



This report shows written answers and statements provided on 9 April 2021 and the information is correct at the time of publication (04:15 P.M., 09 April 2021). For the latest information on written questions and answers, ministerial corrections, and written statements, please visit: <http://www.parliament.uk/writtenanswers/>

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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

CABINET OFFICE

■ National Identity

Sir George Howarth: [\[172893\]](#)

To ask the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, if he will publish the Government's policy on what constitutes British values; and what mechanisms are in place to ensure that such values are taken into account when developing Government policy.

Julia Lopez:

The British values of democracy, the rule of law, individual liberty, mutual respect and tolerance are a fundamental part of the work of Government. Ministers are accountable to Parliament for the policies, decisions and actions of their departments and agencies.

COP26

■ Climate Change

Wera Hobhouse: [\[172105\]](#)

To ask the President of COP26, what steps he is taking to ensure that the formulation of his policy is evidence based.

Alok Sharma:

All climate-related work for COP26 is informed by the best available science, encapsulated in the Intergovernmental Panel on Climate Change (IPCC) reports. The IPCC reports are the primary tool for providing the best available science to the UNFCCC. The first part of the IPCC's 6th Assessment Report is due to be released this year, and its findings will inform the negotiations and the wider COP26 conference.

We are also working with leading experts including a global group of Friends of COP, who are sharing their expertise in support of a successful summit.

■ Coal: Mining

Imran Ahmad Khan: [\[171763\]](#)

To ask the President of COP26, what engagements he has had with former coal mining communities in the run up to COP26.

Alok Sharma:

Through the UK Mayors and Regions Advisory Council, which met most recently on 15 March, I have met with mayors and local leaders from across the UK, including

those from former coal mining communities such as the West Yorkshire Combined Authority.

As Secretary of State for Business, Energy and Industrial Strategy I set up the Green Jobs Taskforce, which is working in partnership with business, skills providers, and unions, to help us develop plans for long-term, good quality green jobs, and support transitioning industries, such as coal.

Internationally, the UK is bringing together the leading global actors in the power sector through the COP26 Energy Transition Council and the Powering Past Coal Alliance, to support countries to more equitably transition away from coal.

DIGITAL, CULTURE, MEDIA AND SPORT

■ Broadband: Rural Areas

Chi Onwurah: [\[173005\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, whether the Gigabit Project contracts will require the most remote locations to be connected first.

Matt Warman:

The proportion of low speed premises in an area has been a key factor in the phasing of Project Gigabit and we will prioritise delivery to low speed premises within contracts. The option for small 'Local Supplier' contracts within Project Gigabit provides additional flexibility in targeting hard to reach communities. We are also prioritising gigabit coverage to hard to reach areas by targeting premises that do not currently have superfast broadband through recently signed Superfast Programme contracts, benefiting over 390,000 premises.

EDUCATION

■ Department for Education: Iron and Steel

Lucy Powell: [\[173043\]](#)

To ask the Secretary of State for Education, what estimate he has made of the level of UK-produced steel procured by his Department and associated departmental public bodies and agencies in (a) 2019-20 and (b) 2020-21.

Nick Gibb:

The Government is working with the steel industry, the unions and devolved administrations to support the UK steel sector to develop a long-term sustainable future. This includes making sure that UK producers of steel have the best possible chance of competing for and winning contracts across all Government procurement.

The Department for Business, Energy and Industrial Strategy (BEIS) collates and publishes annually information on how much steel is purchased for the Government's major infrastructure projects in the previous financial year, including what proportion is UK-produced.

BEIS has collated the 2019/20 data and expect to publish later this year. BEIS will start collating the data on UK steel procured in 2020/21 in due course.

■ Schools: Coronavirus

Chi Onwurah: [\[174121\]](#)

To ask the Secretary of State for Education, what comparative assessment he has made of the performance of (a) academy trusts and (b) maintained schools during the covid-19 outbreak.

Nick Gibb:

As all exams due to take place in schools and colleges in England in summer 2020 were cancelled, we did not publish school, college or multi-academy trust level performance data based on summer 2020 tests, assessments and exams at any phase.

We did publish national, regional and local authority level educational performance data for Key Stage 4 and age 16-18, based on summer 2020 teacher assessed grades: <https://www.gov.uk/government/collections/statistics-gcses-key-stage-4>.

<https://www.gov.uk/government/collections/statistics-attainment-at-19-years>.

These assessments were not designed to judge school performance, but rather simply to give pupils grades for their progression to their next stage. An assessment of the performance of different types of school has not been made.

Routine, graded Ofsted school inspections have been suspended since March 2020 and will remain so for the rest of the spring term. In the meantime, Ofsted has been carrying out non-graded monitoring inspections of schools most in need of support. In the summer term, Ofsted will conduct inspections in selected schools, but the intention is that Ofsted will return to its full programme of inspections from September 2021.

The Department has continued with robust oversight of academy trusts during the COVID-19 outbreak with further detail provided via the following link: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921244/RSC_decision_making_2020_-_Sep_2020.pdf. We will continue to monitor emerging evidence, including from Ofsted, on the impact of education loss and recovery during this academic year.

■ Schools: Vocational Guidance

Robert Halfon: [\[174097\]](#)

To ask the Secretary of State for Education, with reference to paragraph 102 of the Skills for Jobs: Lifelong Learning for Opportunity and Growth White Paper, published in January 2021, when he plans to introduce the three-point-plan to enforce the Baker Clause.

Gillian Keegan:

The Baker Clause was introduced in January 2018 to ensure that pupils in years 8-13 have opportunities to meet providers of technical education and apprenticeships.

The department will consult this spring on proposals to strengthen the legislation and confirm timescales for implementation at that point. Subject to the outcome of this consultation, we plan to establish a new minimum legal requirement about who is to be given access to which pupils and when and will lay regulations and publish updated statutory guidance, so that schools can prepare ahead of the legal changes coming into force. This is part of a three-point-plan and will be introduced alongside taking tougher formal action against non-compliance and making government-funded careers support for schools conditional on Baker Clause compliance.

We are determined to take action so that all young people can learn about the exciting, high-quality opportunities that technical education and apprenticeships can offer.

■ Universities: Coronavirus

Claudia Webbe:

[\[173214\]](#)

To ask the Secretary of State for Education, if he will require the Competition and Markets Authority formally assesses the offers made by universities for the 2020-21 student intake.

Michelle Donelan:

The government is committed to transforming the lives of young people so they can go as far as their hard work will take them. Our primary goal has been to ensure that the vast majority of students who wanted to go to university in the 2020-21 academic year could do so. We took steps, with support from the higher education (HE) sector, to increase capacity in the 2020-21 cycle. The end of cycle figures from UCAS for the 2020 cycle show that the percentage of accepted applicants deferring their place only went up by 0.7 percentage points compared to 2019. HE providers, as autonomous bodies, are independent from the government and are responsible for their own recruitment decisions.

The Competition and Markets Authority (CMA) is an independent non-ministerial department. The CMA makes its own choices about which cases to take forward based on its published prioritisation principles. The CMA offers guidance on consumer law for HE providers. It has been clear that obligations under the law have not changed during the COVID-19 outbreak and that HE providers must ensure that they are meeting these obligations.

The government has been clear throughout the COVID-19 outbreak that we expect providers to ensure that they are fully complying with their consumer law obligations, including in relation to admissions decisions. The department has regular contact with the CMA, including via the Consumer Benefit Forum, which was formed following the government's consultation on the Office for Students (OfS) regulatory framework in 2017. Information about the Consumer Benefit Forum is available here:

<https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-protection/consumer-benefit-forum/>.

On 30 November 2020, the CMA published a re-statement of their views on consumer law in relation to HE. This is available at:

https://assets.publishing.service.gov.uk/media/5fc4bab98fa8f5474e63ab0b/HE_restatement.pdf.

The CMA had also previously published guidance on consumer contracts, cancellation and refunds affected by COVID-19. This sets out the CMA's view on how the law operates to help students understand their rights and help providers treat their students fairly. This is available at: <https://www.gov.uk/cma-cases/consumer-protection-review-of-higher-education>.

Although the CMA is able to take enforcement action where there are breaches of consumer law, the OfS also has an important role, as the regulatory body in HE. All registered HE providers are subject to ongoing OfS conditions of registration relating to student protection and consumer law. The OfS is also responsible for ensuring that HE providers comply with their registration requirements.

