



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

COVID-19 Disease Response:
Mr Robin Swann MLA, Minister of Health

2 April 2020

As you will be aware, during yesterday's announcement, we presented the results of our first Northern Ireland-specific modelling. That is our first pass on the data that we have on what we can expect. At the minute, that modelling shows the peak hitting Northern Ireland somewhere between 6 April and 20 April. We are getting close to that time frame. Assuming that 66% of people are observing social distancing and 70% of those who are symptomatic but not critical are self-isolating, our reasonable worst-case scenario shows that, at peak, we will need 180 critical care beds. I will put that into perspective: that means that, at any one time in that two-week period, there will be 181 patients. They will not be there for that entire time, but our peak demand on a given day will be 180. That is based on the reasonable worst-case scenario. The peak number of COVID-19 patients who require oxygen — we need to be clear about those who need intensive care and ventilation as opposed to those who need oxygen support — will be about 400 per day. We are gearing up those facilities so that we can provide that detailed support for our COVID-19 patients, and we have been scaling down some of our core services and elective work over the last number of weeks in preparation for that. During that same period, we expect the peak number of hospital admissions to be 500 a week. Those are the people who need medical attention at hospital due to COVID-19 but might not need to be oxygenated or to be in ICU. The figure that really focuses people's minds is the number of deaths over that 20-week period of the epidemic; that is estimated at around 3,000.

When we released the figures yesterday, I stressed that this is our reasonable worst-case scenario planning. Some of the behaviours that were recommended and pushed for by members are being adopted. The initial estimation was 13,000 or 14,000 deaths, if we had done nothing and ignored all the guidance, and this initial modelling shows how people acting responsibly can have an effect on the number of deaths that we can expect in Northern Ireland. It also shows that, in the reasonable worst-case scenario of 180 people needing a critical care bed and ventilation, every step that reduces the number of people reaching that stage has a big sphere of influence.

A number of other things have occurred since we last spoke and met. We have now issued letters to the vulnerable and those whom we are asking to stay at home. Those letters have been issued to upwards of 40,000 people, and we are doing a further trawl. GPs did the initial trawl, and we are getting through those, but the Health and Social Care Board is doing another trawl through central records to make sure that no one has been missed or overlooked. That work is intensifying, and we are getting to more people. A number of key conditions have been highlighted, and, consistent with the rest of the United Kingdom, those with certain conditions have been asked to self-isolate for that period.

A further point is our memorandum of understanding with the Irish Government. That will be signed shortly by our two Chief Medical Officers. That is a high-level document that reinforces the principles and commitments already in operation. The commitments include the sharing of modelling of public health and non-pharmaceutical measures, common public messages — the behavioural changes that we see — research ethics and general engagement and governance. It will put what we have been doing on a more formal basis. We have a very good and strong working relationship with the health service in the Irish Republic through the two Chief Medical Officers and my engagement with the Minister down there. We have good working relationships, North/South and east-west, and it is important that we get as much benefit out of those as we can.

Testing is another challenge, and we are pushing on extensively with our testing capabilities in partnership with a number of labs across the government estate and universities. We are also tying into the commercial provision that has been sourced centrally in the United Kingdom, including Randox. Members will have seen — it is no big secret — the opening of testing sites in MOT centres and the development of a site at the Odyssey. We are putting preparations in place so that, when we come to the next line of testing, the facilities are there. While we have the testing capability, we remain focused on the definitions of where we test first.

The first line of testing is for those admitted to hospital who have or appear to have COVID symptoms so that we can make sure that they are given the right treatment. The second line of testing is for those who are in secured or "cohorted" accommodation, should that be residential homes, old people's homes or facilities for people with special educational needs. The third line of testing is, of course, our healthcare workers, which is a very important group. Yesterday, the deputy First Minister, the First Minister and I had a very good meeting with the Royal College of Nursing (RCN), and I had spoken earlier yesterday with Unison. We are setting up a new cell and making sure that our unions are fully involved and plugged in to the changes that are being made. I will update members: on Monday of this week, of the tests that we completed, 387 were for healthcare workers. That focus continues, and, as we increase our testing capability, we will be able to expand testing, not only for healthcare workers but into other key sectors.

