

Regular retesting rolled out for care home staff and residents

- Care home staff to be given coronavirus tests every week and residents monthly from Monday to identify anyone with the virus and reduce transmission
- Repeat testing will be initially prioritised for care homes primarily looking after over 65s or those with dementia before being rolled out to all adult care homes
- The government's Vivaldi 1 care home study highlights the importance of regular staff testing while there is a higher prevalence in care homes

Staff will be tested for coronavirus weekly, while residents will receive a test every 28 days to prevent the spread of coronavirus in social care. This is in addition to intensive testing in any care home facing an outbreak, or at increased risk of an outbreak.

The new testing strategy comes following the latest advice from SAGE and new evidence from the Vivaldi 1 study indicating a higher prevalence in care homes, and therefore a case for frequent testing in care homes and their staff.

The Vivaldi 1 study, which surveyed almost 9,000 care home managers and analysed data from whole care home testing, identified the higher levels of the virus among care staff, particularly among temporary staff who work in multiple care settings. The study suggests that care home staff may be at increased risk of contracting the virus, which they may then pass on to others if they have no symptoms.

Health and Social Care Secretary, Matt Hancock said:

Our response to this global pandemic has always been led by the latest scientific advice from world-class experts, and we will now offer repeat testing to staff and residents in care homes, starting with homes for elderly residents before expanding to the entire care home sector.

This will not only keep residents and care workers safe, but it will give certainty and peace of mind to the families who may be worried about their loved ones, and give staff the confidence to do what they do best.

Over the following 4 weeks, retesting will have been rolled out to all care homes for over 65s and those with dementia who have registered to receive retesting. Repeat testing will be extended to include all care homes for working age adults in August.

Minister for Care, Helen Whately said:

Social care and its workforce are at the front line of this unprecedented pandemic with many of our care homes looking after those who are most at risk from coronavirus.

It is our priority to protect care residents and staff and testing is a crucial part of that. That's why from Monday residents will be offered monthly tests, and staff will be tested every week. This is so important as it means care workers can be sure they are providing the very best care without worrying if they are carrying the virus themselves.

We will work with local directors of public health to deliver an initial round of asymptomatic whole-home testing for staff and residents at the extra care housing and supported living settings at most clinical risk. The operational details of rolling out this testing to this sector are being worked through and more details will be provided shortly.

In May, the government launched a [Care Home Support Package](#), backed by the £600 million Infection Control Fund, to minimise risks in care homes by limiting movement of staff.

David Pearson CBE, Chair of the Adult Social Care Support Taskforce has written to care providers this week outlining the importance of reducing movement between care homes, making best use of the Infection Control Fund.

David Pearson CBE, Chair of the Adult Social Care Support Taskforce said:

Protecting staff and residents inside our care homes is an absolute priority throughout all phases of the pandemic. Testing is clearly an important part of this, particularly regular testing in key areas where prevalence is likely to be high.

This new phase in our testing strategy is an important step in protecting the 1.5 million care home staff across the country and the residents they care for. We are prioritising those care homes for older residents and those with dementia, but will expand this even further by August. □

The Vivaldi 1 study results will be published today by the Office for National Statistics and on GOV.UK at 9:30am on Friday 3 July.

Asymptomatic testing in domiciliary care settings will be guided by the results from the PHE prevalence study into domiciliary care.

Government backed projects to speed up life-saving cancer diagnoses

- Patients could receive earlier and more precise diagnoses for potentially life-threatening diseases such as cancer thanks to £16 million funding from government and charity
- funding will benefit six innovative health projects across the UK using disruptive technologies such as AI, to detect chronic or terminal diseases earlier, helping to save lives
- the projects will bring together the UK's world leading academia, research institutions, NHS, charities and industry

Patients could receive earlier and more accurate diagnoses for potentially life-threatening diseases such as cancer and Crohn's disease, thanks to £16 million of new funding announced by Science Minister Amanda Solloway today (3 July 2020).