The OfS does not get involved in individual student complaints, as that is for the relevant HE provider and possibly the Office of the Independent Adjudicator for Higher Education. Students can, however, notify the OfS of issues that may be of regulatory interest to it. These are called 'notifications'. The OfS uses this information as part of its regulatory monitoring activity and to keep HE providers under review to ensure that they comply with the ongoing conditions of registration. The OfS has produced a guide for students to support them in this process, which is available here: <https://www.officeforstudents.org.uk/publications/office-for-students-notifications/>.

HEALTH AND SOCIAL CARE

■ Care Homes: Coronavirus

Fleur Anderson:

[148936]

To ask the Secretary of State for Health and Social Care, whether he has made an assessment of the potential merits of prioritising covid-19 vaccinations for the relatives of care home residents to enable those relatives to be able to resume visits to those residents.

Nadhim Zahawi:

Although the Joint Committee on Vaccination and Immunisation (JCVI) has not made an explicit consideration of including relatives of care homes residents, this does not prevent them visiting their loved ones. It is not a condition of visiting that the visitor or the resident should have been vaccinated. However, it is strongly recommended that all visitors and residents take up the opportunity to be vaccinated when they are invited to do so through the national programme.

As part of the roadmap publication on 22 February, we confirmed that new visiting arrangements would start on 8 March. From then, every care home was asked to

ensure that each resident can nominate one named person who can have regular, indoor visits.

Those residents with the highest care needs can nominate an “Essential Care Giver”. These visitors will be able to visit more often in order to provide essential care. They will have the same testing and PPE arrangements as care home staff so that they can safely provide extra support, like help with washing and dressing or eating well. Of course, over time an increasing proportion of visitors will be vaccinated by virtue of their age or other factors such as being an unpaid carer.

Guidance on care home visiting can be found at the following link:

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

Sarah Olney: **[159348]**

To ask the Secretary of State for Health and Social Care, if his Department will publish the proportion of care home (a) residents and (b) staff offered each covid-19 vaccine dose to date; and what proportion of (a) residents and (b) staff have refused that vaccine.

Nadhim Zahawi:

[Holding answer 3 March 2021]; Data on those who refuse the COVID-19 vaccine is not collected.

NHS England and NHS Improvement publish weekly data on in England. This includes breakdowns of vaccinations by residents and staff in older adult care homes; the social care workforce; and National Health Service trust health care workers in the Electronic Staff Record.

The weekly publication is available at the following link:

www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

■ Coronavirus: Clinical Trials and Vaccination

Rachael Maskell: **[150850]**

To ask the Secretary of State for Health and Social Care, whether private laboratories are working on (a) covid-19-related clinical trials and (b) the vaccination programme; and if he will categorise their workers as health and social care staff for the purposes of receiving covid-19 vaccines.

Rachael Maskell: **[150851]**

To ask the Secretary of State for Health and Social Care, what his policy on the prioritisation for the covid-19 vaccines of staff working in private laboratories on covid-19-related clinical trials and the vaccination programme.

Nadhim Zahawi:

The Joint Committee on Vaccination and Immunisation (JCVI) identified that the vaccination of frontline healthcare workers should be a priority for the COVID-19 vaccination programme as these staff are at high risk of acquiring COVID-19 infection

but also of transmitting that infection to multiple persons who are particularly vulnerable to COVID-19 as well as to other staff in a healthcare environment.

Public Health England's Green Book, which sets out guidance on immunisation against infectious disease, includes some laboratory staff in the definition of 'frontline health care workers'. However, it differentiates between hospital and non-hospital-based laboratory staff as those not working in a hospital setting, including private, academic or research facilities, are at a low risk of transmitting COVID-19 to people who are particularly vulnerable to COVID-19, in a healthcare environment and are therefore not prioritised for vaccination as frontline healthcare workers. This distinction aligns with the JCVI's recommendations.

Private laboratory staff working on COVID-19 clinical trials and the vaccination programme have been prioritised if the laboratories are based in a hospital.

■ **Coronavirus: Easington**

Grahame Morris:

[\[133785\]](#)

To ask the Secretary of State for Health and Social Care, for what reasons covid-19 vaccine appointments are being cancelled in the Easington constituency.

Nadhim Zahawi:

[Holding answer 11 January 2021]: We are unaware of any specific local issues in Easington regarding vaccine appointments, although it is recognised that something the size of the National Health Service vaccination programme will inevitably experience occasional logistical challenges.

■ **Coronavirus: Ethnic Groups**

Marsha De Cordova:

[\[137308\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to collect comprehensive data on the number of (a) covid-19 tests taken, (b) positive covid-19 test results, (c) covid-19 vaccinations and (d) deaths from covid-19 among Black, Asian and ethnic minorities on a (i) national and (ii) regional level.

Nadhim Zahawi:

Public Health England publish data on people testing positive for COVID-19 by ethnicity at the national level in their surveillance reports, which can be found at the following link:

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

NHS England and NHS Improvement publish weekly data on COVID-19 vaccinations, including vaccinations by ethnicity at a national and regional level, which can be found at the following link:

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

NHS England and NHS Improvement also publish weekly data on the deaths of patients who have died in hospitals in England and tested positive for COVID-19. This contains breakdowns by ethnicity and can be found at the following link:

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/weekly-total-archive/>

Data on the number of Covid-19 tests taken by people who are Black, Asian or from minority ethnic backgrounds at national and regional level is not centrally held.

■ Coronavirus: Kidney Diseases

Dan Jarvis: [\[133851\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of placing patients who receive in-centre haemodialysis in priority group 1 for covid-19 vaccination.

Nadhim Zahawi:

[Holding answer 11 January 2021]: For phase one of the vaccine programme, the underlying principles at the forefront of the Joint Committee on Vaccination and Immunisation (JCVI) advice are to reduce mortality and morbidity, and to protect the National Health Service and social care systems. Having considered a number of different vaccination strategies, the robust evidence indicates that the best option for preventing mortality in the initial phase of the programme is to directly protect persons most at risk.

Having identified age as being the biggest determining risk factor to increased mortality the JCVI has advised for cohort one vaccinations should be prioritised for older care home residents and staff given the high levels of severe outcomes in this cohort. This is followed by health and social care workers, then to the rest of the population aged 50 years old and above in order of age and clinical risk factors.

Those undergoing haemodialysis have been prioritised in priority cohort six as defined in the Green Book Chapter 14a for those with chronic kidney disease. Further information is available at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961287/Greenbook_chapter_14a_v7_12Feb2021.pdf

■ Coronavirus: Luton

Sarah Owen: [\[130848\]](#)

To ask the Secretary of State for Health and Social Care, what discussions he has had with Luton and Dunstable University Hospital NHS Foundation Trust on the covid-19 vaccination programme.

Sarah Owen: [\[130849\]](#)

To ask the Secretary of State for Health and Social Care, what discussions he has had with clinicians in Luton on the covid-19 vaccination programme.

Sarah Owen:

[130850]

To ask the Secretary of State for Health and Social Care, what discussions he has had with Luton Borough Council on the covid-19 vaccination programme.

Nadhim Zahawi:

[Holding answer 11 January 2021]: The Secretary of State has not had specific conversations with the Luton and Dunstable University Hospital NHS Foundation Trust, individual clinicians in Luton or Luton Borough Council regarding the COVID-19 vaccination programme.

■ **Coronavirus: North West**

Christian Matheson:

[140826]

To ask the Secretary of State for Health and Social Care, how many covid-19 vaccinations have been administered by parliamentary constituency in the North West region as of 20 January 2021.

Nadhim Zahawi:

In England, Public Health England publish daily data on the total first and second doses given to date by region of residence. NHS England and NHS Improvement release a weekly publication of vaccination data across additional cohorts, which from 25 February 2021 includes data by parliamentary constituency and by Sustainability and Transformation Partnerships / Integrated Care Systems area.

This data is available via the following links:

<https://coronavirus.data.gov.uk/details/vaccinations>

www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

■ **Coronavirus: Screening and Vaccination**

Bell Ribeiro-Addy:

[150945]

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of including shop workers providing essential services in the priority group for covid-19 vaccination and testing.

Nadhim Zahawi:

Shop workers providing essential services will be offered their vaccinations alongside other adults of the same age, or earlier if they have underlying health conditions that make them particularly vulnerable to COVID-19. They are not currently being prioritised because of their occupation alone, as age is assessed to be the strongest factor linked to mortality, morbidity and hospitalisations, and because the speed of delivery is crucial as we provide more people with protection from COVID-19.

