

EXERCISE EXERCISE EXERCISE

13. The CHAIR asked GCSA what the impact on human behaviour was. GCSA commented that there are many people who turn up to hospital who are not ill. These people need to be rapidly triaged and sent home. There are others who are scared to go to hospital in case they catch the virus, but are still ill. NHSE said that people will be turned away if they have not called 111 first.
14. SCOTTISH GOVERNMENT (SG) outlined that they had activated their response and were thinking about the same issues. There had been good collaboration across CMOs. They emphasised that everyone had to be clear about priorities before decisions were made.
15. WELSH GOVERNMENT (WG) said they had issued guidance promoting self help and were working on strengthening communications with the public.
16. NORTHERN IRELAND EXECUTIVE (NIE) highlighted they had a lag in available staff. As a result, community, social and primary care services were struggling. They had an eye on oxygen supplies as they had 4 days left but the logistical supply chain was a concern as all supplies came through the Republic of Ireland.
17. The CHAIR turned to DHSC to provide an update on social care. DHSC commented that three providers were at risk of failure and others cannot meet their contractual obligations. Lower level NHS work is stepping down, such as occupational health, and triaging has moved to calls and skypes. However, this process is relying on volunteers, family and carers to make decisions about individuals. DHSC questioned whether some statutory duties can be suspended as well as additional funding to help private sectors that are struggling.
18. MINISTRY FOR HOUSING, COMMUNITIES AND LOCAL GOVERNMENT (MHCLG) commented that mutual aid across LRFs is being used to mitigate pressure on certain areas. The financial pressure is extreme and there needs to be a streamlined process to help local authorities.
19. HER MAJESTY'S TREASURY (HMT) assessed that there would be 2.1% fall in GDP with the current rate of absenteeism. They also noted that making financial requests after April made the process much quicker.
20. DEPARTMENT FOR WORK AND PENSIONS questioned how deaths would be managed and emphasised this was a moral maze that had to be managed well.
21. DEPARTMENT FOR TRANSPORT asked for clarification on the instruction they needed to issue and DHSC clarified that they needed to agree medical experts should be empowered to make changes to the current treatment processes and this was drawn from pandemic flu principles.
22. HO noted that consideration needed to be given to public disorder as a result of these decisions. Schools closing would mean less police able to work on top of those who were absent due to illness. Other crimes would get less attention and there would be a need to protect staff at hospitals if they were making these decisions.
23. The CHAIR questioned whether if this decision was not taken, whether it would happen anyway. DCMO responded that medical professionals would need the support of HMG in making these decisions.
24. The CHAIR noted that there was a need for the moral and ethical steering group to contribute.
25. MoJ added that the government needed to consider legal challenges as a result of this advice, and if it came from HMG it would protect workers in the long-term.
26. DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS (DEFRA) enquired whether politicians empowering NEPP to makes these decisions would be sufficient.