

# New UK Government Covid testing site opens in Easterhouse, Glasgow

The UK Government has today, Thursday 26 November, opened a new walk-through coronavirus testing centre at Glasgow Club Easterhouse (G34 9HQ).

The centre is easily accessible for people without a car and is the fourth testing site in the city.

The new facility is being provided by the UK Government as part of a UK-wide drive to continue to improve the accessibility of coronavirus testing for local communities. It is operated by Mitie on behalf of the UK Government.

The test centre is part of the largest network of diagnostic testing facilities created in British history. In Scotland, this comprises of 6 drive through sites, 15 walk through sites, 21 mobile units, plus the Glasgow Lighthouse Lab which is working round the clock to process samples.

In Scotland, the UK Government is providing all COVID testing and test processing outside of the NHS. Around two thirds of all daily tests are provided by the UK Government, in support of Scotland's health services.

Tests must be booked in advance at [NHS Inform](#) or by calling 0800 028 2816. People should only book at test if they have coronavirus symptoms (a high temperature, a new and continuous cough, or a loss or change to their sense of smell or taste).

Health Minister, Lord Bethell, said:

To respond to the coronavirus, we have built a major testing and tracing system from scratch. We are constantly working to expand and improve it with new technologies and innovations so everyone with symptoms can get a test.

New walk-in sites like this one makes it even easier to get a test no matter where you live. If you have symptoms of coronavirus, I urge you to book a test today and follow the advice of NHS Test and Protect if you are contacted to protect others and stop the spread of the virus.

Baroness Dido Harding, Interim Executive Chair of the National Institute for Health Protection, said:

Walk through sites offer communities better access to coronavirus testing, so everyone with symptoms can get a test. This new site is part of our ongoing work to expand our testing network across the UK which is now has the capacity to process more than 500,000 tests

a day. We will continue to expand capacity to improve test turnaround times and push forward testing innovations to make sure anyone who needs a test can get one.

Please book a test if you have coronavirus symptoms: a new continuous cough, a high temperature and a loss or change in sense of smell or taste, and follow the advice of NHS Test and Protect if you are contacted.

UK Government Minister for Scotland, Iain Stewart, said:

The UK Government is helping all parts of the UK fight the coronavirus pandemic.

Testing is vital, helping to manage local outbreaks and protecting people's livelihoods. The UK Government is providing the bulk of Covid testing in Scotland, and this new walk-through centre is just the latest in our extensive testing network.

We are pleased to be working with local and commercial partners. These sites are not possible without the hard work of many people. I would like to thank everyone involved for their incredible efforts for the good of the country at this difficult time.

Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow and Clyde said:

I am very pleased that we have a new walk through testing centre in Glasgow to allow members of the public to access testing when they need it.

Our Public Health Protection Unit and Test and Protect Team continue to contact trace positive cases and clusters in our community. I want to thank the public for their cooperation in reducing spread of the virus and in getting tested as soon as they have symptoms.

Please remain vigilant. The general measures to minimise the risk of COVID-19 remain the same – social distancing, regular hand washing, and being on the look-out for symptoms.

Simon Venn, Mitie Chief Government & Strategy Officer, said:

Our priority during the pandemic is to support the nation's efforts to fight COVID-19 and help keep the country running. Testing is a critical part of the UK's strategy to combat coronavirus and we're proud to support the UK Government with this vital task. A big thank you to all the NHS staff, Mitie employees and other frontline

heroes in Glasgow, who are working tirelessly to keep us all safe.

---

## Renewing regional coronavirus restrictions in England

Mr Speaker, with permission I'd like to make a statement on coronavirus.

We are approaching the end of a year where we have asked so much of the British people.

And in response to this unprecedented threat to lives and to livelihoods, the British people have well and truly risen to the challenge by coming together to slow the spread and support each other.

I know how difficult this has been, especially for those areas that have been in restrictions for so long. The national measures have successfully turned the curve, and begun to ease the pressure on the NHS.

Cases are down by 19% from a week ago and daily hospital admissions have fallen 7% in the last week.

January and February are always difficult months for the NHS. So it is vital we safeguard the gains we've made.

We must protect our NHS this winter. We have invested in expanded capacity – not just the Nightingales, but in hospitals across the land – and we have welcomed thousands of new staff.