For the first phase, the Government decided, based on the Joint Committee on Vaccination and Immunisation (JCVI) advice, that the vaccine first be given to 9 identified priority groups. The two highest priority groups were care home residents and staff followed by frontline health and social care workers and everyone aged over

80. Frontline health and social care workers are prioritised in the first phase because they are at high risk of acquiring COVID-19 infection but also of transmitting that infection to multiple persons who are particularly vulnerable to COVID-19 as well as to other staff in a healthcare environment. The remaining 7 priority groups in the first phase include all those identified at either higher clinical risk or clinically extremely vulnerable, unpaid carers, and anyone not included in those groups but aged 50 or above. Everyone aged over 50 is included even where the individual has no other risk factors because serious outcomes from COVID-19 are strongly age related.

For Phase 2 of the COVID 19 vaccination programme, the JCVI published its interim advice on 26 February setting out that the most effective way to minimise hospitalisations and deaths is to continue to prioritise people by age, rather than by occupation. This advice can be found at the following link:

<https://www.gov.uk/government/news/jcvi-issues-interim-advice-on-phase-2-of-covid-19-vaccination-programme-rollout>

■ **Coronavirus: Sefton**

Bill Esterson:

[134417]

To ask the Secretary of State for Health and Social Care, what proportion of covid-19 vaccines administered each day are administered in Sefton.

Nadhim Zahawi:

[Holding answer 13 January 2021]: We do not hold daily data on vaccination totals by local authority.

In England, Public Health England publish daily data on the total first and second doses given to date by region of residence. NHS England and NHS Improvement release a weekly publication of vaccination data across additional cohorts, which from 25 February 2021 includes data by parliamentary constituency and by Sustainability and Transformation Partnerships / Integrated Care Systems area.

This data is available via the following links:

<https://coronavirus.data.gov.uk/details/vaccinations>

www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

■ **Coronavirus: Staffordshire**

Jonathan Gullis:

[133255]

To ask the Secretary of State for Health and Social Care, what progress his Department has made on rolling out the covid-19 vaccine in (a) Stoke-on-Trent and (b) Staffordshire.

Nadhim Zahawi:

[Holding answer 11 January 2021]: NHS England and NHS Improvement publishes weekly data on vaccination totals, including by local authority, at the following link:

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

■ Coronavirus: Sutton Coldfield**Mr Andrew Mitchell:** [\[134363\]](#)

To ask the Secretary of State for Health and Social Care, how many doses of a covid-19 vaccine had been received by people in Sutton Coldfield constituency on the most recent date for which information is available.

Nadhim Zahawi:

NHS England and NHS Improvement publishes weekly data on vaccination totals, including by constituency, at the following link:

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

■ Coronavirus: Vaccination**Stuart Anderson:** [\[131481\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that people (a) from a BAME background and (b) who are more vulnerable to covid-19 receive the vaccination in a timely manner.

Nadhim Zahawi:

On 13 February the Government published the United Kingdom COVID-19 Vaccine Uptake Plan, which aims to improve uptake across all communities on a national scale, including those from black, Asian or other minority ethnic backgrounds and those who are more vulnerable to COVID-19. The plan takes a local, community-led approach, with support provided from the Government, NHS England and NHS Improvement and local authorities to coordinate and enable action.

On 25 January we released £23.75million funding to support our Community Champions Scheme. Through the Community Champions scheme councils and voluntary organisations will deliver a wide range of measures to communicating accurate health information. The funding is specifically targeted at areas with plans to reach groups such as older people, disabled people and people from ethnic minority backgrounds who according to the latest evidence are more likely to suffer long-term impacts and poor outcomes from COVID-19. Each of the sixty councils in receipt of funding have developed their own plan to improve communications with these groups including helplines, school programmes, workplace engagement, phoning those in at risk groups as well as training sessions to help people provide information and advice. On 24 February 2021, the COVID-19 vaccine deployment programme, working with partners, made available an extra £4.2 million initially, to further support and enable locally led community engagement in all areas with health inequalities to support those who are most vulnerable to get their vaccine.

Dan Carden: [\[133143\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of his Department working with scientists to communicate the safety and effectiveness of the covid-19 vaccines.

Nadhim Zahawi:

The voices of scientists and researchers are an important part of the communications activity undertaken by the Department and wider Government to reassure the public about vaccines and ensure that people have access to accurate information. The Department and its partners work closely with stakeholders from the scientific community and provides regular updates to stakeholders on the vaccine programme, to support them with their own communications about the safety and effectiveness of the vaccines. Public Health England has also produced a range of 'explainer videos' presented by scientific leaders and experts, including those involved in vaccine development and the vaccine deployment programme. The videos can be viewed at the following link:

<https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/>

The Government has also worked extensively with organisations such as the Association of the British Pharmaceutical Industry (ABPI) and vaccine manufacturers and developers to highlight their work on vaccine safety and efficacy. This includes, for example, the ABPI's Valuing Vaccines campaign, and direct collaboration with manufacturers such as AstraZeneca and Valneva, as well as work with Wockhardt to highlight safety of the fill/finish aspects of vaccine manufacture. More information the Valuing Vaccines Campaign can be found at the following link:

<https://www.valuingvaccines.org.uk>

Mr Clive Betts:**[134336]**

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of moving stem cell transplant recipients who have a non malignant blood disorder and who are clinically extremely vulnerable from covid-19 vaccine priority level six to four.

Nadhim Zahawi:

[Holding answer 13 January 2021]: People who have received a stem cell transplant more than six months ago are included within priority group six of phase one. People who have received a stem cell transplant within the last six months will be defined as clinically extremely vulnerable in which case they are included in priority group four. Both groups should now have been called forward for vaccination.

Daisy Cooper:**[136059]**

To ask the Secretary of State for Health and Social Care, what measures his Department is putting in place to ensure that invitations from his Department or the NHS to vaccination hubs do not overlap with the populations covered by (a) Primary Care Network-organised or (b) GP-led vaccination centres.

Nadhim Zahawi:

[Holding answer 14 January 2021]: Individuals in the cohort being vaccinated receive a letter which explains how they can book an appointment through either a vaccination Centre or a community pharmacy. The letter makes clear that people have the option to be vaccinated at a vaccination centre or community pharmacy, and

if the distance to travel makes this difficult, they can have the vaccine at their local GP vaccination service.

In some cases, the national and local invitations can overlap but it means individuals who receive invitations from both providers can choose based on what is most convenient for them.

When people call the national booking service they are told the location of the vaccination centre and the date and time being offered before the booking is confirmed. The vaccination invite letter can be found at the following link:

www.gov.uk/government/publications/covid-19-vaccination-booking-an-appointment-letter

Ian Byrne:

[136090]

To ask the Secretary of State for Health and Social Care, when he estimates that people in priority groups one and two will have received their (a) first and (b) second covid-19 vaccine.

Nadhim Zahawi:

[Holding answer 14 January 2021]: Everyone in the top four priority cohorts was offered their first dose by 15 February. The Government will ensure everyone will be able to access their second COVID-19 vaccine within the specified time limit as outlined in the United Kingdom COVID-19 vaccine delivery plan. Local National Health Service delivery plans are ensuring second doses are given in line with timescales set out by the independent regulator, the Medicines and Healthcare products Regulatory Agency, and advice from the Joint Committee on Vaccination and Immunisation. Everyone will be offered a second dose within 12 weeks of their first. Therefore, we would expect all people in priority groups one and two to be offered the opportunity to receive their second dose by mid-May.

The National Health Service across the United Kingdom will continue prioritising the first dose of the vaccine to those in the most high-risk groups; however, this will not interfere with everyone receiving their second dose within 12 weeks of their first.

Further information can be found in the following link:

<https://www.gov.uk/government/publications/letter-from-the-health-and-social-care-secretary-on-covid-19-vaccination-to-protect-severely-immunosuppressed-adults/letter-from-jcvi-on-considerations-on-covid-19-vaccination-of-adult-household-contacts-of-severely-immunosuppressed-adults-24-march-2021>

Mr Ben Bradshaw:

[136431]

To ask the Secretary of State for Health and Social Care, what the evidential basis was for the Government's decision to delay the second dose of the covid-19 Pfizer vaccine; and what assessment he has made of the compatibility of that policy with guidance issued by the manufacturer and the World Health Organization on that matter.

Nadhim Zahawi:

The decision to extend the dosing interval to up to twelve weeks was based on advice from the Joint Committee on Vaccination and Immunisation (JCVI) and the United Kingdom's four Chief Medical Officers (CMOs) and was designed to maximize the impact of the vaccination programme.

After studying all the available data, the JCVI concluded that the first dose of either Pfizer/BioNTech or Oxford/AstraZeneca vaccine provided substantial protection from severe COVID-19 disease within two to three weeks of vaccination. Whilst the second vaccine dose is important to sustain the protection and extend its duration, in the short term the additional impact of the second dose is likely to be modest and most of the initial protection from clinical disease is after the first dose of vaccine.