The government backed funding, delivered to 6 of the UK's most innovative specialist health projects, from Glasgow to Cambridge, will harness the most disruptive technologies, including artificial intelligence, to develop more precise medical solutions, which could enable earlier detection and diagnosis of some of the most serious and potentially fatal diseases.

One project led by the University of Oxford is working to improve survival rates in people with lung cancer, the deadliest form of cancer in the UK. It will bring together existing work being led by the NHS, universities, cancer charities and digital health companies to integrate the best of digital imaging and diagnostic science to help identify cancerous tumours in the lung earlier.

Another project, led by technology start up Motilent, is working on healthcare solutions to more effectively treat Crohn's disease, a painful, lifelong inflammatory condition affecting 180,000 people in the UK. Through the use of artificial intelligence, it will seek to accurately predict when to start and stop drug use to control the disease, which currently has a 60% failure rate, and which can lead to further, irreversible damage to a patient's bowel.

Science Minister Amanda Solloway said:

Our brilliant scientists and researchers are harnessing world-leading technologies, like AI, to tackle some of the most complex and chronic diseases that we face."

Tragically, we know that one in two people in the UK will be diagnosed with some form of cancer during their lifetime, while Crohn's disease affects up to 180,000 people across the country.

These six cutting-edge projects will improve early diagnosis, create more precise treatments, and crucially, save lives.

Other projects receiving funding include:

- Actioned, led by Queens University Belfast which is using artificial intelligence to achieve more accurate and earlier diagnosis of early relapse in cancer, improving the outcomes for patients;
- A University of Cambridge project which will help to diagnosis oesophageal cancer earlier. This type of cancer has increased six-fold since the 1990s and just 15% of people will survive for 5 years or more – often because it is diagnosed too late. Barrett’s oesophagus, a condition that can turn into cancer of the oesophagus is more common in patients who suffer from heartburn. The project aims to diagnose up to 50% of cases of oesophageal cancer earlier, leading to improvements in survival, quality of life and economic benefits for the NHS
- A University of Glasgow-led project working to identify growths that are most likely to develop into bowel cancer, which is the second biggest killer among cancer related deaths in the UK.
- University of Manchester led-research into when liver problems, which affects up to 4 in10 people, can lead to liver scarring and sometimes complete liver failure. Current tests pick up advanced scarring but do not pinpoint early disease or those patients who are destined for much worse. The project will use new software to identify liver damage earlier and more accurately.

Of the £16 million awarded today, over £13 million will be delivered by the government, while up to £3 million will be made available from Cancer Research UK, to specifically support the oncology focused projects.

The funding, delivered through the [Industrial Strategy Challenge Fund](#), is part of a government programme in data to early diagnosis and precision medicine. The competition is run by Innovate UK on behalf of UK Research and Innovation (UKRI) and forms part of the government’s commitment to increase research and development investment to 2.4% of GDP by 2027.

Notes to editors:

- UKRI’s [competition for the best integrated diagnostics](#) innovations was originally announced in July 2019.
 - UKRI works in partnership with universities, research organisations, businesses, charities, and government to create the best possible environment for research and innovation to flourish. Operating across the whole of the UK with a combined budget of more than £7 billion, UKRI brings together the seven Research Councils, Innovate UK and Research England.
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Yemen needs international help to escape tragedy

This article was originally published in the Financial Times on 1 July.

After the Arab spring, it seemed that Yemen would follow a path of peaceful political change. Civil society blossomed, and Yemenis of all affiliations, including women and young people, took part in shaping the country's future. Today, after six years of war, this hope has almost been extinguished. Yemen is on the brink of collapse.

Covid-19 is stretching the country's fragile healthcare system to breaking point. According to modelling by the London School of Hygiene and Tropical Medicine, Yemen may have surpassed 1m Covid-19 cases last week and cases continue to rise rapidly.

We have a global responsibility to ease the suffering of the Yemeni people. We – the foreign ministers of Germany, Sweden and the UK – would like to share how we think the international community can contribute to peace.

