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Pauline Shepherd
Chief Executive, IHCP

Your Ref:
Our Ref:
Date: 18th December 2020

Dear Pauline,

Clinical Analysis Of Discharge Patterns From HSC Hospitals In Northern Ireland During Early 2020 And Any Link With COVID-19 Outbreaks In Care Homes

Thank you for your letter of the 16th November on the above matter.

Firstly, please accept my apologies for not replying to you earlier. I want to stress the delay in no way reflects the importance of our continued engagement with IHCP and other representatives of the care home sector. The delay was entirely due to pressures on myself and my team.

I am also concerned you feel that relationships have been undermined and damaged. From the start of the pandemic we have sought to include and involve IHCP expect to continue this approach. We appreciate your organisation's contribution to informing our response to the pandemic. We did not expect you to find the contents of the report challenging or controversial.

I have provided a response in the order of the points as set out in your correspondence of the 16th November, with some input from Dr Herity to help ensure the points are fully (and accurately) addressed.

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.

This Report does not claim that all of the 465 people discharged to care homes during weeks 11 and 13 underwent a COVID-19 test. This is why the term "did not test positive" is used rather than "tested negative". Appendix 2 in the Report shows that total COVID-19 testing capacity for Northern Ireland was limited to approximately 200 tests per day until late March. Hence, asymptomatic care home residents would not have had a test and the Report does not suggest that they did.

However the testing protocol published on 19 March included testing of people suspected of being part of an outbreak in residential or care settings ("Group 4: clusters of disease in residential or care settings, for example long term care facilities and prisons") so at a minimum, we would have expected testing to be available to symptomatic care home residents from week 12 onwards.

Given the limited availability of testing at the time, the purpose of providing the number of positive test results is not to claim to be definitive, but rather to get some barometer of symptomatic COVID-19 infection among people recently discharged from hospitals to care homes. The fact that it is approximately 1% (as opposed to 25% or 50% for example), provides some measure of reassurance and aligns with the conclusions from the Scottish and Welsh studies.

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.

This is a somewhat surprising and worrying comment. On a quick check of the RLI report, I couldn't find the reference that you suggest exists but do please come back to me if I have missed it. In addition, it would be helpful if you would confirm you mean that discharges that were felt to be inappropriate were resisted, rather than the care home sector as a whole resisting all discharges over that period.

You seem to be suggesting that this resistance to discharges is the main reason why there were not outbreaks in care homes. It would be helpful to substantiate this, if that is what you are saying. I am aware of a couple of instances where homes have claimed they faced pressure to take a discharge from a Trust but we have not substantiated these. It would be helpful if you could confirm both the number of times that your members declined discharges and any instances where the home felt there was inappropriate pressure placed on them – naming both the care home, the date of the discussion and the staff member in the Trust – to allow us to follow up. You will understand how important it is that both policy and public debate are based in well evidenced fact, like that set out in the report we have published.

I should be clear though that the report did not set out to determine the reasons for any decline in discharges to care homes. The percentage of people discharged to care homes after an unscheduled admission at the lowest point (4% or 5% in weeks 15 through 18) was indeed somewhat lower that the usual 6% to 9% (Table 5 and Figure 7) and these lower percentages followed closely after the weeks with the highest rates of care home outbreaks (weeks 13 through 18). It is, of course, possible that during those weeks, the sector was resisting some discharges from hospitals and continued to do so through to week 22. However the magnitude and timeframe of the decline in discharges to care homes (a 56% decline between weeks 13 and 16, Figure 7) seems also to be a close reflection of the decline in all unscheduled discharges (a 40% decline between weeks 11 and 14, Figure 4), allowing for the longer length of stay associated with discharges to care homes (as seen in Figure 14).

Either way, this doesn't alter one of the central findings of the Report, which is that discharges from hospitals to care homes during the pandemic did not increase during the first pandemic surge – they decreased markedly.

Furthermore, the temporal pattern of care home outbreaks correlated well with hospital admissions with COVID (Figures 11 and 12) and poorly with discharges (Figures 9 and 10). These observations supported the evidence from England and Wales that people discharged from hospital were unlikely to be a dominant factor in care home outbreaks.

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.

Separate discussions are ongoing related to testing and visiting, so I will not rehearse those discussions again here.

More generally, I was surprised by your approach and the tone of your response. This report, which aligns in its findings with others across the UK, is an excellent opportunity to challenge some of the assumptions that are being made – and help reinforce the message that actions to help stop the spread of covid-19 in communities help protect care homes. Your response seems to suggest some kind of ongoing conflict between the sector and Trusts in relation to discharge, which is at odds with the strong relationships and collaboration that I believe exist with the vast majority of homes and which we have consistently stressed we wish to continue. I also feel they also paint a negative picture of the sector as a whole at a time when, given the impact of covid-19, we need to re-build confidence that care homes are safe and supportive environments in which family members can place their loved ones.

Yours

PD

MARK LEE
Director Mental Health, Disability & Older People

cc: Richard Pengelly, DoH
Sean Holland, DoH
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NR DoH
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