FROM THE MINISTER OF HEALTH

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Date: 26 March 2020

Dear all

Thank you for your engagement with Departmental officials on a number of concerns that you raised. I understand discussions have been productive and positive and I thought it would be helpful to put my name to a letter, following up on some of the key points.

First of all, I wanted to start by stressing the importance and value that I place on the domiciliary care sector.

The COVID-19 virus is probably the most significant public health challenge we have ever faced and will require extraordinary things of us a system. We are all clear that an effective response requires a system-wide approach, going beyond organisational and sectoral boundaries. Responding to COVID-19 will strain our health and social care services like never before. It will require strong leadership – not just from Ministers or the civil service but from across society. Domiciliary care is likely to be one of the sectors most challenged by the virus and strong leadership from the sector is crucial, as we deal with a fast moving and extremely challenging situation. Your leadership will be a critical factor in addressing the inevitable concerns and worries of the workforce and in ensuring an effective response.

Social care issues feature prominently in all our strategic planning and are discussed regularly at the highest levels in the Department. Work that would previously have taken months must be – and is being – completed in days or even hours to try and support the sector. That said, I appreciate we have more to do and we will continue to seek to move quickly to address issues as and when they are raised with us.

Support to the sector

There are a number of steps that we have already taken or which are in train to support the sector, recognising you are working with the most vulnerable part of our society. Senior official here understand your need to ensure the highest levels of partnership between the Department, Trusts and providers as part of the wider Health and Social Care system.

Guidance specific to domiciliary care and care homes was published last week, following previous guidance focussed on social and community care more generally. We welcome continual feedback on any gaps and issues in real time, from the sector, across this pandemic.

IHCP are also aware that officials have been working to set up a dedicated support line and app for domiciliary care and care home providers. The service was launched this week. It will be staffed by experienced RQIA inspectors who will provide a single, consistent source of information and who will be provided with the most up to date information and advice. Providers will need continue to engage with Trusts on individual case management but we expect this new service to significantly improve the level of support available to the sector, as well as relieving pressure on Trusts. RQIA will liaise with Trusts on issues such as PPE and staffing which will have to be addressed by the Trusts. Key issues will be fed back to the Emergency Operations Centre and the Department.

In addition, the Northern Ireland Social Care Council are looking at ways to encourage social care workers who have left the sector to return.

Access NI checks

I can confirm that care workers are not excluded from the Access NI Priority 1 definition, which applies to all those who are required to deal with COVID-19. I understand this has been confirmed by Tom Clarke at Access NI. There is currently a 1-2 day turnaround on Access NI checks, where it is not necessary to seek information from the police.

IHCP have been briefed on legislative changes being made to the vetting process which we expect to come into effect soon. These will enable an individual to be able to start work after a barred list check and check of the Northern Ireland Social Care Council register has been undertaken, provided they are appropriately supervised and the normal pre-employment vetting information has been requested.

PPE

The guidance issued last week by the Department reflects the current recommended practice in infection control and the same principles are being worked to by district nurses, GPs and other frontline staff. As you note, the effective use of PPE is essential. Further communications are underway on PPE: you will have received a one page PPE poster; in addition the Chief Nurse has posted two short videos on social media (at https://vimeo.com/400928748 and https://vimeo.com/400936949) and further guidance on PPE for domiciliary care was issued today by the PHA.

You will appreciate that there is very high demand for PPE. Supplies are in stock and are being issued to Trusts, with more orders placed. Ensuring the safety of staff who are dealing with COVID-19 patients is an absolute priority. It is, of course, essential that these products are used in line with advice.

New mechanisms are being put in place to give us better oversight of Trust use of PPE, which should include how they are meeting requests from the independent sector. The position on PPE will be continue to be kept under review and we are happy to discuss what further communication and information we can provide.

