



This report shows written answers and statements provided on 1 June 2020 and the information is correct at the time of publication (06:18 P.M., 01 June 2020). For the latest information on written questions and answers, ministerial corrections, and written statements, please visit: <http://www.parliament.uk/writtenanswers/>

### CONTENTS

|   |          |  |    |
|---|----------|--|----|
| <b>ANSWERS</b>  | <b>3</b> | ■ Coronavirus: Electronic Commerce           | 14 |
| DIGITAL, CULTURE, MEDIA AND SPORT                     | 3        | ■ Coronavirus: Ethnic Groups                 | 14 |
| ■ Tourism: Coronavirus                                | 3        | ■ Coronavirus: Medical Equipment             | 15 |
| EDUCATION   | 3        | ■ Coronavirus: Medical Treatments            | 15 |
| ■ Department for Education: Chief Scientific Advisers | 3        | ■ Coronavirus: Older People                  | 15 |
| ■ Free School Meals: Voucher Schemes                  | 3        | ■ Coronavirus: Pharmacy                      | 16 |
| ■ Teachers: Protective Clothing                       | 4        | ■ Coronavirus: Protective Clothing           | 16 |
| HEALTH AND SOCIAL CARE                                | 5        | ■ Coronavirus: Public Transport              | 17 |
| ■ Aviation: Coronavirus                               | 5        | ■ Coronavirus: Rare Diseases                 | 18 |
| ■ Blood Cancer: Coronavirus                           | 6        | ■ Coronavirus: Research                      | 19 |
| ■ Cancer: Coronavirus                                 | 6        | ■ Coronavirus: Screening                     | 19 |
| ■ Cancer: Health Services                             | 6        | ■ Coronavirus: Smoking                       | 20 |
| ■ Cancer: Medical Treatments                          | 7        | ■ Coronavirus: Social Distancing             | 20 |
| ■ Cancer: Mortality Rates                             | 7        | ■ Coronavirus: Vaccination                   | 20 |
| ■ Children: Coronavirus                               | 8        | ■ Cystic Fibrosis: Coronavirus               | 21 |
| ■ Chronic Illnesses: Medical Treatments               | 8        | ■ Drugs: Prices                              | 21 |
| ■ Clinical Trials                                     | 9        | ■ Exercise Cygnus                            | 21 |
| ■ Coronavirus: Cancer                                 | 9        | ■ Exercise Cygnus: Disclosure of Information | 23 |
| ■ Coronavirus: Children                               | 10       | ■ Faculty: Coronavirus                       | 23 |
| ■ Coronavirus: Death                                  | 10       | ■ Health Services: Coronavirus               | 24 |
| ■ Coronavirus: Disease Control                        | 11       |  |    |

|  |    |  |    |
|--|----|--|----|
| ■ Health Services: Protective Clothing                                 | 24 | ■ Smoking                                  | 33 |
| ■ Health Services: Technology  | 25 | ■ Speech and Language Therapy: Coronavirus | 33 |
| ■ Hormone Replacement Therapy  | 25 | ■ Vitamin D: Deficiency Diseases           | 33 |
| ■ Hospices: Protective Clothing  | 26 | HOME OFFICE                                | 34 |
| ■ Hospitals: Cancer  | 26 | ■ British Nationality: Driving Offences    | 34 |
| ■ Hospitals: Coronavirus   | 27 | ■ Detention Centres: Coronavirus           | 34 |
| ■ Hospitals: Protective Clothing                                       | 27 | ■ Immigrants: Coronavirus                  | 35 |
| ■ Influenza: Vaccination   | 27 | ■ Immigrants: Finance                      | 35 |
| ■ Mesothelioma   | 28 | ■ Immigration Controls: Au Pairs           | 36 |
| ■ NHS and Social Services: Protective Clothing                         | 29 | ■ Immigration Controls: Personal Income    | 36 |
| ■ NHS Trusts: Protective Clothing                                      | 29 | ■ Immigration: EU Nationals                | 37 |
| ■ NHS: Migrant Workers   | 30 | ■ Migrant Workers: Coronavirus             | 38 |
| ■ Prescription Drugs   | 31 | ■ Migrant Workers: Visas                   | 38 |
| ■ Prescriptions  | 31 | WORK AND PENSIONS                          | 39 |
| ■ Prescriptions: Fees and Charges                                      | 31 | ■ Children: Maintenance                    | 39 |
| ■ Public Health  | 32 | ■ Universal Credit                         | 39 |
| ■ Scientific Advisory Group for Emergencies: Disclosure of Information | 32 | ■ Universal Credit: Appeals                | 40 |

**Notes:**

Questions marked thus **[R]** indicate that a relevant interest has been declared.

Questions with identification numbers of **900000 or greater** indicate that the question was originally tabled as an oral question and has since been unstarred.

## ANSWERS

### DIGITAL, CULTURE, MEDIA AND SPORT

#### ■ Tourism: Coronavirus

**Jonathan Gullis:**

[\[48663\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, what steps his Department is taking to help the tourism sector to reopen safely after the covid-19 outbreak.

**Nigel Huddleston:**

We are regularly engaging with tourism stakeholders and are feeding into cross-Government discussions on how we can safely reopen the tourism sector.

As part of the Government's leisure and recreation taskforce, my Department has set up a Visitor Economy Working Group to specifically focus on the practicalities and guidelines for opening up the sector during the recovery period. We will issue further guidance shortly on our phased reopening approach, including which businesses could be covered in each phase and the timeframes involved.

### EDUCATION

#### ■ Department for Education: Chief Scientific Advisers

**Greg Clark:**

[\[48348\]](#)

To ask the Secretary of State for Education, how many meetings he had with his Department's Chief Scientific Adviser (a) from 1 September to 30 November 2019 and (b) from 1 December 2019 to 29 February 2020.

**Nick Gibb:**

The Chief Scientific Advisor for the Department, attended 1 meeting with my right hon. Friend, the Secretary of State for Education during the time period a) from 1 September to 30 November 2019. He also attended 1 meeting with the Secretary of State during the time period b) from 1 December 2019 to 29 February 2020.

#### ■ Free School Meals: Voucher Schemes

**Tulip Siddiq:**

[\[48566\]](#)

To ask the Secretary of State for Education, with reference to Edenred's briefing of 18 May 2020, Delivering the free school meal voucher scheme: MP progress report, on what date he was made aware of the finding in that briefing that, Poor data which has been logged into the system by schools [has] result[ed] in c. 40,000 (3.5 per cent) hard email bounces; and what steps his Department is taking to ensure that that issue is resolved.

**Vicky Ford:**

Voucher codes are being processed through the national scheme and many thousands of families are redeeming them. Our national voucher scheme supplier, Edenred, has reported that over £110 million worth of voucher codes has been redeemed into supermarket eGift cards by schools and families through the scheme as of the 27 May. We have been working closely with Edenred to improve the scheme, and the programme of developments has significantly increased the speed of access to the platforms, processing times for orders and distribution of valuable support to families.

As part of this ongoing focus, over the weekend of 2 and 3 May, Edenred identified that a number of eCode emails had 'hard bounced', meaning that the eCode had not been delivered as schools had entered an incorrect email address for the parent or carer. On 7 May, Edenred contacted all schools affected to alert them and to provide guidance on how they could issue new eCodes to families. Edenred continue to engage with the relevant schools via telephone and to raise the subject in emails to schools.

These are rapidly developing circumstances; we continue to keep the situation under review and will keep Parliament updated accordingly.

**■ Teachers: Protective Clothing****Preet Kaur Gill:****[45377]**

To ask the Secretary of State for Education, with reference to the Prime Minister's statement of 10 May 2020, what steps he will take to ensure that teachers returning to work have access to adequate personal protective equipment.

**Nick Gibb:**

On 11 May 2020, we published new guidance on implementing protective measures in education and childcare settings:

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#shielded-and-clinically-vulnerable-children-and-young-people>

As the guidance sets out, wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff or children to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus.

Personal Protective Equipment (PPE) is only needed in a very small number of cases, which are set out in the published guidance. In these very specific

circumstances, education providers should use their local supply chains to obtain PPE.

These are rapidly developing circumstances; we continue to keep the situation under review and will keep Parliament updated accordingly.

## HEALTH AND SOCIAL CARE

### ■ Aviation: Coronavirus

**Lisa Nandy:**

**[45163]**

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 27 April to Question 35010 on Aviation: Coronavirus, how many inbound passengers were screened for covid-19 during the containment phase of the pandemic; and what steps were taken when passengers screened positively.

**Ms Nadine Dorries:**

*[Holding answer 18 May 2020]:* A form of enhanced monitoring was in place between 22 January – 12 March 2020 during the containment phase of the COVID-19 pandemic.

Over the entire monitoring period 129 ill passengers were identified and 59 of this group were taken for further assessment by the National Health Service. Of the 59, none tested positive for COVID-19.

**Lisa Nandy:**

**[45164]**

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 27 April 220 to Question 35010 on Aviation: Coronavirus, if he will publish the scientific advice on which the decision to end targeted screening measures being carried out at UK airports for inbound passengers during the containment phase of the covid-19 pandemic was based.

