

UK reaches 200,000 coronavirus testing capacity target a day early

- The extensive capacity now available makes this one of the largest network of diagnostic testing facilities
- To achieve this more than 150 drive through and mobile testing sites have been set up across the UK and the new NHS Test and Trace service has been rolled out to ramp up the coronavirus response The UK-wide target to build testing capacity to 200,000 tests a day has been reached.

The rapid expansion of testing capabilities has led to the largest network of diagnostic testing facilities in British history. The capacity of NHS and Public Health England labs has been more than doubled, over 150 drive through and mobile testing units are in operation, and new innovative testing solutions such as home testing kits and lab-based antibody tests have been introduced from scratch.

The 200,000 testing capacity target was reached yesterday, at 205,634 (Saturday 30 May).

The increased testing capacity has now allowed for the rollout of the new NHS Test and Trace system, which will identify and isolate new cases of the virus, controlling its spread and helping to gradually and safely ease lockdown measures.

Health Secretary Matt Hancock said:

Reaching our 200,000 capacity target is an important milestone on our journey to control the spread of the virus, save lives and gradually ease lockdown.

By rapidly expanding our testing capacity, we have been able to introduce NHS Test and Trace, and enabling those who have coronavirus symptoms to get a test is an important part of the programme.

I want to thank and pay tribute to the incredible team who joined together in one of the greatest national mobilisations that we've seen. We brought together the best minds in the civil service, NHS, PHE, universities and the scientific community, the armed forces and private sector companies across the globe to reach this incredible achievement.

This is by no means the end of our ramping up of testing. We will continue to build upon the tremendous work so far, exploring new technology and deliver even more test results.

The UK was one of first countries in the world to develop a PCR swab test to identify who currently has the virus, and teams across the public and private sectors and academia have worked tirelessly to expand testing to all those who are symptomatic. A rapid test which can return results in 20 minutes is now being trialled in Hampshire, with hospitals, GP practices and care homes using it to quickly identify if staff and patients have the virus.

Testing capacity has also been expanded by new innovations developed since the outbreak began, including antibody tests to identify who may previously have had the virus. There is now a 40,000 antibody testing capacity available daily to NHS and social care staff, enabling us to gather information and understand how the virus has previously spread.

Surveillance testing is also underway to develop a greater understanding of how the virus is moving through the population. So far, more than 250,000 surveillance tests have been done across the UK.

National Testing Coordinator Professor John Newton said:

The expansion of our testing capacity has allowed us to take important steps to control the virus, including the introduction of a world-class contact tracing service that will help us to safely ease lockdown over time. I am proud to say that anyone in the country who needs a test can get one, regardless of where in the country they are.

We will continue to develop and grow our testing capabilities, to learn more about transmission of the virus and how it has previously spread.

The capacity to conduct 200,000 tests each day has been made up of:

- Capacity of more than 112,000 tests across the new network of diagnostic testing facilities, made up of home testing kits, drive through sites, mobile testing units and supported by new mega laboratories.
 - Capacity of more than 40,000 antibody tests, currently offered to NHS staff and care workers across the country to understand who may previously have had the virus and how it has spread.
 - Surveillance testing is also underway to develop greater understanding of how the virus is moving through the population. So far, more than 250,000 surveillance tests have been done across the UK. Work continues to further develop and expand the Government's testing capabilities, including to reduce the time it takes for a test result to be delivered and continued research and verification of new kinds of tests.
-

Dame Louise Casey's statement on coronavirus (COVID-19): 31 May 2020

Thank you, Secretary of State.

Firstly can I add my own condolences to the families and friends of all those who have so sadly passed away, due to COVID-19.

At the outset of this awful crisis it became clear that what we needed to do, was do all we can to make sure we were protecting some of the most vulnerable people in our society.

And we must continue to do so, the pandemic is not over.

For homeless people, the task was to bring as many people in off the streets and out of communal shelters.

The goal was to protect rough sleepers from the virus, give them the chance to self-isolate, and, ultimately therefore, to do the best we can to save their lives.

There was an absolutely extraordinary response, across the public sector, charities and businesses in response to my call to get 'everyone in'.

Those efforts have resulted in close to 15,000 people across England now being helped.

I'd like to take this opportunity, alongside the Secretary of State, to thank everyone involved – it was an extraordinary and unusual endeavour. From the dedicated outreach workers, the hard-working council staff to hotels that have opened their doors, and faith and community groups who provided friendship and food.

It has been a heartening example of what we can do when we need to do it and the best of Britain in this time of crisis.

And, by bringing almost everyone in, we now have an another extraordinary and unusual endeavour ahead, to try and change their lives for good beyond the immediate response to COVID-19.