First, a nationwide ceasefire and a political settlement remain Yemen's best defence against the pandemic. Following UN secretary-general António Guterres' call for a worldwide ceasefire in response to Covid-19, the Saudi-led coalition announced a unilateral ceasefire in April.

Unfortunately, the Houthis have not reciprocated and fighting has continued. The Houthis have launched ballistic missiles towards Saudi Arabia, including at civilian targets, as recently as last week, recklessly endangering civilian lives. There is no time for further delay as civilians continue to suffer and die. The international community must press all actors to accept the UN proposal for a ceasefire. This should be the start of a political process, and the full participation of women must be ensured.

Second, humanitarian assistance needs to be delivered to all Yemenis who need it. To do that, the UN urgently needs more funding. Together, our three countries recently pledged an additional \$365m to support UN humanitarian work in Yemen this year. Other countries must step up and donate generously and quickly. We must also challenge any obstacles that continue to prevent humanitarian agencies from effectively operating in Yemen. This is particularly the case in northern areas of the country controlled by the Houthis. The Covid-19 response can only stand a chance if all Yemeni parties lift their restrictions on aid.

Third, we need to encourage implementation of existing agreements. This includes the Stockholm Agreement, which calls for a mutual withdrawal from the port city of Hodeidah, and the Riyadh Agreement. If they were properly implemented, the commitments previously agreed by the parties would bolster UN efforts to achieve comprehensive peace.

Fourth, for Yemen to effectively recover from Covid-19, its already fragile economy must be kept alive. The indirect consequences of coronavirus could be even more severe than the direct impact. In particular, Yemen's partners need to support the government of Yemen to pay public sector salaries – not least for medical staff – and to implement urgent economic reforms.

Lastly, we expect full respect of international law, including humanitarian law and human rights, from all actors. All parties have to ensure civilians are protected in this cruel war. This includes protection for religious minorities, women, children, journalists and political prisoners. We call on the Houthis to implement their announcement to release members of the Baha'i faith. The supply of weapons to the Houthis, including weaponry of Iranian origin, is a violation of the UN arms embargo, as evidenced by the UN Panel of Experts, and only extends the conflict. This must stop.

We are ready to help once an agreement is reached to end the conflict and to reverse the fragmentation of the country. A united international community must stop those who seek to extend the conflict for their personal benefit. We envisage an agreement based on shared power, compromise, and the rule of law. Two of us represent member states of the EU and we encourage it to step up its role in Yemen.

The Yemen that emerges from a peace agreement needs to play a constructive and active role in the region – contributing to the security of its immediate neighbours, Saudi Arabia and Oman. Our three countries stand ready to assist Yemen's transition into a positive force for regional security.

Under the cloud of Covid-19, Yemen is facing an enormous tragedy. It is high time the international community united in support of its people. Yemen could be transformed. Instead of being defined by suffering and as a threat to regional and international security, Yemen could become a model for other fragmented states in conflict and a catalyst for enhanced security in a region of divergent interests. We stand ready to work with and support Yemen to achieve these humanitarian and strategic goals.

[Maintaining international peace and security](#)

Thank you, Mr President. Thank you to Germany for convening this important meeting and we wish you well for your Presidency of the Security Council.

And it is important that we convene together to discuss this subject. And in doing so, I join others in paying tribute, particularly at this time of a global pandemic, to the leadership of the Secretary-General, and thank ICRC president Mr Maurer and Mrs Elfadil Mohammad for their very helpful and constructive briefings this morning.

We all now know that with COVID-19 we face a crisis of unprecedented scope and indeed complexity. Across the world it has triggered health, humanitarian, economic, development and security challenges, with ramifications that are both immediate and indeed long-term. These challenges are interwoven. They require a coordinated, collaborative response.

Therefore, may I first welcome the adoption unanimously of UN Security Council Resolution 2532 yesterday and in doing so wish to thank both France and Tunisia for their efforts in this respect.

Mr President, the full extent of this pandemic is still unfolding before our eyes. I know we all fear its impact as it spreads in states that are both vulnerable or affected by conflict.

