

Health and Social Care Secretary Oral statement on COVID-19

Madam Deputy Speaker, the COVID-19 pandemic has caused upheaval across the world forcing governments everywhere to wrestle with how to keep their citizens safe while also protecting the liberties that we all hold dear. We've learnt a lot from our experience and of course from the experience of others and we are still of course learning too.

But we can take huge pride that thanks to the defences that we've built so much of this year has been a year of recovery, we've enjoyed greater freedom than at any time during the pandemic so far. Thanks to the rapid progress of our vaccination programme, our investment in treatments and our decision to open up during the warmer summer months we're in a far stronger position than we were last winter. But even as I stood at this Despatch Box back in July to announce the major milestone of taking Step 4 in our roadmap I said – and I quote Madam Deputy Speaker:

“We know that the greatest risk to the progress that we've made is the possibility of another new variant, especially one that can escape immunity and puncture the protective wall of our vaccination programme.”

We've always known that variants have had the potential to knock us off our course and we've built the capacity to identify and respond to those that pose a threat. The vast majority of new variants present no risk whatsoever. Since the summer there have been hundreds of new variants, but only one of them, Omicron, has been designated as a variant of concern.

For example, just last month, I updated the House from this despatch box on AY 4.2, a new form of the Delta variant, which preliminary analysis showed at that time might be more infectious. I said then that we'd keep it under review and that's what we decided and that's what we did and we took no action. But Madam Deputy Speaker, Omicron is a grave threat. We acted early to slow its spread, strengthening our testing regime and placing eleven countries on the travel Red List. But despite those swift steps, the data over the past few days has shown more cause for concern and I'd like to reinforce with the House today to all Honourable Members why Omicron presents such a risk to the progress that we've all made so far together.

Now Madam Deputy Speaker I do want to turn to some of the things that we've learnt about this new variant. The first thing is, and this is a fast moving situation, in the past week we have been able to determine these things with a high degree of confidence.

First, that it is more transmissible than the Delta variant. We can see that the growth in Omicron cases here in the UK is now mirroring the rapid increase that we are seeing in South Africa and the current observed doubling time is around every two days. Although yesterday we reported 4,713 confirmed cases of Omicron in the UK, the UKHSA estimate for the number of daily

infections was 42 times higher at around 200,000. Scientists have never seen a COVID-19 variant that's capable of spreading so rapidly so we have to look at what we can do to slow Omicron's advance.

Second, although we don't yet have a complete picture of Omicron's severity even if severity was significantly lower, then the much higher transmissibility of Omicron means it still has the potential to overwhelm the NHS. Take the current observed doubling time of two days. And let's say, for argument's sake, that Omicron was only half as severe as Delta. After the lag between cases and hospitalisations had taken effect then this would only buy you two days before Omicron hospitalisations reached the same level as Delta. In England, ten people are confirmed to have been hospitalised with the Omicron variant. I know that some Honourable Members have said that because confirmed hospitalisations from Omicron are low, then we don't need to act. But it's the fact that Omicron hospitalisations are low that mean it's the best time to act.

As we've seen during previous waves, the lag between infections and hospitalisations is around two weeks. With infections rising so quickly, we're likely to see a substantial rise in hospitalisations before any measures start to have an impact. So there really is no time to lose.

Third, Madam Deputy Speaker, we're concerned about the way that Omicron responds to vaccines. Vaccines have proven to be highly effective against many previous variants for example the Alpha and Delta variants. This has weakened the link between cases, hospitalisations and deaths and allowed us to reopen the country once again. But recent analysis from UKHSA has shown that two doses of a vaccine provide much lower levels of protection against symptomatic infection from Omicron when compared to Delta. But, more encouragingly effectiveness rose considerably in the early period after a booster dose providing around 70% to 75% protection against symptomatic infection.

This data starkly shows the importance of booster doses, and why we're working so hard to get boosters in arms and I'll say more about these plans later. Our strategy is to take proportionate action now to come down hard on the virus and strengthen our defences rather than waiting until it's too late.

When I set out our Autumn and Winter Plan to this House in September, I outlined how we'd hold measures in reserve. In case the NHS was likely to come under unsustainable pressure and would stop being able to provide the care and treatment that people need. Yesterday, NHS England announced it will return to its highest level of emergency preparedness: Level 4 National Incident and unfortunately, there's a very real risk that the exponential rise in Omicron cases translates into a spike in hospital admissions and threatens to overwhelm the NHS.