I think that those are the main issues — sorry, personal protective equipment (PPE) was the other one. On the concerns about PPE, we have supplies throughout the system. We are still seeing challenges in making sure that the right PPE gets to the right people at the right time, and that is a job of work that we are pushing to make sure that what is needed is available. Concern about the guidance on, or list of, what PPE is necessary in certain situations has been expressed by our health and social care workers. It is one that we are well aware of, and I am especially passionate about making sure that those who need the appropriate PPE get it. There has been what has been designated as a rapid review of current guidance. That was commissioned across the United Kingdom and included the Chief Medical Officers, the Chief Nursing Officer and the chief executive and general secretary of the RCN, Dame Donna Kinnair. It will make further recommendations on our current guidance on what PPE should be worn in certain circumstances and will probably mean a change in what PEE is worn and provided in certain areas. We have to make sure that the people who are carrying out roles in our health service are protected and supported to the utmost level that we can.

Chair, that was just a very brief update on what we have been doing since this time last week. I am happy enough to take questions. In the absence of the Chief Medical Officer, if there is anything that I cannot answer, we will get that information back to you.

The Acting Chairperson (Mr Sheehan): OK, Minister. Thanks very much for that. I will kick off with a few questions. I will then invite the Chair and the Deputy Chair to come in remotely. After that, we will go to Paula, who did not get to ask any questions last week.

Minister, there were reports from the British Government yesterday that they have distributed 400 million items of PPE within the last fortnight. How much of that did we get?

Mr Swann: We have not received any of that as yet, Pat, but we are in that supply chain and it is on the way to us. Conor and I had a meeting yesterday. Our supply chain of PPE comes from what is available from the United Kingdom and our partnership with the Republic of Ireland. The two Departments, Conor and I are working together on that. We are making sure that we are plugged into the order that is coming from China. The third part — Conor's Department will mostly take the lead on this — is what we can produce and manufacture locally. That will involve the likes of O'Neills and Bloc Blinds. It is where we can tap into our local manufacturers.

In response to your question, nothing has touched down yet, but it is on its way. That order was placed and is being processed.

The Acting Chairperson (Mr Sheehan): I want to be clear: of the 400 million items that were distributed in the last two weeks by the British Government, we have not received a single item.

Mr Swann: What I am saying is that it is in the process of coming here. We still have our own stocks and supplies. I do not want to get into any type of political discussion about who has or has not supplied the orders. The order is in. Conor is aware of that. I was working with him, and we are talking about that. It is on its way. It is not that we are being denied it or do not have it. It is in the distribution chain.

The Acting Chairperson (Mr Sheehan): I listened to Pat Cullen on the radio this morning. She was complaining that nurses in acute hospitals and community nurses are still experiencing shortages of PPE. If the British Government are distributing 400 million items and we are not getting any, there is a problem there somewhere.

Mr Swann: That is what I was saying earlier. We had a conversation with Pat yesterday, and we are aware of that. It is not that the PPE is not arriving from the UK. It is that we have challenges in our supply chain and with how we get the appropriate PPE to those who need it at the time that they need it. That is the challenge that we have.

We have no physical shortage in our stockpile. We are pushing that out through the trusts and the care sector to make sure that the PPE is there for the people who need it at this time. We are receiving reports of individual wards, nurses and doctors not having the correct PPE, but the reassurance is there: the PPE is in the chain. Our challenge is making sure that trusts get it to those who need it, on time.

The Acting Chairperson (Mr Sheehan): If there are no shortages in the supply line here, you should take that up with Pat Cullen and the RCN. In any event, I am sure that other members will want to come in on the issue of PPE.

Mr Swann: We had a good conversation with Pat yesterday on PPE, so she will know that we are fully aware of the situation. It is a job of work, and we are working well with the unions and the RCN. When I was talking to Pat yesterday, I made it clear that, if she has any specific issues, we are open to those conversations. We have had good communication with them.

The Acting Chairperson (Mr Sheehan): OK. Fair enough. I want to move on to the issue of testing. It has been clear over the last three months, from early January anyway, that the guidance from the World Health Organization and, more recently, from the European Centre for Disease Prevention and Control (ECDC) was to test, test, test; and to test, trace and isolate. To date, that has not been happening here. I note that, yesterday, Michael Gove said that there was a need to go "further" and "faster". Boris Johnson said yesterday that testing will "unlock the ... puzzle" of the crisis. Where do you stand on all that Robin? I am sure that you will agree that testing has not been a priority to date.