Mr Speaker, this morning's figures show the number of nurses in the NHS is up 14,800 compared to just a year ago – well on our way to delivering our manifesto commitment of 50,000 more nurses.

Together, while we invest in our NHS, we must also protect our NHS. So it will always be there for all of us, during this pandemic and beyond.

### **New measures**

Mr Speaker, I am so grateful for the resolve that people have shown throughout this crisis.

Thanks to this shared sacrifice, we have been able to announce that we will not be renewing our national restrictions in England.

And we have been able to announce UK-wide arrangements for Christmas, allowing friends and loved ones to reunite, and form a 5-day Christmas

bubble. And I know that this news will provide hope for so many.

But we must remain vigilant. There are still, today, 16,570 people in hospital with coronavirus across the UK, and 696 deaths were reported yesterday.

That means 696 more families mourning the loss of a loved one, and the House mourns with them. So, as tempting as it may be, we cannot simply flick a switch and try to return life straight back to normal.

Because if we did this, we would undo the hard work of so many and see the NHS overwhelmed, with all that that would entail.

We must keep suppressing the virus, while supporting education, the economy and of course the NHS, until a vaccine can make us safe. That is our plan.

We will do this by returning to a tiered approach, applying the toughest measures to the parts of the country where cases and pressure on the NHS are highest, and allowing greater freedom in areas where prevalence is lower.

While the strategy remains the same, the current epidemiological evidence, and clinical advice, shows we must make the tiers tougher than they were before to protect the NHS through the winter and avert another national lockdown.

So we've looked at each of the tiers afresh and strengthened them, as the Prime Minister set out on Monday.

In tier 1 if you can work from home, you should do so.

In tier 2, alcohol may only now be served in hospitality settings as part of a substantial meal.

And in tier 3, indoor entertainment, hotels and other accommodation will have to close, along with all forms of hospitality, except for delivery and takeaways.

## **Allocation of tiers**

Mr Speaker, I know that people want certainty about the rules they need to follow in their area.

These decisions are not easy. But they are necessary.

We have listened to local experts, and been guided by the best public health advice, including from the Joint Biosecurity Centre.

We set out the criteria in the [COVID-19 Winter Plan](#), and we published the data on which the decisions are made.

As the Winter Plan sets out, the 5 indicators are:

- the case rates in all age groups

- in particular, cases among the over 60s
- the rate at which cases are rising or falling
- the positivity rate
- and the pressures on the local NHS

When setting the boundaries for these tiers, we have looked not just at geographical areas but the human geographies which influence how the virus spreads, like travel patterns and the epidemiological situation in neighbouring areas.

While all 3 tiers are less stringent than the national lockdown that we are all living in now, to keep people safe, and to keep the gains being made, more areas than before will be in the top two tiers.

This is necessary to protect our NHS and keep the virus under control.

Turning to the tiers specifically: the lowest case rates are in Cornwall, the Isle of Wight and the Isles of Scilly, which will go into tier 1.

In all 3 areas have had very low case rates throughout and I want to thank residents for being so vigilant during the whole pandemic.

I know that many other areas would want to be in tier 1. I understand that.

My own constituency of West Suffolk has the lowest case rate for over 60s in the whole country.

And I want to thank Matthew Hicks and John Griffiths, the leaders of Suffolk and West Suffolk Councils, and their teams, for this achievement.

But despite this, and despite the fact Suffolk overall has the lowest case rate outside Cornwall and the Isle of Wight, our judgement, looking at all of the indicators, and based on the public health advice, is that Suffolk needs to be in tier 2 to get the virus further under control.

Now I hope that Suffolk, and so many other parts of the country, can get to tier 1 soon, and the more people stick to the rules, the quicker that will happen.

We must make the right judgements guided by the science.

The majority of England will be in tier 2, but in a significant number of areas, I'm afraid, they need to be in tier 3 to bring case rates down.

I know how tough this is, both for areas that have been in restrictions for a long time, like Leicester and Greater Manchester, and also for areas where cases have risen sharply recently, like Bristol, the West Midlands and Kent.

The [full allocations](#) have been published this morning and laid as a [written ministerial statement](#) just before this statement began.

I understand the impact that these measures will have, but they are necessary given the scale of the threat that we face.

We will review the measures in a fortnight, and keep them regularly under review after that.