**Ms Nadine Dorries:**

*[Holding answer 18 May 2020]:* The Government has published online statements and accompanying evidence which demonstrate how our understanding of COVID-19 has evolved as new data has emerged. This has included decisions on travel and screening. These statements are available online at the following link:

<https://www.gov.uk/government/groups/scientific-advisory-group-for-emergencies-sage-coronavirus-covid-19-response>

The Government considers advice from the Scientific Advisory Group for Emergencies (SAGE) before adopting new policies and interventions in relation to COVID-19. SAGE relies on external science advice, including advice from expert groups and their papers. In the case of COVID-19, this includes the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG). The agendas and minutes of meetings of NERVTAG are available online at the following link:

<https://www.gov.uk/government/groups/new-and-emerging-respiratory-virus-threats-advisory-group>

■ **Blood Cancer: Coronavirus**

**Henry Smith:** [43625]

To ask the Secretary of State for Health and Social Care, how many (a) men (b) women with blood cancer in each age group have (i) contracted covid-19 (ii) received intensive care support and (iii) died with covid-19.

**Jo Churchill:**

This data is not currently held.

■ **Cancer: Coronavirus**

**Rosie Cooper:** [41402]

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to tackle the effect of covid-19 on people living with cancer.

**Jo Churchill:**

*[Holding answer 4 May 2020]:* The National Health Service is adapting how it runs its cancer services to ensure the safety of both patients and staff. Cancer specialists are discussing with their patients the potential risks to them, either through undergoing or to delay treatment at this time.

A letter was issued to trusts on 29 April detailing the Second Phase of Response to COVID-19. This letter sets out that:

Local systems and Cancer Alliances must continue to identify ring-fenced diagnostic and surgical capacity for cancer, and providers must protect and deliver cancer surgery and cancer treatment by ensuring that cancer surgery hubs are fully operational. Full use should be made of the available contracted independent sector hospital and diagnostic capacity locally and regionally. Regional cancer Senior Responsible Officers must now provide assurance that these arrangements are in place everywhere.

Treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand.

■ **Cancer: Health Services**

**Siobhan Baillie:** [41195]

To ask the Secretary of State for Health and Social Care, what steps the NHS is taking to reschedule as soon as possible cancer treatments and operations that were cancelled as a result of the covid-19 outbreak in hospitals.

**Jo Churchill:**

A letter was issued to trusts on 29 April detailing the Second Phase of Response to COVID-19. This letter sets out that:

Local systems and Cancer Alliances must continue to identify ring-fenced diagnostic and surgical capacity for cancer, and providers must protect and deliver cancer surgery and cancer treatment by ensuring that cancer surgery hubs are fully operational. Full use should be made of the available contracted independent sector hospital and diagnostic capacity locally and regionally. Regional cancer Senior Responsible Officers must now provide assurance that these arrangements are in place everywhere.

Treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand.

### ■ Cancer: Medical Treatments

**Henry Smith:**

[\[43622\]](#)

To ask the Secretary of State for Health and Social Care, how many people received chemotherapy treatment in (a) April 2019 and (b) April 2020 for the treatment of (i) breast cancer, (ii) bowel cancer, (iii) lung cancer, (iv) blood cancer and (v) prostate cancer.

**Jo Churchill:**

The data in the following table shows first or subsequent treatment of all anti-cancer drug regimens (including 'cytotoxic chemotherapy', 'hormone therapy', 'immunotherapy' and 'other') for April 2019:

| BREAST | LOWER<br>GASTROINTESTINAL | LUNG  | HAEMATOLOGICAL | UROLOGICAL |
|--------|---------------------------|-------|----------------|------------|
| 3,458  | 1,060                     | 1,247 | 1,950          | 3,354      |

The data for April 2020 is due to be published in June 2020.

### ■ Cancer: Mortality Rates

**Dr Luke Evans:**

[\[28004\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to increase the five-year survival rates for (a) lung, (b) liver, (c) brain, (d) stomach, (e) pancreatic and (f) oesophageal cancer.

**Jo Churchill:**

Although survival rates are at a record high and continue to improve, the Government know that there is more to do. Survival rates for all cancers will be improved by diagnosing cancers earlier and beginning treatment at an earlier stage. This is why in October 2018 the Government announced a package of measures that will be rolled out across the country with the aim of seeing three quarters of all cancers detected at an early stage by 2028. The plan will radically overhaul screening programmes, provide new investment in state of the art technology to transform the process of diagnosis, and boost research and innovation.

As set out in the NHS Long Term Plan, NHS England and NHS Improvement will shortly be introducing a Faster Diagnostic Standard of 28 days for all cancer patients, including those with lung, liver, brain, stomach, pancreatic, and oesophageal cancer, which when taken together with the 62-day referral to treatment standard, will mean that all patients should expect to start their treatment within 34 days of diagnosis.

NHS England is rolling out Rapid Diagnostic Centres (RDCs) across the country to bring together the latest diagnostic equipment and expertise, in line with the NHS Long Term Plan commitment. This programme builds on the Multidisciplinary Diagnostic Centre (MDC) model piloted through the Accelerate, Coordinate and Evaluate (ACE) programme, which focussed on diagnosing cancers where patients often present with non-specific symptoms and may go to their GP many times before being sent for appropriate tests. As of March 2020, 17 RDCs are currently live.

NHS England is extending lung health checks, targeting clinical commissioning groups (CCGs) with the lowest survival rates. In Greater Manchester introducing low dose CT health checks saw an almost five fold reduction in stage 4 disease, with 80% of cancers diagnosed at an early stage.

NHS England has committed funding of over £1.3 billion over the next five years to deliver the commitments on cancer in the Long Term Plan.

#### ■ **Children: Coronavirus**

**Kerry McCarthy:**

[\[40527\]](#)

To ask the Secretary of State for Health and Social Care, whether shielding for children with cystic fibrosis and others who are considered to be extremely vulnerable for covid-19 will continue after the reopening of schools; and how will that decision be communicated to relevant families.

**Jo Churchill:**

*[Holding answer 4 May 2020]:* Public safety throughout this period is the Government's top priority. This includes keeping safe society's most vulnerable.

Shielding advice is kept under continuous review, to take into account currently available evidence. Guidance and support will remain in place until it is safe to remove it. Any changes in advice for the clinically extremely vulnerable will be communicated to them directly through a range of channels.

#### ■ **Chronic Illnesses: Medical Treatments**

**Henry Smith:**

[\[43621\]](#)

To ask the Secretary of State for Health and Social Care, how many of the people who have been advised by the Government to shield at home for 12 weeks in response to the covid-19 outbreak (a) are undergoing active chemotherapy (b) have lung cancer who are undergoing radical radiotherapy; (c) have a cancer of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment (d) are having immunotherapy or other continuing antibody treatments for cancer; (e) are having other targeted cancer treatments which can affect the immune system, such as protein kinase



inhibitors or PARP inhibitors; (f) have had bone marrow or stem cell transplants in the last six months, or who are still taking immunosuppression drugs; (g) have severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary; (h) have severe combined immunodeficiency and homozygous sickle cell or other rare diseases and inborn errors of metabolism that significantly increase the risk of infections; (i) are on immunosuppression therapies sufficient to significantly increase risk of infection and (j) are pregnant with significant heart disease, congenital or acquired.

**Jo Churchill:**

This data is currently unavailable.

## ■ Clinical Trials

**Crispin Blunt:**

[\[32040\]](#)

To ask the Secretary of State for Health and Social Care, what guidance he has provided to regulatory and health authorities on ensuring that the UK remains an attractive place to conduct clinical trials and supply human medicines.

**Jo Churchill:**

The Department is working directly with the Medicines and Healthcare products Regulatory Agency, Health Research Authority, NHS England and NHS Improvement, the National Institute for Health Research and other partners across the health and life sciences sectors to ensure that the United Kingdom remains an attractive place to conduct clinical trials and supply human medicines.

The Medicines and Medical Devices Bill provides the UK the means to remain a world-leading regulator and an important market for medicines and medical devices and supports the delivery of the Life Sciences Industrial Strategy to make the UK a leading global hub for life sciences. The Bill makes clear the importance of ensuring the UK is an attractive place to bring new products to market and conduct clinical trials, specifying that before making any regulations under the Bill, the Secretary of State must consider this point.

We are determined to maintain the UK's position as one of the best locations globally to run clinical trials.

## ■ Coronavirus: Cancer

**Henry Smith:**

[\[31476\]](#)

To ask the Secretary of State for Health and Social Care, what guidance his Department has provided to (a) people living with cancer and (b) their families and people who care for them during the covid-19 outbreak.

**Henry Smith:**

[\[31477\]](#)

To ask the Secretary of State for Health and Social Care, if his Department will provide guidance to people (a) living with and (b) caring for people with cancer on whether they should self-isolate as a precautionary measure during the covid-19 outbreak.

**Jo Churchill:**

The National Health Service has been contacting patients that are at high risk of getting seriously ill with coronavirus since 23 March 2020. This will include people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment.

NHS England and NHS Improvement suggest that patients read the advice given on the NHS website which is available at the following link:

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

Further advice can be found on the MacMillan website at the following link:

<https://www.macmillan.org.uk/cancer-information-and-support/get-help/physical-help/cancer-and-coronavirus>

■ **Coronavirus: Children**

**Apsana Begum:** **[44054]**

To ask the Secretary of State for Health and Social Care, whether the NHS charging exemption for testing and treatment for covid-19 covers paediatric multisystem inflammatory syndrome, associated with covid-19 in children that have had a negative SARS-CoV-2 PCR test.

