

**i** House of Lords data for 16 June 2020 is currently being processed.  
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[ Click here to go to p. 29 for request of Health Sec. **Matt Hancock** by MP Chris Elmore (Ogmore) for the British government "to start a campaign to tackle anti-vaxxers head-on" using **Sir Nick Clegg and Facebook** were he is now vice president. Hancock's response: "**That campaign is under way. We are constantly looking to strengthen it.**" ]

## Covid-19

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**01 September 2020**

Volume 679

**L** 3.35 pm

### **The Secretary of State for Health and Social Care (Matt Hancock)**

With your permission, and indeed your encouragement, Mr Speaker, I would like to make a statement on coronavirus. The latest figures demonstrate how much progress we are making in our fight against this invisible killer. There are currently 60 patients in mechanical ventilator beds with coronavirus—that is down from 3,300 at the peak—and the latest daily number for recorded deaths is two. However, although those figures are lower than before, we must remain vigilant. I said in July that a second wave was rolling across Europe and, sadly, we are now seeing an exponential rise in the number of cases in France and Spain—hospitalisations are rising there too. We must do everything in our power to protect against a second wave here in the UK, so I would like to update the House on the work we are doing to that end.

To support the return of education, and to get our economy moving again, it is critical that we all play our part. The first line of defence is, and has always been, social distancing and personal hygiene. We will soon be launching a new campaign reminding people of how they can help to stop the spread of coronavirus: “Hands, face, space and get a test if you have symptoms.” Everyone has a part to play in following the social distancing rules and doing the

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basics. After all, this is a virus that thrives on social contact. I would like to thank the British public for everything they have done so far, but we must continue and we must maintain our resolve.

The second line of defence is testing and contact tracing. We have now processed over 16 million tests in this country, and we are investing in new testing technologies, including a rapid test for coronavirus and other winter viruses that will help to provide on-the-spot results in under 90 minutes, helping us to break chains of transmission quickly. These tests do not require a trained health professional to operate them, so they can be rolled out in more non-clinical settings. We now have one of the most comprehensive systems of testing in the world, and we want to go much, much further.

Next, we come to contact tracing. NHS Test and Trace is consistently reaching tens of thousands of people who need to isolate each week. As I mentioned in answer to a question earlier, the latest week's data shows that 84.3% of contacts were reached and asked to self-isolate, where contact details were provided. Since its launch, we have reached over 300,000 people, who may have been unwittingly carrying the virus. Today, we also launch our new system of pay to isolate. We want to support people on low incomes in areas with a high incidence of covid-19 who need to self-isolate and are unable to work from home. Under the scheme, people who test positive for the virus will receive £130 for the 10-day period they have to stay at home. Other contacts, including, for instance, members of their household, who have to self-isolate for 14 days, will be entitled to a payment of £182. We have rolled out the scheme in Blackburn with Darwen, Pendle and Oldham, and we will look to expand it as we see how it operates on the ground.

The third line of defence is targeted local intervention. Over the summer, we have worked hard to integrate our national system with the local response, and the local action that we are taking is working. In Leicester, as the hon. Member for Leicester South (Jonathan Ashworth) knows well, as a local MP, in Luton and in parts of northern England, we have been able to release local interventions, because the case rate has come down. We also now publish significantly more local information, and I put in place a system for building local consensus with all elected officials, including colleagues across this House, wherever possible. Our goal is that local action

should be as targeted as possible. This combination of social distancing, test and trace and local action is a system in which we all have a responsibility to act, and this gives us the tools to control the virus while protecting education, the economy and the things we hold dear.

Meanwhile, work on a vaccine continues to progress. The best-case scenario remains a vaccine this year. While no vaccine technology is certain, since the House last met, vaccine trials have gone well. The Oxford vaccine continues to be the world leader, and we have now contracted with six different vaccine providers so that whichever comes off, we can get access in this country. While we give vaccine development all our support, we will insist on safety and efficacy.

I can update the House on changes to legislation that I propose to bring forward in the coming weeks to ensure that a vaccine approved by the Medicines and Healthcare Products Regulatory Agency can be deployed here, whether or not it has a European licence. The MHRA standards are equal to the highest in the world. Furthermore, on the development of the vaccine, which proceeds at pace, I will shortly ask the House to approve a broader range of qualified clinical personnel who can deploy the vaccine in order of clinical priority, as I mentioned in questions. As well as the potential vaccine, we also have a flu vaccination programme—the biggest flu vaccination programme in history—to roll out this year.

Finally, Mr Speaker, in preparation for this winter, we are expanding A&E capacity. We have allocated billions more funding to the NHS. We have retained the Nightingale hospitals to ensure that the NHS is fully prepared, and we published last month updated guidance on the protection of social care. As well as this, last month, figures showed a record number of nurses in the NHS—over 13,000 more than last year—and record numbers of both doctors and nurses going into training. We are doing all we can to prevent a second peak to prepare the NHS for winter and to restore as much of life and the things we love as possible. As schools go back, we must all remain vigilant and throughout the crisis we all have a role to play.

This is a war against an invisible enemy in which we are all on the same side. As we learn more and more about this unprecedented virus, so we constantly seek to improve our response to protect the health of the nation and the things we hold dear. I commend this statement to the House.

🕒 3.42 pm

**Jonathan Ashworth** (Leicester South) (Lab/Co-op): We are indeed all on the same side in fighting this virus. I hope that the Secretary of State understands that when we raise issues, we do so because we urge the Government to improve their response to fighting this virus. This remains a lethal virus that leaves many with serious, debilitating sickness. Everything must be done to drive down and eliminate infections and suppress the virus completely.