As we see around the world, in places such as Yemen, Libya and the Central African Republic, contested or fragmented government authority severely restricts local capacity to respond effectively to the spread of this pandemic. Health systems are overstretched and under-resourced and cannot detect and indeed monitor the spread of the disease.

As the impact becomes clearer, so we see evidence of COVID compounding existing problems, such as in the Lake Chad Basin and in the Sahel. Our efforts to prevent or resolve conflict, they are complicated by COVID-19. Peacekeepers themselves are quarantined, humanitarian access is restricted and impeded and peace processes have been paused. So it is important we must both act to tackle the pandemic and to give an effective response to prevent or resolve conflict.

We must ensure a strong international health response led by the World Health Organisation. And in this regard, the United Kingdom has already committed 764 million pounds to support humanitarian and public health needs. We must ensure development and equitable distribution of a vaccine. And in this regard, the United Kingdom has already pledged over 300 million pounds in funding for research into vaccines, tests and treatment. And as many of you know, last month we hosted a very successful Global Vaccine Summit that raised over \$8.8 billion to support immunisation of 300 million children against coronavirus and indeed other vaccine preventable diseases.

At the same time, we must, of course, redouble our efforts on peace and security. This Council, the Security Council, has a key role to play. We welcome the Secretary-General's call for a global ceasefire and we should all stand firm on our peacekeeping troop contributions and, importantly, the resources they need.

The devastating impact of COVID-19 on fragile societies underlines the moral duty of outside parties that influence conflicts in Syria and indeed elsewhere. Importantly, everyone must come together to support peace.

We need to also act smartly to prevent new peace and security crises from emerging. The pandemic has clearly demonstrated the importance of the coordinated and multi-dimensional international responses for which the UK has long argued. The United Nations must work smarter across its pillars and

with partners. And we commend the UN system for delivering under immense pressure. I think we all acknowledge that more is needed to deliver a holistic response that limits instability in the face of complex challenges.

We therefore recommend three actions: Firstly, UN responses must be more sensitive to conflict risk and build this into strategic planning, prioritisation and financing.

Secondly, there needs to be a joint risk assessment and planning with the international financial institutions to combine macroeconomic, social and political considerations.

And thirdly, we need to focus on what works to build a country's resilience to shocks. Strong, inclusive and accountable institutions, the rule of law, good governance and human rights are the fundamental basis of that very resilience.

We need to see this in our coordinated response and in our planning to build back better.

Mr President, this pandemic has brought into sharp focus the urgent need for the development objective and sustainable peace and security cannot be solved as separate issues, and they cannot be solved alone. Together, we have this expertise. Together, we have the resources. We must use them and respond to this challenge. And together, we will succeed.

Thank you.

Public asked to leave a name and number with venues to help stop the spread of COVID-19

- New guidance published for hospitality and leisure sector sets out how organisations can keep a secure, short-term record of staff and visitors as they reopen this weekend
- Restaurants, museums, and places of worship among venues asked to help visitors and employees stay safe

Businesses and organisations are being told to collect contact details of their visitors as their venues reopen this Saturday, to help the NHS Test and Trace service in the national effort to contain and prevent the spread of coronavirus.

The records will help NHS Test and Trace to reach anyone who may at a later date be found to have potentially been in contact with a positive coronavirus

case whilst at a particular venue, helping to quickly contact people at risk of the virus and prevent localised outbreaks before they occur.

[New guidelines](#) published by the Department of Health and Social Care today sets the simple steps pubs, restaurants, cinemas and similar venues can all take to support the nation NHS Test and Trace Service to contain outbreaks before they occur, preventing the return of lockdown measures and helping to protect the public and save lives.

