

# Foreign Secretary's statement on coronavirus (COVID-19): 18 May 2020

This transcript is for the coronavirus statement delivered on 18 May 2020:  
[Coronavirus press conference 18 May 2020](#)

Good afternoon and welcome to today's Downing Street Press Conference.

I'm pleased to be joined by Professor Jonathan Van-Tam, our Deputy CMO.

I'll start with the daily update on the latest data on coronavirus.

- 2,682,716 tests for coronavirus have now been carried out in the UK. That includes 100,678 tests carried out yesterday.
- 246,406 people have tested positive, that's an increase of 2,684 cases since yesterday.
- 9,408 people are currently in hospital with coronavirus, down 13% from this time last week.
- And I'm very sad to report, of those who have tested positive for covid-19, across all settings, 34,796 have now died. That's an increase of 160 deaths on yesterday.

It goes without saying that we offer our condolences to the friends and family of every individual who has passed away during this coronavirus pandemic.

It is a challenging time and as we chart the right course over the weeks and months ahead, our overriding priority remains to save lives, whilst also preserving livelihoods and allowing people to return, over time and as and when it's safe, to something resembling a more normal way of living.

On 11 May, we set out a road map to provide the information, the advice and the reassurance to businesses, public services, to other organisations, to employees and to citizens up and down the country.

And I want to thank everyone who is making the adjustments and engaging with us in government to forge the path ahead in a sure-footed and sustainable way. We recognise people will have concerns and questions, and we want to work together with them, and with everyone involved to provide the necessary confidence and reassurance in the next steps that we are poised to make.

That approach is summarised in the slides which we have up on the screen.

You'll see from Slide 1, and as people will be aware, we have established a new COVID Alert System, with five levels, each relating to the current level of threat posed by the virus.

The alert level is focused on the rate of infection, known as the R value, as well as the total number of coronavirus cases overall.

The alert level helps us determine the social distancing measures that we need to fight the virus. So the lower the level, the fewer or the less restrictive the measures we will need at any given time.

Since the lockdown began, at the end of March, we have been at Level 4 as indicated on the slide.

Thanks to the hard work and the huge sacrifices across the UK, and the progress that we've made as a result of that, particularly in relation to compliance with the social distancing measures, we are in the process of moving from Level 4 to Level 3 on the slide. We will do that through a number of very careful and deliberate steps.

Last week, the Prime Minister set out the first of three steps, designed to carefully modify the measures that had been put in place.

By gradually easing certain measures, we can begin to allow people to return to something resembling a more normal way of life. The choices we make, what we are asking the British public to do, and what we're asking them not to do, are designed to avoid the very real risk of a second peak that would overwhelm the NHS and of course risk turning a temporary economic painful moment for the country into permanent damage to the UK economy.

At every step, we'll closely monitor the impact of easing restrictions, and in particular the impact on the spread of the virus.

It's only by collecting and monitoring the data will we be able to take the next step, which is indicated as Step 2 on the slides, and that will be no earlier than June 1st.

I understand it's natural for people to question why they can't do one or other thing right now, or why certain distinctions have been made, but in reality you have to look at the package of measures as a whole, mindful of the risk to the R level and taking into account the various economic and social effects combined.

We've adopted a balanced approach, guided at all times by the science, and the overriding need to avoid a second peak that could overwhelm the NHS.

It's true to say making any changes inherently comes with some risk of spreading the virus compared to simply staying at home. But it's also true that staying in permanent lockdown is itself not sustainable on health grounds or economic grounds.

That's why we have only eased measures where it can be done with the lowest risk possible. And that's also why we are watching the impact of every change that we make very closely.

I know the last couple of months have been really tough for families, for businesses, for everyone up and down the UK. But it is only by keeping to the plan, sticking to the rules, even including when those rules change, that we will beat coronavirus for good.

That is why we have asked people to Stay Alert, to Control the Virus to Save Lives as we make changes to the measures in place in England and adjust the government's advice accordingly.

For the vast majority of people, that still means staying at home as much as possible.

For those that can't work from home, they should return to work with the arrangements in place to ensure it can be safely and responsibly done.

