



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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HEALTH AND SOCIAL CARE (NI) SUMMARY COVID-19 PLAN FOR THE PERIOD MID-MARCH TO MID-APRIL 2020

Introduction

This plan summarises the key actions taken by Health and Social Care (HSC) NI that will apply from mid-March to mid-April 2020 to ensure that there is sufficient capacity within the system to meet the expected increase in demand from patients contracting COVID-19 during this period. This is a dynamic plan and will be constantly refined in light of emerging issues.

Planning Assumptions

This section is based on the planning assumptions available to the HSC. In a reasonable worst case scenario - if we fail as a community to take action to slow down the transmission of the virus in line with the recommended public health guidance - up to 80% of the Northern Ireland population will be infected during this epidemic. Up to half of these may occur in a period of three weeks centred around the peak. If social distancing and other measures are implemented by the population, with a combined effect they could reduce the peak by some 50% and reduce deaths by up to a third. Planning assumptions also indicate that 8% of infected people will require hospitalisation, 0.7% will require critical care, and 1% will die – although these figures will vary highly depending on age and other health factors.

Importantly, it is predicted there may be 21% health and social care staff absence during the peak weeks of an unmitigated pandemic (without social distancing and other reduction measures being implemented). An absence level such as this will require a flexible staffing policy involving: current staffing levels to be augmented from areas of reduced activity, for example from theatres; some nursing care being delivered by non-ICU trained staff; and, the normal nurse to patient ratios of 1:1 may be reduced.

The remainder of this plan outlines the measures to be taken between now and mid-April 2020 across the main HSC service delivery areas in order to manage the impact of the COVID-19 across the community.

COVID-19 Testing

With regard to testing patients for COVID-19, HSC laboratory services are currently capable of processing more than 200 tests per day. As at 09:00 on 17 March 2020, they had processed 1,338 tests. The demand for testing is expected to increase in the weeks ahead, and the HSC is preparing to meet this by expanding testing capacity. This will increase our capability fourfold to around 800 COVID-19 tests per day within the next 10 days, and enable us to extend the availability of testing to our frontline health and social care staff, ensuring that they can continue to deliver vital services.

The Department of Health is also establishing an expert testing advisory group to consider options to rapidly scale-up testing in order to further increase HSC capacity at pace. This will include working with commercial partners and ensuring that we are fully integrated into plans at a UK level.

Personal Protection Equipment (PPE)

In respect of personal protection equipment, or PPE as it is commonly known, the Business Services Organisation and HSC Trusts as well as national colleagues are working to maintain a secure and continuous supply of appropriate PPE. PPE has been made available to HSC Trusts out of centrally held stockpiles albeit this must be carefully managed both at Trust level and Regional level to prevent early depletion. Supply of PPE is a challenge for all COVID-19 affected countries and some of those countries have even taken steps to ban the export of such products. This is a step that the UK has not taken to date, but is certainly complicating the work of those staff engaged in sourcing and securing certain products.

HSC Trusts are following the latest guidance regarding PPE and will continue to apply current guidance if and when it is updated.

Primary and Community Care

GP practices will optimise the input of other members of staff such as practice based pharmacists and nurses to assist with increased pressures.

Routine GP work will be adjusted or suspended. This will include suspension of non-contracted work, suspension of Quality Outcomes Framework (QOF) and suspension of enhanced services as appropriate. This will help GP practices manage the potential significantly increased demand (30% increase) at a time of potential reduced GP workforce.

Rather than making a face to face appointment, patients will speak to the GP by telephone first. This will prevent many people needing to attend their GP surgery and hence will help prevent the spread of infection.