Mr Swann: I disagree that testing has not been a priority. We have been pushing to try to increase local testing capabilities as hard and as fast as we can, Pat. We always have to remember where we are with our testing capability for a disease that was initially identified only in December. We have pushed it. We have not pushed it as hard or as fast as I would have wanted, but we see changes and developments in our testing capability every day. I think that Michael Gove and Boris were probably talking about when we move to the antigen testing, through which we can test people who have had COVID-19 or have got through it. That is why I said in my opening comments that we are looking at using MOT centres and the development down at the Odyssey so that, when that ability comes online and we are able to ramp up, we can complete that.

I want Committee members to be clear: at this time, we are pushing our testing capability, which was mainly based in the Belfast virology lab. We have now pushed that out to a number of trusts and the Ambulance Service. Testing is going on across the health estate. Our current work is pushing it into our Agri-Food and Biosciences Institute (AFBI) labs, but when I say — *[Interruption.]* Sorry.

The Acting Chairperson (Mr Sheehan): What I am asking you is this: thus far, what problems have meant that testing has not been taking place at a desirable rate?

Mr Swann: Sorry, Pat. The local challenge with the number of tests that we have been able to do is the availability of the products and the supply chain. When we started, we were able to manage the small capacity that we had, but there have been challenges as we have ramped it up, even with the reagents that are available, and I know that the labs in the Republic of Ireland are seeing that as well. The other thing is making sure that the staff who are doing the tests have the appropriate training and accreditation.

We have been working through all those challenges. At each stage, as the health estate has been ramping up its testing capability, we have been overcoming those in-house hurdles. While we have been trying to do that, there has been a lot of talk about the commercial tests that are available and why we were not just buying those off the shelf. We were waiting to make sure about those.

The Acting Chairperson (Mr Sheehan): I am not too worried about that, Robin. What I would prefer —

Mr Swann: Pat, it is hard doing this over the phone. As you know, sitting at the other end of a Committee table makes it far easier to see to where the answer is and what direction you want to take.

The Acting Chairperson (Mr Sheehan): We knew from early January, when China was screaming about what was coming down the tracks at us. To a large extent, it was ignored. It was ignored in Italy. Only when the number of infections and the number of those dying began to rise exponentially did Italy also start to scream about what was required.

The most successful countries to date have been in Asia, namely South Korea, Singapore, Japan and China itself, where there has been large-scale testing, contact tracing and isolation. One reason why there is an absolute need for testing on as wide a scale as possible is that many of those who are carrying this infection have absolutely no symptoms whatsoever, which means that they can be out

and about in the community and spreading the virus further. We knew in early January what was coming down the tracks at us. What preparations were put in place then, and how have they been ramped up since?

Mr Swann: You make a point about isolation. At the very start, we took a proactive step and told anybody who thought that they were symptomatic or were showing symptoms to self-isolate. Even at that early stage, we asked people who were symptomatic to take themselves out of the wider public to prevent the spread. Over the past number of weeks, we have been enforcing and asking people to isolate, and that is happening, as is the social distancing. That is the aim. We removed not only those who are carrying COVID-19 and are asymptomatic but also those who are vulnerable and may be more susceptible to suffering the worst should they contract it. We have taken them out of the system. The steps that we are taking now will have the impact of stopping the further spread of COVID-19. That is why we are preaching: asking people to observe social distancing and, when they can stay in the house, to stay in the house to prevent the spread of this virus in Northern Ireland.

The Acting Chairperson (Mr Sheehan): We are testing on a very small scale, and the CMO said, probably over a week ago, that there are probably thousands of people out there who are infected. If we are not doing testing on a large scale, how do we know where the virus is? Do we know where there are any clusters?

Mr Swann: We are working on that, and that is why we are asking everybody to stay in the house. We are targeting our testing capability. As I said, I want to see as much testing in Northern Ireland as we can practically and physically do. That is why we are pushing this, ramping it up and challenging Departments, our private and public sector and our universities. We want to bring them online. We are also part of the UK-wide contract for testing capability, and that has engaged our commercial sector. It is not that we are ignoring it or not doing testing; we are pushing to get as much testing up and running as is physically possible.

The Acting Chairperson (Mr Sheehan): Let us deal with the facts. There was resistance, particularly across the water, to the initiation of a large-scale testing exercise. Is that not the case?

