

**Written Evidence Submitted by Rt Hon Matt Hancock, Department of Health and Social Care
(C190112)**

Thank you for inviting me to give evidence to the Science and Technology Committee on 21 July and for your letter of 31 July asking for further information on several points that were discussed in the session. I would also like to provide further information on other points raised in the session.

FACE COVERINGS AND MASKS

As you are aware, the Government has made it mandatory for face coverings to be worn on public transport, in shops and supermarkets, and other indoor public places. The statistics below show the latest number of personal protective equipment (PPE) items, broken down by type of mask, which have been distributed for use by health and social care services in England by the Department of Health and Social Care (DHSC). These statistics are published online at: <https://www.gov.uk/government/publications/ppe-deliveries-england-27-july-to-2-august-2020/experimental-statistics-personal-protective-equipment-distributed-for-use-by-health-and-social-care-services-in-england-27-july-to-2-august-2020>.

The data includes deliveries from the PPE Dedicated Supply Channel to organisations such as NHS trusts, National Supply Distribution Response, local resilience forums and wholesalers for onward distribution and use by health and social care providers. However, it should be noted that health and social care organisations can and do procure PPE from suppliers outside of this route, so this will be an underestimate of the total amount of masks used across the system.

PPE Item	27 July to 2 August 2020	Cumulative (25 February to 2 August 2020)
Face mask FFP2	48,000	6,648,000
Face mask FFP3	786,000	27,119,000
Face mask IIR	15,468,000	432,518,000
Face mask – other	0	52,000
Face mask – type II	25,000	6,417,000
Total	16,327,000	472,754,000

CONTRACT DETAILS

Providers of PPE

The Committee asked that I also provide details of contracts with three companies – Ayanda Capital, Avantis Solutions and Pestfix – including units ordered and received. I cannot currently provide this information – the number of units ordered in these contracts would enable a calculation of price which is confidential and commercially sensitive information – both for the Department’s ongoing procurement and for the relevant companies. It is also pertinent to ongoing legal proceedings, and releasing this information could impact our position in those proceedings at this time.

Public First

Public First was engaged by the Cabinet Office to test public opinion and reaction to government messaging including focus groups for Covid-19 research. This work has helped us to understand public attitudes and behaviours to inform our vitally important public health messages and policies, and has enabled us to deliver a strong, national, cross-government communications campaign to support the UK’s response and recovery from the pandemic.

RESTARTING NIHR PROGRAMMES

We are also carefully restarting National Institute for Health Research (NIHR) programmes. In March, we allowed NIHR funded health and care professionals, who were working on topics other than Covid-19, to return to clinical care if they were asked to do so by their employing organisations.

We are now restoring our diverse and active portfolio of research funded and supported by the NIHR, although ongoing work on Covid-19 will continue to be prioritised, given its vital importance.

To support this, the NIHR has developed a ‘Framework for restart’, a guidance document to support local decision-making. Further details can be found at:

<https://www.nihr.ac.uk/news/supporting-the-restart-of-paused-nihr-research-activities/24890>

VOLUNTEERING FOR THE OXFORD VACCINE TRIALS

I was pleased to hear the Committee’s support for the pioneering research work that is taking place here in the UK as we search for effective vaccines and treatments.

On Monday 20 July we launched a registry on the NHS Website (<https://www.nhs.uk/sign-up-to-be-contacted-for-research>) to enable people over the age of 18 to easily sign up to give permission for researchers to contact them about taking part in Covid-19 vaccine studies in the UK which will of course include the Oxford and Imperial vaccines studies. The registry was commissioned by the Vaccines Task Force and developed by NIHR and

NHS Digital and has the support and agreement of the Devolved Administrations. The registry is also accessible via the NIHR's Be Part of Research website (<https://bepartofresearch.nihr.ac.uk/vaccine-studies/>) and the Covid-19 Testing Service.

I'm delighted by the response. By Monday 3 August 88,771 volunteers had come forward, and we continue to recruit more volunteers sign up to the registry.

PLANS TO RESTART THE NHS

You have also asked about the non-Covid-19 services which were necessarily paused to ensure the NHS had sufficient capacity during the first wave, and the action being taken to restart these. NHS activity data shows that both A&E activity and planned elective care activity was significantly reduced, for example in April A&E attendances were down by over 56% compared to April 2019 and elective admissions were down by over 38% in the same period.