COVID-19 Centres

In addition, the HSC is working with GP Federations to establish 17 Centres across Northern Ireland to provide services for patients who are symptomatic of COVID-19, and who are at higher risk of complications, or those described as having moderate or severe symptoms, and who require clinical assessment. The Centres will initially be open from 8.00am to 10.00pm Monday to Sunday. The opening hours can be extended to 24/7 if required. The Centres will: provide virology testing of Health Care workers who are symptomatic/suspected of having COVID-19; provide clinical assessment of suspected COVID-19 patients upon referral from their practice or GP Out of Hours; review suspected COVID-19 patients if required in the Centre (or at home or elsewhere in the locality. This service would primarily involve Nurses or Paramedics with close links and backup from GPs in the COVID-19 Centre); provide access to Secondary Care input/protocols to help with decision making regarding the management of patients' treatment; make the arrangements to transfer patients for inpatient care when appropriate; ensure that arrangements are in place for the supply of any urgently required medicines; provide access to Social Care for patients unable to be managed at home but not ill enough for admission to hospital; and, referral to COVID-19 -Palliative Care resources if required.

Community Pharmacy

Community pharmacies across Northern Ireland are already responding to significant increases in demand for prescription and over the counter medicines. Immediate actions are being taken to reduce unnecessary pressure on community pharmacies

and to enable their dedicated teams to focus on providing essential services for the supply of medicines. Actions are also being taken to help protect both pharmacy staff and members of the public visiting pharmacies. These actions will aim to keep community pharmacies open and enable pharmacy teams to respond proactively as the situation develops. In the meantime, it is important that everyone only orders the medicines they require. Stockpiling or purchasing medication that is not needed could disadvantage other patients.

Dental Services

There will be a specific group of patients who will require treatment for acute dental pain/ infection/inflammation ordinarily addressed in a dental practice and are assumed to be COVID-19 positive because they are self-isolating on the basis of their symptoms. Arrangements are being put in place to identify appropriate locations for individuals suffering with COVID-19 to be treated if they have emergency requirements for dental care.

Homeless People

Health and social care staff and public health professionals will provide practical information, advice and support to the Northern Ireland Housing Executive (NIHE) as part of the NIHE's assessment of the needs of homeless people potentially affected by coronavirus.

People in Transit

Health and social care staff and public health professionals will also provide information and assistance for the following groups: tourists in Northern Ireland; tourists elsewhere that may need to be repatriated to Northern Ireland for example from cruise ships; people in airports stranded because of flights cancellations and who cannot progress to their next destination or to accommodation in Northern Ireland.

Services Provided within Acute Hospital Settings: Adult Inpatient Care

Services provided within acute hospital settings currently are and will continue to be the frontline in providing treatment and care for patients most seriously affected by

coronavirus. Similar to the approach taken in primary care, acute hospital services will also focus their attention on action to improve responsiveness for patients, including the following.

All Trusts have identified additional bed capacity to respond to the needs of people with COVID-19 who need hospital admission.

All Trusts will apply appropriate restrictions on the number of visitors that are permitted. This will help minimise the spread of the infection from hospitalised patients to their friends or family.

At this stage there is capacity identified in designated wards in Northern Ireland hospitals to treat up to about 280 adult inpatients with coronavirus. The bed capacity is distributed across the following hospitals: RVH; Mater; Antrim; Craigavon; Ulster; Downe; Lagan Valley; Altnagelvin and the South West Acute.

In anticipation of inpatient numbers increasing thereafter, all Trusts are continuing to assess the steps that may be needed to convert additional wards currently used by medical and surgical specialties into areas to treat patients diagnosed with COVID-19. This will be a mix of single rooms and ward areas, depending on the most appropriate available estate.

Critical Care for Adults and Children

Critical care, including ventilator support for respiratory complications, is an essential component of the HSC service response to the COVID-19 pandemic. While challenging in the face of increased demand it will also be important to ensure that people can be discharged from critical care back to a ward in a timely manner to maintain optimum patient flow. To secure this each Trust has a local escalation plan and an adult regional HSC Critical Care Network Northern Ireland plan is being finalised. There are measures available within each Trust to increase the capacity to ventilate people who require this during their inpatient stay. There is ongoing exploration in regard to the use of types of ventilation which may be appropriate to use in clinical areas other than intensive care units, for example ward based ventilation. .

There are 88 routinely commissioned adult critical care beds across the region. During normal operation, 56 of these are intensive care (ICU) beds available for patients who require support from a breathing machine (ventilator) and 32 are high dependency (HDU) beds available for patients who are critically ill but do not require the use of a breathing machine. The term critical care applies to both ICU and HDU beds. These beds are used flexibly, so that at any one time more than 56 patients can be receiving care on a ventilator, with less than 32 patients receiving HDU care.

