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So, I don't there's anything that we did in Sheffield that's unique to Sheffield. I'd be astounded if anyone has spoken about unique stuff that's only happened in their place. If they have, I'd be really keen to know what it is. But I don't think we've thought of anything particularly unique. The big idea in this is that there's no single thing. It's a Swiss cheese thing, no single thing has made the difference. Some things make more difference than others... the thing that is worth dwelling on is the totality of all of that is, again, not unique to Sheffield by any stretch, I'm sure everywhere has something similar, they use different names to describe it, but it will be similar everywhere. But it's the totality of stuff that's made a difference, not one thing.

The one thing that is a bit unique to Sheffield, which is not a thing any more, but it was a thing at the time, was Sheffield teaching hospitals and primary care

Sheffield PCS is the primary care federation which governs the whole city, a single federation, set up a local testing service, which was the PCS, has some nurses that did the swabbing, and STH used their lab to do the processing of the swabs. In effect, it was a mini community testing service, way, way before pillar 2 existed. If you look, you'll find that we got ahead of the curve in lots and lots of places by the ability to test in the care sector, in limited community settings, and well, well before there was formal pillar 2 capacity. That was good, because it enabled us to be slightly ahead of the curve, it was bad in that if you look you find, and we found tons. Sheffield was a hot spot, it was the epicentre of COVID for quite some time. That caused me lots of problems in terms of managing comms - "Why does it look like Sheffield is the plague city, why are your rates so much higher than everywhere else?"

What were the key points in the story extract?

How did it resonate (or not) with your own experience of COVID-19?



IDEAS
ALLIANCE