The decrease in activity was likely due to a combination of:

- Changed healthcare-seeking behaviour by patients.
- Reductions in the incidence of some health problems such as major trauma and road traffic accidents.
- Clinical judgements about the balance of risk between care in different settings, given the prevalence of Covid-19.
- Some NHS care being provided through alternative access routes (e.g. ambulance 'see and treat', online appointments).

To encourage patients requiring urgent care to seek appropriate medical advice and treatment, the NHS ran the 'Open for Business' media campaign. The effort to encourage the public to access the health services that they need in the most appropriate way was reinforced by the NHS 'Help Us to Help You' campaign.

Initial guidance issued to NHS services on 29 April requested that providers started to recover non-Covid-19 services, starting with the most urgent first. It was recognised that this would take time and needed to take account of both stringent infection control measures and the possibility of a second surge of Covid-19 cases.

NHS activity data shows that services are now recovering, as the NHS moves back to providing non-Covid-19 services alongside the continued demand for those who need hospital care for Covid-19. Emergency admissions are back at 85% of normal levels, with some regions above 90%.

On 31 July further guidance was issued to local NHS providers and commissioners on outlining the next phase of the NHS response to Covid-19 and concurrent non-Covid-19 activity. A link to the letter can be found here:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>

The focus is on accelerating the return of non-Covid-19 health services to as close to normal levels as possible, including making full use of available capacity between now and

winter, whilst also preparing for winter demand pressures. This will be done alongside continued vigilance in light of any further Covid-19 increases.

Providers, working as local systems, have been asked to submit draft plans for how they intend to meet the key actions in the 31 July guidance by 1 September, with final plans due by 21 September.

Trusts, working with GP practices, have been asked to ensure that every patient whose planned care has been disrupted by Covid-19 receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change.

Looking ahead to winter, the Prime Minister has announced £3bn of extra NHS funding to ensure the retention of the Nightingale hospital surge capacity and continued access to independent hospitals capacity to help meet patient demand.

Clinically urgent patients must of course continue to be treated first, with priority then given to the longest waiting patients, specifically those breaching or at risk of breaching 52 weeks waiting by the end of March 2021. Continued access to independent sector capacity will be in place to further support the recovery and restoration of elective services.

In the longer term the Government will continue to invest in NHS infrastructure, including the facilities needed to support urgent and emergency care. The Government has committed to delivering 40 new hospitals by 2030.

HOSPITAL BED CAPACITY

Thank you for your further questions about hospital capacity during the peak. From the outset I was determined to protect the NHS and not to allow it be overwhelmed by a surge in patients. Throughout the pandemic we produced reasonable worst case and optimistic scenarios, not projections, which modelled deaths, ICU occupancy, hospital admissions and new infections.

As a result of this, with NHS England we drew up plans to expand capacity rapidly. Scaling up NHS capacity was initially based on tried and tested NHS contingency procedures, albeit on a massive scale. In addition, we struck an unprecedented deal with the independent sector put their 8,000 beds and 20,000 staff at the NHS's disposal.

The NHS moved at extraordinary pace to expand critical care capacity. However, it was clear to me this was not enough. Therefore, I directed NHS England to expand bed capacity, and on 24 March we launched the Nightingale programme. Thanks to the amazing efforts of the NHS, working with a wide group of partners, public and private, by 3 April the first Nightingale hospital in London accepted its first patients.

The expansion of NHS critical care capacity occurred at a pace and scale never seen before. As a result of this action, all Covid-19 patients who were admitted received the urgent treatment that they needed, the NHS was not overwhelmed and there was always sufficient critical care capacity.

TESTING CAPACITY

Over the past few months, we have expanded our national testing infrastructure, from having the capacity to carry out 1,000 tests a day, to over 300,000.

The Committee asked about the publication of data on testing capacity. This published every Tuesday and it is available at:

<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>.

As well as the latest data, it also includes a full time series dating back to 20 March showing daily capacity across all pillars.

I trust that this information will be helpful; please do not hesitate to ask if you have any further questions.

Yours ever,

MATT HANCOCK

(6 August 2020)