**Edward Argar:**

Under the National Health Service (Charges to Overseas Visitors) Regulations 2015, as amended, overseas visitors are exempt from charge for the diagnostic test and treatment for COVID-19. Some overseas visitor children with multisystem inflammatory syndrome test negative for COVID-19, but are treated as being COVID-19 patients based on a clinical diagnosis, meaning that their parents will not be charged.

■ **Coronavirus: Death**

**Stuart C McDonald:** **[46089]**

To ask the Secretary of State for Health and Social Care, how many people who have (a) been infected with and (b) died from covid-19 were (i) British nationals, (ii) EEA or Swiss citizens, (iii) family members of EEA or Swiss citizens, (iv) Non-EEA or Swiss nationals with indefinite leave to remain or a right of abode, (v) Non-EEA or Swiss nationals with any temporary leave to remain and (vi) Foreign nationals with no leave to enter or remain in the UK.

**Jo Churchill:**

*[Holding answer 18 May 2020]:* This information is not available in the format requested.

## ■ Coronavirus: Disease Control

**Andrew Rosindell:**

[\[29845\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to (a) limit the chances of infection of and (b) provide other support to people with pre-existing respiratory conditions during the covid-19 outbreak.

**Jo Churchill:**

There are some clinical conditions which put people at a higher risk of severe illness from COVID-19. This includes people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD. If an individual is in this 'extremely vulnerable' category, the NHS will be in direct contact with advice on the more stringent measures that should be taken in order for the person concerned to shield themselves. For those in the shielded category this advice is constantly kept under review.

**Preet Kaur Gill:**

[\[38552\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of streamlining the clinically extremely vulnerable persons' registration process so that an applicant can register without an NHS number.

**Jo Churchill:**

Individuals who have been identified as clinically extremely vulnerable have been advised to shield to protect themselves. The process of registration is to enable this group to access extra support during this time.

People can register online without their National Health Service number but registering with their NHS number is more efficient as registrations are appropriately matched with the shielded patient list.

Everyone who is clinically extremely vulnerable will receive a letter from their general practitioner or from the NHS informing them of the need to register. NHS numbers can be found at the top of this letter and at the top of all prescriptions.

**Julian Sturdy:**

[\[42999\]](#)

To ask the Secretary of State for Health and Social Care, when and how the Government plans to communicate changes to shielding advice to people with cystic fibrosis and other people in the extremely vulnerable group during the covid-19 outbreak.

**Jo Churchill:**

Shielding advice is kept under review, taking into account currently available evidence. We will issue further guidance about shielding and social distancing for clinically vulnerable groups as new evidence emerges.

The Government understands how challenging this period is, especially for those with long term conditions, and is doing everything possible to support the clinically extremely vulnerable. This includes clearly communicating any changes in advice for this group so those shielding are confident they are receiving the correct information for them.

**Julie Elliott:**

[\[43907\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications for his policy on covid-19 of the research by Professor Philip Calder of the University of Southampton and others, entitled Optimal Nutritional Status for a Well-Functioning Immune System is an Important Factor to Protect Against Viral Infections, published on 23 April 2020.

**Jo Churchill:**

*[Holding answer 12 May 2020]:* Public Health England (PHE) is aware of the paper by Professor Calder. PHE considers any new, high quality evidence on COVID-19 and nutrition, as it emerges and seeks advice from the Scientific Advisory Committee on Nutrition as appropriate.

**Rachael Maskell:**

[\[43972\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish a risk analysis of the potential effect of easing the lockdown on the prevalence of covid-19.

**Jo Churchill:**

*[Holding answer 12 May 2020]:* Transparency, including on the evidence informing the views of Scientific Advisory Group for Emergencies (SAGE), is vital in helping to maintain the public's trust and grow our collective understanding of the disease, while also helping to explain how scientific advice to the Government is being formed. The Government is working to publish regularly the evidence documents and studies on issues including the lockdown and prevalence which have formed the basis of SAGE's discussions and advice to Ministers. More evidence will be published in the coming weeks.

**Mr David Davis:**

[\[44966\]](#)

To ask the Secretary of State for Health and Social Care, if the Government will publish the model and input parameters used by Imperial College London in their paper entitled Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand, which informed Government policy on the covid-19 lockdown.

**Jo Churchill:**

The model referred to in the question is not held by the Government. It is held by its creators, and we understand the code for the Imperial model has been made available online by the authors. The information it provides will be an element considered by Scientific Pandemic Influenza Group on Modelling (SPI-M) when reaching its consensus statement to share with the Scientific Advisory Group for Emergencies. SPI-M consensus statements and supporting documents are published periodically and can be found on GOV.UK.

**Mr David Davis:**

[\[44967\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the evidential basis for the Government decision not to recommend that the public wear face masks in response to the covid-19 outbreak.

**Mr David Davis:** [44968]

To ask the Secretary of State for Health and Social Care, if he will publish the evidential basis for the decision to close schools in response to the covid-19 outbreak.

**Mr David Davis:** [44970]

To ask the Secretary of State for Health and Social Care, if he will publish the evidential basis for the decision to not cancel mass events at the start of March 2020 in response to the covid-19 outbreak.

**Mr David Davis:** [44971]

To ask the Secretary of State for Health and Social Care, if he will publish the evidential basis for the decision not to require health checks and quarantine in response to the covid-19 outbreak for travellers entering the UK.

**Mr David Davis:** [44972]

To ask the Secretary of State for Health and Social Care, if he will publish the evidential basis for not following the response of (a) South Korea, (b) Singapore, (c) Taiwan, (d) Hong Kong and other places with experience of coronavirus outbreaks.

**Jo Churchill:**

We recognise that transparency is important in these unprecedented times. Scientific Advisory Group for Emergencies (SAGE) advice and papers are not generally published until after an emergency has ended. However, given the extended nature of the pandemic, we have already published some of the statements and the accompanying evidence. These publications can be found at the following link:

<https://www.gov.uk/government/groups/scientific-advisory-group-for-emergencies-sage-coronavirus-covid-19-response>

In addition, it is intended to further speed up the publication SAGE papers over the coming weeks.

**Sarah Champion:** [45235]

To ask the Secretary of State for Health and Social Care, what assessment the Government has made of the potential merits of the EU's proposed World Health Assembly 73 Resolution on the covid-19 response.

**Jo Churchill:**

*[Holding answer 18 May 2020]:* The United Kingdom engaged actively in negotiations on the Resolution, which we have co-sponsored. We are pleased to see the draft Resolution on the COVID-19 response has been adopted by the 73 rd World Health Assembly.

**Daniel Zeichner:** [47322]

To ask the Secretary of State for Health and Social Care, whether he has made an assessment of the potential merits of including the loss of smell and taste as a potential symptom of covid-19 on the NHS covid-19 website.

**Jo Churchill:**

Following the United Kingdom Chief Medical Officers' statement on 18 May 2020 advising that a loss or changed sense of normal smell or taste (anosmia) can be a symptom of COVID-19, the National Health Service website has been updated to reflect this. Further information out the potential symptoms of COVID-19 is available online at the following link:

<https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>

■ **Coronavirus: Electronic Commerce**

**Janet Daby:** **[37817]**

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure that retailers receive the list of vulnerable peoples in order to support online deliveries.

**Jo Churchill:**

There are some clinical conditions which put people at an even higher risk of severe illness from COVID-19 due to complex health problems. These clinically extremely vulnerable people have been advised to shield themselves by staying at home at all times.

Wherever possible, those shielding should rely on friends, family and wider community support to help them with any essential activities like shopping. Where this is not possible those shielding are eligible for food delivery which they register for via the web or by phone. Once these individuals have registered, the Ministry of Housing, Communities and Local Government provides the details of all those eligible to supermarkets so that they are given priority for online deliveries.

■ **Coronavirus: Ethnic Groups**

**Marsha De Cordova:** **[47451]**

To ask the Secretary of State for Health and Social Care, what proportion of people who have been tested positive for covid-19 are BAME.

**Jo Churchill:**

*[Holding answer 20 May 2020]:* Data on the proportion of people who have tested positive for COVID-19 in England by ethnicity is publicly available in the weekly national surveillance reports. These can be accessed on the GOV.UK site at the following link:

<https://www.gov.uk/government/publications/national-covid-19-surveillance-reports>

The last report, based on week 19 (reflecting data up to 10 May 2020 and where available up to 13 May 2020) showed 17.8% of cases who are from a Black, Asian, and minority ethnic group.

## ■ Coronavirus: Medical Equipment

**Jane Stevenson:**

[\[33670\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the potential merits of providing free inhalers to health and social care workers during the covid-19 outbreak.

**Jo Churchill:**

The Department has no plans to change the list of exemptions from National Health Service prescription charges. Arrangements are already in place to help people access inhalers and other medication they need.

## ■ Coronavirus: Medical Treatments

**Mr David Davis:**

[\[44964\]](#)

To ask the Secretary of State for Health and Social Care, what (a) drugs and (b) therapies for covid-19 are being assessed by his Department.

**Jo Churchill:**

Treatments for COVID-19 are currently being trialled in both large Phase III and smaller Phase II clinical trials. The Phase III trials underway include the PRINCIPLE, RECOVERY and REMAP-CAP trials which cover primary, acute and intensive care settings.

