Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

COVID-19 Response: Mr Robin Swann MLA, Minister of Health; Dr Michael McBride, Chief Medical Officer

14 January 2021

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Jonathan Buckley
Mr Gerry Carroll
Mr Alan Chambers
Ms Órlaithí Flynn
Ms Cara Hunter
Mr Pat Sheehan

Witnesses:

Mr Swann	Minister of Health
Dr Michael McBride	Department of Health

The Acting Chairperson (Ms Bradshaw): Minister, you are very welcome, as is the Chief Medical Officer (CMO). If you are ready, I invite you to brief the Committee. Thank you.

Mr Swann (The Minister of Health): Thank you, Acting Chair. First, I want to join in the expressions of sympathy and condolences that were passed on to your own family and to the Chair of the Committee, Colm Gildernew. It will be a very trying time.

Thank you for the opportunity to update the Committee. As I did at the previous session a few weeks ago, I will keep my opening remarks short to allow more time for questions. Unfortunately, we are all too aware that the situation that we currently face remains far from good. Since my previous briefing on 22 December — *[Interruption.]*

The Acting Chairperson (Ms Bradshaw): There is an issue with the sound, Minister. Will you try again?

Mr Buckley: It is the Chief Medical Officer.

The Acting Chairperson (Ms Bradshaw): The issue is possibly with the Chief Medical Officer. Have you got your microphone on mute, Dr McBride? Technology. Minister, would you like to continue?

Mr Swann: Sure. I am ready to go again. What I was saying was that, since my previous briefing on 22 December, the Executive have taken the difficult decision to impose further restrictions on all of us

in an attempt to stem the rising number of positive cases. Thankfully, in the past few days, we have seen some evidence to suggest that the restrictions are having a positive impact. The R rate has fallen quite significantly. I remain optimistic that continued compliance with the current restrictions will see it fall further.

The Chief Scientific Adviser (CSA) has indicated that we have passed the peak of new cases of COVID-19 for this wave of the pandemic, but that is for cases only, not for hospitalisations. Sadly, nor will it be the case for deaths. You are undoubtedly aware of the significant pressures that our health and social care trusts are facing. Although, in November, trusts again exceeded their planned levels of rebuilding activity, with, for instance, an additional 28,000 outpatient appointments and 16,500 additional diagnostic tests, sadly, when the numbers are confirmed for the six weeks since, I suspect that we will see a very different picture.

In my written ministerial statement to the House last Friday evening, I announced the new regional approach to the prioritisation of surgeries in the light of recent decisions by our trusts to have, unfortunately, a downturn in elective activity in these challenging times. I have made it clear that I want to see every bit of spare capacity in our health and social care system and all our independent providers being used. That may well mean asking people to travel further for treatment, but that is better than their having to wait. There was a regional meeting earlier this week at which all the key stakeholders were fully brought into the model. I hope that it will allow us to deliver some of the most urgent surgeries quickly.

Although the next few weeks will see sustained pressure on our healthcare system, there is some light at the end of the tunnel. Committee members will be fully aware that the COVID-19 vaccination programme, which started on 8 December, is making good and steady progress. I pay tribute to all the staff who have made that happen, from those who have ensured that there is an efficient vaccine distribution system to the pharmacy staff who work tirelessly behind the scenes and the vaccinators on the front line administering the vaccine. It has been, and continues to be, a huge logistical challenge, but it is one that we are well placed to deliver over the coming weeks and months. As of close of play on Tuesday, 91,419 individuals had been vaccinated in Northern Ireland. The programme here to date has been focused on the number-one priority group, as recommended by the Joint Committee on Vaccination and Immunisation (JCVI): care home residents and staff. I am very pleased to say that we have been leading the way in vaccinating that group by putting in place teams and pharmacy arrangements that have enabled residents and staff in all care homes that did not have an outbreak to be vaccinated by 31 December. Out of a total of 483 care homes, 458 have been vaccinated, and over two thirds have seen residents and staff receive their second dose. I hope to see the rest completed very shortly, as soon as the risk-assessment restrictions allow us to do so.

The vaccination of our front-line and health and social care workers is also well under way in our trusts and regional vaccination sites. Additional staff groups from the wider health and social care family, such as community pharmacy, dentistry and independent domiciliary care workers, have been given access to those sites, and that will continue over the next few weeks. The GP element of the programme, as members know, went live on 4 January, with a small number of practices starting by vaccinating their patients aged 80 years and over. All practices will have started the vaccination of their patients aged 80 years and over from Monday. Although some received only 100 doses, they will get more next week, and more again the week after that. As soon as we get the vaccines centrally, we get them out to the practices.

Looking forward, and based on the levels of vaccine that should be available by late January and throughout February, I am confident that we will see rapid progress made through the first four groups recommended by the JCVI for vaccination — care home residents and staff; the over-80s; our health and social care workers; and those aged 70 years and over — as well as those who are classified as being clinically extremely vulnerable. In the meantime, we all, even those fortunate enough to have been vaccinated, need to ensure that we strictly abide by the current restrictions to help ensure that we limit the spread of COVID-19. It will probably be early spring before we will see the effects of the vaccination programme. Until then, we need to do all that we can to protect ourselves, our loved ones, wider society and the health service. At this critical juncture, there is no room for complacency. I am happy to take members' questions and comments.

The Acting Chairperson (Ms Bradshaw): Thank you very much, Minister. Do you have to leave the meeting by 10.45 am? *[Pause.]* I think that we have lost the Minister. We have had a few technical problems this morning. We will try to get him back online. *[Pause.]* Minister, you are back.

Mr Swann: I meant to turn off my microphone but turned off the entire thing. Sorry, Chair.

The Acting Chairperson (Ms Bradshaw): Are you here until 10.45 am?

Mr Swann: Yes. I am scheduled to be with you until 10.45 am, but I am happy to go earlier if that is what happens.

The Acting Chairperson (Ms Bradshaw): Thank you for your opening remarks. Members, you will be given about six or seven minutes for questions, so use that time as you wish. I will start off. My first question relates to the vaccination programme. There are still concerns regarding lack of regular testing and access to vaccinations for people in hospices and residential homes. You touched on care homes, which is to be welcomed, but will you comment on hospices and residential homes, please?

Mr Swann: We will be using the same roving vaccination teams that we have used for the care home sector. Once we get them completed, a risk assessment will be done for the next phase, which is the residential homes. We are working through a grading system for them. We have some settings in which those in the relevant age groups can attend their GP for vaccinations, but there are other settings that are care homes in all but name. We are looking at how we will get to those with the mobile vaccination teams that we are using in the care home sector. The programme is all in train. I am aware that Patricia is due to come before the Committee next week. She will be able to provide more exact and refined detail. That should be helpful for the Committee.