The normal capacity of 88 critical care beds if required could be rapidly increased by a further 38 beds by taking the following steps: utilising the facilities in cardiac surgery ICU at the Royal Victoria Hospital; opening additional beds within the routine critical care locations; and, by opening additional beds in recovery / theatre areas.

It should be noted that the numbers of beds described assume availability of a full complement of specialist staff. Training of staff who will be redeployed from other areas is ongoing and will increase further as staff are released from their elective duties. The redeployed staff will require supervision from trained critical care staff.

While the proportion of children likely to require admission is expected to be lower than the proportion of adults, Trusts have identified the arrangements that will apply for those children who do require hospital admission. In regard to children who may need to access critical care, the HSC Critical Care Network Northern Ireland has an agreed surge plan for paediatric intensive care. This plan involves increasing the number of intensive care beds in RBHSC from 12 level three up to 16 level three. This escalation requires down-turning of theatre activity to deliver 16 critical care beds. In normal times children are transferred to critical care units outside NI if no more capacity can be provided in RBHSC. However, in the case of a surge such as the current pandemic situation, this option will not be available as all other units will be full. Planning is underway to provide more than 16 beds in RBHSC should they be needed. Additional work is ongoing to provide a higher level of care than normal in major acute hospitals across Northern Ireland.

Critical Care for New-born Infants

Neonatal critical/intensive care is a separate clinical service from paediatric and adult critical care services, providing care only for new born critically ill infants, who have

not been discharged from hospital. It is provided routinely in 21 intensive care cots in 5 of the 7 neonatal units in N Ireland. Current interventions in critical care for preterm new-born infants are effective, with good clinical outcomes in most cases. Based on current evidence there is not expected to be an increased demand for new-born critical care as a result of COVID-19. However, this will be kept under review in the coming weeks and months. Trusts will also review and update their service plans for pregnant women in light of emerging evidence and best practice guidance.

Care of Pregnant Women

Trusts are reviewing and updating their plans for pregnant women. Guidance for healthcare professionals on Coronavirus (COVID-19) infection in pregnancy has been published by the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Paediatrics and Child Health, Public Health England and Health Protection Scotland.

Equipment

HSC Trusts have identified additional equipment required to extend capacity to provide care for the maximum number of patients. We are working closely with NHS partners on a four nation basis to ensure adequate supply of this equipment as required. Across the region this includes an initial requirement for: some 40 additional mechanical ventilators (30 adult units and 10 paediatric units) bringing the total available in Northern Ireland to 179 by the end of March; 21 machines to support renal replacement for inpatients; portable ventilators to support the transfer of patients; and, 120 volumetric and syringe pumps. There is further work underway to scope the full extent of critical care equipment that may need to be purchased to ensure that we can respond to the potential number of people who will need such specialised care.

Home ventilation

The service continuity needs of home ventilated patients will also be addressed by HSC Trusts for patients within their local areas.

Single organ support

The greatest numbers of patients who receive single organ support are those who have end-stage renal failure and receive regular haemodialysis. Providing uninterrupted care for this group of patients presents a range of challenges including transport to care, delivery of the optimal three times weekly treatment and increased risk from COVID-19 due to their underlying illness. The Regional Nephrology Forum is addressing the optimal way to manage these patients.

Outpatients, day cases, inpatient and diagnostic services

Inevitably Trusts are having to postpone non-urgent appointments, investigation and procedures across outpatients, day case, inpatient and diagnostic services. This action is consistent with the need to redeploy key staff to support the care of people admitted to hospital because of COVID-19. Outpatient appointments, day case and elective inpatient services will be maintained for urgent cases.

Surgery for the treatment of cancer and other urgent procedures will continue, although as the pandemic progresses some further measures may be needed to respond to the acutely ill infected with coronavirus. The location of services may change as Trusts try to manage and centralise treatment rotas in order to attempt to maintain services.