As of 13 May 2020, RECOVERY trial drugs included: dexamethasone, lopinavir/ritonavir; hydroxychloroquine; hydrocortisone; prednisolone; methylprednisolone; azithromycin; and tocilizumab. The PRINCIPLE trial drugs included hydroxychloroquine and azithromycin. The REMAP-CAP trial drugs included: Lopinavir/ritonavir; Hydroxychloroquine; corticosteroids; interferon-beta; anakinra; tocilizumab; sarilumab; and heparin. In addition, convalescent plasma is being trialled through REMAP-CAP.

As of 13 May 2020, drugs being tested through ACCORD, a Phase II clinical trial platform, included: bemcentinib; MEDI3506; ravuizumab; baricitinib; and Gemtuzamab ozogamicin.

## ■ Coronavirus: Older People

**Mr Barry Sheerman:**

[\[47183\]](#)

To ask the Secretary of State for Health and Social Care, whether people aged over 70 years old are (a) clinically vulnerable and (b) advised to shield for 12 weeks from 23 March 2020 as a result of the covid-19 outbreak; and whether people in that age group are able to move house.

**Jo Churchill:**

*[Holding answer 20 May 2020]:* People aged 70 and over are at higher risk of severe illness if they catch the virus and are considered to be clinically vulnerable. Our advice for people aged 70 and over is to practice stringent social distancing to



minimise contact with others outside their household, but not to shield unless advised by their general practitioner (GP) or clinician.

Only those who are considered to be clinically extremely vulnerable are advised to shield. Anyone who is 70 or over who has been advised to shield by the National Health Service or their GP should continue to do this until at least the end of June.

We recognise that some over 70s who are shielding or otherwise vulnerable may also have a pressing need to move home; however, this should be balanced with the increased risks presented by COVID-19 and the medical advice for such people, including on staying at home and avoiding unnecessary contacts over this period, if at all possible.

## ■ Coronavirus: Pharmacy

**Judith Cummins:**

[\[34366\]](#)

To ask the Secretary of State for Health and Social Care, what steps are being taken to help community pharmacies handle increased patient walk-ins as a result of the covid-19 outbreak.

**Jo Churchill:**

*[Holding answer 21 April 2020]:* We have re-prioritised the services commissioned by the National Health Service and have delayed the introduction of new services and pilot programmes to maximise capacity in community pharmacy to supply medicines and provide health advice. We have also worked with the General Pharmaceutical Council to increase the workforce available.

NHS England and NHS Improvement has updated the COVID-19 standard operating procedure for community pharmacy to allow for all pharmacies to close to the public for two and half hours a day, if necessary. This will give pharmacy staff the time to focus on safely dispensing prescriptions and providing advice over the phone, together with giving them the opportunity to maintain the hygiene of pharmacies and take necessary rest breaks.

## ■ Coronavirus: Protective Clothing

**Sir Christopher Chope:**

[\[37422\]](#)

To ask the Secretary of State for Health and Social Care, if he will place in the Library the background material from which the Deputy Chief Medical Officer concluded on 20 March 2020 that problems with deliveries of personal protective equipment were completely resolved now; and if he will make a statement.

**Jo Churchill:**

The Deputy Chief Medical Officer's comments on 20 March referred to specific problems with deliveries to National Health Service trusts, in line with Public Health England personal protective equipment (PPE) guidance at that time. Further distribution problems arose soon after and at the daily press conference on 31 March the Deputy Chief Medical Officer apologised and acknowledged that soon after her comment on 20 March problems with distribution had returned.



Systems set up to supply 226 NHS trusts have increased their operations in a matter of weeks to provide drops of critical equipment to 58,000 healthcare settings including general practitioners, pharmacies and social care providers. This has required a huge increase in the logistics capability.

**Justin Madders:**

[43055]

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications for his policies of the advice from the British Dietetic Association, British Association for Parenteral and Enteral Nutrition and Royal College of Nursing that the fitting of (a) naso-gastric and (b) naso-jejunal feeding tubes should be categorised as aerosol generating procedures for the purposes of personal protective equipment.

**Jo Churchill:**

*[Holding answer 11 May 2020]:* The United Kingdom Government has published clear guidance on appropriate personal protective equipment for health and social care workers and provides a list of current procedures which are considered to be potentially infectious aerosol generating procedures for COVID-19. This guidance has been written and reviewed by all four UK public health bodies and informed by National Health Service infection prevention control experts, Health Protection Scotland evidence reviews and the New and Emerging Respiratory Virus Threats Advisory Group. The guidance is regularly revised according to clinical guidance.

**Sir Mike Penning:**

[45039]

To ask the Secretary of State for Health and Social Care, whether his Department has made an assessment of the potential merits of the wearing of home-made salt-coated face masks by the general public during the covid-19 outbreak.

**Jo Churchill:**

The Government continues to be led by the evidence in our response to COVID-19. Following Scientific Advisory Group for Emergencies advice, we think there will be some benefit for people wearing face coverings in enclosed public spaces where social distancing is not possible or where they are more likely to come into contact with people they do not normally meet. This is most relevant on public transport or in some shops.

Comprehensive guidance can be found at the following link:

<https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy>

## ■ Coronavirus: Public Transport

**Chi Onwurah:**

[46649]

To ask the Secretary of State for Health and Social Care, what public health guidance has been issued on (a) how (i) masks and (ii) gloves should be used by people on public transport, (b) how those masks and gloves should be worn and (c) whether hand washing should also be conducted.

**Jo Churchill:**

*[Holding answer 18 May 2020]:* The Scientific Advisory Group for Emergencies considered the very limited evidence available on the use of face coverings and advised that there was some positive benefit for reducing the transmission of COVID-19. However, the main ways to reduce the spread of COVID-19 are social distancing and washing hands regularly. Therefore, gloves are not recommended as it is more effective to wash your hands regularly, for at least 20 seconds, and to ensure that you do not touch your face. Gloves may provide a false sense of confidence to people wearing them, who then pay less attention to these important actions.

The Government is now advising wearing a face covering in situations where it is difficult to manage social distancing and there may be close contact with people the wearer would not usually meet, for example on public transport.

Instructions on how to make and use a face covering are available at the following link:

<https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering>

Further guidance on the use of face coverings is available at the following link:

<https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home#face-coverings>

■ **Coronavirus: Rare Diseases**

**Alex Sobel:**

**[31642]**

To ask the Secretary of State for Health and Social Care, with reference to the guidance on social distancing published by Public Health England on 16 March 2020, whether patients with rare autoimmune rheumatic diseases are considered as being at increased risk of severe illness from covid-19; and whether those patients will receive direct advice from the NHS on the steps they need to take to keep themselves safe.

**Jo Churchill:**

One of the groups of people that the National Health Service advises to be at high risk of becoming seriously ill from COVID-19 is those receiving immunosuppression therapies, enough to significantly increase risk of infection.

The advice for those classed as high risk is to follow the Government's guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19.

The NHS has been contacting those considered to be at high risk since 23 March 2020 with specific advice about the actions they should take. However, it is not possible to identify all clinically high-risk individuals through existing central databases, particularly those receiving specialist treatments or where disease severity would support the application of general social distancing advice. General practitioners and specialists are identifying and contacting patients who, may fall into the clinically high-risk group.

Patients are encouraged to visit Gov.UK for full advice on protecting themselves if they are at high risk from coronavirus.

## ■ Coronavirus: Research

**Alison Thewliss:**

**[46097]**

To ask the Secretary of State for Health and Social Care, with reference to the paper by Alisa Fox et al. titled Evidence of a significant secretory-IgA-dominant SARS-CoV-2 immune response in human milk following recovery from COVID-19, what assessment his Department has made of the potential merits of applying the findings of the study of antibodies in human breast milk to the treatment of covid-19.

**Jo Churchill:**

*[Holding answer 18 May 2020]:* The importance of antibodies to SARS-CoV-2 is recognised in the search for effective treatments for COVID-19 infection. At present there are a range of clinical trial initiatives in the United Kingdom in which treatments are being carefully evaluated, including. Some known sources of antibodies to SARS-CoV-2. The REMAP-CAP clinical trial involves two sites at which plasma from patients who are convalescing after COVID-19 infection are being clinically evaluated. Plasma is collected at least 28 days after recovery so that antibody levels have increased significantly.

Other initiatives are bringing forward candidate treatments that, although promising, cannot be immediately deployed as they will require further research before they can be safely evaluated in human trials. Alternative sources of antibodies, such as the source described in this publication, may be in scope for consideration if other approaches fail.

## ■ Coronavirus: Screening

**Christian Wakeford:**

**[37757]**

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to increase the provision of testing for people experiencing symptoms of covid-19.

**Ms Nadine Dorries:**

The Government has met the commitment to carry out 100,000 tests for COVID-19 every day by the end of April set out in the Government's Testing Strategy and carried out over 122,000 tests on 30 April.

On 27 May it was announced that COVID-19 testing was being extended in the United Kingdom to anyone with symptoms.

Demand for testing may fluctuate daily but we expect overall to see it continue to increase.

■ **Coronavirus: Smoking**

**Andrew Bridgen:** [\[43022\]](#)

To ask the Secretary of State for Health and Social Care, what assessment Public Health England has made of the implications for its policies of recent research that cigarette smokers are less likely to contract covid-19; and if he will make a statement.

