COVID-19: Latest developments | 1 April 2020

- Daily press briefing
- Update on ethical guidance for frontline staff dealing with COVID-19
- NICE publishes further rapid COVID-19 guidelines
- 15 per cent cap on trusts testing staff lifted
- European Scrutiny Committee report on EU policy response to COVID-19 and implications for UK
- Hancock issues a statutory instrument, commencing regulations in the Coronavirus Bill
- Lord Darzi transfers non-executive role to NHSE from 1 April 2020

**Daily press briefing**

The business secretary, Alok Sharma, was joined by Professor Yvonne Doyle, medical director at Public Health England.

Key points include:

- 2,352 people who tested positive for the virus have died in UK hospitals, which is a rise of 563 on yesterday’s figure. A total of 152,979 people have been tested for the virus, of whom 29,474 returned a positive result.
- On capacity, 10,767 people are currently in hospital and in a continuation of the regional variation, London and the West Midlands continue to have the largest numbers.
- The Chancellor will provide more detail in the coming days on help for businesses. The business secretary warned banks that it would be unacceptable for them to refuse financial support to firms that need it during the outbreak.
- Businesses would receive £22 billion in the form of business rates relief.
- Grants of £25,000 are being awarded to businesses by councils, which had received a total of £12 billion in funding.
- The Chancellor, Financial Conduct Authority and Bank of England have written to bank chief executives to ask for loans to reach businesses as soon as possible.
- 390 million PPE products have been distributed and 10,000 tests are being conducted a day.
- Prof Yvonne Doyle showed evidence to indicate that there has been a “slightly concerning” increase in car use in recent days. It also indicates increases in hospital admissions over the last three days.
- While hospital admissions had risen in all regions, the rise in the West Midlands was a concern.
- Prof Doyle stated her confidence the 25,000 tests per day target can be met but highlighted the importance of the test doing what “it says it does”. She recognised that a “relatively small” number of tests had been carried out on NHS staff so far
- Work is ongoing to make sure the guidance on PPE is understood.

**Update on ethical guidance for frontline staff dealing with COVID-19**

The Royal College of Physicians along with 14 other organisations has published ethical guidance for frontline staff dealing with COVID-19. The guidance seeks to support a range of
clinicians through COVID-19 and aims to remind staff that the principles they need to observe during the pandemic are the same as they would normally be, including ensuring that care is provided in a fair and equitable way, that beds are allocated according to continual assessment and that decisions made, whether COVID-19 related or not, should be done according to protocol, in line with good clinical practice.

It includes details on prioritising ITU beds and resources ITU beds. The guidance states that these should continue to be allocated based on appropriate assessment methods. “This assessment should be continual as new cases present, to ensure that those patients in most need of care are continually prioritised and cared for. As is always the case in critical care, there will be some patients (with or without confirmed COVID-19) for whom admission to ITU would be inappropriate”.

**NICE publishes further rapid COVID-19 guidelines**

NICE has published the second set of rapid COVID-19 guidelines which cover the provision of radiotherapy services and bone marrow transplant during the outbreak. The guideline on bone marrow transplant advises clinicians to consider both the severity of the disease and the post-transplant risks of COVID-19 when deciding on treatment plans.

The guideline on delivering radiotherapy recommends avoiding treatment if the evidence suggests there will be little to no benefit or if an alternative treatment is available, to defer radiotherapy if clinically appropriate, and if radiotherapy treatment is unavoidable, to use the shortest safe form of treatment.

**15 per cent cap on trusts testing staff lifted**

NHS England and NHS Improvement has confirmed that the 15 per cent cap on staff testing by trusts has been removed, with immediate effect. The chief executive of the NHS Confederation, Niall Dickson, has welcomed the development that trusts can now decide how many COVID-19 tests should be used for staff, but highlighted the frustration across the service that it may be a few weeks before we reach 25,000 tests a day.

**European Scrutiny Committee publishes report on EU policy response to COVID-19 and implications for UK**

**Key conclusions** include:

- “Given that both the EU’s Civil Protection Mechanism and Early Warning and Response System have taken on renewed importance and focus given the potential for the coronavirus outbreak to last many months, potentially beyond the scheduled end of the post-Brexit transition period, we ask the Government to provide an update on its assessment of the costs and benefits with respect to continued UK participation in these EU systems after the end of the transition, and to clarify what form of formalised “cooperation” it is seeking with the EU on health security more generally.”
• "The Commission’s Guidelines on border management seek to strike a balance between justified checks at the EU's borders, both internal and external, to limit the spread of coronavirus, and the effective functioning of the Single Market so that essential transport, travel and supply chains within the Schengen zone are not disrupted. However, they are advisory and, as such, create no legal obligations. We would nonetheless welcome the Government's view on their content and impact on the operation of supply chains for essential goods. We are particularly interested to hear whether the Government intends to follow the guidelines on health screening and checks at the UK border."

• "The European Commission has introduced a new mechanism to enable Member States to limit the export of personal protective equipment (PPE) to preserve a supply within the EU. In responding to our Report, we ask the Government to explain whether it agrees with the Commission's assessment that existing stocks of PPE and manufacturing capabilities within the EU are insufficient to meet demand; whether it also agrees that the introduction of a prior authorisation requirement is a necessary and proportionate response to the COVID-19 epidemic; effect it will have on supplies of personal protective equipment in the United Kingdom; and whether/how it will affect export businesses in the UK."

**Hancock issues a statutory instrument, commencing regulations in the Coronavirus Bill**

This means that local authorities in England do not have to comply with certain duties relating to meeting needs and carrying out assessments relating to the Care Act 2014. In addition he also issued guidance for local authorities based on these new regulations. You can find out more on what the Coronavirus Bill (now Act) means for health in our [member briefing](#).

**Lord Darzi transfers non-executive role to NHSE from 1 April 2020**

Lord Darzi has [transferred his non-executive director role](#) at NHS Improvement to NHS England from 1 April 2020 until 31 July 2021.