The four UK CMOs agreed with the JCVI that prioritising the first doses of vaccine for as many people as possible on the priority list would protect the greatest number of at-risk people in the shortest possible time. The evidence underpinning the JCVI's advice and the statement of the four CMOs can be found at the following links:

www.gov.uk/government/publications/prioritising-the-first-covid-19-vaccine-dose-jcvi-statement/optimising-the-covid-19-vaccination-programme-for-maximum-short-term-impact

www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines

This policy is compatible with guidance issued by the manufacturer. The Medicines and Healthcare products Regulatory Agency's (MHRA's) Information for Healthcare Professionals regarding the Pfizer vaccine states that the second dose should be given at least 21 days after the first dose. This advice is based on clinical trial data and other information submitted to the MHRA by the manufacturer.

The interim guidance for use of the Pfizer Vaccine, set out by the World Health Organization on 8 January 2021, was not available to assess when the decision to extend the dose interval in the UK was made on 30 December 2020. Different organisations will come to their own view as to the vaccination approach appropriate to their respective situations, and compatibility with the advice of external organisations or institutions is not a pre-requisite for approaches taken within the Government's vaccine deployment programme.

Mr Ben Bradshaw:**[136436]**

To ask the Secretary of State for Health and Social Care, what modelling his Department has undertaken on the optimal strategy for covid-19 vaccine roll-out; and when that modelling is planned to be published.

Nadhim Zahawi:

The Joint Committee on Vaccination and Immunisation (JCVI) takes account of a range of scientific information including modelling work and this is cited in their minutes and published statements which are available at the following link:

<https://app.box.com/s/iddfb4ppwkmjtjusir2tc>

The modelling work by Warwick University which informed the JCVI's phase one advice is available at the following link:

<http://wrap.warwick.ac.uk/149402/1/WRAP-Modelling-optimal-vaccination-strategy-SARS-CoV-2-2021.pdf>

The modelling work which informed their advice for extending the interval between the first and second dose is available at the following link:

<https://www.gov.uk/government/publications/prioritising-the-first-covid-19-vaccine-dose-jcvi-statement>

The modelling work which informed the JCVI's phase two interim advice is available at the following link:

<https://www.gov.uk/government/publications/university-of-warwick-covid-19-vaccine-impact-forecast-13-january-2021>

Mr Ben Bradshaw:

[136437]

To ask the Secretary of State for Health and Social Care, if the Government will publish the modelling used to determine initial vaccination targets.

Nadhim Zahawi:

Commercial confidentiality means that we cannot release any information on modelling that has been used by the Government, as that is contingent on sensitive supply information.

The Government's priority for the current COVID-19 vaccination programme is the prevention of COVID-19 mortality and the protection of health and social care staff and systems. Our prioritisation strategy for the vaccine roll-out has allowed us to protect the most vulnerable in society as quickly as possible. These aims, coupled with the capacity of NHS England and NHS Improvement to deploy vaccines has allowed initial vaccine targets to be set. By 15 February we had successfully offered a first vaccine dose to everyone in the top four priority groups identified by the Joint Committee on Vaccination and Immunisation (JCVI) and are on track to meet the mid-April target of offering a first vaccine dose to the top nine priority groups.

Kate Hollern:

[136535]

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of covid-19 vaccination centres required for every (a) local authority and (b) 100,000 population.

Nadhim Zahawi:

[Holding answer 18 January 2021]: Estimations for the number of vaccination centres required is based on a number of factors and not geographical location or relative population alone. The network of vaccination sites has been designed to scale up and fit the expected vaccine supply, resident priority populations at relevant deployment stage and to and ensure safe and easy access for the whole population. The programme aims to offer everyone in England a vaccine service within 10 miles, and currently this is applicable for more than 98% of the population. In a small

number of highly rural areas, the vaccination centre will be a mobile unit. In England, latest published data from 26 March shows that a total of 1,763 vaccination sites have now been established.

The network will continue to expand and evolve as we progress towards vaccinating all adults by the end of July. Further information on vaccine sites in England can be found at the following link:

<https://www.england.nhs.uk/coronavirus/publication/vaccination-sites/>

Marsha De Cordova:

[137307]

To ask the Secretary of State for Health and Social Care, with reference to his oral contribution of 13 January 2021, Official Report, on a new vaccination confidence campaign, whether that campaign plans to issue information for people with learning difficulties, hearing loss and visual impairments.

Nadhim Zahawi:

The Department has been working closely with Public Health England and NHS England and NHS Improvement to provide accessible information to the public on COVID-19 vaccination. This includes a series of leaflets, posters and flyers which have been developed in various formats including Braille, British Sign Language video, large print and easy read on GOV.UK.

NHS England and NHS Improvement's learning disability and autism programme has worked collaboratively across the National Health Service, with Public Health England and other partners to support the delivery of reasonable adjustments in the vaccination programme. This has included a range of training resources for vaccination teams on communicating with people with a learning disability and autism and making reasonable adjustments to training materials for COVID 19 vaccinators and volunteers. A general film on vaccinations for individuals with learning disabilities and autism can also be accessed on the NHS website.

Alex Cunningham:

[138956]

To ask the Secretary of State for Health and Social Care, if he will make foster parents a priority group to receive the covid-19 vaccine.

Nadhim Zahawi:

[Holding answer 21 January 2021]: Based on the clinical assessment that most children are not considered to be at increased risk of COVID-19 mortality, being a foster carer alone is not cause for prioritisation for a COVID-19 vaccination. The Joint Committee on Vaccination and Immunisation (JCVI) advises that only those children at very high risk of exposure and serious outcomes, such as older children with severe neuro-disabilities within residential care, should be offered vaccination as part of phase one. There are currently no plans to prioritise foster parents not in the first nine priority groups in the next phase of the COVID-19 vaccination programme.

Unpaid carers are included in the JCVI's priority group six, which includes individuals who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and

therefore clinically vulnerable. This means that if a foster parent or carer is the sole or primary carer of a child who was prioritised for vaccination in cohorts four or six, they will be offered the vaccination in cohort six.

Jonathan Ashworth: [\[138992\]](#)

To ask the Secretary of State for Health and Social Care, how many people are in each of the priority groups for the covid-19 vaccine, by region.

Nadhim Zahawi:

[Holding answer 21 January 2021]: Data on the number of people in each priority group by region is not held centrally.

Scott Mann: [\[140205\]](#)

To ask the Secretary of State for Health and Social Care, what guidance his Department has issued to centres administering the covid-19 vaccine on contacting people in priority groups one and two who have so far not received a covid-19 vaccine.

Nadhim Zahawi:

The National Health Service has now offered the COVID-19 vaccine to everyone in the top four priority cohorts. Any health and care staff who have not so far accepted but would now like to do so have been asked to contact their employer who is responsible for arranging their vaccination. Others in the initial priority groups one to four can arrange a vaccination through the national booking system by calling 119 or at the following link:

www.nhs.uk/covid-vaccination

Alex Norris: [\[140922\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure that covid-19 vaccines are accessible for people with mental health issues.

Nadhim Zahawi:

[Holding answer 25 January 2021]: The National Health Service, alongside local health and social care partners have been working to ensure that the entire population has fair and equitable access to the COVID-19 vaccine, including those with mental health issues.

To enable this, three delivery models are currently in operation across the United Kingdom to allow people to visit a site most appropriate to their needs. They include hospital hubs, local vaccination services and vaccination centres. This flexibility ensures an accessible model for all. Local Vaccination Services for example are well placed to support the specific needs of our highest risk patients in the community and can tailor support to an individual's needs.

This links closely with a key element set out in the COVID-19 Vaccination Uptake plan - to build trust. To help build trust NHS England and NHS Improvement and Public Health England have been working with Rethink Mental Illness to understand barriers, and common causes of concern faced by people living with severe mental

illnesses. They are using these insights to develop and promote targeted communications materials to help respond to and reassure these communities. Top tips for vaccinators have also been developed to support people living with learning disabilities and autism to access COVID-19 vaccinations when it is their turn.

Shabana Mahmood: [144653]

To ask the Secretary of State for Health and Social Care, whether the Government is collecting data on Black, Asian and Minority Ethnic covid-19 vaccinations (a) administered and (b) refused by vaccination type.

Nadhim Zahawi:

NHS England provides a weekly breakdown of first and second COVID-19 vaccinations in people who are from black, Asian and minority ethnic backgrounds, which is available at the following link:

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

We do not hold data on vaccinations administered by vaccination type and we do not collect information on those who refuse the vaccine.