We've done so much already to boost NHS capacity. We've increased the number of doctors by over 5,000 over the past year – and the number of nurses by almost 10,000 and we've also expanded the number of beds available but we've also had to put in place measures for infection control which have limited

this capacity and there's already over 6,000 COVID-19 patients in hospital beds in England.

Despite the progress that we've made, the NHS will never have unlimited numbers of beds nor unlimited number of people to look after people in those beds. So if we think that capacity risks being breached then we simply have to step in. Because we know what this would mean in practice – for both COVID and non-COVID care. It would mean one of your constituents, perhaps someone who's in a car crash, being unable to get the emergency care they need and the NHS having to make difficult decisions about who deserves treatment and who doesn't. I know some Honourable Members think that this is merely a hypothetical. But it's not. We've seen health services all around the world become overwhelmed by COVID-19- and we cannot allow it to happen here.

Madam Deputy Speaker, we're also giving the NHS more time put boosters in arm and I can assure the House that we won't waste a single second in doing that. We've already given more booster doses than anywhere in Europe and to 44% of people in this country over the age of 18 in the UK. But the recent data showing the importance of booster doses for our fight against Omicron has highlighted the need to go even faster. Yesterday, I set out to the House how we're bringing the target we've set ourselves forward so everyone who's eligible and aged 18 and over in England will be offered the chance to get their booster before the New Year.

This is a new national mission.

A race between the virus and the vaccine to get as many people protected as possible. Just as we embark on this huge logistical endeavour in the short term, we're also looking to the long term. We've already signed contracts to buy a total of 114 million extra doses to future-proof this country's vaccination programme over the next two years.

And the deals we've struck will give us the earliest access to modified vaccines to combat Omicron and future Variants of Concern should we need them. We'll eventually be able to draw on the power of science to allow us to live with Omicron and the other new variants further down the track just as we do with flu. But here and now, we must look at the threat right in front of us and think about what we can do to protect ourselves from this new danger.

So, Madam Deputy Speaker, the most responsible decision we can take at this time is to move to Plan B in England. Drawing on the measures that we've held in contingency, to support the NHS and give more time to get boosters in arms. These are not steps that we take lightly. I firmly believe in individual liberty – and that curbs should be placed on our freedoms only in the gravest of circumstances. Not only that, I'm of course mindful of the costs that restrictions can bring to this nation's health, education, and to the economy. So it's vital that we act early in a proportionate way doing whatever we can to build our defences and preserve greater freedom for the long-term.

I'm confident that these are balanced and proportionate measures and that

still leave us with far fewer restrictions than are in place in most of Europe and I can assure the House that we'll keep reviewing the measures we've put in place and we won't keep them for a day longer than we have to. For example, now there is community transmission of Omicron in the UK and Omicron has spread so widely across the world the travel Red List is now less effective in slowing the incursion of Omicron from abroad.

So I can announce today, that whilst we'll maintain our temporary testing measures for international travel, we will be removing all eleven countries from the travel Red List effective from 4am tomorrow morning.

Now, Madam Deputy Speaker, I'd like to turn to the Regulations before the House today. Regulation number 1,400 proposes extending the use of face coverings. In October, UKHSA published an updated review of the evidence on the effectiveness of face coverings and concluded that there's good evidence that they can help to reduce the spread of COVID-19 when worn in the community. This Regulation proposes extending the legal requirement to most indoor public settings – including theatres and cinemas. Although they're not required in places where it wouldn't be practical. For example, hospitality settings like cafes, restaurants, and pubs nightclubs or other dance venues or in exercise facilities like gyms.

Next, Madam Deputy Speaker, Regulation number 1,416. This would mean anyone over 18 would need to show a negative lateral flow test to get into a limited number of higher risk settings, unless they're double vaccinated. However, as I announced to the House yesterday in light of the new data on how vaccines respond to Omicron, our intention is that boosters will be required instead of two doses as soon as all adults have had a reasonable chance to get their booster jab Madam Deputy Speaker, I'd like to reinforce to Honourable Members that this proposal is not a vaccine passport. It's really important to me as a point of principle that people have a range of different routes to show how they're eligible and that's what's before the House today. These options include showing proof of a negative test from the last 48 hours proof of vaccination a medical exemption or evidence of participation in a clinical trial.

