

Mr Mark Lee
Director of Mental Health, Disability and Older People
Dept of Health

Dear Mark

Re: Clinical Analysis of Discharge Patterns from HSC Hospitals in Northern Ireland during early 2020 and any Link with COVID-19 Outbreaks in Care Homes

I am writing to express extreme disappointment in the way that the above report has been communicated to ihcp and other interested parties.

The Health Minister has on many occasions referred to the need for the DoH and the independent sectors to work in partnership through co-production and co-design and ihcp has very much signed up to that approach. However a number of experiences in the last few weeks have very much contradicted the Minister's statements and I feel have undermined and damaged relationships. The communication of this clinical analysis further demonstrates the Department's desire to ignore engagement and discussion and as a result has placed in the public domain incomplete information which may be detrimental to the sector.

The fact that ihcp was only made aware of this clinical analysis through your email to me only 20 minutes before a press release is, in our view, a blatant disregard to the concept of working together. We are not in a position to question Dr Herity's clinical analysis based on the statistics and neither do we wish to, however there is information that the report has not taken into account within its conclusions. I have outlined points of contention as follows:

- The report states that for weeks 11 (w/c 9th March) and 13 (w/c 23 March), among the 465 people discharged, one tested positive in the first week after discharge and 4 more tested positive in the second week after discharge. Hence in total 5 (1.1%) tested positive within 2 weeks of discharge and 460 (98.9%) did not. The flaw in this statement is that routine testing of care home residents was only introduced on 24th March. Prior to the introduction of this policy only symptomatic residents were tested and the comment that 98.9% did not test positive is inaccurate as many of these will not have been tested at all.

- The commentary supporting the press release includes the statement that the analysis demonstrates a decline in the numbers of people discharged from hospitals, including to care homes, from mid to late March onwards, reflecting an overall decline in Emergency Department attendances and hospital admissions. Ihcp would like to point out that the numbers of discharges to care homes were reduced by the sector resisting discharges from hospital and pressing hospitals to provide a Covid test result prior to discharge. Care homes were being put under pressure to accept discharges without a test result. This is reflected in the Rapid Learning Initiative.
- A statement is also made that the new study will be circulated to the care home sector to highlight the findings regarding correlation between care home outbreaks and hospital admissions and community transmission. This can help support the vital message that we can all help protect care homes by stopping the spread of the virus in the wider community. Ihcp has been highlighting for some weeks our concerns around the increasing footfall into care homes, the increased community transmission and the need for routine testing of all people visiting a care home in any capacity. We have flagged the measures that need to be put in place to mitigate the risks and need the departments full support in facilitating those measures. This is a particular issue in light of pressure to facilitate what has been referred to as Care Partners.
- We also believe that there is a need for more frequent testing of residents and urgent priority should be given to the roll out of rapid testing which would go a long way to addressing many of the challenges we face. It is interesting to note the pilot in England where one family member or friend per resident will be offered regular testing - either the PCR home kits or a rapid lateral flow test at the care home, which is designed to be combined with PPE so that "meaningful visits" can be carried out without a screen. These are the solutions that should be considered to enable increased visiting not imposing a solution such as care partners which has not been developed in conjunction with providers.

Yours sincerely

Pauline Shepherd
Ihcp CEO