Mr Swann: Pat, I am not talking about what happened across the water. I am talking about what we did here.

The Acting Chairperson (Mr Sheehan): Are we not following their lead?

Mr Swann: No, we are doing our own thing. We are taking guidance from the Chief Medical Officer, who works with the other UK Chief Medical Officers, and they give guidance and advice to us.

The Acting Chairperson (Mr Sheehan): That is why I am asking you to explain the steps taken since January, since we knew about this. Other countries that have been able to suppress the disease carried out large-scale testing. Germany is testing half a million people a week. I am asking you: how many more test kits have been procured since January? How many did we have in January, and how many do we have now? There is still a relatively small number of people here being tested. Yesterday, it was 565, despite there being a target of — is it 1,100 or 1,400?

Mr Swann: Our target is to get up to 1,100, Pat. That is what we are pushing for. I do not want you to try to portray that the Department of Health is not focused or targeted on trying to push up the number of people we are testing, because that is unfair. That is what we are concentrating on and what we want to do, but we have to focus on the tests that we have.

The Acting Chairperson (Mr Sheehan): I am not saying that. I am saying that there does not appear to have been any preparatory work done in the last three months to ensure a process of large-scale testing of the population. I am asking you now: how many test kits did we have in January, and how many do we have now? How many have we procured since January? What other training has been done to ensure that the virology lab will have sufficient personnel to carry out the tests? Is the virology lab open 24 hours a day? My understanding is that it still operates on a nine-to-five basis only. Is that true?

Mr Swann: As I said earlier, it is about the capability of the equipment that we have and the number of cells that we can run at any one time. On the testing of individuals, there is a small pool of people working in the virology lab, and that is why we are seconding others and working with other people

from AFBI and from across the Departments. We are now pushing that out into the trusts as well. With testing, you cannot just bring people in from an ordinary lab and get them up and running. It takes time and requires accreditation, because we want to make sure that we can rely on the validity of the test results that we put out. The worst that could happen would be telling people that they do not have COVID-19 when they actually do and then putting them back into society where they could spread the virus.

The Acting Chairperson (Mr Sheehan): Finally, it is not just me who is saying this; it is experts in the field of epidemiology, infectious diseases and public health. People like Gabriel Scally and Ultan Power, who was on the radio this morning, Michael J Ryan from the World Health Organization and Professor Sam McConkey in Trinity, Dublin are all crying out for more testing: test, trace and isolate.

Sorry, Robin, how much time do you have here today?

Mr Swann: Until 11.30 am, Pat.

I want to reassure you that I am pushing to do as much testing as we possibly can. Do not be under any illusion: I want to see more of that, because it is crucial that, for those three target groups, plus more of our key workers, we get as much testing capability as we can in Northern Ireland as we get through this epidemic.

Mr Gildernew: Robin, I want to follow up on that last point. You said that you want there to be as much testing as we can practically do. In light of that, have you bought any tests from Randox directly?

Mr Swann: We had a good conversation with Randox, Colm, when we got the final word that it had been accredited. Randox is part of the UK-wide contract for testing, so it is tied into that.

Mr Gildernew: Yes, but have you —?

Mr Swann: Colm, sorry, hold on. Randox is tied into that UK-wide contract for testing. We benefit from that and will get a number of samples out of that, depending on where they actually come from. We got a small run from Randox at the very start, but it is now tied into that national contract and is supplying its test kit to there. We are in talks about how our labs can work with Randox to support its testing capability.

Mr Gildernew: Are you seriously telling me, Robin, that a local company is manufacturing these kits but you are allowing them to be sent out of the country to then come back in at some future point as an allocation? Bearing in mind that we are still waiting for 400 million items of PPE, why is a local company that is manufacturing the test kits that we need being allowed to send those out for them to then maybe come back after some notional list is compiled in England, Scotland and Wales? That company has been supported here by our investment agencies.

Mr Swann: Colm, allowing a commercial company to do that is not within my remit. As I said, we have been talking with Randox and supporting it in how it utilises equipment here. The commerciality of the contract that it has negotiated with the United Kingdom is without my scope.

Mr Gildernew: Why have you not negotiated the contract with it yourself, Robin?

