**UK government Covid19 press conference 21 April 2020**

**Jeremy Hoad**

(usual caveats apply to this live transcript / commentary)

**Attending**

Matt Hancock, Health Secretary

Jonathan Van-Tam, Deputy Chief Medical Officer

John Newton, National Co-ordinator of the UK coronavirus testing programme

**Figures**

535,342 tested

129,044 positive

17,681 hospitalised

17,366 dead

852 increase in dead over last 24 hours

**Hancock**

At heart of our plan is ensuring NHS capacity is always ahead of need – this means if YOU or someone you love needs care you will always get that.

If god forbid you need critical care in ICU then you will have thqat bed, life saving equipment you will

Latest figure show record high of 2,963 spare critical care beds across NHS

Primary goal to slow spread and flatten curve by increasing capacity

That plan is working

At no point has anyone who could benefit from critical care been denied care because there weren’t enough staff or beds.

Numbers of deaths another salutary sign. Of deadly virus

(runs through 5 tests – invented three days ago)

PPE

Delivery an operation of unprecedented scale and complexity

1bn items delivered

Buying PPE from around the world and working to make more at home

Working day and night to increase supply

Talking direct to factories that make PPE and use specialist fabric

Thanks to FO and DTI

Thanks to companies offered to replenish stocks

8,331 offers of PPE equipment

Some have led to large scale purchases

Not everyone can delivery on their offers in scale

Now actively engaged with thousands of companies

Actively engaged with 159 potential UK manufacturers

Determined to get pple PPE they need

24/7 operation one of biggest I’ve ever seen in government

Grateful to (lists govt departments and others)

Vaccines

Best solution in the long run

New disease, un certain science

We will throw everything ew’ve got at this

Put more money than any other ctry into global search

Oxford and Imperial making rapid progress

£22.5m for Imperial for phase 2 clinical trials and begin work on phase 3 trial

£20m to Oxford to fund clinical trials accelerated

Vaccine will be trialled in pple from this Thursday

Normal time this wld takle years

Will also invest in manufacturing capacity to make available to British pple asap

Sarah Gilbert and Robin Shattock – will back these scientists to the hilt

Throwing everything at this

Virus is powerful enemy but we get better every day

Stay at home etc.

(repeat of standard slogans)

**Van-Tam**

Slide

Transport

(same as before)

Slide

New cases

Numbers remain high, not enormous downturn at this point

Remain in situation of danger

Slide

Hospitalisations

Peak in London around 10/4

Other regions more plateau

We are not out of danger, curve flat but not very clearly going. Down

Slide (new slide)

20/3 – 10/4

Death. In hospital and ONS all deaths

Slide

Global death comparisons

UK in middle of range

Int’l comparisons of excess deaths will be imp in the future

**Questions**

PPE – declared pandemic over a month ago why is govt still struggling to get PPE and allowing UK firms to sell products abroad?

Hancock – we’ve been struggling since the start to meet demand

Supplied over 1bn items

Alongside making PPE here we buy it from big producers especially in China

But day after day pple saying they don’t have enough – how do you explain the gap and why Ministers said “mix up” over EU scheme?

Hancock – no political decision not to participate in EU scheme

We joined and are members of that scheme but as yet that hasn’t delivered any PPE

Imp to focus on other sources

(this flatly contradicts what has previously been said by Ministers so some of them are lying. Ministers have said the UK is part of the scheme, is not part of the scheme, did and did not attend meetings and did and did not receive an invitation)

Face masks?

Seems to be problem of carrying out tests and delivering swabs to labs – pple saying not enough help?

Hancock – face masks we are advised by the science, we liksten to what scientists say

Tests – terrific we have increased capacity to over 39k a day

Having excess capacity means we can expand who can use this making it easier to access – introduced home testing, p’tic helpful to those in care homes

(note change from a target of 100k tests a day to now stressing “capacity” and blaming frontline workers in previous press conferences for not “accepting” the offer of or need for tests – political lies and buck passing)

Newton – we are merting demand for frontline staff

NHS sickness / absence rates now falling

Drive-in centres not ideal for care sector

Piloting a number of ways to get tests out to pple incl. mobile delivery

Is priority on face masks healthcare workers but not right moment for general public?

Van-Tam – always said we will keep evidence under review and will change if evidence is driving us that way

SAGE met today, advice to Ministers in due course

Won’t comment further

SAGE place prime imp on never jeopardising supply of PPE to healthcare workers, a line we won’t cross

(that is contradictory, either you follow “the science” or you make a political decision to ensure supplies of masks to frontline staff if masks are in short supply)

PPE – talked to suppliers and distributors saying obstacles getting through procurement system – will you clear. These obstacles and increase supply?

Heard a lot of numbers which sounds a lot but quite clearly not enough – what is enough? Do you know?

