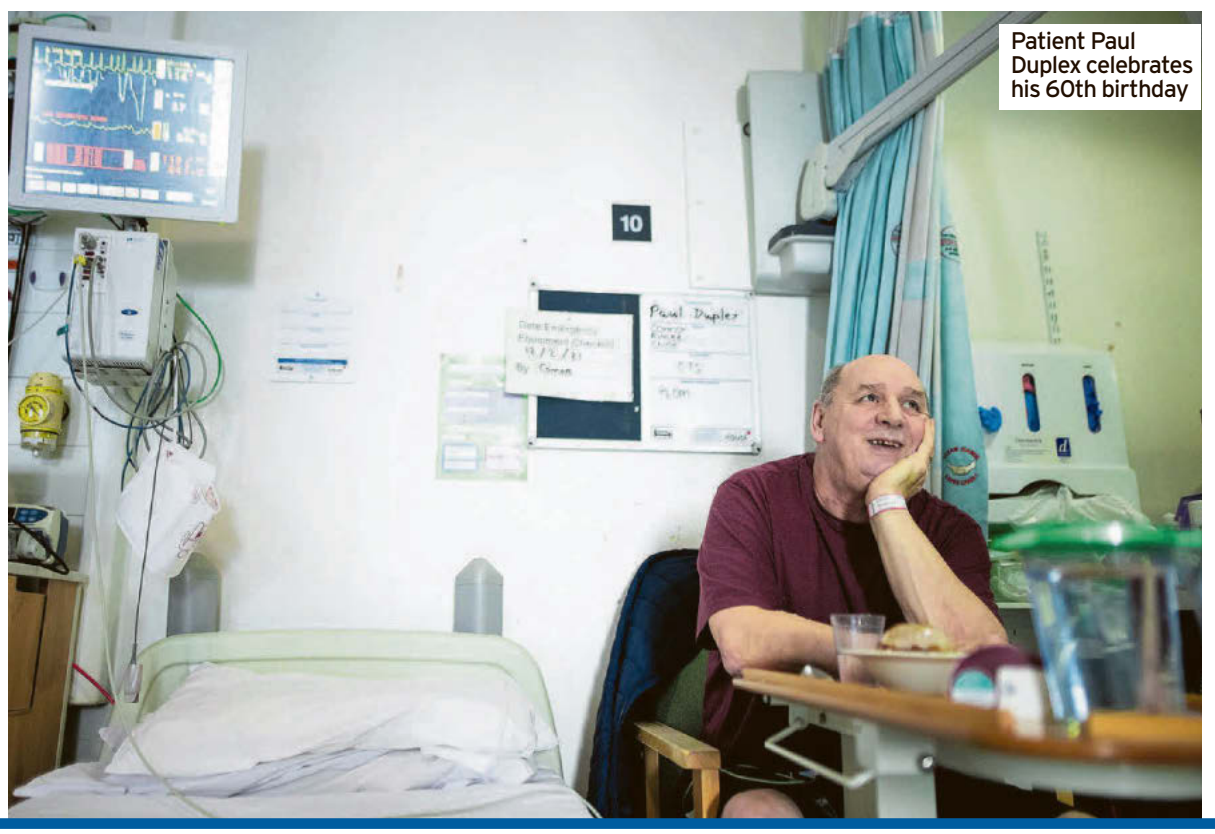
"It's been emotional and exhausting," she adds. "We've never stopped."

When first admitted, patients who display respiratory issues are taken to a separate receiving unit where they are tested for the virus. If the swab comes back positive, the patient is then transferred to a dedicated Covid-19 ward.

Wards across the hospital have been repurposed as Covid-19 wards, with staff deployed from other areas and hospitals in the trust to staff them.

The risk of becoming seriously ill with the virus is constantly assessed throughout a patient's stay, and the possibility of someone without the virus becoming infected in hospital is a constant worry.

The youngest patient in the respiratory ward is 25.



Patient Paul Duplex celebrates his 60th birthday

PATIENT Paul Duplex is spending his 60th birthday in his bed on the respiratory ward.

Normally, he and his family would go out for a meal to mark the big day, but this year he's making do with hospital grub.

"I've asked for a T-bone steak but the chef says he can't afford it," he jokes.

"It's my big one, but there's not a lot I can do. Everyone here is in the same boat with not having visitors."

Mr Duplex, who lives in Harpurhey, was first admitted to hospital last month for a quadruple heart bypass.

Following the surgery, he returned home but tested positive for Covid-19.