For patients who need follow up as outpatients, Trusts are planning for greater use of telephone contact and other digital technology, where appropriate.

Patients will be contacted directly by Trusts with regard to any changes to already scheduled appointments.

Remote working

There are a number of reasons why Health and Social Care workers may need the ability to work remotely over the course of the pandemic. For example: if they are asked to isolate themselves within their household, due to someone they live with having contracted the virus; their place of work is effected, and closed temporary for

cleaning; or they are asked by their employer to work from home for their own safety due to underlying conditions or as a general measure to reduce spread.

In any case, to continue to be productive staff members will need to maintain access to computer systems and information. Measures are being put in place to: provide an increased number of laptops across the system to be deployed to those individuals who are identified as having high priority roles; central systems, bandwidth and licenses that are needed for staff members to remotely connect to hosted systems and services are being expanded to cope with increased demand; and options are being explored to allow staff members to connect remotely and securely to corporate networks and systems from their own home computers.

The different Trusts and organisations use a range of solutions for remote access, so local projects and being delivered alongside the expansion of region wide systems. In addition the ability for HSC colleagues to use video conferencing technologies to collaborate with each other are being expanded, with plans to extend a number of trials for use of these systems for consultations between patients and Health and Care staff.

Discharge Planning for Patients in Hospital

In the weeks ahead it will be more important than ever for Trusts to implement effective discharge arrangements for patients as soon as they are well enough to leave hospital in order to release beds for newly admitted patients. Staff will therefore be re-deployed to support hospital social work teams to facilitate safe discharges and maximise patient flow through the health and social care system. The following measures are being put in place.

Trusts are activating their emergency discharge plans in line with their respective contingency/ emergency and/or major incident plans.

Trusts are expediting discharges when patients have been deemed medically fit, through shortening assessment to home care package arrangements, in these

circumstances it is acknowledged there may be increased reliance on families in order to facilitate discharges.

Trusts will work to maximise and utilise all spare capacity in residential, nursing and domiciliary home care;

Trusts as part of their contingency plan may need to, re-distribute domiciliary care hours This will include prioritising and targeting care hours to those clients who are at risk and those with the greatest clinical and/or care needs.

Trusts are compassionately setting aside the current choice protocols which provide patients with a choice of residential or nursing care homes.

Social Care and Children's Services

During the pandemic, social care and children's services will be targeted at people in most need and those who are most vulnerable to ensure essential social care and children's services are maintained during periods of significant staff absence and an increased demand for services. Some social care staff will be redeployed to support those services deemed to be high priority. Priority will be given to the continuation of services to the following children and young people social work services: looked after children; fostering and adoption; child protection; child and adolescent mental health services; children with disabilities; and, children in need. In particular those where: children and young people are suffering or likely to suffer significant harm; children requiring an emergency Looked After Child Placement; children and young people at risk of looked after placement breakdown; children with disabilities including high support needs/complex care packages; and, young people who are vulnerable and have left care and known to 14 plus service / leaving and aftercare services.

Adult Mental Health & Learning Disability Social Work & Social Care Services

The HSC adult mental health and learning disability social work provide services for vulnerable people. The HSC planning for the coronavirus pandemic has ensured that

these vital services will be maintained. Priority will be given to the continuation of services to the following service user groups: adults with serious mental illness; people with learning disability and complex mental and / or physical health needs; and, adults with serious mental illness or learning disability at risk of significant harm. In particular action will be taken to maintain services for those people that require: emergency/crisis response due to serious psychotic episode; mental health monitoring / review of medication; care in a 24 hour setting and who are at risk of placement breakdown; complex care packages; assessment under the Mental Health Order; and, adult protection interventions.

The regional emergency social work service (out of hours) will take all available steps to address an increase in demand or high level of staff absence by seeking to increase capacity for example through increased use of locum staff or remote working.

Prison Health Care

The South Eastern Trust, which provides the regional health service for prisons, is working with the Northern Ireland Prison Service to ensure a coordinated response to a potential outbreak of COVID-19 within the prison setting and the implications of having to transfer out acutely unwell prisoners and the associated security implications.