

DÁIL ÉIREANN

COISTE SPEISIALTA UM FHREAGRA AR COVID-19

SPECIAL COMMITTEE ON COVID-19 RESPONSE

Dé Céadaoin, 30 Meán Fómhair 2020

Wednesday, 30 September 2020

Tháinig an Coiste le chéile ag 10.10 a.m.

The Committee met at 10.10 a.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	
Mick Barry,*	
Richard Boyd Barrett,*	
Colm Burke,	
Jennifer Carroll MacNeill,	
Michael Collins,	
David Cullinane,	
Cormac Devlin,	
Bernard J. Durkan,	
Paul McAuliffe,	
Jim O'Callaghan,*	
Fergus O'Dowd,	
Louise O'Reilly,	
Matt Shanahan,	
Róisín Shortall,	
Duncan Smith,	
Pauline Tully.*	

* In éagmais / In the absence of Deputies Colm Brophy, Matt Carthy, Pádraig O'Sullivan and Bríd Smith.

Teachta / Deputy Michael McNamara sa Chathaoir / in the Chair.

Business of Special Committee

Chairman: Good morning, we have a quorum so will commence in public session.

Deputy David Cullinane: I wish to make a few comments before the session starts which are not directed in any way at the Minister or any of our witnesses. It is unfortunate that we have the Minister for Health, the acting CMO and a number of key figures from NPHEH in the same session. This is problematic for a number of reasons. We now have to choose to whom we put our questions; and some members only have five minutes which makes it impossible to put questions to the Minister, the acting CMO and the members of NPHEH. We are not doing the committee any service and it is bad form. There is a conflict here in even doing this because the Minister gets advice from NPHEH and the acting CMO and I do not want members to be in a situation where they put a question to the acting CMO or NPHEH and it is then spun, as could happen, that we were somehow trying to play one against the other.

There are clear lines of demarcation; NPHEH gives advice, the Government has to act on that advice and senior civil servants have to implement the decisions of Government. To have NPHEH, the acting CMO and the Minister for Health in the same two hour session, notwithstanding it is impossible to ask questions, muddies the water between the role of NPHEH and the role of Government. It is bad form and a bad end to this committee; I do not say that lightly because we have done a very good job when no other committees were in place. The clerk and the secretariat have also done a first class job, as have you, Chair. I am sincere in saying that because a good job was done over a long period but having all of these people here today in one session creates practical problems and other issues around conflicts of interest. I want to make that point strongly.

Chairman: Thank you Deputy Cullinane. I call Deputy Boyd Barrett first, to be followed by Deputy Shortall.

Deputy Richard Boyd Barrett: It is precisely because of the threat of Covid-19 to the health and well-being of the citizens that proper scrutiny and discussion of the strategy being pursued is absolutely necessary in order to take the public with us through this difficult situation. I therefore strenuously object, as I have done over recent weeks, to the fact that we do not get a dedicated session with the CMO and NPHEH to discuss the issue of strategy. I really do not understand why there seems to be such difficulty or where the block is coming from. I would really like to know what the problem is. Every single night the CMO and NPHEH do a press conference yet we have difficulty getting them before the committee once over a couple of weeks. I just do not understand that. It is absolutely imperative that we have an open and transparent discussion about the strategy, particularly in the context of rising infections and the hardships people are enduring. Nobody should be afraid of that discussion. It raises concerns and anxiety when there seems to be a reluctance on the part of somebody - I do not know whether it is the Government, NPHEH or the Department of Health - to have an open, honest, in-depth discussion. Such a discussion is not possible now that we have collapsed these two sessions in together. Deputies will have a minimal amount of time to ask questions and will have to make impossible choices between posing a question to the CMO and NPHEH or posing it to the Minister for Health. It is not acceptable and I would like an explanation. I do not accept the logistical argument. As these invitations went out weeks ago, I do not accept that it is beyond the ken of the organisation of this House or not possible to have a dedicated session with the CMO and NPHEH in order that we can have an in-depth discussion about these matters.

Deputy Róisín Shortall: I have already expressed by email my complete dissatisfaction with this arrangement and I really want to know how we have found ourselves in this situation. It is entirely unsatisfactory. It is absolutely reasonable of us to expect to have at least one session with NPHET because there are endless outstanding questions about the decisions being taken. As the representatives of the people, we have a right to pose those questions. Various people from NPHET make themselves available very generously every single night to take questions from the media, so I cannot understand how a session here with Deputies could not be facilitated. We spoke about this yesterday and agreed we would make ourselves available at any time, day or night, this week to facilitate NPHET for that exchange. Then, out of the blue, yesterday, at 6.15 p.m., we got a notice stating that the two sessions with the Minister and NPHET were to be run in together. I want to know who took that decision, how it was taken and how it was that the media were notified about this by the Department of Health before the committee was notified. My understanding is that it is the job of the committee, not some nameless person in the Department of Health, to arrange its business. I want to know why we were not consulted about this proposal. It is entirely unsatisfactory. We cannot have any kind of decent engagement with both the Minister and NPHET over the space of two hours - less than two hours now. It is a really bad way for us to finish up our work, it should not have happened and I want to know how it happened.

Deputy Fergus O'Dowd: I wish to strike a positive note. Yesterday, it seemed as though the witnesses were not going to come in; today they are here. I welcome them. I propose that we start our meeting. If any member wants us to seek an extension of the committee's business for one further meeting to go through all the issues members may not believe they have the time to raise now and to question the witnesses, I think that would meet everyone's wishes. I am quite sure that the Houses of the Oireachtas, the committee or whoever else making a decision on this would consent to that. We should go ahead and get the business done.

Chairman: Does anybody else want to come in on this? I will respond and then we can go to our witnesses.

Deputy David Cullinane: I will make one small point in addition. I make it directly to the Minister because it is the case that we were told that it was an official in the Department who was the problem or the difficulty, or at least it was alleged that that was the difficulty in getting NPHET before the committee. There is a wider point, however, and it goes back to the fact that in the very early stages of this pandemic there were high-level briefings for party leaders and health spokespersons. That is no longer happening. No briefings are taking place on big decisions being made. There are some for local Deputies in some circumstances but, by and large, we are not getting the level of quality information that we in opposition deserve. This is part of it again. It took us a long time to get representatives of NPHET to come in. With respect to Deputy O'Dowd, I accept it is good they are appearing today. We have a two-hour session where members who have five minutes need to make a choice as to whether to put a question to the Minister for Health or to the representatives of NPHET, which is not fair. It is not right to put the public health officials against the Minister in the same session.

Chairman: The Deputy has made that point very clearly. The committee agreed that we would invite representatives from the HSE and NPHET, and the Minister who ultimately makes the political decisions in conjunction with Cabinet, which is collectively responsible. We learned that representatives from the HSE could not come initially last week because the winter plan had not been published. They came in this week. Representatives of NPHET and the Minister were not available last week; they are available this week. From my perspective, it is very

regrettable that we were not able to have two different sessions. I learned last night in a tweet from a journalist that representatives from NPHEAT were available and would be coming in.

Ultimately NPHEAT, from a legal perspective, is an advisory body within the Department of Health. The committee secretariat was in extensive discussions to try to organise the meeting, first to try to organise to have the Minister come - I welcome the Minister and am glad he has come - and second to ascertain the availability of representatives from NPHEAT. As I said, I learned in a tweet from a journalist last night that representatives from NPHEAT would be available. It is regrettable that we are not having two sessions. I spent a number of hours yesterday evening in discussions with the secretariat and senior officials in the Houses of the Oireachtas to see if we could use the Seanad Chamber which is empty at the moment, but apparently there are not enough staff in the Houses of the Oireachtas to facilitate a second meeting. I share Deputy Shortall's view that that is unsatisfactory. Nevertheless, the witnesses are here now to answer questions. I propose that we talk to them and then we can take up Deputy O'Dowd's suggestion as to whether we need to have a further session.

Deputy Róisín Shortall: Can we have an extended session here then?

Chairman: We cannot have an extended session because of the Covid-----

Deputy Róisín Shortall: Can we take a break after two hours and come back then?

Chairman: There are committees coming back, but we can discuss after this session whether we need to have a further session next week. In a vote on 30 July, the Dáil agreed that this committee would wind up and the responsibilities would be handed over to sectoral committees. That has been extended by a week because of the delay in witnesses coming in. We need to produce a final report at some point. After this session we can discuss whether we need an additional session.

Deputy Paul McAuliffe: Deputy Shortall asked who made the decision to organise our businesses so that both witnesses would attend in the one session. I take it from the Chairman's answer that the decision was either made by the secretariat and then approved by him-----

Chairman: I learned in the media that representatives from NPHEAT would be available and I discussed that with the secretariat.

Deputy Paul McAuliffe: It was not, therefore, an organisational or diary issue with the Department or NPHEAT. That was a decision-----

Chairman: This was the only time that they were available. As the Deputy knows, we tried to have them available for different sessions for the past two weeks. I accept they are very busy, but they are also sitting here, including Dr. Ronan Glynn. Personally, I would like to ask him questions. I would like to offer the floor to him rather than having him sit and listen to us argue over what I accept are very valid points. However, we need to move forward for this session today and then we can decide how to proceed from there.

Deputy Róisín Shortall: I agree, but I want a full answer to the questions I asked. Who dictated to the committee about how our business should be done?

Chairman: It was dictated by the availability of the witnesses and by the availability of the Houses of the Oireachtas.

Deputy Róisín Shortall: Let us park that until the end of the meeting.

Chairman: I thank the Deputy; we can do that.

Deputy Richard Boyd Barrett: I raised this yesterday. I do not know who blocked or sought to block the two sessions we requested two weeks ago. I appeal to whomever is blocking them to show a little bit of faith in the wisdom and intelligence of us and the people we represent that having open and transparent questioning is not a threat to the public health effort. It will actually assist the public health effort. Somebody is operating a control freak attitude to this and that person should desist.

Chairman: That is noted. We thank the Minister for attending. I offer him the floor for five minutes to give an opening statement. I will stop him after five minutes. Notwithstanding the discussions we have had, time is of the essence.

Minister for Health (Deputy Stephen Donnelly): I welcome this opportunity to update the committee on Resilience and Recovery 2020-2021, the Government's plan for living with Covid-19, as well as on recent activity in Ireland's fight against this virus. I am joined by the acting Chief Medical Officer, Dr. Ronan Glynn, the director of the national virus reference laboratory, Dr. Cillian de Gascun, and the chair of the Irish Epidemiological Modelling Advisory Group, Professor Philip Nolan. Since we last met the committee five weeks ago, more than 7,000 people have tested positive for Covid-19. The numbers in hospital, including in intensive care, have risen considerably, with some hospitals now dedicating multiple wards to Covid activity and patients. Since March, 1,803 people have died. I would like to express my deepest sympathies, on my own behalf as well as on behalf of the Government, to their families and friends. I would also like to pay tribute to our healthcare workers and to their ongoing efforts this year in our fight against Covid-19. Some of them have also paid the ultimate price and lost their lives while working to keep the rest of us safe.

Since we last met the committee, a great deal has been done in Ireland's fight against Covid-19. One million students have returned to school. Hundreds of thousands are now returning to third level education. The Government launched Resilience and Recovery 2020-2021, the cross-Government approach to managing the pandemic for the next six to nine months. Chapter 1 of Ireland's efforts in response to Covid-19 involved closing down much of the country to flatten the curve. This roadmap is how we navigate chapter 2, keeping the country open by suppressing the virus. The strategy is to suppress the virus. It is public health-led and involves acting quickly and locally in targeting how the virus spreads in order to protect lives, health services, schools, colleges and jobs. I know the committee is keen to discuss the approach at today's session.

