

Healthcare MIG – 2 April 2020

Chair: Matt Hancock (DHSC SoS)

NI representatives: Health Minister, Sharon Gallagher (DoH), Patrick Gallagher (TEO)

Dashboard Update

The Chair noted that the deaths figure is a new high, however it is only marginally higher than yesterday. Modellers are confident the measures are working to bring the curve down.

ICU capacity remains high and is not rising sharply. There was a query about Scotland and Wales as their spare critical care capacity appeared to be diminishing but it was noted that the data may be on the basis of their old capacity and not their scaled up capacity. This was taken offline for further investigation.

MHCLG SoS noted an England Only issue of getting data from NHS so Local Resilience Forums can map the local situation.

There was an action for NHS data/DHSC data to be fed into LRF data hubs at local level.

Ensuring a consistent UK wide approach

Clara Swinson of DHSC presented the paper on the UK approach to ensuring demand is met across the UK with fair distribution of necessary equipment.

There is also a centralised approach to the medicines needed to treat Covid 19 (even though medicines is usually a devolved issue). It was clarified that this only relates to new treatments that are under tight supply globally, where the 4 nations would benefit from a UK approach.

On engagement, CMOs are meeting twice a week, there is regular ministerial engagement and there is a weekly call between the DHSC Perm Sec and his counterparts, as well as bespoke groups and a supply forum. It was agreed that there is the right level of engagement.

Jeanne Freeman, Scottish Government, raised concerns about the centralisation of supplies and the diversion of suppliers to central UK points. She also had concerns about trying to agree papers that had been received immediately before the meeting.

Vaughan Gething, Welsh Government, noted that the four ministers had spoken at the start of the week and agreed on UK cooperation and joint procurement at a high level. He noted that he expected that today's meeting would provide more operational detail than what was in the papers, and noted that CMOs can't make the operational choices that ministers can make. He also spoke of the importance of avoiding interruption to normal supply chains.

The Health Minister agreed that he expected to see more operational detail on ensuring access across the UK and spoke of the importance of accessibility to UK held supplies for the DAs. He noted that there had been no discussion on a 4 nation level of the distribution of PPE stockpiles

The Chair stated that the paper did not have the required political buy-in to be agreed and suggested that it be taken offline and developed further among officials.

PPE

The Chair noted that there was extensive work across the NHS Medical Directors and the CMOs to agree principles for PPE so that stockpiles can be distributed to every part of the country and every part of the public sector.

Jonathan Marron, DHSC, presented the paper, noting that the priority for PPE was health and care workers but there were also legitimate needs in other parts of the public sector.

He noted that the buying team in NHS England was crowding out the market for the rest of the UK, so will have to share with the DAs.

New PPE guidance for health and care workers has been signed off by DCMOS and CNOs and will issue today.

The guidance will be introduced at the Scottish Government media briefing today and will be issued to all Scottish health and care workers.

There was a discussion about the need for PPE in different sectors, including the food sector, specialist sectors such as the flower industry, construction, special schools, funeral sector, refuse collectors, transport operators and prison staff. The construction sector has produced its own guidance on PPE in order to allow the sector to get back to work.

It was noted that product specifications under EU law are slightly different to international standards and there was a suggestion that the UK could change the criteria to allow specialist producers to source alternatives so they are not chasing the same facemasks as NHS. This was not discussed further.

It was agreed that there is a need to emphasise that it is the specific task and not the overall sector that requires PPE.

There was agreement on the need for clear communication about why PPE is not needed in certain circumstances.

There was some concern about the accuracy of supply and demand information within some areas in England. The military are leading on an exercise to get an understanding of supply and demand in local areas. There was agreement on the need for clear management information, including from the DAs, in order to build an accurate picture of supply and demand.

Testing communications

A 5 pillar plan on testing will be published this afternoon, with detail on how testing is to be ramped up.

The Health Minister asked the Chair to make sure the DAs have sight of 5 pillars.

The Health Minister noted the difficulties of Randox making testing kits in NI to be shipped to a central distribution centre in England in order to be shipped back to NI.

The Chair agreed to further discuss the 5 pillars with the Health Minister offline and assured him that Randox haven't been asked to redirect NI internal supplies.