

# Written Ministerial Statement

*The content of this written ministerial statement is as received at the time from the Minister.*

*It has not been subject to the official reporting (Hansard) process.*

## Department of Health

### HEALTH AND SOCIAL CARE PLANNING FOR THE PERIOD MID-MARCH TO MID-APRIL 2020 DURING THE DELAY PHASE FOR CORONAVIRUS

*Published at 2:00pm on Thursday 19 March 2020*

**Mr Swann (The Minister of Health):** I wish to make a statement to the Assembly, and through this statement to the wider public, of the actions we are taking across the Health and Social Care system to prepare for the impact of Novel Coronavirus COVID-19.

I would like to open by making two assertions that may seem contradictory, but which are in fact crucially important.

Firstly, I would like to provide some reassurance that, for the majority of people, COVID-19 will result in a mild illness from which they will quickly recover.

However, it is also the case that for some patients, potentially thousands, a diagnosis of COVID-19 will be a life-altering event, resulting in hospitalisation and, in some cases, loss of life. All of our efforts must be focused on protecting this part of our population.

My statement today is overshadowed by the sad news of a Coronavirus related death in a Northern Ireland hospital. My condolences are with the family and friends of the patient.

From the planning assumptions available to the HSC in a reasonable worst case scenario - if we fail as a community to take action to slow down the transmission of the virus in line with the recommended public health guidance - up to 80% of the Northern Ireland population will be infected during this epidemic. Up to half of these may occur in a period of three weeks centred around the peak. Simply put, no health service in the world is equipped to cope with the volume of cases that we will see if this scenario comes to pass.

However, we have the ability to reduce the potential impact of COVID-19 by protecting our families, friends, and all of the vulnerable people across Northern Ireland, by reducing social contact as much as possible and, if any of us have symptoms, to stay at home.

If social distancing and other measures are implemented by the population, with a combined effect they could reduce the peak by some 50% and reduce deaths by up to a third. Planning assumptions also indicate that 8% of infected people will require hospitalisation, 0.7% will require critical care, and 1% will die – although these figures will vary highly depending on age and other health factors.

There is no doubt that these measures come at a cost. They will be difficult for people to stick to. They will have significant social and economic impacts. But we must always remain mindful that they will save lives.

I am acutely aware of the anxiety felt by many older and vulnerable people who have been told that they are in one of the high risk groups. Many people live alone, already feel isolated from the community and are dependent upon social services to provide their day to day care and support. I want to reassure people that we will give priority to the continuation of essential services that allow people to remain independent in their own homes. My Department will be sending further detailed and targeted advice to those of all ages at very high risk (40,000 people) in the days ahead.

This plan summarises the key actions taken by Health and Social Care (HSC) NI that will apply from mid-March to mid-April 2020 to ensure that there is sufficient capacity within the system to meet the expected increase in demand from patients contracting COVID-19 during this period. This is a dynamic plan and will be constantly refined in light of emerging issues.

I would like every member of this Assembly to be in no doubt that this approach is absolutely vital. It will protect our population, and it will also protect our staff, who will face enormous challenges in the weeks, and months, to come.

Nevertheless, even with these measures, we are undoubtedly facing the biggest public health emergency in our lifetime. Before detailing the work currently underway I want to express my thanks to every single member of staff across primary, secondary and community care, as well as our emergency services, for their total and unfailing commitment to help manage the impact of this pandemic.

In the coming weeks and months they will continue to need all of our support as they play a critical role in our response to COVID-19.

Our staff are the greatest asset we have. They are the NHS. As an Assembly, we must make sure that we provide them with every support and protection that we can to allow them to carry out their jobs safely and to the best of their abilities.

In respect of personal protection equipment, or PPE as it is commonly known, I want to reassure HSC staff that my officials are working closely with Business Services Organisation and HSC Trusts as well as national colleagues to maintain a secure and continuous supply of appropriate PPE. This does not mean that supply is not under pressure, it is, and through my officials I have made available to HSC Trusts volumes of product out of centrally held stockpiles albeit this must be carefully managed both at Trust level and by my Department to prevent early depletion. Supply of PPE is a challenge for all COVID-19 affected countries and some of those countries have even taken steps to ban the export of such products. This is a step that the Government has not taken to date, but is certainly complicating the work of those staff engaged in sourcing and securing certain products.

Guidance on PPE to be worn by staff has changed over the duration of this pandemic and naturally this is causing some worry amongst staff. Changes in guidance on PPE have been informed by the emerging experiences both within the UK and other countries. Staff should be reassured that this advice has been advised on and developed by experts in Infection Prevention and Control. HSC Trusts are following the latest guidance regarding PPE and will continue to apply current guidance if and when it is updated. Staff are understandably concerned however I would counsel against being influenced by social media, we have the best people in the country working on this crucial issue.

We have heard a great deal recently about the importance of testing for COVID-19. At the start of this outbreak, HSC laboratory services were processing around 40 tests. They have increased their capacity by a factor of 5 and now are capable of processing more than 200 tests per day. As at 09:00 on 19<sup>th</sup> March, they had processed 1,646 tests. I want to pay particular tribute to the laboratory staff for their response in addition to their normal workload.

