

# Oral statement on the government's COVID-19 response

Mr Deputy Speaker, can I start by paying tribute to Professor Sir Jonathan Van-Tam who, after 4 years as Deputy Chief Medical Officer, will be returning to his role at the University of Nottingham at the end of March.

There aren't many clinical advisers who can be recognised solely by 3 letters, but JVT's unique and straightforward approach to communication has seen him rapidly become a national hero.

To use words that I think he might particularly like, we're grateful to have had him on loan for so many years. He's been a top signing and he's blown the whistle on time. So I'm sure the whole house would want to join me in wishing Professor Sir Jonathan Van-Tam the very best.

Mr Deputy Speaker, with permission, I'd like to make a statement on the COVID-19 pandemic.

We've started this year as the freest country in Europe – thanks to the decisions we made to open up over the summer and the defences that we've built.

But we must not lose sight of the fact that this virus is still with us, and there are still likely to be difficult weeks ahead.

According to the ONS data which was published just yesterday there are encouraging signs that infections are falling in London and the East of England.

But we're still currently seeing infections rise in other parts of the country and the data does not as of yet reflect the impact of people returning to work and school.

So we must proceed with caution.

Omicron's far greater transmissibility still has the potential to lead to significant numbers of people in hospital.

There's already almost 17,000 COVID-19 patients in hospital in England, and due to the lag between infections and hospitalisations, the NHS will remain under significant pressure over the next few weeks.

It is encouraging, however, that during this wave we have not seen any increase in COVID-19 intensive care patients and there are already early signs that the rate of hospitalisation is starting to slow.

We know that Omicron is less severe but no one should be under any illusions – it is severe for anyone that ends up in hospital and that's far more likely if you haven't had the jab.

In many major cities in the USA where the levels of booster vaccination are comparatively lower than the UK, pressures in intensive care are approaching the levels of last winter and in Chicago they've already exceeded the peak from last January.

So we must remain vigilant and keep fortifying the pharmaceutical defences that we've built some of the strongest in the world.

Today I'd like to update the House on how we're making these pharmaceutical defences even stronger and how we're giving the NHS and this country what it needs to withstand this Omicron wave.

Our primary defence is, of course, the vaccination programme.

79% of eligible adults have now had a booster, including over 91% of over 50s who we know are more vulnerable to the virus.

Per capita, we're the most boosted large country in the world.

Data from UKHSA which was published on Friday shows that around 3 months after those aged 65 and over received their booster their protection against hospitalisation remains at around 90%.

These vaccines don't just protect ourselves and our loved ones but they protect the country's progress too.

The reason that we've been able to start the year with much greater freedom than last year – with children back at school, shops opening their doors, this Chamber bustling with activity – is because so many people have made the positive choice to get vaccinated. There are, of course, a small minority of people who could get the jab if they wanted to but they have chosen not to.

And let's be clear: the reasons that those people have also been able to enjoy the freedoms they have today is because they are standing on the shoulders of those who have come forward – the 9 out of 10 people across the UK who've stepped forward to get the jab.

If we're to maintain this collective protection we've built up, we need everyone to choose responsibly and take the simple step that will help secure greater freedom for us all.

People working in health and care look after some of the most vulnerable in our society, and so they do carry a unique responsibility.

Last month, this House approved our plans that anyone working in health or wider social care activities that are regulated by the CQC will need to be vaccinated against COVID-19 if their roles involve direct contact with patients unless of course they're medically exempt.

This includes NHS hospitals, independent hospitals and GP and dental practices, regardless of whether a provider is public or private.

Uptake over the past few months has been promising.

Since the government consulted on the policy in September, the proportion of NHS trust healthcare workers vaccinated with at least a first dose has increased from 92% to 94%, and we remain committed to putting these measures into force on 1 April.

Mr Deputy Speaker, our next line of defence is testing – and we're doing more tests than any other country in Europe.

We raised the distribution of free lateral flow tests from 120 million in November to 300 million in December, to meet the demands of the Omicron wave and we're expecting to make around 400 million tests available over the course of this month – that's 4 times the pre-Omicron plan.

Mr Deputy Speaker, our third line of defence is antivirals and treatments, where we've built the most advanced programme in Europe.

We've now secured almost 5 million courses of oral antivirals, leading the whole continent in the number we've procured per person and we're already making these cutting-edge antivirals and treatments available directly to patients.

Last month, we contacted 1.3 million of those at the highest risk from COVID-19 – people such as those that might be sadly suffering with cancer or people with Down's Syndrome and we sent them a PCR test kit that they can keep at home.

If they test positive, they'll then be able to access either a monoclonal antibody or an antiviral which can either be sent to patients at home or they can access it through a clinician at one of the 96 COVID medicine delivery units that now exist across England.

We're also making oral antiviral treatments available more widely through a national study.

Mr Deputy Speaker, any of our constituents that are aged over 50 or between 18 and 49 with an underlying health condition, and if they get COVID-19 symptoms and they test positive, they're all eligible. They can sign up for this trial – if our constituents are interested – by visiting the website [panoramictrial.org](https://panoramictrial.org).

The more people who sign up, the more widely we can deploy these treatments.

Mr Deputy Speaker, with these 3 defences – the most boosted, the most tested, the most antivirals – it's no wonder that we are the freest country in Europe.

This country is leading the world in learning to live with COVID.

Just as we've strengthened these defences to keep people out of hospital we're also taking measures to ensure that the health service has what it needs.

As part of this work, we've looked at every available route to secure the

maximum capacity possible across the NHS.

We've been working with the latest technology to create virtual wards where patients can be monitored by clinicians remotely in their own homes.

We're bringing on stream extra beds in hotels and hospices where people can be safely discharged once they're ready to leave hospital.

We're putting in place new Nightingale surge hubs within hospital grounds to provide extra resilience should we need it.

And we're making use of the independent sector.

This week we announced a new 3-month agreement which will allow NHS trusts to send a wider range of patients – for example, those in need of cancer care – to the independent sector for treatment.

These measures taken together: they are our insurance policy.

Helping us to plan for the worst while we hope for the best.

Like any insurance policy, we hope that we don't need to use it.

But it's the role of any responsible government to prepare for all reasonable outcomes so that we can keep this country safe and protect the progress we've made.

Finally, Mr Deputy Speaker, I've always said to the House that any curbs on our freedoms must be an absolute last resort and that we shouldn't keep them in place for a day longer than absolutely necessary.

With this in mind, we've been reviewing the isolation period for positive cases to make sure the measures we have in place maximise activity in the economy and education, for example, but also minimise the risk of infectious people leaving isolation.

UKHSA data shows that around two thirds of positive cases are no longer infectious by the end of day 5 and we want to use the testing capacity that we've built up to help these people leave isolation safely.

After reviewing all of the evidence, we've made the decision to reduce the minimum self-isolation period to 5 full days in England.

From Monday, people can test twice before they go, leaving isolation at the start of day 6.

These 2 tests are critical to these balanced and proportionate plans and I'd urge everyone to take advantage of the capacity we've built up in tests so we can restore the freedoms to this country, while we are keeping everyone safe.

Mr Deputy Speaker, we've now entered the third year of this country's fight against COVID-19 and thanks to an incredible national endeavour, we're now better protected than ever before.

But this virus is not going away.

There will be more variants, and no one can be sure what threat they might pose.

But we can be sure that our pharmaceutical defences – vaccines, testing and antivirals – are the best way to protect our health and our freedoms as we learn to live with COVID.

I commend this statement to the House.