

ORAL STATEMENT TO THE AD HOC COMMITTEE BY HEALTH MINISTER ROBIN SWANN – MONDAY 21 DECEMBER 2020 – COVID-19 UPDATE

- I thank the committee for its time and for affording me the opportunity to make this statement
- The Health Service is at a critical juncture. The National Institute for Health and Care Excellence advises that there is increased risk of adverse patient outcomes where hospital bed occupancy rates exceed 90%. In the period since 21 October, regional bed capacity has not dropped below 92%. There are only five days on which it has been lower than 95%.
- Some hospital sites have consistently been operating above 100% capacity for this period. Members will have seen the news last week showing the stark reality this presents for healthcare professionals across the service as they diligently do all they can to provide care to all who require it.
- The current levels of demand exceed those reached during the peak of surge one. This is despite the restrictions that have been in place over recent weeks. Case numbers are increasing; demand on hospital beds is increasing; and this cannot continue unchecked.
- The health and social care system simply cannot continue to deal with sustained rising demand.
- Members should note that these statistics precede the second surge period and it is expected that this situation will have deteriorated further.
- I must stress that this situation has occurred despite the fact that overall there is much more elective care being carried out now than during the first wave in April 2020. I have asked for every opportunity to be fully explored available, and that includes the establishment of a day elective centre in the Lagan Valley Hospital and the relocation of urgent surgery lists to the South West Acute Hospital.
- Northern Ireland has a funded capacity of 70 critical care beds. I want to emphasise that that this is not a simple matter of increasing the number of physical beds our Critical care beds are extremely staff intensive, particularly with regard to nursing staff.
- To put the impact of that in context - increasing critical care beds by 15, requires more than 100 additional nurses to provide the level of care required. Nurses therefore have to be moved from other parts of the HSC, with a severe impact on other activity, particularly on elective surgical activity.
- The impact is not only on those staff treating Covid-19 patients our staff treating non-covid-19 patients report the moral stress they feel from not being able to provide their normal high level of care.
- It is essential that hospitals are able to care for every patient who will benefit from treatment. The system cannot provide the scale of response required to maintain critical care and acute service demand of higher than medium surge and maintain urgent surgery at the same time. The only way to possibly avoid further urgent surgery cancellations is to ensure that action is taken to limit the spread of the virus sufficiently to reduce hospital demand before it reaches critical levels.

- Measures to increase hospital capacity would allow an increased epidemic level to be managed, but this would also inevitably be associated with increased deaths and might be limited by the need for staff to self-isolate as a consequence of healthcare related outbreaks in hospitals or clusters and outbreaks in the community.
- It is also the case that the associated levels of community transmission would inevitably result in a further significant increase in outbreaks in care homes among extremely vulnerable older people as was experienced in the first wave, which will result in excess deaths in this population.
- However, for practical purposes and as I have often stated in this chamber it is simply not possible to increase hospital capacity in the short to medium term. The key factor here is the supply of staff, and given the specialist skill set required, there is a very long lead time for this.
- While some marginal gains in capacity can be made in specific areas (e.g. ICU), this comes at the cost of reduced capacity elsewhere in the system, as it involves the redeployment of existing staff.
- In addition, when doubling time for cases is 7-10 days, even a doubling of hospital capacity (unlikely to be achievable) would buy only a limited period of relief before intervention was required.
- This indicates a disappointing response to the two weeks of restrictions. ICU occupancy is also stable at around 30 and deaths continue to vary from day to day but are not falling.
- We anticipate that case numbers will continue to rise over the coming days, with a more rapid increase as we near the holiday period. Hospital admissions will remain stable or increase slightly until shortly before Christmas when they will begin to rise again. The rate of increase will depend on how much R_t increases during the current two week period.
- Based on experience during early October and seasonal effects on virus transmission it is reasonable to anticipate that R_t will be between 1.4 and 1.8. This will lead to a significant rise in all aspects of the epidemic on top of a high baseline, in contrast to the position in the first two waves of the epidemic. The impact of Christmas arrangements on R_t is difficult to predict; there is likely to be an overall decrease in contacts but increased household and intergenerational mixing
- Given that the increase in transmission will occur in these next two weeks from a relatively high baseline, it was critically important to consider what options were available to prevent the hospital system from becoming overwhelmed and preferably to reverse the current trends to free up capacity for non-Covid diagnostics and treatments.
- If we did not take any action and the current set of restrictions and relaxations remained in place into January, the likely course has been considered by the Modelling Group shows that by the end of January, with an R_t rate of 1.6, over 2500 patients would require a hospital bed. With R_t at 1.8 this would exceed 6000.
- Cases would have continued to rise exponentially beyond the end of January, as would hospital admissions, and consequently deaths.
- Taking no action was simply not an option.
- Subsequently I proposed a package of restrictions which has been agreed by the Executive. The proposals are similar to those in place during the two-week circuit breaker of 27 November to 10 December, with modifications aimed at further enhancing those areas where compliance may have been lowest.
- The two week circuit breaker did not bring the case numbers in NI down sufficiently, and there are some potential reasons for this. The 'stay at home' guidance was not been adhered sufficiently as mobility data proves. Contact tracing information suggests click and collect may have been

associated within increased transmission, particularly in indoor settings such as shopping centres.