Mr Barry Sheerman: [144931]

To ask the Secretary of State for Health and Social Care, what plans his Department has to increase the take-up rate of the covid-19 vaccination among social care staff.

Nadhim Zahawi:

On 13 February we published our United Kingdom COVID-19 Vaccine Uptake Plan, which aims to improve uptake across all communities. The approach set out in the plan is underpinned by four enablers at national, regional and local level. These are: working in partnership; removing barriers to access; data and information; and conversations and engagement.

There are ongoing initiatives at the national and local level to encourage vaccine uptake among the adult social care workforce. The Department is developing communications materials to encourage vaccine uptake, which are being shared with social care stakeholders to use in conversations with members of the workforce who are recognised as clinically vulnerable.

More information can be found at the following link:

www.gov.uk/government/publications/covid-19-vaccination-uptake-plan

Mr Clive Betts: [145737]

To ask the Secretary of State for Health and Social Care, what guidance he has published on what steps people in the first four covid-19 vaccine priority groups should take if they have not received a vaccination appointment letter by 15 February 2021.

Nadhim Zahawi:

[Holding answer 3 February 2021]: The National Health Service has now offered the COVID-19 vaccine to everyone in the top four priority cohorts. Any health and care staff have been asked to contact their employer who is responsible for arranging their

vaccination. Others in the initial priority groups one to four can arrange a vaccination through the national booking system by calling 119 or at the following link:

www.nhs.uk/covid-vaccination

Sir David Evennett: [147743]

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the effectiveness of the rollout of the covid-19 vaccination programme for the housebound.

Nadhim Zahawi:

No specific assessment has been made. However, for these individual patients, general practitioners will determine the best approach to vaccination alongside the community teams, based on their knowledge of the patient and circumstances. Some of these patients may be able to attend Primary Care Network (PCN) designated sites with assistance and discussion should be held with the family and/or carer to facilitate this process. PCNs have established mobile vaccination teams, which will also focus on people who are housebound.

Jim Shannon: [147851]

To ask the Secretary of State for Health and Social Care, what assessment he has made of where frontline charity staff that provide fact to face support for people affected by dementia will be categorised on the covid-19 vaccine priority list.

Nadhim Zahawi:

Front line health and social care staff including those providing support to those affected by dementia are in priority group 2. Whether an individual health or social care worker provides support on behalf of a charity, the National Health Service, social care or is employed by the private sector is not taken into account when prioritisation is considered. Carers, paid or unpaid, are being vaccinated alongside priority group 6. This include those caring for those affected by dementia. Outside these two categories those providing support for people with dementia would only be prioritised for vaccination in Phase 1 of the programme if they met the criteria for one of the priority groups on the basis of their own risk of serious outcomes from COVID-19. This might be either on grounds of age or clinical risk.

Thangam Debbonaire: [147905]

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that parents and carers of children who are clinically extremely vulnerable are able to receive the covid-19 vaccine as soon as possible.

Nadhim Zahawi:

The Joint Committee on Vaccination and Immunisation (JCVI) is the independent body made up of scientists and clinical experts who advise the Government on prioritisation of vaccines at a population level. At present, there is very limited data on vaccination in adolescents, with no data on vaccination in younger children. The JCVI advises that only those children at very high risk of exposure and serious outcomes,

such as older children with severe neuro-disabilities that require residential care, should be offered vaccination as part of phase one.

The Public Health England Green Book, which provides guidance for health professionals and immunisation practitioners, also sets out that children under 16 years of age, even if they are clinically extremely vulnerable (CEV), are at low risk of serious morbidity and mortality, and given the absence of safety and efficacy data on the vaccine, are not recommended for vaccination.

Parents and carers of children who are CEV will be prioritised for vaccination if they are frontline health or social care workers, or if they are an unpaid carer who is in receipt of carers allowance or are the sole or primary carer for a child who is particularly vulnerable to COVID-19. All other parents and carers will be vaccinated alongside other adults of the same age, or earlier if they have an underlying health condition themselves which makes them particularly vulnerable to COVID-19.

Ms Lyn Brown:

[\[148751\]](#)

To ask the Secretary of State for Health and Social Care, whether it is national policy that unused covid-19 vaccines within a batch allocated to prisoners in a prison setting may be used to vaccinate prison staff in that prison.

Nadhim Zahawi:

[Holding answer 8 February 2021]: On 11 March 2021, the Joint Committee on Vaccination and Immunisation recommended that any left-over vaccine that cannot be used on detainees should be used for prison officers. This is increasingly unlikely given the numbers of detainees now eligible for the vaccine as the programme continues. However, in cases where vaccine remains unused following an offer of vaccination to those in detained settings, NHS England and NHS Improvement have been asked to consider offering those vaccines to prison officers, in order to minimise wastage in delivery of the programme.

Tulip Siddiq:

[\[149303\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that covid-19 vaccination centres meet required health and safety standards.

Nadhim Zahawi:

Vaccination sites must administer the vaccine in line with the best Infection Prevention Control (IPC) procedures including social distancing, ventilation and wearing masks.

Large-scale centres are required to have an environmental risk assessment in place which is expected to cover requirements for ventilation in a pandemic when transmission and virus shedding is a significant concern.

The vaccination process, from the National Booking System to the structure and delivery in the vaccination sites, has been designed to ensure a steady throughput of people to avoid bottlenecks and overcrowding.

Bell Ribeiro-Addy:**[149814]**

To ask the Secretary of State for Health and Social Care, if he will prioritise the covid-19 vaccination of people living in the same household as people with blood cancer in the latter stages.

Nadhim Zahawi:

[Holding answer 10 February 2021]: A recent assessment by the Joint Committee on Vaccination and Immunisation (JCVI) found that early data indicates lower protection in vaccinated adults who are immunosuppressed, including those with blood cancer. Those with severe immunosuppression are therefore more likely to suffer poor outcomes following infection and are less likely to benefit from the vaccines offered.

On 29 March 2021, the JCVI advised that household contacts of the immunosuppressed (such as those with blood cancer) should be offered a COVID-19 vaccination alongside priority group 6 in Phase 1. NHS England and Improvement will now vaccinate these household contacts in priority group 6.

Rosie Cooper:**[150727]**

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 2 February 2020 to Question 124263, on Coronavirus: Vaccination, what dataset his Department is using to identify unpaid carers in order to offer them a covid-19 vaccination.

Nadhim Zahawi:

[Holding answer 11 February 2021]: The Standard Operating Procedure (SOP) for unpaid carers was published on 8 March. It outlines the numbers of existing sources that will be drawn from to identify unpaid carers. They are:

- those in receipt of or entitled to a carer's allowance;
- those known to GPs who have a 'carer's flag' on their primary care record;
- those known to Local Authorities who are in receipt of support following a carer's assessment; and
- those known to local carers organisations to be actively receiving care and support.

The SOP is available at the following link:

<https://www.england.nhs.uk/coronavirus/publication/sop-covid-19-vaccine-deployment-programme-unpaid-carers-icvi-priority-cohort-6/>

Grahame Morris:**[150764]**

To ask the Secretary of State for Health and Social Care, if he will prioritise (a) bus, (b) train and (c) taxi drivers for receipt of the covid-19 vaccine.

Nadhim Zahawi:

[Holding answer 11 February 2021]: For Phase 2 of the COVID 19 vaccination programme, JCVI published its interim advice on 26 February, setting out that the most effective way to minimise hospitalisations and deaths is to continue to prioritise people by age, rather than by occupation. This is because age is assessed to be the

strongest factor linked to mortality, morbidity and hospitalisations, and because the speed of delivery is crucial as we provide more people with protection from COVID-19.

If bus, train or taxi drivers are captured in Phase 1 or 2 due to age or clinical need, then they will be vaccinated accordingly. However, there are currently no plans to vaccinate by occupation.

Dan Jarvis:

[R] [\[150806\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to assess the implications for his policy on the first phase of priority groups in the covid-19 vaccination programme of regional health disparities.

Nadhim Zahawi:

[Holding answer 11 February 2021]: The Government is committed to ensuring equal access to the vaccine and that no one eligible for a COVID-19 vaccine in the first phase is left behind. It is clear, however, from both attitudinal surveys and data on uptake, that there is variation in levels of uptake across different geographies and communities.

