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Covid-19

As in every other sector of society, the Covid-19 pandemic dominated the health landscape in 2020. The first confirmed case in Ireland was identified on 29 February 2020 and the first death related to Covid-19 in Ireland occurred on 11 March 2020. On the same day, the World Health Organisation (WHO) declared that the global outbreak of Covid-19 had become a pandemic.

Government response

In response to Covid-19 reports from China and Italy, the government had already been preparing for the arrival of coronavirus in Ireland. The National Public Health Emergency Team (NPHET) and the Health Service Executive's (HSE) National Crisis Management Team for Covid-19 were convened and commenced their work at the end of January, within days of confirmation of Europe's first cases in France. NPHET is a long-standing structure and is the mechanism for coordinating the health sector response to significant public health emergencies. NPHET for Covid-19 was established on 27 January in the Department of Health, chaired by the Chief Medical Officer (CMO), Dr Tony Holohan. NPHET oversees and provides national direction, guidance, support and expert advice on the development and implementation of a public health strategy to contain Covid-19 in

Ireland. The Coronavirus Expert Advisory Group, one of ten subgroups of NPHET, met for the first time on 5 February. On 3 March the government established the Special Cabinet Committee on Covid-19, chaired by the Taoiseach. On 12 March Taoiseach Leo Varadkar, TD, addressed the nation and the government shut all schools, colleges, childcare facilities and cultural institutions. A *National Action Plan* was published on 16 March, setting out the government response and mobilisation of resources to fight the spread of the virus (Department of the Taoiseach, 2020a). In a change to the governance structures, a Covid-19 Oversight Group, chaired by the Secretary to the Government, was established in September, with membership from several government departments, the CMO and the chief executive of the HSE. Its role is to provide advice to government on the strategic economic and social policy responses to the management of the disease and to consider NPHET advice, as well as overseeing and directing implementation of policy responses.

On 20 March the Health (Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020 was passed into law, having been initiated just four days earlier. The Act set out a range of measures relating to health and social welfare, including powers to detain an individual who has or is suspected to have Covid-19. On 27 March the Emergency Measures in the Public Interest (Covid-19) Act 2020 was enacted. This emergency legislation contained a broad range of measures across many sectors, including several relating to health such as provisions to allow retired health workers to be rehired during the emergency and a series of amendments to the Mental Health Act 2001. On the same day, the government imposed a stay-at-home order, banning all non-essential travel and contact with people outside one's home. This was the first 'lockdown', initiated in order to 'flatten the curve' – to prevent the exponential increase in cases seen in other jurisdictions that led to high numbers of deaths and hospitals being overwhelmed. Two further national lockdowns were subsequently put in place, in October and December. The lockdowns and political responses are covered in more detail in the review on political developments in this issue.

On 7 April a memorandum of understanding was agreed between the Departments of Health for the Republic and Northern Ireland to underpin and strengthen North–South cooperation on the public health response to the Covid-19 pandemic. However, the measures implemented on either side of the border throughout 2020 were rarely

in step. The per capita rate of cases and deaths in Northern Ireland was consistently higher than that in the Republic for most of 2020, and was a source of concern in terms of the rate of infections in border counties.

As well as presenting an intrinsic threat since March, the situation with regard to Covid-19 has been rapid-moving and dynamic, with information being gleaned in real time and jurisdictions learning as they go, albeit with the ability to draw on the experience of other countries from an earlier stage in the pandemic. This presented a challenge to decision-making and planning, with little certainty as to outcomes, particularly in the early stages. A cohesive national effort, and quick decision-making and responses characterised the first three months until the pandemic was under some sort of control. A review of the health system response to Covid-19 up to July 2019 concluded that 'Ireland's response ... was comprehensive and timely in many respects' (Kennelly et al., 2020, p. 427). Decision-making after this 'emergency' phase has been more considered, with greater involvement of other stakeholders. A particular challenge has been the balancing of responses that are in conflict; for example, the need to 'reopen the economy' with the need to prevent people mixing in order to prevent spread of the virus. This review does not cover the many decisions made, often daily, at all levels in the health service, and is necessarily confined to a high-level description of the main structures, plans and responses.