We've also adjusted the advice to allow people to exercise more, to visit public outdoor spaces but staying 2 metres apart from those outside their own household.

As ever, people need to keep washing their hands regularly and carrying out the hygiene measures that we've advertised before.

Our advice is to wear a face covering when you are outside the home in enclosed spaces and where it's difficult to socially distance – for example if going to the shops or travelling on public transport. And if you or anyone in your household develops symptoms, then you still all need to self-isolate.

Now while we're asking the public to do these things, we in government will keep ramping up the effort that we need to see to get the UK back to a more normal way of living.

With that in mind, today, the Health Secretary announced that anyone in the UK with covid-19 symptoms can now get a test by booking online and I can also report that we've now recruited over 21,000 contact tracers and call handlers in England for the implementation of our test and trace programme.

That programme is absolutely key in the next steps we need to take as a country to come through this pandemic safely and responsibly.

## **Further information**

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# **[LLWR awards multi-million pound metal framework contract](#)**

LLW Repository Ltd (LLWR) is pleased to announce the award of a 4 year framework contract, worth up to £65 million, for the treatment of radioactive waste to the following suppliers:

- Active Collection Bureau
- Augean Treatment
- Cyclife UK

- Tradebe Innutec
- Urenco Nuclear Stewardship
- Westinghouse

The scope of the new framework is to provide expertise across the full metallic radioactive waste lifecycle including: project management, expert advice, characterisation, site preparations, dismantling, transport, segregation, treatment, and disposal.

LLWR has more than 10 years' experience of successfully working with nuclear industry customers to deliver solutions across the radioactive waste lifecycle and provide access to the full range of treatment, logistics, and disposal techniques and technology in the UK, Europe, and globally.

David Rossiter, Head of Waste Management Services for LLWR, said: "This new framework increases the capability available to our customers. It enables the Nuclear Decommissioning Authority group, and wider UK nuclear industry, to access the full range of world-class capability required to effectively deal with the UK's nuclear legacy and enhances value for money for the taxpayer. I am very pleased with the breadth of expertise and the calibre of supply chain companies available under this new framework".

LLWR is leading the implementation of the UK Government strategy for the management of solid low level radioactive waste from the nuclear industry and enabling the delivery of the NDA's strategy for hazard reduction and site restoration. LLWR has been involved in several ground-breaking projects, supporting customers by providing innovative waste management solutions.

At the heart of LLWR's mission, to manage all lower activity wastes arising from the NDA's decommissioning programme, is the provision of treatment and disposal services that provide alternatives to disposal and preserve the capacity at the Low Level Waste Repository.

Since 2010, LLWR has recycled over 12,000 tonnes of metal and contributed to significant skyline changes across the nuclear industry and cost savings of £30 million. Safely recycling radioactive metal is a proven technique contributing towards the sustainability objectives of the nuclear industry – already reducing its carbon footprint by over 40,000 tonnes of CO<sub>2</sub> to date.

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## **Coronavirus (COVID-19): Health Secretary's statement to Parliament**

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

This is the most serious public health emergency in a hundred years. But through the combined efforts of the whole nation we have got through the

peak.

Let's not forget what together has been achieved.

We flattened the curve and now the number of people in hospital with coronavirus is half what it was at the peak.

We protected the NHS, and the number of patients in critical care is down by two thirds.

Mercifully, the number of deaths across all settings is falling.

This Mental Health Awareness Week is an important reminder that we need to look after ourselves as well as each other, and that if you need support with your mental health, the NHS is there for you.

This is particularly important for frontline staff, and we've supported all NHS trusts to develop 24/7 mental health lines.

Mr Speaker, our plan throughout this crisis has been to slow the spread and protect the NHS.

Thanks to the resolve and shared sacrifice of the British people, the plan is working and we are now in the second phase of this fight and I want to update the House on the next steps we are taking as part of that plan.

First, we are protecting the nation's care homes with a further £600 million available directly to care homes in England and we've prioritised testing for care homes throughout and we've made sure every care home has a named NHS clinical lead and we're requiring local authorities to conduct daily reviews of the situation on the ground, so that every care home gets the support it needs each and every day.

