**UK government Covid19 press conference 01 May 2020**

**Jeremy Hoad**

(usual caveats apply to this live transcript / commentary)

(press conference now preceded by advice video with trancey dance music)

**Attending**

Matt Hancock, Health secretary
Prof Stephen Powis, NHS England
Prof John Newton, coordinator of the national testing effort

**Figures**

177,454 tested (6,201 since yesterday)

15,111 positive ( increase since yesterday)

27,510 hospitalised

 dead

739 increase in dead over last 24 hours

(reports that government has changed the testing figures so they are not people who have been tested but may be people who have been sent but might not even have received testing kits yet)

**Hancock**

Every day we are working through our plan to save lives and protect NHS

(usual standard wasffle)

Really good news

I said we are no able to begin restoration of NHS services

Now we’ve passed the peak I can tell you about the next step, restoration of fertility services

Amazing advances of last generation

I know how time sensitive fertility treatment can be and imp for families affected

Treatment can change lives for the better forever

Thank you for staying at home to save lives but also think you for the lives the NHS can now create

Together we’ve protected the NHS

We are now restoring the NHS and restoring the chance for so many couples to start a family

(this seems like a very odd thing to prioritise with so many services on hold or cancelled because of the current crisis)

We remember those who have died and treasure their memories

Goal set last month that anyone who needs a test wld get one and 100k target by end of month

Audacious goal, I knew that

Goald met – 122,347 tests on last day of April

Unprecedented expansion, not my achievement, a national achievement

Testing capacity we have built will helkp every single person in the ctry

I know pple want to know igf they have the disease if they have symptoms

Will help us unlock the lockdown

Thank and pay tribute to team

Greatest national mobilisations we have seen

Public, private, armed forces etc.

A mission

If we hadn’t been so bold I can’t see how we would have bvuilt the capacity we need

Regional network, mobile testing centres, home testing kits, doubled capacity of NHS and PHE labs, 3 new megalabs

British diagnostic companies,m logistic companies, academics, UK biocentre

(list of companies and organisations in UK and overseas)

Everybody worked together to reach a shared goal with a diversity of thought and when things went wrong we didn’t blame we asked how we could fix it

Thanks to my team and on behalf of govt and whole ctry, thank you

Big increase in testing enables more progress

Mid May 18k contact tracers will be in place

New technology with app

Help telkl us where virus spreading and where to target action

Full scale test, track and trace model will drive infection rate down leading to getting R down and holding R down and lift lockdown measures

Disease affects us indiscriminately

We’ve had to impinge on historic liberties but our goal must be freedom

Social and economic freedom is the goal

Impinging on freedom of all for the safety of all

Target measures with more precision in future to reassert safely the liberty of the law

Maintain spirit and resolve for now

Stay at home etc.

**Newton**

Thanks for kind words

Imp milestone reached

Lockdown in March because virus circulating widely

Lockdown wld have been regardless of testing

Same with release, reduce R rate

Testing levels haven’t kept us in lockdown

Germany had a lot less virus around when they introduced lockdown and testing early and younger pple were affected

(excuses for late action by UK)

But we are and have learned from other ctries

(utterly ridiculous to keep repeating this when UK is doing so badly in comparison to some other ctries)

100k tests target set to motivate programme and set scale of ambition

Knew we’d need something like this level to move to next phase

Substantial and flexible testing now in place used for contact tracing and to tell us how virus has spreads and will spread in future

NHS app in development making rapid progress

More pple sign up, more effective it will be

Frees Ministers and advisers to choose best measures in future

Testing system world leading

We will have capacity to meet needs across the ctry

**Powis**

Magnificent response of British public to comply with social distancing means getting on top of virus, infections fallinbg, pressure kept off NHS

Slide

5 tests

Govt looking to meet these before releasing lockdown

Slide (new slide)

Preventing the spread

Efforts of public

Avoiding contact and working from home

Slide (new slide)

Daily tests

Increased dramatically

Slide

New cases

Increase recently reflecting more testing

Slide

Hospitalisations

Reduction since mid April, p’tic in London

Slide

Critical care beds

Falling in four nations and absolute number also declining

Slide

Deaths (all settings)

Numbers vary day to day but 7 day rolling average is beginning to trend downwards

Slide

Int’l comparison

Imp but real comparison in all cause mortality measured with later analysis, true comparison poss months away

Hardshiops and social distancing working, not over, translating to benefits and reduction in deaths

(again, the transport slide has been dropped. Anecdotal evidence of significant rise in travel and pple breaking lockdown not being reported or commented on)

**Questions**

Andrew from Leeds

When lockdown lifted and schools open fines if pple keep kids away? How will you ensure it is safe?

Hancock – our aim is when it is safe to do so we will make recommendations, not going to reopen schools if it isn’t safe

Children not affected nearly as badly

Will not reopen until it is safe

As and when we reopen schools goal is to get bacvk to the norm as it was before, confident this will be reasonable and normal

(avoided qtns and just said it will be safe because you must trust us – unconvincing)

Powis – virus affects children much less than elderly and adults

Some very rare reports in children complications continuing to look at that

Science still evolving in transmission in children, need to think carefully about reopening schools

Hancock – imp to remember reason we took decision to close schools was impact on transmission, not. Impact on children of disease

Stuart from Redditch

Investment in Nightingale -can they be used to reduce waiting lists as NHS reopens?

Hancock – will address waiting lists as we reopen NHS but Nightingale hospitals specifically designed for covid patients

Powis - Not necessarily fit for purpose for other reasons / uses

Will keep them as insurance policy next month or so

Nightingales have shown how agile NHS can be

Extra capacity hasn’t had to be used as much as we had feared

Rapid and extensive expansion of testing capacity – where do we go from here – how do you intend to further expand network?