I want to thank everybody who's in the tier 3 areas for the sacrifices that they are making, not just to protect themselves and their families, but their whole community.

And regardless of your tier, I ask everyone: we must all think of our own responsibilities to keep this virus under control.

We should see these restrictions not as a boundary to push but as a limit on what the public health advice says we can do safely in any area.

But, frankly, the less any one person passes on the disease, the faster we will be able to get this disease under control together. And that is on all of us.

## Testing

Mr Speaker, we must all play our part while we work so hard to deliver the new technologies that will help us get out of this. In particular, vaccines and testing.

The past fortnight has been illuminated by news of encouraging clinical trials for vaccines. First, from Pfizer/BioNTech and then from Moderna. And then of course earlier this week, from the Oxford/AstraZeneca team.

If these vaccines are approved, the NHS stands ready to roll them out, as soon as safely possible. Alongside vaccines, we have made huge strides in the deployment of testing.

Our roll-out of community testing has been successful because it means we can identify more people who have the virus but don't have symptoms and help them to isolate, breaking the connections that the virus needs to spread.

As part of our COVID-19 Winter Plan, we will use these tests on a regular basis. For instance, to allow visitors safely to see loved ones in care homes, to protect our frontline NHS and social care colleagues, and to allow vital industries and public services to keep running safely.

Mr Speaker, we have seen in Liverpool, where now over 300,000 people have been tested, how successful this community testing can be, and I want to pay tribute to the people of Liverpool, both for following the restrictions and for embracing this community testing.

It has been a big team effort across the whole city. And the result is that in the Liverpool City Region the number of cases has fallen by more than two-thirds.

In the borough of Liverpool itself, where the mass testing took place, cases have fallen by three-quarters.

It hasn't been easy and, sadly, many people in Liverpool have lost their lives to COVID. But thanks to people sticking to the rules, and to the huge

effort of community testing, Liverpool's cases are now low enough for the whole City Region to go into tier 2.

This shows what we can do when we work together. We can beat the virus.

And I want to pay tribute to the people of Liverpool, to NHS Test and Trace, the University, the Hospital Trust, and Mayor Joe Anderson and so many others, who have demonstrated such impressive leadership, responsibility, and a true sense of public service.

We are now expanding this community testing programme even further, to launch a major community testing programme, honing in on the areas with the greatest rate of infection.

This programme is open to all local authorities in tier 3 areas in the first instance and offers help to get out of the toughest restrictions as fast as possible.

We will work with local authorities on a plan to get tests where they're needed most and how we can get as many people as possible to come forward and get certainty about their condition.

The more people who get tested then the quicker that a local area can move down through the tiers, and get life closer to normal.

## **Conclusion**

Mr Speaker, viruses can take a short time to spread, but a long time to vanquish, and sadly there is no quick fix.

They call upon all our determination to make the sacrifices that will bring it to heel and all our ingenuity to make the scientific advances that will get us through.

Hope is on the horizon but we still have further to go. So we must all dig deep. The end is in sight. We mustn't give up now.

We must follow these new rules and make sure that our actions today will save lives in future and help get our country through this.

And I commend this statement to the House.

---

## **Summer 2020 outcomes did not systemically disadvantage students**

[unable to retrieve full-text content]GCSE, A level and VTQ students were not

systemically disadvantaged on the basis of particular protected characteristics or socioeconomic status.

---

## [Town planning and public health: shared competencies](#)

### Help us improve GOV.UK

To help us improve GOV.UK, we'd like to know more about your visit today. We'll send you a link to a feedback form. It will take only 2 minutes to fill in. Don't worry we won't send you spam or share your email address with anyone.

Email address

[Send me the survey](#)

---

## [Returning to a regional tiered approach](#)

**North West Greater Manchester Very high (tier 3)** While there has been continued improvement in Greater Manchester, weekly case rates remain very high, especially amongst those aged over 60, at around 260 per 100,000 people. The pressure on the local NHS is decreasing in some areas but remains a concern; Manchester University hospital and Pennine Acute Trust remain under significant pressure. Lancashire, Blackpool, and Blackburn with Darwen Very high (tier 3) While there have been improvements in some areas, case rates and the proportion of tests which are positive for COVID-19 remain high. Case rates in over 60s are very high (over 200 per 100,000) in 6 lower tier local authorities. There is still pressure on the NHS in this region. Liverpool City Region High (tier 2) There is continued improvement across the Liverpool city region. Case rates (including for the over 60s) are decreasing rapidly with some notable improvements in Liverpool, Knowsley and Sefton. Cases have fallen by 69% over 6 weeks. However, despite improvements, case rates in over 60s remain high at 150+ per 100,000 people in all lower tier local authorities. Cheshire (including Warrington) High (tier 2) Case rates are continuing to decline across Warrington and Cheshire, with a 27.4% fall to 209 people per 100,000, in line with Liverpool City Region. However, case rates in those over 60 remain high (175/100,000) though falling. Positivity