When his blood pressure began to fall, he returned to hospital.

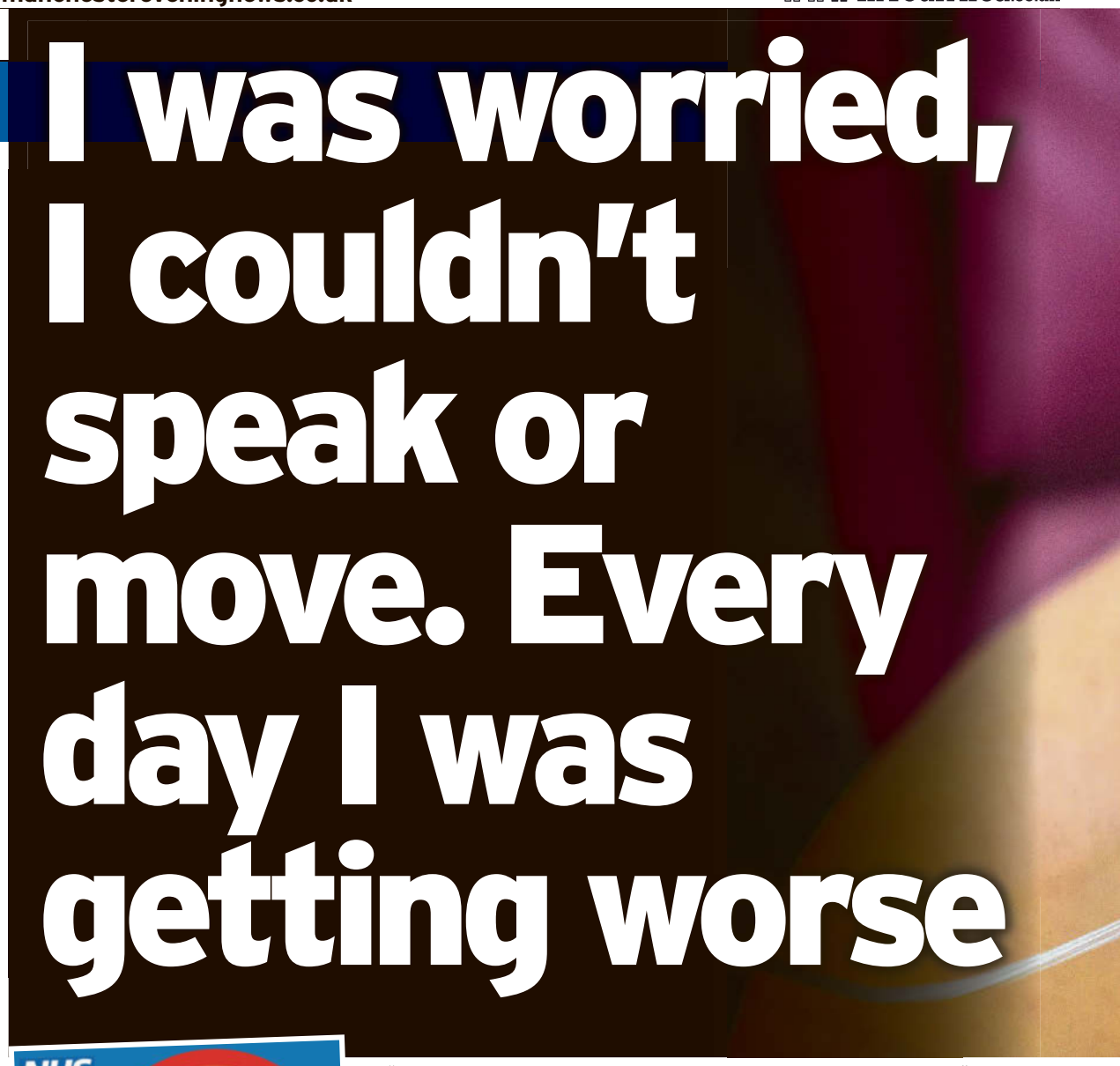
He appears to be doing well, and says he's hoping to be back home with his family in the coming days.

A keen Blue, being able to stream City matches to his phone has helped him through his stay.

"It's a bit scary in here at first," he

Continued on page 20

I was worried, I couldn't speak or move. Every day I was getting worse



NHS COVID FRONTLINE

Continued from page 19

says. "I feel fine, though. I have been lucky really."

In the next bed along, Mahmood Akhtar, from Fallowfield, breathes deeply into an oxygen mask.