The Permanent Secretary has today written to Trusts on a number of issues and took the opportunity to stress that Trusts need to support independent providers. A copy of his letter is available at https://www.health-ni.gov.uk/publications/covid-19-preparations-surge
Please be assured that we regard everyone across the independent sector as equal partners in the care of patients and the battle against Covid-19. We fully accept that we in the Department and our colleagues across the HSC have to demonstrate that commitment by our actions at all times.

Regulatory oversight and registration
We have already taken action to defer NISCC fees. In addition, NISCC's fitness to practice process will focus on high risk concerns. More details are set out on the NISCC website at https://niscc.info/news/322-important-regulatory-changes-during-covid-19.
The Department has also written to the RQIA to confirm that they may work with providers to take a pragmatic approach to provider queries – including where a solution may be outwith the letter of standards and regulations but where inspectors are satisfied that all risks have been considered and mitigated in order to support a service to continue in these extraordinary times.

COVID-19 specific teams
We agree there would likely be value in having specific teams to provide domiciliary care to clients in their own homes who are symptomatic. Officials will ask Trusts to beginning put this in place, working closely with the independent sector, and to confirm when this approach will be rolled out in full. There may still be times when it is necessary for other workers to support symptomatic clients and this approach will need to be kept under review as numbers change. This approach may also mean that current mechanisms for distributing work to providers need to be adjusted, though this should be done in a way that does not have a significant negative impact on any provider.

The establishment of these teams should allow for further training as well as for the provision of PPE stocks which can be drawn on appropriately.

Testing health and social care workers
At the start of this outbreak, HSC laboratory services were processing around 40 tests. We have now increased their capacity and more than 600 tests are already being carried out daily in the regional virus laboratory in Belfast. By early next week that number will increase to 900. Two other testing centres will later begin operating, bringing the total to more than 1,100.

I have established an expert working group to lead on the expansion of testing across all our laboratory services, both within Health and Social Care facilities and also to consider options for the utilization of other testing facilities including within the commercial sector. The initial focus of this group will be to consider current testing capacity and potential projected testing requirements. The group will then work to identify key partners to implement the testing strategy.

I expect independent domiciliary care providers to have the same level of access to testing as Trust in-house services.

Some further details on testing are set out in the Permanent Secretary's letter issued today.

Financial issues

I am happy to provide an assurance that where a domiciliary care visit is not completed because a care worker is not let into the home the provider should not be financially penalised for this either now or later. This will allow you to ensure that care workers continue to obtain their wages commensurate with the Trust approved care plans which they are scheduled to deliver.

However, every effort must be made by the provider to explain to the client how appropriate infection control measures, such as washing of hands, are undertaken are being undertaken to keep them safe – and that they should therefore feel confident in allowing domiciliary care visits to happen.

While Trusts will have planned for some reduction in domiciliary care as a result of staff being unwell or self isolating, I am clear that we should be seeking to maximise the amount of domiciliary care which continues to be delivered. Indeed, where possible we should be seeking to increase the delivery of domiciliary care packages to help support discharge from hospital. This reflects comments in the Permanent Secretary's letter issued today, in the section on discharge.

The Chief Social Work Officer will write to Trust Chief Executives to make this approach to contract management clear. This reassurance is in addition to the guarantee of income provided in my previous letter. In addition, I think it would be helpful to make clear that domiciliary care agencies should be provided some level of discretion to complete other tasks (such as shopping, checks on their wellbeing etc.) for people who do not wish to let them into their homes but who still need support. Families should not be asked by Trusts to take on care without appropriate risk and cross infection consideration. Trust between providers and commissioners is essential and in current circumstances HSC Trusts should be looking to limit their monitoring and maximise the discretion and flexibility they give to their delivery partners.

I am also keen that there are conversations about what more support domiciliary care providers can provide to help address the needs of people in receipt of care, given the challenges that we will be facing right across the system.

Finally I am keen that you continue a conversation with officials around the funding of domiciliary care to ensure we have a package of supports and incentives in place that maximises the availability of domiciliary care. Officials are also, of course, happy to address any issues of interpretation that come up during your discussions with Trusts.

Yours sincerely

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Minister of Health

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