The Acting Chairperson (Ms Bradshaw): I appreciate that Patricia Donnelly will be attending the meeting next week. There is a question around communication with the over-80s. The 88-year-old mother of a constituent missed her phone call. When her daughter phoned the GP practice back, she was told that her mother had missed that round. That is a very vulnerable age group. Not all of them are very mobile, and not all of them have great hearing. I am not sure whether one phone call is sufficient. There is also an issue around communicating with carers and with carers who come into the home who are in receipt of direct payments. This is an isolated group of people. How are you going to improve communication with the over-80s through the GP practices and with carers?

Mr Swann: I am disappointed to hear of that experience. All apart from one pack of the Oxford-AstraZeneca vaccine that we received in the first batch has been distributed to all our GPs, so they have the ability to do that. It is therefore disappointing that that lady missed that call. We are expecting another two deliveries of the Oxford-AstraZeneca vaccine. It will go out to the GP practices. That delivery will come in next week. If you get the details of your constituent to us, we will make sure that it is passed on to the GP so that the individual goes back into the system as quickly as possible. It has not been possible in some practices to vaccinate all the over-80s owing to the number of vaccines that we received in the first delivery. As the supply of vaccines comes online, is more secure, gets processed and is sent out to GP practices, we will be able to get through that cohort and some of the other cohorts as quickly as possible.

We are looking to make sure that people who are in receipt of direct care payments are put in with carers or, if they can be, prioritised at a higher level. The JCVI accreditation is being looked at in that regard. Perhaps we could get them in with the other caring professions, such as the community pharmacies and dental practices that have access to the system, because they do meet some similar criteria. That is a piece of work that is ongoing. As you say, it is a small but crucial cohort. They are in receipt of direct payments, so we think and hope that we can class them as healthcare workers.

The Acting Chairperson (Ms Bradshaw): Thank you, Minister. I am still receiving some calls from people about track and trace: the contract-tracing service. They are aware of close contacts who have tested positive but not received the call. You said recently in the Chamber that over 80% of people are getting the call within 24 hours. Are there still ongoing problems? If so, are any of them related to the very high number of cases at the minute? Can you please give us an update on track and trace?

Mr Swann: Again, it goes back to the point about ensuring that those contacts who test positive pass on the details of those with whom they have been in contact. The latest update that I have on that is for the week up to 10 January. As the Chair and members will know, we saw a significant increase in cases. For the seven days up to 10 January, 10,232 cases were transferred on to the contact-tracing system. Of those, we made successful contact with 9,591 people. That is 93·7%, which is a very high percentage of the initial contacts.

Chair, I am getting feedback.

The Acting Chairperson (Ms Bradshaw): Yes.

Mr Buckley: It is dreadful.

The Acting Chairperson (Ms Bradshaw): It is not great. Will we suspend the meeting for a minute? Apparently it is at your end, Minister.

Mr Swann: I am in a room on my own.

The Acting Chairperson (Ms Bradshaw): Do you have access to headphones, Minister?

Mr Swann: I do not.

Mr Buckley: Perhaps it is at the Chief Medical Officer's end. When he came on earlier, the feed started to become distorted.

The Acting Chairperson (Ms Bradshaw): Are all other callers on StarLeaf on mute? I will suspend for a minute. Minister, I think that you are right. We are getting it worse here. I will suspend the meeting.

The Committee suspended at 9.37 am and resumed at 9.38 am.

The Acting Chairperson (Ms Bradshaw): OK, Minister. Thank you. We are back live. Thank you for finding headphones. The broadcasting staff have said that that will hopefully improve things.

I have one final question —.

Mr Swann: Perhaps I should finish the answer to the question on contact tracing.

The Acting Chairperson (Ms Bradshaw): Yes.

Mr Swann: In the week up to 10 January, over 10,000 cases were transferred on to the system, and nearly 9,600 of them were contacted, which is 93·7%. We saw, however, a very low indication of contacts for the initial cases, with it falling by almost half from previous weeks. Although we had over 10,000 positive cases, those who were contacted informed us of only about 14,000 close contacts. We were able to trace up to 99·6% of those close contacts. We had a very low dropout rate: those whom we were unable to contact.

The number of positive cases to contacts identified was very low. It was around 1·5 for every positive case. The numbers are in keeping with compliance with the "Stay at home" message and are an indication that that message may have got through, but there are still a high number of cases being transferred.

The Acting Chairperson (Ms Bradshaw): Thank you, Minister. I will pick up on your last comment about staying at home. It is very regrettable that the South Eastern Trust has not been able to continue its early medical abortion service. Obviously, that is not a commissioned service, and the advice to women who are presenting is to travel to England. There are a lot of very vulnerable, isolated young women out there who are looking for leadership and access to services. Minister, I do not want the response that this is a contentious issue on which it is up to the Executive to decide. Can you explain to women out there why you have not brought forward abortion services and why you have not introduced telemedicine when you have done that for other branches of the health service?

Mr Swann: My answer may not be the one that you want me to give, but it is the realistic answer: because abortion in Northern Ireland is a contentious issue. It is with the Executive at this time. Trusts are delivering a service. As you say, the South Eastern Trust had to withdraw that service over the past number of days, while the Northern Trust was able to reinstitute it. There is still the ability for anyone seeking that service to transfer to another site, and that is being managed and facilitated by the British Pregnancy Advisory Service (BPAS).

The Acting Chairperson (Ms Bradshaw): OK, Minister. We will keep coming back to that issue until it has been resolved.

Mrs Cameron: Thank you, Minister, for your attendance at today's Committee. At the outset, I welcome the perinatal mental health announcement and put on record my thanks to Lindsay Robinson for her tireless campaigning on that really important issue. It is an issue that I have some experience of myself, as the birth of my first child was traumatic back in 1992. At that time, there was no awareness of the issue, let alone services to support those with perinatal mental health issues. It is an incredibly important issue that desperately needs funding, so I welcome your commitment to it, Minister.

There has been a fear that the very loud anti-vaccine voices would affect the roll-out of the COVID vaccine. I am very relieved to say that that is not something that I am seeing being experienced. It is very evident that there is a clamouring for more information on when the vaccine will be made available. There have been many calls for different key workers, such as members of the PSNI and teachers, to have a higher priority on the vaccination list.

Will you take this opportunity to reinforce the reasons that the JCVI list is being used? Can you address the BMA concerns and explain why the decision has been taken to move the timeline for the second dose of the Pfizer vaccine being given to front-line healthcare workers?

Mr Swann: Thanks, Pam. The delivery of the perinatal mental health community service in Northern Ireland has been a long time coming. There has been a lot of work done by Lindsay and her group with the Health and Social Care Board (HSCB), the Public Health Agency (PHA) and our departmental officials to bring forward the business case. That is a very cold term to describe what is an essential service. It is something that the Department had committed to almost this time last year, and I thank Lindsay for her informed, engaging, evidence-based, practice-based and personal experience-based campaign, which really brought home to many the need for the service. It will be a big step for us to get the service up and running this year, as it will make a world of a difference to many individuals.