Mr Swann: That contract had already been negotiated on a UK-wide basis. As I said, we got a small part of initial test kits that they were able to provide us with. It is now working to the national contract, which we are part of and are getting benefit and allocation from.

Mr Gildernew: You said that we got a "small part", Robin. That does not inspire confidence. I find that unbelievable, Robin.

Mr Swann: Sorry, Colm. I apologise for my phraseology. I will get the exact number that we are getting out of it. It is language more than a technicality. I apologise.

Mr Gildernew: I certainly would like that, Robin. Further, I would like you to go back to Randox and say, "Listen, we need a certain amount of kits for our population." Based on the modelling, we can see

that we need to identify where the clusters are and we need to do more testing to get ahead of it. We definitely want to see those numbers.

Mr Swann: OK.

Mr Gildernew: My second question is about a 'Guardian' article last week that I know your Department responded to. That showed that internal stock checks were done for PPE that listed item after item of personal protective equipment as being out of stock. First, will you commit to sharing the document — the product shortage document or documents — with the Committee? Secondly, given that I raised EU procurement for ventilators and PPE stocks with you some time ago, have you actioned that at an EU level so that we can avail ourselves of supplies via the EU?

Mr Swann: Colm, I have not had sight of the leaked document, so I do not know. We will have a look

As regards procurement, as I have said — I said it in my opening comments — we have had a very good conversation and are working in cooperation with Conor Murphy and the Department of Finance through the Central Procurement Directorate (CPD). We are exploring three directions of supply for PPE. Nationally, which is the part that Pat was talking about, we are drawing down stuff from the UK stockpile. That is under way and is coming. We are also working with the Irish Government. I do not know whether they are part of the UK procurement, but we are working with them on the procurement from China, which is a substantial order that we are working on bringing in. The third one is with regard to local capability. We are not part of an EU procurement, because, as I said, Conor and I have been working on those three chains of supply for PPE.

Mr Gildernew: OK. I will finish with this, because I want to give everyone else a chance. In your remarks, you mentioned that you are well aware of the concern around PPE and that a rapid review of current guidance is being undertaken. Front-line healthcare staff need to be protected — ambulance staff. We also have the issue of care homes, which have been identified as clusters in other countries, so we can expect that here. Those areas need to be provided with equipment. Funeral directors also need to be provided with the correct equipment to manage this situation. In light of that, any review, I believe we all agree, will lead to a dramatic increase in the need for PPE. What steps are being taken to secure the equipment that will be needed?

Mr Swann: As I said, one of the things that I have done is release part of our pandemic stockpile at the beginning of last week to make sure that there is stuff in the supply chain. I know that I am repeating myself, but, as I said in my opening remarks, it is also about making sure that the stocks that we are pushing out to the trusts make it on to wards and into the care homes. We acknowledge the significance of care homes and those clustered living accommodation facilities. That is why those who live in that clustered living sector have been prioritised and can avail themselves of testing. If we do see an incident in a care home — we have a number of care homes in which there have been positive cases — we will be able to put in support measures, should they be additional testing for those who are in direct proximity or the staff who have been directly working with a patient, but also to make sure that they have the PPE that they need to provide the support that they are giving to those people who are in those accommodations.

Mr Gildernew: Robin, given that the modelling that you have issued shows that 400 people will require oxygen and 180 people will require ventilation in a reasonable worst-case scenario and many, many more in a worst-case scenario, how many ventilators do we have in the system now, how many ventilators are on the way and when will they arrive?

Mr Swann: Hold on just a moment so that I make sure that I have —. We have 165 ventilators in the system and 190 are coming as part of the UK allocation. We also have approximately 650 to 700 breathing support apparatuses on order. We need to be aware that the situation with those who need to be ventilated and those who need additional oxygen support is not of the same intensification or invasiveness. We have 165 at the minute and more are due in the next couple of weeks. We have been working on that with Conor and DOF jointly to make sure that we are pushing every avenue that we can, even on availability elsewhere across the international sphere. We want to make sure that we can max up the ventilators that we currently have and those that are in line.

Mr Gildernew: OK.

The Acting Chairperson (Mr Sheehan): OK. Thanks for that, Colm. Pam, do you want to come in now? Just before you start, could members keep their questions concise, and could the Minister answer concisely? That would be helpful, and we could get as much done as possible in the time that is left.