On 13 February 2021, the Government Published the UK's Vaccine Uptake Plan which recognises that some communities have long-standing barriers to engagement with services including for vaccination. The plan acknowledges the need to take a local, community-led approach, with support provided from government, NHS England and NHS Improvement and local authorities to coordinate and enable action. The plan is underpinned at national, regional and local level by four key enablers; working in partnership, removing barriers, data and information and conversations and engagement. Nationally, a Vaccination Equalities Committee has been established, which brings together government departments with representatives from the Association of Directors of Public Health, local authorities, Fire and Police services and third sector organisations, to advise and guide the vaccine deployment programme on addressing inequalities.

Daniel Zeichner:

[\[150827\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that people who move into a higher covid-19 vaccination priority group get swift access to an appointment.

Nadhim Zahawi:

The Joint Committee on Vaccination and Immunisation (JCVI) regularly reviews the evidence on clinical risk and prioritisation and may periodically advise adding additional individuals to be vaccinated within or alongside one of the nine priority groups. Where this happens the vaccination programme booking systems are altered to ensure such individuals are able to book appointments in line with their new priority grouping. The fact that they have been prioritised is communicated publicly as well as to the National Health Service including General Practitioners, to maximise

awareness and ensure individuals are identified and encouraged to take up the offer of prioritised vaccination.

Darren Jones:

[\[150909\]](#)

To ask the Secretary of State for Health and Social Care, whether his Department plans to include staff working in (a) nursery schools and (b) other early year providers in the same priority category as primary and secondary school teachers for the covid-19 vaccine.

Nadhim Zahawi:

Staff working in nursery schools or in other early years roles, like teachers in primary and secondary schools, will be offered their vaccinations alongside other adults of the same age, or earlier if they have underlying health conditions that make them particularly vulnerable to COVID-19. They are not currently being prioritised because of their occupation alone.

The Joint Committee on Vaccination and Immunisation (JCVI) are the independent body made up of scientific and clinical experts who advise Government on which vaccines the United Kingdom should use and provide advice on prioritisation at a population level.

Sir Alan Campbell:

[\[154591\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of prioritising all people with a learning disability for the covid-19 vaccination.

Marsha De Cordova:

[\[156544\]](#)

To ask the Secretary of State for Health and Social Care, with reference to the finding of Public Health England published in COVID-19: deaths of people with learning disabilities on 12 November 2020, whether younger adults with learning disabilities have appropriate vaccine priority when they are 30 times more likely to die of covid-19 than young adults in the general population.

Nadhim Zahawi:

On 24 February 2021, the Joint Committee on Vaccination and Immunisation (JCVI) published a clarification of their advice on vaccinating people with a learning disability. They confirmed their view that priority should be given to those with a severe and profound learning disability and supported a practical approach of inviting everyone on the general practice Learning Disability Register for vaccination in cohort six.

The JCVI also supported the planned approach to work with local authorities to identify those in residential and nursing care and those who required support, for example as part of assisted living in the community and those in shared accommodation with multiple occupancy, to ensure this population could be offered vaccination.

John Spellar:

[\[154739\]](#)

To ask the Secretary of State for Health and Social Care, for what reason a volunteer covid-19 vaccinator is required to have two A-levels.

Nadhim Zahawi:

[Holding answer 24 February 2021]: There is no specific requirement for a volunteer COVID-19 vaccinator to have two A-levels. Prospective volunteer COVID-19 vaccinators will have a competency assessment to ensure they can safely administer vaccines to patients under the clinical supervision of an experienced health care professional, and they will undergo relevant clinical training and supervision, put together by NHS England and NHS Improvement and Public Health England.

Royston Smith:

[\[155203\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the potential merits of prioritising kinship carers in the covid-19 vaccination programme.

Nadhim Zahawi:

The Joint Committee on Vaccination and Immunisation (JCVI) have advised that the vaccine be given to care home residents and staff, as well as frontline health and social care workers, to those aged 50 and above, in order of age and clinical risk factors, and those with underlying health conditions, which put them at higher risk of serious disease and mortality.

Unpaid carers, including kinship carers, who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically vulnerable, are included in the JCVI's priority group 6 for phase 1 of the rollout.

Dr Rupa Huq:

[\[155259\]](#)

To ask the Secretary of State for Health and Social Care, whether he plans to prioritise kinship carers that are not in the first nine covid-19 vaccination priority groups in the next phase of the covid-19 vaccination programme.

Nadhim Zahawi:

[Holding answer 24 February 2021]: Being a kinship carer alone is not cause for prioritisation for a COVID-19 vaccination. This is based on the clinical assessment that most children are not considered to be at increased risk of COVID-19 mortality. The Joint Committee on Vaccination and Immunisation (JCVI) advises that only those children at very high risk of exposure and serious outcomes, such as older children with severe neuro-disabilities within residential care, should be offered vaccination as part of Phase 1. There are currently no plans to prioritise kinship carers that are not in the first nine COVID-19 vaccination priority groups in the next phase of the COVID-19 vaccination programme.

Unpaid carers are included in the JCVI's priority group 6; which includes individuals who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and

therefore clinically vulnerable. This means that if a kinship carer is the sole or primary carer of a child who was prioritised for vaccination in cohorts 4 or 6, they will be offered the vaccination in cohort 6 themselves.

Munira Wilson: [\[155411\]](#)

To ask the Secretary of State for Health and Social Care, what steps are being taken to ensure that kinship carers are being vaccinated against covid-19.

Nadhim Zahawi:

Being a kinship carer alone is not cause for prioritisation for a COVID-19 vaccination. This is based on the clinical assessment that most children are not considered to be at increased risk of COVID-19 mortality. The Joint Committee on Vaccination and Immunisation (JCVI) advises that only those children at very high risk of exposure and serious outcomes, such as older children with severe neuro-disabilities within residential care, should be offered vaccination as part of Phase 1. There are currently no plans to prioritise kinship carers that are not in the first nine COVID-19 vaccination priority groups in the next phase of the COVID-19 vaccination programme.

Unpaid carers are included in the JCVI's priority group 6; which includes individuals who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically vulnerable. This means that if a kinship carer is the sole or primary carer of a child who was prioritised for vaccination in cohorts 4 or 6, they will be offered the vaccination in cohort 6 themselves.

Tulip Siddiq: [\[156488\]](#)

To ask the Secretary of State for Health and Social Care, whether he has made an assessment of the potential merits of adding people with long covid to the priority list for covid-19 vaccination.

Nadhim Zahawi:

[Holding answer 25 February 2021]: Over 25 million people across the United Kingdom have now received their first dose of a COVID-19 vaccine. The Joint Committee on Vaccination and Immunisation is monitoring the emerging evidence on 'long' COVID-19 and will review this as part of its considerations for the immunisation programme.

Dame Diana Johnson: [\[157040\]](#)

To ask the Secretary of State for Health and Social Care, whether prioritisation for the covid-19 vaccine within a priority group will be based on occupation; and if he will take steps to ensure that frontline workers are prioritised for that vaccination.

Nadhim Zahawi:

[Holding answer 1 March 2021]: The Joint Committee on Vaccination and Immunisation (JCVI) did not advise prioritising within a priority group so we are vaccinating on the basis of age rather than occupation.

For Phase 2 of the COVID-19 vaccination programme, JCVI published its interim advice on 26 February, setting out that the most effective way to minimise hospitalisations and deaths is to continue to prioritise people by age, rather than by occupation. This is because age is assessed to be the strongest factor linked to mortality, morbidity and hospitalisations, and because the speed of delivery is crucial as we provide more people with protection from COVID-19.

Imran Ahmad Khan: [\[169985\]](#)

To ask the Secretary of State for Health and Social Care, how many people who have been offered a covid-19 vaccine have refused the vaccine in (a) West Yorkshire and (b) England.

Nadhim Zahawi:

Information on those who have refused a COVID-19 vaccine is not centrally collected at national or regional level.

Jim Shannon: [\[170640\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that GPs are able to identify (a) asthma and (b) ME patients for the covid-19 vaccine through their medical records.

Nadhim Zahawi:

To assist general practitioners (GPs) identify patients eligible for a vaccine in each priority cohort, NHS Digital has aligned specifications for the identification of patients via their medical records with GP system suppliers. Asthma sufferers will be identified through this system and invited to make an appointment when the vaccination programme has reached their respective priority cohort.

To date, chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) has not been identified as either a condition that makes an individual clinically extremely vulnerable or as a condition that would place an individual at increased clinical risk from COVID-19. GPs will therefore not specifically be identifying CFS/ME patients for COVID-19 vaccines via their medical records. It is more likely that patients with CFS/ME will be offered COVID-19 vaccines because they are eligible through other means such as their age, or they have other underlying health issues that would put them at increased clinical risk.

