**UK government Covid19 press conference 02 May 2020**

**Jeremy Hoad**

(usual caveats apply to this live transcript / commentary)

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

**Attending**

Robert Jenrick, Communities Secretary
Jenny Harries, Deputy Chief Medical Officer

**Figures**

1,129,907 tests carried out

105,937 carried out tested

182,260 positive (4,806 increase since yesterday)

14,695 hospitalised (down 15,111 since yesterday)

28,131 dead

621 increase in dead over last 24 hours

(he mis-stated the reduction in hospitalisations since yesterday)

**Jenrick**

Heartbreaking losses for every family affected

Thoughts and prayers with their friends

Update to protect most vulnerable pple

PM set out passed peak now

Will provide more details next week

Restrictive measures necessary and life-saving difficult for everyone

All of you have made sacrificies, thank you turning tide

For some in society these measures involve sacrificies none of us wld wish to bear

Vitims of domestic abuse in true nightmare

Physical marks but true extent of inflicted pain much deeper – emotional scare for some will never heal

Can pass to next generation and see and hear things none of us wld wish to witness

As father of 3 girls cannot imagine situation

(unpleasant when Ministers ref their personal circumstances as if that gives them particular insight, insult to others)

Need to defend rights of women and children wherever we can

Affects men too

Prioritised tackling domestic abuse with domestic abuse Bill creating first ever legal definition of domestic abuse

Holds those responsible to account and reassurance perpetrators will be brought to justice

Through domestic abuse Bill govt will be Assuring victims get priority need status to access local housing services more easily so no victim has to make unbearable choice between staying somewhere they know is unsafe or becoming homeless

Govt determined to break silence and stigma and strengthen support for survivors

extra £15m to strengthen support extra £16m to refuge services

recognise extra pressures due to covid

harder for pple to reach out for support

£76m new funding to support most vulnerable in society to help charities support victims and children and families and victims. Of modern slavery

Recruitment of additional counsellors for victims of sexual violence

Enable virtual and phone based services

Know some refuges have had to reduce services, this funding will help them

Thanks to domestic abuse charities

Women’s Aid refuge in my constituency one example, thanks to Marlene and her team

Hotels and other accommodation as move on accommodation – we will work with refuges to make this option available where they judge it necessary

Boots providing safe space in some of their shops and training staff for contact services

Victims of domestic abuse – you are not alone, you do not have to stay at home you should leave the home if ou’re in danger, call 999 then press 55 – or call national abuse helpline 08082000247

Working with ccls to protect rough sleepers

Set out to bring pple in from the streets

Over 5,400 offered accommodation in les than a month

Over 90% offered accommodation where they can self isolate in safety

This ctry viewed around the world as taking one of the most comprehensive actions on rough sleepers

This was the right thing to do, we’ve helped to protect thousands of lives, phenomenal effort

(so it was the right thing to do during a pandemic but not the right thing to do before when homelessness and food bank use rocketed during austerity?)

Louise Casey appointed to spearhead new govt initiative with new taskforce to oversee rough sleepers to provide physical and mental health support they need

Will work with councils and other groups to ensure pple move into long term solution

Major challenge to end rough sleeping in this parliament

(The Tory governments of the last decade allowed this problem to develop so a but hypocritical to trumpet your commitment to solving the problem now)

Will apply same energy, commitment and determination to this effort as we did to the first

Shielding programme

For those identified by NHS as extremnely clinically vulnerable

Now 1.8m pple

(up from 1.5m initially identified)

Asked to stay at home with no face to face contact outside carers

For those who don’t have friends or family to support them

Package offered to support them

1 millionth package will be delivered this week

Loved reading emails from pple who have got the boxes and seeing photos on social media

(this may be true but gives the impression of needy ordinary pple thanking Ministers)

You are not alone and you never will be

**Harries**

PM said we have passed the peak

Slide

5 tests

Slide

Transport

Concern motor veh usage has ticked up a bit, R rate down though

(a bit? MUCH busier on the roads in Manchester over the last week)

Slide

Massive increase in daily testing

105k tests in last 24 hours

Slide

New cases

Increase as testing increases

All patients coming into NHS now being tested

Slide

Hospitalisations

Decrease of 13% over last week

London now at levels seen in other areas

Slide

Critical care beds

Case numbers starting to come down

Slide

Sad deaths

7 day rolling average shows death rate coming down v gradually, v slowly

Slide

Global comparisons

UK starting to flatten out

**Questions**

Ashley from Yorkshire

WHO suggested pple may not be immune to 2nd infection and how will vaccine change this?

