

Next stages in the NHS Test and Trace plan

NHS Test and Trace is a brand new service. Putting together a massive service of this kind at this pace has been a remarkable job. Almost unprecedented.

And I'd like to thank the remarkable leadership of Baroness Harding for spearheading this programme, and Tom Riordan who has driven our vital work with local authorities.

Everybody in this country who loves freedom should join with me in thanking all those who work in NHS Test and Trace, Public Health England and local public health operations, who are successfully delivering our plan of moving from a national lockdown, to local action. Our plan is working.

Now, Mr Speaker, I'd like to set out the next stages in this plan. We refuse to be complacent about the threat posed by this virus. And we will not hesitate to put on the brakes if we need to.

Our goal is this should be done through a targeted local action as possible. Like we did in Leicester, where we can now start to ease the restrictions there.

On Friday, we published our [framework for containing and controlling future outbreaks in England](#). And from Saturday, local authorities have had new powers in their areas, so they can act with more vigour in response to outbreaks.

They can now close specific premises, shut public outdoor spaces, and cancel events. And later this week, we will publish indicative draft regulations, which clearly set out the suite of legislative powers that ministers may need to use to intervene at a local level.

As I pledged in the House on Thursday, we are publishing more data, and sharing more data with local bodies. I bow to no one in my enthusiasm for the good use of data in decision-making. Properly used, data is one of the best epidemiological weapons that we have.

From last month, local directors of public health have had postcode-level data about outbreaks in their area. And from today, as I committed to the House last week, we are going further and we are putting enhanced levels of data in the hands of local directors of public health too.

Now of course, high-quality testing is the main source of our data. And having set targets radically to expand testing over the past few months, which have had exactly the desired effect, as each one has been met, so we are now setting the target for the nation, of half a million antigen tests a day by the end of October, ahead of winter.

I am sure that as a nation, we will meet this challenge too. Mr Deputy

Speaker, the need for extra testing is not the only challenge that winter will bring. We know that the NHS will face the usual, annual winter pressures. And on top of that, we do not yet know how the virus will interact with the cold weather.

So we will make sure that the NHS has the support it needs. We have massively increased the number of ventilators available to patients across the UK – up from 9,000 before the pandemic to nearly 30,000 now.

We now have an agreed supply of 30 billion pieces of PPE. And we will be rolling out the biggest ever flu vaccination programme in our country's history. To support this, I have agreed with the Chancellor of the Exchequer the funding necessary to protect the NHS this winter too. We have already announced £30 billion for health and social care. And we will now provide a further £3 billion, on top of the £1.5 billion capital funding announced a fortnight ago.

This applies to the NHS in England. And Scotland, Wales and Northern Ireland will also receive extra funding. This means the NHS can keep using the extra hospital capacity in the independent sector. And that we can maintain the Nightingale hospitals, which have provided so much reassurance throughout this pandemic, until at least the end of March.

We have protected the NHS through this crisis. And this support will help us to protect the NHS in the months ahead.

Mr Deputy Speaker, we all know that the best solution to this crisis would be a vaccine. Here, I'm delighted to say that Britain continues to lead the world.

Two of the leading vaccine developments are taking place in this country, at Oxford and Imperial, both supported by government funding and the British life science industry. Today, Oxford published a very encouraging report in the Lancet showing that its phase 1 and 2 trials are proceeding well.

I can report to the House that the trial shows that the Oxford vaccine produces a strong immunity response in patients, in terms of both antibody production and T-cell responses. And that no safety concerns have been identified. This is promising news and it takes us one step closer to finding a vaccine that could potentially save lives all across the world.

The UK is not just developing world-leading vaccines, we are putting more money into the global work for a vaccine than any other country. And, with like-minded partners, we are working to ensure that whoever's vaccine is approved first, the whole world can have access.

We reject narrow nationalism. We support a global effort, because this virus respects no borders. And we are all on the same side. This morning I held a global conference call with other health leaders, including from Germany, Australia, Canada, Switzerland the United States and others, to discuss the need for global licensing access for any successful vaccine.

Here at home, as well as our investment in research, we are also working hard

to build a portfolio of the most promising new vaccines, no matter where they are from. We have already secured 100 million doses of the Oxford vaccine, if it succeeds.

And today I can tell the House that the government has secured early access to 90 million further vaccine doses. 30 million from an agreement between BioNTech and Pfizer. And 60 million from Valneva.

We are getting the deals in place so that as soon as we know if a vaccine is safe and effective, we can make it available for British citizens as soon as is humanly possible. Mr Deputy Speaker, another long-term solution to eliminating this virus's negative effects is through developing effective treatments.

It was British scientists, backed by UK government funding, who led the first robust clinical trial to find a treatment proven to reduce the risk of dying from COVID – dexamethasone. And we now have preliminary results from a clinical trial of another treatment, known as SNG001, created by Southampton-based biotech firm Synairgen.

Initial findings based on a small cohort suggest it may reduce the chance of developing severe disease substantially and could cut hospitalisation time by a third. The data still needs to be peer-reviewed and we are supporting a further large scale trial, but these preliminary results are a positive sign.

In this fight against the virus, our world-renowned universities, researchers and scientists are indispensable so we can develop the vaccines and treatments that will tackle this virus for the long term.

Mr Deputy Speaker, we have a plan, and our plan is working.

The measures I've set out today will help protect the NHS, support our treatments and vaccines, and take our country forward together. I commend this statement to the House.