

My Question to the Government on medicines provided to treat Covid-19

The Department of Health and Social Care has provided the following answer to your written parliamentary question (133606):

Question:

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the progress that has been made in the testing of (a) anti-viral treatments, (b) immune modulators and (c) other existing medicines to help provide improved treatments for covid-19. (133606)

Tabled on: 06 January 2021

Answer:

Jo Churchill:

The Department is carefully considering all available evidence from clinical trials in the United Kingdom and overseas around the potential of different drugs across a variety of different modes of action for use in treating COVID-19.

On 7 January 2021, the REMAP-CAP clinical trial published results showing that two immunomodulators, tocilizumab and sarilumab, reduced the relative risk of death by 24% for critically ill patients and time spent in intensive care by up to 10 days.

The UK national priority platform clinical trials – RECOVERY, REMAP-CAP and PRINCIPLE – can test both licensed and unlicensed drugs. These are adaptive trials, meaning that results are monitored on an ongoing basis and treatments which are clearly ineffective will be discontinued. Trials may also add new potential treatments if other evidence suggests promise.

The future of the Union of the UK

I am pleased the UK held a referendum in Scotland to see if people there wanted to leave the UK, after years of pressure from the SNP to break up the Union. It was a great contrast with the tactics used by the Spanish government to prevent such a vote in Catalonia over the future of the Spanish union. I agreed with the SNP in the Commons before the vote, when they said it would be a once in a generation event. These votes are of course divisive, as each side needs to heighten the differences to bid votes its way. They are necessary divisions to reveal the views of the public and to provide instructions to the politicians. They are not a good idea to keep repeating. They are also asymmetric, as the wish to have votes to ask if people want to be independent would presumably stop were a vote ever to be won for

independence. Seeking to re enter a Union you have left is altogether more problematic and would clearly require the consent of the Union as well as of the country which had left.

Gordon Brown's intervention in the debate was predictable and unhelpful. It was his recommended policy of offering devolution that failed to stem the tide of Scottish nationalism, though he thought it would. He now wants to try it again. He as always wishes to split up England into artificial regions, when England wishes to be afforded the same level of devolution and self government as Scotland enjoys. He has not taken on board the rejection of elected regional assemblies in England as an unwanted and expensive burden on the taxpayer. A few of my critics do not like my wish to save public money by asking Westminster MPs elected for English seats to handle the devolved business for England and want an English Parliament with more politicians.

The UK government says it does not intend to legislate for another referendum as it is too soon to re open this issue. The government currently needs to show how the Union works well for all parts of the UK. It needs to revisit its Single market legislation to make sure we have full powers over GB to Northern Ireland trade which matters to Scottish, Welsh and English businesses selling into Northern Ireland. The government could set out clarifying legislation to say that any load certified as a load for a final consumer in Northern Ireland should not suffer any further or additional checks to those that applied prior to Brexit. The UK would of course police against smuggling product via Northern Ireland to the Republic without the EU checks they want and co-operate with the Irish authorities as they did when we were both in the EU where smugglers tried to evade Excise and Vat differences between the jurisdictions..

[A Vaccination Update From The Wokingham Town Centre General Practices](#)

A fortnight is a long time in a vaccination campaign...

Wokingham Town Centre's Covid-19 vaccination programme is being delivered by the four practices that comprise East Wokingham Primary Care Network, namely: Wooshill Medical Centre, New Wokingham Road Surgery, Burma Hills Surgery and Wokingham Medical Centre. The doctors and staff of these practices have vaccinated around 2600 patients at the Bradbury Centre, Wokingham during the course of the last fortnight. In addition, we've vaccinated virtually all residents and staff in our local older adult care homes, meaning that a total of nearly 3000 vaccinations have been performed in the opening two weeks of our vaccination programme. Furthermore, we expect to vaccinate another 2000

residents over the next few days as we receive more vaccine supply.

The importance of these numbers cannot be overstated as they represent almost all of the over 80-year olds and almost all of the older adult care home residents in East Wokingham Primary Care Network. NHS England has rightly prioritised this group of citizens as they have substantially higher complication and death rates from Covid-19 and it has been a real pleasure to catch up with 'old friends' on vaccination days.

From a practical and logistical perspective, we are particularly pleased that the vaccination effort has been achieved without any queues at the Bradbury Centre and while maintaining strict social distancing and infection control measures. We have been ably assisted by the Wokingham Volunteer Centre and the Wokingham Lions who have provided a seemingly limitless supply of volunteers who have braved the cold and rain in order to ensure that our most vulnerable citizens are vaccinated safely and efficiently.

