**UK government Covid19 press conference 15 April 2020**

**Jeremy Hoad**

(usual caveats apply to this live transcript / commentary)

**Attending**

Matt Hancock, Health Secretary

Chris Whitty, Chief Medical Officer

Angela McLean, Deputy Chief Scientific Adviser

**Figures**

313,769 tested

98,476 positive

19,529 hospitalised

12,868 dead

761 increase in dead in last 24 hours

**Hancock**

Start by thanking everyone staying at home

Together we are slowing the spread

Tribute to Captain Tom Moore who has raised over £7m for the NHS

Captain Tom you are as inspiration

At the core of our plan is to protect the NHS from being overwhelmed so its ability to care is always there

Spare capacity in critical care new high 2,657 beds

Expanding beds faster than demand critical aim of plan

At no point has NHS been unable to offer care to pple suffering from coronavirus

Some pple said this would not be possible

We cannot let go of hard work done so far

Shared sacrifice, I know it’s a shared sacrifice is working

Health and care workers go out to work to savfe lives

Focus on social care

Action Plan for Social Care published today

From the moment of the coronavirus we knew some of the most vulnerable were in social care and we have taken action from the start with guidance in Feb

Goal throughout to protect residents and support 1.5m colleagues in social care

Chancellor said we will do what it takes

Injected extra £1.6bn into social care

This is our plan

First and foremost from the start we have focussed on need to control Spread of infection in social care settings

Today strengthened rules to test

all care home residents before being returned from hospitals

all sympotamitic care home residents

all social care colleagues and members of their households

to social care settings

increasing again PPE supply to. Social care

over next 3 weeks will continue priority drops to local resilience forums while we role out our new online supply system integrated with central logistics system

all of this will slow spread of virus in care homes

One of things I am most. Proud of is that pple have held health and social care workers in such high esteem across the board, not clap for the NHS, clap for our carers

Today we are inbtroduing a single brand for all in social care

This badge

(indicates badge)

Will symbolise the entire care profession]

Will be a badge of honour just like NHS staff do with that famous blue and white NHS badge

We know businesses will want to offer same benefits as they do to NHS staff

Strengthening national recruitment campaign

Will pay for initial induction training

A job where you can make a difference to pples lives every single day you go to work

I have seen this with members of my own family

Supporting our loved ones

Whether pple of working age or pple at the end of their lives with dignity

One other thinbg – giving pple the right to say goodbye

Care homes support pple at the end of their l;oves

Each month about 10k die in care homes in normal times

Wanting to be with. Someone at the end of their lives is one of the deepest human instincts and will be with you forever done right it can help those left behind to cope and brings comfort to those who are dying

I have been moved and upset by some of the upsetting stories of pple dying without someone with them

As a father of a 13 year old hearing about Ishmael dying alone made me weep, the sight of his coffin being lowered without anyone there was awful

(it is possible to feel for people in other situations without sharing something similar, this relatability crap is nauseating and insulting)

New procedures to limit risk of infection while giving pple the chance to say goodbye

Making crystal clear it is unacceptable for care plans including DNR to be applied in a blanket way to any group

Carers in frontline in this battle I want to thank you

(stop with the war rhetoric you arse)

Paid or unpaid, formal or informal work is diff, demanding, vitally necessary, you do it with such love and attention

Work you do diff demanding vital necessary, taking on extra shifts, juggling own caring responsibilities

Providing dignity and comfort

We as a nation stand with you

I say to everyone watching you can stand with our carers too by staying at home to protect the NHS and protect social care and save lives

(again govt is reactive to reports of problems and lies about prioritising something it has not prioritised from the outset. This is transparent propaganda and rewriting history)

**McLean**

Slide

Transport continues to remain low

Slide

New UK cases (Blue hospital, orange diagnosed by new pillar of commercial swabbing)

Flattening of curve evident

Slide

Hospitalisations 1% fall across UK, 5% fall in London

Slide

Comparing sad deaths we’ve had in UK with deaths in other ctries

UK still climbing even though new cases starting to flatten off as expected

UK data from PHE and devolved administrations

**Questions**

Testing now offered to care home staff and residents but how will this be achieved and how will it. Be delivered?

Hancock – now testing NHS staff across the board

Now starting to test care home staff 4,100 now tested

Will increase as we ramp up testing

Expand to staff in social care and in social care settings

Previous rule once 5 tested others deemed to have it, will njow ensure everyone tested

Those leaving hospital will now be tested

(contradicts what was said previously that suggested this was already being done)

Slow progress to 100k target so how will you cover social care staff, hospital patients and social care staff?

Hancock – not enough demand over last few days, we have testing avialbale right across NHS and social care for all those who need it

Will expand further once 100k target reached

Make sure we support key public services

(blaming healthcare workers for not using the testing facilities the government has set up is outrageous)

Data indicates we are either at or past peak – Spain, Germany, Austria, Denmark already talking about how to ease restrictions – what is it about British people that you don’t trust them to understand the next stages and exit plan and talk about that?

Hancock – clear message is too early to make changes so message is to stay at home to protect NHS and save lives – clear, straightforward

(ignored question)

Whitty – probably reaching peak overall, expectation deaths will go up after long weekend, we think this is flattened out

Can’t yet say confidently and safely we are past peak and start to talk about other measures

We don’t know transmission rate specifically range 0.5-1 so need to be cautious

Guidance needed on how to isolate covid19 pple in care homes – extract them and put them in safer settings?

Ang – we need to observe what happens with new cases to enable to make changes proposals

(generalised waffle, others ignored this question)

Proposals to make quarantine in care homes more effective?