With that in mind, I hope that the Secretary of State can answer a few questions today. I am grateful for advance sight of his statement. First, to avoid a second national lockdown, which we all want to avoid, an effective test and tracing regime is vital. I listened carefully to the figures that he outlined, but he did not tell the House that the numbers going into the system have actually fallen in the past week, from 79% to 72%. This system is not yet world beating.

Throughout questions the Secretary of State has rejected criticisms of the private sector contractors who are involved in delivering the system, so there is no point in me raising them again, but would it not be better if money was spent on investing in local public health teams, particularly in those areas where restrictions are in place, so that they can do more door-to-door testing, as we have seen, for example, in Leicester? Surely that would be a better use of public funding, for example, than paying for so-called influencers on Instagram to big up test and trace.

On testing itself, the Secretary of State now supports mass testing as a policy aim. It is something I have been calling for, for some months. It is something the former Health Secretary, the Chair of the Health Select Committee, has been calling for. Indeed, we tried to persuade the Secretary of State of its merits before the summer when we asked him to introduce regular testing of NHS front-line staff. He whipped his MPs to vote against it, but will he now, given that he is in favour of mass testing, introduce regular weekly testing of all front-line NHS workers?

To move to mass testing means evolving our testing regime from one that provides antibody tests and diagnostic PCR—polymerase chain reaction—tests effectively to a system of mass screening using more rapid, on-the-spot antigen tests. The Secretary of State referred to rapid

tests in his statement. Can he tell us when rapid, on-the-spot antigen tests will be rolled out across society and which sectors of the workforce will be first in the queue to access those tests?

Will the Secretary of State also look at introducing saliva testing, which is being used in Hong Kong, for example, and will he ensure the quick turnaround of tests? I wonder whether he has seen the study from Yale that suggests that saliva testing could be as sensitive as nose and throat swabs. What is his attitude towards pooled testing, which would surely increase the capacity in areas of low prevalence? Does he have a plan to introduce pooled testing? Will he allow GPs to carry out testing or, at the very least, to arrange a test for their patients directly? They currently have to ask their patients to log on to the national system, which is causing huge delays.

On local lockdowns, the Secretary of State said that he wants to involve MPs and elected officials. What process will be used to properly consult local Members of Parliament? What can MPs expect? When a decision has been made to put a local area into restriction, will he publish the specific evidence behind that decision? Why is it, for example, that our constituents in Leicester are not able to gather in private gardens? Can he publish the scientific evidence for that decision?

In Trafford, we have seen infections increase. The local authority leader and the director of public health felt that restrictions should continue, but the hon. Member for Altrincham and Sale West (Sir Graham Brady) felt that they should be lifted. Why did the Secretary of State overrule the advice of the director of public health and instead endorse the representations of the chairman of the 1922 committee? There was a similar story in Bradford, and in Bolton, where restrictions are due to be lifted tonight, infections are increasing. Is it still his plan to lift restrictions tonight in Trafford and Bolton, even though infections are increasing compared with last week, when he made his initial decision?

The Secretary of State is right: in the end, a vaccine is our best hope to stop this pandemic. Vaccines save hundreds of millions of lives every year, and I repeat my offer to work with him on a cross-party basis to promote uptake and challenge the poison of anti-vax myths, including those that we witnessed at the irresponsible and dangerous demonstration this weekend in Trafalgar Square. We will work constructively with him on the proposals he brings to the House. Does he share my concerns about those leaders, such as Putin and Trump, who are trying to short-cut testing to rush out a vaccine, undermining safety and efficacy, potentially damaging millions of lives and giving succour to the anti-vax movement?

Finally, health protection is built upon good population health. Poverty makes people sick. Ending cuts and tackling deprivation as a determinant of ill health is vital to improving and protecting people's health. But the Secretary of State is now embarking on a risky, distracting restructuring of Public Health England in the middle of a pandemic. Tory MPs like to blame Public Health England—it is such rotten luck that these decent, hard-working, competent Ministers are always let down by the people who work for them—but is not the reality that this restructuring will sap morale and focus and should wait until the end of the pandemic? The UK has suffered the highest per capita death rate of any major world economy. To get through this winter safely, our NHS and public health services need resources, and staff need personal protective equipment, fair pay, security and support. I hope he can deliver that.

## **Matt Hancock**

I will answer as many of the hon. Gentleman's questions as possible. His first question about the effectiveness of NHS Test and Trace is very important. He is right that we are investing in public health teams, and so we should. As we discussed in Health questions earlier, it is important to have the combination of the national system and the local one. It is also important that we communicate to people that it is important to engage in testing and contact tracing for those who test positive and their contacts. It is important to be able to communicate to people so that they get those messages, and we will do that in whatever way is effective to get those messages across.

The hon. Gentleman asks about the importance of mass testing. I bow to no one in my enthusiasm for mass testing and am glad that he supports my drive for it. He might remember the exchanges we had some time ago when I rather stuck my neck out in pushing for mass testing when we needed to get to hundreds of thousands of tests. We now need to increase the number of tests again.

The hon. Gentleman mentions both saliva tests and pool tests; we are trialling both of those. As with vaccines, to which I shall come briefly, we will only use testing that is validated and for which the results are safe, so it is important that we use the world-class facilities that we have at Porton Down to make sure that tests are validated before we use them in public. Saliva testing and pool testing are both options that we are working on.

Local lockdowns are working. Local action, taken jointly between national and local government, is having an effect, as the hon. Gentleman knows well from Leicester, where the case rate is right down. We do publish the data on which such decisions are made. In fact, from last Thursday, we now publish data at lower-super-output-area level, which is the lowest level in terms of how local the test results can be reasonably published. We also provide extensive data to directors of public health.