Cumulative Covid-19 numbers for 2020

The cumulative numbers for 2020 as at 31 December were a total of 93,532 confirmed cases of Covid-19 in Ireland, with 2,237 Covid-19-related deaths. A total of 6,087 people were hospitalised with Covid-19, with 679 admitted to intensive care units (ICUs). The pandemic has been described as coming in 'waves', with Ireland now in the third wave at time of writing in January 2021. The waves of the pandemic are best illustrated by the use of 14-day cumulative incidence numbers, which peaked at 170 per 100,000 in late April, declined to 3 per 100,000 in late June, peaked again on 26 October at 307 per 100,000 (the 'second wave'), reached a low of 78 per 100,000 on 4 December, and rose to 297 per 100,000 on 30 December (the beginning of the 'third wave'). On 25 December the CMO confirmed that the new UK variant of Covid-19 had been detected in the Republic of Ireland by whole-genome sequencing at the National Virus Reference Laboratory.

Early mobilisation

The immediate response in the health sector focused on effectively communicating the public health message regarding personal actions and building capacity to respond to the expected surge in cases needing acute hospital care and treatment in ICUs. There was wide redeployment of existing personnel within the HSE. The 'Be On Call for Ireland' initiative was launched by the HSE on 17 March to harness additional human resources. The initiative sought healthcare professionals from all disciplines who were not already working in the health service, as well as volunteers with relevant skills. By 16 April 72,000 people had registered their interest in taking part. As a large proportion of those who registered did not have healthcare experience, the initiative resulted in a small number of people being recruited, although separately an additional almost 2,000 healthcare professionals were recruited across four of the seven hospital groups in Ireland to assist in combating Covid-19.

On 30 March the Private Hospitals Association reached agreement with the HSE in relation to the provision of public health services in private hospitals as a response to the Covid-19 pandemic. This agreement with nineteen private hospitals enabled the HSE, on a temporary and not-for-profit basis, to access the existing bed capacity, equipment and services of clinicians and healthcare professionals working in the private hospital system. While access to this additional capacity was initially welcomed, the deal was criticised over its cost and because significant numbers of beds in private hospitals remained unused (Wall & Magee, 2020).

While ensuring available capacity in acute health services was important, equally important was the mobilisation of the population, both in implementing and adhering to the public health measures and in supporting the hundreds of thousands of older people and medically vulnerable who were cocooning and who were unable to avail of the community services they would usually attend. 'Community Call', a national volunteering initiative, was announced on 2 April, as part of the government's *Action Plan to Support the Community Response to Covid-19* (Department of Rural and Community Development, 2020).

All elements of the health services had to adapt to new ways of working. They were assisted in this through suites of detailed guidance documents, which were produced by the Health Protection Surveillance Centre (HPSC) for all healthcare settings and updated throughout the year as new information became available or circumstances changed.

In June the Oireachtas approved almost €2 billion in additional funding for the HSE to deal with the pandemic. A report from the Parliamentary Budget Office noted that two significant components of the additional funding were approximately €320 million for personal protective equipment (PPE) and the estimated €115 million per month cost of taking over private hospitals to provide additional capacity during the peak of the pandemic.

Evidence, data and information

The importance of accurate and timely information and evidence has been thrown into sharp relief in the course of the pandemic. The HPSC, part of the HSE, is Ireland's specialist agency for the surveillance of communicable diseases. As its role is in disease surveillance, epidemiological investigation and the provision of information, the HPSC has been a key agency in the investigation and management of the pandemic in Ireland. A core data set of key numbers are reported daily on the Covid-19 Data Hub using HPSC data. The Central Statistics Office developed a Covid-19 Information Hub that reports on the changing state of aspects of Ireland's economy and society since the Covid-19 outbreak. The European Centre for Disease Control (ECDC) and the WHO have been the key international sources of evidence and information.