We expect the demands to increase in the days and weeks ahead, and we are preparing to meet this by expanding our testing capacity even further. This will shortly increase our capability fourfold to around 800 COVID-19 tests per day and enable us to extend the availability of testing to our frontline health and social care staff, ensuring that they can continue to deliver vital services.

I am also taking action to increase physical capacity in our hospitals. We have increased inpatient capacity in designated wards that can treat up to 280 adult inpatients with coronavirus. This is only the very first phase of this work. In anticipation of inpatient numbers increasing further, all Trusts are continuing to assess the steps that may be needed to convert additional wards currently used by medical and surgical specialties into areas to treat patients diagnosed with COVID-19.

We have already significantly increased adult critical care beds across the region. There are 88 routinely commissioned adult critical care beds across the region. During normal operation, 56 of these are intensive care (ICU) beds, available for patients who require support from a breathing machine (ventilator), and 32 are high dependency (HDU) beds, available for patients who are critically

ill but do not require the use of a breathing machine. If required, we have taken steps to ensure that the normal capacity of 88 critical care beds can be rapidly increased by a further 38 beds.

There are currently 139 mechanical ventilators available across the Health and Social Care Trusts in Northern Ireland. Some 40 additional mechanical ventilators (30 adult units and 10 paediatric units) have been ordered bringing the total available in Northern Ireland to 179 by the end of March. There is urgent work underway to purchase critical care equipment to ensure that we can respond to the potential number of people who will need such specialised care. We are working closely with NHS partners on a four nation basis to ensure adequate supply of ventilators as required.

It should be noted that the numbers of beds described assume availability of a full complement of specialist staff. It is predicted that health and social care staff absence could be as high as 21% during the peak weeks of an unmitigated pandemic.

An absence level such as this will require staff to be flexible and to be prepared to work wherever they are needed the most. Training of staff who will be redeployed from other areas is ongoing and will increase further as staff are released from their elective duties. The redeployed staff will require supervision from trained critical care staff.

We are also exploring more radical ways to enhance our workforce capacity. Today, I am pleased to announce that third year nursing and midwifery students within the last six months of qualifying will be redeployed to clinical care. This will happen in the next 10-14 days and will provide support of up to 880 senior nursing and midwifery students. We will follow this up with guidance for 1st and 2nd year nursing and midwifery students and AHPs in the coming days.

We are also pleased that approximately 236 Final Year Medical Student at QUB Medical School will join the Medical Register 4 months earlier than originally envisaged and will accordingly become immediately available to assist medical teams across our hospitals.

In addition, the HSC Trusts are actively developing opportunities to utilise the skills of our other medical students, in particular 3rd and 4th Year students, in temporary medical support technician roles.

I know that our students will be concerned about this move but you will be supported and supervised in your practice. I am very grateful to students, Universities and health and social care staff for making this happen in a very short timeframe.

As with other countries, the preparations for a surge in demand have required the cancellation or postponement of non-urgent appointments, investigation and procedures across outpatients, day case, inpatient and diagnostic services. This action is necessary to allow us to redeploy key staff to support the care of people admitted to hospital because of COVID-19. Outpatient appointments, day case and elective inpatient services will be maintained for urgent cases. Similarly, surgery for the treatment of cancer and other urgent procedures will continue.

Unfortunately this action is likely to result in a further adverse impact upon our already excessive and unacceptable waiting times for outpatient and inpatient services. Critically, however, as the pandemic progresses we must prepare ourselves for difficult decisions such as these. As our system comes under increased pressure, we will need to make hard choices about what services we can and cannot provide.

Our health service will fast become unrecognisable. Changes that would have seemed unthinkable weeks ago will become the new norm. Decisions that would previously have taken months or even years will be taken in hours.

Looking ahead, there will be a long period of recovery. Transformation will be needed more than ever. This will require significant new investment and commitment from the Northern Ireland Executive to health and social care services. It is clear, however, that as a result of this pandemic, some of services will be irrevocably changed.

A huge amount of work has gone in to the actions set out in the four weeks summary plan published today covering the period mid-March to mid-April. However, I need to emphasise that, if social

distancing does not have the impact we hope, much more radical action will be required to respond to potentially extreme demand for acute care, particularly critical care, from mid-April to the summer months.

My Department is actively developing plans for this period and I will provide further updates to the Assembly as soon as these plans are ready to be implemented.

Finally, once more I would pay tribute to the staff who work across all health and social care disciplines in Northern Ireland for their commitment to patients and for rising to this unprecedented challenge. I am proud of you and I commit to giving you my full support in the days and months ahead. The words 'thank you' seem woefully inadequate in the circumstances but they still need to be said – on behalf of everyone across our society.

I also want to make a general appeal to the community. We all have the most onerous responsibility to do what we can to reduce the spread of COVID-19.

We all must continue to rigidly follow the advice on hand-washing and 'catch it, bin it, kill it' when we cough or sneeze and use a tissue. I cannot emphasise this enough. This will help keep more of our family members, neighbours and friends well and by doing so reduce pressures on our health service. As I have already stated publicly, doing the right thing is essential if the health and social care system is to get through this.

This also includes following all the social distancing guidance to the letter, not just today, tomorrow and next week but throughout the months ahead, for as long as it takes.

I would appeal to all Members to underline these vital messages on hygiene and social distancing to their constituents and the wider public at every opportunity.