All of this amounts to an unprecedented level of scrutiny and support for the social care system, and a level of integration with the NHS that is long overdue.

Second Mr Speaker, the 4 UK Chief Medical Officers have today updated the case definition to include a new symptom.

Throughout this pandemic, we've said that if you develop a new, continuous cough or a fever then you should immediately self-isolate.

From today we are including anosmia, which means that if you've lost your sense of smell or are experiencing a change in your normal sense of smell or taste, that can be a symptom of coronavirus, even where the other symptoms are not present.

So from today, if you develop a continuous cough or fever or anosmia, you should immediately self-isolate for at least 7 days, in line with the guidelines.

Members of your household should self-isolate for 14 days.

By updating the case definition in line with the latest science, we can more easily recognise the presence of the virus and more effectively fight it.

Third Mr Speaker, we are expanding eligibility for testing further than ever before.

Over the past 6 weeks, this country has taken a small, specialised diagnostics industry and scaled it, at breath-taking pace, into a global champion.

Yesterday Mr Speaker we conducted 100,678 tests.

Every day we are creating more capacity. That means more people can be tested and the virus has fewer places to hide.

Today I can announce to the House that everyone aged 5 and over with symptoms is now eligible for a test.

That applies right across the UK in all 4 nations from now.

Anyone with a new continuous cough, a high temperature or the loss or change of sense of taste or smell can book a test by visiting [nhs.uk/coronavirus](https://www.nhs.uk/coronavirus).

If you're eligible for a test and you don't have internet access you can call 119 in England, Wales and Scotland, or 0300 303 2713 if you're in Northern Ireland.

We will continue to prioritise access to tests for NHS and social care, patients, residents and staff and as testing ramps up towards our new goal of total capacity for 200,000 tests a day, ever more people will have the confidence and certainty that comes with an accurate test result.

Fourth, Mr Speaker I want to update the House on building our army of contact tracers.

Today I can confirm that we have recruited over 21,000 contact tracers in England.

This includes 7,500 healthcare professionals who will provide our call handlers with expert clinical advice.

They will help manually trace the contacts of anyone who has had a positive test and advise on them on whether they need to isolate.

They have received rigorous training, with detailed procedures designed by our experts at Public Health England.

Mr Speaker, they have stepped up to serve their country in its hour of need and I want to thank them in advance for the life-saving work that they're about to do.

The work of these 21,000 will be supported by the NHS COVID-19 app, which we are piloting on the Isle of Wight at the moment and will then roll out across

the country.

Taken together, this means that we now have the elements we need to roll out our national Test and Trace service – the testing capacity, the tracing capability and the technology.

Building that system is incredibly important, but so too are the basics.

We need everyone, everyone, to self-isolate if they have or if someone in their household has symptoms.

And we need everyone to keep washing their hands and following the social distancing rules.

We need everyone to stay alert because this is a national effort and everyone has a part to play.

The goal is to protect life and allow us, carefully and cautiously, to get back to doing more of the things that make life worth living.

That is our goal, we are making progress towards it, and I commend this statement to the House.

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## [Funding supports North Ayrshire communities](#)

News story

Magnox and the Nuclear Decommissioning Authority have announced a £25,000 cash boost to help support vulnerable groups in North Ayrshire.



Volunteers from the North Ayrshire foodbank

The money has been granted to North Ayrshire Council to support the community

during the coronavirus pandemic.

The council plans to invest the money into both North Ayrshire and Largs foodbanks towards food stock, PPE for volunteers and delivery costs.

The funding forms part of the 12 grants, worth £300,000 in total, Magnox has made available to local authorities or charities where a Magnox site is located.

Gwen Parry-Jones, Magnox Chief Executive, said:

Many community groups are carrying out positive work, supporting the most vulnerable in their areas. This work is vital, and a key part of Magnox's response to COVID-19 is to help other organisations deal with the pandemic wherever we can.

In this time of national crisis, Magnox has agreed with the NDA that we should make available up to £25,000 at each site from the Magnox Socio-economic Scheme for use by local community groups on COVID-19 related activities. Magnox is committed to assisting the communities surrounding our sites, as our communities have supported us for over 50 years, and we hope this funding will go some way to supporting the essential work being delivered.