Development of new services

New services had to be rapidly developed in response to the pandemic. For example, testing and contact tracing have become vital components in the health system's management of Covid-19 and prevention of onward transmission of the virus. In the emergency phase this service was initially staffed through redeployment of existing staff and the use of Defence Forces personnel and trained volunteers who responded to 'Be on Call for Ireland'. By the end of 2020, over 500 new staff had been newly recruited to perform testing and tracing. In addition, new information technology systems were developed to manage the testing and contact tracing process.

The COVID Tracker app was launched on 7 July by the Department of Health and the HSE. The app was designed to enhance existing contact-tracing measures, by enabling users to identify close contacts and to alert those who are using the app of the need for Covid-19 testing when indicated. The app was downloaded one million times within forty-eight hours and has been taken on as one of the first two open-source projects by the newly established Linux Foundation

Public Health initiative in a global effort to help suppress the Covid-19 pandemic.

Covid-19 and nursing homes

Despite early warnings about the high vulnerability to Covid-19 of older people and those with existing health conditions, the initial policy responses in many countries to the pandemic failed to provide adequate protection for people in long-term care facilities (WHO, 2020). In many countries more than 40 per cent of Covid-19-related deaths have been linked to long-term care facilities, with figures being as high as 80 per cent in some high-income countries (WHO, 2020). Unfortunately, morbidity and mortality in nursing homes in Ireland were also high, with concerns being expressed on this within the first six weeks (Nursing Homes Ireland, 2020; Pierce et al., 2020)

As part of a package of support measures for nursing homes, a Covid-19 Temporary Assistance Payment Scheme (TAPS) was established on 17 April by Minister for Health Simon Harris, TD. Through this scheme, the state provided additional funding to nursing homes that required it, to contribute towards costs associated with Covid-19 preparedness, mitigation and outbreak management. The scheme was extended twice and has been further extended to the end of June 2021. The total amount of funding available through the scheme from March 2020 to June 2021 will be up to €134.5 million. As well as the TAPS funding, a range of other supports were provided by the Department of Health and the HSE to support nursing homes through the pandemic, including the provision of precautionary PPE and enhanced PPE in the event of an outbreak; access to twenty-three Covid-19 response teams to provide multidisciplinary supports and expert advice in the event of an outbreak; redeployment of HSE staff to alleviate staff shortages; and access to HSE training and education services.

In May NPHET recommended the establishment of an expert panel to examine national and international measures to Covid-19, to safeguard residents in nursing homes and to assess emerging best practice. Minister Harris established the Covid-19 Nursing Home Expert Panel, chaired by Professor Cecily Kelleher. The report from the panel was published in August and showed that, as of midnight on 14 July 2020, 79 per cent of all notified deaths from Covid-19 occurred in the over-seventy-five age groups and that deaths in nursing homes (985 cases) represented 56 per cent of total deaths (1,748 cases) in

Ireland (data from the HPSC, reported in Covid-19 Nursing Home Expert Panel, 2020).

The report emphasised that nursing homes should be part of a continuous spectrum of care of the older person in the wider healthcare system and that there was a need for sufficient homecare supports, as increasing evidence suggests that even highly dependent persons can live safely and more happily in domestic settings with support. While the report of the expert panel was broadly welcomed, there was some criticism of the narrow and biomedical focus of the panel and resultant report, which centred on ‘the patient rather than the person’ (Cahill, 2020). The report was also criticised for failing to adequately include the voice of nursing home residents with a result that there was ‘no sense of how exactly Covid-19 restrictions have affected residents’ well-being and what remedies – creative, technological or otherwise – will now be put in place to safely resume recreational activities and reinstate ... the cherished visit from a close family member or friend’ (Cahill, 2020). Updated visitor guidance for nursing homes was published in July 2020 by the HPSC to reflect the importance of visiting for residents and the lack of evidence associating managed visiting with major risks. This guidance was further updated throughout 2020.