**Jo Churchill:**

*[Holding answer 11 May 2020]:* Public Health England (PHE) is monitoring the developing evidence on smoking and COVID-19 to inform its advice to the public and local and national healthcare systems.

At the request of PHE, an independent rapid review of the evidence on smoking and COVID-19 by researchers from University College London and the Royal Veterinary College will be updated regularly as a living review. The most recent report is available at the following link:

<https://www.geios.com/read/UJR2AW.2>

PHE advice remains that smokers should quit; there is no evidence to justify changing that advice.

■ **Coronavirus: Social Distancing**

**Caroline Lucas:** [\[46601\]](#)

To ask the Secretary of State for Health and Social Care, whether people in the clinically vulnerable category who cannot work from home should stay at home during the covid-19 outbreak in the event that (a) their employer cannot guarantee that social distancing will be possible at all times in the workplace and (b) they cannot travel to work in a way in which social distancing can be adhered to; and if he will make a statement.

**Jo Churchill:**

Guidance for adults who are clinically vulnerable remains that they should follow stringent social distancing measures. We continue to advise those who are clinically extremely vulnerable to shield at home until at least the end of June.

■ **Coronavirus: Vaccination**

**Justin Madders:** [\[33608\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of facilities in the UK to manufacture a covid-19 vaccine.

**Jo Churchill:**

The Government announced a £46 million package on 6 March that will be used to fund urgent work on finding a vaccine and developing a rapid test for the disease. Eight possible COVID-19 vaccines are currently under development and efforts are being made to get any viable vaccines from sequencing of the virus to clinical testing in under a year and United Kingdom experts and scientists expect to start trials for the first vaccine within a month.

## ■ Cystic Fibrosis: Coronavirus

**Mrs Sharon Hodgson:**

[\[40534\]](#)

To ask the Secretary of State for Health and Social Care, what steps the Government plans to provide for people who have cystic fibrosis and others who are extremely vulnerable and who may need to remain outside education or work long term.

**Jo Churchill:**

Public safety throughout this period is the Government's top priority. This includes keeping safe society's most vulnerable.

Shielding advice is kept under continuous review, to take into account currently available evidence. Guidance and support will remain in place until it is safe to remove it. Any changes in advice for the clinically extremely vulnerable will be communicated to them directly through a range of channels.

## ■ Drugs: Prices

**Matt Vickers:**

[\[46821\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of whether there has been a change in the price of medicines and drugs for the NHS and pharmacists since the start of the covid-19 outbreak.

**Jo Churchill:**

The costs of branded medicines are controlled by the 2019 Voluntary Scheme for Branded Medicines Pricing and Access and the statutory scheme for branded medicines.

For unbranded generic medicines the Department relies on competition to keep prices down. This has led to some of the lowest prices in Europe and allows prices to react to the market. In an international market this ensures that when demand is high and supply is low, prices in the United Kingdom can increase to help secure the availability of medicines for UK patients.

We continuously monitor overall movements in changes in prices of medicines through various methods including data from suppliers using the provisions in the Health Service Products (Provision and Disclosure of Information) Regulations 2018. However, it is too early to assess the full financial impact on the National Health Service and pharmacies in light of COVID-19.

## ■ Exercise Cygnus

**Sir Christopher Chope:**

[\[46526\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 12 May to Question 38420, what lessons resulted from Exercise Cygnus in relation to the importance of (a) personal protective equipment and (b) availability of intensive care beds in preparation for infectious disease outbreaks; whether those lessons were applied; and if he will make a statement.

**Jo Churchill:**

*[Holding answer 18 May 2020]:* The lessons identified from Exercise Cygnus continue to be considered by the Government and a range of stakeholders, including expert advisory groups and local emergency planners.

Working across Government and with stakeholders, the lessons from Exercise Cygnus and advice received since have informed our preparedness. Since Exercise Cygnus, health sector plans to surge and flex National Health Service systems and resources (including critical care) beyond normal operations have been strengthened and stockpiles of personal protective equipment specifically for an influenza pandemic have been kept under review.

**Dr Matthew Offord:**[\[47255\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 13 May 2020 to Question 37613 on Disease Control, what outcomes of Exercise Cygnus were; and what work his Department (a) stopped and (b) commenced following that exercise.

**Jo Churchill:**

Learning the lessons from preparedness exercises, as well as other sources of expertise has ensured that the United Kingdom remains well prepared for infectious disease outbreaks. Working across Government and with stakeholders, the lessons identified from Exercise Cygnus have informed our preparedness, such as development of draft legislation support to the response to a future influenza pandemic and, strengthening health sector plans to surge and flex beyond normal operations.

The lessons learned from Exercise Cygnus continue to be considered by the Government and a range of stakeholders, including expert advisory groups and local emergency planners in reviewing response plans.

**Catherine West:**[\[47395\]](#)

To ask the Secretary of State for Health and Social Care, pursuant the Answer of 4 May 2020 to Question 41129, whether actions, implementation and follow-up plans were developed after Exercise Cygnus; and whether those plans were directly provided to the care sector.

**Jo Churchill:**

The lessons learned from Exercise Cygnus continue to be considered by the Government and a range of stakeholders, including expert advisory groups and local emergency planners in reviewing response plans.

Taking the recommendations from Exercise Cygnus, the Department commissioned further work on pandemic influenza preparedness from the Association of Directors of Adult Social Services. This was completed in the spring of 2018 and included advice and guidance on planning for a pandemic, which was circulated to Directors of Adult Social Services.

## ■ Exercise Cygnus: Disclosure of Information

**Sir Christopher Chope:**

[\[47173\]](#)

To ask the Secretary of State for Health and Social Care, with reference to the principle of transparency set out on page 18 of the Government document entitled Our Plan to Rebuild: The UK Government's COVID-19 recovery strategy, CP239, for what reason he has not published the scientific and technical advice arising from Exercise Cygnus; and if he will make a statement.

**Jo Churchill:**

*[Holding answer 20 May 2020]:* Reports on exercises are not routinely published by the Department to allow full, candid and proper deliberation of the lessons learnt.

The scientific and technical advice from Exercise Cygnus was based on a hypothetical scenario for a fictional influenza pandemic and is therefore not suitable for publication.

Lessons from Exercise Cygnus, in conjunction with expert advice, continue to be used in planning for a future influenza pandemic and inform policy development.

## ■ Faculty: Coronavirus

**Ms Lyn Brown:**

[\[45073\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the data sharing agreement with Faculty Science Limited in relation to their work on the covid-19 data platform.

**Ms Lyn Brown:**

[\[45074\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the data sharing agreement with Palantir Technologies UK in relation to their work on the covid-19 data platform.

**Ms Lyn Brown:**

[\[45075\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the data protection impact assessment in respect of the work of Faculty Science Limited on the covid-19 data platform.

**Ms Lyn Brown:**

[\[45076\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the data protection impact assessment in respect of the work of Palantir Technologies UK on the covid-19 data platform.

**Ms Nadine Dorries:**

*[Holding answer 18 May 2020]:*

NHS England is the data controller for data processed in the NHS Data Store. It has engaged individual analysts from different tech companies under honorary contracts to assist with modelling data from the NHS Data Store, some of which are employees of Faculty.



Palantir Technology UK is engaged by NHS England under contract as a data processor. As a data processor, the organisation does have access to the data but can only process it under instruction from NHS England. As such, a data sharing agreement is not required. The Data Protection Impact Assessment for the NHS Data Store is being published by NHS England in due course.

■ **Health Services: Coronavirus**

**Angela Crawley:** [\[32695\]](#)

To ask the Secretary of State for Health and Social Care, what guidance she is issuing to public health officers to take into account a person's wellbeing and personal requirements under schedule 20 of the Coronavirus Bill.

**Jo Churchill:**

The guidance issued by the Secretary of State for Health and Social Care to public health officers will include guidance on wellbeing and personal circumstances. However, public health officers are trained in taking into account a person's wellbeing. This will be no different for responding to someone suspected of having COVID-19.

The guidance to public health officers (PHOs) will set out that a PHO should give particular consideration to the needs of people with protected characteristics for example, the needs of children, the elderly, those with disabilities, those with existing medical conditions, those with mental health conditions, those who are pregnant, those who may not speak English, and any other groups on whom the impact of those requirements might be greater than would otherwise be the case. For example, individuals with mobility needs may need to be provided with appropriate accommodation and adjustments made if they are to be placed into supported isolation.

■ **Health Services: Protective Clothing**

**John Redwood:** [\[38401\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to prevent competition for supplies of personal protective equipment (a) between (i) individuals, (ii) hospitals and (iii) surgeries and (b) between (A) local and (B) national supply.

**Jo Churchill:**

A new, dedicated unit has been set up to focus on securing supplies of personal protective equipment (PPE). It is working to ensure that PPE matches specification, supply chains are secure, fraud is mitigated and the best value for money is achieved in a high demand market.

This is enabling us to coordinate the procurement of PPE through an open source approach.



## ■ Health Services: Technology

**Crispin Blunt:**

[\[32038\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the implications for his policies on (a) improving access to innovative medicines and (b) fostering the life sciences sector of the National Institute for Health and Care Excellence health technology evaluation review.

**Crispin Blunt:**

[\[32039\]](#)

To ask the Secretary of State for Health and Social Care, if he will support the National Institute for Health and Care Excellence to undertake its methods and processes in a way that (a) enables the attractiveness of the UK as a place to conduct clinical trials or supply human medicines and (b) enables that organisation to fulfil its statutory duty to promote innovation.