I stand ready to work with all partners and esteemed colleagues in Wales, in Scotland and in Northern Ireland.

So, I'm really pleased the government is investing in these 6,000 new homes along with the extra support and money for the costs of their support. Meaning that we can help the most vulnerable rough sleepers, in the long term.

This is a really good start. I am grateful to the Secretary of State and the Prime Minister for their support. But none of us should underestimate the

challenge ahead in order to keep everyone in.

There is much more that we need to do, but for now, I'd just like to thank – those in local government, the health service, the civil servants and the countless charities and community groups, who have helped protect this, one of our most vulnerable groups in our society, during this pandemic.

And those, such as the Prince's Trust, Business in the Community, Comic Relief, the Anglican and Catholic churches who have pledged wider support.

So, now that so many are inside, I hope that we can keep it that way. What has been done here, is a small but incredible silver lining – in the dark cloud, that is COVID-19.

Thank you.

[Public Health England response to Sunday Telegraph coverage](#)

News story

Public Health England's (PHE's) response to coverage and a leader column in the Sunday Telegraph on 31 May 2020.



Duncan Selbie, PHE Chief Executive said:

Articles published in the Sunday Telegraph (31 May 2020) and Telegraph website on the test and trace system are both factually incorrect and misleading

The print articles confuse testing for coronavirus with contact tracing throughout. These are 2 very different public health interventions.

It is wholly inaccurate to say that PHE stopped testing for coronavirus in March, or that capacity wasn't there to test more than 5 cases per week.

“The article claims: routine testing and tracing of contacts was stopped because Public Health England’s systems were struggling to deal with a handful of cases.”

The minutes from a meeting of the Scientific Advisory Committee on Emergencies (SAGE) held on 18 February make clear that at that point, PHE could deal with 5 new cases a week and the associated isolation of 800 contacts – which was sufficient capacity at the time – and modelling suggested it had the capacity to scale up significantly as needed. Widespread contact tracing was stopped because increased community transmission meant it was no longer the most useful strategy.

“The article claims that contact tracing was abandoned”

Again, this is not the case. Once there was clear evidence of widespread, sustained community transmission and the Prime Minister announced the move to delay phase, contact tracing was unlikely to control the outbreak alone. At this point contact tracing was targeted where it could be most effective during this phase – focusing on the most vulnerable, for instance, carrying out contact tracing in care homes, hospitals and institutional environments.

“The paper also claims there was ‘a desperate initial shortage of capacity’ to test and trace.”

This is not accurate – there was no shortage of contact tracers by the time of sustained community transmission and PHE contacted over 5,000 people as part of its contact tracing during the containment phase. We believe that this activity delayed the peak of the pandemic by around a month and enabled the NHS to prepare more fully.

Published 31 May 2020

[Communities Secretary’s statement on coronavirus \(COVID-19\): 31 May 2020](#)

As Communities Secretary, I will be updating you on our support for the most

vulnerable people in society, I'll be updating you on how we're shielding people from coronavirus in England, and the next steps in our programme of support for rough sleepers during this pandemic.

But first, I want to update you on the latest data on the coronavirus response.

- 4,285,738 tests for coronavirus have now been carried out in the UK, including 115,725 tests carried out yesterday
- 274,762 people have tested positive, that's an increase of 1,936 cases since yesterday
- 7,639 people are currently in hospital with coronavirus, down 15 % from 8,945 this time last week
- And sadly, of those tested positive for coronavirus, across all settings, 38,489 have now died. That's an increase of 113 fatalities since yesterday.

Behind each of those deaths is a mourning family, and heartbroken friends and loved ones. Our thoughts and prayers, as ever, are with all of them.

At the start of this pandemic, we advised Clinically Extremely Vulnerable people to shield until the 30 June. These are individuals who are most at risk of severe illness if they contract the virus – so protecting them has been especially important during the pandemic.

I think it's important to explain who is shielding.

They are not exclusively older people. Over half are under 70. Over 90,000 of them are actually children and they sadly will not be able to return to school tomorrow if their year group is. And hundreds of thousands of those shielding are – or were – at work before the pandemic. Many of these people are working from home, but where this is not possible, they are unable to do the jobs I am sure they would wish to be doing.

The one thing they all have in common is that they have made a huge sacrifice. I would like to echo the Prime Minister in recognising the resilience of people shielding across the country and express our admiration for their ongoing efforts.

We know that they often live with other people, so this has had profound impact on their lives as well – and family members have often had to sacrifice a lot to protect the people they love the most. And I know that a significant number of those shielding haven't left the house at all for 9 or 10 weeks – that is quite an extraordinary restriction on their lives.