There are several other initiatives I would like to outline for the committee that relate to our fight against Covid-19 in the coming months. I am delighted to be able to share with the committee that I have sanctioned a doubling of our public health workforce capacity compared with pre-Covid levels. Building and supporting well-resourced and permanent public health teams is vital, as called for in the Sláintecare report. During the pandemic these teams have been charged with critical jobs including outbreak management, clinical queries, surveillance management, the operational management of surge capacity and complex contact tracing. They also play a key role in protecting all of us from other communicable diseases and environmental hazards. Prior to Covid we had 254 people working full-time across our public health workforce. We are going to double that number. In the next two weeks, the HSE will begin a recruitment campaign for 255 staff including public health doctors, nurses, scientists and support staff. I am also creating consultant posts for public health doctors. Yesterday, Cabinet approved the legislation necessary for this, and I will be progressing with this in consultation with unions.

I would also like to share with the committee that I am today sanctioning €30 million for the continuation of the temporary assistance payment scheme for nursing homes. This will extend this much-needed support to nursing homes up to the end of this year. Further supports will be examined for next year in the context of the budgetary process.

As the committee will be aware, last week we launched the winter plan. As a result of Covid, this winter is going to be one of the most challenging our health service has ever faced. The winter plan is one of the ways we are supporting patients and our healthcare workers at this time. It is a €600 million plan that accelerates Sláintecare, keeping people in their homes, treating them in the community, investing in eHealth, providing GPs with access to diagnostics and funding 530 community beds, 57 community specialist teams and community assessment hubs. It also builds capacity in the hospital system. This includes funding for nearly 900 hospital beds, resources to triage Covid and non-Covid patients and additional resources for critical services, including cancer care.

Regardless of any amount of additional funding, we are faced with unprecedented challenges in healthcare in the coming months. What we have on our side is extraordinary healthcare workers in every county, city and town, in our hospitals, GP practices, community health teams and other healthcare facilities, in our nursing homes and voluntary sector organisations. The healthcare system has shown since March an unparalleled ability to respond, innovate and adapt. We all owe health staff a great debt of gratitude. It is that spirit, dedication and professionalism we need in the coming months. All of our work starts and ends with patients. We are doing all we can to support patients and keep the public safe during these difficult times.

Deputy Fergus O'Dowd: I welcome the Minister and the members of NPHE. We listen to everything NPHE says. Its message is very important and is certainly getting through in County Louth. The 14-day incidence rates for the period from 15 to 28 September, which have just been published, show the incidence rate in Louth declined from 107 cases to 80.7 per cases per 100,000 people. That is a significant change but it is still not low enough. NPHE's message is getting through, people are listening and it is working. That is of great importance and shows NPHE's credibility and integrity. By coming here today, NPHE is showing where the truth lies. If members need NPHE to appear again, I have no doubt it will do so. The transparency of the truth in this case is welcome.

The positivity rate of tests stood at 2.9% yesterday and is 2.8% today. I read a report in *The New York Times* report, which indicated that if this rate goes above 3% in the State of New York, schools in the state will automatically close. The rate here is very close to 3%. Closing schools is a very serious decision to make. We have been using different metrics, including the R-rate and the number of cases per 100,000 population. Will the witnesses briefly address the positivity rate and how it might impact on policy?

My second question is for the Minister. I welcome his meetings with different groups and engagement with people. I am conscious of the Chairman's instructions not to mention nursing homes but there is nonetheless a need for independent investigations of deaths in nursing homes in counties Louth and Meath. I ask the Minister to comment.

Chairman: I have no problem with members referring to nursing homes provided they are not individual nursing homes.

Deputy Fergus O'Dowd: I respect that. The Minister is aware of what I am talking about. It is not acceptable that people have died. People cannot get closure when relatives have died.

They are being charged hundreds of euro by the HSE for submitting freedom of Information requests, which is not acceptable. Will the Minister intervene to have freedom of information fees waived, as a policy issue, where requests relate to personal tragedies such as family members who have died?

Dr. Ronan Glynn: The positivity rate is a sensitive metric. It is difficult to compare positivity rates here with positivity rates internationally simply because our approach to testing is different from approaches internationally. We use this rate and the national positivity rate is less than 3%. There are some areas of the country where it is over 5% at the moment, for example, in Dublin, Monaghan and Donegal. Again, it depends on the number of tests being done. I am sure we will come back to this issue again later but there is no one metric that supersedes all others. If there was one metric, such as the 14-day incidence rate, that superseded all others, we probably would have gone further in relation to Louth in recent days. We did not do so because we had other information about the nature of the cases in the county and we felt we could wait to see if the position improved, which it did. The position was similar with regard to Waterford, Limerick, and Tipperary. We simply cannot boil this down to one metric or one set of metrics at a point in time. If we could, there would be no need for NPHEt.

Deputy Fergus O'Dowd: The information from New York indicates the positivity rate state-wide was 1.58%. I accept and acknowledge that Dr. Glynn is the expert and I am not. I am just asking the question. I appreciate the difference Dr. Glynn has outlined but it worries me that this metric triggers an automatic response. It is an indication that a very serious level has been reached if the metric exceeds 3% constantly for a seven-day period.

Dr. Ronan Glynn: It is constant and again, it comes back to the type of tests and the level of testing being done.

Deputy Fergus O'Dowd: I understand and appreciate Dr. Glynn's answer in this regard. I ask him to provide a note if there is more information I could read on the matter.

Chairman: I call on the Minister to respond in respect of introducing freedom of information fee waivers.

Deputy Stephen Donnelly: I thank Deputy O'Dowd. I am aware of the issues he has raised and have agreed to meet various families involved. It is a very difficult situation for many people, but there can be no impediments to information. Families have been through a lot and they must have answers. I am more than happy to take the suggestion and see if a freedom of information fee waiver can be put in place immediately.

Deputy Fergus O'Dowd: It is extremely important and would be most welcome.

Deputy Stephen Donnelly: I think it is an excellent idea and I thank the Deputy for his suggestion.

Chairman: I call on Deputy Devlin.

Deputy Cormac Devlin: I thank the Chair and welcome the Minister, as well as Dr. Glynn, Dr. De Gascun and Professor Nolan, here today. My first question is to the Minister. The HSE appeared before the committee yesterday, and Mr. Paul Reid stated that the HSE was recruiting up to 3,5000 new staff to increase its test and trace capacity. Will this be sufficient to meet demand in the coming months?

Deputy Stephen Donnelly: I thank the Deputy. Quite rightly, there is a lot of commentary around testing and tracing at present. First, I make the point that we currently have one of the highest levels of testing anywhere in the world. I recently looked at international comparative data in respect of tests per 100,000 people, and I estimate that we currently rank at 12th out of 110 countries, some of which are very small states. When these are removed from the data set, we sit in the top ten countries for testing. The HSE deserves huge credit. From a standing start in March, when we had no history of these types of regimes, it created, from nothing, one of the most comprehensive testing and tracing regimes.

I know people are concerned about turnaround times and it is an issue raised by this committee several times, including, no doubt, with the HSE yesterday. We all want the turnaround times to be as quick as possible and we are constantly working to improve them. It is worth noting that, relative to many countries in Europe, our turnaround times are pretty good. I do not suggest they are the best but the HSE has done and continues to do a good job. At present, we are transitioning to a full-time workforce of approximately 3,000 people. I believe the HSE is recruiting 1,300 or 1,400 of those staff members. This is critical work which will enable us to redeploy clinicians back to their front-line roles.

I asked the HSE some time ago to investigate additional options for increasing testing capacity further. As members are aware, we have the capacity to carry out approximately 100,000 tests per week and in the past seven days, more than 96,000 people have been tested. I would like to see increased capacity. It is worth noting that this is a highly competitive market internationally and some other countries would bite our hand off for some of the capacity we have and some countries have asked us for that capacity.

I also wish to state that we also have tasked HIQA with an urgent technology review. I believe there are rapid testing technologies available that we need to get on the ground and rolled out as soon as our experts state they are ready to deploy here.

Deputy Cormac Devlin: I welcome Dr. Glynn and thank him for taking the time to appear before the committee. As all the witnesses appearing today are extremely busy, the committee appreciates their return before it.

I have a question on the return of children to school and the impact it has had on infection rates. While there has been an increase in testing activity both for pupils and teachers, what is the comparative percentage of positive tests for those aged between four and 14 years of age for August and for September?

Dr. Ronan Glynn: I thank the Deputy. I might ask Professor Nolan to answer in relation to the proportions but I would argue that on balance, the return of children to school over the past month has been very successful. That is not to say it has been without challenge or significantly increased activity for public health teams around the country. There are 23 schools or childcare facilities where more than one student or staff member has been identified as having Covid-19. That is not to say that there are 23 schools or facilities in which more than one case has been linked to another case as a result of some interaction within those facilities. We were clear, in the weeks leading up to the reopening of schools, that a proportion of cases occur in children. To my mind, those proportions have not changed. The absolute number of cases has gone up week on week but in proportion to the increases in cases we have seen across the entirety of the population. Professor Nolan may want to come in on the detail.

Professor Philip Nolan: There is no evidence that the opening of schools in any way in-

creased transmission or accelerated the epidemic. The picture is a little distorted by counties Kildare, Laois and Offaly. People looking at the numbers may think they see something but when one takes out Kildare, Laois and Offaly one can see there has been no change in the growth rate of the epidemic as schools opened. As Dr. Glynn has mentioned, in fact the contribution to the numbers of people aged under 18 has decreased and transmission is occurring in older adults or adults above 19 years - that would be the best way to put it. The level of transmission in those aged 18 years and younger has decreased as a proportion when adjusted for the size of the population in that cohort.

Chairman: I will make one point as this is the special committee's last meeting. The Minister mentioned HIQA's work reviewing available evidence and documentation. We have had representatives of HIQA before the committee to discuss the organisation's work in the area of nursing homes but not its work in that area. HIQA's work on nursing homes has been excellent throughout and it should be congratulated on that. I believe that section of the organisation is headed by Dr. Máirín Ryan.

The next speaker is Deputy Cullinane.

Deputy David Cullinane: I intend to be ruthless in how I put my questions, which are directed at the Minister for Health and the acting Chief Medical Officer. Unfortunately for the other witnesses, I do not have enough time to ask all the questions I would like to ask. My questions for the Minister for Health are for him to answer because there are lines of demarcation, which I spoke about earlier.

I will first ask Dr. Glynn about the commentary on young people and the tone of some of it. There needs to be a much deeper appreciation of the impact that Covid-19 is having on young people, especially those of college age but also teenagers. I am very mindful of what form some of the social media commentary can take. Of course there are lapses and we see things that are unacceptable but a lot of good work is also being done by young people. I am deeply conscious of people going to college. There are issues around them not being able to socialise and having to attend college in a much different way, which will have an impact on mental health. There are stresses for children going to school, particularly leaving certificate students. There is youth unemployment. Crucially, social outlets and social opportunities have been turned off like a tap. We need to ensure we give opportunities to these young people. How does Dr. Glynn believe we can change the tone of the commentary relating to young people? When will we reach a point where we can give young people more social opportunities?

In the context of the five-level plan, Dublin is in level 3 which imposes restrictions on what social opportunities are available to people. The plan promised that we could live with the virus. Will Dr. Glynn speak to young people today on that issue? I ask him not to tell them what they cannot do but what they can do in their social life. That is an important distinction to make and Dr. Glynn has an opportunity to do that today at this meeting.

Dr. Ronan Glynn: I thank the Deputy for his specific question because it is probably the most important element of our response to Covid-19 at the moment. The narrative around Covid has changed dramatically in this country over the past two months. It has evolved into something of a blame culture in which we look for the next target or the next reason for not being able to control this disease. The latest of these is young people. I have been at pains for a number of weeks to point out that this disease has had an absolute disproportionate impact on the social lives, education, employment opportunities and relationship opportunities for young people. We need to co-create solutions with this cohort of people. They are the ones who will

tell us how to do things better. We need to work with them to find how they can socialise and work more safely.

The Deputy asked when can we create more social opportunities. The social opportunities are there now but they must be done differently and more safely. I know people are sick of it but it is the same message again and again. It is staying 2 m apart. It is meeting a smaller group of friends at any one time; it is not meeting friends if one has symptoms. The reason, in particular, this is important is we are seeing a very disproportionate.