Dr Rupa Huq: [\[173111\]](#)

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the potential merits of reducing the length of time between provision of first and second covid-19 vaccine doses to people deemed to be clinically immunocompromised.

Nadhim Zahawi:

[Holding answer 25 March 2021]: The Joint Committee on Vaccination and Immunisation (JCVI) advise Government on which vaccines the United Kingdom should use and provide advice on prioritisation, based on their assessments.

Recent assessment of the data available shows that the first dose of both vaccines currently deployed provides substantial protection within 2-3 weeks of vaccination from severe COVID-19 disease. The second vaccine dose is important to sustain the protection and extend its duration. In the short term however, the additional impact of the second dose is likely to be modest and most of the initial protection from clinical disease is after the first dose of vaccine. The four UK Chief Medical Officers agreed with the Joint Committee on Vaccination and Immunisation (JCVI) that prioritising the first doses of vaccine for as many people as possible on the priority list would protect the greatest number of at-risk people in the shortest possible time.

There are currently no plans to reduce the length of time between the provision of first and second COVID-19 doses for people deemed to be clinically immunocompromised.

The JCVI will continually monitor and assess vaccine effectiveness, including the protection afforded to specific patient groups, such as immunocompromised people, on an ongoing basis. If new evidence comes to light, the JCVI will review their policy to help better protect those most at risk of COVID-19 in the UK.

Vicky Foxcroft: [\[174172\]](#)

To ask the Secretary of State for Health and Social Care, how many and what proportion of (a) people with cystic fibrosis other respiratory conditions and (b) other clinically extremely vulnerable people in England have been vaccinated against covid-19.

Nadhim Zahawi:

We do not hold data on vaccination totals by specific medical condition, such as cystic fibrosis or other respiratory conditions.

NHS England and NHS Improvement do provide a weekly breakdown of data on vaccinations administered to clinically extremely vulnerable people. This information is updated on Thursdays, and can be found at the following link:

www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

■ Dental Services

Michael Fabricant: [\[162510\]](#)

To ask the Secretary of State for Health and Social Care, if he issue guidance to dentists on when they might be expected to return to normal working.

Yasmin Qureshi: [\[162549\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that dental surgeries can reopen safely for a full range of treatments before 21 June 2021.

Jo Churchill:

Dentistry has been particularly affected by the risk of COVID-19 transmission due to the number of aerosol generating procedures carried out. This has resulted in the need for an enhanced level of personal protective equipment and reduced throughput

to allow for thorough cleaning and resting of rooms between patients, as set out in Public Health England's Infection Prevention and Control guidance.

The Department is working closely with NHS England and NHS Improvement and the Chief Dental Officer for England to increase levels of service, as fast as is safely possible. We have been closely monitoring what has been possible and on 29 March announced that the threshold for full National Health Service contractual payment would be raised to 60% of normal activity. We continue to explore what more can be done to increase capacity including piloting pre-appointment testing.

■ Dental Services: Contracts

Yasmin Qureshi:

[\[174072\]](#)

To ask the Secretary of State for Health and Social Care, whether he plans to introduce changes to the Unit of Dental Activity targets in the next financial quarter.

Jo Churchill:

Contractual arrangements for the first six months of the 2021/22 financial year have been introduced by NHS England and NHS Improvement. The revised unit of dental activity threshold set at 60% is based on data that indicates practices may now have capacity to safely achieve more dental activity. Arrangements will be monitored on a monthly basis and are expected to be in place for six months in order to provide increased stability for dental practices. National Health Service commissioners have the discretion to make exceptions, for instance in cases where a dental practice has been impacted by staff being required to self-isolate.

The Department will work with the British Dental Association and NHS England and NHS Improvement who will lead the next stage of dental contract reform. This will involve designing implementable proposals that address the key challenges facing the delivery of NHS dentistry and will encourage a more preventative approach to dentistry.

■ Dental Services: Coronavirus

Michael Fabricant:

[\[167158\]](#)

To ask the Secretary of State for Health and Social Care, whether dentists will be able to return to normal working practices in (a) Step 3 or (b) Step 4 of the national covid-19 roadmap.

Jo Churchill:

We are working with NHS England and NHS Improvement to increase levels of dental activity as fast as is safely possible. Contractual arrangements for the first six months of the 2021/22 financial year have been introduced by NHS England and NHS Improvement. The revised unit of dental activity threshold set at 60% is based on data that indicates practices may now have capacity to safely achieve more dental activity. Arrangements will be monitored on a monthly basis and are expected to be in place for six months in order to provide increased stability for dental practices. National Health Service commissioners have the discretion to make exceptions, for

instance in cases where a dental practice has been impacted by staff being required to self-isolate.

We are working to address oral health inequalities. NHS England and NHS Improvement have provided local commissioners with a flexible commissioning toolkit to illustrate how best to use current flexibilities in commissioning to target capacity on improving access to urgent care and delivering care to high risk patient groups.

■ **Dental Services: Standards**

Justin Madders: [\[155123\]](#)

To ask the Secretary of State for Health and Social Care, with reference to the reintroduction of targets for NHS dental practices, what recent assessment he has made of the effect of those targets on access to urgent dental care; and what discussions he has had with the British Dental Association on the reintroduction of those targets.

Jo Churchill:

The Department has no current plans to assess the contractual arrangements for 2021/22. Contractual arrangements for the first six months of the 2021/22 financial year have been introduced by NHS England and NHS Improvement. The revised unit of dental activity threshold set at 60% is based on data that indicates practices may now have capacity to safely achieve more dental activity. Arrangements will be monitored on a monthly basis and are expected to be in place for six months in order to provide increased stability for dental practices. National Health Service commissioners have the discretion to make exceptions, for instance in cases where a dental practice has been impacted by staff being required to self-isolate.

The Department will work with the British Dental Association and NHS England and NHS Improvement who will lead the next stage of dental contract reform. This will involve designing implementable proposals that address the key challenges facing the delivery of NHS dentistry and will encourage a more preventative approach to dentistry.

■ **Eating Disorders: Mental Health Services**

Helen Hayes: [\[173109\]](#)

To ask the Secretary of State for Health and Social Care, what comparative assessment he has made of trends in the level of transparency relating to the treatment of eating disorders by adult mental health services and child and adolescent mental health services; and what steps he is taking to help improve transparency in respect of that treatment by those services.

Ms Nadine Dorries:

No such assessment has been made. NHS England and NHS Improvement publishes data on referral to treatment waiting times for children and young people that start urgent and routine/non-urgent treatment, on a quarterly basis. We continue to monitor the waiting times and demand for children and young people's eating disorder services. Data can be found at the following link:

<https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/> A four-week waiting standard for adult community mental health services, including eating disorder services, is being piloted and considered as part of the clinically led review of National Health Service access standards. Further information on the definition of a potential standard will be shared in 2021/22.

For adult eating disorder services, NHS England and NHS Improvement is constantly reviewing the data and information provided on delivery of mental health services via the NHS Mental Health Dashboard. This is to ensure transparency on progress against key NHS Long Term Plan commitments.

■ Health Services: Inspections

Alex Cunningham:

[168907]

To ask the Secretary of State for Health and Social Care, what meetings he has had with the Care Quality Commission on the implementation of its new inspection regime in relation to closed cultures; and how that new inspection regime relates to the Transforming Care agenda.

Ms Nadine Dorries:

[Holding answer 18 March 2021]: We are not aware of any specific meetings that the Secretary of State for Health and Social Care has had with the Care Quality Commission (CQC) that focussed on its new inspection regime in relation to closed cultures.

The Minister of State for Care has regular meetings with the CQC including discussions on closed cultures, as well as on Transforming Care more widely. I met with the CQC on the 29 June 2020 which included discussions around closed cultures.

CQC have been making significant improvements in how they understand and identify closed culture services, prioritising these services for monitoring. This supports improvements in the quality of care provided to people with a learning disability and autistic people, in line with the Transforming Care objectives.

■ Members: Correspondence

Bob Blackman:

[144995]

To ask the Secretary of State for Health and Social Care, when the Minister for covid-19 Vaccine Deployment responds to the letter of 15 December 2020 from the All-Party Parliamentary Group on Vulnerable Groups on the protection of vulnerable groups through the vaccination phase of the pandemic.

Nadhim Zahawi:

I responded to the letter of 15 December 2020 from the All-Party Parliamentary Group on Vulnerable Groups on the protection of vulnerable groups through the vaccination phase of the pandemic on 10 February 2021.

■ NHS: Dental Services**Stephen Morgan:**[\[152622\]](#)

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the effect of NHS activity targets for dentistry on (a) reducing the backlog of urgent care and (b) the financial viability of dental practices.