The 59-year-old is fortunate. Just days ago, he was rushed to hospital in an ambulance after developing a high temperature and experiencing trouble breathing. "I was worried," he says. "I couldn't speak or move. The infection was all on my lungs. Every day I was getting worse."

A medic explains that Mr Akhtar is receiving the maximum amount of oxygen and is on the cusp of needing a ventilator – although the patient insists he's turned a corner.

"I'm getting better every day. I just want to see my family now," he adds.

While about 25 patients a day were being admitted in late January's third wave, it is now less than half that, and medics are hopeful that the worst of the pandemic is behind them.

Doctors credit the delayed impact of the national lockdown with last month's drop in admissions, with the number of patients being treated at the hospital for the virus falling from over 200 in late January to 130.

The recent wave of admissions was also a lot more gradual than the first, which MRI's deputy medical director, Dr Leonard Ebah, likened to 'going into war.'

"We went from zero patients to 200 to 300 in about three weeks," he says.

"Not knowing how far it would go, that was worrying. We were all doing longer hours and preparing for the unknown. We were scared. Scared for our colleagues, scared for ourselves and our family."

As the virus spread last year, some in the hospital feared they could end up overwhelmed with cases. To avoid that grim prospect, MRI, normally one of the country's busiest hospitals, had to change radically, and quickly.

"We were saved by not doing much else," explains Thomas Gorsuch, a consultant respiratory physician at MRI.

"We dropped most other clinical activity and there was very little going on in the hospital other than Covid.

"Even emergency medical admissions slowed to a trickle. Had it not been for that, we would certainly have been overwhelmed in April. We were very worried that we might run out of oxygen supply. We were some way off in the end, but the worry was there because we'd never dealt with something like this before."

For Dr Ebah, Covid evokes memories of another, once little understood infection which surged to frightening proportions, back when he was a trainee doctor in Cameroon – HIV. He says what he has witnessed in Manchester over the last year is worse. "You could not see a way out of that," he says. "A significant proportion of people died.

"This feels like that, but the numbers are just so much more huge."

For Dr Ebah, the prospect of becoming infected with Covid himself was particularly troubling.

"As a black man, at the end of March and April when we started losing colleagues... a lot of them looked like me. Those things play on your mind, but you try to stay positive and control the things you can control.

"I went to the Covid wards almost every day to speak to staff. Every time I crossed that line I knew I was putting myself at risk, but I had to do what I had to do. Those were dark days, but we pulled through."

WHEN the number of Covid patients eventually began to fall in early summer, the hospital tried to get back to some kind of normality.

But just as the hospital started to get on top of everything it had been unable to do in the previous months, a second wave hit.

"We all hoped there would not be a second wave, but it happened," says Dr Ebah. "That was hard to accept. There was a feeling of 'not again.' You don't want to do this twice, never mind three times."

Then, last month Dr Ebah was in a meeting when he realised his voice sounded croaky.

Later that night, he woke coughing. The moment he had feared had come. After calling in sick for work he took a Covid test, and it came back positive. "I was really worried...I have seen so many people who look okay for the first seven to ten days, then they just go downhill," he says. I never knew what the next day held."

Fortunately, Dr Ebah recovered and, like the majority of staff at the hospital, has since been vaccinated.

But while infection is no longer as much of a threat for staff as it was in the first wave, much of the pressure remains, and medics are in desperate need of some respite.

It's unlikely they'll get the chance. When things return to normal, doctors and nurses have a backlog of work they need to catch up on.

"People haven't had an opportunity to switch off," explains Dr Jonathan Schofield, a consultant in acute medicine, diabetes and lipidology working in the respiratory receiving unit.

As an Army reservist, he's no stranger to high-pressure environments. But the demands of the last year have proved a challenge even for him.

"The light at the end of the tunnel is there, but I'm not sure it's getting closer. When I've been away with the Army, you're made to sit at home for your mental health. But as soon as things quieten down here, I've got a backlog of people I have to see.

"The catch-up will be harder than what our jobs were in a pre-Covid environment."

For Dr Schofield, one of the hardest things has been telling patients that they have the virus.

"In my career, I've had to unfortunately tell people the worst diagnoses, but this was a different level because of what everyone has come to understand.

"When you tell somebody 'this is what you have and this is what we're treating you for,' some people take that as being essentially a death sentence. It's the one thing people do not want to hear from me as a doctor."

The continued roll-out of the vaccine means many of the most vulnerable patients are now partially protected against the virus.