These Regulations cover a small number of settings that present a particular risk. Venues acting like nightclubs indoor events with over 500 or more attendees likely to stand and move around outdoor events with 4,000 or more attendees likely to stand and move around and all events with 10,000 or more attendees. These measures would come into force tomorrow. We've given a week's notice of these changes so venues have time to put arrangements in place and I'm pleased to see that so many venues are already using these measures.

We can't eliminate the risk of COVID-19 but we can reduce it, and these proposals offer a pragmatic way of doing this. People can either show proof through taking a lateral flow, meaning they're less likely to be infectious or they'll be at least double jabbed, which means they'll be less likely to become severely unwell, if they're exposed to COVID-19. These plans make would make some of the most potentially high risk environments even safer and provide a quick and easy way for people to show their status. This Regulation

and the measures on face coverings will be reviewed by the 5th of January and they will sunset on the 26th of January and if we wanted to do something different, we would come back to the House.

Madam Deputy Speaker, as well as the new measures that we're proposing we're also restoring freedoms too, drawing on the defences that we've built. At the end of last month, this House passed Regulations requiring all close contacts of a suspected or confirmed Omicron case to self-isolate for ten days.

But given the increasing dominance of Omicron, this approach no longer makes sense for public health purposes and nor is it sustainable for the economy. So we're drawing on the testing capacity we've built to create a new system of daily testing for COVID contacts, which has started today. Instead of close contacts of confirmed or suspected cases having to self-isolate, all vaccinated contacts irrespective of whether the contact was with an Omicron case or not will be asked to take a lateral flow test every day for 7 days. Regulation 1,415 allows us to put this plan into action by revoking the Omicron-specific provisions for self-isolation.

Finally Madam Deputy Speaker, I'd like to turn to measures to help keep the health and care system safe for the long term by making vaccination a condition of deployment for more health and social care settings. Across the UK, the overwhelming majority of us have made the positive choice to accept the offer of a vaccination against COVID-19 and 91 per cent of NHS staff already have had two doses.

But we need to get this figure even higher. Uptake rates vary between different health and care organisations, and across the country and despite the incredible effort to boost uptake across the country there are still approximately 94,000 NHS staff who are unvaccinated. It's critical to patient safety that health and care staff get the jab. To protect some of the most vulnerable who're in their care and also keep the NHS workforce standing strong in the wake of Omicron.

We made vaccination against COVID-19 a condition of deployment in care homes from the 11th of November this year. And contrary to what some feared we're not aware of any care home closures where vaccination as a condition of deployment has been the primary cause. Today, we're putting before the House regulations to extend this requirement to health and other social care settings. The settings in which this applies to include NHS hospitals, and GP and dental practices, regardless of whether a provider is publicly or privately funded. Anyone working in those health or social care activities regulated by the Care Quality Commission will need to be vaccinated against COVID-19 if their role will involve direct contact with patients.

This is apart from a few limited exemptions, for example for medical reasons. The definition of fully vaccinated is currently two doses, but we're keeping this under review and of course I'd urge everyone who works in the NHS and social care to get their boosters too. I hear the concerns that have been raised about the impact of the measures on the workforce, especially during these winter months although even before the pandemic workplace policies were in place requiring the Hepatitis B vaccine for those who had to perform

certain clinical procedures.

However, we're allowing a 12 week grace period to give people the chance to make the positive choice to get protected and we're aiming to start enforcing these requirements on 1st April next year subject to the will of this House. Today, the Chief Executive of the NHS England has written to me reinforcing the importance of getting the jab to protect themselves, their loved ones, and their patients. I'll be placing a copy of this letter in the Library of both Houses.

I'm pleased to say that, despite the concerns that some people have raised we've already seen a net increase of over 55,000 NHS staff vaccinated with a first dose since we consulted on the policy in September. Madam Deputy Speaker, although I firmly believe that these measures are a proportionate way of protecting those at greatest risk I know that Honourable Members have questions about whether we would extend these measures further. And I'd like to say very clearly to the House once and for all that although we've seen plans for universal mandatory vaccinations in some countries in Europe I will never support them in this country.

I firmly believe that getting vaccinated is something that should be a positive decision and I can assure the House the government has no intention of extending the condition of deployment to any other workforces or introducing mandatory vaccination more widely.

Madam Deputy Speaker, the Regulations we're debating today are not measures that any of us would like to be putting in place. But they are the measures that the situation demands. Because when the facts change, our response must change too. As we look ahead to a winter with Omicron in our midst the measures before the House today will fortify our national defences and guard the gains we've all made against this deadly virus.

I commend these Regulations to the House.