**Jo Churchill:**

The National Institute for Health and Care Excellence (NICE) is reviewing its methods for the development of technology appraisal and highly specialised technology recommendations in line with the commitment in the 2019 voluntary scheme for branded medicines pricing and access. The scheme also states the Government's expectations for the review as follows: "The Department expects that any future changes to NICE methods and processes would respond to the new types of innovation coming to the market, be consistent with improving the health gain achieved by spending on new innovative medicines, and support faster adoption of the most clinically and cost effective medicines."

## ■ Hormone Replacement Therapy

**Chi Onwurah:**

[\[45188\]](#)

To ask the secretary of state for Health and Social Care, what recent assessment he has made of the adequacy of supply of HRT drugs.

**Jo Churchill:**

We are aware of ongoing supply issues with some hormone replacement therapy (HRT) preparations for a variety of reasons.

The National Health Service receives regular updates on the supply situation and availability of HRT products, and we are continuing to engage with organisations such as the Royal College of Obstetricians and Gynaecologists, the Faculty of Sexual and Reproductive Healthcare and the British Menopausal Society.

We have been working closely with all suppliers to resolve the issues as quickly as possible and maintain overall supply to patients. Although some HRT products are still affected by supply issues, alternatives remain available, and the overall supply situation has been improving since February 2020 and will continue to improve over the coming months.

■ **Hospices: Protective Clothing**

**Jack Lopresti:** [\[41031\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure (a) Marie Curie, (b) Sue Ryder and (c) other hospice care groups have adequate supplies of personal protective equipment during the covid-19 outbreak; and if he will make a statement.

**Dr Caroline Johnson:** [\[41132\]](#)

To ask the Secretary of State for Health and Social Care, if he will ensure that children's hospices are able to procure personal protective equipment through push deliveries from the NHS Supply Chain.

**Jo Churchill:**

We published a personal protective equipment (PPE) plan on 10 April, setting out clear guidance on who needs PPE and in what circumstances they need to use it, how sufficient supplies will be secured and distributed to the front line.

The Government recognises the vital services that hospices provide across the United Kingdom. Distribution routes for PPE are constantly reviewed to strengthen and expand capacity, and efforts are currently being undertaken to boost the service to hospices.

We have provided local resilience forums with supplies of PPE to help them respond to urgent local spikes in need across front-line services, including hospices.

The National Supply Disruption Response exists as an emergency escalation route who handle queries including the supply of PPE as a last resort.

■ **Hospitals: Cancer**

**Rosie Cooper:** [\[41401\]](#)

To ask the Secretary of State for Health and Social Care, what plans he has to create covid-19-free hospital sites suitable for the treatment of cancer patients.

**Jo Churchill:**

*[Holding answer 4 May 2020]:* NHS England and NHS Improvement have published guidance and supported the development of 'hubs' for cancer surgery. Hubs are being developed in all 21 Alliance areas across England and are already fully or partially operational in at least 18 areas. NHS England and NHS Improvement are working with all Cancer Alliances on plans for the next phases of service delivery.

**Henry Smith:** [\[43620\]](#)

To ask the Secretary of State for Health and Social Care, which covid-free hospitals are specifically dedicated to the treatment of people with cancer; and on what date each such hospital started in that capacity.

**Jo Churchill:**

Details of all the facilities currently being used for cancer treatment are not collected centrally. This will be a mix of National Health Service and independent sector facilities.

NHS England and NHS Improvement have published guidance and supported the development of 'hubs' for cancer surgery. Hubs are being developed in all 21 Alliance areas across England and are already fully or partially operational in at least 18 areas. NHS England and NHS Improvement are working now with all Cancer Alliances on plans for the next phases of service delivery.

**Hospitals: Coronavirus****Alex Norris:**[\[38580\]](#)

To ask the Secretary of State for Health and Social Care, how many covid-19-free hospital sites have been created for cancer care in England; and what plans there are to deliver additional such sites in the next four weeks.

**Jo Churchill:**

*[Holding answer 27 April 2020]:* NHS England and NHS Improvement have published guidance and supported the development of 'hubs' for cancer surgery. Hubs are being developed in all 21 Alliance areas across England and are already fully or partially operational in at least 18 areas. NHS England and NHS Improvement are working with all Cancer Alliances on plans for the next phases of service delivery.

**Hospitals: Protective Clothing****John Redwood:**[\[38398\]](#)

To ask the Secretary of State for Health and Social Care, which body is responsible for buying personal protective equipment in a district general hospital.

**John Redwood:**[\[38399\]](#)

To ask the Secretary of State for Health and Social Care, whether Public Health England is responsible for emergency stocks for all NHS England facilities.

**Jo Churchill:**

National Health Service trusts are responsible for buying personal protective equipment. They can source this from the NHS Supply Chain or other sources.

Public Health England is responsible for the emergency stockpile of personal protective equipment for the NHS in England.

**Influenza: Vaccination****Darren Jones:**[\[45391\]](#)

To ask the Secretary of State for Health and Social Care, if he will allow GP practices to administer flu vaccines to their own staff members.

**Jo Churchill:**

General practitioners are able to administer the flu vaccine to their own staff as part of their occupational health responsibilities to staff working in their practice. Advice is available at the following links:

<https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/providing-work-related-vaccinations-to-practice-staff>

<https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/>

**Rachael Maskell:** **[46724]**

To ask the Secretary of State for Health and Social Care, what steps his Department has taken to help ensure that vulnerable people receive a flu vaccination before winter 2020-21.

**Jo Churchill:**

Flu vaccination starts in September each year. Public Health England is developing a marketing campaign, which will be launched ahead of the flu season, to encourage uptake of flu vaccination amongst those who are most at risk of flu.

We have also published the Annual Flu letter 2020/21 to ensure that local areas have plans to deliver activities to encourage those in at risk groups to have the vaccine. The letter is available at the following link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/884718/Annual flu letter short 2020 to 2021 v8\\_002\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884718/Annual_flu_letter_short_2020_to_2021_v8_002_.pdf)

To increase patient choice, adults who are eligible will be able to access the vaccine through their local community pharmacy, as well as via their general practice.

■ **Mesothelioma**

**Alexander Stafford:** **[46829]**

To ask the Secretary of State for Health and Social Care, how many people have been diagnosed with mesothelioma in (a) England, (b) Yorkshire, (c) the Metropolitan Borough of Rotherham, and (d) Rother Valley constituency in 2019.

**Jo Churchill:**

Data on the number of people diagnosed with mesothelioma are not available in the format requested. The latest cancer registration data for 2018 is available to view at the following link:

<https://www.gov.uk/government/statistics/cancer-registration-statistics-england-2018>

The 2019 cancer registration data is not yet available. It is due to be published in spring 2021.

## ■ NHS and Social Services: Protective Clothing

**Preet Kaur Gill:**

[\[48574\]](#)

To ask the Secretary of State for Health and Social Care, what the average (a) hold and (b) process time is for orders placed through the national supply disruption response service helpline.

**Jo Churchill:**

The National Supply Disruption Response (NSDR) was rapidly stood up in March 2020 to respond to supply disruption of personal protective equipment (PPE) as a result of COVID-19. Since then, the NSDR has made over 4,000 emergency deliveries of PPE.

The NSDR operates a 24 hours a day, seven days a week helpline for those in urgent need of PPE and other supplies which they are unable to source through their usual routes. Between 11 and 18 May the average call centre wait time was 1.19 seconds. Over the same period the average case resolution time was 1.97 days.

## ■ NHS Trusts: Protective Clothing

**Jonathan Ashworth:**

[\[38526\]](#)

To ask the Secretary of State for Health and Social Care, how many items of (a) fluid repellent surgical face masks, (b) disposable respirators (FFP3/ FFP2/ N95), (c) fluid repellent gowns, (d) eye goggles and (e) visors have been delivered to each trust in England in each month of 2020.

**Justin Madders:**

[\[38596\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the availability of personal protective equipment in NHS Trusts since 31 January 2020.

**Justin Madders:**

[\[38604\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that additional personal protective equipment is provided to all (a) NHS Trusts and (b) social care settings.

**Justin Madders:**

[\[38605\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that staff receive adequate (a) information and (b) training on the safe use of personal protective equipment.

**Jo Churchill:**

*[Holding answer 27 April 2020]:* Since the outbreak began, we have delivered over 1 billion items of personal protective equipment (PPE) across the health and social care system within England, plus tens of millions more will have been distributed by the devolved administrations. We are now providing essential PPE supplies to 58,000 different providers. Every single National Health Service trust has now had a PPE delivery.

The full weight of the Government is behind this effort and we are working closely with industry, social care providers, the NHS, NHS Supply Chain and the army so all NHS and care staff have the protection they need.

The United Kingdom Government has published clear guidance on appropriate PPE for health and care workers based upon clinical expertise. Our guidance is consistent with World Health Organization guidance for protecting health and social care workers from COVID-19.

Guidance, including videos, on the use of PPE for aerosol generating procedures is available at the following link:

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

**Justin Madders:** **[39010]**

To ask the Secretary of State for Health and Social Care, how many requests for personal protective equipment have been made by NHS Trusts since 1 January 2020; and how many of those requests have been completely fulfilled.