Health service delivery in the context of Covid-19

The HSE’s *Service Continuity in a COVID Environment* plan (HSE, 2020a) and *Winter Planning* report (HSE, 2020b) and the government’s *Resilience and Recovery 2020–2021: Plan for Living with Covid-19* (Department of the Taoiseach, 2020c) all set out ways in which health services would be delivered in the context of Covid-19. Funding for different service areas was announced to resume services or to defray the additional costs associated with Covid-19. For example, €10 million was made available to support the resumption of disability day services and enhanced disability home support services, and €10 million in once-off funding for palliative and end-of-life care.

International relationships

Ireland’s membership of the EU and relationship with the WHO have been important throughout the pandemic. The ECDC has played an important role in information-sharing across EU countries. Both Ministers for Health in 2020 – Simon Harris, TD, and Stephen Donnelly, TD – met virtually with their EU counterparts throughout 2020, discussing the procurement of Covid-19 vaccines, common

approaches to travel and other issues. Ireland is availing of the multi-billion support packages and fiscal measures put in place by the EU Commission to help tackle the economic crisis caused by the pandemic.

Vaccine for Covid-19

Throughout 2020 extraordinary efforts were underway in several countries to develop effective vaccines for Covid-19. On 9 November a partnership between Pfizer and BioNTech was the first to announce an effective vaccine for Covid-19. A cross-government taskforce, chaired by Professor Brian McCraith, was established on 11 November to support and oversee the development and implementation of the vaccination programme in Ireland. The *National Covid-19 Vaccination Strategy and Implementation Plan*, prepared by the taskforce, was launched on 15 December (Department of Health, 2020b). In advance of this, the *Covid-19 Vaccine Allocation Strategy*, developed by the National Immunisation Advisory Committee, was presented on 8 December (Department of Health, 2020a). This set out a provisional priority list of fifteen groups for vaccination in preparation for the authorisation from the European Medicines Agency (EMA) of a safe and effective vaccine.

On 21 December the EMA announced its recommendation to grant a conditional marketing authorisation for the vaccine Comirnaty, developed by BioNTech and Pfizer. The European Commission subsequently granted a conditional marketing authorisation for Comirnaty, making it the first Covid-19 vaccine authorised in the EU, an authorisation that is legally binding across all member states. A 79-year-old woman from Dublin became the first person in the Republic to receive this vaccine on 29 December in St James's Hospital.

Ireland procures Covid-19 vaccines through agreements with the European Commission. In December the Commission purchased 300 million doses of the BioNTech–Pfizer vaccine (a further 300 million doses were purchased on 8 January 2021) and 160 million doses of the Moderna vaccine. The Commission reached agreements with four pharmaceutical companies to allow the purchase of some 1.5 billion doses of four different vaccines against Covid-19 once they passed clinical trials and were proven safe and effective.

The year ended with further good news on vaccines, with the announcement on 30 December that a Covid-19 vaccine from Oxford University and AstraZeneca was approved for use in the UK. The

Moderna vaccine was under rolling review by the EMA and was expected to be granted approval in early January for use in the EU.

However, after a year of immense hard work on the part of personnel in public health departments, hospitals, community settings, care settings and throughout the entire health system, along with the sacrifices and widespread adherence to public health guidance, the situation at the end of 2020 with regard to the spread of Covid-19 was of great concern. The level of infection was increasing rapidly, with a 5-day average of 1,279 cases per day; incidence was rising across all age groups, with a growth rate estimated to be 7–10 per cent per day, doubling every 7–10 days. This growth rate was greater than that seen approaching the peak of the second wave. Numbers in hospital were increasing rapidly, as were the numbers in intensive care and number of deaths per day. The numbers in hospital were expected to reach at least 700–1,000 in the following weeks. These predictions estimated by the NPHET models were unfortunately exceeded in the early weeks of 2021.