Deputy David Cullinane: I would like to stop Dr. Glynn there. I agree with him but part of the problem is some of the commentary, and not, by the way, from Dr. Glynn's perspective, when young people hear time and time again what they cannot do as opposed to what they can do. We must change the tone and change how we communicate with young people, and get the message to them in a better way. There is a role for all of us in that.

When Dr. Glynn talked about young people, I also wanted to put a question to him about other elements of society which are affected by this. One from an economic perspective is restaurants; those which are closed in Dublin and others we may see closing in counties moving up a level. It is hugely difficult. These are not just places where people eat; they are places where people work. There was a huge shock to the economy in Dublin and elsewhere before the restrictions changed. At what point can we get to a situation where Dublin, for example, can get back to level 2? We were told it was for three weeks. Next week, that three weeks will be up. What are the numbers looking like? Is it likely? People need certainty and they want honesty. We said this all along. People just want to know where they are going to be. We are in what I call a snakes and ladders, up and down, yo-yo approach of moving between levels. It is not where people want to be but it is where we are. From Dr. Glynn's perspective, is there any sense at this point where Dublin might be next week? What impact might that have on those business that are shut?

Dr. Ronan Glynn: I fully appreciate the need for certainty. The measure that were put in place last Friday week for Dublin will only be beginning to take effect yesterday, today and tomorrow. We do need to see significant improvement over the coming days in Dublin; we have not seen it yet.

Deputy David Cullinane: Let us hope it is not the case, but if those restrictions are extended, is it more likely that we will again see an announcement a couple of hours, or 24 hours before it happens or will there be a better lead-in this time where people will have more time to digest it? Part of the problem the last time, if Dr. Glynn can appreciate, is that within a couple of hours, restaurants were told they had to close, which caused much shock, it must be said. It was difficult. Will we see the same situation again where it is almost on the eve of a decision being made that people are being told as opposed to having a longer lead-in?

Dr. Ronan Glynn: NPHEt could sit today and make a recommendation for Dublin on Sunday week. It would, however, be premature and would likely be inaccurate and could lead to significant knock-on consequences in a week's time if we made the wrong recommendation. There is a balance to be struck between the timing of the recommendation and the application of a decision by Government. That is a matter for Government in terms of the timing. With regard to Dublin, NPHEt was clear about the urgency of the need to recommend. I understand, particularly with regard to the hospitality sector, the effects that has in terms of stock that has been ordered and not used, etc. I am conscious of that.

Deputy David Cullinane: I will put a question to the Minister for Health. Yesterday, the HSE was before the committee. I welcome the recruitment of 700 swabbers and 500 tracers. I accept that it is good to have additional capacity for swabbing and, as the Minister said, the testing regime is complicated. It is not straightforward as there is swabbing and then the testing itself in laboratories. I believe we have two industrial laboratories and laboratories in hospitals that do the testing. We were told yesterday there are 350 staff at the moment and that will increase to more 1,000. That is a 300% increase. However, if these additional staff are recruited, where is the additional laboratory capacity? If more swabs are being done, we do not want to create a bottleneck where we do not have the additional laboratory capacity, which, in fact, will not make the difference it should. Where is the corresponding additional laboratory capacity to meet the increase in capacity in swabbing?

I have been contacted by the Diabetes Ireland, the Irish Dental Association and the Irish Heart Foundation who said that specialised nurses, occupational therapists and speech and language therapists were seconded into testing. Perhaps I am wrong, but I was told that some of them were directing traffic. These are specialist staff who should be doing what they need to be doing. Will they be seconded back to what they were doing as part of the recruitment of the 700 staff?

I will make final point on this because we do not have time to go over and back. I was disappointed that in the living with the virus plan we are discussing today there was no target regarding the number of tests and what capacity we have beyond the figure of 100,000. The Minister said he is looking for an options paper from the HSE. It is still not clear whether that has been given to him. We need clear targets on this. We also need clear turnaround time targets but they were absent from this plan. That was a mistake because targets are good and mean we can then benchmark our position. In the absence of such targets we cannot. That was a mistake in the plan. I will leave those questions and take the responses.

Deputy Stephen Donnelly: The lab capacity we have is slightly over 100,000. At the start of this, as we all know, a lot of that capacity was off the island. We simply did not have the lab capacity here. That capacity is now on the island. We have an existing contract with a German lab for a few thousand which we can use, but it is important to say that the testing capacity is on the island. It is for 100,000 tests. The additional staff the HSE is now hiring are to that capacity, so the additional swabbers are to replace exactly the therapists Deputy Cullinane talks about. He quite rightly says, however, that we are increasing capacity further. This is one of the efforts the HSE is going to in order to make sure we have the tightest possible turnaround times. What we are all seeing now with the roadmap is, as Dr. Glynn has alluded to, that the virus spreads very quickly in different parts of the country. We want to be able to make sure not only that we have standing swabbing capacity everywhere within a certain distance or drive from everybody's home but also, where we see particularly big outbreaks, that we can deploy mobile capacity. The full number the HSE is hiring is to the 100,000. I have not been given any report. We are looking at additional capacity but I wish to re-emphasise, because the HSE has been at pains to say this, that this is not a resource that is easily found. There is a very-----

Deputy David Cullinane: I appreciate that, but my point, which is genuine, is this - if we are to increase the number of swabbers by 300% and we do not have anything like a corresponding increase in the lab capacity, we are doing more swabs, perhaps, but not necessarily increasing the turnaround time because we do not have the additional lab capacity. Can the Minister see the point I am making?

Deputy Stephen Donnelly: The additional swabbers are for the 100,000 capacity but will

also look at turnaround times. If we do move above 100,000, we will look to increase that workforce as well.

Deputy Bernard J. Durkan: I thank our guests for appearing again before the committee and I compliment them on the work they have been doing. It is a very difficult job to do and there are many critics, not always helpful, but that is the nature of the business, and we know they are well capable of dealing with that.

Politicians generally mention being puzzled about this subject and sometimes create the puzzlement themselves. We will not go down that road other than to say this: South Korea, which was adduced at the previous meeting, has approximately one quarter of the testing capacity we have. I am still waiting for some kind of answer-----

Chairman: The Deputy is not puzzled by-----

Deputy Bernard J. Durkan: I am not puzzled at all; I am waiting for an answer that will clarify that situation. I feel it is a different type of situation, but that is one of the questions I would like to hear answered.

Another question is the one that arose yesterday. There is something going wrong and it is worrying. The message is not getting across, despite the efforts of NPHE, the Department and so on. People are ignoring the message and I can understand why. It may well be that young people are tired and punch-drunk at this stage. The battle is yet to be won, however, and everybody has to contribute to it and has a major role to play. How does one get the message across starkly to those who do not maintain social distancing, who do not make any effort at all and who feel it is all okay and that it will not affect them or their families? It will affect their families. It will affect everybody and it will continue to do so, and all the money that has been invested in combatting the virus will be to no avail unless we come to grips with it in the short term. What message can we deliver to those throughout the country who are apparently now ignoring social distancing in particular? I will accept any answer.

Dr. Ronan Glynn: On the Deputy's second point, first of all we need to get back to a position where we, as a nation, understand that we have one enemy, that is, the virus. There are not multiple sectors of society willingly doing the wrong thing. People are tired and fatigued. Every one of us slips up at times. Equally, the vast majority of people in this country continue to do the right thing. As a society, we need every sector, sporting organisation, restaurant and business to look again, with the type of vigour and enthusiasm that they looked at this issue back in March and April, and see what more they can do. A retail outlet can consider whether there are too many people coming and going. A transport operator can look at whether there are too many people on a conveyance. A restaurant can examine whether there is more it could do to protect its customers and staff. Do we need to do more around enforcement? I think we do. On balance, the response to this virus to date has been characterised by clarity on the core simple messages that people need to adhere to, and we need to get back to basics on that.

The Deputy spoke of puzzlement. As we have tried to get more nuanced in our approach, perhaps some of the clarity on messaging has been lost, and I accept that. Ultimately, the things that defeat this virus have not changed in eight months and it comes back to the simple measures of distancing, hand washing, face coverings, downloading the app and not going to work if one is sick, and if one is a close contact please go and get a test.

Deputy Stephen Donnelly: Dr. De Gascun might be the right person to discuss testing in

South Korea. I will add one thing to Deputy Durkan's question on the message. The clearest and simplest message I have heard so far was from Dr. Glynn and Professor Nolan a few weeks ago and was that we suppress this virus by limiting our contacts. They told people to think a week or two ahead and to think about the people they would meet at work, public transport, sports, families and whatever else and to try to halve that number. All the roadmap is in terms of the levels is a way we can navigate that and reduce those contacts.

Chairman: In 30 seconds can Dr. De Gascun outline what is happening in South Korea?

Dr. Cillian De Gascun: No, is the short answer. I can do it in less than 30 seconds. Testing is one component of a suite of measures that the South Koreans have put in place and they have been very successful but the public health measures and the implementation thereof have probably been more striking and stringent than we have seen here. Testing is a single component; it is not necessarily the only solution.

Chairman: Dr. Glynn talked about personal responsibility and I think everybody agrees it is important. With the benefit of hindsight, does he think the move towards regulation and enforcement might have been a mistake?

Dr. Ronan Glynn: No. I think they are mutually supportive of one another.

Chairman: Okay. Thank you. The next speaker is from Fianna Fáil.

Deputy Paul McAuliffe: I put to the Minister and Dr. Glynn a case from my own constituency, namely, the electoral district of Ballymun and Finglas. I use it as an example of how difficult it is to apply measures in the Dublin region, which is so large. That district has the highest level of the virus in Dublin, with 265 cases per 100,000. That is alarming locally. Sometimes there is a lack of understanding as to whether this is because of institutional clusters or particular outbreaks in the community. Can we provide greater transparency to help fight and to reduce that number? I want to put the point I made to the HSE yesterday to the witnesses today. My area struggles with access to GPs because there are not enough of them. Some parts of the constituency have very low levels of car ownership because of disadvantage, yet people are being sent to the National Show Centre or Croke Park and have to use public transport. Given that there is such a high rate of the virus in this small electoral district, could an argument be made for a mobile test centre in that area and would the witnesses consider that? Is it something on which Dr. Glynn will have to work with the HSE?

Dr. Ronan Glynn: I discussed that with the HSE yesterday. We will look at that in the next day or two to see when it can be up and running.

Deputy Paul McAuliffe: I really appreciate that response.

Deputy Stephen Donnelly: May I add to it? We need to identify barriers to testing. We do not want to be asking people from remote areas or those with no access to cars to get on a bus if they suspect they have Covid. Not only will we consider the Deputy's constituency in this regard, we will also work with the HSE to ensure a similar approach in other identified areas where, for whatever reason, people find it more difficult to go for tests. We need to make it as easy as possible for people to get tests when they become symptomatic.

Deputy Paul McAuliffe: There seems to be a very positive GP-led triage service but there have been local concerns about accessing a GP appointment. Someone who develops symptoms overnight might contact a GP in the morning but might not receive a telephone consulta-

tion until 3 p.m. or 4 p.m. The test would not be until the following day. Is any consideration being given to walk-in clinics in high-cluster areas?

Dr. Ronan Glynn: Some of this is for the HSE because it is developing its forward-facing testing strategy at the moment. The Department will be working with it on that.

Let me refer to a key point to which I am hesitant to return. Last March, when we did not have enough testing capacity at all, a key point we had to keep making - perhaps this message has got lost in recent times - was that a test shows someone if he or she is positive but that, in the vast majority of cases, it does not change what people need to do. While no delay is acceptable, and I would be the first to argue we need a faster turnaround, I contend that, regardless of whether someone receives an appointment in the morning or afternoon or the next morning, if he or she is isolating and if his or her family and household contacts are doing the right thing and restricting movement, there should not be a knock-on effect. That is an important message which is perhaps getting lost. Testing is really important. People need to know whether they are positive but, regardless of whether they are, the message on what they should be doing while waiting for a test needs to be circulated. They need to isolate.

Deputy Paul McAuliffe: I take Dr. Glynn's point but I have heard anecdotal evidence that people may be reluctant to volunteer to go forward for testing because a test takes a number of days and because of the impact of self-isolation on the entire household.