It is important that all elected officials are engaged in the process of making lockdown decisions, so, as we set out the week before last, we require councils to seek consensus with local elected officials, which includes colleagues in this House. For instance, if your area, Mr Speaker, were under consideration for the need for intervention, we would require your local council to seek consensus with you—although that consensus is not always possible, and there have been a couple of examples where it has not been—and would then make as targeted an intervention as possible. We want to get to the point at which everybody is on the same side in the battle against the disease. I am glad to say that in nearly all council areas the process has worked well. I urge all council leaders to work to engage with their local MPs and with colleagues from across the House to make sure that colleagues' views are taken into account in trying to seek consensus.

The hon. Gentleman makes the point that a vaccine must be deployed only when safe and effective, and he is completely right. He and I are as one, along with every single Member of this House, in our abhorrence at the anti-vax people who peddle lies, and in our abhorrence at the anti-test people who similarly try to argue that testing is somehow wrong when it is not. In the UK, a vaccine will be deployed only when it is safe and signed off by the regulator. The UK health regulator, the MHRA, is one of the finest regulators in the world. It is robust, independent and technically brilliant. People should know that we will sign off a vaccine only when it is safe. Having said that, we will also work incredibly hard and give all the resources that the vaccine development teams need to try to get a vaccine over the line as quickly as possible.

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## **Jeremy Hunt (South West Surrey) (Con)**

The Secretary of State has made impressive progress in making testing available to everyone with covid symptoms, but I wish to press him on the availability of tests for people who are asymptomatic. Will he confirm that it is the Government's intention to introduce regular weekly testing for NHS staff, teachers and other people who are in regular contact with the public and who could potentially transmit the virus? Even if it cannot be done right away, is it the intention to do that as soon as possible? Surely that is the best way to reassure patients that their hospital is safe and parents that their kids' school is safe.

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## **Matt Hancock**

It is my intention to deploy as much testing as possible using the new testing innovations coming on stream and to do so as widely as possible following clinical advice. We have set out the process we propose to use for the current generation of testing capability, but if a new, easier type of test gets over the line, of course we will always keep that under clinical review, being guided always by clinicians.

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## **Dr Philippa Whitford (Central Ayrshire) (SNP) [V]**

Is the Secretary of State aware that some people are being refused home-testing kits because the credit-checking company TransUnion has not found their names on the public version of the electoral register? Can he explain why he contracted this American company to verify people's identities and what he will do to resolve the issue? He still has not addressed the poor performance of Serco, which has failed to trace 40% of contacts and apparently did not even have contact details for over 2,500. This compares poorly with the public health-based systems of the devolved nations, which are managing to trace 90% or more. Instead of breaking up PHE, will he not provide it with the necessary resources to develop a public health-based tracing system for England, too?

Finally, Chris Whitty says it is not possible to open up everything and keep the virus under control. While it is really good to see the number of deaths from covid falling, the number of new cases in the UK is currently higher than when we had to go into lockdown in March. If getting



children back to school is his Government's priority, why are they pushing people back into offices at the same time?

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## **Matt Hancock**

I have addressed several of those points already in questions. The idea that, instead of the large-scale national system working together with local contact tracers, we should disparage one part and praise the other—this divisive approach proposed by the SNP spokesperson—is wholly wrong and would lead to things getting worse, not better. Instead, we need to work together to improve the system, in the same way the Scottish Government and the UK Government worked together to provide testing capability right across Scotland.

On the arrangements for the future of PHE, we look around the world for the best way to ensure we have systems at a national level that can respond to the virus, in the same way we put in place the Joint Biosecurity Centre, when we worked closely with the Scottish Government, the Welsh Government and the Northern Ireland Administration to ensure the best possible system—for instance, when cases move over a border. Some of the best systems in the world, such as the German system, have an institute dedicated to infectious disease control. I am convinced that the enormous amounts of extra money we are putting into health protection, along with the extra support going in and the clarity and dedication of the new National Institute for Health Protection, will be a step forward. I pay tribute to all those who have worked in PHE and right across the board to keep people safe during this crisis.

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## **Joy Morrissey (Beaconsfield) (Con)**

I welcome my right hon. Friend's announcement of two groundbreaking tests that will allow people to be tested for coronavirus in less than 90 minutes. Will he aim for these tests to be rolled out as soon as possible, particularly in care homes, and may I suggest that the roll-out begin in Buckinghamshire, particularly Beaconsfield?

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## **Matt Hancock**

I will certainly look into whether the roll-out can start in Buckinghamshire. Thankfully, it has a relatively low rate of the virus, which is good news, and we are working to ensure that the testing system there is as effective as it can be. That will include using this new generation of testing when we can begin to roll it out more broadly than the current pilots.

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## **Chris Bryant (Rhondda) (Lab)**

Cancer is rapidly becoming an even bigger catastrophe than anything else. The number of new cancer patients presenting is down by more than a quarter this year. The number of appointments for cancer specialist treatment is down by more than a quarter. The amount of money available for clinical trials has completely fallen through the floor. There is a real danger that lots and lots of people are going to die of cancer this year unnecessarily, when there is treatment that could be available, and that new treatments will not come online. Will the Secretary of State please put together a single taskforce to deal with cancer during this process, increase the amount of money for new kit, in particular in radiotherapy, make sure that we have enough pathologists, histopathologists and haematologists for the future, and make up the additional money for the clinical trials?

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## **Matt Hancock**

The hon. Gentleman's point about research is important. In the places where research has paused because of the virus, the programme of restart is well under way. I am glad to say that although the backlog of cancer cases had increased—because it is not safe to treat cancer during a pandemic and because of some of the surgery that had to be paused—we are now halfway through recovering from that backlog on the latest figures. Obviously that recovery is

incredibly important, and it is important to look at the catch-up as well as the absolute drop in overall delivery of cancer services. It is also critically important that people who fear that they may have cancer come forward to the NHS.