New ministers and programme for government

In the midst of the pandemic, negotiations were underway to form a government following the outcome of the general election on 8 February. A draft programme for government was published in mid June, and on 27 June a new coalition government was formed between Fianna Fáil, Fine Gael and the Green Party. In the new government Stephen Donnelly, TD, was appointed Minister for Health; Mary Butler, TD, was appointed Minister of State with responsibility for Mental Health and Older People; Frank Feighan, TD, was appointed Minister of State with responsibility for Public Health, Well-being and the National Drugs Strategy; and Anne Rabbitte, TD, was appointed Minister of State with responsibility for Disability.

The programme for government set out how the capacity of the public health service will be built up to protect against further surges of Covid-19, with a focus on learning from, and building on, some of the responses developed during the pandemic; for example, in electronic health (Department of the Taoiseach, 2020b). The health priorities were listed under the mission of ‘Universal Health Care’, describing multiple actions under six overarching priority areas:

- implementing Sláintecare;
- promoting women’s health;

- a healthier future;
- mental health;
- a health-led approach to drugs misuse;
- an age-friendly Ireland.

The detailed health measures for Budget 2021 were published on 14 October. The health budget increased by €4 billion, the largest budget increase for health in the history of the state. €1.7 billion of this allocation was earmarked to protect healthcare workers, vulnerable groups and the public from the impacts of Covid-19. Almost €1 billion was directed towards increasing capacity in community and social care services (€425 million) and towards 2,600 beds in acute and community settings, including critical care beds (€467 million). The accelerated implementation of numerous national strategies was also supported through additional funding.

Legislation

The two major pieces of legislation pertaining to health have been outlined in the section on Covid-19 above. Other health legislation was also enacted in 2020. In May Minister Harris commenced Part 2 and 3 of the Children and Family Relationships Act 2015. These provisions provide a legal framework for registering the births of children who are born as a result of assisted human reproduction involving donated eggs or sperm or embryos. As part of the ongoing work to increase access to GP care, the Health (General Practitioner Service and Alteration of Criteria for Eligibility) Act 2020 was passed in August. This Act allows for an increase to the gross income limits for medical card eligibility for persons aged seventy or older and the phased expansion of GP care without charges to all children aged twelve years of age and under. The Health (Amendment) Act 2020 was enacted on 25 October to provide for the payment of fines by persons found in contravention of the Covid-19 regulations.

Winter plan

Planning for the delivery of health services over the winter period took on a particular importance in the context of Covid-19. The winter-planning process was accelerated, with a full plan published on 24 September by the HSE. Unprecedented funding of €600 million was allocated for the plan, directed largely towards increasing capacity in

community services and in acute and intermediary care beds. The winter plan was designed to prepare the health and social care system to respond comprehensively to a surge in demand and create an environment that does not result in outbreaks (HSE, 2020b). Six priority areas for 2020/21 were set out:

- building capacity;
- service continuity;
- pathways of care;
- PPE, testing and contact tracing;
- public health;
- eHealth.

In addition to the enhancement of service capacity in HSE hospital and community services, the HSE entered into negotiations for a new arrangement with the private hospitals. It is planned that this agreement will ensure access to private hospital capacity in the event of a surge in Covid-19 cases and will provide capacity to address the HSE priority needs in providing essential care, including elective care for public patients experiencing delays and the growth in waiting lists.

A significant focus of the plan was the day-to-day management of Covid-19, such as the procurement of PPE, the enhancement of public health services and the need to rapidly develop eHealth responses. The plan acknowledged the huge effort made by HSE staff and the enormous and rapid changes that had been made in many areas in response to the pandemic.

Sláintecare

Although Covid-19 consumed much of the time, energy and resources in the health sector in 2020, efforts were made to ensure work continued in other areas. The Sláintecare programme remained in operation and was arguably shown to be increasingly relevant. Many of the healthcare responses to Covid-19 represented important elements of Sláintecare; for example, the provision of more health services in the community; increases in capacity, including acute bed, ICU and critical care capacity; and the promotion of good public health policy. The HSE winter plan described the main aim as a 'shift left', i.e. shifting health services from predominantly hospital environments to community-based delivery. Shifting services left explicitly advances the goals of Sláintecare through the prioritisation of primary care and

community services, while helpfully mitigating the impact of Covid-19. The enhancement of community services supports people to remain at home, prioritising older people and those with chronic conditions as set out in Sláintecare. Services funded under the winter plan – for example, the enhancement of community specialist teams and development of community networks – enable an acceleration of the implementation of the ‘Community Healthcare Networks’ change programme, which is central to the Sláintecare strategy.