Mrs Cameron: Thank you, Chair, and thank you, Minister, for your time today. On testing, you will be aware that there is some news about Cambridge University and the possible use of technology there to convert HIV testing into COVID-19 diagnostic testing that provides results within 90 minutes. Do you know anything about that? Is that being actively looked at as a testing solution?

As well as that, I also want to ask about PPE. The subject has been well-rehearsed this morning, but are you looking at offers from our people on the ground — people who are at home; people who are seamstresses — who have offered to make PPE? Every piece of equipment that we can get our hands on will come in useful. Is the Department actively looking at what individuals can do and what they can supply? Schools or businesses may also have some forms of PPE.

I will finish on the GP letter issue, Minister. You mentioned that extra letters will be going out, maybe not from GPs but from trusts, to make sure that all the vulnerable people out there are captured. How many extra letters do you think will be sent out, and how long will that take? On the back of that, people have been asked to shield for 12 weeks. What happens at the end of those 12 weeks? What will the direction be for them in light of the fact that we know that it will be highly unlikely to have any type of vaccine for coronavirus?

Mr Swann: OK. Thanks, Pam. The GP letters that we issued were from the first trawl of the database and the health records that we were able to get for those who were identified. Those were solid organ transplant recipients; people with specific cancers; people with severe respiratory conditions, including cystic fibrosis, severe asthma and severe COPD; people with rare diseases and inborn errors of metabolism at high risk of infection; people on immunosuppression therapies; and women who are pregnant and who have significant heart disease, whether that is congenital or acquired. That detail is online, just in case I missed anyone. What we are concerned about, and what the Health and Social Care Board is now doing, is making sure that the GPs have trawled all their systems and making sure that the Health and Social Care Board is going through its hospital records to make sure that nobody in those groupings has been overlooked or missed.

On the 12 to 14 weeks' shielding, I suppose that our modelling will start to play out the longer it is running and we can see what effect it is having and whether we can take pressure off some of the current measures and allow people to get back into society and ease social distancing a bit. The 12 to 14 weeks' shielding is one of the more long-term, dramatic requests that we are making. It is to make sure that they are secure and are shielded in their house, but also that they are not isolated from society but are shielded from the virus. It is challenging for individuals and families, but we need to do that.

Businesses are already supplying PPE, and we are already taking offers from different organisations and different businesses that are no longer producing so we can take that into our stockpile, but, as I have said before, we need to make sure of the validity of that personal protective equipment so that we are not putting something into the front line that is not up to standard or up to scratch.

You mentioned our own businesses and, as I said, that is our third line of supply for PPE. That is one of the things that have really been impressive in Northern Ireland. The likes of Bloc Blinds used to make blinds for windows but has now turned its complete production line around and is making face shields. At one stage, O'Neills was having to lay off large numbers of its workforce, but it is now making scrubs for our nurses. We are engaging with those organisations and businesses that want to adapt and turn their production lines to support that PPE push. It is done through CPD and the Department of Finance. We are working with Invest NI at that central location to make sure that we can support our businesses at this time, because one of the concerns —

The Acting Chairperson (Mr Sheehan): Minister, can I interrupt you? You have made that point well. Can we move on, then? Time is pushing on.

Ms Bradshaw: Minister, thank you for that update on the additional ventilators that you have ordered. Have you ordered any extracorporeal membrane oxygenation (ECMO) systems, which are used when ventilation fails? My understanding is that there are only 25 in the UK currently. Can you let us know

how many you have purchased and, if you have not purchased any, are you not concerned that patients may die?

You talked about the rapid review of guidance on PPE. Minister, healthcare workers in levels 6, 7, 8 and 9 of the tower block at Belfast City Hospital are incredibly concerned that they have not yet been fitted for masks, even though patients are already being moved. We cannot wait for this updated guidance review. These people will be taking patients who have tested positive for COVID-19 today, tomorrow and over the weekend, so I ask you to move on that fitting. You said that the PPE is there; we need to make sure that it fits properly.

Minister, can you provide us with an update on how, during the travel restrictions due to the pandemic, women in Northern Ireland are going to have access to abortion services in Northern Ireland as they do in the rest of the UK and in the South?