On the anti-vaccination campaign, what we are seeing now, and you addressed this in your question, is not that people are reluctant to get the vaccine. Rather, people want to get it now, but we have been constrained by receipt of the vaccine. We will move to a more regular delivery schedule from next week. That will allow us to get back out to individual groups and expand the priority groups that we have. Unfortunately, last week, I had a report that we were seeing some evidence of protesters appearing outside regional vaccination centres, with a very concerning narrative. They were approaching and specifically targeting young women employed in the health service who were coming forward to receive their vaccination and telling them how the vaccine would affect their fertility in the future. That position is negative and wrong, and it is quite a damaging one to put across. That was a very small number of people at one specific site, so I do not want to give them any more oxygen than they deserve. We are seeing good uptake of the vaccine, however, so we do not see those views as being deep-rooted in Northern Ireland.

The JCVI guidance on the priority groups for vaccination was based on receipt of the vaccine and the ability to save lives. Some of the accreditation and guidance from the JCVI was that vaccinating one in 40 in the high-priority groups saves a life, whereas, when you go further down the different cohorts, vaccinating one in 30,000 is needed to save a live. The criteria and the guidance from the JCVI, and its risk-based approach to who could receive it and when they should receive it, are about saving lives, and that is the approach that we have taken. All four Health Ministers across the United Kingdom have adopted that approach and will be sticking to it. I have seen it being portrayed as such, but it is not a political decision. Rather, it is a science-based and evidence-based one, and one that has been supported and endorsed. I used this example when I last appeared in front of the Committee: it is not a political decision when you have a Scottish Nationalist Health Minister administering the same advice and guidance, a Welsh Labour Minister delivering the same advice and guidance and a Ulster Unionist Minister from a five-party Executive in Northern Ireland following the same advice and guidance. It is not political: it is science- and evidence-based.

The BMA has voiced its concerns about the availability of the second dose. I met its chair, Tom Black, last Monday and, indeed, the Monday before to talk through that specific issue. There is an understanding among its membership. There is a push as well from the *[Inaudible.]* and the trade union representing its members. Our priority is to get as many people as possible to receive their first vaccine, because it saves lives. The Academy of Medical Royal Colleges (AoMRC) has come out in support of the approach. The Scientific Advisory Group for Emergencies (SAGE) supports the approach, as does Independent SAGE. The second vaccines will be there, just not in the initial time frame indicated by the manufacturer.

I hear the calls to move up other groups or professions and put them in a different position under the JCVI accreditation. I hear the arguments being made, but we need stick to the guidance on vaccinating the most vulnerable groups. The groups that are most susceptible to loss of life from COVID are our priority. If the advice and guidance from JCVI to the four Health Ministers and the four CMOs changes, we will look at that. It is a hard decision because, if you prioritise a group, you have to deprioritise someone as well. To move somebody up, you have to move somebody down. That is the challenge that comes up with the decisions that have to be made.

The Acting Chairperson (Ms Bradshaw): Thank you. Pam, I am going to move on. I am trying to allocate eight minutes to each member. We may come back to you if you have any follow-ups or further questions.

Mr Buckley: Thank you, Minister and Chief Medical Officer. We have watched all with interest as the number of cases rises across the British Isles, and most notably in the Republic of Ireland as well. Just a few days ago, some politicians, including members of this Committee, were calling for a travel ban from Great Britain due to the emergence of a new variant of coronavirus. I ask the Chief Medical Officer to provide his assessment of the nature of the threat at the time, vis-à-vis the current threat of transmission in the Republic of Ireland, which now, unfortunately, has some of the highest rates of infection in the world. Can the Chief Medical Officer give us an update on that? Should we be considering stronger cross-border enforcement?

Dr Michael McBride (Department of Health): Thank you, Jonathan, for your question. It is important that we all bear in mind that this virus has behaved very differently at different stages of the pandemic across the four UK nations and the Republic of Ireland. In the first wave, it behaved broadly similarly in Northern Ireland and the Republic of Ireland. In the second, we had a higher prevalence of infection here than in the Republic of Ireland. Now, in this wave, the Republic of Ireland is suffering significant pressures in the prevalence of the virus and pressures on its health service. If we compare and contrast ourselves to the rest of the United Kingdom, we have a comparable rate to England — obviously, that is looking at England as a whole — a slightly higher prevalence as compared to Wales, and higher again as compared to Scotland. That reflects the variation in how the virus has behaved and, indeed, the timing of the introduction of various restrictions and also the population's adherence to them.

We are mindful of the fact that the new variant is in circulation. We have taken steps, and we agreed steps to advise anyone travelling from the United Kingdom or from the Republic of Ireland into Northern Ireland to self-isolate for a period of 10 days, if they are staying overnight. We recognise, however, that there is free movement of people and goods across the border on a regular basis. We need to respect that. Many of those individuals are healthcare workers, and we do not want to place added pressures on our healthcare system, particularly at this time. There is no doubt that we will continue to see new variants arise. Putting in place travel bans or restricting travel will only have a limited impact for a very short time on the emergence of those new variants. The variant known as the "UK variant" was first detected there, but we do not know whether that is necessarily where it first arose. It is widespread in parts of London, the south-east and south-west, and it is increasing in other parts of the United Kingdom. It was present in Northern Ireland before Christmas, and I have no doubt that it is present in increasing amounts here. Sadly, it has established a foothold in the Republic of Ireland, and that is what is adding to their significant pressures at this time.

Obviously, any decisions on restricting movement or travel are ultimately matters for Ministers. My view, based on the scientific and public health position — we have indicated this to the Committee before, and Ian mentioned it when he was last in front of you — is that it is likely to have a very small additional impact, over and above the measures that we currently have in place.

Mr Buckley: Thank you, Chief Medical Officer. I want to move on, because I have a limited period of time.

The Minister will agree with me about the very positive role that the military has played throughout the UK during this COVID-19 pandemic. Why has he not activated the military aid to civil authorities (MACA) process for Ministry of Defence (MoD) support in Northern Ireland, given that it is being used across the United Kingdom at present?

Mr Swann: Thanks, Johnny. We have actually instituted a number of MACAs.

Mr Buckley: Pardon?

Mr Swann: We have used them in the past, and we used them initially when we had to transfer patients from Northern Ireland across to the north-east of England for ECMO treatments. I suppose you only have to activate the MACA when it is at an increased level of interaction and sustainability for military intervention. It is something that we keep readily available. We have had an officer from the MoD assigned to the Department since the start of the pandemic. We engage with it regularly.

Mr Buckley: OK, but —.

Mr Swann: *[Inaudible]* as well, and we also used it for logistical support with regard to the initial setting up of PPE distributions. We used it towards the end of last year with regard to how we were in preparation for this third surge that we were putting in as to how we could utilise that logistical support or better inform our logistics with regard to ICU capacity and also respiratory capacity across the entirety of our systems, because we were aware coming into this —

Mr Buckley: OK, well, Minister, sorry —.

