

Freedom of Information Request	FOI 22-162	25 th April 2022
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- 1. I would like to know how many people were admitted and died to all hospitals in the Aneurin Bevan health boards. Individually solely down to Covid 19 Only. Not with covid 19 but from covid 19 being the cause of admission and death from the beginning of 2019 to present.**

The Health Board is not able to identify the number of patients who died purely due to COVID (alone).

The Health Board reports every death in our hospitals to Public Health Wales (PHW), this includes all causation factors. Public Health Wales will then perform statistical alignment meeting the definition of a COVID death and the patient place of residence as some of the Health Board area residents may die in other hospitals outside of the Health Board responsibility. All Health Board data in relation to deaths is reported on the Public Health Wales website and in the Office of National Statistics (ONS) data. Please refer to PHW website and PHW for further information via the following link below:

<https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary>

- 2. I would also like to know separately how many admissions there were from 2019 to present that came into hospital within the Aneurin Bevan health board without covid 19 and received a positive test for covid 19 while there and later died in hospital. "Again please refer to the E.g. in question 1."**

From March 2020 to present, there have been 1,993 patients who received a positive COVID PCR test whilst in hospital (healthcare acquired infection - based on the PHW definitions and guidance). As per Q1 we are not able to identify how many of these patients died solely due to COVID.

- 3. In response to question 2. How many of these patients were given midazolam/end of life drug?**

The Health Board does not hold this information. In order to determine this information, we would have to review every patient record. Therefore, in order to comply with your request, the Health Board has established that this would exceed the appropriate costs limit under Section 12 of the Freedom of Information Act 2000 which is currently £450. As you will be aware this is not an exemption which requires us to consider the application of the public interest test. We have calculated that it would take in excess of 18 hours to review each patient record.

4. I would also like to know the usage of Midazolam/end of life drug purchased and used each year for each health board in the periods stated in question 1.

Please find below the quantities dispensed from the Health Boards pharmacies from 2019 - 2021. The Health Board are unable to confirm if all the following were used for end of life

ITEM	UNIT OF ISSUE	2019	2020	2021
		QTY	QTY	QTY
MIDAZOLAM (LICENSED) PRE-FILLED SYRINGE 50mg in 50ml	50ml SYRINGE	0	1638	295
MIDAZOLAM (UNLICENSED) PRE-FILLED SYRINGE 50mg in 50ml	1 X 50ml PFS	0	372	0
MIDAZOLAM INJECTION 10mg in 2ml	1 X 10 X 2ml AMPS	1169	1866	2240
MIDAZOLAM INJECTION 50mg in 10ml	1 X 10 X 10ml AMPS	0	17	61
MIDAZOLAM INJECTION 50mg in 50ml	1 X 50ml	512	2704	1912
MIDAZOLAM INJECTION 5mg in 5ml	1 X 10 X 5ml AMPS	1649	1542	1520

5. In regards to question 4. If there was an increase in purchase and use for the periods in question, what was the reason why?

It should be noted that midazolam is used as a sedative agent in a range of procedures which cannot be differentiated from purchasing data. Therefore, it is not possible to specify how much was directly associated with end-of-life use. During the pandemic emergency pressures there was an increase in the use of critical medicines required for patients needing mechanical ventilation. Midazolam is a sedative used as part of a regime of medicines in such patients and therefore an increase in use would have been anticipated. Depending on the availability of other sedative agents there may have been a requirement to increase the use of midazolam. This will have been dependent on the supply of other sedative agents at the time. Please see the [Guidance on potential changes to anaesthetic drug usage and administration — ICM Anaesthesia COVID-19](#)

Midazolam is one of a number of medicines used for symptom control in palliative care. Due to increase demands for such medicines at the time, the stock availability of this and other medicines would have been increased in anticipation for such demand therefore increasing the purchasing of midazolam.

6. Can you also please provide me with the information on how these patients who tested positive for covid 19 were diagnosed and if you have as a health board isolated it. If so can you please provide me with the evidence. If not how were they diagnosed as covid positive?

A diagnosis of COVID-19 is achieved in line with national guidance provided by Welsh Government and Public Health Wales which is largely centred on testing and clinical assessment. COVID-19 testing is undertaken using

molecular based techniques and the Health Board has a defined policy on the type of test required based on each patient's circumstance. Testing policy and guidance has shifted continuously throughout the pandemic and our Health Board policy has always been in line or in addition to this guidance – the current national guidance, and previous versions, can be viewed online here: <https://gov.wales/testing-coronavirus>.

Similarly, the Health Board has followed NICE (National Institute for Health and Care Excellence) guidance when implementing policies to isolate patients with infection to protect others. The various guidance can be found online here: <https://www.nice.org.uk/guidance/conditions-and-diseases/respiratory-conditions/covid19>
[COVID-19: infection prevention and control \(IPC\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-infection-prevention-and-control)