

PM statement on coronavirus: 17 July 2020

Good morning,

In the two weeks since I last addressed you from this podium, I am pleased to report that we have continued to make steady progress in our collective effort to beat the coronavirus.

For 3 weeks now, the number of new cases identified through testing each day has been below 1,000.

The latest SAGE advice is that, across the UK, the R rate remains between 0.7 and 0.9.

SAGE also assess that the number of infections is shrinking by between 5 and 1 per cent every day.

The latest ONS data shows prevalence and new infections to be stable and low.

The number of patients newly admitted to hospital with coronavirus each day, and the number of coronavirus patients in mechanical ventilation beds, have both fallen by more than 90% from their peak in early April.

And while we mourn every death, the average daily death rate continues, steadily, to fall.

This progress is testament to the phenomenal efforts of our NHS and social care staff working tirelessly on the frontline.

And it has only been possible thanks to the character and fortitude with which you, the British people, have made fundamental changes to the way you all live and work.

When we set out our plan to rebuild on 11 May, we said our goal was to return life to as close to normal as possible, for as many people as possible, as fast and as fairly as possible, in a way that is safe and continues to protect our NHS.

That goal remains the same – but the tools we use to achieve it are changing.

At the start of the pandemic, when we knew far less about the nature and spread of the virus, we had to take blanket, national measures.

National lockdown was undoubtedly the right thing to do and has saved many thousands of lives.

Now however, we know more about the virus – we understand the epidemiology better and our intelligence on where it is spreading is vastly improved.

That means we can control it through targeted, local action instead.

In England, this work is led by NHS Test and Trace and within it the Joint Biosecurity Centre. My sincere thanks go to Dido Harding who oversees this work and who joins me today.

This approach is already working.

In Weston-super-Mare and Kirklees, we took swift and successful action to contain outbreaks at specific premises.

In Bradford and Blackburn with Darwen, we identified troubling trends in the data and worked closely with the respective local authorities to increase testing and take targeted action. That work continues.

And in Leicester, we instituted a local lockdown in order to bear down on stubborn rates of infection. As the Health Secretary announced last night, we will begin to relax the restrictions there next week. We can do so because the data is improving – with the percentage of people testing positive falling from a weekly rate of 12.2% on 29 June to 4.8% yesterday.

The approach varies in different parts of the UK, but all parts of the UK benefit from the support of our armed forces, additional testing facilities, and billions of pounds of support provided by this Government.

Today we are publishing our framework for containing and controlling future outbreaks in England, which will enable national and local government to work closely together.

From tomorrow, local authorities will have new powers in their areas. They will be able to close specific premises, shut public outdoor spaces, and cancel events. These powers will enable local authorities to act more quickly in response to outbreaks, where speed is paramount.

Action by local councils will not always be sufficient. So next week we will publish draft regulations which clearly set out how central government can intervene more effectively at a local level.

Where justified by the evidence, ministers will be able to close whole sectors or types of premises in an area, introduce local “stay at home” orders, prevent people entering or leaving defined areas, reduce the maximum size of gatherings beyond national rules, or restrict transport systems serving local areas.

I know that it will be hard going for people affected by these local measures. It isn't easy, and for some it may seem unjust that people just a short distance away can live their lives closer to normal.

But it has to be right that we take local action in response to local outbreaks – there is no point shutting down a city in one part of the country to contain an outbreak in another part of the country.

Now of course, this local approach relies on having an effective testing

regime in place.

And here we have made substantial progress.

Antigen test capacity – that’s the test which tells you if you currently have the virus – has increased 100-fold since the start of March, from fewer than 2,000 tests a day to more than 200,000 tests a day now.

Publicly available data suggests we are now carrying out our tests more than anywhere else in Europe in total, and more tests than Germany, France, Italy and Spain per capita.

We have set up testing sites around the UK and now have 200 mobile units which can be rapidly deployed wherever they are needed.

It is now the case, and has been for some time, that anyone, anywhere in the UK with symptoms can get a test without delay. We are also testing increasing numbers of people who don’t have symptoms but who are at higher risk.

As we approach winter, we will need to go further – not least as many more people will show Covid-like symptoms as a result of seasonal illnesses, and therefore require a test.