Mr Swann: *[Inaudible]* management of oxygen supplies as well. It is a facility that we use, and it is accessed quite regularly.

Mr Buckley: Minister, given the significant pressures that are facing the health service at present — with pictures and footage of ambulances waiting etc, and calls from across the trusts for staff — will you be making a call for the use of the MoD through that MACA process now? We have heard that there are something like, I think, 10 dedicated PSNI officers assisting with, for example, Ambulance Service driving at the moment — a job which the military could do very well — and also with the logistical issues in relation to vaccine roll-out. We know that the military have the logistical expertise to deliver programmes like this, and also those support services. Given the pressures that we are facing across the trusts at the moment, I encourage you, please, to bring forward that call. I think that it was yesterday that we heard Minister Ben Wallace say in the House of Commons that, if the call comes, the support will be provided.

Mr Swann: Jonny, it is always the matching of the call with what we can utilise. As I said, we do the regular assessments and we have meetings regularly with the MoD with regard to how its availability of resource actually meets the nature of our demands. You touched on one that I had asked to be explored, which was in regards to support for our ambulance services. We are currently using, or will be introducing and using, PSNI and fire brigade officers to drive some of our ambulances. We could not actually deploy military personnel because they are not blue light certified drivers in Northern Ireland, so if we had actually used military resource to drive an ambulance they would still have to be supported by another blue light vehicle, so we would have had to bring in additional PSNI support to utilise that facility, and that would have actually put on additional resource. That is why we are utilising the fire brigade and the police to provide that additional support to our ambulances in the way of drivers.

With regard to the logistical deployment of our vaccination programme, you have seen — Patricia has given that update on that as well — one of the things that we did, as I said earlier on, when it came to the Business Services Organisation (BSO) deployment of PPE during the first wave was seek military advice and guidance specifically on the logistical approach of how that could be done and how it could be improved and streamlined, and we were able to do it within our own resource in BSO as well. One of the recent updates I got was on the military medical reservists in Northern Ireland. I previously told the Committee that around 75% of them are actually already employed in our health service. A further piece of work has been done, and it is actually 96% of military medical reservists who are already deployed and employed across our health service. It is not a resource that we can *[Inaudible]* readily but we are engaging in conversations continually in regards to what additional resource is there. Like any other Health Minister, I only wish that there was a battalion of ICU nurses sitting somewhere ready for us to call on, because I can assure the member that, if there was, I would have called on them and I would be using them.

The Acting Chairperson (Ms Bradshaw): OK, thank you, Minister. I am going to go across on the phone. I have in front of me Órlaithí, Pat, Cara and possibly Gerry and Alan if he wants to come in. Órlaithí, please.

Ms Flynn: Thank you very much, Chair. I want to make two comments and then, if I can get two questions in, I will see how I go. First, I want to reiterate the comments that Pam made on yesterday's

announcement around the perinatal mental health services. I want to thank the Minister, first and foremost. It is a big deal for the sector and the campaigners. Pam has already referenced people like Lindsay Robinson who has led a fantastic campaign in getting this over the line, and we really appreciate it. I certainly do, anyway. I am sure that we will all be knocking on your door very soon to keep the momentum building for the mother and baby units. Thank you very much for that.

To bring it back to the point that Paula made in her comments, on the one hand, we are celebrating the protection of women's mental health, yet on the other, we are coming onto the issue of women being able to access safe abortion services. It is unfortunate that we are still at a loss, and that is impacting women's mental health. The Health Committee needs to be cognisant of that. I appreciate, Minister, that you mentioned that it is still a contentious issue for some members, and I understand that, but, Chair, I would like the Health Committee to come back to this, because it is a healthcare issue and we all need to bear that in mind.

I will move on to some quick questions. Thanks to the CMO and the Minister for the updates that you have given thus far. Minister, you mentioned the vaccine in your presentation, and I know that this has been publicised and spoken about in the media. We are working off the phased programme that we have in place, and I know that you are hoping that the vaccine should be here for what is required to keep rolling it out at the end of January and into February. I am wondering if you, Minister, and the CMO can give any guarantees to the public and the Health Committee that this vaccination programme can stay on track.

Mr Swann: Thank you, Órlaithí. On your comments on the mother and baby unit, one of the things that we did with the business case was to split the two of them so that we could deliver the community service and have the mother and baby unit as another project. What I will say very clearly is that I appreciate your coming and continually knocking on my door for it, although I would appreciate it if you knocked on Conor Murphy's door as well. We know that the financing of all of these projects comes as well.

With regard to the vaccination process and whether we are content that we will have supply. I attended a meeting last night, along with the First Minister and deputy First Minister, the First Minister of Scotland and the First Minister of Wales, which was chaired by the Chancellor of the Duchy of Lancaster, Michael Gove, specifically on vaccination supply. The way they are managing it through a three-month "forward look", then bringing it back down to a four-week "what is expected", then to a two-week delivery, "this is what is actually in front of us". If we can maintain what that three-month forward look is in that delivery schedule, we will be able to meet the ambitious time frame that we have set ourselves in Northern Ireland. It was actually very well explained. We had a presentation, for want of a better word, about the process of manufacturing a vaccine. It is a 3-month process. It was explained quite simply so that I —. I was going to say so that I could understand it, but it was so that the lay people in the meeting could understand it. The first month is about bringing all the ingredients together and mixing them; the next month is about the process, batching, certification and quality checks; and the third and last month of that process is making sure that each batch coming out has received the appropriate quality scrutiny by the MHRA before that batch is released to us to utilise. That is why there is a three-month forward look. If any step in that process goes wrong and we lose a batch from one of the manufacturers, it will have a knock-on effect.

However, what we are looking at is that our programme is achievable. One of the things to highlight, and why we are seeing the success rate in our GPs —. Getting some feedback and data from the GP programme, we have only —. I use the word "lost" because I do not like "wasted" — "wasted" is not the right word. Out of that entire programme since we have started, we have only lost 98 vaccines, which is 0·6% of what we have been able to deliver. The acceptable target for a vaccine programme like this is 10%, so we are really achieving. The quality processes and the logistical supplies that have been put in place are allowing us to get the maximum effect of the deliveries that we are receiving.

Ms Flynn: Thank you very much, Minister, for those answers. My final question has been spoken about a few times at Committee and in the motion that was brought into the Assembly back in November, which had cross-party support and was around trying to compile a new, more robust COVID strategy. I know that the Department's last strategy was published online in May 2020 around test, trace and protect. I wonder if there has been any update since we passed that motion on the Floor of the Assembly Chamber, which called on the Department to compile a new and robust strategy. Has anything been put on paper or worked on, or is there anything that the Committee can get sight of? Jonathan touched on the transmission on an island-wide basis, and hopefully that is an important factor in the new strategy from the Department of Health. However, just on that point, when

was your last engagement with Stephen Donnelly in the South? Obviously it is a serious island-wide issue for us.