- This coupled with a greater range of businesses opened under the essential retail category than was the case during the initial lockdown, led to a much lower impact of the restrictions on the spread of the disease. This is why we must enter a period of greater restrictions than before. We cannot afford to have another unsuccessful period of restrictions, and dilution of the 'stay at home' message.
- In terms of the duration of restrictions, the focus must be on getting R_t below one and maintaining this for some considerable time. There has been a lot of focus on the R_t value, which is appropriate. However R_t is not the only factor in determining action required. Whilst R_t has been around 1 for the previous few weeks, the level of cases within the community is still much too high and this is causing prolonged pressure on the health and social care system. R_t must be sustained significantly below 1 for a number of weeks before the case numbers will be sufficiently low and impact will be felt in the health and social care system.
- We are all aware that hope is around the corner. Vaccine roll-out has begun and will continue into 2021, with those most at risk of severe disease hospitalisation and mortality being vaccinated first in keeping with the JCVI recommendations.
- However vaccinations will not begin to show their effect until the end of February or March at the earliest. This is due to both the need to get a second dose of the vaccine, and the 2-3 week lag time between positive cases and critical care admission. Therefore these measures will be needed for at least 6 weeks.
- Whilst the Executive has agreed the continuation of Education must be a priority, I wrote to the Education Minister over the weekend, stressing the need for further urgent engagement. I do not believe that a return to school as normal in January is a sustainable position and I made that clear in my letter. My view on this matter is informed by advice from the Chief Medical Officer and Chief Scientific Adviser.
- We cannot disregard the evidence as it evolves and in order to suppress transmission of the virus both within schools and amongst the wider public, at such a critical phase of the pandemic all options should be considered.
- I understand that the public will be somewhat disappointed with the introduction of further restrictions over the Christmas holiday period. Whilst I know the majority of the public support these measures and want to see the virus transmission reduced, unfortunately we know all too well that some others will plan to continue with house parties or other festive gatherings, particularly over New Year. Extensive interaction in this unregulated environment presents a very high risk of increased transmission rates.
- This is why I believe the one week period of additional restrictions from 26 December to 2 January was also required. I hope the very fact these additional measures are required will send a firm message to the general public as to the seriousness of the situation we are in.
- Both compliance and enforcement are central to the success or otherwise of any package of measures.
- Last night the Executive agreed to my ask that the COVID Taskforce be mandated to urgently bring forward recommended actions to tomorrow's meeting, in relation to enforcing the special restrictions between Dec 26 and Jan 2 and the subsequent five weeks of further restrictions. It is my view that the Taskforce should urgently consult with PSNI on how policing can best contribute to compliance with the "stay at home" message – including ensuring visible policing on our roads and elsewhere in our community to underline to society the importance of the six weeks of regulations. This will necessarily include consideration of whether additional regulations are required.

- I would like to conclude by turning briefly to the emerging situation with regards to the variant strain, which has been detected most prevalently in the South East of England.
- This variant was identified following proactive and enhanced epidemiological analysis in response to the recent increase in cases seen in Kent and London. Further analysis and investigation is ongoing in order to understand the characteristics and therefore potential impact of this variant.
- The epidemiological analysis conducted to this point, suggests that the variant may be more transmissible but it is still too early to confirm this with certainty. However, there is currently no evidence to suggest that this variant is more likely to cause serious disease.
- There is currently no evidence that this strain will cause a more serious illness, or that it will fail to respond to the vaccines we are currently delivering.
- I will of course continue to give this matter priority, and update members as the situation evolves.
- While virus mutation is not uncommon, the rapidly spreading nature of this new strain is cause for serious concern.
- I would urge the public to act on the assumption that it is already present in NI and that the person they pass in the street or stand next to in a queue may have it.
- We protect ourselves from this new strain through the same vital methods we have been using since the start of the pandemic – keeping our distance and significantly cutting our contacts with others, wearing a face covering and washing our hands.
- If you have symptoms, self-isolate and get a test. Testing will be available throughout the Christmas period.
- If ever we needed a reminder to redouble our efforts, this is it. We underestimate this virus at our peril.