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## **Rehman Chishti (Gillingham and Rainham) (Con)**

I thank the Secretary of State for his statement. My question today is about support for people with mental health conditions during covid-19. One of my constituents, Nicola Kulawsky, went missing just over a week ago. Thankfully, she was found within four days. During 2018 and 2019, there were approximately 176,000 reported incidents of people going missing. Charities such as Missing People have highlighted the huge strain that the covid-19 pandemic has put on people with mental health issues. Charities working in this sector have had to make budget cuts. Will the Secretary of State do everything he can to ensure that individuals who suffer from mental health conditions during covid-19 get the support they need, as part of the wider covid-19 strategy?

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## **Matt Hancock**

My hon. Friend is absolutely right to raise these issues, which are very important. I acknowledge and can see the challenges that mental health services face. Some cautiously positive news announced today by the Office for National Statistics shows that the number of suicides during the peak of the pandemic was down from 10.3 per 100,000 to 6.9 per 100,000, but of course we have to ensure that mental health services are there for people as we come out of lockdown, so that they can access them again more easily, and that we do all we can to support those who need them.

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## **Bambos Charalambous (Enfield, Southgate) (Lab)**

Following on from the Secretary of State's answer to the question that my hon. Friend the Member for Rhondda (Chris Bryant) asked about cancer, obviously winter is a time of huge pressures on NHS services, with pressures on acute beds in recent years. Can he tell us more about his plan to tackle the backlog and deal with cancer patients, and about the treatments they will receive in the wintertime?

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## **Matt Hancock**

Yes; the hon. Gentleman is right to raise exactly this point. Now is the time to get through as much of the backlog as possible. At the same time, we have introduced changes to the way that the NHS operates so that it is more risk-based, so that infection control procedures, which are important, can also be more risk-based, to try to increase the amount of surgery that can happen, essentially splitting the NHS into areas that are deemed "covid green", which are secure from covid, and "covid blue", which means the areas where there may be covid, to allow the throughput of surgery to increase. Of course, cancer services have continued all the way through, but obviously they were diminished during the peak. With winter coming, we want to put the extra funds into the NHS to try to ensure that those services can continue all the way through, as much as is possible. The flu vaccination programme is also an important part of protecting the NHS from higher demand this winter.

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## **Mr Speaker**

May I help the House by saying we are going to finish at 4.40 pm? I am sure the Secretary of State will want to help as many Back Benchers as possible to ask their questions by giving shorter replies. That would be helpful.

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## **Greg Smith (Buckingham) (Con)**

I thank my right hon. Friend for the announcement last month of £900,000 extra for Buckinghamshire Healthcare NHS Trust to upgrade A&E facilities in the county ahead of winter. That will make a huge difference as we continue to battle coronavirus as well as prepare for other winter illnesses. What assurances can my right hon. Friend give me that those very welcome upgrades will be completed in time for this winter to treat Buckinghamshire patients?

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## **Matt Hancock**

It is very good that we have been able to give funds to over 100 A&Es across the country so that they can expand, both to be able to cope with infection control procedures and to ensure that there is more space. I pay tribute to the Minister for Health, my hon. Friend the Member for Charnwood (Edward Argar), who has driven through this programme along with the NHS. I am confident that this can be built in time for winter to ensure that we are ready by December.

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## **Dr Rupa Huq (Ealing Central and Acton) (Lab)**

All of west London rejoiced when the Secretary of State axed the hated “Shaping a healthier future” programme, which was established by his predecessor. Will he now stave off the rumours circulating and confirm that the stopping of services at Ealing Hospital—that programme would have put an end to those services, as we know it—does not mean that the closure programme is coming in through the back door? There are a lot of rumours around. Will he start by restoring in full the CEPOD surgery and trauma services, so that we ward off the second spike that he and I do not want?

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## **Matt Hancock**

We have indeed stopped “Shaping a healthier future”, as it was called. We are continuing with the investment into primary healthcare services that was a part of that programme, but not with the rest of it. I am happy to arrange a meeting between the Minister for Health, my hon.

Friend the Member for Charnwood, who is brilliant on this stuff, and the hon. Lady and other west London colleagues, to ensure that that commitment is kept to.

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## **Ben Everitt (Milton Keynes North) (Con)**

I thank the Secretary of State and his Department for the additional funding for Milton Keynes University Hospital of £1.5 million for winter preparedness. May I stress—and hope that he agrees with me—that it is not just about the threat of covid this winter, but the dual threat with the winter flu?

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## **Matt Hancock**

Yes. Both my colleagues from Milton Keynes have been assiduous in making the case for the need for expansion at Milton Keynes Hospital. The team there have been absolutely brilliant, even while the chief executive has also been stepping up to national responsibilities in response to this crisis. I hope that the expansion of A&E will help to ensure that my hon. Friend's constituents can access emergency services when they need them.

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## **Munira Wilson (Twickenham) (LD)**

Given that the Secretary of State decided to announce the scrapping of Public Health England in the middle of recess, when there was no opportunity for parliamentary scrutiny, I find it astonishing that his statement did not make a single reference to the bureaucratic reorganisation in the middle of a pandemic. The King's Fund described scrapping PHE without a full public inquiry as finding it "guilty without a trial". The Prime Minister has committed to an inquiry. Will the Secretary of State now set out when that inquiry will happen?

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## **Matt Hancock**

This is all about ensuring that we are as well prepared as possible for tackling this virus and that the total focus of the new National Institute for Health Protection is on the prevention of infectious diseases. I have set that out very clearly, as I did in my speech. Sometimes we have to make changes to ensure that our systems are working as effectively as possible, and, critically, we had to do so to bring together the different parts of the infection response that had ended up in different places and needed to be brought under single leadership.