Mr Swann: I think that we last spoke at the North/South Ministerial Council meeting just before Christmas. We have been in correspondence on a number of issues over the past few days. I actually *[Inaudible]* with regard to something that is still a concern that I have about the information that we are getting concerning travel locator forms. As the CMO spoke about earlier, we are seeing new variants spring up around the world; I think that one has recently been identified in Brazil. What concerns me is that if we are not getting that information in a timely and robust form for those people who are arriving on this island and then coming into Northern Ireland, it leaves an open back door for us, and I have a concern about that.

With regard to strategy, I think that there is more that is up to date, and even if you look for our surge plans with regard to how the health service is going to be maintained, there should be one there from October, if not an even more recent date. That is specifically about how the Health Department responds to COVID, and there are others. There are vaccination programmes as well, and there are all those different parts of what is a very rapidly changing programme.

On the greater strategy and how we react, there is a piece of work that the Executive have taken forward. It is a piece of work that has been "brought under the umbrella" — I think that was the phrase that was used by the deputy First Minister yesterday at the Executive Office Committee — about how this is not just a Department of Health response to COVID; it has to be about how all of the Departments across the Executive come together. That is a piece of work that is being brought forward and compiled by the Executive's COVID task force, because it was seen that this is about Health working with Communities and Economy. Everybody has a role to play in how we get to a better place in the next couple of months, never mind what it looks like. It is about what we do on 6 February when this current phase of restrictions should technically come to an end.

Ms Flynn: Thank you, Minister.

Mr Sheehan: Thank you, Robin and Michael, for coming in again to the Committee. We are almost a year into the pandemic here and, at some stage, it is probably worth doing a review of how we have done. While I do not want to dwell on the past too much, we need to learn from the mistakes that have been made. In my view, many people have died here needlessly: people who need not have died. Other countries have performed much better than us, and one of the characteristics that they have in common is that they have had a coordinated, integrated and coherent strategy to deal with this virus, which is made up of a number of measures to tackle the virus, including travel restrictions. I have to say — we have heard it here again this morning — that, despite the fact that Hancock told us that the virus was out of control in the south of England and that a new variant was becoming dominant, there were still no travel restrictions here. We are being told that that was not a significant risk to public health here in the North. People could be forgiven for thinking that that is coming straight out of the Donald Trump school of science.

In any event, my concern here is that we do not have a clear objective in mind. If we do not have that, it is impossible to build a proper strategy. Others have had strategies and, even last week, Gabriel Scally and Deirdre Heenan released a 10-point plan for how we should deal with the virus. My concern, going forward, is that the Department is going to put all its eggs in the vaccination basket. If that happens, there may be difficulties. First, we do not know how long the vaccines' protection is going to last. Secondly, we have no control over supply lines. And thirdly, and probably most worrying, given the high levels of transmission throughout the world, the potential exists for further mutations that may be resistant to vaccines. I wonder, Minister, whether you can outline what the strategy is going to be as we move forward. We do not want to be here this time next year in a similar situation.

Mr Swann: Thanks, Pat. Again, I take exception to some of your language about the Trumpian approach to science. That is not something that we want. I know that you used the phrase yesterday in the Executive Office Committee, but I do not think that it is accurate or a *[Inaudible]* we in Northern Ireland have reacted to this. It is not an accurate view of how the five-party Executive have reacted to this.

There is talk of a strategy and of our approach. Órlaithí mentioned it; the strategy that is available is the one that was established and agreed by the Executive back in May. That was about setting a target of keeping R below 1 — *[Inaudible.]* That has been the case at every step and every action that we have taken. Every introduction of restrictions that we have proposed to the Executive has always

been about achieving that; that is why we do it. That is where we are. It is also about protecting and sustaining the NHS. That is why the Executive have always been willing to follow the strategy that was laid out in May 2020 and take the harder decisions when we see our health service coming under the pressure that it is currently facing. That is when the strategy kicks in. As I said to Órlaithí, there is a need for a piece of work across the Executive about how we support everyone, including businesses and those who are most in need, and — you have raised it yourself — how we address the health and economic inequalities that are being exacerbated by COVID.

The Department is not putting all its eggs in the vaccine basket; quite the reverse. We see the vaccines as part of the answer, but they are not the entirety of the answer. That is why we have been continually asking people to follow the guidance and adhere to the restrictions that are in place. As you rightly say, the vaccine is not going to be the sole answer straight away. It will take time for the benefits of the vaccines to bed in and, while that is going on, we still have to adhere to the restrictions that are in place. We may actually have to introduce more restrictions to make sure that we keep to the strategy and the target that was laid out by the Executive back in May 2020 to keep R below 1.

You mentioned travel restrictions. Back in December we introduced the 10-day isolation requirement for anybody coming from GB or the Republic of Ireland. As Jonny indicated earlier, there is still concern about the increasing numbers and the increasing rate, actually, in the Republic of Ireland at this minute in time. That is why the Executive agreed to put in that 10-day isolation requirement for anyone entering Northern Ireland at that point in time.

Mr Sheehan: Thanks for that, Robin. If you use any yardstick — even if, as you say, the objective is to keep the R number below 1 — we have failed in that. The health service is under more pressure now than it has ever been. I would love to be sitting here congratulating you on the great job that you have done, but many, many mistakes have been made, and some of the advice has been very questionable. You need to start to take advice from outside the Department and from people who are experts in the field of public health, particularly those who have expertise in the areas and countries where they have successfully combated the virus and allowed society to open up almost as normal. It is important that you outline what the Department's strategy is in the time ahead. I will leave it there on that.

I just want to ask you a question about neurology. When do you expect to have information on cohort 2, and when that will be released? Is there any update on the public inquiry and when it expects to really get into the nitty-gritty of the work that it has to do?

Mr Swann: Thanks, Pat, for your last question, but I want to come back to some of your other ones as well. Hindsight with regard to how we have managed and done this is not a science or gift that we had. Therefore, we have made changes to our approaches over the past number of months. You talked about following advice within the Department. I am confident that the advice that I get is the best advice. What I could have asked and wished for was only that others would follow it as well. From a leadership level down, if they had been able to set that example throughout the entirety of the pandemic, we might have been in a very different place.

There are those from outside the Department who seem to be willing to give me advice and guidance now on a personal basis rather than on a political one. I am aware of those who started out as experts giving their clinical and public health advice on the pandemic who have now moved that into a political and personal sphere where it comes down to personal attacks on me and people in my Department. That is in their gift: if it is what they have time to do, so be it.

With regard to your other questions about neurology, we hope to make an announcement on cohort 2 very shortly once we have actually completed that piece of work. As you are aware, we have moved that inquiry to a full public inquiry under the legislation. Brett Lockhart and his team are now working with the full access and powers of a public inquiry, which allows them to access what they need in order to do that. That work is ongoing. Those additional powers and strength that they have been given has moved it up a step. We await feedback from them as to what the actual implications are and the additional support or structures they need now that that change has been made.

