
- Chancellor’s press conference
- Health and Social Care Select Committee hold remote hearing on preparations for coronavirus
- Government to provide free car parking for NHS and social care staff
- Brexit update
- PHSO complaints update
- Guidance issued by the Royal College of Psychiatrists
- New police lockdown powers
- UK shows its appreciation for health and care staff

**Chancellor’s press conference update on COVID-19**

The Chancellor was joined by Dr Jenny Harries the Deputy Chief Medical Officer for England. Key points include:

- Announcement of a new Self-Employed Income Support Scheme. The government will pay self-employed people a taxable grant of 80 per cent of their monthly wages, based on their average monthly profits over the last three financial years and capped at £2,500 per month and initially the last three months.

- The scheme will only be open to those who are already self-employed, have a self-assessment tax return for 2019 and with trading profits up to £50,000 a year. This will cover 95 per cent of those who are majority self-employed.

- HMRC expect applicants to be able to access the scheme no later than the beginning of June. Detailed plans on how the schemes will operate to be made available on Gov.uk later this evening.

- Tax return deadline to be extended by a month for the self-employed.

- On workplace guidance, Dr Jenny Harries stated employers have been mostly supportive but need to stick to the principles set out on workplace health. The Health and Safety Executive was reminding employers about this on 26 March.

- A date for the peak of the virus could not be confirmed, but they are looking to make the gradient of the slope more gentle.
• Dr Harries clarified that there is no lack of forethought in planning regarding obtaining testing kits but rather worldwide shortages, with many suppliers also impacted by COVID-19.

• Evaluation of testing programmes will be critical.

• Recognition that there are mental health risks to staying at home during a prolonged period, particularly those in self-isolation who have been provided with guidance on how to cope with this.

• While contact tracing does still take place in some locations, such as prisons or care homes, this is no longer appropriate for the whole community.

• Lockdown interventions are flexible and would be altered based on how successful the interventions to flatten the demand curve.

Health and Social Care Select Committee hold remote hearing on preparations for coronavirus

The session heard from two panels. The first focused on the current levels of protection against coronavirus being offered and made available to staff in the NHS, and the government’s strategy on contact tracing.

The second involved those in the social care sector and explored the preparedness for the epidemic in care homes and care services.

Panel one

Professor Yvonne Doyle, Medical Director, Public Health England:

• 98 per cent of those who die from COVID-19 have underlying health conditions

• By 30 March we expect to have capacity for 12,000 tests a day and 25,000 by mid-late April.

• The Scientific Advisory Group for Emergencies (SAGE) looked at the contract tracing in South Korea and considered that the use of personal information used there would not be acceptable in the UK.

• Lack of testing in the UK is down to capacity rather than money.

• It has been taking up to five days to get tests back, and it varies by region. It is important that we increase the efficiency.

• PCR throat swabs are the main form of testing and the cost is around £70.

• “The game changer is antibody tests which tell us which parts of the population are immune to coronavirus”. Immunity is strongest in the first 28 days but unclear if this will be the case in a year or two, SAGE are currently looking at this
• In response to the chair’s question “Are asymptomatic NHS staff likely to be passing on COVID-19 to patients today?”, Prof Doyle responds “In theory, yes”.

• There was a distribution plan for the PPE stockpile but no plan survives contact with battle.

• In response to the chair’s question on PPE for NHS volunteers, Prof Doyle responds “NHS, with support from PHE, will need to consider what the risks are to volunteers. This will be a huge logistical exercise”.

Dr Chaand Nagpaul, Chair, British Medical Association:

• NHS workers who are self-isolating for 14 days due to those they are living with showing signs of coronavirus is an illogical approach and each day more staff are self-isolating as symptoms of a cough or high temperature are so prevalent.

• If testing comes in at “the middle of April then that isn’t good enough… so much NHS staff will be infected then”.

• We are flooded with anxiety from doctors about lacking personal protective equipment (PPE). The advice the BMA is receiving is to buy equipment themselves.

• There are many ill people out there who are not COVID-19 sufferers but they must be attended to. Patients should feel safe and not feel they are mixing with those who have COVID-19 symptoms. We need to separate "clean" and "dirty" areas in hospitals.”

Dr Katherine Henderson, President, Royal College of Emergency Medicine:

• Stated that some patients in emergency departments may be spreading COVID-19, whether they are asymptomatic or symptomatic because of lack of PPE.

• Currently a resuscitation room of an emergency department isn’t even being considered a high risk area and the nervousness is real that we become part of the problem not the solution.