We do not know how long this pandemic will last. The committee has not really considered chapter 3. Reference was made to chapters 1 and 2. If the virus is with us for a long period, we will have to start looking towards further education and allowing people to engage in social contact in the way they deem appropriate - once this is done in an educated and safe way - rather than prescribing what is and is not allowed. In the very early days of the AIDS epidemic, the approach was based on closing facilities and it often involved stigma. Eventually, it became about education and safe practice. Is Dr. Glynn considering what chapter 3 might look like if the pandemic extends beyond April or May of next year?

Dr. Ronan Glynn: That is a useful way to categorise this. I have spoken publicly about the fact that, no matter what happens, we are facing a window of six to nine months before any major change in how we respond to this. If we are still living with this in six to nine months and nothing major has changed, and we do not have a treatment, vaccine or significant advances in testing and diagnostics, we will have to re-examine the position, and there will be a chapter 3. This could involve an entirely different approach from the one we are taking at the moment. To give people hope, there is an unprecedented amount of global research ongoing on vaccines and diagnostics. While we cannot be overly optimistic and give people any guarantees, we have to be confident that, in six to nine months, if we can get through this winter, the landscape will be very different and, I hope, much more positive than the one we are facing.

Deputy Duncan Smith: I thank the witnesses for attending. I wish to direct my questions to the Minister. Yesterday, there was a stark report by Sharon Tobin on "RTE News" from an empty terminal building in Dublin Airport. This scene is replicated in all our airports, both international and regional. The numbers at Dublin Airport are down 88% this year by comparison with last year. That is understandable owing to the pandemic. We all know the impact it is having on workers in the aviation industry, both those employed directly and others. We are seeing that being played out. I was on the picket line with Estée Lauder workers from Dublin Airport who were made redundant in recent weeks. The business case relating to ending certain Bus Éireann intercity Expressway services is predicated on our airports operating at a decent

capacity.

I ask the Minister where matters stand in the context of an airport testing regime. He mentioned in early August that he was working on such as system and we are now, on the last day of September, and we still do not have any clear picture as to what lies ahead. Is it an issue of resources? Have any of the extra staff and swabbers that are being hired been earmarked for an airport testing regime? We are seeing such regimes being rolled out at and in many airports and cities around the world. Given that we live on island and that we need our aviation industry to return safely, action is required. Has the Minister any update on this matter?

Deputy Stephen Donnelly: I thank the Deputy. The initial plan was to bring in randomised or voluntary testing at airports. There are mixed views, and I will defer to the experts that are here as to the efficacy of mass airport testing. The Deputy is completely correct in that some countries are doing it. Others are not. NPHEAT's view at present is that it would not be the highest priority in terms of the deployment of our testing capacity. However, I refer the Deputy to a major event or progress happening in foreign travel in that, as I am sure he is aware, we have agreed to move towards the European Commission's system for the EU, which, essentially, will be a traffic lights system. The final proposal from the Commission is still being worked through and we will need to progress towards it. If and when we fully adopt what is proposed, it would see a liberalisation in foreign travel because there would be travel for both green and orange countries. The current Commission proposal for orange countries is that they would require some potential combination of e-locator forms, pre-tests-----

Chairman: Will these be for countries or regions?

Deputy Stephen Donnelly: The current proposal is for regions. I believe the Commission calls it level 2. There are three regions in Ireland, which will make it much more difficult to implement. Not only would we need to know if a person is travelling to France, but we would need to know to which of the EU areas he or she is going. Airport testing will need to be looked at within that context. If I may, I will defer to the experts on testing here today to give a view on Ireland's current expert advice on the use of airport testing.

Dr. Ronan Glynn: I will defer to Professor Nolan on the specifics of airport testing, if that is helpful.

Professor Philip Nolan: Testing alone will not provide significant protection, largely because of the number of cases that the testing will miss. On the other hand, as the Minister stated, testing as part of an EU-wide regime of prior risk assessment and perhaps some level of isolation on travelling from high-risk countries would be effective. There is no point in introducing point-in-time testing as a way of screening incoming passengers. It will miss too many cases and create too many false positives. A well-worked-through international regime for safe travel is a plausible way forward.

Deputy Duncan Smith: As our non-Covid-19 healthcare system gets off the ground again, where are we on the diagnosis and treatment of cancer in terms of monthly figures. I am not necessarily interested in a comparison with last year, but what are the Minister's views on how that is going?

Deputy Stephen Donnelly: I will provide the committee with a detailed report, including commencement dates and volumes, for each of the three services under the national screening programme, if that will help. There has been substantial progress in the past number of weeks

but not only do we need to get the full volume going again, we are also dealing with a significant number of people who have had to wait and who need tests.

Chairman: The committee would appreciate if we could have those figures by the end of the week so that we can report on time.

Deputy Róisín Shortall: I thank all of our witnesses. We would have liked much more time with them but we will do the best we can. I welcome the movement on public health resourcing which is long overdue. I hope it will be finalised shortly. I also welcome the fact that Dr. John Cuddihy said yesterday to the committee that 14-day tracing is due to start shortly. That should allow us to refine and better target the measures being taken when we get basic information about the places of transmission of the virus. That is a good thing and I hope that data will be publicly available as quickly as possible.

I have two questions for the Minister and two for the representatives of NPHE. My first question relates to the ramping up of testing and tracing. I fully accept that it is difficult to strike a balance between testing capacity and incidence of the virus. That said, we all share concerns about the missed opportunities over the summer months to put contingency plans in place so that we could be testing at capacity at this point and over recent weeks. The committee was told yesterday by Mr. Paul Reid that the intention is to recruit up to 3,500 people at a cost of €450 million this year and an estimated cost for next year of €700 million. That is a vast amount of money. The Minister has made points about the development of rapid-testing technology and we have our fingers crossed that there may be a vaccine soon. I would like the Minister to tell us what contracts are being offered to those 3,500 people. Hopefully, we will not have a need for a long-term, extensive workforce in this area. What kinds of contracts are being offered?

Deputy Stephen Donnelly: I thank the Deputy for her remarks about public health; I could not agree more.

Backwards testing is looking back to try and identify areas of possible transmission. There are other witnesses here today who obviously understand it better than I do but it is worth referencing that a certain amount of that work has already been happening with public health doctors.

Deputy Róisín Shortall: I know it has. Hopefully, we will be getting that data this week. It has been promised.

Deputy Stephen Donnelly: Can I just state, in terms of the 100,000 tests, the recommendation from NPHE at the time-----

Deputy Róisín Shortall: I am sorry to interrupt the Minister but my time is short. I know the points he is making. I would ask him to answer the question about the contracts that are being offered.

Deputy Stephen Donnelly: The Deputy raised the point about testing and I want to clarify, if I may. The recommendation from NPHE at the time was not that we move to 100,000 tests per week and stay there. It was that we make 100,000 tests available so we could go there.

Deputy Róisín Shortall: I have heard that. I thank the Minister.

Deputy Stephen Donnelly: The terms of contracts are an operational matter for the HSE. Clearly, if we are hiring several thousand people for a service that we hope will no longer be

needed as soon as possible, because we would all love to see a vaccine as quickly as possible, it would not be appropriate that these are full-time, permanent contracts but I will defer to the HSE. I can get the Deputy a note on exactly what is being proposed.

Deputy Róisín Shortall: On the basis that the Minister's Department will be picking up the tab, perhaps he would check that and report back to us.

Deputy Stephen Donnelly: Sure.

Deputy Róisín Shortall: I appreciate that. On the question of spending, I accept that a balance must be struck to ensure that we do not delay spending in critical areas to ramp up resources. At the same time, we must balance that against the requirement to ensure that we are getting value for money. We have seen scandals in the UK at the high levels of waste. Can the Minister outline what are the oversight arrangements within his Department to ensure that spending is occurring in the right places, we are getting value for money and there are some controls over that?

Deputy Stephen Donnelly: In the first instance, the Government will allocate a certain amount of funding. A total of €1.997 billion was agreed by the Oireachtas earlier this year. There will be supplementary amounts assigned for testing and tracing later on and, to the Deputy's point, a considerable amount will have to be deployed for next year. There are various controls in place. In the first instance, there are internal HSE controls and, as the Deputy and I support, the HSE will report to its board. There is oversight from the Department on an on-going basis and then, as required, there can be individual reviews. For example, one of the amounts that has been sanctioned is €670 million for personal protective equipment, PPE. I have requested an audit of that to address exactly the point the Deputy made. The HSE has had to spend vast amounts of money in a short period of time.

Deputy Róisín Shortall: Will the Minister send us a note on it?

Deputy Stephen Donnelly: Yes, that is no problem at all.

Deputy Róisín Shortall: Could I have one question with NPHE?

Chairman: I will try to bring you in at the end, there is not enough time. I am sorry. I appreciate it is not satisfactory, really I do. If you want to put your question I can ask that a reply be made in writing. I am sorry but that is all I can do. Alternatively, I can bring you in at the end.

Deputy Róisín Shortall: Right. We are talking about the need for messaging, not only for young people but across the board. There was a suggestion that influencers would be used, again, not just for young people. I agreed with the Taoiseach that that should be happening. Is any progress being made on that?

Chairman: The reply will have to be in writing.

Deputy Róisín Shortall: Can NPHE tell us what is actually going to happen on messaging and consultation with young people in particular about how we might agree what they can do rather than what they cannot?

Chairman: I ask that Dr. Glynn reply in writing by the end of this week. The next speaker is Deputy Barry.

Deputy Mick Barry: My first question can be for anyone on the panel. I am a Deputy representing the Cork North-Central constituency. There has been a lot of speculation in recent days that County Cork may be moved from level 2 to level 3. One of the ideas that has been raised is that the county might remain at level 2 and that Cork city be moved to Level 3. That would be a new approach, it was not the one that was taken with counties Kildare, Laois, Offaly, Dublin etc. I would like to hear from the panel, not so much about the thinking behind that but about how they think that might work out, what the pros and cons would be and any observations they would like to make.

Dr. Ronan Glynn: Thus far, we have evolved our approach from a national set of measures and easing out of same, to a county level approach. I have seen speculation - which has not come from NPHET - about a lower level approach outside cities. I do have some concerns and we have seen some ill effects from the county approach, namely, that people in counties that are not directly mentioned on a regular basis perhaps feel that the risk is less and are thus less likely to adhere to the messages. As such there are pros and cons. Professor Nolan may wish to come in on this but increasingly, we are getting data which supports our long-standing view that people do not live, work, socialise, play and interact within their village, town or city. People move about and to a large extent they move about within their county on a very regular basis. Of course if it comes to it with County Cork or any other county we will look at the specifics and see whether a more nuanced approach is appropriate. To the Deputy's point, the reason for the messaging around Cork was not to warn people that a move to level 3 was imminent, it was to warn people to protect themselves and others so we could get the cases down in order that level 3 would never be required.

Chairman: Does Professor Nolan want to come in on this?

Professor Philip Nolan: Only very briefly. One of the patterns of Irish life, for which there is very strong Central Statistics Office, CSO, and other evidence, is the level of connectedness between electoral districts around a city and deep into the county and the centre of cities. As such we may separate city and county in our heads but they are not separated when it comes to people's patterns of movement and therefore the transmission of the virus.

Deputy Mick Barry: I have a question for Dr. Glynn on the issue of mental health. At present, 6% of the HSE spend in this State goes to mental health. The equivalent figure for the UK is 13%. Mental health did not get mentioned in the winter plan, yet all the expert opinion and anecdotal and indeed hard evidence from other countries seems to be that the Covid crisis is bringing in its wake a mental health crisis. As such, I am interested in hearing from the acting CMO about his thoughts on the mental health situation in this country, the question of resources and the need to resource services for what is coming down the line.

Dr. Ronan Glynn: Some of that question is probably more appropriately directed elsewhere. There is no doubt but that the last seven or eight months has impacted on the health and well-being of people in Ireland and across the world. We will see negative knock-on effects of that. My job is to keep this disease as under control as we can because the single biggest threat to health and well-being in this country today is that this gets out of control and we have to move back up the levels with more and more restrictive measures.