And while people are still being admitted to hospital each day with the virus, there is now much more hope of a positive outcome.

The mortality rate for patients is now far lower than it was during the first wave – in part down to research trials such as RECOVERY, which MRI has helped to pioneer.

Clinical trials have found that dexamethasone, a cheap and widely available steroid, boosts survival rates for people hospitalised with coronavirus, and the drug is now part of standard care at Manchester University NHS Foundation Trust (MFT) hospitals, including MRI.

"It's reassuring to be part of something that is making a difference to us locally, but also nationally," Dr Schofield says. "We faced uncertainty at the beginning but now we've got confidence that we have treatments that make a difference. If we go back to last year, we knew so many of the people we saw were just not going to do well. Now we have real hope."

Hope, and personal coping mechanisms, are the little things that have seen so many hospital staff through these times.

For Sam Clarke, time off with her loved ones and her dog is precious.

"I try to do very little on my days off," she says. "You have to draw a line at the end of the day. It's so busy all the time and you don't get a minute to stop. You go home and you're physically and mentally tired. It really takes its toll.

"I've had to be kind to myself and try and leave things at the door because I don't want to be like I was in June. I can switch off but I do think of patients. You never forget".

When things eventually return to normal, Sam wonders about the mark that will be left by the pandemic on the mental health of her NHS colleagues.

Looking back to that day in June, when panic unexpectedly gripped her as she placed the mask on her face, Sam says: "I was fine leading up to that, but it was like a comedown from everything that had happened.

"Now that I could finally breathe and relax, that was when the severity of what had just happened hit me."

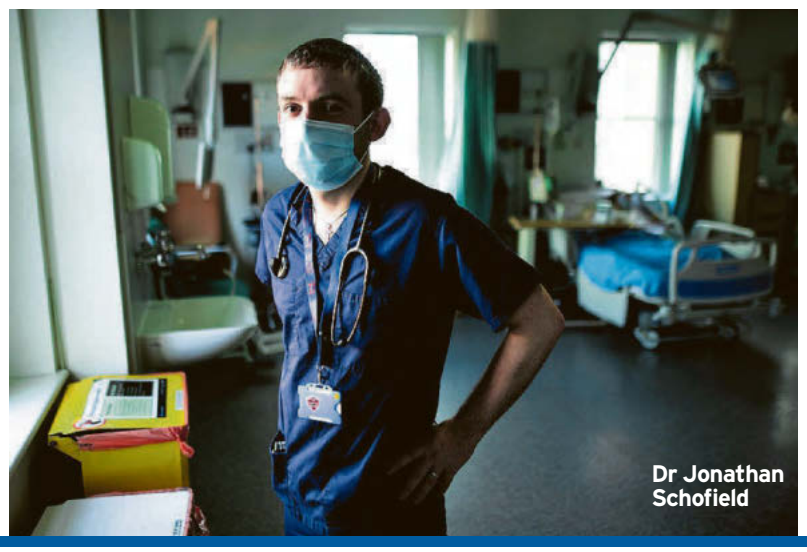
"You hear about burn out all the time," she adds.

"People are just so on top all the time, working above and beyond.

"You just go on autopilot and do what's needed of you. Who knows what happens after that?"



Consultant physician Thomas Gorsuch

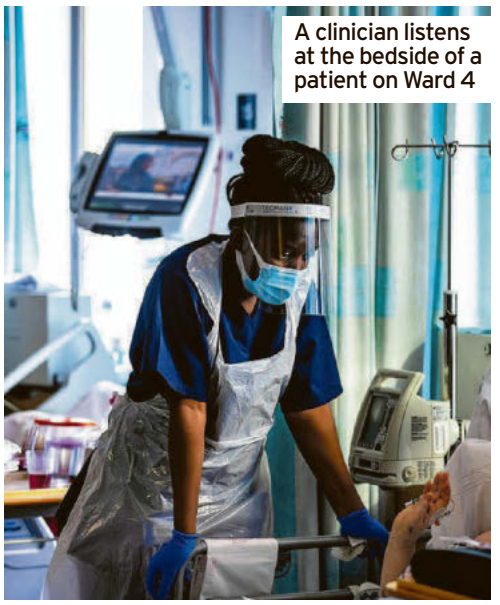


Dr Jonathan Schofield



Patient Mahmood Akhtar

News /Covid Frontline



A clinician listens at the bedside of a patient on Ward 4



Vials of Dexamethasone, one of several treatments being used for coronavirus

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