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Coronavirus (COVID-19): speech by Cabinet Secretary for Health and Sport 17 March 2020

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Cabinet Secretary for Health and Sport Jeane Freeman MSP's speech on Coronavirus (COVID-19) to the Scottish Parliament on Tuesday 17 March 2020.

Presiding Officer, our nation faces a challenge to our way of life, to public health, in a manner that has never been seen before in our lifetimes.

The scale of the challenge is, as the First Minister has said quite simply, without precedent.

With the First Minister I cannot express how grateful I am to the women and men of our health service, our care services, and our emergency services for all the work they have done so far in addressing this challenge and for the work they are prepared to do in the weeks ahead.

They are truly the best of us - and I know the whole chamber will want to join me in recognising them as we confront the impact of Covid-19 on Scotland.

They are our frontline and they face a heroic and difficult task. But we can all play our part to help them.

As of 9am this morning there have been 195 positive cases recorded in Scotland, but we know the true figure of infections will be substantially higher.

I also regretfully advise the chamber that there have now, to date, been two reported deaths of patients who have tested positive for Covid-19 in Scotland. Our thoughts are with their families

and their loved ones at this painful time for them.

As the First Minister has just set out, we are asking our society to take some truly unprecedented steps to suppress the spread of this infection and minimise its impact.

Our goal is simple, to protect and save lives. And we need everyone's help to achieve this.

I know we've asked a lot of the people of Scotland, but in the weeks in months to come we may have to ask for far more.

To respond to Covid-19 requires a swift and radical change in the way our NHS does its work. It is nothing short of the most rapid reconfiguration of our health service in its 71 year history.

That's why, today, under section 1 and section 78 of the National Health Service (Scotland) Act 1978, I am formally placing our NHS on an emergency footing for at least the next 3 months.

I am giving my instructions to NHS Scotland and the individual health boards to do all that is necessary to be ready to face a substantial and sustained increase in cases of Covid-19.

Should I be required to lay new regulations to enable our boards to achieve this, I will bring them before this Parliament swiftly.

Our first goal is to double the ICU capacity in Scotland. Boards are working towards this by providing the necessary training for staff and by repurposing facilities.

Our contingency planning for the supply of oxygen both in hospital and in the community is in place, and we have ordered a further 450 new standard concentrators for use in the community, as well as further contingency which can be called on if necessary.

Our current bed capacity in NHS Scotland is approximately 13,000. Our boards are taking all necessary steps to increase this by at least a further 3,000.

To achieve this, our normal programme of non-urgent elective operations will be suspended.

I want to be very clear though - vital cancer treatments, emergency, maternity, and urgent care will continue.

NHS Boards are aware that they must take a structured approach around postponing of nonurgent elective procedures with a view that patient's will remain on the Waiting Lists until it is clinically appropriate to have their procedure undertaken. All Boards are developing Local Mobilisation Plans to achieve this.

Additionally, we have established a national cancer treatment response group which will provide ongoing advice and support around cancer treatments. The impact of Covid-19 on cancer patients has been a priority in all of our planning and we will ensure that all appropriate measures are undertaken in the present situation to protect those living with Cancer.

We are also working closely with COSLA and the Health and Social Care Partnerships and Chief Officers to see a rapid reduction in delayed discharges – the goal I have set is a reduction of at least 400 by the end of this month.

We are also engaged with the independent healthcare sector in Scotland, which is relatively small, to ensure that we can utilise them to maximise available bed capacity to help the NHS.

All of these steps will necessitate some redeployment of staff within our health service. We have issued guidance to Health Boards and staff on planning and redeployment. We will keep this under review regularly with updates and advice as the situation evolves.

We are also seeking support to backfill, including by working with regulators to enable returners to the healthcare profession, and by looking to deploy senior students in both nursing, allied health professions and medicine into settings appropriate to their skills.

In addition, NHS Education for Scotland (NES) will be providing a range of induction and training materials on Covid-19 to meet the needs of Employers, and these can be accessed via the NHS website 'Turas Learn', which goes live today.

As we work to suppress this infection we will continue a strong testing regime that will ensure key workers, such as frontline NHS staff, will be tested so that they do not self-isolate unnecessarily.

As the First Minister said earlier this week, we are scaling up of Covid-19 surveillance testing which will give us a more accurate picture of how the infection is spreading in certain areas. This will help direct where we can best place resources to try and save lives. This surveillance will be increased 5-fold to give an accurate overview of an area with a population of around 1.2 million people.

Monitoring will also continue through our laboratories and will be targeted on the following further groups:

- admissions to hospital;
- admissions to intensive care;
- community testing dependent on circumstances, for example specific situations such as a nursing home outbreak.

The safety and well-being of our hard-working NHS staff is a huge priority and I expect all Boards to ensure that staff dealing with Covid-19 cases have the appropriate training and personal protective equipment (PPE) to ensure their safety.

It is not just though in acute setting that support is required. Health Protection Scotland (HPS) Covid-19 guidance on PPE for Primary Care states that for all consultations for acute respiratory infection or influenza like illness, GPs need to wear facemasks, aprons, gloves and eye protection.

Last week, we issued further supplies of all these items to Health Boards for onward distribution to GP Practices in Scotland. Should there be practices that require further equipment that is in keeping with the guidance we will work to ensure it is swiftly delivered by Boards and I have asked Boards to ensure this distribution by 20 March.

In order to cope with rapid increase in numbers of people presenting with respiratory symptoms in this current phase of the infection a new 'Covid-19 Community Pathway Model' is being implemented - with patients being asked to contact via NHS 24 on the 111 number, rather than through their GPs.

We are also ready to support local authorities and care providers with supply issues relating to PPE for social care sector, in order to safeguard vulnerable people in our communities.

Extensive work is already underway with our social care partners to put in place arrangements to increase social care workforce capacity.

One group that that could be profoundly hurt by a Covid-19 infection is people who are immunosuppressed.

If you are in this category, next week the NHS will directly contact you and advise you of the stringent measures you need to take to keep yourself and others safe. NHS Scotland will make those contacts directly next week and work closely with other social services to ensure that supported is provided

For those in long term care facilities who are often frail with complex needs HPS has published specific guidance for infection prevention and control in social or community care and residential settings. In addition the Chief Medical Officer has published specific advice about visitors and admissions to care homes.

We are discussing with Scottish Care and COSLA what more can be done to ensure the overall wellbeing of residents in long-term care homes.

We are also engaging with third sector partners who have contact with, and already support, those who are clinically vulnerable to ensure people receive the right advice on what precautions to take and that those supporting them also have the best information available on how to keep people safe.

Presiding Officer, in years to come when people look back there will be a time before this infection outbreak and a time after – it is a watershed moment in our nation, in our world and most certainly in our NHS.

We are doing and will continue to do everything we can to protect and save lives – but this is going to take everyone. We all have a responsibility – and we need everyone's help.

Thank you.

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