

## **Video Conference on COVID-19**

**03/06/2020**

**Attendance:** Minister Harris, Secretary General, CMO, HSE Chair, HSE CEO, HSE COO, HSE CCO, Ms J Lonergan, Ms S Bardon, Ms E Scanlon (minute taker)

### **Non-COVID Care Plan**

HSE Chair confirmed that the HSE plan for safe resumption of non-COVID care will be considered by the Board this evening.

HSE CEO noted that the plan is a high-level integrated framework, characterising the services and priorities within those for safe resumption. The framework sets out national clinical priorities consistently across the country.

It was agreed that the framework would be shared with the Department immediately after the Board has considered it for the purposes of receiving feedback in advance of its finalisation. The HSE will continue to engage in dialogue with services, hospital groups, CHOs and colleges to ensure their ownership and agreement, particularly with regard to resumption dates.

The focus of the plan is integrated care for the patient, with embedded Sláintecare principles.

### **Screening**

HSE CCO confirmed that all four screening programmes have formed a working group to plan how they can safely resume. It was noted that physical distancing has particular implications for the operation of breast screening, and that all the screening services will have to undertake significant adaptations for the foreseeable future.

It was confirmed that the services are at present focusing on those who are symptomatic, those with family histories, those whose existing programme was suspended and those with a personal history of the disease.

A phased plan for resumption of services will be finalised in the coming weeks, focusing on high-priority groups. Diagnostic and other interdependent pathways will need to be in place at the same time.

It was agreed that the HSE would meet with stakeholders in the area and keep them informed.

### **Private Hospitals/hospital capacity**

Minister Harris confirmed the Government's support for ensuring that the HSE has the step-in powers it might need in relation to private hospital capacity in the event of a future COVID-19 surge, and that non-COVID care services or beds can be secured as the service deems appropriate.

CMO confirmed that the best public health advice in relation to physical distancing in healthcare settings is that it should be a distance of 2m. This takes account of the particular vulnerabilities and susceptibility of those seeking healthcare.

The CEO and the COO outlined the major impact that this would have on capacity in the Healthcare system in terms of available beds, out patients and emergency departments. It was agreed that the HSE will assess the impact that physical distancing will have on capacity this winter and later, while noting that the biggest risk to capacity is another COVID-19 surge.

Minister Harris confirmed the need for the HSE to consider hospital avoidance measures, and that the existing good will and mutual respect with GPs and other primary care services would be key in this regard.

HSE COO noted that access to diagnostics is a driver for hospital attendance and that private hospital capacity might be useful in this regard.

The need to provide a clear diagnostic pathway for GPs, and for changes to models of care was agreed.

Secretary General noted that the private hospitals have indicated a willingness to engage quickly and that it will be important for the HSE, with the support of the two Departments, to prioritise the conclusion of negotiations in good time.

### **Nursing and Midwifery Agreement**

Minister Harris raised the issue of qualified nurses and midwives who have not been moved to the new enhanced practice contract, while acknowledging the serious challenges that arose with regard to COVID-19.

HSE COO confirmed that a meeting of the implementation group is scheduled for next week. The numbers on the new contract have increased and it is expected that a renewed focus can be put in place now.

It was noted that the HSE has written to graduates confirming the offer of a permanent contract.

### **Testing Strategy**

Minister Harris acknowledged the significant ramping up in testing capacity. He confirmed that in his regular meetings with Nursing Homes Ireland, and in correspondence from carers, the issue of regular testing for health care workers is raised.

CMO confirmed that a paper on a new testing strategy is to be considered by NPHET tomorrow, mindful of ECDC guidance.

HSE CEO confirmed that the paper looks at the outcome of mass testing in LTRCs and positivity rates, and how best to utilise the testing resource.

Minister Harris noted the importance of having a testing strategy that is public health led.

### **Nursing Homes - Disability Centres - Mental Health Facilities**

Minister Harris noted the good progress being shown in disability centres and the stabilisation of the situation in nursing homes, and the immediate action taken by the HSE and the Department when matters were brought to their attention.

The need for a shared understanding between the HSE and HIQA on nursing home suitability was agreed. HIQA has very recently raised issues in this regard. The potential role for existing COVID-19 response teams on a more permanent basis was noted.

It was agreed that Minister Harris and the Department would engage with the Chair and CEO of HIQA on this issue and revert to the HSE for further input.

### **Dentists**

Minister Harris noted that over 600 dentists applied to the HSE system for PPE.

HSE CEO confirmed that there has been a two-week dialogue with the profession, and that the HSE have been requested to provide PPE worth approximately €225,000 per day to them. The HSE will provide a note to Minister on the issue.

### **Supports for GPs**

The essential role and invaluable supports provided by GPs throughout COVID-19 was agreed, in particular GPs' efforts to keep patients out of hospitals. The importance of a pathway to diagnostics for GPs was agreed.

Minister Harris noted the consultant status issue for public health doctors and stated his wish to take whatever interim steps are available to have their role recognised.

### **Home care**

HSE COO noted that home care provision has been reduced by more than 11,000, with approximately 7,000 of that total being at the service user's request.

HSE COO will discuss resumption of home care services and HSE communications with service users in this regard with the National Director of Community Operations.

### **AOB**

HSE Chair confirmed that the Board will tonight consider the Ethical Considerations Relating to Long-Term Residential Care Facilities in the context of COVID-19 document.

The potential need for a revised HSE service plan for the second half of 2020 was noted.

Minister Harris noted the need to consider the changed future outline of the health service in the context of developing service plans for 2021 and beyond.