Department of Health & Social Care

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Lord Kinnoull
Chair
European Union Committee
House of Lords
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21st October 2020

Dear Lord Kinnoull,

**COM(2020) 318: COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS: Short-term EU health preparedness for COVID-19 outbreaks**

Thank you for your response regarding my Explanatory Memorandum on the above communication and for your pertinent questions. I answer these below.

**You ask what steps have been taken to ensure that the NHS COVID-19 app could be interoperable with other countries and when we expect that interoperability may begin to take effect.**

With multiple apps now successfully operating within the UK, securing interoperability between them is an area of shared priority for the UK Government and Devolved Administrations. From launch, the NHS COVID19 app has been available to English and Welsh users, meaning contacts between citizens in both countries can be detected and acted upon. We continue to work closely with the Devolved Administrations, Crown Dependencies and Gibraltar to secure interoperability between our apps. This is of particular importance to citizens who frequently travel between these countries. We will jointly introduce a technical solution once we are assured it will function effectively to the benefit of citizens. We are also actively exploring how the NHS COVID-19 app may work with other apps - to ensure that our citizens can help disrupt the spread of the virus when travelling abroad and when there are visitors to the UK. We are currently evaluating emerging interoperability standards to understand how we may be able to align with them.

**You ask what measures we are taking to ensure that contact tracing can take place at international airports, railway stations and ports in the UK, both before and after 1 January 2021.**

NHS Test and Trace tests are not available for testing to reduce self-isolation periods for international arrivals. NHS testing capacity is currently reserved for testing symptomatic people in the UK, with any spare capacity being used where most clinically effective. Every person who tests positive for COVID-19 is asked whether they have stayed anywhere other than their home address in the seven days prior to developing symptoms.

To support the government's border health measures, Public Health England (PHE) has set up the Isolation Assurance Service that calls a random sample of eligible UK arrivals to ask them for assurances they are self-isolating as well as providing advice on COVID-19 symptoms and what to do if they experience them. PHE randomly samples around 1,000 eligible arrivals per day into England and NI and arranges calls to each person in the sample to give them advice to understand why they need to self-isolate, how to do so and what to do if they are experiencing symptoms. To date there has been a high level of compliance and the vast majority of people contacted have confirmed they will self-isolate for two weeks on arrival to the UK.

**You ask what steps we are taking to ensure the UK can access the healthcare staff required (particularly intensive care specialists) to manage the coincidence of COVID-19 surges and the influenza season, despite the ending of free movement next year.**

From 1 January 2021 the UK will have a new, global immigration system, covering the EU in the same way as the rest of the world. While freedom of movement from Europe ends, we have already taken steps to ensure healthcare staff are able to move to the UK seamlessly, through the introduction of the Health and Care Visa. This new visa route means health and care staff who are eligible for a Tier 2 visa pay 50% visa fees, are exempt from paying the Immigration Health Surcharge and receive a visa decision within three weeks.

**You ask for clarification on what access the UK currently has to data sharing platforms used to share intelligence on, for example, the effectiveness of certain interventions, as well as clinical, epidemiological and virological data. You also ask if that access will be lost from 1 January 2021, how the Government intends to replace the intelligence therein.**

The UK currently routinely accesses EU platforms to share and receive intelligence on health protection threats or incidents securely and rapidly to inform public health responses in the UK and across Europe. The key systems accessed are the EU Early Warning Response System (EWRS) and Epidemic Intelligence Information System (EPIS). Continued access to the EWRS and EPIS platforms after 31 December 2020 is being discussed with our EU partners. The UK will continue to share and receive intelligence through International Health Regulation (IHR) focal points, as currently occurs for non-EU countries. A new platform is also in development to replace systems that will enable the sharing of public health intelligence, and secure and rapid communication of sensitive information on incidents or individual cases within the UK and internationally.

The UK will continue to maintain an extensive infectious disease and cross border health threat surveillance and response system, and will work closely with international partners,

including the World Health Organisation (WHO), through a range of bilateral and multilateral fora, to ensure the most effective health security system for UK citizens.

**Finally, you ask us to set out the ways in which we are currently cooperating with the EU to contain and manage new outbreaks of the pandemic, and the ways we intend to do so after 1 January if there will be any changes.**

We continue to work closely with industry, the NHS, the Medicines and Healthcare products Regulatory Agency (MHRA) and internationally to ensure that UK patients have the greatest possible chance of getting the latest, ground-breaking treatments for COVID-19 as quickly as possible.

In response to the COVID-19 pandemic, the EU has put in place a number of funding and procurement mechanisms to support countries acquiring medical equipment and medicines in aide of their respective responses. Under the terms of the Withdrawal Agreement, the UK is eligible to take part in initiatives funded from the 2020 EU budget, including those that are financed under the Emergency Support Instrument (ESI).

As the Commission has confirmed, we are eligible to participate in joint procurements during the transition period, following our departure from the EU earlier this year. The UK has also confirmed that it will participate in the EU's latest Joint Procurements (JPA) round relating to the ICU medicine, investigational therapeutics (Remdesivir) and the supply of medical equipment for COVID-19 and influenza vaccination.

The ESI allows the Commission to directly purchase essential items (such as therapeutics) with guaranteed delivery outside of the ongoing EU joint procurement schemes or individual countries' procurement processes. As part of these efforts the UK will receive over 17,000 vials of Remdesivir through the EU's ESI by mid-October; and we are participating in the EU Joint Procurement scheme to secure further supplies. This will complement the decisive action already taken by the UK Government to secure supplies of promising coronavirus treatments and help to ensure we have enough stock of Remdesivir to treat every NHS patient who needs it.

The UK continues to consider participation in all future EU schemes that may provide a route of supply to the UK and which we're eligible to take part in until the end of the Transition Period on a case by case basis, taking into account our health requirements.

As the UK is no longer an EU Member State, we do not attend EU Health Ministers' meetings; however, we are engaging constructively with the EU to respond to the ongoing COVID-19 outbreak. The UK continues to attend the EU Health Security Committee (HSC) and the Clearing House (CCH) meetings related to COVID-19 and shares information through the EU's Early Warning and Response System (EWRS).

As set out in the UK's approach to negotiations with the EU published on 27 February, the UK is ready to discuss how our citizens can be kept safe and benefit from continued international cooperation on health security following the end of the transition period,

where it is in our mutual interest. The detail of the UK's future relationship with the EU on health security is subject to the outcome of the ongoing negotiations. We welcome the discussions we have had so far on the scope of cooperation in this area and welcome continued talks going forwards.

**EDWARD ARGAR MP**