Mental health

A new mental health policy, *Sharing the Vision – A Mental Health Policy for Everyone*, was launched in June (Department of Health, 2020c). An Oversight Group was established in October 2017 to review and update the mental health policy *A Vision for Change*, which ran until 2016 (Department of Health, 2006). An expert evidence review, extensive consultation and consideration of other policies informed the development of the new policy. *Sharing the Vision* takes a population health approach and sets out outcomes under four domains – promotion, prevention and early intervention; service access, coordination and continuity of care; social inclusion; and accountability and continuous improvement – and it includes a detailed implementation plan. One of the key recommendations is to establish a National Implementation and Monitoring Committee to oversee progress in implementation. Mr John Saunders was announced as the independent chair of this committee in November. New funding of €38 million for mental health was announced in Budget 2021, €23 million of which is to be allocated to commence implementation of *Sharing the Vision*. The new mental health policy contains timely recommendations on the use of eHealth technologies to provide online mental health support. This focus on digital solutions was accelerated by Covid-19; for example, investment for online mental health supports was announced in April to address increased demands due to the pandemic and in June the HSE launched a new text-based mental health service, ‘50808’.

CervicalCheck

Mr Justice Charles Meenan’s report on an alternative system for dealing with claims arising out of CervicalCheck, published in October 2018, proposed that a tribunal be established under statute that would

facilitate the hearing of claims in private and in a more timely and less adversarial manner (Meenan, 2018). The legislation necessary to establish the CervicalCheck Tribunal was passed in 2019. It was intended that the tribunal would be established by the end of March 2020. However, this was delayed due to the outbreak of Covid-19. The final members of the CervicalCheck Tribunal were announced in July 2020.

Members of the 221+ Patient Support Group¹ were in discussions with the Department of Health from August to October regarding concerns they had about how the tribunal would operate. Although the 221+ representatives understood that the start date of the tribunal would be paused, the order establishing the tribunal was signed by the minister on 23 October, which meant that the date of 27 October was the first day of the tribunal. This was a concern for the 221+ group as there is a nine-month period for making claims, which runs from that date. Further talks were held with the Department of Health but on 20 November the 221+ group announced they were withdrawing from the talks and the tribunal process. The tribunal remains underway, and it remains the choice of individual women whether to engage with it or not.

Industrial relations

There were few industrial relations disputes in the health sector in 2020. Public health specialists, who are represented by the Irish Medical Organisation, voted by 94 per cent in favour of industrial action at the end of November. These specialists oversee public health operations, including infectious diseases, vaccinations and contact tracing, and have played a vital role in the Covid-19 pandemic. The plan to hold three days of strike action in January represented an escalation of a long-running campaign for public health to become a consultant-led service and for public health specialists to be awarded consultant contracts with commensurate pay.

Workers in Section 39 organisations² took action to seek pay restoration. Grants to Section 39 organisations were cut in 2010,

¹ The 221+ Patient Support Group was established in July 2018 to provide information, advice and support to the women and families adversely affected by the CervicalCheck screening programme.

² Section 39 organisations are government grant-aided organisations which provide disability, mental health and community services. Their employees are not public servants and are not specifically subject to the pay scales approved for public servants.

leading to salary cuts in line with those in the public sector. While public sector staff are beginning to see pay restoration, this has not been the case for many workers in Section 39 organisations. SIPTU members took strike action in February on this issue and Fórsa members sanctioned a ballot for industrial action on this issue in October. Agreement was reached at the Workplace Relations Commission on 9 December in relation to pay restoration for people working in 250 Section 39 organisations. The agreement consists of three phases, with the first two payments to be made in 2021.

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