So we will further increase testing capacity to at least half a million antigen tests a day – 3.5 million antigen tests a week – by the end of October.

Demand for testing is not the only challenge that winter will bring.

It is possible that the virus will be more virulent in the winter months – and it is certain that the NHS will face the usual, annual winter pressures.

We have taken a number of steps therefore to get the NHS ready for winter.

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 have substantially increased the pipeline of personal protective equipment for the NHS and social care -constituting over 30 billion items of PPE over the course of the pandemic.

We will be rolling out the biggest ever flu vaccination programme in the history of the U.K.

And we will also of course give the NHS the resources it needs.

And today, I can confirm that we are providing an additional £3 billion of funding to the NHS in England to get ready for winter. Scotland, Wales and Northern Ireland will also receive additional funds.

This will allow the NHS to continue to use the extra hospital capacity acquired from the independent sector and also to maintain the Nightingale hospitals until the end of March.

This new funding comes on top of the additional £30 billion of funding for health and social care that we have already announced this year.

So we are making sure we are ready for winter, and planning for the worst.

But even as we plan for the worst, I strongly believe we should also hope for the best.

That means looking ahead with optimism – now extending our plan to lift the remaining national measures which have restricted our lives since March so we can get back to something closer to normal life.

Now I must stress, the timetable I am about to set out is conditional. It is contingent on every one of us staying alert and acting responsibly. It relies on our continued success in controlling the virus. And we will not proceed if doing so risks a second peak that would overwhelm the NHS.

Nonetheless, it is important to give people hope and to give business confidence.

So in England, from today we are making clear that anybody may use public transport, while of course encouraging people to consider alternative means of transport where they are available.

From 25 July, we have already committed to reopening the indoor gyms, pools and other sports facilities.

From 1 August, we will update our advice on going to work.

Instead of government telling people to work from home, we are going to give employers more discretion, and ask them to make decisions about how their staff can work safely.

That could mean of course continuing to work from home, which is one way of working safely and which has worked for many employers and employees.

Or it could mean making workplaces safe by following Covid Secure guidelines. Whatever employers decide, they should consult closely with their employees, and only ask people to return to their place of work if it is safe.

As we reopen our society and economy, it's right that we give employers more discretion while continuing to ensure employees are kept safe.

Also from 1 August, we will reopen most remaining leisure settings, namely bowling, skating rinks and casinos, and we will enable all close contact services such as beauticians to resume.

Nightclubs and soft play areas will sadly need to remain closed for now – although this will be kept under review.

We will restart indoor performances to a live audience, subject to the success of pilots, and we will also pilot larger gatherings in venues like sports stadia, with a view to wider reopening in the Autumn.

We will also allow wedding receptions for up to 30 people.

All of these measures for 1 August should be done in a Covid Secure way.

In September, schools, nurseries and colleges will be open for all children and young people on a full-time basis, as planned.

And universities are also working to reopen as fully as possible.

From October, we intend to bring back audiences in stadia and to allow conferences and other business events to recommence – again, these changes must be done in a Covid Secure way, subject to the successful outcome of pilots.

Throughout this period, we will look to allow more close contact between friends and family when we can.

It is my strong and sincere hope that we will be able to review the outstanding restrictions and allow a more significant return to normality from November at the earliest – possibly in time for Christmas.

At all times, we will continue to work with the devolved administrations in Scotland, Wales and Northern Ireland to support and care for those at risk, wherever they live in the UK.

We have said that the shielding programme for those most at risk in England, the clinically extremely vulnerable, will be paused at the end of this month. We will stay constantly vigilant and be sure to restart shielding at any point if required.

Now I know some will say this plan is too optimistic, that the risks are too great and that we won't overcome the virus in time.

And of course, if they are right in saying that, and we cannot exclude that they are, let me reassure them, and reassure you: that we will not hesitate at any stage to put on the brakes.

From May 11 onwards, this plan has been conditional, and it remains conditional.

But if we continue to pull together as we have done so far, I know we can beat this virus.

Hoping for the best, but planning for the worst – and it's in that spirit that we must carry on waging this long, hard fight against Coronavirus.

I'll now hand over to Dido.