Harries – WHO position similar to UK, don’t have enough info yet to be clear

Normally expect to see some sign of immunity from 10 days then more consistent from 28 days, need to study this more

Testing. Programme and antibody tests will help this

Elderly tend not to respond so well

Some evidence in UK pple having good response but a lot of uncertainties

Positive hope for vaccine

Paul in E Midlands

Trussell Trust 81% incr in food parcel what mnore will govt do?

Jenrick – some groups in society affected particularly seriously

Approach in govt to try and support all in society

Ref. shielded pple and access to food parcels

I’m working with local councils, faith & vol grps to help pple get food and supplies even if they’re not in shielded group

Encourage pple to get in touch with local council or. Good Samaritan app to volunteer

Economic response set out to help as many pple as we can

Made welfare more generous

Housing action support

Trying to support p’tic vulnerable grps such as rough sleepers

Some will need sustained care into future

Want to support pple, rebuild the economy and pples lives generally

(this answer avoided addressing food banks – and poverty, he repeated his earlier scripted words)

Hearing a lot about loosening of lockdown but many shielding contemplating many months at home – long term plans to help pple, not just food but mental health and wellbeing?

Update on track and trace – how many daily tests will be needed in a few weeks and staff being trained – what shift needed before easing lockdown?

Jenrick – now have 1.8m in England alone

Said shielding wld be for minimum of 12 weeks

(I don’t remember this being stated as a “minimum” Johnson said in March we would beat the virus in 12 weeks – clearly bluster and waffle)

Tried to support pple with practical steps for pple who don’t have friends or family or neighbours nearby

300k food boxes delivered weekly now

Sharing data with supermarkets

Sharing data with local ccls and NHS to enable more tailored support

Encouraging ccls to start check in and chat service staffed by ccl staff and volunteers to check on pple and step in where needed

Concerns about mental health – working with national charities to support individuals

Qtn about what we do next, p’tic if pple asked to stay at home even longer

Harries – from clinical perspective we had limited evidence earlier

More evidence as time goes on

Differential clinical conditions becoming evident

Strong trial process for drug uses

Eg arthritis drug that suppresses immune system might actually help

May be several months of shielding

Looking at risks again as we have more info

Working with NHS England looking at clinical needs over time and how cld be adapted, eg mental health and virtual needs or asking pple to come in to clinical setting

Track and trace - testing before roll out number of uncertainties, v exciting anonymised and safe data way using phone app

Need for quick test results

Issue not everyone can operate digital system so need for hybrid system

Contact tracing cen be difficult

Looking for 3k clinical staff, 10k other staff through PHE

Significant task to get up and running at scale

Further steps on shielding – what might they be?

Jenrick – those who want to move off food boxes to supermarket priority provision can do so

More options to access services such as through MIND and working with local ccls

If more bespoke services needed we will do that

(no idea what that means)

Broad range of pple in shielding category

More tailored answers needed if runs for longer time

(again, very vague)

Harries – timescale for track and trace

Exciting adventure, need whole population to work together

Need to be sure this will work

Trialling this very soon

Rolls Royce cld cut thousands of jobs, also BA and Ryanair – what more is govt doing to help industry?

What do “contacts” mean?

Jenrick – aviation industry v imp for this ctry, understand challenges faced, grappling with longer term demand in an age where provision will change, business travel might change, for example

(Ref existing measures)

Support from govt to allow econ to bounce back

If more we can do we will do so.

Harries – traditional way of containing disease is to identify those at heightened risk

Close contact may vary with indicvudal disease eg ebola actual contact, coronavirus respiratory route prime means also contact

Self isolation and family isolation if symptomatic pple

Also issue of time you’ve spent with pple and proximity

Diff elements to stratify whether you’re close contact

Digital app will identify close proximity

Doesn’t solve all issues of contact tracing, that’;s why we need army to identify other routes

On RR chancellor said it might consider bespoke support only as last resort what wld that look like?

Jenrick – Chancellor and Bus Sec working with all sectors of economy to help guide second phase of response to begin to reopen economy

Tried to design schemes to be as helkpful as poss

Further steps will be in discussion

(avoided specifics)

How will you do contact tracing successfully if not enough pple download app?

Do you know where pple are now getting infected?

Jenrick – contact tracing will rely on all of us playing our part

Vast maj of pple have got behind existing measures

NHS dear to our hearts, pple WILL download app and play their part

Pple will also be rec ruited, multi faceted strategy

Harries – large number of cases and sustained community transmission not as easy to do individual contact tracing

Whole combination of digitial app and contact tracing helps understand where pockets of infection are

Some areas we know in community elements, many cases will be treated in hospital

P’tic focus on social care and care homes now

Info will help understand infections, better as infections fall

NHS surveillance system developed

Build picture of how virus spreads in communities

Genomic studies also going on, early phase but will learn a lot from that

Will learn going forward

Don’t have breakdown of where pple come from? Types of pple?