For those who were advised to shield, we set up the National Shielding Service, a huge logistical exercise, unprecedented since the Second World War.

This has included delivering over two and half million free food boxes, securing priority supermarket delivery services, ensuring people could get medicines delivered to their doorstep, and working closely in partnership with local government and our fantastic NHS volunteer responders helping

people in a myriad of other ways, be that delivering shopping, calling people for a 'check in and chat' or providing essential care.

Over 350,000 who are shielding have registered for some support from government, like food, like medicine deliveries. But more than half of those shielding have also said to us they want someone to talk to over the phone – so none of us should forget the emotional burden isolation places upon people, and the effects on mental health and general wellbeing.

For anyone, shielding or not, it's important you seek the help you need. And it is available despite the restrictions. So please, if this is you go to [GOV.UK](https://www.gov.uk) or the [Every Mind Matters website](#) for advice and practical steps as to what you can do and the support that's available for your wellbeing during this time.

I am immensely grateful to all of those in the NHS who have and continue to go above and beyond to support those most at risk during the virus.

We also recognise the role of local councils and parish councils, who have supported their residents with great effect.

When we announced a gradual relaxation of restrictions in the last week, I know that many people who are shielding will have been asking: what about me?

Today we are setting out the next steps for the shielded.

Now that we've passed the peak and the prevalence of COVID-19 in the community has reduced significantly, we believe that the risk to those shielding is lower, as it is proportionately for the general population.

As with the guidance for shielded people more generally, we want to give people the information and advice they need to make the best decisions for them. This is, as always advisory, for the shielded.

So, as a first step, I can announce today that we have updated the shielding guidance so that from tomorrow, Monday the 1st of June, people will be advised that they can take initial steps to safely spend time outdoors. This guidance is for England only but we are working very closely with the devolved administrations in Scotland, Wales and Northern Ireland who will issue their own guidance in due course.

Those shielding will be able to spend time outdoors with members of their own household or, if they live alone, with one person from another household.

This reflects a lower risk of transmission outdoors, as well as the significantly reduced prevalence of COVID-19 in the community. The full guidance will be uploaded to GOV.UK later today.

You must still follow social distancing guidelines and remain at a 2 metre distance from others.

This will enable those shielding to see loved ones, like children and grandchildren.

Something many I know, are aching to do.

Having spent many weeks indoors, some will understandably be very cautious and concerned about going outdoors. You should only do what you are comfortable with.

In our road map we set out, while the shielding guidance is currently in place until the end of June, it may need to be extended beyond that point. Our guidance to those who are shielding will always be advisory, but it is also critical that it is based on the most up to date evidence and data.

So today, I can say that as part of each review for the social distancing measures for the wider population, we will also review the risks for the clinically extremely vulnerable and assess whether, as we currently believe, the shielding period needs to be extended, and whether it is possible for the shielding guidance to be eased further.

We will base each assessment on clinical advice from our medical experts, and the best data available about the prevalence of COVID-19 within the community.

The next review of shielding measures will take place the week commencing 15 June and will consider the next steps for the programme more generally beyond 30 June.

Following that review, the NHS will also write to all individuals on the shielding patient list with information about next steps on shielding advice and the support that will be available to them.

If the conditions become less favourable, our advice to those being asked to shield will unfortunately need to be tightened.

The Government will continue to ensure that support is available to those who need it for as long as possible and for as long as people are advised to follow shielding guidance.

Once again, can I thank all those shielding for your patience and fortitude thus far. Everyone in the country appreciates the unique challenges you face, and we want to continue to do all we can to ensure that whilst you may be at home, shielding, you are not alone.

Secondly, I wanted to provide an update on our work on rough sleeping. And I'm joined by the Prime Minister's advisor on rough sleeping, Dame Louise Casey.

From the start of this pandemic, we believed we had a special duty to protect the most vulnerable people in our society. And this was especially necessary for those people sleeping rough on our streets.

Working hand-in-hand with charities and local councils, we have offered accommodation to over 90% of rough sleepers known to us at the start in order to help them stay safe during the pandemic.

I want to thank everyone who has been involved in this huge national effort. Thousands of lives have been protected as a result of your work.

We've ensured councils in England have the funding to help continue housing rough sleepers in emergency accommodation as part of the £3.8 billion we've provided them in the last 2 months. And we will continue to fund this essential work to get the job done.

But, as we enter the next phase in our fight against coronavirus, it is right that we start to look ahead.

Our goal has always been that as few people as possible return to the streets. But words and promises are not enough.

Because of the action we have already taken, for the first time, in my lifetime, we know who the vast majority of rough sleepers are and where they are living.

That means we can assess each individual's needs and tailor the support we provide next. Some people will need help to return to the private rental sector, but others will need accommodation to be provided so they can start to rebuild their lives.