**Jo Churchill:**

We are working around the clock to give the social care sector and wider National Health Service the equipment and support they need to tackle this outbreak.

The Government published 'Coronavirus (COVID-19): personal protective equipment (PPE) plan' on 10 April. It incorporates guidance on who needs PPE and when they need it, routes to ensure those who need it can get it at the right time and sets out actions to secure enough PPE to last through the crisis.

Sourcing sufficient supplies of PPE is a challenge that many countries are facing. We are working to expand supply from overseas, improve domestic manufacturing capability and expand and improve the logistics network for delivering to the front line.

The full weight of the Government is behind this effort and we are working closely with industry, social care providers, the NHS, and the army to ensure the right equipment continues to be delivered.

## ■ NHS: Migrant Workers

**Tommy Sheppard:** **[45299]**

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of the immigration health surcharge on (a) the financial circumstances of non-EU migrants and their families working on the frontline of the NHS during the coronavirus outbreak and (b) staff retention in the NHS after the outbreak has ended.

**Edward Argar:**

*[Holding answer 18 May 2020]:* The Department has made no such assessment.

## ■ Prescription Drugs

**Marco Longhi:**

**[30037]**

To ask the Secretary of State for Health and Social Care, what plans he has to extend the range of healthcare professionals permitted to administer and prescribe low-risk medicines.

**Jo Churchill:**

The Department has no current plans to extend the range of healthcare professionals permitted to administer low-risk medicines. Under a patient specific direction, a registered prescriber can give a third-party clear instruction to enable them to administer prescribed medicines to a patient. This means of administering medicines is used widely in the health service under current powers.

A range of National Health Service professionals can train to prescribe medicines now including nurses, pharmacists, paramedics, midwives, physiotherapists and optometrists.

The Medicines and Medical Devices Bill, currently before Parliament, will allow us to continue to update the professions who can train to supply medicines or prescribe them where it is safe and appropriate to do so, replacing the European Communities Act 1972. Any regulatory change to supply or prescribing powers would be subject to public consultation.

## ■ Prescriptions

**Munira Wilson:**

**[48647]**

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the accessibility of prescriptions to people that are self-isolating during the covid-19 outbreak.

**Jo Churchill:**

The Department has not made an assessment of individual accessibility. However, a National Health Service Medicine Delivery Service has been commissioned from both community pharmacies and dispensing doctors to ensure delivery of medicines to patients who have been identified as 'shielded' where they cannot identify a family member, friend or volunteer to collect them.

Other vulnerable patients, including those isolating, can also make use of volunteers to get their medicines delivered.

## ■ Prescriptions: Fees and Charges

**Munira Wilson:**

**[48645]**

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure prescriptions are affordable and accessible for those who (a) have been furloughed or (b) are awaiting access to universal credit.

**Jo Churchill:**

A broad range of National Health Service prescription charge exemptions are in place to help those with greatest need, including those on a low income.

The new FP10 NHS prescription form, which includes a tick box for Universal Credit claimants who meet the criteria for free prescriptions, has been in use since January. If a patient is waiting for a decision on their claim they should pay for their prescription and claim a refund of the charge from the NHS Business Services Authority once notified of their award by the Department for Work and Pensions.

**Munira Wilson:**[\[48646\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department had made of the financial effect on people with low incomes of the NHS prescription levy increase.

**Jo Churchill:**

People on a low income can seek help under the NHS Low Income Scheme, which provides help with health costs on an income-related basis.

Prescription charges are a valuable income source for the National Health Service, contributing £591.9 million in revenue for the financial year 2018/19, enabling more services to be provided for more people.

**Public Health****Justin Madders:**[\[45281\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish Public Health England's Global Health Strategy agreed to before the outbreak of covid-19 outbreak.

**Jo Churchill:**

Publication of the Public Health England (PHE) Global Health Strategy has been delayed until later in 2020. This is to allow for any changes that may be needed to reflect the impact of the COVID-19 pandemic on PHE's future contribution to Government action, to support strengthening of global health security.

**Scientific Advisory Group for Emergencies: Disclosure of Information****Jonathan Ashworth:**[\[43935\]](#)

To ask the Secretary of State for Health and Social Care, whether he plans to publish the scientific (a) advice and (b) evidence provided to SAGE on covid-19.

**Jo Churchill:**

Transparency, including on the evidence informing the views of the Scientific Advisory Group for Emergencies (SAGE), is vital in helping to maintain the public's trust and grow our collective understanding of the disease, while also helping to explain how scientific advice to the Government is being formed. The Government is working to publish evidence documents and studies which have formed the basis of SAGE's discussions and advice, on issues including the lockdown and prevalence, to Ministers regularly and will publish more evidence in the coming weeks.



## ■ Smoking

**Conor McGinn:**

[\[47341\]](#)

To ask the Secretary of State for Health and Social Care, what the evidential basis is for banning the sale and production of menthol cigarettes in the UK.

**Jo Churchill:**

*[Holding answer 20 May 2020]:* The Tobacco and Related Products Regulations 2016 (TRPR), introduced a ban on flavoured cigarettes and hand rolling tobacco. The only exception was for menthol cigarettes where a four-year extension was allowed for the ban to come into force. This expired on 20 May 2020.

The published impact assessment of the TRPR, along with backed up by the international evidence base, states that menthol cigarettes act as a gateway into smoking, have particular appeal amongst young people, and that there is a misconception that they are healthier to smoke.

The introduction of the ban will save lives. Stopping smoking now will bring immediate benefits to health, including for those with an existing smoking-related disease.

## ■ Speech and Language Therapy: Coronavirus

**Geraint Davies:**

[\[37387\]](#)

To ask the Secretary of State for Health and Social Care, what discussions officials from his Department have had with representatives of (a) NHS England and (b) Public Health England on the aerosol generating procedures undertaken by speech and language therapists.

**Jo Churchill:**

The United Kingdom Government has published guidance on appropriate personal protective equipment for health and social care workers and provides a list of current procedures which are considered to be potentially infectious aerosol generating procedures for COVID-19. This guidance has been written and reviewed by all four UK public health bodies and informed by NHS infection prevention control experts. It is based on Health Protection Scotland evidence reviews and the evidence and reviews have been endorsed by the New and Emerging Respiratory Virus Threats Advisory Group. It is regularly reviewed and updated.

## ■ Vitamin D: Deficiency Diseases

**Catherine West:**

[\[43089\]](#)

To ask the Secretary of State for Health and Social Care, whether vitamin D levels of patients are being tested in hospitals; and whether his Department has made an assessment of the extent of vitamin D deficiencies due to the covid-19 lockdown.

**Jo Churchill:**

*[Holding answer 11 May 2020]:* The specific tests undertaken on patients are based upon clinical need and are decided by clinicians. No assessment has been made of

COVID-19 and Vitamin D status, and deficiency, due to the COVID-19 lockdown. However, Public Health England is considering any new evidence as it emerges. New guidance announced by the Prime Minister also allows most people to now take unlimited amounts of outdoor exercise.

## HOME OFFICE

### ■ British Nationality: Driving Offences

**Martyn Day:** **[42118]**

To ask the Secretary of State for the Home Department, how many applications for citizenship have been refused on the basis of a CD30 driving offence in each of the last three years; and if she will make a statement.

**Kevin Foster:**

The latest information on citizenship decisions can be found in the UK Visas and Immigration Transparency Data:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/868079/citizenship-summary-dec-2019-tables.xlsx](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/868079/citizenship-summary-dec-2019-tables.xlsx)

Table Cit\_04 shows reasons for refusal. However, this only gives broad reasons for refusal. A case refused on the basis of a CD30 driving conviction would be within the 'not of good character' statistic along with many other aspects of good character.

### ■ Detention Centres: Coronavirus

**Jess Phillips:** **[37707]**

To ask the Secretary of State for the Home Department, what steps her Department is taking to (a) prevent cross-infection and (b) tackle transmission of covid-19 in (i) Yarl's Wood and (ii) other immigration removal centres.

**Kevin Foster:**

We take the welfare of the detainees in our care very seriously. In line with Public Health England guidance, measures such as protective isolation are considered on a case by case basis to minimise the risk of COVID-19 spreading to vulnerable groups in the immigration detention estate. Further measures including shielding, single occupancy rooms and the cessation of social visits have been introduced in line with the Government direction on social distancing. In light of this, detainees have been provided with additional mobile phone credit to ensure they are able to contact friends and families while social visits have been stopped.

Detainees arriving at an Immigration Removal Centre are medically assessed by a nurse within two hours of their arrival and are offered an appointment with a doctor within 24 hours. Detainees also have access to medical assistance whilst they are in an IRC.

There are currently no cases of Covid-19 in IRCs. On 26 March, the High Court ruled that our approach to detention and Coronavirus was sensible, with the appropriate precautionary measures in place.

## ■ Immigrants: Coronavirus

**Mhairi Black:**

[\[38034\]](#)

To ask the Secretary for the Home Department, if she will allow people who are able to work on their visa but have no access to public funds to be temporarily granted access to public funds for income during the covid-19 outbreak.

**Chris Philp:**

The Government has put in place a range of measures to support people affected by the covid-19 outbreak and we will continue to review the situation to consider if more can be done.

The Home Office is working closely with other government departments to support people, including migrants with no recourse to public funds, through this crisis. We are taking a compassionate and pragmatic approach to an unprecedented situation.