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### **Stuart C. McDonald (Cumbernauld, Kilsyth and Kirkintilloch East) (SNP) [V]**

What work is ongoing to ensure that all the PPE needed by the NHS this winter is procured in good time, and will details of all previous PPE contracts be published immediately in order to address serious concerns about the appropriateness of some of the earlier deals?

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### **Matt Hancock**

Yes, absolutely; we are working very hard to ensure not only that we have PPE for now and for winter, and that we rebuild the stockpile that we used during the peak of the pandemic, but that as much as possible of the PPE available and used in this country is made in this country, so that we are less reliant on international contracts and the international flow of PPE, which obviously became difficult at the height of the crisis. We are one United Kingdom in ensuring that we have the provision of PPE for now and in the future.

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### **Nigel Mills (Amber Valley) (Con)**

Does the Secretary of State agree that achieving the biggest ever flu vaccine programme will need local GPs and pharmacies to work together, not compete for revenue, so can he find a way of incentivising such working together, not fighting for every jab?

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## **Matt Hancock**

It is incredibly important that pharmacists as well as GPs and others are able to make the flu jab available. We have got to make sure that happens as effectively as possible, and it is a massive operation. If I may, I will talk to my hon. Friend and we can have a discussion about the specific problems he has found and try to resolve them, but it is going to be one huge national effort.

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## **Jim Shannon (Strangford) (DUP)**

I thank the Secretary of State for all he has done: he has not been found wanting when it comes to responding in the way he should. Can the Secretary of State further outline if he has reviewed routine operations—such as for tonsillitis and hip, knee and shoulder replacement surgeries—and when will he be able to address the massive backlog, which has occurred because of coronavirus, but must now be worked on?

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## **Matt Hancock**

We are working through that backlog. I am glad that, over the summer, we were able to re-contract with private providers of healthcare to help us to get through that backlog, and on a better contract than before—better value for money. I pay tribute to the private providers of healthcare that have been there and delivering improvements for people throughout the summer and now on into winter. They play an important part in improving people's health, and it is a big team effort.

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## **Harriett Baldwin (West Worcestershire) (Con)**

It is very reassuring to hear how far we have come in terms of our lines of defences against this invisible killer over the past six months. May I, through the Secretary of State, thank everyone who has helped us get here? On the second line of defence, the testing, can I have an update on how the NHS is working with the private sector to make sure that all aspects of our economy can reopen safely?



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## **Matt Hancock**

If I understand the question correctly, the ability to provide tests to parts of the private sector that need to know people do not have the virus in order to be able to reopen parts of the economy or just enable things to happen is a very important part of where we would like to get to when we have the next generation of testing. At the moment, we of course have to follow a clinical protocol for the roll-out and the use of the capacity we have. We have very significant capacity, having built it up over the pandemic, but the work with the private sector is very important, and we will be publishing more details on this shortly.

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## **Clive Efford (Eltham) (Lab) [V]**

I have had personal experience of track and trace over the last couple of weeks. Having filled in my initial form, I was contacted at least three times to be asked for the same information again, so it is a question not just of the contacts, but of what is being done with the data. My assessment is that there is poor management of the data and a waste of time and effort in duplication, including in contacting members of my household and telling them to isolate from the wrong date. Improvements are needed to what is done once track and trace gets in touch with people. Does the Secretary of State agree?

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## **Matt Hancock**

I am very happy to look into these individual circumstances. Of course, we are constantly seeking to improve the system. I am very glad that the hon. Gentleman was contacted so assiduously by the system, and I take the point about the need for the data to be collected as effectively and efficiently as possible. I hope that he and members of his household are following the rules and doing the isolation that is necessary.

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## **Jack Brereton (Stoke-on-Trent South) (Con)**

Following the recent outbreak in Stoke-on-Trent, I would like to thank local authorities and the community for their actions, which have helped to stem the spread of the virus locally. Does my right hon. Friend agree that it is thanks to these rapid actions that we are now seeing positive covid results decline, and that everyone must continue to play their part by closely following Government guidelines if we are to see cases fall further?

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## **Matt Hancock**

Yes, absolutely. Stoke-on-Trent provides another example of a local action that worked. We did not have to go to a full lockdown, which I am very glad about. The combination of enhanced support from the national system plus assiduous work locally and the responsible and strong voice of the local MPs, including my hon. Friend, has meant that the cases are coming right down. I am very grateful to the people of Stoke-on-Trent for responding as positively as they did to what were challenging circumstances. At one moment, it looked like there might be a full-blown local lockdown, but that did not happen because Stoke-on-Trent got in there fast and acted.

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## **James Murray (Ealing North) (Lab/Co-op) [V]**

The Secretary of State mentioned the importance of local efforts in keeping infections down, so can he tell me what additional financial support the Government will now provide to support local test and trace efforts, specifically in those areas where the level of infection places them on the watch list or under lockdown?

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## **Matt Hancock**

We do enter into those sorts of discussions. Of course local councils have a statutory obligation as well, but what matters most is that the response is as effective as it can be. Thus far we have been able to ensure that councils have the support and the capability to be able to respond,

but, with their statutory duties, it is absolutely at the top of their priority list to prevent a local outbreak as well.

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## **Sir Edward Leigh (Gainsborough) (Con)**

The truth is that young people of working age who are fit know that there is very little chance of their becoming seriously ill from this thing. I know that the Secretary of State will say, yes, but they can pass it on to older people, but may I speak on behalf of older people? I am one. I think that, at 70, I am the oldest person here and I am still kicking—just. What I can say to him is that older people do not want to be patronised. They are very well aware of their own health needs. They can be trusted to isolate if they have to. We do not want to have this thing whereby the man from Whitehall knows best. The man from Whitehall does not know best, especially as he changes his mind every two minutes. Can we get back to being a proper Conservative Government who trust the people and who let the people decide how to look after their own health?

