

Readout of FM/dFM Meeting with Health Minister and Officials – 24 March 2020

Health attendees

Minister Swann

Michael McBride CMO

Charlotte McArdle CNO

Cathy Harrison CPO

Lourda Geoghegan

- Minister Swann noted that a lot of work had been ongoing for a while and was now starting to come to fruition.

PPE

- DoH noted that there is a misperception that PPE is a major problem.
- DoH noted that there have been some issues with the management of PPE by trusts and healthcare professionals, where PPE has been used unnecessarily. There is a need to avoid the use of PPE where it is not needed e.g. care workers don't need to be wearing PPE when going into an otherwise healthy person.
- A video has been produced and published on social media to reinforce the guidance in the care sector.
- More videos are being developed, including one specifically directed at domiciliary care. DoH have asked the sector to outline their key questions to be addressed in the video.
Domiciliary care workers will be provided with PPE for normal procedures. In the case of visiting someone with COVID 19 symptoms the advice is to withdraw and only return once PPE has been supplied.
- DoH have introduced additional measures to calm fears. Fear is driving behaviour which is exacerbating the problem. There is a need for a clear public message that PPE is not an issue if used responsibly.
- 30% of the pandemic stock of PPE is to be released, which should not have had to happen yet. Due to the release of some of the pandemic stock the supply chain will be under

pressure. DoH are engaging with alternative suppliers. Production has reopened in China which may help reduce pressures.

- CPD and BSO have put a system in place to consider offers of support e.g. repurposing of businesses.
- DoH noted that there is unprecedented demand and many unknowns. If people adhere to social distancing demands the health system may be able to manage the increased pressure. No health system in the world would have enough PPE to deal with the peak if we don't follow public health advice.
- There was agreement on the need for confidence building measures and messages. This should include giving people back a sense of control by highlighting the positive effect of social distancing and handwashing, identifying the ways in which communities can provide support and clearly outlining the collective government response.
- DoH committed to providing a written plan to the Executive.
- There was a discussion on the need for the Health Minister and the CMO to engage directly with the Executive.

TESTING

- There were 1100 tests today, which DoH acknowledged is a large increase but is not enough.
- DoH noted that there is a need to use the testing ability constructively i.e. to ensure people are treated in the right place, to check clusters e.g. care homes, prisons, special educational needs facilities, and to start checking health workers.
- A delivery of the chemicals required for testing is expected in two days. DoH have been in touch with suppliers and there are no issues identified. There is however global pressure on chemicals, as well as on swabs.
- NI Blood Transfusion Service can offer 200 more tests per day in the short term.
- Belfast Trust will up their testing to 900 per day once capital works have been completed to repurpose a laboratory to bring in an extra machine.
- The national virology team in London has carried out an expert review of commercial tests and are currently writing up results, including of the Randox tests. These results will be shared when available and there will be engagement with Randox if their test is suitable.

- There is a need to avoid false results, which would cause difficulties. There is also an issue with the perception of testing i.e. that having a negative test might give false reassurance and lead to people stopping the behaviours they had been doing.
- There was a query whether issues with capacity related to people or money. There is no issue with money. The issue is with getting in from across the sectors sufficient skilled technicians to perform technically demanding tasks.
- There was a query about hospital visitors. This position is under development and will be announced tomorrow.

TRACING

- The current advice to remain at home if someone in your household develops symptoms works in the same way as contact tracing by removing people from risk and making sure the virus doesn't spread.
- Tracing will be ramped up over coming days and DoH are plugged into the UK wide expert group.

VENTILATORS

- There are currently 88 adult beds with ventilators, and this can be scaled to 139. 40 more ventilators have been ordered and are due by the end of March. A further 60 have also been ordered. The CMO is in touch with the UK CMOs in relation to the protocol for NI getting access to UK orders of ventilators.
- It was noted that NI had a higher number of ventilators per capita than Wales and the Republic of Ireland.
- DoH are purchasing the necessary equipment for lesser ventilation. DoH committed to sharing the detail on this.
- It was noted that pressures will be greater/lesser at different times, so there will be a need to help out others on an E/W and N/S basis.
- It is estimated that NI is 10-14 days behind London, which is peaking now. How the peak looks in NI depends on people's actions. There is a need to reinforce the messages announced yesterday and earlier this week.

- It was noted that poverty, loneliness and mental health issues kill people as well, so there will have to be finely balanced judgements to decide on the best course of action.

AOB

- The letter on high risk categories is being finalised and will be issued 24 or 25 March.
- DoH are developing an app where people can input symptoms and seek advice, as well as digital interaction with those who are shielding. This would normally take 3-6 years, but is being done in 3 weeks.
- If the peak isn't flattened there will have to be multiple difficult considerations in relation to stopping other treatments. One plan in this area is for "hot" and "cold" sites where there will be capacity on "cold" sites to continue providing treatment for other issues.
- There is a need for greater agility in working together e.g. with DoF on the issue of Trust car parks.
- DoH committed to sharing their core brief with colleagues.