is 8.1%. Warrington and Halton Teaching Hospitals NHS foundation Trust has 150 inpatients with COVID-19. Cumbria High (tier 2) The picture in Cumbria is broadly improving although case rates in Carlisle and South Lakeland are increasing – with increases likely due to a large school outbreak. Case rates in over 60s are above 100 per 100,000 in Carlisle and Barrow-in-Furness. These case rates are too high for allocation to tier 1 but Cumbria's trajectory does currently not warrant inclusion in tier 3. **North East Tees Valley Combined Authority** Very high (tier 3) While case rates are now decreasing in all lower tier local authorities, they remain very high at 390 people per 100,000 across the region, with positivity also very high at 13.3%. The case rate in over 60s remains very high at 292 per 100,000. NHS admissions in the area have remained high in November. **North East Combined Authority** Very high (tier 3) The region continues to see very high case rates, overall 318 people per 100,000, although this figure is either stable or falling in all parts of the region. Case rate in over 60s remains very high at 256 per 100,000. NHS admissions in the area have remained high in November. **Yorkshire and The Humber** **The Humber** Very high (tier 3) The picture in Humber is improving with case rates now falling in 3 of the 4 lower tier local authorities. However, case rates in all ages and in over 60s remain very high (431/100,000 and 344/100,000 respectively). Positivity is 12.6%. There is ongoing pressure on the local NHS. **West Yorkshire** Very high (tier 3) This area is improving with case rates falling in all 5 lower tier local authorities. However, case rates in all ages and rates in over 60s remain very high (389/100,000 and 312/100,000 respectively). Positivity is 13.9%. **South Yorkshire** Very high (tier 3) This area is improving with case rates falling in all 4 lower tier local authorities. However, case rates in all ages and rates in those over 60 remain very high (274/100,000 and 223/100,000 respectively). Positivity is 11.0%. There is pressure on local NHS Trusts. **York and North Yorkshire** High (tier 2) Overall case rates (including for those over 60) in this region are improving in 7 of the 8 local authorities and lower than other parts of Yorkshire and The Humber but remain high overall (202/100,000 in all age groups and 145/100,000 for those aged over 60). Positivity is 8.5%. Rates in Scarborough are significantly higher than the rest of the region (334/100,000 in all age groups and 247/100,000 in those aged over 60) but falling rapidly. **East Midlands** **Leicester and Leicestershire** Very high (tier 3) Improvements have been seen in overall case rates in all but one lower tier local authority, but remain very high at 355 per 100,000, including in over 60s at 250 per 100k. The pressure on the local NHS remains very high. **Derby and Derbyshire** Very high (tier 3) There has been improvement in this area, but case rates remain very high at 275 per 100,000, and in those over 60 it is 220 per 100,000. The pressure on the local NHS remains high. **Lincolnshire** Very high (tier 3) There has been an overall improvement, but case rates remain high throughout the county, at 307 per 100,000 and in the over 60s it is 281 per 100,000. NHS pressures in Lincolnshire remain high and show signs of increasing, particularly for the units treating the more serious cases **Nottingham and Nottinghamshire** Very high (tier 3) There has been an improvement, but case rates remain very high in the over 60s at 211 per 100,000. The overall case rate is 244 per 100,000 and positivity is 10%. The proportion of hospital beds taken up by COVID-19 patients is high but appears to be falling. **Northamptonshire** High (tier 2) Although improvements in the overall case rates have been seen recently,