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## **Matt Hancock**

The challenge is that this disease passes on without people knowing. I have seen the challenge of older people trying to stay away from and stay safe from the continuing spread. In the United States of America, we saw that, at first, the increase in rates was among younger people and then it spread and the hospitalisation rate went up and then the number of deaths went up. Unfortunately, we are seeing a similar pattern on parts of the continent. I understand where my right hon. Friend is coming from. The goal is to have as little intervention, as targeted intervention, as possible, subject to keeping the virus under control. That is what we are trying to do. Essentially, we want to protect the ability of schools to go back and to make sure that we get the economy going as much as possible. These localised interventions, whether through test and trace to the individuals who have tested positive or to a local area where there is an outbreak, is the approach that we propose.

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## **Vicky Foxcroft (Lewisham, Deptford) (Lab) [V]**

Office for National Statistics data show that 75% of disabled people are extremely worried about life post lockdown and a further 46% report that this is having a serious impact on their mental health. Will the Minister tell me what the Government are doing to support them, and will he commit to ensuring that disabled people, who have felt like an afterthought throughout this crisis, are at the heart of any recovery plan, as called for by Scope and many other charities?

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## **Matt Hancock**

Yes, absolutely. Our approach is to ensure that the support that is given, including with the vaccine if and when that comes, goes to those who are clinically most at risk. That is the answer to ensuring that disabled people get the support that they need. People who are disabled for different reasons have different needs. We must be cognisant of that and not try to treat all disabled people with different disabilities the same. Instead, we should support people according to their needs and that is at the heart of the approach that I take.

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## **Theo Clarke (Stafford) (Con)**

Does the Secretary of State agree that the recent coronavirus outbreak from the Crown and Anchor pub in Stone in Staffordshire next to my constituency demonstrates how vital it is that we all—including businesses—follow the track and trace guidance that has been put in place, so that we can reopen our economy safely and control this virus?

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## **Matt Hancock**

Yes, absolutely. Everybody has a role to play. Businesses have a role to play especially, including with contact tracing, so that people can safely go to the pub and know that if there is a problem they can be contacted. We all have that part to play.

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## **Richard Thomson (Gordon) (SNP)**

Does the Secretary of State share my concern that, of the £2.5 billion of covid-related Government procurement activity, at least £1 billion has been awarded without recourse to open competitive tendering, including a contract to a close friend of the Prime Minister's chief adviser? Why is it that, six months into this pandemic, the Government are still citing unforeseen circumstances to explain a lack of openness in the tendering process for contracts?

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## **Matt Hancock**

We need to move fast sometimes in the response to a pandemic, and we need to move fast to contract with those who are best able to provide the support that people need. The constant attempt by those on the Opposition Benches to divide people in this way runs precisely counter to what people want to see—what people want to see is people working together, instead of these divisive tactics.

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## **Shaun Bailey (West Bromwich West) (Con)**

I want to start by thanking my right hon. Friend and his officials for the way in which they have communicated with me and my colleagues in Sandwell, as we have seen some rather concerning figures, particularly during the summer. May I ask him for some clarification? We have had a unique situation in Sandwell, where certain parts of the borough have had an exponential rise in the number of cases, which have been very localised. The number of cases in other parts of the borough—particularly in the west, in my communities of Wednesbury, Oldbury and Tipton—has thankfully been quite low. Can he confirm that local authorities should be taking a targeted and pragmatic approach when instituting local restrictions?

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## **Matt Hancock**

That is absolutely right. From the first nationally imposed local lockdown, in Leicester, we worked with the local authorities to decide what the appropriate geography was, and it is not necessarily the entire local authority geography. In the very first of those interventions, we worked with the Leicestershire leaders to decide what areas should be in it—the Minister for Health, my hon. Friend the Member for Charnwood (Edward Argar), who is one of the representatives of that area, is nodding away. Indeed, last week, in parts of West Yorkshire, we went down to a sub local authority geography. That is absolutely one of the options available. Sometimes it is at a local authority level, and sometimes it is at a sub local authority level. We are driven by the data.

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### **Andrew Gwynne (Denton and Reddish) (Lab) [V]**

The Secretary of State has always rightly claimed that he is guided by the science and data, so I welcome his decision to release Stockport from local measures. The data, the director of public health, the council and the borough's four MPs support it, but I represent a cross-borough seat. Local measures have been tough for us, and we need confidence in them. Does he understand the interconnected nature of Greater Manchester's boroughs? What is his message to my Tameside constituents on whether the decisions he has made to lift restrictions in Bolton and Trafford, where covid is now spiking, will keep the rest of us in lockdown for longer?

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### **Matt Hancock**

The detailed local nature of the question shows how important it is that we engage with local representatives, including colleagues in this House, so that the local intelligence that the hon. Member has can be brought to bear on this decision, for instance. The decision to take Stockport out of and leave Tameside in the measures was taken with the agreement of the leaders of both councils. I absolutely concur with the hon. Member that we should have as targeted an approach as possible, and local councils need to ensure that if it is appropriate for some of their area to come out of a local lockdown and some to stay in it, that is what we should do. We should be driven by the data.

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## **Mary Robinson (Cheadle) (Con)**

Joint partnership working and effective test and trace have been essential in ensuring that we have reduced covid cases in Cheadle and kept the pressure off our NHS. Public Health England has indicated that the flu jab is one of the most effective measures that we can take to further reduce the pressure on intensive care units. Does my right hon. Friend agree that, in order to avoid a flu outbreak at the same time as we are tackling coronavirus, we need to encourage people to take up flu jabs and ensure that we get test and trace and flu jabs working in conjunction?

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## **Matt Hancock**

Yes, I emphatically agree with my hon. Friend. I could not have put it better myself.

