

## Dear Constituent

As we approach the next phase of the pandemic response where all businesses and services are allowed to re-open subject to social distancing rules, I thought I should write to you about where we have reached in handling the crisis. I will start today by looking at the response to the virus itself.

During the last six months I have pressed Ministers to work with doctors and scientists on a better set of treatments for serious cases of the virus. MPs without medical qualifications of course do not offer medical advice, but it is the job of Ministers to ask the profession for results and evidence about what might work. The early response to rely on oxygen, escalating to patients being placed on ventilators left us with a high death rate amongst serious cases. Ministers and advisers have been pressing for controlled trials of a range of therapies. So far this has resulted in the adoption of an anti viral drug which has reduced the time people suffer from the illness and helped recovery in a significant minority of patients. It has led to the approval of a steroid to deal with those patients that have extreme and damaging immune reactions to the virus. It has also led to some doctors considering blood clot busting drugs where there is evidence of clots on the lungs impeding the passage of oxygen into the bloodstream. There are other treatments which are proposed around the world which await conclusive evaluation here by the NHS. This is important, as we all wish to see the death rate down and suffering reduced.

I have taken up the issue of the spread of the disease in hospitals and care homes. Ministers have set policy to avoid the early release of CV 19 patients from hospital into care homes where they might spread the disease. They have also assured me the NHS is imposing strict standards of infection control, and seeking to isolate CV 19 patients and their treatment from other patients and procedures in General Hospitals. This is important not only to cut the spread of the virus, but also to reassure other users of the NHS hospital services that they are not at risk through attending a District General Hospital. My preferred solution of using the new Nightingale hospitals for CV 19 cases, leaving the General hospitals CV 19 free was not adopted, despite the obvious success in creating that substantial extra capacity quickly near the peak of the outbreak.

I have throughout sought to get from the government more accurate, consistent and reliable numerical data about cases of the disease and death rates from the disease. These are crucial to assessing the so called R rate or pace of spread of the virus, and to seeing how successful the NHS is at treating cases and bringing down the death rate as we all wish. Even in the last few days there have been changes to the figures for the number of deaths, as it has emerged again that past published figures were probably overstating the totals. The latest realignment puts the English figures onto a more comparable basis with Scotland by only citing CV 19 where the patient had it within 28 days of death. It still leaves open judgements about whether someone died of CV 19 or died of something else whilst also having had CV 19. The government did decide to seek a more accurate take on the rate of spread

by sample testing the general population over time to see how the proportion with the virus varied. This was clearly a better way of judging it than trying to derive it from death rates which were based around changing and not entirely reliable numbers.

As we go forward I trust Ministers will press for more accuracy in data about incidence of the disease and death rates. They need to ensure decisions about local lock downs are well based, and to contain further outbreaks by a good test and trace system. As the Prime Minister has stated, we cannot afford another general lock down and must find other ways of countering the virus whilst allowing business and social life to revive.

Yours sincerely