MEMORANDUM E (20) 115 (C)

FROM: ROBIN SWANN MLA

MINISTER FOR HEALTH

DATE: 21 May 2020

TO: EXECUTIVE

FINAL EXECUTIVE PAPER: UPDATED TESTING STRATEGY FOR NORTHERN

IRELAND

Introduction

On 7 April 2020, I presented the COVID-19 Testing Strategy for Northern Ireland. At

that time, I highlighted that this Testing Strategy would be reviewed on an ongoing

basis and that it would be adjusted over time as further capacity became available and

as our priorities for testing changed as the pandemic evolved. I am pleased to advise

that the Testing Strategy has now been updated, the key changes of which are set out

in this paper.

Testing Capability

Testing continues to be a vital tool in our response to this Covid-19 pandemic and I

would like to reassure you that our testing capabilities are continuing to expand across

Northern Ireland. Testing in Northern Ireland is underpinned by an Interim Protocol,

an operational tool which sets out the priority groups for testing. The protocol is subject

to regular review, and since its publication on 17 March, there have been 3 further

iterations (most recently on 3 May) which have seen the extension of the priority

groups for testing in line with both our scale up in testing capacity and also in line with

emerging evidence.

Clearly, the overall priority for testing remains those patients admitted to hospitals who

are clinically well, however we also have a significant focus on testing patients in

hospitals, care homes, as well as the staff who provide health and care services.

These groups have always been a key priority for my Department, and will continue to

be prioritised for testing in the weeks and months ahead.

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Care homes here and in many other countries have been seriously impacted by this virus, and as a priority we are further expanding our testing programme in these settings. This ongoing expansion of care home testing will involve testing kits being made available for use in homes through satellite operations from the national testing centres currently operating in NI; the use of mobile testing units operating as part of the national testing programme; Trust and PHA/HSCB teams currently working with care homes, supported by the NI Ambulance Service and up to 40 nurses from the HSC system; and a programme of testing for staff, further details of which will be confirmed in the near future.

This expansion in testing is additional to the testing currently undertaken in homes where there is an outbreak or cluster of infections, where all staff and residents are being tested. Testing of staff and residents will be supported through both HSC arrangements and/ or through the UK wide National Partnership for testing.

I am also pleased to advise that testing has recently been further expanded to include those living in Supported Living settings and also Maternity Services, with this work currently underway. I recognise the risk of transmission of the virus is significant in these settings, and it is important that we do our best to protect these vulnerable service users. In addition, all acute admissions to hospitals will have their COVID-19 status checked, regardless of the presence of symptoms. The same applies to all new admissions to care homes 48 hours prior to admission.

The priority groups for testing will be kept under regular review and adjusted appropriately as testing capacity increases and as priorities evolve during the pandemic.

Increase in Testing Capacity

Since agreement of our Testing Strategy on 7 April, we have increased testing capacity significantly. We have formed new partnerships to deliver on this, both locally (through a Scientific Advisory Consortium), and nationally (under the UK National Testing Programme). Health and Social Care Trusts are continuing to provide testing for patients and health and social care staff as part of their in-house testing provision, and in the next few weeks we anticipate further expansion in testing capacity at this

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local level. The Scientific Advisory Consortium are working with a number of commercial delivery partners to expand testing capability even further outside of HSC test facilities and I welcome the impressive innovation in practice that they are bringing to support our regional response.

Additionally, under the UK-wide National Testing Programme, we have established a network of three drive-through test centres which are operating at the SSE Arena car park, City of Derry Rugby Club, and Craigavon MOT centre, and these centres will continue to provide testing for all key workers. Our participation in this has included access to home testing kits for key workers who are unable to get to a test centre. During May, we hope to expand this further with the introduction of mobile test units in Northern Ireland as well as a fourth test centre. Plans are also being developed to introduce satellite testing in Northern Ireland. Like home test kits, this option will involve a test being delivered directly to a facility such as a care home, via courier, and then returned to a private laboratory for processing. It is expected that all of these plans will increase our testing capacity further in Northern Ireland in the weeks and months ahead.

Increasing our testing capacity has enabled us to commence a number of important surveillance programmes in general practice, emergency departments and care home settings. These programmes help us to understand the activity of the SARS-CoV-2 virus and to monitor trends in COVID-19 infections. They also help us design and implement appropriate control measures where they are needed in both hospital and community settings.

Contact Tracing

We are now at the stage in our pandemic response where contact tracing is being introduced on a population basis. The Public Health Agency (PHA) has been designing and developing plans for this programme under the leadership of our Contact Tracing Strategic Steering Group which I established in April. Our contact tracing programme will be called 'Test-Trace-Isolate-Support' and it will be key to identifying if and where the virus is spreading and to informing our actions to limit further spread. This programme will make additional demands on our testing capacity in the coming weeks, however I am confident that our testing programme will meet those demands given

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our concerted work over recent weeks and months to increase our testing capability

and capacity.

Antibody Testing

The last few weeks have also seen considerable progress regarding antibody testing,

however antibody tests will require further validation and research before they can be

used more widely. I expect that initially their use will be limited to specific scenarios

and to complement existing tests before we see their more widespread use in testing.

In a few short weeks, we have come a very long way and we have made significant

progress. At the beginning of this pandemic, HSC laboratories were processing 40

tests per day. This figure has now increased to 1,700 tests per day in our HSC

laboratories, with an additional 800 tests per day under the National Initiative, and I

am confident that we will continue to increase our testing capability and capacity to

ensure we continue to deliver a robust response to this unprecedented pandemic and

protect the health of our population. The last few weeks have involved a tremendous

amount of work on the part of a large group of people, and I am extremely grateful for

this. I am proud of the people of Northern Ireland and the responsible approach they

have taken to social distancing and the lockdown measure. This has undoubtedly had

a huge impact on curtailing the spread of the virus here, and I want to thank you all for

that.

I am pleased to present the updated Testing Strategy to you, and I would like to put

on record, again, my sincere thanks to all those involved in developing this significant

and vital work.

Recommendation

I recommend that Executive colleagues note the detail of this paper on Testing for

Covid-19 in Northern Ireland and the updated Testing Strategy which is provided as a

separate document.

ROBIN SWANN MLA

MINISTER OF HEALTH

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