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## **Daniel Zeichner (Cambridge) (Lab)**

Over the next few weeks, hundreds of thousands of students will be returning to universities, which is very, very welcome, but what we are seeing at the moment is each institution having to make its own decisions. Universities UK tells us that most students will be getting in-person teaching, but what advice is the Secretary of State giving to those universities and what support is his Department giving?

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## **Matt Hancock**

We are working very closely with the Department for Education to have a successful and safe return of universities, just as, from today onwards, we are seeing a successful and safe return of schools.

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## **Dr Luke Evans (Bosworth) (Con)**

I am really pleased to hear my right hon. Friend talk about the largest flu vaccine programme ever being put in place, particularly for those over the age of 50. In normal times that would be a challenge and it is going to be even more difficult in the light of covid. I would be grateful if he would talk about the practical steps he is taking to make sure that things are simple and secure enough to deliver it, but not too prescriptive for those delivering the vaccine; whether or not adequate funding is in place to support the flu vaccine; and any other steps he has taken to make sure we have a successful flu vaccine campaign over the winter, given the covid situation.

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## **Matt Hancock**

We are putting enormous sums into the flu vaccine programme and have released extra funds to buy more vaccine. We are deregulating and making sure that we have a wider group of people—who will all be clinically qualified—who can administer the flu vaccine; those regulations will come before the House shortly. My hon. Friend is right to say how important it is to get the communications out that everybody should get a flu jab. We will start with the free jabs for the over-65s, the frontline healthcare workers and those who are clinically vulnerable, and we will then move on to the 50 to 64-year-olds. But everybody, of every age, can get one—it is just not free to others. I encourage everybody to get one. We must tackle these online rumours that spread the pernicious anti-vax lies.

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## **Feryal Clark (Enfield North) (Lab)**

Only 40% of the 90 care homes in Enfield have had covid testing to date, so when will the Secretary of State roll out the mass testing promised to the care homes? What progress is being made to increase the use of rapid turnaround tests in care homes, in Enfield and across the country?

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## **Matt Hancock**



We are introducing more rapid turnaround tests and validating that technology. We are also rolling out asymptomatic testing to care homes. We did have a problem with the delivery of tests from Randox—these were the leading tests we were using with care homes—as I made clear to the House in July. We have spent the summer recovering that programme.

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## **Imran Ahmad Khan (Wakefield) (Con)**

I welcome the Secretary of State's statement, and recognise his and his Department's Herculean efforts in leading our national fight against the virus. Throughout my constituency, there exist growing concerns that the lockdown measures to tackle localised spikes of covid-19 that have been imposed on swathes of West Yorkshire, across the Pennines and beyond may well be imposed on Wakefield, thus harming livelihoods. In order to help manage these fears and encourage adherence to the guidelines, will he publish the criteria that inform his decisions to impose or ease specific lockdown measures in certain areas, such as Kirklees, Greater Manchester and Leicester?

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## **Matt Hancock**

We publish the data on which the decisions are made and we have published the so-called “contain framework”, the one in which those decisions are taken, in consultation with the local authority and local representatives, should such an intervention be needed. What I would say to residents of Wakefield, and indeed of any other area, is that the best way to avoid local action and a local intervention is to follow the social distancing rules: “hands, face, space, and get a test if you have any symptoms”. By following social distancing we are more likely to be able to control the virus without the need then to resort to local action.

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## **David Linden (Glasgow East) (SNP)**

I would like to start by paying tribute to public health officials and community partners in the east end of Glasgow, who have been managing some of the local clusters. It really has been a team effort.

Part of the Secretary of State's test, trace and isolate strategy is based on people following the advice to isolate when they show symptoms. What discussions is he having with the Department for Business, Energy and Industrial Strategy regarding the pitiful levels of statutory sick pay? Anecdotally, a lot of constituents tell me that they are worried about the financial pressure of having to isolate. So what discussions on that is he having with his colleagues in Government?

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## **Matt Hancock**

As I set out in my statement, we have introduced a new scheme today.

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## **Andy Carter (Warrington South) (Con)**

I thank the Secretary of State for his statement. Research on immunity once you have had covid remains critical. What progress has been made in understanding how immunity is developed and how long it lasts? What work is being undertaken in terms of rapid testing for immunity and analysis, and the technology that sits around that?

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## **Matt Hancock**

This is a very important question. Essentially, part of the research into the vaccine is research into its efficacy, which is about research into the immune response that it provokes—the antibody response and the T cell response, both of which have an impact. We are doing a huge amount of work on that and I am very happy to write to my hon. Friend with more details.

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## **John Cryer (Leyton and Wanstead) (Lab)**

Could the Secretary of State now answer a question that he has been asked repeatedly this afternoon about the creation of the National Institute for Health Protection? What persuaded him, in the middle of August, that it was a great idea to reorganise the structure of public health in the middle of the worst pandemic for 100 years, which is a bit analogous to reorganising the fire brigade in the middle of a blaze?

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## **Matt Hancock**

It is important to bring together the leadership on test and trace, the Joint Biosecurity Centre and the leadership from Public Health England into one place to make sure that our response is as effective as it possibly can be and that we are constantly searching to have the best possible response to the virus.

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## **Brendan Clarke-Smith (Bassetlaw) (Con)**

I know my right hon. Friend will share my excitement over the two new groundbreaking tests that can detect coronavirus in as little as 90 minutes. Does he agree that we should get that tech rolled out as quickly as possible, but particularly in care settings?

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## **Matt Hancock**

Yes I do, and I put everything I possibly have into driving it as fast as possible, subject to it working effectively.

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## **Liz Twist (Blaydon) (Lab)**

Today's Office for National Statistics suicide statistics show that middle-aged men remain at the highest risk of suicide. It is well established that recessions can lead to increases in suicides, but that is not inevitable. What will the Secretary of State do to ensure that suicide prevention is a

Government priority and that this group of people is supported through the recession caused by the covid-19 pandemic?