The steps include:

- Collecting the names, and phone numbers of all staff working at the premises, as well as the date and time they worked
- Making a record of the name and contact phone number of any customers or visitors, or if it is a group of people, the name of the lead member of the group, who is able to contact other members of the group, and the number of people in the group
- Recording the date, arrival and departure time of all visitors or visiting groups
- Storing the information for 21 days, after which should be safely deleted

It is up to each business to determine how to collect this information. The guidance encourages the use of digital systems for ease where possible, however organisations are free to use any logging system that works best for them. This information will only be used where necessary to help stop the spread of COVID-19.

Executive Chair of NHS Test and Trace, Baroness Dido Harding said:

As we get ready to enjoy the additional freedoms that are coming this weekend, its vital that we keep up the amazing work that everyone has done across the country to protect their friends, family and communities from the spread of the virus.

Thanks to the information members of the public are already sharing, NHS Test and Trace has already helped contact over 130,000 people who may otherwise have transmitted coronavirus.

The virus has not gone, but we can live more safely alongside it. As we all start to visit more places and come into contact with a wider group of people in the coming weeks, we now need businesses and the public to play their part in this new national effort by sharing their contact details. That way, if someone does test positive our dedicated team at NHS Test and Trace can quickly

spring-into-action to contact those who may be at risk and advise them to self-isolate, helping everyone stay safe.

The details visitors share must be stored securely and handled in line with GDPR regulations. They will only be shared, if asked, with the NHS Test and Trace service to manage local coronavirus outbreaks if they occur.

While many parts of lockdown are easing this weekend, the national Covid-19 Alert Level remains at 3 which means the virus is still in circulation in the UK and is a threat to our communities.

By maintaining records of staff, customers and visitors, and sharing these with NHS Test and Trace where requested, organisations can help to identify people who may have been exposed to the virus. Containing outbreaks early is crucial to reduce the spread of COVID-19, protect the NHS and social care sector, and save lives. This will help to avoid the reintroduction of lockdown measures and support the country to return to, and maintain, a more normal way of life.

Currently, if someone tests positive for the virus NHS Test and Trace will ask them to share their recent close contacts. If it is necessary, NHS Test and Trace will contact venues or organisations they have visited in order to identify other people they might have come into contact with.

Many businesses already collect customer data, including restaurants, hotels, hair salons and cinemas, so for some venues they will be able to use their existing records for this purpose, as long as customers are made aware that their data may be shared with NHS Test and Trace.

While the government continues to encourage everyone to play their part to curb the virus, if a member of the public does not wish to share their contact details, it is not mandatory. For instance, if someone provides information when contacting the business, for example when booking a haircut, they can inform the organisation they do not want their details shared with NHS Test and Trace.

Data must be collected and stored in line with GDPR legislation, organisations can visit GOV.UK to find out more information on storing customer data safely, and will only be used by NHS Test and Trace if deemed necessary to helping prevent the spread of COVID-10. Venues will be responsible for keeping a record of the name and telephone number of visitors for 21 days, and the times at which they entered and left the venue, or an estimate if an exact time is not feasible.

The locations which are encouraged to collect details of their staff and visitors are:

- hospitality, including pubs, bars, restaurants and cafés
- tourism and leisure, including hotels, museums, cinemas, zoos and theme parks
- close contact services, including hairdressers, and others as defined here

- facilities provided by local authorities, including town halls and civic centres for events, community centres, libraries and children's centres
- places of worship, including use for events and other community activities

If you are contacted by NHS Test and Trace, contact tracers will:

- call you from 0300 013 5000
- send you text messages from 'NHStracing'
- ask you to sign into the NHS test and trace contact-tracing website

Contact tracers will never:

- ask you to dial a premium rate number to speak to us (for example, those starting 09 or 087)
- ask you to make any form of payment or purchase a product or any kind
- ask for any details about your bank account
- ask for your social media identities or login details, or those of your contacts
- ask you for any passwords or PINs, or ask you to set up any passwords or PINs over the phone
- disclose any of your personal or medical information to your contacts
- provide medical advice on the treatment of any potential coronavirus symptoms
- ask you to download any software to your PC or ask you to hand over control of your PC, smartphone or tablet to anyone else
- ask you to access any website that does not belong to the government or NHS