Panel two

Professor Martin Green OBE, Chief Executive, Care England:

• We have to recognise that we are in uncharted waters and this is an emergency. If we have staff self-isolating, we will have major problems in our care homes – we need testing to enable people to return to work.

• New care homes could be used as isolation facilities for COVID-19 patients. We have also had offers of really tangible resources from hotel chains and care rental companies.

• There is not currently enough guidance about the situation for pregnant care workers – guidance needs to be much clearer.

Emily Holzhausen OBE, representing the Care and Support Alliance:
• There is a high level of anxiety among disabled people, older people and carers. They are having to make some of the most difficult decisions of their lives.

• Services that are so important to people’s lives are changing daily, people are wondering whether they should give up their jobs to care for relatives who are shielding. Our helplines are swamped and our local services are also under immense pressure.

• The complexity of those being cared for, whether those with learning difficulties or dementia, means that our response needs to be carefully tailored, and nobody falls through the net.

James Bullion, Vice-President, Association of Directors of Adult Social Services:

• I am not sure (if we will serve less people), we will need to serve people differently, and most people have been very understanding of that.

• It is already very clear from the costs associated with agency staff and PPE, we will have to pay our way out of trouble. If the care sector was not so stressed by the past six years, we would be in a much better place.

• People who have an existing contact with local associations are being contacted. In terms of the identification of highly vulnerable individuals who need to be shielded, work is currently under way with primary care and community care.

• More broadly, in every local resilience forum there is prioritisation going on about who needs support. There is a command and control structure here and the resources are also there. The voluntary sector is playing a very important role.

• The main barriers to delivering the 15,000 extra NHS beds through discharge, will be PPE, workforce and the flow from hospitals – even with administrative restrictions lifted, we will struggle to deliver this ambitious target.

Sarah Pickup, Deputy Chief Executive, Local Government Association:

• The £1.6 billion promised by government to support social care is unlikely to be enough, but welcome.

• The shared funding and flexibility just passed in emergency legislation will help on facilitating discharge. However, during times of surge, the current capacity in the social care sector may not be enough. We may need to look at other facilities.

• Access to PPE is insufficient in the care sector. The government is doing its best to get it out, but it is not enough. Care homes are able to do barrier nursing, but we really need to get equipment and testing flowing as soon as is practicable.

Government to provide free car parking for NHS and social care staff.

The government has announced it will cover the costs of providing free car parking to NHS staff working in hospitals during the COVID-19 outbreak. The local government secretary has agreed
local councils will also offer free car parking to all NHS workers and social care staff during the coronavirus outbreak.

The changes include all on-street parking and open, council-run car parks including pay and display and will suspend charges for health workers, social care workers and NHS volunteers. Local arrangements for providing suitable evidence for free parking will be organised by councils and many councils have already suspended parking charges for key workers.

**Brexit update**

The Freight Transport Association has urged the government to extend the transition period so that logistical preparations can be put in place, as it believes there will be a battle to get food and medical supplies into the country during the coronavirus pandemic. This will become a growing concern and we will of course keep track of developments. The Brexit Health Alliance has called for health to be made a priority in the future relationship negotiations.

**PHSO update on health complaints**

The Parliamentary and Health Service Ombudsman (PHSO) has confirmed that it will pause investigations into health complaints with effect from 26 March until further notice. In addition, it will not be accepting new health complaints, nor progress existing ones which require contact with the health service or clinical advisers.

This position will be kept under review and marks a continued trend across the sector to decrease the regulatory burden temporarily, where possible, to tackle COVID-19. The Care Quality Commission’s positive response to our call for a suspension of planned inspections across health and care services during the COVID-19 outbreak, for example, is one such step. The Local Government and Social Care Ombudsman has also made a similar move.

**Guidance issued by the Royal College of Psychiatrists**

The Royal College of Psychiatrists has issued guidance for psychiatrists looking at community and impatient services, patient engagement, regulation and workforce among other areas. Separate guidance is also issued for the nations.

**New police lockdown powers**

The Home Office has issued new powers for police enforcement across the UK. The plans focus of tackling breaches of the guidance issued by government on Monday in relation to COVID-19.

**UK shows its appreciation for health and care staff**

At 8pm, across the nation, rapturous applause rang out as people stepped outside of their homes to show their appreciation to the NHS, social care and all other workers helping the UK through the pandemic. From everyone at the NHS Confederation, a heartfelt thank you for everything you do.
Thank you to every single healthcare professional and social care worker going above and beyond to help those affected by the coronavirus.