Mr Swann: Thanks, Paula. Your first question was about ECMO, I think. That is a very specialised respiratory service. We do not have any here in Northern Ireland, and it will not just be a matter of purchasing one, because I do not think that we currently have the staff who operate that system. The ECMO provision that we have in Northern Ireland is done — and I think it is the same across the UK — as a centralised service. We have guaranteed access to use that facility as and when we need it. That is where I know the likes of the air ambulance will be utilised. That is the access that we have to ECMO at this time. If there is a more up-to-date response that I can give you to that, I will.

In regards to mask fitting for those on levels 6, 7, 8 and 9, that is for the filtering face piece (FFP) 3 masks, which we will make sure are fitted properly. I will follow up on that with the Belfast Trust, because I know that is a piece of work that is ongoing and should actually be well under way. If it is not, I will contact the Belfast Trust after this call to see where we are at, because the last thing that I want is to put our healthcare workers under any more strain than they already are.

On your last point on the support of women who are seeking an abortion, this is a sensitive issue in Northern Ireland, as you are aware. It is also a cross-cutting issue in Northern Ireland and not one solely for the Department of Health. There will be a presentation or a paper presented to the Executive at the meeting tomorrow that will give a number of options as to how we proceed with that. With the cross-cutting, sensitive nature of abortion in Northern Ireland, that is where that is currently at. That paper will be presented for the Executive to discuss tomorrow.

Ms Bradshaw: Minister, thank you for that. I disagree with the last point. I am not entirely sure it is a cross-departmental issue, I think this rests solely with you. We have already heard that there have been two women who have attempted suicide this week. There are 20 to 30 women each week who travel to England for these services, so it is of the utmost importance that you deal with this as a matter of urgency. Thank you.

The Acting Chairperson (Mr Sheehan): I suggest now, Minister, given that time is moving on, that I take a number of questions from the members that are left. Do your best to answer them in the time that is left.

Mr Swann: Pat, I am under time here, so if we could be very, very quick.

The Acting Chairperson (Mr Sheehan): OK, we will do our best.

Mr Carroll: With regard to the PPE, the Minister said there is no shortage, but people are still not getting it. I have been contacted by physios who are without the correct equipment, and many of them are being threatened with disciplinary action for raising their concerns. I do not think —

Mr Swann: Gerry, fire me through — look, a quick answer. If you have physios who are being threatened with disciplinary action, fire me through the details.

Mr Carroll: It is important to try and get some answers on these questions. PPE still is not getting to workers. Ventilators: in January, the World Health Organization warned about this pandemic. I believe that we were still slow to acquire ventilators and we still do not have enough. Does the Minister think that we are ill-equipped at the minute? Do we have enough ventilators? I think that we do not.

Quickly, in regards to testing, to me, it is shocking that there were 400 million — sorry, there was testing provided. Radox was mentioned, but we still do not have enough testing being rolled out; it is still slow to happen. Minister, why have the Executive still not taken control of places like Radox to provide them with public testing on a wide scale?

I want, finally, to support Paula's comments. I think that the Department of Health has to issue tablets for women to get access to medical terminations at this time.

The Acting Chairperson (Mr Sheehan): OK, thanks for that, Gerry. Robin, before you come in, Colin wanted to come in.

Mr McGrath: Yes, thank you, Chair. I know I probably will not get the answers now because the Minister is under time pressure, but the slant on PPE of the private nursing sector, where they are finding that, when they call a lot of their suppliers, the suppliers have been told that the stuff has to be directed to the NHS. So it is just about that —.

Mr Swann: Sorry Pat, I cannot pick up Colin at all there.

The Acting Chairperson (Mr Sheehan): He cannot hear.

Mr McGrath: OK.

The Acting Chairperson (Mr Sheehan): He is not at a mike; he is going to allow someone else to come in.

Mr Easton: Three questions; it will be quick. Thank you, Minister.

The Acting Chairperson (Mr Sheehan): Could you keep it to two Alex?

Mr Easton: I will have to toss a coin here. The first one is about care in the community and staff who work for the trusts. I have to declare an interest as my daughter works in that. They are not being issued with masks, and they were given a directive that, unless somebody tests positive for coronavirus, they have to go in without a mask. Can you confirm whether that is the directive?

Secondly, have you got any equipment from the Republic of Ireland Government? I know that you are working with them, and that is good to see, so I was wondering whether any equipment had come from them. Has there been a problem with some of the equipment that they got from China? I have heard that some stuff, such as masks, has had to be sent back.