there is a continued rise in rates of COVID-19 in the over 60s. Over 60s case rate is 154 per 100,000. There is some evidence that the local NHS is seeing the proportion of people with COVID-19 being admitted and subsequently occupying beds stabilising, however COVID and non-COVID patients occupying beds in units treating more serious cases is high. Rutland High (tier 2) This area is improving with a case rate of 125 per 100,000 and 118 per 100,000 for the over 60s, which while elevated is different from the surrounding areas. Positivity is 6.4%. **West Midlands** Birmingham and Black Country Very high (tier 3) While case rates are improving (down 8.3%) they remain very high (390/100,000). There is a similar trend for positivity. Pressure on the NHS remains high. Staffordshire and Stoke-on-Trent Very high (tier 3) While the situation is improving with case rates down 13.4%, case rates and test positivity are both very high across this area (391/100,000 and 11.1% respectively). The pressure on the local NHS remains very high, including in units treating the more serious cases. Warwickshire, Coventry and Solihull Very high (tier 3) The case rate remains very high (though falling) across this area at 236/100,000. The case rate in over 60s remains very high at 182/100,000. There is a clear upward trend in case rates in over 60s in 3 of the 7 local authority areas. Positivity is 9.0%. The pressure on the local NHS remains high. Shropshire and Telford & Wrekin High (tier 2) The case rate remains high (though falling) at 200/100,000. The case rate in over 60s remains high at 139/100,000 and is falling. Positivity is 7.2%. Herefordshire High (tier 2) Herefordshire has a high case rate at 160.3/100,000. These rates are too high for allocation to tier 1 but the slight downward trajectory – a fall of 1.9% – does currently not warrant inclusion in tier 3. Worcestershire High (tier 2) While there has been a decline in case rates in all lower tier local authorities they do remain high (201/100,000), including in the over 60s (141/100,000), These case rates are too high for allocation to tier 1 but the downward trajectory – with a fall of 18.3% – does currently not warrant inclusion in tier 3. Hospital admissions of patients with COVID-19 have started to stabilise **London** London High (tier 2) The trajectory of key indicators of COVID-19 in an area (including all age case rates, over 60s case rates and positivity) have been increasing until very recently. The situation in London is not uniform throughout the city. 13 of the 33 boroughs have case rates which are 10% or more higher than a week ago and ten boroughs where case rates for over 60s are above 150 per 100,000. Hospital admissions continue to increase in the East and North London in particular, although they are still well below the spring peak. Taken as a whole, the situation in London has stabilised at a similar case rate and positivity to other parts of the country in tier 2. **East of England** Bedfordshire and Milton Keynes High (tier 2) The overall case rate is still increasing in two of the 3 lower tier local authorities. The overall case rate is high at 178/100,000 and it is 113/100,000 in the over 60s although this rises to 185/100,000 in Luton. Positivity 6.9%. There is pressure on the local NHS. Essex, Thurrock and Southend on Sea High (tier 2) Overall the rate is 159/100,000 and rising. The rate in over 60s is 100/100,000 and falling. Positivity is 6.4%. Norfolk High (tier 2) The majority of Norfolk is improving. Case rates are 123/100,000 and positivity is 5.0%. Case rates for over 60s remain over 100 per 100,000 in Great Yarmouth, Norwich and South Norfolk (with increasing trajectories in the last two areas). Cambridgeshire and Peterborough High (tier 2) An improving

picture with decreasing case rates across 5 of the 6 local authorities although the case rate is still high at 123/100,000 overall). Case rates in over 60s are also decreasing (58/100,000). Positivity has dropped to 5.2%.

**Hertfordshire High (tier 2)** There is an improving picture across the majority of Hertfordshire – the case rate has fallen to 147/100,000 overall with drops in rates in 9 of the 10 local authorities. Case rates in over 60s are falling also (102/100,000) but they are greater than 100/100,000 in 6 local authorities. Positivity is 6.3% falling.

**Suffolk High (tier 2)** There is an improving picture across the majority of Suffolk. The case rate has fallen to 82/100,000 with drops in rate in 4 of the 5 local authorities. There has been a >40% increase in weekly case rate to 128/100,000 in Ipswich compared to the previous week. Across Suffolk, case rates in over 60s are also falling (72/100,000). Positivity is 3.7%.

**South East Hampshire, Portsmouth and Southampton. High (tier 2)** There is a mixed picture across this area although the overall case rate is now 152/100,000 and falling in almost all areas. NHS admissions were increasing rapidly until mid-November and are now stable.