Chairman: Deputy Barry, the Minister wishes to comment.

Deputy Mick Barry: The Minister would like to reply to that.

Deputy Stephen Donnelly: I thank Deputy Barry. I share his concerns on the prioritisation of mental health. There is resourcing within the winter plan for mental health and there is a need for us to think more broadly, which is one of the points the Deputy made. We need to fully and further support our existing mental health services, but we are dealing with an unprecedented challenge in terms of mental health for younger and older people, in particular as we are coming into the winter. We need to find ways to help people build their individual resilience.

Chairman: I thank Deputy Barry. The next speaker is from the Regional Group.

Deputy Matt Shanahan: I want to touch on one subject and follow up with two questions on the hospitality sector. On testing, I have heard the analogy made that we are in a war or battle and in battle one uses all of one's weapons and resources.

It is now generally accepted that 50% of Covid cases are asymptomatic and, therefore, will not be picked up until people develop symptoms. People may not have symptoms, yet they are spreading the virus. We are all agreed that we need fast test turnaround and extensive swabbing. The WHO and a number of First World peer countries have all introduced point-of-care antigen testing. I know NPHEt has examined this. What is its resistance to introducing point-of-care antigen testing in addition to the PCR test activity we are already undertaking? The turnaround times can be as low as 20 minutes and the costs are a fraction of PCR testing, at about €5 for an individual test. Why not use that in conjunction with the other testing that is being carried out?

Dr. Ronan Glynn: I will come in first, and will then defer to Dr. De Gascun. Yes, a proportion of cases will not be picked up until they are symptomatic. That is precisely why we have serial testing and offer a test to all close contacts on day zero and day seven in order that we pick up cases before they become symptomatic. For clarity, NPHEt has absolutely no resistance to the introduction of any tests that have an evidence base behind them. I look forward to the day when we can utilise, on a mass basis, an antigen test. We have asked HIQA to update and look at the evidence around all rapid testing technologies and we expect that to come to NPHEt next week. I will now hand over to Dr. De Gascun.

Dr. Cillian De Gascun: To reiterate what Dr. Glynn said, we have no resistance to antigen testing as a matter of principle. At the moment we have the most accurate, specific and sensitive test in real time, namely, PCR, and we have available testing capacity. Is there a role for a less sensitive and specific test? Yes, there may well be. It is primarily recommended at this point in time for use in low and middle-income countries where access to PCR is not readily available. It is also not routinely recommended for use in the screening of asymptomatic individuals purely because the test performance is not yet proven.

We continue to keep antigen tests under review and will start evaluations on the island within the next couple of weeks. It is a component of the testing armoury that could be used in an outbreak setting. The reduction in sensitivity with antigen testing needs to be compensated for in some way. The way that can be done is through frequency of testing, that is, retesting the same individual on a repeat basis, or by the amount of tests that are carried out. For example, if 20 or 30 individuals who are sick in an outbreak setting are tested, it is very unlikely that there will be false negatives in all of those individuals. Another way to compensate is by retesting an individual with PCR. At this point in time, antigen testing will not supplant PCR. As I said, it is complementary and, as Dr. Glynn said, we look forward to the day that we can use it as an adjunct to our existing testing strategy. Rapid tests are available across our hospital laboratory network and in the community laboratories for use on an as-required basis. For example, in the situation where somebody is admitted to hospital and needs to go to emergency surgery

and needs a SARS-CoV-2 test before he or she can have that surgery, rapid testing is available. Rapid testing in the community is, generally speaking, not routinely indicated in the community. If people follow the guidance-----

Deputy Matt Shanahan: I am sorry to interrupt Dr. De Gascun, but I am tight on time. I get the point of what he is saying. Professor Nolan already outlined in terms of airport testing that we would have a lot of misses in the context of community testing. It can be accepted that PCR testing is not the gold standard in terms of one single test. I believe we should be looking at other testing regimes in tandem with PCR testing.

I have two questions with regard to restaurants. What are the criteria for locking down hospitality? On what number of cases per 100,000 is that decision made? What number must it fall below, and for what period of time, before a local restriction will be lifted? When will consideration be given to locking down based on a case rate per 100,000 people in a local electoral area, which I understand is being done in parts of the Continent? For example, certain suburbs of Dublin and areas in Donegal have a high case rate but the rate in other areas in the same counties is below the national average.

From Monday, 25 October, hospitality will have been essentially closed for a period of two weeks. If case numbers increase or remain at the same level, will consideration be given to the idea that hospitality is not the root cause of infections and outbreaks within the community?

Chairman: I ask that the witnesses respond in writing to those questions by the end of the week, if possible. I have a related question. I understand that the response to the initial shut-down of restaurants was based on international evidence. If I am correct in saying that it was based on international evidence, could that international evidence be provided to the committee by the end of this week as well?

I call Deputy Michael Collins.

Deputy Michael Collins: I thank the witnesses for being with us today. My first question is open to answer by anybody on the panel. Earlier, Deputy Mick Barry touched on an interesting scenario. I live in the constituency of Cork South-West, which has a geographical spread of 150 km, which is massive. As Cork is far bigger than any other county in Ireland, surely it has to be looked at differently.

I heard the Taoiseach say in the last week that rising numbers of Covid cases in four named counties were on a citywide rather than a countywide basis. The Minister, Deputy Stephen Donnelly, on Sunday reverted and spoke of counties Cork, Galway, Waterford and Kildare, such that he is looking at cases on a county-wide basis. As I said the Taoiseach appears to be looking at it from a city-wide basis. We had one, which is one too many, Covid case in Cork University Hospital last weekend. In a situation where, say, Bantry, Kinsale or Castletownbere is Covid-free and there are, unfortunately, a high number of cases in the city, is it proposed to lock down the county? I had business owners of restaurants, cafes and so on contacting me last night asking if they should order stock for the weekend or not. I cannot answer that question. Business are concerned they will have to close. They know there are few or no Covid cases in their town and that they have been meticulous in managing their businesses but they are seriously concerned. It must be borne in mind that a geographical spread of 150 km is massive. County Cork is slightly different to any other county in the country. I ask the witnesses to explain how they can justify the lockdown of, say, Clonakilty because there is a high number of cases in Cork city. As I said, the county area has to be looked at differently.

I would also like to ask about rapid testing. I called on the then Taoiseach, Deputy Varadkar, to set up rapid testing in our airports but that was not done because he said there was of a cost factor. I accept that but the situation is costing the country far more now. How far ahead are we with rapid testing in our airports in order that they can fully reopen? I know that rapid testing is not 100% foolproof but it at least offers some proof. I would like to also comment on the community hospitals in west Cork. I have been told that, unfortunately, they are taking in fewer patients and consequently, nursing homes are being forced to take in more people. I do not see the sense or the logic in that. I would welcome answers to those questions. Is it a fact that some counties are getting people for Covid tests who are from other counties? If one of those people tests positive for Covid is that case attributed to the area that the person came from or is it being added to the area where the test was done? Could it be happening in Cork that where other counties may not have the facilities to test, when there is a positive case it is added to the Cork list? That is a very serious worry. It may not be the case but certainly the 150 km spread in our county has to come into call here somewhere. Businesses are shutting down all over west Cork and there is worry that there might be a further shutdown. I can quite understand if there is an increase in cases but it cannot be a situation where some areas have an increase and more areas do not yet they are all pushed under the one category.

Deputy Stephen Donnelly: I will start and will then ask Dr. Glynn to come in on the rationale for counties and not smaller areas. It is a very fair question. In my own county, for example, there is a very similar situation. We have a very high prevalence in the north of the county and a very low prevalence in the south and west of the county. People are understandably asking if we can do it by town, village or electoral district. There is no right answer to this. There are good reasons which Dr. Glynn will go into. If I can just draw the Deputy back to Kildare, Laois and Offaly, when the measures were introduced in those counties a lot of people very understandably made exactly these arguments. In Kildare, for example, people were saying it was not in the north east where there is a very close connection with Dublin and asking if the restrictions could be more localised. People in Laois were saying the meat processing plants were not there. NPHET's recommendation to Government was for the counties, for many of the reasons Dr. Glynn can go into but partly because while people may have worked in the meat processing plants, they were living and socialising and mixing right across the three counties. Similarly, in the north east of Kildare right now, in that electoral district the incidence rate per 100,000 of population is now north of 300. What worked at the time was that thanks to the efforts of the people in those communities, the rates did come down although they actually went up right across the other side of the Dublin border. It is very frustrating. I would just say to the Deputy that the evidence we have from the work of Kildare, Laois and Offaly and the efforts those communities made, shows that the county-by-county approach, while it can be very frustrating, has worked.

Deputy Colm Burke: I thank the witnesses for their presentations and for the work they are doing. On the long-term planning, we have had a huge increase in population in the Cork area. Our hospital services are not able to cope with the demand. In the context of Covid, can the Minister tell me if there has been any engagement with the private hospitals in Cork as regards accessing facilities? For instance, I refer to accessing facilities in the Mater private hospital whereby the consultants from CUH were able to do day case procedures in gynaecological services and were able to significantly reduce the numbers on the waiting lists. Has there been engagement with the private hospitals about getting access to services? It is not necessarily about the private hospitals doing the services but that the consultants who cannot get operating space in, say, CUH or the other two hospitals would have access to other facilities to do the necessary, especially in respect of elective surgery and day case procedures.

For the Department of Health, the HSE and all those involved in responding to Covid it is in the here and now and is changing by the day. However, we also need to do long-term planning. Where are we in respect of the elective hospital for Cork? My understanding is that the South/South West Hospital Group has made a submission to the HSE at central level but the HSE has not sent the information on to the Department. Perhaps that would be clarified. Why is there a delay? Even if we identified a site today, to go through the planning process and get it built and delivered would take another three to four years. We are already in serious trouble in Cork regarding health services. There has been a population increase of 130,000 in a very short time. We need to take action. It is not about putting it on the long finger. I wish to return to an issue that was talked about earlier, namely, the fast turnaround of testing. I raised this matter yesterday when representatives of the HSE were before the committee. I understand that schools in Vienna are turning around test results within 30 minutes. Has that been looked at? Could we do it in our schools and colleges?

Deputy Stephen Donnelly: I will respond to the Deputy's questions about private and elective hospitals and will ask Dr. Glynn and the other witnesses to come in on what is happening in Vienna. The short answer on private hospitals is "Yes". All of the private hospitals are currently being engaged with by the HSE as part of the winter plan. Funding has been provided for that. The arrangement that was put in place in March and April was negotiated as a single contract with the Private Hospitals Association. This time around, the private hospitals have elected to negotiate one by one and that is what the HSE is doing. The first goal is to secure capacity through the winter for public patients to get elective procedures, to answer the Deputy's point. The second goal is to ensure capacity in the event of a surge. That is currently being looked at.

Deputy Colm Burke: I was asking particularly about Cork.

Deputy Stephen Donnelly: That is happening everywhere. All of the private hospitals are being engaged with.

The Deputy is correct about the elective hospital for Cork. I have not received a recommendation and nobody has sought sanction from me yet in that regard. I want to see an acceleration of permanent beds in the public system and building elective hospitals is a key component of that. I will be working closely with the Government, the Department and the HSE to see how that can be progressed.

Deputy Colm Burke: Can we have a deadline for that? I have been raising the matter for the past four years and have got the same answer every time. It is still with the South/South West Hospital Group, or the HSE, or the Department and we are waiting for one to get back to the other. For God's sake, can someone sit down around a table with all interested parties and come to a decision?

Deputy Stephen Donnelly: I thank the Deputy. I will get him a detailed briefing on that. I will add that while the elective hospital is needed and the winter plan includes, for example, funding for approximately 900 additional acute beds, a critical additional part is the investment in community care. We need investment in hospitals but, as per the Sáintecare strategy, we are also investing heavily in community-based care, home care, general practitioners, chronic disease management in the community and access to diagnostics in the community. At the same time as building acute capacity, we want to reduce the need for people to use that capacity by getting treatment at home and in the community.

