COVID-19: Latest developments | 31 March 2020

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**Daily press briefing**

Michael Gove, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office was joined by Professor Stephen Powis, the national medical director at NHS England and NHS Improvement and Dr Jenny Harries, Deputy Chief Medical Officer for England.

Key points include:

- 381 more people have died from COVID-19, 10,767 have been admitted to hospital overall in England, and there are regional variations:
  - in London, 3,915 people have been hospitalised but critical care beds here have been doubled
  - in the Midlands, 1,918 people have been hospitalised and are “accelerating upwards”

- **Michael Gove** noted the difficulties in upscaling the level of testing, citing the short supply of chemical agents required in the testing.

- NHS ventilator capacity has increased to 8,000, but will need to increase further.

- The first “thousands” of new ventilators will roll off the production line and be ready “next week” – this is believed to be the upscaling of existing designs by the business consortium including GKN Aerospace and Mercedes.

- Rapid clinical trials of off-the-shelf medications, such as malaria tablets will take place.

- **Prof Stephen Powis** showed evidence which tracked how the NHS is coping with the outbreak, which showed:
  - a significant reduction in transport use
  - there has recently been a plateau of new cases, which is welcome but “we must not be complacent”
  - hospital admissions are still increasing but the hope is that this will start to delay
  - global comparisons.

- The next week or two will be critical in tackling the outbreak, Prof Powis stated.
• End-of-life care needs to be managed as normal.

• Pressure “is building” on the NHS, but the service has headroom and surgical capacity to cope at the moment.

• Dr Jenny Harries stated that she has high hopes for a postal testing system, when available, for NHS staff, as it will be much more accessible and practical.

• Referred back to her statement from ten days ago which suggested the PPE issue had been solved, recognising that “48 hours later the distribution issue had come up again”. However, she highlighted that she had greater confidence in the ability to tackle the distribution issue given the army’s involvement and the supply helpline.

• Confirmed that the PPE guidance had been reviewed on the basis that the existing technicalities are correct but “small tweaks” may be required to make the workforce feel safe.

**Home Office confirms doctors, nurses and paramedics’ visas to be extended**

The home secretary confirmed plans for an automatic one-year extension on the visas of healthcare workers due to expire before 1 October 2020. This will apply to 2,800 healthcare workers employed by the NHS and will also apply to their family members. Danny Mortimer, deputy chief executive of the NHS Confederation and chief executive of NHS Employers, welcomed this as a sensible, pragmatic and timely decision.

**Approval granted for exceeding parliamentary-approved spending limits for the financial year about to end**

The health and social care secretary has approved a request from NHS England and Department of Health and Social Care Permanent Secretary to exceed the formal Departmental Expenditure Limits due to the “extraordinary circumstances this country is facing.

**Update following the first EU-UK Joint Committee meeting**

The first meeting of the EU-UK Joint Committee took place yesterday, following which the European Commission has published a statement. The Joint Committee is responsible for the implementation and application of the Withdrawal Agreement and is co-chaired by European Commission Vice-President Maroš Šefčovič and the UK Chancellor of the Duchy of Lancaster Michael Gove.

Key points to note:

• Agreement was reached on the need for the UK to set out its plans over a detailed implementation plan for the Northern Ireland protocol, with the need to present a detailed timetable described as “urgent”.
• Mr Šefčovič welcomed the UK’s commitment to protecting the residency rights of EU citizens in the UK, committing to supporting member states in mutually implementing these rights across the continent. However, the plan has to prepare “for the introduction of customs procedures for goods entering Northern Ireland from Great Britain, and ensuring that all necessary sanitary and phytosanitary controls as well as other regulatory checks can be carried out in respect of goods entering Northern Ireland from outside the EU”.

• In addition, the UK and EU have agreed to start the work of the six Specialised Committees which focus on the key areas of the Withdrawal Agreement, with the next meeting due to take place in June. In terms of the future relationship negotiations, the next round is due to take place between 6 and 8 April and then between 27 and 30 April, but the status of the negotiations and their likely continuation are not clear at this stage given the COVID-19 outbreak.

New decision on abortions from government

A topic of much debate since the Coronavirus Bill, the government has confirmed patients in England can now have home abortions during the COVID-19 outbreak. Previously, women wanting to terminate an early pregnancy were first told that at-home abortions would be available, but that decision was retracted. However, the government has now decided patients will be able to take two pills at home instead of visiting a clinic to avoid potential exposure to coronavirus.

Digital, Culture, Media and Sport Select Committee hears evidence on COVID-19 impact on charity sector

The committee heard evidence from Karl Wilding (chief executive, National Council for Voluntary Organisations), Martin Houghton-Brown (chief executive, St John Ambulance) and Chris Wade (director of engagement, MND Association).

• Karl Wilding informed the committee of an estimate (based on survey data) that the charity sector will suffer a loss of approximately £4 billion in the next quarter. Wilding explained that this loss will result from the halt in trading and the necessary social distancing measures, which will disable the hosting of many fundraising events. Wilding noted that the sector’s loss of income comes at a time when the need for charities’ services will be increasing as a result of the virus, including services important to taking pressure off “our precious NHS” and other public services.

• Wilding also elaborated on problems relating to certain charities’ ineligibility to claim for government support to pay for the wages of furloughed staff.

• Martin Houghton-Brown informed the committee that St John Ambulance (SJA) currently has 100 volunteers deployed at the NHS Nightingale Hospital in London, and the number of volunteers at this hospital will grow to 500 per day. Houghton-Brown confirmed the service will also be deploying volunteers at the nations other Nightingale
Hospitals as they are developed.

- Houghton-Brown informed the committee that the organisation has 35 ambulances in service today supporting the NHS, and that number will grow to 100 ambulances “in the coming days and weeks”.

- With regards to PPE distribution, Houghton-Brown explained that SJA had originally been receiving additional PPE from ambulance trusts and hospitals, but is now relying on supply from NHS England and NHS Improvement.

- Crucially, Houghton-Brown asserted that without receiving increased financial support, the SJA “will run out of money”. Asked by committee chair Julian Knight “how long have you got?”, Houghton-Brown replied that the SJA has the funds to operate only until August, and operating beyond August would “require heavy borrowing”.

- **Chris Wade** told the committee that the MND Association is projected to lose £3.5 million to £5.5 million as a result of the viral outbreak.

- Committee member Steve Brine MP (Conservative, Winchester) noted that those with MND are not on the government’s “shield patient list” (SPL). Brine therefore asked Wade what the MND Association thought of this decision. Wade responded that the Association was surprised, given that MND sufferers had been previously listed by the government as particularly vulnerable. Wade emphasised that consultants, academics and clinicians who specialise in MND are all “astonished” that those with MND are not all on the SPL.