Councillor Louise McPhater, North Ayrshire Council's Cabinet Member for Communities, said: "On behalf of everyone at North Ayrshire Council, I would like to whole-heartedly thank Magnox for their generous donation. "We have arrangements in place in every locality to ensure emergency community food provision is available – free of charge – for those who need it.

"This significant Magnox donation will go some way in ensuring that we have sufficient foodbank stock ready as we continue to keep our volunteers, foodbank and community hub staff safe as they continue to provide a lifeline service to some of the most vulnerable residents in our communities.

"I have seen first-hand the work carried out by the foodbank and their volunteers over the last few weeks who are doing such a fantastic job in very challenging circumstances and I can't praise them highly enough."

Published 18 May 2020

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[\*\*Patients informed to exchange Emerade\*\*](#)

## 500 micrograms adrenaline pens for a different brand

Allergy patients who carry Emerade 500 microgram adrenaline auto-injector pens should contact their prescriber and seek replacement pens of a different brand.

Healthcare professionals are being asked to contact patients who use Emerade 500 microgram pens following notification by the Medicines and Healthcare products Regulatory Agency (MHRA).

Patients and/or carers should return all Emerade 500 micrograms auto-injectors to their local pharmacy once they have obtained a prescription for, and been supplied with, an alternative brand.

The recall is due to reports of difficulty in activating the pens, meaning the dose of adrenaline may not be delivered when needed by a patient for a severe, acute allergic reaction (anaphylaxis). Most of the pens will still activate, but more force may need to be applied.

The recall of Emerade 500 microgram auto-injectors follows the previous recalls of Emerade 150 and 300 microgram auto-injectors. More information on the previous alerts can be found on the following links: [150mcg recall](#) and [300 mcg recall](#).

The pens were recalled in three phases to ensure there would be enough supplies of the alternative pens, EpiPen or Jext, available for patients.

Alternative brands of adrenaline auto-injector (EpiPen and Jext) are available in a maximum strength of 300 micrograms.

There are data to show that a single EpiPen (300 microgram) or Jext (300 microgram) pen will be a suitable replacement for a single Emerade 500 microgram pen.

This is based on recently available results from a study that compared blood levels of adrenaline following EpiPen 300 micrograms or Jext 300 micrograms with that following Emerade 500 micrograms. Patients should always carry two pens.

A MHRA spokesperson, said:

Action has been taken to protect patients, following detection of a fault in one component of the Emerade adrenaline auto-injector pens.

Patients should return all Emerade 500 microgram pens to their

local pharmacy once they have a new prescription and have been supplied with pens of an alternative brand.

It is vital that patients follow existing advice to carry two pens with them at all times and to contact their doctor when a replacement is due.

When switching to a different brand of adrenaline pen the patient must ensure they are familiar with how to use the pen as each brand is administered differently.

Given the current COVID-19 pandemic, the MHRA in line with NHS guidance, is urging patients who need to return auto-injector pens to minimise additional burden on healthcare professionals and heed the advice on social distancing.

- a patient or carer should make a telephone appointment with their doctor to request a prescription for replacement pens of a different brand. Unless their doctor advises otherwise, they should not visit the GP surgery in person
- request the prescription is sent to a pharmacy to avoid collecting in-person from the surgery
- if a patient and/or their household is self-isolating, ask a friend or relative to collect the replacement pens from the pharmacy. Some pharmacies offer a home delivery service
- once the patient has the replacement auto-injector pens return Emerade 500 mcg pens to the pharmacy. Some pharmacies have drop-off boxes to facilitate distancing.

At present, healthcare professionals are unlikely to be able to help with face to face training but there may be opportunities for remote consultations. Patients must take particular care to read the instructions on how to use the pen which are in the leaflet contained in the box.

The manufacturers' websites for each brand of pen have information and training videos on how to use the auto-injector.

Trainer pens can be obtained from the manufacturer and patients are strongly urged to get these so they can practise with the new device.

If an Emerade pen does need to be used before a patient is able to obtain an alternative pen, it should be pressed very firmly against the thigh. If this

does not result in activation, the patient should immediately use their second pen.