Deputy Colm Burke: I accept that, but there are waiting lists for people who require surgery. They cannot get that surgery without the facilities being available.

Deputy Stephen Donnelly: Agreed.

Deputy Colm Burke: Can I get a response from Dr. Glynn about what is happening in Vienna?

Chairman: Would the Deputy take a response in writing? We are out of time.

Deputy Colm Burke: That is fair enough.

Chairman: Will Dr. De Gascun provide a reply to the Deputy's question about Vienna in writing?

Dr. Cillian De Gascun: Yes.

Chairman: Perhaps Dr. De Gascun could provide it by the end of the week, if possible, given the committee's reporting timeline. The next speaker is Deputy O'Callaghan. Is somebody else from Fianna Fáil coming in after the Deputy or is he going to take all ten minutes?

Deputy Jim O'Callaghan: I am taking five minutes. I thank the Minister and Dr. Glynn and his team for coming in and being witnesses. I further thank Dr. Glynn for his work throughout the past number of months.

These questions may have been asked already. I have not been following the debate because I have been outside the room, so forgive me if the questions have been asked previously. To date, 1,803 people have died with or of Covid-19 and our condolences go out to those people. I will ask Dr. Glynn some questions about the deceased because it will assist us to ensure that we protect the most vulnerable. What is the median age of the 1,803 people who have died?

Dr. Ronan Glynn: I would have to get the specific figures but it is in the late 80s.

Deputy Jim O'Callaghan: What percentage of the 1,803 had underlying conditions that contributed to their deaths?

Dr. Ronan Glynn: I can say that approximately 90% had underlying conditions. I cannot say whether or not they contributed to the deaths.

Deputy Jim O'Callaghan: Is every deceased person in Ireland now tested for Covid-19 after they die?

Dr. Ronan Glynn: I do not believe that is the case.

Deputy Jim O'Callaghan: What is the method for testing somebody for Covid-19 if they are dead?

Dr. Ronan Glynn: I will have to come back to the Deputy with the precise detail on that.

Deputy Jim O'Callaghan: There have been 1,803 deaths caused by Covid-19. Is it correct that there has been a significant reduction in the death rate in the past three months?

Dr. Ronan Glynn: Yes, there has.

Deputy Jim O'Callaghan: For example, in March 2020, there were 85 deaths; April,

1,176; May, 385; June, 88; July, 29; August, 14; and in September, it appears that there will be 27, depending on what Dr. Glynn announces later this evening. To what does he attribute the remarkable decline in deaths over the past three months?

Dr. Ronan Glynn: I attribute it to the remarkable decline in the number of cases and the changing demographic of the cases. Some attribution must also be given to increased knowledge and better management of cases. However, I wish to make it very clear that if we see a sustained increase in the number of cases, particularly among those who are vulnerable, we will see more deaths in this country.

Deputy Jim O’Callaghan: I am aware the term is sometimes misused, but I think we have seen an “exponential growth” in the number of cases over the past six weeks. Does Dr. Glynn agree?

Dr. Ronan Glynn: Yes, though perhaps not over the past six weeks. We have seen growth week-on-week over the past six weeks, but exponential over a shorter period.

Deputy Jim O’Callaghan: Yet we have not seen an exponential growth in the number of deaths. Is that correct?

Dr. Ronan Glynn: Yes, we would not have expected to see that, but we expect to see it if current pattern continues and if we see that growth in the number of cases in particular demographics, and those with particular vulnerabilities.

Deputy Jim O’Callaghan: When does Dr. Glynn expect to see the increase in deaths if the exponential increase in cases continues?

Dr. Ronan Glynn: We have already seen an increase. We expect to see that continue and increase significantly over the coming weeks. We have had four additional admissions to critical care in the past 24 hours.

Deputy Jim O’Callaghan: If the number of cases continues to increase, what does Dr. Glynn think the number of deaths will be at the end of October 2020?

Dr. Ronan Glynn: Professor Nolan may wish to come in, from the modelling perspective, but it is hypothetical at this point.

Deputy Jim O’Callaghan: Of course, I understand that, but I am asking for Dr. Glynn’s judgment on the question. Does Professor Nolan have an answer to the question?

Professor Philip Nolan: No, as Dr. Glynn said, it would not be appropriate to comment. However, I am surprised by the line of narrative. One must compare like with like. We had huge outbreaks in nursing homes in April and May, and we do not have those now, so let us take those deaths out. The case fatality rate for those aged over 75 was 20% back then. We know we were detecting one in three cases of the virus. The mortality rate for those aged over 75 since August is 5%. Let us be clear that we are seeing very few cases in older people yet, but the risk of those people dying when they catch the virus remains very high. It was artificially high back in April and May, because we were not detecting mild or moderate disease in those older people. Now that we are detecting the vast majority of cases, we are seeing something close to the true infection fatality ratio of approximately 5%. It would be very dangerous, therefore, to underestimate the capacity of this virus to kill people when it infects them.

We have seen 269 hospitalisations since the beginning of August. Of those, 153 patients are

aged under 65, and 56 are under 40. The virus is as virulent as it always was, but the difference now is that we are detecting more mild and moderate disease, which we were missing in April and May. When severe disease occurs, it is as dangerous as it always was.

Deputy Jim O’Callaghan: I thank the witnesses. I am sorry but I have no time remaining.

Deputy Louise O’Reilly: I thank the witnesses for the work they are doing and continue to do. The Minister said a detailed note would be circulated regarding the hospital in Cork. It would be beneficial if it could be circulated to all committee members, as all Cork Deputies will have an interest in the matter.

What is the current occupancy of the Citywest field hospital, and is any consideration being given to extending the contract in place, as reported in media? Is that speculation correct?

Deputy Stephen Donnelly: The HSE is best placed to advise on what it wishes to do with that capacity. Through the winter plan and the previous Estimate of approximately €2 billion, it was resourced to scale up. From memory, the Citywest contract ended in November and the HSE was holding the facility until then. I am more than happy to get a detailed note for the Deputy on that.

Deputy Louise O’Reilly: Does the Minister know how much of the current capacity is being used at the moment?

Deputy Stephen Donnelly: I will get a note for the Deputy on that.

Deputy Louise O’Reilly: Okay. Can the Minister confirm that all graduate nurses have been given a full-time permanent contract with the HSE or are they being asked to go through an agency?

Deputy Stephen Donnelly: My understanding is that it is hoped to have all graduate nurses will be on full-time contracts.

Deputy Louise O’Reilly: Will they be directly employed?

Deputy Stephen Donnelly: Yes. Like Deputy O’Reilly, I want to move away from the agency model to full-time staff. The Deputy and I agree that we have to staff up to the safe staffing levels for nurses and midwifery. Some funding is provided for that in the winter plan. I am hoping to secure, through the Estimates process, permanent funding to continue scaling that up. As the Deputy will appreciate, I cannot say that yet.

Deputy Louise O’Reilly: How much funding is provided for that in the winter plan?

Deputy Stephen Donnelly: Funding for each part of that is again an operational matter for the HSE but I can get a breakdown on that for the Deputy, if she wants one.

Deputy Louise O’Reilly: That would be very helpful. I thank the Minister.

Dr. Glynn stated we needed to see a significant improvement in Dublin and we are not seeing one yet. I appreciate that he is a doctor and a man of science but is there anything hopeful that he can say? I understand we are not seeing a significant improvement yet but my fear is that people might give up. We cannot allow that to happen. It is not too late for us in Dublin. People can still turn this around. My colleague, Deputy Cullinane, said we need to speak directly to young people and he is dead right. We cannot just be pointing fingers at them as that

is not right. It is possible at this stage to turn things around. Am I right in saying that?

Dr. Ronan Glynn: Yes, absolutely. A really positive story that keeps getting missed is what people in many counties - Waterford, Tipperary, Limerick, Kildare, Laois and Offaly - have done in recent weeks to turn a negative trajectory around. It can be done and people know what to do. We would not have expected to have seen any significant improvement in Dublin until this part of this week. That is my first point.

The most positive point to make is that people have done this before. They know what to do and I am absolutely sure they will do it again. Equally, it requires us all to continue with the basics, even though we are fatigued with them. Work from home unless absolutely essential is a most important component in Dublin at the moment. If someone has symptoms, please do not go to work. That is a very important message at the moment. If one knows or has been told one is a close contact of a case, please restrict one's movements and do not go to sport or to university. These are the basic messages that have not changed since February. I know people are tired of them but the last seven months have demonstrated the extent to which the vast majority of Irish people will comply with these messages.

Deputy Louise O'Reilly: With regard to the winter plan, the Minister spoke about the need to increase capacity. If I can be a little parochial, I will use this question as an illustration. In Balbriggan, we have a shortage of GPs, although it extends right across my constituency. Dealing specifically with Balbriggan, is there any part of the winter plan that will include salaried GPs so that they might be directed to those areas where they are most needed?

Deputy Stephen Donnelly: I have not seen any discussion on salaried GPs but what we have seen is a very significant discussion on additional supports for GPs. For example, with regard to the flu vaccination programme, the funding per vaccination last year was €15 based on volume and that will now be about €25. There is ongoing funding for the Covid call and follow-up testing. There will be ongoing funding for diagnostics, something the Deputy and I have advocated for many years.

Deputy Louise O'Reilly: Does that mean we will get an X-ray machine or scanner in the primary care centre in Balbriggan? The Minister's predecessor was not too enthused about the idea but the Minister and I could always find agreement that it was a necessary and worthwhile issue to examine.

Deputy Stephen Donnelly: The Deputy will appreciate that I am not being drawn on any comments about primary care centres in Balbriggan. However, I will say that for the first time we are going to see a significant move towards access for diagnostics for GPs in the community.

Deputy Louise O'Reilly: We live in hope. Gabhaim buíochas leis an Aire.

Deputy Jennifer Carroll MacNeill: I thank the witnesses for attending and for all the work they have been doing in recent months. We all appreciate it.

My point, on Dublin, has arisen in various contexts, including at a meeting of the Committee of Public Accounts that I attended, so I wish to be excused if I am repeating anything. I want to focus on the current position in Dublin. When Dr. Glynn appeared before the committee in August, it was very clear to me and other members that he was seriously worried about the rising numbers at that stage. He was signalling to committee members, in the best language available and in a diplomatic way, that the trend was very much not going in the right direction and that there was a fear we would be going backwards in terms of restrictions. Those restric-

tions have a major impact on everybody's life, the ability to visit relatives in nursing homes and everything else. People are struggling with this. We are now ten days into the level three restrictions and we have learned over the past seven months that it takes about that length of time, at least, to begin to see the effect of behavioural changes, where they have been made. How does Dr. Glynn feel about it now?

Dr. Ronan Glynn: The optimist in me would say that Dublin appears to be stabilising but I believe we need to see what happens over the next three to four days, in particular.

Deputy Jennifer Carroll MacNeill: Is that based specifically on the day-to-day numbers, the dispersal or otherwise? Could we have a little more detail on what feeds into the prediction?

Dr. Ronan Glynn: Particularly the day-to-day numbers. The virus remains widely dispersed throughout a range of different settings. On the one hand, it is good news that we are not experiencing big clusters but, on the other, it makes it more difficult to control because there is not one obvious target. The age range of cases is similar to that throughout the rest of the country. At best, the situation is beginning to stabilise but we do need a few more days of data to confirm that trend. In the past seven days, we have seen almost 1,100 cases in Dublin.

Deputy Jennifer Carroll MacNeill: At best, it is beginning to stabilise, with the next three or four days being particularly important. What does Dr. Glynn hope and need to see over the next three or four days?

Dr. Ronan Glynn: In the first instance, I want the number of cases to stop going up day on day. We had 154 cases in Dublin yesterday. A single day's cases do not dictate a recommendation or move in any one direction. While I understand the questions, I do not want today's meeting to lead to an overt focus on the seven-day incidence, the 14-day incidence, the R number and the number of clusters; what are really important are the numbers that are important to individuals. How many people has each person in Dublin met socially in the past week? How many discretionary social activities have people given up over the past week? How many times did people choose not to go to work unless it was absolutely essential? These are really hard choices but we need the vast majority of people across the capital to make them if we are going to turn this around. It is simply too early at this point to say there is a turnaround. We do need a few more days.