**Isle of Wight Medium (tier 1)** The case rate is low and decreasing at 71 per 100,000 and lower in over 60s at 44 per 100,000. COVID-19 pressure on the NHS is low.

**East and West Sussex, and Brighton and Hove High (tier 2)** Case rates in Sussex are at 120 per 100,000 with a total positivity of 4.5%. However, the trend is increasing in several areas. NHS admissions have been fairly stable in the last month but there is increasing occupancy in units treating more serious cases.

**Surrey High (tier 2)** Case rates are stable or improving in all areas with the overall rate at 139 per 100,000. The most concerning lower tier local authorities are those that neighbour London (Spelthorne and Runnymede) with case rates over 200 per 100,000, and high case rates in the over 60s are observed in neighbouring Surrey Heath and Woking. Surrey Heartlands Health & Care Partnership (STP) report admissions to hospital from COVID-19 patients were fairly stable in the last month.

**Reading, Wokingham, Bracknell Forest, Windsor and Maidenhead, West Berkshire High (tier 2)** An improving picture across the area with the exception of Slough and Reading. Slough has high case rates (326 per 100,000 overall and 219 per 100,000 for the over 60s) and relatively high positivity of 12%. The case rate and positivity away from Slough do not justify inclusion at tier 3.

**Slough Very high (tier 3)** The weekly case rate in Slough is much higher than surrounding areas at over 320 per 100,000 people compared with 155 per 100,000 in the rest of Berkshire and 138 in Buckinghamshire. Test positivity is also much higher at 12%.

**Buckinghamshire High (tier 2)** A broadly stable or improving picture across Buckinghamshire with a case rate at 138 per 100,000 and positivity at 6.4%. These case rates remain too high for allocation to tier 1.

**Oxfordshire High (tier 2)** Positive improvements across key indicators across all areas in Oxfordshire, but case rates still too high for tier 1. Buckinghamshire, Oxfordshire And Berkshire West STP hospital admissions have been fairly stable in recent months.

**Kent & Medway Very high (tier 3)** Case rates are high and continuing to rise with large increases in case rates in almost all areas in the last 7 days. Some of the highest case rates in the country are currently seen in Kent. Rising case rates in people aged over 60 are a particular concern. Positivity is also increasing in 10 of the 13 lower tier local authorities. Kent And Medway STP are reporting hospital admissions are increasing and mutual aid necessary across the county.

**South West** Bristol, South Gloucestershire, North Somerset

Very high (tier 3) The overall picture remains concerning with very high case rates overall (325/100,000) and in the over 60s (208/100,000). Positivity is 10.4%. Bristol, South Gloucestershire, and North Somerset are part of a wider travel to work area and thus form a natural geographic grouping, separate to the surrounding area. Somerset and Bath and North East Somerset High (tier 2) There are very small increases in the case rates in this area, however overall case rates and those in over 60s remain high (154/100,000 and 102/100,000 respectively). Positivity is stable at 5.5%. Dorset, Bournemouth, Christchurch and Poole High (tier 2) Case rates are falling across the area (131/100,000 in all cases and 99/100,000 in the over 60s). However the over 60 case rate is still high at 151/100,000 in Bournemouth, Christchurch and Poole. Positivity is 5.2%. In addition, the Dorset STP reports daily admissions to hospitals are increasing. Gloucestershire High (tier 2) Case rates in Gloucestershire remain high at 162/100,000. While a decline has been seen in the case rate in the over 60s, this remains at 92/100,000. Positivity is 6.3%. Wiltshire and Swindon High (tier 2) Case rates continue to fall in Swindon but are increasing in Wiltshire. Overall case rates are 143/100,000 and 93/100,000 in the over 60s. Positivity is 6.2%. Swindon and Wiltshire STP are reporting increasing admissions to hospital. Devon High (tier 2) Case rates are 121/100,000 overall though there are higher rates in Plymouth, Torbay and Exeter. The case rate in the over 60s is 85/100,000 though significantly higher in Exeter (155.9/100,000). Positivity is 4.2%. There is pressure at the Royal Devon and Exeter Hospital. Cornwall and Isles of Scilly Medium (tier 1) There are low case rates and test positivity in Cornwall and the case rates in all age groups are stable or declining. There have been no cases in the Isles of Scilly in the last 7 days meaning there is strong evidence to make an allocation to tier 1.