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## **Matt Hancock**

The hon. Lady is quite right to raise this issue. It is good to see the figures showing that suicide rates have fallen, but we absolutely must and will remain vigilant.

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## **Sir Bernard Jenkin (Harwich and North Essex) (Con)**

I thank the Secretary of State for the written ministerial statement he published after my last question to him in July. May I ask a bit more about the National Institute for Health Protection? Who was consulted before the decision was made? What is the legal basis for its present operation? Does it require legislation? What kind of public body is it intended to be: a non-ministerial department, an executive agency or a part of the Department of Health and Social Care? How will it be funded? When will there be a proper White Paper or Green Paper on the subject? Will the political appointee put in as interim head be replaced by a properly appointed public appointments-approved person? I could go on—there are plenty of unanswered questions.

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## **Matt Hancock**

I counted eight questions. Let me try to answer them. The National Institute for Health Protection does not require a legal basis; these PHE duties were not done on a legal basis. It will take on some UK-wide responsibilities, but also have responsibilities for England only. It is funded from the Department of Health and Social Care. It will be an executive agency of the Department. There is a global search under way for long-term, permanent leadership. As I said in response to the previous question, it will bring together the leadership of several different parts of the response. It was imperative, as far as I could see, to try to make sure we have that

single unified leadership for the next stage of our response to the crisis. I pay tribute to the work of Public Health England. It has done an enormous amount, especially through its scientific work, which has truly been among the best in the world and has helped us to respond as well as we possibly could. I think that the new National Institute for Health Protection, established on the basis that I have set out, will make sure that we are constantly learning to have the best response, in terms of both the science and the scale, and to deliver for this country.

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### **Chris Elmore (Ogmore) (Lab)**

I welcome the Secretary of State's comments in relation to dealing with anti-vaxxers. He will recall that I asked him a question before the recess and he said he was meeting Sir Nick Clegg, formerly of this House and now of Facebook fame. I wonder whether he can update the House on that discussion. It is still a reality that Facebook takes millions of dollars from anti-vax sites, and it is still the case that an increased number of people in this country fear what the vaccination could or could not mean, so may I press him to start a campaign to tackle anti-vaxxers head-on and to ensure that all Members across the House are able to take a lead on this? It really is a cross-party issue.

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### **Matt Hancock**

That campaign is under way. We are constantly looking to strengthen it. Of course Facebook and other social media providers have an important role to play. I had that meeting with Nick Clegg, who in fact broke off his holiday in order to take the meeting. *[Interruption.]* Zoom reaches all parts. In fairness to my former coalition ministerial partner, he absolutely understands the importance of this issue, and Facebook has been doing very significant work. That does not mean that there is not more that it can and must do, but the response was positive. Further work needs to be done to make sure that we get the positive messages across.

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## **Steve Brine (Winchester) (Con)**

The Secretary of State will know that, as somebody who knows PHE well and knows what it actually does, I have some concerns about the changes that he announced last month. Although I can see the arguments about future health protection and future pandemics, of which sadly there will be more, we need to know who is taking ownership of the long-term public health work on smoking, air quality, obesity and childhood vaccinations, and the inequalities work that PHE does. Is he considering bringing that experience and vast expertise, which I benefited from as a Minister, back into the Department of Health and Social Care, for instance?

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## **Matt Hancock**

My former ministerial colleague, a distinguished former Public Health Minister, raises an incredibly important point. We are undertaking consultation on precisely this question right now; in fact, I invite him to come into the Department to give his views. The critical thing is that we need to ensure that we drive the health improvement agenda, the obesity agenda and the wider health improvement agenda forward very strongly. Local councils have a huge role to play in this, and they must be bound yet further into the health improvement agenda. The NHS has a huge role to play, and that must be bound more strongly again. Today's announcement is good progress from the NHS. This is incredibly important. We are going to get it right. It is a very high priority of the Prime Minister, and I look forward to working with him on making it happen.

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## **Martyn Day (Linlithgow and East Falkirk) (SNP) [V]**

Will the Secretary of State commit to raising healthcare funding to help prevent a potential second wave, while ensuring that Scotland's NHS receives the necessary levels of Barnett funding to help it prepare effectively for a potential winter wave and ensure that Scotland's health workers have all the resources that they need?

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## **Matt Hancock**

Yes. This country has never increased health spending in a year more than it has this year, and the Barnett consequentials mean that many billions of pounds have flowed to Scotland to improve the response in Scotland, too.

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## **Jason McCartney (Colne Valley) (Con)**

Will the Health Secretary join me in thanking the people of Kirklees for the sacrifices that they have made during the period of the local restrictions? As he knows, thanks to the use of localised granular data, much of Kirklees will come out of those local restrictions tomorrow. Will he continue to work with me, with parliamentary colleagues, including my hon. Friend the Member for Dewsbury (Mark Eastwood), with the leadership of Kirklees and with the local director of public health, and use that data, so that we can get the rest of Kirklees out of these local restrictions very soon?

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## **Matt Hancock**

I pay tribute to my hon. Friend, who has behaved with great dignity in arguing that people need to follow these restrictions but that the restrictions should be targeted and based on the data. Our approach is to have objective local action where it is necessary—only where it is necessary—based on the data. We have reached a good solution to this question in Kirklees, which will be put into force tomorrow, but I look forward to continuing to work with Kirklees to make sure we get the virus under control right across the district so that every part of Kirklees can be released from these measures, which nobody wants to put in place but which are there for a reason.

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## **Mr Speaker**

In order to allow the safe exit of hon. Members who have participated in this item of business and the safe arrival of those participating in the next, I am now suspending the House for three minutes.

Ⓛ 4.39 pm

*Sitting suspended.*

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