Deputy Jennifer Carroll MacNeill: If the restrictions were to expire tomorrow, how would Dr. Glynn feel about it? Would he extend them?

Dr. Ronan Glynn: Yes, we would.

Deputy Jennifer Carroll MacNeill: Tomorrow he would extend them so the next three or four days will be critical in terms of the numbers.

Dr. Ronan Glynn: The next three or four days are critical. Equally, if the numbers do not change in the next three or four days, I could be back here on Monday saying the following three or four days will be critical because we will not have seen a significant stabilisation to date. There has been enough time for a stabilisation. We need to see that over the next few days. If it does not happen, we need to keep going with the messaging and we need everybody on board. This is not easy. I realise people are sick and tired of listening to me coming out with the same messages over and over again. What we need to do has not changed, however.

Deputy Jennifer Carroll MacNeill: So it is a matter of every decision to have a cup of

coffee with somebody, every decision to have somebody over to the house and every decision every day that is making an impact.

Dr. Ronan Glynn: It is but it is more than that. It is also a matter of what every organisation and sports club is doing. What are they doing to cut down contacts? What is every business doing? What is every shopping centre in the county doing? What is every transport operator doing to make what are difficult choices somewhat easier? I do not believe we are seeing enough evidence of that. Anecdotally, based on the volume of traffic on the roads, it is hard to believe people have taken to heart the message that they should not be going to work unless it is absolutely essential.

Deputy Pauline Tully: I wish to direct my questions to the Minister. I would appreciate it if he could give me a straight answer because there is some confusion on this at the moment. Precisely how much money is being given to enable full reopening of day services for people with disabilities? I know that €10 million was announced this week. In Dáil statements on 10 September, the Minister of State, Deputy Rabbitte, announced €40 million towards reopening. She also mentioned an allocation as part of the winter plan and there seems to be a change in that. There is confusion and I ask the Minister to clarify it.

Deputy Stephen Donnelly: There were two different rounds to this. The first covered restart grants for disability services. Each disability service was encouraged to submit a business case to the HSE and funding was then to be released to help with restart issues, such as Perspex screens, social distancing measures, etc. I am more than happy to get the Deputy a detailed note as to what amount was drawn down from that.

In addition, in recent days I sanctioned an additional €10 million for disability services through the winter. The winter plan considered community care, social care and acute care. I wanted to ensure the disability services had ring-fenced funding that went directly to the providers. If the Deputy would like, I am happy to get her a detailed note on exactly how that is to be distributed.

Deputy Pauline Tully: I would appreciate that. The Minister spoke about the service providers being asked to indicate how much it would cost, which was done back in June.

Deputy Stephen Donnelly: It happened throughout the middle of the year.

Deputy Pauline Tully: I am led to believe it was a large amount. A figure of €120 million was mentioned. If that is the figure, what has been allocated is considerably short of that. Day services have reopened in the past month but only on a partial basis. People who were receiving five days are lucky if they are getting three and most are getting one or two. It is very important because we all know about regression and loneliness. There is frustration over day services being closed and the impact it has had on service users and their families. It will not allow for full reopening.

Deputy Stephen Donnelly: I am not sure where the figure of €120 million comes from. I ask the Deputy to provide me with a source on that. It sounds high to me, but I am more than happy to look at what that is from. I had a very useful meeting with a service provider, which has operations in my constituency. We went through some of the difficulties it is having. The disability providers are doing an extraordinary job in making services available. There was a very strong push in recent months from the users of those services and the parents of the people who need to go into those services. The Minister of State, Deputy Rabbitte, will look to provide

them with as much money as we can to keep the services going.

What the disability providers are saying is similar to what the managers of some of our hospitals are saying, which is that regardless of the funding, there are requirements for new infection prevention and control, social distancing and transport measures. Despite their best efforts, and financial support from Government, it simply is not possible for them to ramp back up. Some of the providers told me that it will require a vaccine and we will need to move to a post-Covid world before they can resume being fully operational. Along with the Minister of State, Deputy Rabbitte, I want to ensure those challenges are considered as part of the Estimates process because we will need to do everything we can to support these providers. We simply cannot leave them to struggle through a Covid world. We need to support them in every way we can.

Deputy Pauline Tully: Therapists, such as occupational therapists, physiotherapists and speech and language therapists, were redeployed to testing and tracing at the beginning. I hear that some are still doing that and are not back providing the services people with disabilities need. Will they be allowed to go back to their day positions, which are so important? People are missing out so much on that.

Deputy Stephen Donnelly: Most definitely. We quickly had to create a testing and tracing system out of thin air. Some of it requires clinical training. Our therapists did amazing things. They volunteered as swabbers and as part of the first call on contact tracing. They also volunteered to be deployed to our nursing homes, which were dealing with extraordinary crises. Physiotherapists in Wicklow whose roles did not include working in nursing homes volunteered to support what was going on. They did extraordinary stuff. The HSE is currently hiring in excess of 3,000 people in order that we will have a non-seconded workforce for testing and tracing. What the HSE is trying to do, and I want to see happen as quickly as possible, is to get every front-line clinician who was seconded back out in the community treating the patients that they need and want to be treating.

Chairman: I will ask a couple of questions before I bring in Deputy Shortall. I have looked at the plan for living with Covid-19. While it sets out various factors that will be looked at in determining the appropriate level for an area or county, there are no concrete criteria in terms of cases, incidence per 100,000 deaths or anything of that nature. Surely some more objective criteria could be used.

Deputy Stephen Donnelly: The other witnesses, probably Dr. Glynn in particular, are best placed to answer that. Ultimately, NPHET makes recommendations to me and to the Government.

Chairman: I know that. The public needs to know that the measures within the plan are objective and based on science, and that the level a particular county is at is not determined by whether there is a Cabinet Minister from that county. Surely there has to be something more objective. Dr. Glynn mentioned that certain information was available to him on the basis of which he determined not to move counties up a level in his recommendations and to give them a chance. What was the nature of that information?

Dr. Ronan Glynn: The vast majority of the indicators that we look at are looked at in the document.

Chairman: The figures are not.

Dr. Ronan Glynn: They are not, and there is a very good reason for that.

Chairman: Okay.

Dr. Ronan Glynn: If we detail the figures, then our hands and those of a county are tied. In that situation, there is no judgment left to be made and NPHEt may as well pack its bags and go home, frankly. The reason that NPHEt is there is to utilise judgment and experience and listen to what public health doctors are telling us on the ground. We must give very difficult recommendations at points in time based on all available evidence.

For example, if we were to base recommendations solely on hard criteria, we would have moved Leitrim to a higher level when it had approximately 20 cases.

Chairman: Dr. Glynn said that there was other information. I apologise for interrupting.

Dr. Ronan Glynn: There was other information. We speak to public health doctors on the ground. For example, one in three cases in Waterford was directly linked to a workplace.

Chairman: That was a meat plant.

Dr. Ronan Glynn: It was. The doctors there were confident that, in the main, the virus was under control and we could watch, wait and see how it went for a few more days.

Chairman: The outbreak in Tipperary was also in a meat plant.

Dr. Ronan Glynn: That was a similar situation. On the other hand, Louth had a large number of small family clusters but, again, the overall numbers were not huge and we could give the county another week to see what happened.

Chairman: I thank Dr. Glynn. We all accept that Covid-19 is going to be with us for some time, as is NPHEt, by extension. Given that, and the necessity for transparency that we have just discussed, would Dr. Glynn consider webcasting NPHEt meetings? I have never tuned in but I understand that the equivalent body in New Zealand webcasts its meetings in the interests of transparency and so everybody knows what is going on.

Dr. Ronan Glynn: The suggestion is that there is not enough transparency. I would suggest-----

Chairman: One can never have enough transparency.

Dr. Ronan Glynn: I would argue that NPHEt makes some difficult recommendations at points in time. We publish all letters within 24 to 36 hours, often within four or five hours, of a Government decision. All of the data upon which we base our decisions is published. All minutes of our meetings are published. We hold press conferences twice a week and come before the committee when asked to do so.

Chairman: Is the answer “No”?

Dr. Ronan Glynn: I do not believe that the fundamental impediment to us controlling this disease over the coming months is a lack of transparency.

Chairman: Dr. Glynn and I agree that we need public buy-in for all of the measures that are being recommended by NPHEt and taken by the Government.

Dr. Ronan Glynn: I do not believe that a lack of data is hampering public buy-in. I believe that the vast majority of the public have bought in to these recommendations.

Deputy Stephen Donnelly: May I just add to that?

Chairman: The Minister can do so briefly. I am looking at the time.

Deputy Stephen Donnelly: I believe that the Chairman is not on the clock.

Chairman: I want to leave time for Deputy Shortall.

Deputy Stephen Donnelly: I agree with the sentiment expressed by the Chairman that we need as much transparency as possible. One of the things that we have done over the past few months is publish and make available more of the clinical case data and so forth. He will be aware that recently we moved to electoral district data for the 14-day averages. I am working with the relevant groups to make sure that is updated as much as possible.

Another innovation that would help is more real time and localised information on the Covid tracker app. I share the Chairman's push for transparency. During one of the conversations that I had with Dr. Mike Ryan of the WHO, he said that the international experience is - not so much in regard to the Chairman's question to Dr. Glynn around the conversations leading to decisions but around the data, sources of transmission and so forth - internationally they are finding that the more that is available to the public then the more the public engage. I fully agree with the spirit of what was said by the Chairman and we are trying to do it on the cases.

Chairman: NPHEt will be with us for some time. Does the Minister think it useful that members of NPHEt fill out the declaration of interest form that, for example, members of State boards routinely complete given the importance of the recommendations that the team makes?

Deputy Stephen Donnelly: I would have no interest in looking into it-----

Chairman: I do not suggest that there is any conflict of interest whatsoever by anybody in NPHEt. As NPHEt becomes more of a permanent or semi-permanent body then surely it must be treated like similar bodies that make fundamental recommendations to Government?

Deputy Stephen Donnelly: NPHEt is, essentially, civil servants, members of HSE and others who provide advice. It is advised by the expert advisory group, which just this week comes under the remit of HIQA. There can be no question of conflict of interest. Groups such as this advise governments all the time and such requirements are not required. I know that the Chairman is not suggesting that there is any conflict of interest in the advice that we get, let us be absolutely clear.

Chairman: Let us be absolutely clear, I am not making that suggestion. As NPHEt becomes a more permanent body rather than the *ad hoc* body that was established, do we need to move towards a more recognisable permanent structure that exists within the State?

Deputy Stephen Donnelly: I certainly hope that we are not moving to a permanent body. I, and everyone else, want to see the end of NPHEt as soon as possible in terms of it no longer being required for the virus. We must, however, be open to all scrutiny. If there is a case to be made for any of these suggestions then it certainly will be looked at. I re-emphasise that there is no suggestion of conflicts of interest.

Chairman: Declarations of interest are important for people who sit on State boards, make

recommendations and perform a function that has such fundamental economic consequences, albeit secondary consequences. There are important issues for NPHEAT around that. We have both made it clear that there is no conflict of interest and my question was about putting something on a more permanent footing.

Deputy Stephen Donnelly: Yes. If it was at a State board level then any and all of the appropriate procedures should be put in place. The majority of people on NPHEAT are from the Department and HSE who advise Government on a wide variety of issues all of the time. Obviously Covid-19 is one of the biggest.

Dr. Ronan Glynn: For absolute clarity, conflicts of interest are asked for and declared at the beginning of every single NPHEAT meeting.

Chairman: I thank Dr. Glynn for his clarification. That is an important point to get out there.

Modelling is Professor Nolan's forte. Was there a peer review of the model used in Ireland? If not, is he open to that and making the coding available for peer review?

Professor Philip Nolan: First, there was a peer review and the model was reviewed by other colleagues. Second, the model was published.

Chairman: Professor Nolan has answered my question by saying that the coding is available.