(repeated as not answered)

Hancock – very diff circumstances in how isolation is best done either in care home or have resident stay elsewhere, detail in guidance

Whitty – much more variety btwn diff care home settings than hospitals

People expect grown up discussion about what the next phase will look like not forthcoming from our govt in the way it is in other ctries Why?

Hancock – clarity of advice imp, we repeat it, that’s good, it’s understood

(ignored question again)

Whitty - Impacts on wider health varied, right solution needs to be brought together based on information we are getting to balance diff impacts ion health over next phase

(avoided question, answered a diff qtn)

You’ve all been late, VERY late dealing with care homes and staff? Have pple died unnecessarily?

Hancock – neither of those is the case

1st put out guidance to social care in Feb and repeatedly updated that depending on prevalence of disease in community

Able to update guidance today and respond to conditions today builds on work we’ve been doing since the first we’ve know

We have always known disproportionate effect on older people so imp p’tic focus on this, we’ve had that throughout

(clearly this is lying, care homes and other community care provison has been largely ignored so far when it was known months ago these were the most vulnerable people. Govt has let people die unnecessarily and not supported care sector workers)

McLean – how to protect care homes who don’t have cases to keep it that way is imp

Sunday raised subject of tests in care homes, I have spent several days in care homes, some optimism now but sobering day again today, seems to be pushback trying to send elderly residents into hospital, eagerness to discharge elderly from hospitals

Hancock – pay tribute to work you’ve done that often sheds light on area that doesn’t get as much attention as NHS

(this flatly contradicts claims in earlier replies where he claimed social care was a priority from the start)

Decision to admit someone to hospital MUST be clinical decision, on discharge best place is to get pple home but got to be made on individual clinical decision

Whitty – hosiptals very good for certain things but once that need no longer there pple must aim to be discharged asap, also more likely to catch infections than any other settings, sensible to keep hospital stays as short as possible, makes sense to discharge to normal place of residence

Tests – 1.6m working in social care diff job, potentially all needing tests – what have you set aside and when will they get them?

Crisis in social care before covid19 providers saying they’re coming up against a brick wall where councils have not handed money over to homes. What will you do about this?

Hancock – we have provided money

Councils doing and incredible amount of work, v hard, we do need to get money there for social care to front line

we do have testing capacity to increase 4,100 social care staff referred already - CQC doing active work to refer and Working with LGA

Spare capacity in 1,000s ramping up to 100k per day by end of month

(avoided saying how millions of healthcare workers – 1.5m social care, 1.5m NHS - would be tested in time or when)

Action Plan refers to everyone who needs test in social care – what does this mean?

Hancock – policy change comes in immediately today

For staff this changed on Friday

Definition of who needs it is pple who are symptomatic or member of their household

Primarily for staff who can get back to work or who need to self isolate

We can expand definition of need as capacity in creases

(vague answer seems to contradict claims in other answers)

When time comes to release restrictions will this be rolled out UK-wide or regional basis?

Hancock – glad you (Eastern Daily Press) are on here as I miss getting to Suffolk and my constituency

(not the time or place to say this)

McLean - We would expect peak to happen at same time across ctry as we changed behaviour at same time, Long discussions about regional variations but no clear answer for differences yet

Maybe London hospital beds falling faster maybe because pple responded to advice before 23/3 faster

Some pple in care homes being confined to their rooms for 3 weeks – can pple get outside to exercise?

Whitty – no age, condition, situation where exercise is not a good thing

Might mean exercise indoors for some pple

Reason we included exercise in one of things you are allowed to do was becasue exercise is one of the best things you can do

Small number need shielding (older or with p’tic conditions) because pple are highl;y vulnerable and susceptible to infection and to die

Infection control may also be a reason for confinement to rooms to protect other pple in their shared home

Wherever possible pple should be taking exercise

Pledge of 25k tests by mid March not there yet so why should we believe 100k target by end of April?

Hancock – not the case, we committed to 10k tests by end of March which we hit then 25k end of April target increased to 100k we have ramped up capacity

Demand lower over long weekend as staff haven’t wanted to come forward for testing

(not a good look to blame healthcare workers for not getting tested. 2nd time he has done this passing responsibility away from the government)

NI confirmed extension for another 3 weeks, what about rest of UK?

Hancock - Lockdown extension will be matter for COBRA tomorrow

(the pointless delay for an internal govt meeting is daft when Wales and NI have both already confirmed extensions to lockdown – poor coordination and lack of clarity across UK)

Domestic abuse dramatic fall in funding diff to cope with even before this crisis and also in coming months is there a plan for post covid?

Complex mental health problems connected to domestic abuse plan, where’s the plan?

Hancock – very imp qtn

Open to looking at point about what happens afterwards, eg revealed cases as lockdown is ongoing will look at that gloing forward

Though Home Sec package was very strong

Need to support everybody as much as possible

(saying the govt has been doing great things doesn’t make it so

Commitment to “looking at” things not good enough)

Whitty – not poss to know the impact of this over time in terms of domestic abuse

Imp mental and physical matter complicated interactions, post traumatic stress, very serious issues needs multidisciplinary approach to deal with it properly

How is Home Sec plan strong when there was nothing about accommodation for pple needing to flee before crisis refuges already turning pple away

Hancock – make sure we give channels of communication where the normal places such as school aren’t available,

We are willing to look at insfrastructure to make sure it is as strong as possible.

(more “looking at” promises. Pathetic, vague.)

(ends with govt warning video)