With regard to cohort 2, that information should be forthcoming very soon. As soon as we have it available, I will get it to the Committee and you, Pat, because I know that you have taken personal interest in that piece of work and supported the people who need it.

Mr Sheehan: Thanks for that, Robin.

The Acting Chairperson (Ms Bradshaw): Minister, just before I call in the next member, way back at the start of the neurology recall, there was talk about a redress scheme for patients who had been affected. I remember the phrase at the time was that the Department did not want them to have to "lawyer up", and that something would be forthcoming quite quickly. Will that now be put on hold pending the public inquiry?

Mr Swann: It should not be, but, in all honesty, I do not have a direct answer. I will come back to you on that because that was, and still is, our intention. Your phraseology is right: we do not want to have to look at individuals having to lawyer up. We want to see an equitable and accessible redress scheme established by the Department.

I will check whether there is any implication in moving to a public inquiry. There should not be, as far as I am concerned, but I want to verify that.

The Acting Chairperson (Ms Bradshaw): Thank you, Minister. I appreciate that.

Ms Hunter: I thank the Minister and Chief Medical Officer for appearing before the Committee. I always find their briefings helpful.

I, too, welcome the perinatal mental health services and the statement that went out recently. I thank the Minister for his efforts around that issue, the activists and champions who have continued to campaign, and Members who really pushed for this. Thank you all for campaigning for those crucial services.

Minister, I am seeking clarity on ethics and the issue of consent with the delay of the vaccine. This week, I spoke at length to the BMA and Royal College of Nursing on the delay of the second vaccine. When nurses, doctors and GPs initially consented to receive the vaccine — I am referring to females — they were informed that they would receive the second dose 21 days later. It is my understanding that female health workers consented, at the time, not to get pregnant within three months of receiving the first dose. Now, we are hearing of a delay of 10 to 12 weeks. Unknown to them at the time, does that mean that, by proxy, they have, essentially, consented not to get pregnant for up to the next six months?

Mr Swann: Cara, I will let Michael come in on that specific point because I think that there has been additional work in regards to pregnancy and the vaccine duration.

Dr McBride: Thank you, Cara, for your question. I add my recognition of the significant work that is going on in establishing the community perinatal mental health service and the need for a more comprehensive service for women in Northern Ireland. It is very much to be welcomed, and I am in no doubt that it will be appreciated by all.

In terms of an individual's consent to a vaccine, as opposed to a time frame for the vaccine, the original advice — because these were new vaccines and there was not full data in relation to the Pfizer vaccine or, indeed, any other vaccine — was that we should take a precautionary approach until such times as we had data on the safety of the vaccine in pregnancy and in relation to breastfeeding. That clarification has subsequently been received, communicated to the service, and as women would have made that judgement in conversation with occupational health or those advising them on the vaccine, it is about weighing up the risk and the benefit of the vaccine.

Those who came forward for their first dose will have their second dose within the 12-week time frame, and there should be no impediment to decisions that they made in relation to conception.

We need to bear in mind, as the Minister said earlier, that this is about saving lives. This is about preventing severe disease and hospitalisation. It is crucially important, as the Medicines and Healthcare products Regulatory Agency (MHRA) has advised and the JCVI has recommended, that we prioritise the first dose for as many people as possible. That includes other health care workers, domiciliary care workers, community pharmacists, dentists and others who are at increased risk of exposure. They are now receiving their vaccine as a consequence of the prioritisation of the first dose, and who would otherwise have had to wait for some considerable time.

Ms Hunter: I thought it was important to raise that given that more than 90% of nurses are female, so thank you for your answer, Chief Medical Officer.

I am being lobbied by students about getting the vaccine rolled out. Have you had conversations or liaised with universities on getting the vaccine out to students, or would it be done through the more traditional route of students going to a local GP to receive it?

Mr Swann: Again, Cara, student access will be through the JCVI prioritisation, so by age and by clinical factors. If a student falls within one of the clinically extremely vulnerable groups that are in phase 4 of our programme, they will be called forward by their GP. We are not at the point yet, and it will be quite a while into this year before we are looking at mass vaccination centres for the younger cohort, which includes students in the age range of 18 to early 20s. They will be called forward through the normal route, the same as any other sector of the population of Northern Ireland.

Dr McBride: The only thing to add to that, Minister, is in relation to healthcare students who are on placement in wards and who are providing healthcare as part of their training. Clearly, in those circumstances, they would be treated as other healthcare workers and would receive their vaccine.

Ms Hunter: Thank you. I have another question to get an understanding and a rough estimate. What percentage of the population is currently being vaccinated every day and every week so far?

Mr Swann: At the close play of play on 12 January, we had vaccinated 4·8% of the entirety of the population of Northern Ireland. At that point, I think that we were sitting about fourth or fifth in the world league table of vaccines deployed as a percentage of our population.

Ms Hunter: Thank you, Minister. This is my last question. We are seeing in other countries such as Germany that they are adopting an approach where they are including police, teachers, day-care workers and retail workers as priority groups. It is my understanding that the Joint Committee on Vaccination and Immunisation allows for an element of flexibility at a local level. It is quite complex, and we have seen that, under the current criteria, a 49-year-old special-needs teacher in a school will be behind a 50-year-old lawyer who will be able to work from home during the pandemic. That is from the vaccination programme that I have in front of me. Have you given any consideration to groups such as special-needs teachers to be moved up to receive the vaccine sooner?

Mr Swann: Cara, I caution against pulling out specific examples like that, which try to set one individual against another, because some of those comparators are not exact. In my response to the Deputy Chair earlier, I said that, if you start to move one group up through the priority list, you have to start moving another group down. So, when we get through to vaccinating the rest of public, that will be done to the criteria set by the JCVI according to the ability to save lives rather than when according to certain professions and certain cohorts. Michael, do you want to come in on that?

Dr McBride: Cara, to come back to the priority, as the Minister has said, we will be following the scientific and expert advice of JCVI, which is independent of government. If we get all of the first nine priority groups vaccinated within the time frames that we are setting ourselves, subject to supply of the vaccine, we will prevent 99% of all deaths. I think that that is the important point here. This is about preventing death, severe disease and hospitalisation. The JCVI will subsequently be looking at the next phase of the vaccine programme, which is of those occupational groups that may have a particularly increased risk. It will be providing further advice to government on that.

Ms Hunter: Thank you.

The Acting Chairperson (Ms Bradshaw): I will go now to Gerry Carroll. Gerry, are you there? I think you are on "mute".

Mr Carroll: Thanks, Minister. I have a couple of questions. My understanding, first, is that cohort 2 of the neurology inquiry has been ready since October. If you could confirm that, that would be helpful. In regard to the vaccination programme, BMA reps have been in touch to express their loss of confidence in the way that the Pfizer scheme has been handled, and Pam touched on that earlier. Will you expand on whether that was a science-based decision rather than a political decision? They are concerned specifically about antigen blindness. My understanding is that the concern is that people who got the first dose of the Pfizer vaccine expected the second dose to come within three weeks, but their second dose may now be the AstraZeneca vaccine, which can potentially cause issues. Will you clarify that?