We've been made aware of various misunderstandings that are being perpetuated on local social media and it may help residents' anxieties if some of these are clarified:

1. Some Primary Care Networks – and therefore some practices – started vaccinated before others. The order in which practices started vaccinating was not down to the practices themselves but largely as a result of guidance from NHS England. It's hopefully fairly obvious that vaccinating everyone nationally – simultaneously – might have problematic consequences were there to be widespread side effects.
2. The pace of vaccinating is dictated by vaccine supply and is not in the gift of practices. The vaccine supply is currently a little erratic and – we understand – is being actively managed by NHS England to ensure all regions have consistent supply. Please be assured that we are vaccinating as fast as we are receiving vaccine deliveries. If we only receive 400 doses, we can only vaccinate 400 people.
3. Practices are delivering vaccines in age cohorts that are determined by NHS England. These cohorts reflect the need to vaccinate the most at-risk citizens first. The practices will contact everyone in cohort order, so please, please, please do not petition your practice to state that you have a special case – all you do is prevent our staff from doing their jobs.
4. Your practice is delivering the vaccination programme while simultaneously trying to maintain some degree of normal service – and often while having staff self-isolating. Vaccinating tens of thousands of our patients means that staff will be diverted from normal activities inevitably. Practices don't have access to a multitude of spare doctors and staff that can be parachuted in to assist at short notice – and therefore a reduction in non-clinical and clinical staff at your practice on vaccination days is inevitable. Despite our best efforts this may mean that it takes a little longer to answer the phone and it may mean that there is a delay in securing your desired appointment. So, please be patient with us as we try to deliver one of the most ambitious global vaccination programmes ever.

Finally, we have been humbled by the gratitude that many of you have shown. We have received countless messages of thanks and many of you have commented on how well-organised the Bradbury Centre operation has been. We are proud to be involved in the Covid-19 vaccination programme and the appreciation of our community means a great deal to us – thank you.

Dr Vipin Bhardwaj
Clinical Director, East Wokingham Primary Care Network

When will we be allowed out of lockdown?

The government's scientific advisers come across as pessimists about our future. They seem to think the policy answer for wherever we are in combatting the virus is more and longer lockdown. If the virus is spreading more we need tougher lockdown. If it is falling we need to continue with lockdown as only lockdown can get it falling. If a tough lockdown is in place and it does not seem to be working it is the fault of the public, as too many must be breaking the rules.

The government accepted nine months of variable lockdowns last year, and sustained it with the public by suggesting as soon as enough people have been vaccinated we can relax. Now the government advisers are telling us it is not as simple as that. They will not be satisfied even when all the people most at risk of dying from the disease have been vaccinated. They say they do not know whether people who are vaccinated can still pass the virus on, nor how long immunity from vaccination might last. The advisers leave most of us without reliable figures on bed occupancy, NHS capacity and Nightingale use. They have changed the definitions of what is a covid death, and decline to tell us where the various numbers have to reach before they would recommend a relaxation.

Ministers say they are following the science. They are of course following a few prominent government scientists, who speak for one version of the science. The science on the pandemic is fortunately changing, as scientists work hard to understand the disease and remedies better, and as they study the pattern of infection worldwide. There are also various divisions of opinion over what treatments work or work best, over vaccines and how much and how often they have to be administered to an individual, over what the rate of spread may be at any given time and how best to conclude someone died of CV 19 rather than other complex conditions that many elderly people also suffer from.

Ministers need to offer us guidance on how we get out of this latest long lock down. Either they need to show us mass vaccination is the promised game changer and they will relax as soon as all the vulnerable who wish have been

jabbed, or they need to come up with a plan for us to live alongside the virus better if vaccination is not going to ban it.

Tax rises are the last thing the UK needs this year

Government actions designed to limit the spread of the virus and reduce the burden on the NHS have done great damage to jobs, business and output. Knowing they would the government rightly made generous provision to subsidise employment, offer grants and loans to businesses, and increased benefits to people to sustain demand. This naturally led to colossal borrowing by the state and to the effective nationalisation of large parts of the economy from private hospitals to the railways.

The Treasury now rightly says we cannot go on with the excessive borrowing and very high levels of state spending needed during lock down. They should add that state borrowing will fall rapidly as soon as lock down is removed and a decent economic recovery is allowed and encouraged. A large number of people who have kept their better paid jobs and been on full pay throughout the last year have money to spend as soon as they are allowed to buy services that entail face to face encounters. Many businesses will soon be back with revenue in the tills and staff on overtime again. As this happens so the amount the state spends on benefits, grants, loans and cushioning of the lockdown diminishes. So also tax revenue soars as people pay VAT on services again, income tax on earnings and transaction taxes.

The last thing we need is new taxes or rises in tax rates. In order to promote recovery the Treasury should be thinking about lower rates and fewer taxes. We need a big expansion of business capacity. The danger is we lose a generation of entrepreneurs, of people working for themselves or running small businesses, as a result of the lockdowns. The most energetic will of course flourish again, but we need to create conditions where the average, the not so highly motivated, those worried about risk taking are persuaded enterprise is for them and the odds are favourable to setting up and running a successful business.

The only way to get the deficit down to sensible levels and to slash additional borrowing is to promote a strong and rapid recovery. We need to be doing that from early in the new financial year, so that we just put behind us one year of huge state borrowings. Tax rises will delay and impede recovery, and will put off that new generation of businesses and self employed we will badly need to lead us out of additional debt.