The Acting Chairperson (Mr Sheehan): Órlaithí, you wanted to come in.

Ms Flynn: Yes, Pat; thank you. Thank you to the Minister. If you cannot cover this in any great detail, Robin, I would really appreciate something back in writing. The mental health problems that we are facing are a massive issue. I know that Paula and Gerry touched on the abortion stuff, and we can see how that is having a direct impact on someone being in the position that they are thinking about taking their own life, so it needs to be addressed.

More broadly, Robin, we are being contacted by a number of health and social care staff who are at the coalface, because this is starting to impact them psychologically. So that we are not too slow out of the traps on this again, are any measures being put in place? What plans are there to make sure that health and social care staff in particular have the psychological support that they need to deal with the trauma that they will face over the next couple of weeks and months?

Mr Chambers: Minister, recently there has been a lot of media comment from Professor Scally — as well as a number of political commentators who have just turned into scientists — encouraging your Department to take another direction. Has that proven to be an unhelpful distraction for your Department?

My other question is about the fact that pharmacists are expressing concern about how they are going to pay huge drugs bills at the end of this month, exacerbated by the loss of ancillary sales. What plans does the Department have to assist them?

Mr Swann: Apologies, Chair, but I probably have only about five or 10 minutes here to answer the questions that I can remember.

As regards Community Pharmacy, we met about a week ago and agreed to put in an extra £10.5 million to support it, because I am aware of the changes that it has had to make to its facilities while we get over this. The pharmacies are a vital part of our fightback against COVID-19, so we are working very closely with them to make sure that they are there to support that.

As regards the commentary that Alan mentioned, it is not a distraction for me. The only thing that I am concerned about is the number of people out there who are either misinformed or ill-informed, because some of the commentary may cast doubt on and undermine the guidance that we are putting out there. I am not naming individuals, but I just caution people to be careful in their approach.

Órlaithí, as regards your question on mental health, the Department has already undertaken taken a piece of work on that, because we are aware of the stress and strain that our healthcare workers are under. The worry and concern across society is being focused on those healthcare workers. That work has started, and we are reaching out to make sure that anybody who needs support gets it.

Alex, as regards your question on PPE and the guidance, as I said earlier, the guidance on PPE is being worked on by our Chief Medical Officer and our Chief Nursing Officer, and there is input from the general secretary of the RCN. I think that that will be done on a place-based approach so that people in secondary care, primary care and community care get that. We have supplied our own advice and guidance to those in the community care sector.

Gerry, going back to your points, the nationalisation of companies is not within our remit or power at this time, so it is about utilising what is there. As regards your, Órlaithí and Paula's comments about abortion, it is a cross-cutting issue. That is the way that it is in Northern Ireland, and that is why I am referring it to the Executive.

Is there anything else there, Pat? Sorry, there were a number of quick-fire questions, and I do not think that I have picked up them all.

The Acting Chairperson (Mr Sheehan): Anything else, members? The Minister has —

Mr Swann: Sorry, I could not hear Colin at all.

Mr McGrath: I will get them emailed, and then we can send them.

The Acting Chairperson (Mr Sheehan): Colin says that he will email you his questions.

Mr Swann: Grand.

The Acting Chairperson (Mr Sheehan): Nothing else then, members? OK, Robin. Thanks very much for that.

Mr Swann: Chair, just before I go, I once again thank the Committee and its members for the support that they are giving, especially to our healthcare workers. Also, keep reinforcing that message on social distancing and isolation. We put out the reasonable worst-case scenario numbers, but people's actions today, tomorrow and next week can have a direct effect on those numbers. I want to ask Committee members to keep reinforcing that message on the importance of social distancing and observing the guidance from the Executive, to make sure that Northern Ireland can respond to the crisis and that our healthcare system is fit to cope. Those are a final few words, and I appreciate what you are doing. If you can, keep pushing that message.

The Acting Chairperson (Mr Sheehan): Thank you. One final request, Robin. Can you give the Committee, in writing, the strategy and guidance for testing and how the prioritisation is worked out?

Mr Swann: Certainly, Chair, I will get that across. We have an updated version of that going to the Executive, so I will definitely share that with you.

The Acting Chairperson (Mr Sheehan): OK, thank you very much for that, Robin.

Mr Swann: Thanks, Pat.