

**WRITTEN STATEMENT TO THE ASSEMBLY BY HEALTH MINISTER ROBIN SWANN –
FRIDAY 16 OCTOBER 2020 AT 5PM – COVID 19- UPDATE**

Unfortunately in this weekly update to Members I have to report that there has been a further marked increase in cases, once again far outstripping the increase in testing. The current estimate of R, for both hospital inpatients and new positive tests, is in the range of 1.4-1.8.

There has been a significant increase in Covid inpatient admissions and ICU occupancy which now sits at 213 and 26. A month ago those respective figures were 21 and 4. We are now already at over half of the peak hospitalisations during wave 1.

In the context of the increase in hospital admissions and inpatients it is the clear opinion of the Chief Scientific Advisor that we have now moved beyond the lag period between increased case and pressure on the health and social care system.

Cases are currently doubling every 10 days and hospital admissions every 9 days; if current trends remain unabated hospital inpatients will exceed those of wave 1 in 1-2 weeks and ICU inpatients will exceed wave 1 shortly afterwards.

There are some early indications that the previous Northern Ireland wide restrictions are beginning to make an impact. Absolute levels of incidence and prevalence remain deeply concerning however and are still among the highest in Europe.

The Executive has agreed a range of significant time-bound interventions to curb the spread of Covid-19 in Northern Ireland. I do not underestimate the impact on the restrictions that are shortly to come into effect. The clear scientific and medical advice was however we needed to take immediate and decisive action to slow the spread of this virus.

With rising numbers of Covid positive in-patients and significant numbers of staff self-isolating, all HSC Trusts are experiencing pressures in Emergency Departments (EDs). Primary Care clinicians are also reporting rising numbers of patients presenting to general practice with urgent care needs. Prior to COVID-19, there was clear evidence that our urgent and emergency care services were under increasing pressure. Growing numbers of people were experiencing long waits to be seen in overcrowded EDs.

This was already an unsustainable position that required radical transformation. However, the impact of COVID-19, and the accompanying focus on infection prevention and social distancing, has driven home the urgency with which we need to make these changes. To protect our patients and staff, we cannot allow our EDs or hospitals to continue to see this level of crowding in future. Immediate changes need

to be implemented to allow our urgent and emergency care services to operate safely through this crisis.

I can now confirm to Members that officials and clinicians have developed the Department's response plan. This focuses on ten key actions that will be rapidly implemented in order to ensure that urgent and emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. The measures are focused on:

- Structured collaboration between primary and secondary care
- Working towards a 'phone first' model to improve access to clinical advice and reduce unnecessary attendance at Emergency Departments
- Scheduling urgent care through appointments to reduce waiting room overcrowding and waits for treatment
- Avoiding unnecessary admission to hospital
- Timely discharge from hospital

These actions will support the development of an enhanced range of safe and effective elective and unscheduled care services to patients which do not rely on patients presenting at an ED. The underlying intention of all of the actions is to make sure patients can access the care they need, in the right setting, as quickly as possible. A copy of the response plan is available on the Department's website.