I am also hearing concerns about people who are coming forward to volunteer and obstacles are being put in their way, and people who do not have a medical background but who have admin skills are not really being followed up. Those issues need to be addressed.

Finally, I think that Pat is right to say that people have needlessly died. The Executive's strategy is, basically, to live with COVID, and that has been a very dangerous and deadly response. Yesterday, in the 'Belfast Telegraph', the Minister expressed some regret or concern about how things were handled over the Christmas period. We obviously have 800-plus people in hospital with COVID, but, thankfully, the R rate is falling. How confident are you that the Executive parties have all learnt not to follow the dangerous path that was followed previously?

Mr Swann: Thanks Gerry, there are a number of things there. In regard to the specific scientific advice on the three weeks from receipt of the first dose of Pfizer vaccine, I will let the Chief Medical Officer respond to that, but it is not political; it is science based. It is about getting that first vaccination to as many people as possible.

There is no intention to have a mix-and-match approach, and I want to put that on record here. It is not about somebody getting a first dose of the Pfizer vaccine and then a second dose of the Oxford vaccine. It is because of the systems that we have set up, whereby the GPs are delivering our Oxford-AstraZeneca programme while our original vaccination systems are using the Pfizer vaccines, so different cohorts are being called to different locations. The only way that somebody could get that mix and match is by approaching the two systems out of step deliberately. Through that different engagement, they would be preventing someone else from getting their first dose.

In regard to the volunteers and the workforce appeal, as I said earlier, with our delivery systems, and especially the regional approach and the regional centres, we put an appeal out so that when we get the greater sustained supply of more vaccines and we are still delivering people's first doses alongside the cohorts who are receiving their second doses, we will need to ramp up the workforce significantly. That is why the preparation work is being done at the minute.

I have seen some of the commentary around the additional hoops that people feel that they are going through. I will say that delivering a vaccine is a medical procedure, so it is about making sure that anybody who is doing that is accredited, has the appropriate skills and meets the access criteria to be able to do that. The workforce appeal is working through those people at the moment. I am aware that staff wrote out recently to anyone who applied to the administration side of the programme. They are prioritising those from the initial cohort who may be able to come forward as vaccinators.

On the neurology inquiry, we are working our way through that, and we will get that information out to people as soon as we practicably can because it is an important piece of work from my Department. I moved to establish a public inquiry to give it that power of force.

Michael, do you want to come in on the scientific support for moving away from the three-week period?

Dr McBride: Certainly, Minister. Thank you for the question, Gerry. As the Minister said, obviously, the advice to Ministers is based on the science, the evidence of the effectiveness of the vaccine and the public health advice. The MHRA authorisation approved the strategy of prioritising the first dose. That is entirely in keeping with the European Medicines Agency's (EMA) conditional authorisation of the vaccine and consistent with the JCVI recommendation. Both of those bodies, the MHRA and the JCVI, are independent from government and comprised of the best scientists and health experts who are independently looking at this data, all of which is in the public domain, from the phase 1, phase 2 and phase 3 trials. That evidence shows that, between two and three weeks after the first dose of both vaccines, the protection afforded from clinical disease, which is what we are talking about, is high — between 70% and 90%. We know that the second phase is of benefit for longer-term protection and immunity. However, as the JCVI said in its statement, we also know from other vaccines that spacing the time interval between the first dose and the second dose often results in a more effective immune response. There is no reason to suspect that that may not be the case with this vaccine.

Concerns have been voiced in the public domain — I have heard them — about increased risk of transmission if there is a delay in the second dose or other aspects of it. As I said in yesterday's media briefing, we have no evidence, at this point, to suggest that being vaccinated reduces the risk of people carrying the virus asymptomatically or passing the virus on to others. So, to suggest that delaying the second dose puts people at risk of passing on the virus, we have no evidence one way or

the other at this point. However, I do understand the frustrations and concerns of staff, and I think that that is recognised.

Mr Carroll: Thanks, Michael. Minister, you mentioned the cancellation of urgent cancer treatments and other services. Obviously, on the face of it, that is about the rise of COVID. However, to me, it points to further issues of underinvestment in our health service, lack of investment in staff, and paying staff too little for too long. How many people are affected by this decision? What plans are in place to permanently uplift the number of staff that we have? What work is being done to acquire and take into public control the private hospital facilities and beds that exist?

Mr Swann: Thanks, Gerry. As I said in my opening statement, we will engage with the independent sector to get as much of that capacity as we practically can so that we can get those patients moved across to any facility that is available and support them. Discussions on that accessibility have already started. We will start to see patients transfer across and utilise those facilities very shortly. It is a piece of work and engagement that has been done.

Look, we are on the same page on the point that what we are now seeing is the result of underinvestment in Northern Ireland's health service and staff for the last number of years. Unfortunately, we are now paying the price for the decisions that have been taken for the last number of years. We had a service that was already under pressure this time last year, before we threw a pandemic at it. That has been seen across a number of countries, not just by us. My challenge is to make sure that our health service and its workers are recognised for the valuable contribution that they make to our society, not just in respect of the pandemic.

On workforce, three days ago, it was a year since the Executive and Assembly were re-established. One of the achievements that we had was getting our nurses back off the picket line. There are an additional 300 nursing places a year for the next three years to fill the gap, but that is an investment for the future; they do not come out here and now to fill the gaps that we currently need to be filled. That is why, unfortunately, we have had to take the very hard decisions to downturn those clinical procedures, cancer surgeries and diagnostic tests. That is what everybody working in our health service wants to be doing today. They want to be working in their specialities and doing their day job, but they now have to fight in the pandemic. The virus is here, and they are fighting it on our behalf. It is about getting our service back into a place where it is fighting fit so that it can cope with the pandemic and is able to deal with the day-to-day issues and the stresses and strains that it currently faces.

Mr Chambers: Minister, I have a number of questions. I will run through them and let you answer them all at the end, if you will.

There has been talk of pharmacists becoming involved in the vaccination programme, which I think is a good idea. Will they just be vaccinating health workers who are referred by the various trusts, or will they be working in conjunction with local GP practices to assist GPs to work through their patient lists? Is information on all the staff in the trusts who have been vaccinated conveyed back to their GP to avoid any duplication, particularly in admin, or is it the responsibility of the individual to let their GP know that they have been vaccinated?

There have been calls for certain groups to be brought up the priority list, and I accept the advice from the Joint Committee on Vaccination and Immunisation. It is common sense to work down from the groups that have the highest potential death rates. We all received a letter from the BMA, and it has been referred to this morning, but we have to be careful that we, as a Committee, do not ignore all the other expert and professional groups that have been saying publicly that it is the correct approach to vaccinate as many people as possible with the first injection. You have to be careful — I think that you recognise this, Minister — that, if you bring one group up the priority list, it will open the floodgates for a lot of other groups to ask for the same facility.