Professor Philip Nolan: Certainly the structure of the model has been published on the web since May and we have had some interest and feedback, internationally, in the approach and the model.

Chairman: I have a couple of questions before I hand over to Deputy Shortall.

Deputy Stephen Donnelly: On a procedural point, I note that there is no clock for the Chairman. Before we finish, there were numerous allegations made for quite a considerable amount of time at the start of this meeting by committee members about the availability of NPHEAT, myself and the Department. I would like the opportunity to address them if I may.

Chairman: Okay. I want to ask a couple of questions but to give Deputy Shortall time I may ask that the replies be in writing.

Deputy Stephen Donnelly: With the greatest respect, the allegations were not in writing.

Chairman: I do not mean the Minister's possibility to reply but the questions I am going to ask. Yesterday, I asked a question and it is important that we get more information on this. In respect of PCR testing, we were told that there is a number, albeit a small number, of false positives. There are also false negatives, which, I have heard from various doctors, are a bigger problem. Then there is the issue, we were told yesterday, that the testing picks up incidents where people have had Covid-19 in the previous weeks or months and are no longer infectious. Could the Minister reply in writing as to what percentages he thinks are false negatives and false positives, and the numbers detected who have had Covid-19 in the past and are no longer infectious? It is important that some shape be put on that.

The HPSC confirmed that if somebody is brought to hospital, for example, because he or she breaks his or her leg on a sporting field, and tests positive for Covid-19, obviously that person

has to be segregated from the rest but he or she is also counted as somebody who is hospitalised with Covid-19, correctly so. It is important that we get some indication, although I appreciate it will change from week to week and day to day, of approximately what percentage of people who are admitted with Covid-19 are hospitalised for the primary reason of treating the virus rather than some other condition. Likewise, in the context of people who die, for example, as a result of a heart attack but who have been asymptomatic of Covid-19 and it has not been an issue, they are counted as deaths resulting from Covid-19 until a coroner's report determines otherwise. Again, if we have any idea of the percentages they represent, that would be important. Could the Minister provide that information in writing so that Deputy Shortall can ask a couple of questions? Unless, that is, he or Dr. Glynn have very ready answers.

Dr. Ronan Glynn: We can provide the answer on PCR in writing. I would just be wary of the second line of questioning because it suggests that a significant number of-----

Chairman: I am not suggesting significance. I am asking for the number.

Dr. Ronan Glynn: ----people are being categorised. A person can be otherwise asymptomatic from Covid but die of a heart attack as a result of Covid. That point should not be lost either.

Chairman: Okay.

Dr. Ronan Glynn: Covid is more than a respiratory disease.

Chairman: I appreciate that it is a multifaceted disease. I did say that there would be time to bring Deputy Shortall in.

Deputy Róisín Shortall: I agree with the last point. In cases where the coroner determines the cause of death, is a change made to the numbers?

Dr. Ronan Glynn: Yes. In very brief terms, the vast majority of deaths in this country have been linked with Covid.

Deputy Róisín Shortall: I appreciate that. I have not been aware of any denotification, as it were.

Dr. Ronan Glynn: There would be denotifications on an ongoing basis.

Deputy Róisín Shortall: I have not seen those figures.

Dr. Ronan Glynn: They would play into the total so the total would take account of those over time.

Deputy Róisín Shortall: Again, it would be interesting. These issues all relate to transparency.

I very much agree with the point the Chair made. As representatives of the people, we should be supporting what the witnesses are doing but the actions they are taking have to make sense to us. We have to be provided with the underlying evidence which supports the decisions. That is not always the case. What we discovered a couple of weeks ago in terms of the lack of contact tracing back more than 48 hours was a bit of a watershed and caused much concern. If decisions are being taken on the basis of the evidence, then the evidence must be provided. I have been saying from the very beginning that all of the data, and there are vast amounts of

it, should be open source. I have to say I have had the experience over the past six months or so, along with other Deputies and many in the media, of going to great lengths to try to get my hands on basic information. That should not be the case. The more information people have, the better informed they are and the more some of these decisions can make sense. We had the conversation at the start this meeting. I am really concerned now that there will not be a forum, however unsatisfactory, for getting access to that data. I encourage all of our witnesses to make that data available. The Minister said that data is now provided on cases on an electoral division, ED, basis. It is not, actually, as I have been looking for that for months. It is provided on a local electoral area, LEA, area basis rather than an ED. I cannot understand why it is not provided on an ED basis.

It would again help to get the message across to people that in our local area of, for example, Santry or Stillorgan, these are the rates and we have to work together to get them down. That would help to achieve buy-in from the public which is really important together with the whole issue of transparency. I hope that there will be a change in approach to public representatives because it has not been satisfactory to date.

I raised earlier with the Minister the question of the status of the workforce that will be recruited for testing and tracing. We are talking about a very large number, 3,500, employees and I asked whether they will be temporary contracts or what their status will be.

Coincidentally, after I left here earlier, I looked at a reply that I got this morning from the HSE which is talking about recruiting a permanent workforce. I am concerned about that. Can I have a complete breakdown of the proposals for the recruitment of that workforce? It does not make sense that it should be a permanent workforce. Hopefully, there will be other developments which will negate the need for that level of staffing.

The other point is that the HSE spoke to me in that reply about leveraging existing community services. I would be nervous about that. The existing community services, as we all know, are very inadequate, whether that is the number of GPs or therapists, and there are long waiting lists for all of those community services. I hope that the HSE will be looking at arrangements so that the existing level of provision of community staff would not be impacted. In that regard, what consideration-----

Chairman: We only have five minutes remaining, Deputy.

Deputy Róisín Shortall: Is that generally, Chairman?

The HSE is talking about bolting the testing and tracing on to community services. It uses the term “leveraging existing community services”. That concerns me somewhat. There is also the question of the role of GPs in this.

Chairman: Another committee is to come in so I ask that the Deputy leave some time for replies, please.

Deputy Róisín Shortall: Has the HSE looked at the possibility of a telephone triage service to try to get people who are looking for tests directly into test centres rather than taking up such vast amounts of GPs’ time when that is required for regular health services?

Deputy Stephen Donnelly: I thank the Deputy. I will get that note for the Deputy and there will be no problem with it. I have not seen the HSE response but I am familiar with the language of “permanent workforce”. My understanding is that that is the language for differ-

entiating from the seconded workforce. It would not be making sense because we hope that as soon as possible this will not be needed .

I fully agree with the point on existing services. I have not seen the reply but there is not an intent that this would diminish what are already overstretched community services.

We are looking at telephone triage. It is something that the GPs themselves are nervous about. They believe that there is a clinical benefit that should remain for the GPs to do the triage. The HSE is also looking for a clinically-staffed national line as well.

Dr. Ronan Glynn: I have to disagree with an earlier point. There is a growing narrative that if we had just one more data point or piece of information that we would be able to control this in a better way. There are acres of data out there. Every time we make a set of recommendations, the data upon which we make those recommendations is published within hours of a Government decision. The reason that we do not publish at ED level is that, as of a couple of weeks ago, there was nowhere in Europe publishing data at an ED level. We engaged extensively with the CSO to find the lowest level that we could publish on which that office would be confident would not be breach confidentiality or have unforeseen consequences. That level was LEA. I do not believe that there is anybody in this country, if they are really interested in what is happening in their area, who cannot go online and see data. There are acres of data on the Health Protection Surveillance Centre, HSPC, website. We publish data on hospitalisations, intensive care, deaths and underlying conditions. On one hand, we are being told we need to stop the daily briefings because we are worrying people and giving too much information. On the other side, we are being told we are not giving enough. We have to manage a pandemic in the middle of this. I contend that there is no lack of data. That is not the issue when it comes to managing this. It is for certain sectors which are looking to postpone what they might have to do to take on their share of what needs to be done. However, there is more than enough data on this pandemic at this point for every sector and every part of this country to know what to do to protect itself.

Chairman: One area on which there is a lack of data, and this is not a Covid issue and does not fall within NPHE's responsibility, is the national self-harm registry. That was suspended for some time. Is that now active again and, if not, can it be activated? We do not know the extent of it but we all agree that this is having a huge toll on people's mental health and sense of isolation. I do not know whether the rates of suicide are increasing but anecdotally there is a suggestion that they are. We need to be able to measure that.

Deputy Stephen Donnelly: I could not agree more. We have to take it seriously, particularly as we come into the winter months. This is going to be-----

Chairman: There has always been a campaign to watch one's neighbours in isolation and be careful of them. Now we are told we should limit our contacts. I am not saying we should not limit our contacts but there is an obvious conflict there and there are issues with urban and rural isolation and with mental health difficulties in a long northern European winter. I worry for my neighbours, my family and the fabric of the society I live in every bit as much as I worry about Covid, which I do worry about along with the majority of the population.

I thank Dr. Glynn for coming in for the second time, Dr. De Gascun for coming in for the second or third time and Dr. Nolan for coming in for the third time. I thank all of them for making themselves available. I appreciate they are busy. It is the Minister's second time coming in and I thank him also. He wishes to make some points and I will give him the floor to make

them.

Deputy Stephen Donnelly: I thank the Chair and the committee. This has been a useful session. The various frustrations aired by members were new to me so I will set the record straight. I have been a member of Oireachtas committees for ten years, including in times of crisis across various sectors. I am a strong advocate of Parliament and the role of Parliament in holding Government to account and doing all the things these committees need to be doing. I am an advocate and defender of the rights of committees. At no point have I or the Department refused to appear before this committee. The Chairman and I spoke when Dr. Glynn and I were first invited and we agreed there were one or two days where it was not possible to attend. I made myself immediately available for the following week. That did not work for the committee. I then made myself immediately available for the week after that. The acting Chief Medical Officer, Department officials and many others have continued to make themselves available.

We need to be clear on this. On the Friday of the week before last, the Department received from the committee an invitation, which might have been sent on the Thursday evening, to me, the acting Chief Medical Officer and various other people to appear before it in three working days. I rang the Chairman immediately and we discussed the matter. I indicated that we were launching the winter plan the following day and, as such, it would be difficult for us to appear on that day, particularly with just three days' notice, but we would immediately make ourselves available again whenever the committee wanted. The day I was asked to be here was today. That date has been in my diary as such. We also made the other witnesses available. I refute in the strongest terms the suggestion, which has been repeatedly aired by members of this committee today, that anyone is not making themselves available and I would like that noted.

Chairman: It is noted. I thank the Minister.

Deputy Stephen Donnelly: I, the Department and others have gone out of our way to make ourselves available and will continue to do so.

Chairman: There was a sense of frustration. I understand that all the members of NPHEAT are available. I do not wish to take up any more of their time. I have thanked them for coming in on numerous occasions and they have come in on numerous occasions. That is much appreciated. The current CMO also came in, and that is noted and appreciated. There was a sense of frustration in the committee that NPHEAT was not available to come. We understand there are scheduling difficulties but the winding up of the committee was approaching and there did not appear to be a date. Its representatives are here today and I thank them for their attendance and for answering all of the questions put to them. I thank the Minister for coming and facilitating their attendance.

Deputy Róisín Shortall: On a point of order, it is important to point out that the criticism was not of any of the witnesses individually. The frustration people had was that both NPHEAT and the Minister were appearing before the committee for the same limited period, whereas the expectation this week or last week was that we would have two separate sittings in order that we could have more time for questions.

Deputy Stephen Donnelly: That would have been absolutely fine.

Deputy Róisín Shortall: That was what was requested. It is important to clarify that.

Chairman: Before adjourning *sine die*, I note we may not have another public meeting. We undoubtedly will have a meeting to discuss the committee's final report. We will have to

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decide whether that is in public or private session. In case we do not, I would like to thank the secretariat for working through the holidays to facilitate meetings. It is much appreciated. I appreciate Mr. McEnery is here today but a number of clerks and other members of the secretariat have given up a lot of time to make this possible, as well as technicians. We have had links to various parts of the world, which we were told were not possible. They were achieved and I thank everybody for the efforts they have made.

The committee adjourned at 12.26 p.m. *sine die*.