Hancock – enough is what is needed for everyone who needs it

Billions of items per month needed, vast numbers of items needed

Hence need to m/f and procure from abroad

Need to sort out credible offers from those that have not

Some companies only formed days before making offer for cash deal with govt

(suggestion of fraud or profiteering here that needs to be weeded out but he obviously won’t say that about great British companies)

Accelerating progress of getting back to all companies, fast moving market, global shortage, need to be nimble, factories in Asia and China rather than going through middle men, complicated picture

Imp of delivering on this agenda

(waffle)

EU External Action Service concluded official and state backed sources of conspiracy narratives being generated in China to deflect blame – what is UK govt doing to stop Chinese disinformation campaigns?

Hancock – haven’t seen that but have seen general disinformation on social media

Public needs high quality information, highly factual

We do these press conferences

Need to be as clear and transparent as possible and govt explain what is best info and why

(waffle)

Asymptomatic transmission – how big an issue will this be in releasing lockdown? Unused test capacity – shld we be testing asymptomatic staff in NHS?

Hancock – this is a central problem of virus

Van-Tam – did not have enough info at start of crisis to understand how patients who were presymptomatic and asymptomatic were shedding the virus – now clear some shedding virus before showing symptoms

Duff comes understanbding how infectious those pple are compared to those who are symptomatic

Impossible to rule out some cases where spread occurs from asymptomatic or presymptomatic pple but vast majority coming from symptomatic pple

Advice remains same to self-isolate the moment you have symptoms

Newton – ramping up tests in population to show spread in population

Evident where social distancing is not poss need to do intensive testing studies underway

Need good level of testing capacity to provide testing for infection control

Early studies – what do these show? What is the extent of transmission?

Newton - International study of pregnant women of pple who were asymptomatic but were positive

Consistent results internationally

Not a screen for whole workforce, tests used to understand virus in diff settings, not current thinking

Change strategy if science changes

Hancock – testing asymptomatic pple in NHS will count towards 100k target

Top diplomat at FO says we are not in the EU scheme but you are saying we are in the scheme – who should we believe?

Hancock – invitation when it came into DoE to participate in an associate way because we are not members of EU, I said yes but this scheme has not yet delivered any PPE, that was the decision making process I was involved in, that was the long and the short of it

Impact of scheme is zero on PPE

(avoided answer, contradicts what other Ministers have said on the record – are we seeing fighting among Ministers about this to avoid blame?)

Temperature checks introduced and quarantine for int’l travel wld we consider this and why not yet?

Van-Tam – port of entry screening problem length of flight of no more than 12 hours but pple can be infected before they get on flight and incubation period is 5-21 days so you can see the problem where pple won’t be picked out but can develop symptoms a few days later so basic mathematical problem

Right now situation is widespread transmission in the UK although we are turning that down

Proportion of infections from flights would be miniscule compare4d to infections taking place within the UK

Need to consider how, when and carefull consider releasing restrictions, all scientific options will be under consideration at that point

NHA Harrogate hospital opened but veterans UK helpline closed will you open that again?

Some NHS staff already being referred to professional bodies for speaking out?

Hancock – pple shld be able to talk about what they do and shld be able to, celebrating, wrong word, telling about conditions, such as PPE supply or not, pple shld feel free to talk about what goes on at work

(slip betrays the arrogant idea NHS staff and other frontline staff should be celebrating what the government has done)

Veterans UK – don’t know, will get back to you on that.

Doyle said 20% deaths outside hospitals, ONS now says 40%, feels like plan isn’t working – who has ultimate responsibility for that?

Hancock – I have seen 40% figure, asked the team about it, that is not an accurate representation of the data

Hospital data vs ONS data – need to understand differences

All info imp, we take as much info into account as we can

On second point of international camparison must look at diff ctries and take account of size

Two critical parts of battle plan:

1 exponental nature of infection under ctrol we are doing that as curve is now flat we have achieved that objective

2 ensure NHS not overwhelmed – we have achieved that including Nightingale hospitals ensure more capacity in Harrogate, Yorkshire and NE

Plan is working but every problem has not been addressed, doesn’;t mean everything has been done, search for ]vaccine, huge amount still to do but on central core objectives thanks to work of NHS, armed forces, pple staying at home, we having managed to bend down the curve and ensure NHS capacity is there so everyone can rely on NHS when they need it.

(piss off with the “battle plan” war rhetoric)

Pple say Germany is comparable ctry and is fairing better

(Hancock interrupted)

Hancock – critical thing is we do very best for this ctry, take that into account and learn from other places, we are constantly looking around thew world, must look scientifically at other places so we can learn about it as a ctry.

(good grief, Hancock was flustered and waffled and interrupted and ignored questions today – he was all over the place and seemed to be covering his own back)

(ends with govt warning video)