That is why 6,000 new supported homes will be made available for rough sleepers, providing safe accommodation for people we have helped off the streets during the pandemic.

The government is backing this effort with £433 million to fast-track the safe accommodation desperately needed to ensure as few rough sleepers as possible return to the streets.

3,300 of these new homes will become available in the next 12 months, and £160 million will be spent this year to deliver that.

But rough sleeping is as much a health issue as it is a housing issue – it is a crisis of addiction and mental health as well.

So we will provide specialist support staff for rough sleepers in this new accommodation to ensure they can continue to receive the health support they will need to transform their lives and fulfil their potential.

These homes will be a springboard to better things. And they will serve as a new national asset and be a symbol of hope and our belief that no one's path is predetermined.

I'm now going to pass over to Dame Louise Casey.

Chief Scientific Adviser's Sunday Telegraph article: 31 May 2020

Debate and challenge is at the very heart of how scientific advances are made and new knowledge is gained. By definition we often don't know the answers to the questions we ask.

And right now, during a global pandemic, people are understandably concerned and worried about what the future holds and are looking to the science for answers.

As we wrestle with this disease, I want to explain a bit about the scientific advice being given to the Government about coronavirus and the people working morning, noon and night to help us navigate this new disease. Perhaps now is a good time to clarify exactly what Sage is, and what it is not.

Sage stood up for Government emergencies at the request of Cobr (the civil contingencies committee), and when the emergency is a health one it is co-chaired by the Government Chief Scientific Adviser and the Chief Medical Officer. It is made up of scientists with diverse relevant expertise, who for this emergency have since January been crunching data, analysing information and giving frank and objective advice. The participants vary depending on the topic and the expertise needed, but there has been a core of scientists who have attended most meetings. For Covid it has included academics, clinicians, departmental chief scientific advisers and scientists from the NHS, Public Health England and other governmental bodies including the devolved administrations.

Good science involves sharing findings and interpretations for others to challenge, build on and replicate. Scientists publish their models, methods and results and subject them to review by their peers, for critique and reuse by others. If you sign up to science, you sign up to the idea that others should review your work. We learn from each other and we learn from mistakes. This week we have published a further batch of papers from Sage to show some of the evidence behind the advice that has gone to ministers. Clearly it is right that ministers see the advice first and that they have a chance to consider it as part of their overall decision making, but I believe it is also right that the evidence base should become open for others to see too, so they can provide challenge and form new and important observations.

Science advice to Cobr and to ministers needs to be direct and given without fear or favour. But it is advice. Ministers must decide and have to take many other factors into consideration. In a democracy, that is the only way it should be. The science advice needs to be independent of politics.

In the past, evidence from Sage has been published at the end of the particular crisis it was called for. In the days before Sage existed science advice to government was often not published at all. When it comes to this crisis it is clear we must get the information out as soon as possible, and

in my opinion, as close to real time as is feasible and compatible with allowing ministers the time they need.

As the Sage papers become available it is possible to track the evolution of thinking. It is possible to see how unknowns became known and where significant gaps in knowledge still exist. The papers also provide a chance to correct some of the misconceptions that have taken hold. Allowing many people to catch Covid to create widespread immunity was never an aim and never could have been with a committee comprised of many doctors who have spent their lives dedicated to improving health. Immunity on the other hand is something that prevents transmission and we all hope that a vaccine to induce immunity will become available.

Sage is not an infallible body of experts and nor is there cosy group think. There is a range of opinions in all of discussions and there is wide reading of the latest research, but what Sage endeavours to do is come down to a position or a range of positions, to provide options ministers could consider and explain the uncertainties and assumptions inherent in that science and evidence. Sage is not a body that has any accountability for operational aspects whether that be testing, PPE or NHS delivery.

Is the evidence usually crystal clear? No. And you only need to pick up a newspaper or watch the TV to see how strongly different scientists have presented diametrically opposed ideas, and how some have flipped from certainty to uncertainty and back again. Will the advice from Sage always be right? No. Will the science change as we learn more? Of course, and we learn from scientists across the world. But the evidence we present to ministers will always be based on a careful analysis of the science available at the time, in line with both the Nolan principles and the Civil Service Code.

As a civil servant and the Government's Chief Scientific Adviser, I am very aware of the responsibility and trust invested in me and the army of scientists and experts during this crisis. In the years to come, when this awful disease is no longer shaping all of our lives, I know I will look back with gratitude and admiration for what these individual scientists did to help understanding and provide advice in the face of uncertainty. I also know that we will have learned a lot, including how to do it better next time. That is science.

First published in the Sunday Telegraph.