Harries – we will get more info from testing where prevalence of disease exists, looking for opportunities to stop transmission

Jenrick – p’tic focus on care homes for staff and mobile units

Ensruing local councils and care homes play their part, more coming onstream next week

(this is getting embarrassing now, stressing focus on care homes when they were obviously not prioritised from the beginning of the year when they, residents and staff should have been protected)

Few weeks ago Vallance and Whitty telling us more likely to catch virus in pub rather than football match – does that mean measures to ease lockdown mass gathering allowed before pubs reopening?

Can we assume number of new cases that higher proportion in frontline and care home workers – what does this tell us about failings in these areas?

Jenrick – PM said now we’ve passed peak right to consider next phase and setting out thinking in this area next week

Considering diff settings eg schools, workplaces, outdoors and what measures need to be taken and when right to ease restrictions in those settings

Not right time now

Rate of transmission is significantly less outdoors than indoors, this will be a factor in easing lockdown

Analysis being done across govt to allow PM to make right decisions at right time

Harries – virus will not survive as long outdoors, generally safer environment outdoors, suggest pple open windows if they’re inside

Depends how you go outdoors and what you do – family unit proibably quite safe but if you go with friends you haven’t seen for some time not a good thing to do sit in pub for hours in enclosed space

High risk pple getting into cars together outside family unit

Frontline workers have higher risk due to what they’re doing, recognise some transmissio0n in healthcare settings, strong focus on care home, p’tic issue where residents may not show symptoms as early as younger pple

Infection prevention control measures not good in frontline areas fro practical reasons, not just about PPE although imp element

Right to assume greater relaxation for outdoor socilaising rules rather than indoor?

Jenrick – setting out ideas next week, will be guided by scientific advice

Measures still in place now

Looking at whether lockdown measures can be made easier eg opening parks, cemeteries and local tip to make more bearable and socially just

How seriously is govt investigating converns China wasn’t transparent at start if shown this hampered efforts to combat pandemic will UK be at forefront to claim billions in reparations?

(a bit of blame game, deflection and unpleasantness from the Express)

Jenrick – now 100% focussed on dealing. With current situation

There will come a time when we consider actions of other ctries but that’s not now

Focus now to work together whether on vaccines or supply of PPE or ventilators including imports from China

We will want to consider what happens carefully in the future

Has govt campaign been too successful how to encourage pple to stiffen your upper lips and go out again? Polling shows huge unease about going back to normal life – ho will you encourage pple to do so?

(the idea the govt has been “too successful” in any way is pretty insulting)

Jenrick – good news message crafted by scientists and leading medics has been listened to, pple have adhered to restrictions

Will think carefull about next phase

Will be taking careful, cautious approach to ensure R rate remains below 1 and build in headroom and avoid second peak

Slowly bring ctry out of existing measures, slow return to normality

Harries – behavioural aspects eg quarantine has significant psychological effects, pple need clear messaging about when they can come out of lockdown

Imp to take account of how pple are feeling

Need to explain diff interventions to help understanding

Issue raised by readers children and schools and pple wondering how they can go back to work and also elderly pple fearing extended lockdown – can you give some hope?

Contact app relies on 80% use but WhatsApp only has 67% use despite being set up 11 years ago?

Jenrick – believe pple will get behind the app

UK fairly advanced in new technology, pple have great affection for nHS

(oh, so the great British public win win this for us? Drivel)

Schools - not able to give a date yet, return will be done carefully, may be done in a phased manner

Planning with schools and unions and teachers

Trying to ensure children get good schooling at home

Differences between types of children

Trying to ensure online access, tablets and computer access

Online learning resource created

Focus on children who are vulnerable who don’t have same support – ccls doing a lot of work here

Harries – continuously in contact with clinical colleagues and colleagues in diff ctries, looking at diff settings

We know if shildren get infected they have less clinical disease and progress less frequently to sever disease

Transmission less well understood, some signs potentially younger children ifant junior less susceptible to disease and transmit it less but this needs testing with more evidence

Older children less clear, poss some biological reasons for that

Also about how children interact, behavioural issues. To be thought through when we have more evidence

Hope for elderly pple?

Jenrick – v difficult for pple we have asked to stay at. Home, not just shielded, we want to offer help we are getting through this

Encouraging we have passed the peak

Govt will do everything we can to support pple – fgood boxes, medicines, phone calls

Try to make things more bearable, liveable, humane

Harries – clear older pple at incr risk, for them to choose to stay safe

Over peak but not out of it by a long way

Jenrick – none of us want restrictions to last a day longer than necessary

(ends with govt warning video)