Minister, there have been calls for us to ramp up the vaccination programme to, maybe, a 24/7 model, and I know that the Department shares that aspiration, but you have said that it is determined by the availability of the vaccine. Do you anticipate any short periods when vaccination could slow down because of little stock being available, or are you reasonably confident that the integrity of the batch supply system will be maintained?

I have had a sense, over the last few weeks, that some people have been implying that your Department has been resisting asking for military assistance, but you have made it very clear this morning that that is most certainly not the case, and you have listed the number of events where the

military have assisted, right from the start of the pandemic. Can you confirm this morning, Minister, that senior officials in your Department have been having ongoing conversations with the Ministry of Defence and keeping in close contact with staff there as to what help they might be able to offer?

In relation to the Ambulance Service, Minister —.

The Acting Chairperson (Ms Bradshaw): Alan, we need to give the Minister time to come back. I am conscious that his time is nearly up. You have asked about five or six questions. Could you ask one more and then we will bring the Minister in?

Mr Chambers: Yes.

In terms of the ambulance drivers, I note, Minister, that you say that some PSNI and Fire Service drivers are assisting, but I asked, I think, the chief executive of the Ambulance Service a few weeks ago about this and about even employing civilian drivers. He said that ambulances require a technician and a paramedic. Does the absence of either a technician or a paramedic on an ambulance compromise the service that can be provided by the ambulance?

Finally, Minister, reference has been made to the 10-point plan published recently in the 'Belfast Telegraph' under the name of Professor Scally, who seems to have some sort of personal crusade at the moment. In fact, some people would refer to it as a vendetta. I was rather surprised to see the name of Deirdre Heenan on that article. I recognise her as a political commentator rather than a health expert.

Mr Swann: Thank you, Alan. I will go through some of those points as quickly as I can. In regard to pharmacies supporting our COVID vaccinations, we have allowed them to pick up more of our flu vaccination programme, so that we can keep those two programmes running concurrently. The challenge comes with the management and logistics of the control of COVID vaccines. The fact that the Pfizer vaccine has to be stored at -70°C and -80°C makes it a challenge just to get it out into the community. Our community pharmacies are well engaged, and we are talking to them about how they support the wider vaccination programme. The part that they are now playing in the flu vaccination programme is of large benefit because it takes additional pressures off our GP practices and allows them to concentrate on the extremely high vulnerability cohorts and the age groups that are receiving the COVID vaccine.

In regard to the groups and priorities, we are — I have been very clear about this — following the four-nations approach of using that JCVI guidance. Although I recognise many of the calls that are being made, I do not want to get into a situation where a vaccine is being deployed because of the loudest voice or because of a political vote in any arena, should it be in the Executive or the Assembly. I will always maintain that we follow JCVI advice on that.

On the 24/7 demand and supply, as I said earlier, we will see where we go with supply and demand for vaccines in that cohort and how that delivery goes. When we get into the lower groups and the mass vaccination programmes, through which we want as many people as possible to take up the vaccination, we will make it as easy as possible for people to access that. We are not at that point yet, and we have not rolled that out, but, with the current programmes and where we are seeing them work, that work is ongoing. We have to step up into the next gear and ensure that we make the vaccines easily accessible to as many people as possible.

I answered the question about the utilisation of military resource earlier in response to Johnny, but we are in constant contact with the MoD and have a permanent liaison officer assigned here to the Department. We have had that since the start of the pandemic. It is about matching the offer against the need. Some of the logistical advice and guidance has been critical. We could not have done without using MACA to transport patients from here to the north-east of England for ECMO.

I specifically referred to the ambulance situation earlier. A small number of PSNI officers and fire brigade officers are able to step forward and supply that additional support to our Ambulance Service because of the criteria and because of the training that they have. There may be reduced delivery of what that ambulance can do. They will be assigned accordingly to the competency of the team, but it should not affect anyone who is reliant on or needs to call an ambulance. That service is there.

Your final point was about the contribution in the 'Belfast Telegraph'. I did not see it, so I cannot comment on its content.

The Acting Chairperson (Ms Bradshaw): Thank you, Minister. I have a quick follow-up question, but I want to let Pam know that I will come back to her because she did not get a chance to come back in. Minister, when was the last time that you raised the issue of commissioning abortion services at the Executive and did you state earlier that a paper is currently with them?

Mr Swann: It was towards the end of last year, Chair. I do not have the exact date to hand, but it was in correspondence to the Executive towards the end of last year.

The Acting Chairperson (Ms Bradshaw): Pam, do you have a question or a follow-up point?

Mrs Cameron: I fully support the priority list for the vaccine. I want to make that clear. However, I am concerned about one point. The sound quality of the meeting was poor at the beginning, and I am not sure whether the Acting Chair mentioned this. I am concerned about the 200 elderly residents of homes that are not covered by the Pfizer vaccine roll-out at present, because those individuals do not receive personal care for washing, dressing and that sort of thing. They still share facilities. I am concerned that those residents are falling between the cracks. GPs are not necessarily looking after them for the roll-out of the vaccine to over-80s.

Mr Swann: I am sorry, I do not mean to cut you off. I am conscious of the time. Michael, will you answer that? I know that work has been done.

Dr McBride: It is a very good point, Pam. In the first communication that we sent out about vaccine prioritisation, prior to Christmas, we indicated that, in supported living environments, which are close to care home environments, as you describe, where assessment of the risk is equivalent to that of a care home, the staff and residents, if that is the correct term in the circumstances, will be vaccinated. A number of them have been. I do not have those figures with me. It is based on an individual assessment of the risk. Those living closest to the care home environment, given the level of interaction, shared accommodation, etc, as you describe, will be vaccinated.

Mrs Cameron: Using the Pfizer vaccination?

Dr McBride: Yes, using the mobile teams.

Mrs Cameron: That is very good news, thank you.

Dr McBride: I just do not have the numbers with me.

Mrs Cameron: Michael, maybe you can answer this one as well, just very quickly. Can you confirm where carers, including the unpaid carers, are on the vaccine priority list? I am particularly worried about carers who are looking after people who are clinically extremely vulnerable.

Dr McBride: It is hard to see it in the JCVI list, but they are included in priority group 6, which is those "with underlying health conditions", who are clinically extremely vulnerable, from 16 years of age and up to the age of 64. It is very clear that, within that, it is advised that consideration is given to carers:

"who are in receipt of a carer's allowance"

or others who are caring for elderly individuals, those with a disability etc. Those individuals may expect to receive their vaccine in February.

Mrs Cameron: Thank you.

The Acting Chairperson (Ms Bradshaw): Minister and Chief Medical Officer, thank you so much for your time this morning. We all got a lot out of it. I wish you well, and thank you.

Mr Swann: Thank you, and congratulations on chairing the meeting.