Migrants with leave under the Family and Human Rights routes can apply to have the restriction lifted by making a 'change of conditions' application if there has been a change in their financial circumstances. The Home Office has recently digitised the application form to make sure it is accessible for those who need to remain at home, and I can assure you that the applications are being dealt with swiftly and compassionately.

The Coronavirus job retention scheme, self-employment income support and statutory sick pay are not classed as public funds for immigration purposes. Contribution-based benefits are also not classed as public funds for immigration purposes. Additionally, measures we have brought forward such as rent and mortgage protections are not considered public funds and can be accessed by migrants with leave to remain.

## ■ Immigrants: Finance

**Chi Onwurah:**

[\[43017\]](#)

To ask the Secretary of State for the Home Department, what assessment she has made of the effect of covid-19 on people with no recourse to public funds.

**Chris Philp:**

The Home Office is working closely with other government departments, including the Ministry of Housing, Communities and Local Government, the Department for Education and the Department of Health and Social Care to support people, including migrants with no recourse to public funds (NRPF), through this crisis. Departments are sharing what they are learning from other bodies and charities with each other to ensure we continue to take a compassionate and pragmatic approach to an unprecedented situation.

Migrants with leave under the Family and Human Rights routes can apply to have the NRPF restriction lifted by making a ‘change of conditions’ application if there has been a change in their financial circumstances. The Home Office has recently digitised the application form to make sure it is accessible for those who need to remain at home, and applications are being dealt with swiftly and compassionately.

Many of the wide-ranging Covid-19 measures the government has put in place are not public funds and therefore are available to migrants with NRPF. The Government has published advice and information about the support available to migrants living here, including where they are subject to NRPF. This information covers statutory sick pay, the Coronavirus Job Retention Scheme and Self-Employment Income Support Scheme and can be found at: <https://www.gov.uk/guidance/coronavirus-covid-19-get-support-if-youre-a-migrant-living-in-the-uk>

Local authorities may also provide basic safety net support if it is established that there is a genuine care need that does not arise solely from destitution, for example, where there are community care needs, migrants with serious health problems or family cases where the wellbeing of a child is in question. The Government has provided more than £3.2 billion of funding to local authorities in England, and additional funding under the Barnett formula to the devolved administrations to enable them to respond to Covid-19 pressures across all the services they deliver, including services helping the most vulnerable.

In addition, on the 8th April the Chancellor announced an additional £750m package of support for charities across the UK to ensure they can continue their vital work during the Covid-19 pandemic.

## ■ Immigration Controls: Au Pairs

**Kirsten Oswald:** **[38002]**

To ask the Secretary of State for the Home Department, what assessment her Department has made of the effect of introducing a points based immigration system on the number of people entering the UK to work as au pairs from 2021.

**Kevin Foster:**

The Government set out its plans for the UK’s future points-based immigration system on 19 February.

As has been the case since 2008, the UK’s points-based immigration system will not offer a dedicated route for Au Pairs, but there are other immigration routes which will exist for people who may wish to take up these roles. For example, the UK operates youth mobility schemes with eight countries.

## ■ Immigration Controls: Personal Income

**Mr Barry Sheerman:** **[37465]**

To ask the Secretary of State for the Home Department, whether she plans to take steps to (a) support people applying to bring non-EEA partners into the country that are required to meet the Minimum Income Requirement but are facing financial difficulties as

a result of the covid-19 outbreak and (b) protect the health of those applicants in the event that they continue to work during the covid-19 outbreak as a result of that requirement.

**Kevin Foster:**

The Home Office has put in place a range of measures to support those affected by the covid-19 outbreak. We continue to monitor the situation closely and take these exceptional circumstances into account. We may make further adjustments to requirements where necessary and appropriate.

The minimum income requirement can be met in several ways in addition to or instead of income from employment or self-employment. For example, income from the couple's investments, property rental or pension may also be taken into account, together with their cash savings.

■ **Immigration: EU Nationals**

**Caroline Nokes:**

[\[26852\]](#)

To ask the Secretary of State for the Home Department, how many new staff have been hired to process applications from EU nationals under the proposed points-based immigration system.

**Caroline Nokes:**

[\[26854\]](#)

To ask the Secretary of State for the Home Department, how long it will take to train staff in the proposed points-based immigration system.

**Caroline Nokes:**

[\[26855\]](#)

To ask the Secretary of State for the Home Department, what plans the Government has to run a recruitment campaign to hire additional staff to work on the proposed points-based immigration system.

**Kevin Foster:**

Planning for the implementation of the new UK points-based system includes ensuring all aspects of operational resourcing, recruitment and training are fully delivered.

In UK Visas and Immigration, who will be delivering the new system operationally, there is a natural cycle of recruitment of caseworkers every year and this year the requirements of the new system have been factored in.

Work is underway on this and is a specific strand project planning for the overall programme, and progress is reported weekly and monitored by the FBIS programme board which oversees the delivery of the new system.

■ **Migrant Workers: Coronavirus**

**Mr Barry Sheerman:** [\[37451\]](#)

To ask the Secretary of State for the Home Department, what assurances her Department has provided to the families of frontline healthcare workers on their eligibility to remain in the UK during the covid-19 outbreak.

**Kevin Foster:**

The Government has announced, for NHS doctors, nurses and paramedics, whose visa will expire before 1 October, we will extend their visa for 12 months. This offer also applies to their families. The extension is automatic and free of charge and those benefitting will not have to pay the Immigration Health Surcharge.

We keep all of our policies under review and are continuing to consider how we can best support our NHS and its staff.

■ **Migrant Workers: Visas**

**Paul Girvan:** [\[37830\]](#)

To ask the Secretary of State for the Home Department, whether immediate family members of people with a Tier 2 Visa working in the NHS will be given leave to remain if that person dies of covid-19.

**Kevin Foster:**

The Home Secretary confirmed, in a letter to the Home Affairs Select Committee on 29 April, families of eligible frontline healthcare workers who sadly pass away due to contracting the COVID-19 virus, will be granted immediate Indefinite Leave to Remain free of charge.

**Gavin Robinson:** [\[38934\]](#)

To ask the Secretary of State for the Home Department, if she will make it her policy to not deport family members of health care workers in the UK on Tier 2 visas who die of covid-19 as a result of their work.

**Kevin Foster:**

The Home Secretary confirmed, in a letter to the Home Affairs Select Committee on 29 April, families of eligible frontline healthcare workers who sadly pass away due to contracting the COVID-19 virus, will be granted immediate Indefinite Leave to Remain free of charge.

In the tragic circumstances suggested the dependents of the Tier 2 visa holder concerned would not have their leave curtailed or be removed from the UK.

## WORK AND PENSIONS

### ■ Children: Maintenance

**Marion Fellows:**

[\[48512\]](#)

To ask the Secretary of State for Work and Pensions, what assessment her Department has made of the effect of the covid-19 outbreak on the number of parents with care living in poverty as a result of decreases to or cessation of child maintenance payments through the Child Maintenance Service due to a decrease in the income of a non-resident parent.

**Mims Davies:**

The Government recognises that the income of many separated parents is being impacted by the public health emergency and some receiving parents may receive less maintenance as a result of a paying parent's drop in income. There is insufficient data to estimate the precise economic impact on different groups.

Paying parents are still expected to pay child maintenance throughout this period. Our priority is to maintain the flow of maintenance that is currently being paid, by easing the financial pressure on paying parents and ensuring that we transfer the payments as quickly as possible to receiving parents.

Measures have been introduced to support both paying and receiving parents, whose income drops as a result of the public health emergency. These include increasing the standard rate of Universal Credit and working tax credit for this year by over £1000 per year, benefiting over 4 million of the most vulnerable households. We have also increased the Local Housing Allowance rates for Universal Credit and Housing Benefit claimants so that it covers the cheapest third of local rents – which is on average £600 in people's pockets.

### ■ Universal Credit

**Maria Eagle:**

[\[47194\]](#)

To ask the Secretary of State for Work and Pensions, how many universal credit deductions for the over-payment of universal credit were made in (a) March and (b) April 2020.

**Will Quince:**

*[Holding answer 20 May 2020]:* The data for deductions in March and April 2020 is not yet available.

From 3rd April 2020, deductions from Universal Credit for some government debt, such as Tax Credits, benefit overpayments and Social Fund Loans were suspended initially for 3 months with a review. This was done to ease the financial pressure of debt recovery on benefit claimants and to also allow Debt Management staff to be re-deployed to focus on the unprecedented volume of new claims received during the covid-19 outbreak.

■ **Universal Credit: Appeals**

**Hywel Williams:** [\[45963\]](#)

To ask the Secretary of State for Work and Pensions, how many people who requested a mandatory reconsideration of their universal credit claim before the covid-19 outbreak are awaiting the outcome; what the average wait is for universal credit mandatory reconsiderations; and what steps she is taking to ensure that people are supported while waiting for the outcome of those reconsiderations.

**Will Quince:**

*[Holding answer 18 May 2020]:* 5% of the Mandatory Reconsiderations recorded prior to the CV19 outbreak are awaiting a decision.

Where a decision has been made, the average time to reach a decision is 26 calendar days.

Benefit claimants may also be eligible for assistance from their local Council through Local Welfare Support schemes. Councils will be able to use funding from the new £500 million Hardship Fund to provide further discretionary support to vulnerable people through other support arrangements such as Local Welfare Schemes.