Hancock – imp qtn

1 grown testing capacity by testing you can treat pple better and get pple back to work and for surveys to get idea how many have disease across the ctry, plan to continue to expand capacity, new lab in Cambridge next week

(waffle)

2 make sure we use capacity in best way possible eg real focus in care homes

(can’t believe he’s using that as an example when thousands are dying in care homes and the whole sector has been ignored by the government putting people at risk)

Newton – integrating system to help use capacity to maximise benefit

NHS, care sector, criminal justice sectors

Flexible, fast, exciting roll out of testing at home and using app

We are very pleased with what we have done so far but this is Only a start, apply what we have now to challenges of the future

(he’s a smug bastard, isn’t he?)

Ensure health and care workers get priority?

Hancock – absolutely, within system, through NHS or through employer route to go to front of queue at drive through centres

Need for right prioritisation

Patients – NHS – key workers – general public

122k tests massive increase – how many home testing kits mailed out yesterday but not received by pple yet? No10 indicated sending out kits would not count towards total reported as done but now it seems they do, can you clarify?

Cannot get coronavirus a second time – study?

PHE quibble from Newton that children cannot transmit disease?

Hancock – what a feast of questions

(patronising smug git)

Set out on gov.uk how we count the tests

122,347 test yesterday

In total we have done over 1,023,824

Another benchmark we have m anaged to reach

(by the government’s own explanation of how they count tests that. Is a lie)

Newton – NHS and PHE labs across UK

39,753 tests

13,723 tests in partnership with Roche

79,522 tests by new Lighthouse labs

Of those

39,153 undertaken in Drive through centres or mobile unit or research nurses who did tests as part of ONS survey

27,497 home kits delivered

And 12,872 home kits through satellite process

3,072 surveillance testing (antibody testing)

(basically 40,369 tests have NOT been done but are counted in the figures reported as tests done. These have just been sent out. This means the government has still failed to meet its own target of 100k tests and has only done 81,978 yesterday.

Short explanation – the government is lying so it can claim to have met its own target. Shameful but not unexpected.)

Powis – transmission in children, if symptomatic no reason to assume they wouldn’t transmit in same way as anyone else

Transmissability btwn children – still collating data and learning about this

Evidence still emerging

Newton – science on immunity still emerging

Never made decision based on single study

Promising report, not precise science yet

Not sure Sam’s qtn answered – report in HSJ test only counted once done, now counted once posted out

Twice as likely to die if you live in deprived area of ctry – what policy implications for you?

Hancock – on deprivation and greater impact this is something we are worried about and looking at in context of all diff ways disease has diff impact on diff groups

Bigger impact on older, men, BAME, obese, new evidence on correlation with deprivation

Trying to understand impact as much as we can

Newton – no change to ways tests are counted

Maj done when done in labs or when they leave the programme (satellite and home tests)

(he’s lying)

Hancock – all set out on gov.uk

Concerns over 70s treated as one blanket group can assure fit and healthy over 70s will be treated the same as others?

Hopeful pple can make plans, see family and friends and have holiday – timescale?

Hancock – too early to say regarding lockdown release

Ref. 5 tests to help make next decisions, will only lift measures when safe to do so

Over 70s – always clear very specific group we’ve been in contact with to shield for their own health reasons – after that gradation of advice

Powis – over 70s can of course be fit and healthy

We asked group of individuals to shield due to underlying conditions putting them at greater rtisk

Everybody complying with social distancing

As we look forward reasonable qtn to say how wld that work in age bands, we know complications and deaths more common in elderly so that’s a consideration even without complications

NI impact not as severe as rest of UK – any merit in easing restrictions differently across UK?

Better to work on all-Ireland basis?

Hancock – across UK level of virus diff across the ctry but shape of curve has been basically the same across the ctry so moving together right approach at the start

Can see case for variations, we respect devolution

Relationship with Republic imp as well, we have good relations at political and medical level, intensive discussions within UK

(a bit waffly, basically refused to answer either qtn)

Nursing Times survey say staff stressed and bad mental health - what in long term to protect mental health of staff?

BME staff – what’s message due to emerging greater risk they’ve been put in? Staff shortage already, can’t afford to lose any.

Hancock – bravery and flexibility of nurses across NHS

Measures I have put in place are important

Increasing the number of nurses is really imp part of the plan

Committed to 50k more nurses by end of parliament during election

In fact we’ve seen more nurses come into the profession over autumn

We have got more nurses back into NHS

(come off it, many of them have come out of retirement or are fast tracked students during a national emergency. Plus, that 50k figure was proven to be a lie as it counted nurses who you might theoretically retain, not actually new nurses. Lies on top of lies by Hancock)

We cherish every nurse

(utter bollocks)

Conversation as we restore the NHS

Powis – not just nurses, all staff

Tremendous effort across NHS

CEO’s and medical directors as we stand up services leaders thinking hard how we support that, challenging and stressful time

Support over short and longer term needed

Message for BME staff we recognise disproportionate effect, recognise worry in those groups, supporting staff and helping them with concerns they have

Work being done to help understand disproportionate effect on that group to inform actions going forward

Newton – affects for pple from those backgrounds relatively small

Diff parts of the ctry have diff proportions from diff groups

Cause for concern

Talking to NHS England

Statistical work to be done to understand underlying risks properly

Some diff ethinic groups have diff levels of underlying conditions as well, looking at how this might affect pple

Powis – don’t need to wait for data to provide additional support

Local healthcare leaders advised by PHE to support BME colleagues, they are absolutely doing that, providing support

(this was a sensible and reassuring thing to say)

(ends with govt warning video)