Jo Churchill:

The Department has no current plans to assess the contractual arrangements for 2021/22. Contractual arrangements for the first six months of the 2021/22 financial year have been introduced by NHS England and NHS Improvement. The revised unit of dental activity threshold set at 60% is based on data that indicates practices may now have capacity to safely achieve more dental activity. Arrangements will be monitored on a monthly basis and are expected to be in place for six months in order to provide increased stability for dental practices. National Health Service commissioners have the discretion to make exceptions, for instance in cases where a dental practice has been impacted by staff being required to self-isolate.

The Department will work with the British Dental Association and NHS England and NHS Improvement who will lead the next stage of dental contract reform. This will involve designing implementable proposals that address the key challenges facing the delivery of NHS dentistry and will encourage a more preventative approach to dentistry.

■ Prisons: Coronavirus**Dr Rupa Huq:**[\[150875\]](#)

To ask the Secretary of State for Health and Social Care, how many prisoners are eligible for the covid-19 vaccine; and how many (a) prisoners in JCVI priority groups (i) 1-4 and (ii) 5-9 and (b) prison staff have received the first dosage of the covid-19 vaccine in England and Wales.

Nadhim Zahawi:

No specific data is centrally held regarding the number of prisoners who are eligible for the Covid-19 vaccination in the first phase of the programme. We do not centrally hold data on how many prisoners have been vaccinated in priority groups 1-9 so far.

We cannot provide information on the numbers of prison staff eligible for vaccination or vaccinated as data is not collected on vaccinations delivered broken down by occupation. NHS England publishes daily and weekly data on overall numbers of vaccinations in England, including those who have received a 1st and 2nd dose. This is available at the following link:

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT**Local Government: Coronavirus****Helen Hayes:**[\[171665\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what steps he is taking to ensure that local authorities are adequately resourced to communicate key messages to support the roadmap out of the covid-19 lockdown.

Luke Hall:

The Government has allocated over £8 billion directly to councils since the start of the pandemic. And at the Spending Review, the Chancellor announced that local authorities will receive over £3 billion of additional support for COVID-19 in 2021-22. This takes the total support committed to councils in England to tackle the impacts of COVID-19 to over £11 billion.

We recognise that local authorities are best placed to decide how to meet the major COVID-19 service pressures in their area, and we have provided an unprecedented level of un-ringfenced funding - with over £4.6 billion in un-ringfenced funding to councils across four tranches throughout the financial year. This funding may be used for public health communications campaigns.

Additionally, the Government has provided funding to support the ongoing public health and outbreak management costs of tackling coronavirus. This funding, worth over £225 million per month during the National Lockdown, will be provided until the end of March 2021, and can be used to fund local coronavirus response public health activities including public health communications.

From 1 April 2021, a further £400 million of funding will be allocated from the Contain Outbreak Management Fund, to be allocated to all local authorities in England. This is to cover further public health activities in 2021-22.

MINISTERIAL CORRECTIONS

DIGITAL, CULTURE, MEDIA AND SPORT

■ Pornography: Internet

Martyn Day:

[\[155215\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, if he will take steps to ensure that forthcoming legislative proposals on preventing children's exposure to pornographic content online apply equally to all pornographic websites accessible by children.

An error has been identified in the written answer given on 1 March 2021. The correct answer should have been:

Caroline Dinenge:

In negotiations with the EU, the UK proposed expanding a list of activities for Short Term Business Visitors to cover musicians, artists and their accompanying staff. This would have enabled musicians, artists and support staff to tour and perform in the EU without needing work permits. I deeply regret that the EU rejected our proposals. There is scope to return to this issue in the future should the EU change its mind.

UK performers and artists are of course still able to tour and perform in the EU, and vice versa. However, they will be required to check domestic immigration rules for each Member State in which they intend to tour. This is because, while some Member States may allow paid performances without a visa or work permit, others will require musicians, artists and other creative professionals to obtain a visa or work permit, in the same way that they are required for other international artists.

The Government is looking at how we can work with our partners in EU Member States to find ways to make life easier for the creative industries touring in the EU.

We understand the concerns of the sector regarding the new arrangements and we are committed to supporting them as they get to grips with the changes to systems and processes. The DCMS-led working group on creative and cultural touring, which involves sector representatives and other key government departments, is looking at the issues and options to help the sectors resume touring with ease as soon as it is safe to do so.

Protecting children is at the heart of our online harms agenda, and wider government priorities. Under our proposals, social media, websites, apps and other services which host user-generated content or facilitate online user interaction (including video and image sharing, commenting and live streaming) will be subject to a duty of care, giving them new responsibilities towards their users. The online harms regime will capture both the most visited pornography sites and pornography on social media, therefore covering the

vast majority of sites where children are most likely to be exposed to pornography.

We expect companies to use age assurance or age verification technologies to prevent children from accessing services which pose the highest risk of harm to children, such as online pornography. We are working closely with stakeholders across industry to establish the right conditions for the market to deliver age assurance and age verification technical solutions ahead of the legislative requirements coming into force.

HEALTH AND SOCIAL CARE

■ Coronavirus: Screening

Justin Madders:

[\[147891\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of not requiring covid-19 testing for hospital discharges into the community where care is not required on rates of community covid-19 transmission.

An error has been identified in the written answer given on 17 February 2021. The correct answer should have been:

Ms Nadine Dorries:

The Scientific Advisory Group for Emergencies ~~assessed~~**discussed** the effect that discharging patients from hospital into the community without testing had on COVID-19 community infection rates.~~when considering nosocomial infections.~~**They** found that while ~~it had a high impact~~**this likely drove onward community transmission** during the first wave of COVID-19 infections, it was less likely to do so during a second wave, due to the improved infection control measures implemented in hospitals.

■ Gambling: Health Services

Mr Richard Holden:

[\[93708\]](#)

To ask the Secretary of State for Health and Social Care, what progress has been made on increasing NHS support for people with gambling addiction.

An error has been identified in the written answer given on 1 October 2020. The correct answer should have been:

Jo Churchill:

The NHS Long Term Plan made a commitment to expand the geographical coverage of NHS services for people with serious gambling problems.

In addition to the existing National Problem Gambling Clinic in London, the National Health Service has committed to opening an additional 14 new problem gambling clinics by 2023/24. The NHS Northern Gambling Service in Leeds opened in 2019 and now has satellite sites in Manchester and Sunderland. The NHS Mental Health

Implementation Plan has committed to spending ~~a total of £6 million~~ **up to £15 million** on gambling-related harms by 2023/24.

As part of the NHS Long Term Plan, NHS England and NHS Improvement are improving referral routes for mental health services in primary care, by focusing on the integration of services.

The NHS continue to assess the impact of COVID-19 on the NHS Long Term Plan commitments and timescales outlined above.

HOME OFFICE

■ Drugs: Organised Crime

Mr Tanmanjeet Singh Dhesi:

[\[173141\]](#)

To ask the Secretary of State for the Home Department, what recent steps her Department has taken to protect vulnerable children from county lines drugs networks in (a) Slough and (b) the South East.

An error has been identified in the written answer given on 30 March 2021. The correct answer should have been:

Victoria Atkins:

~~The Home Office is currently considering a response to this question and will respond shortly.~~

The Government recognises the devastating impact of county lines activity on children and vulnerable people.

We are determined to disrupt these ruthless gangs and put an end to exploitation. In January we announced £40 million of new money to tackle county lines and drugs supply in the financial year 2021/22. This will bring the total invested in tackling this threat to £65 million since November 2019.

Through our £25m county lines programme we have already seen 3,400 people arrested, more than 550 lines closed and more than 770 vulnerable people safeguarded.

We are also investing £105.5m into 18 Violence Reduction Units (VRUs) until March 2022 to tackle the root causes of serious violence via a whole system approach which can include activity to prevent and support victims of county lines.

Thames Valley VRU, backed by £3.48m investment to develop and sustain their VRU in reducing serious violence, are also targeting and supporting victims of county lines. For example, Thames Valley have established an enhanced information sharing network, which shares information on young people that might be at risk of county lines with specialist departments. The VRU can then provide support for those young people by introducing early intervention strategies embedded within the trauma informed approach.

In addition, we have extended the specialist support available for those affected by county lines exploitation and we continue to fund Missing People's SafeCall service which provides confidential, specialist advice and support to young people and their families/carers who are affected by county lines exploitation anywhere in England and Wales.

WORK AND PENSIONS

■ Department for Work and Pensions: Staff

Jonathan Reynolds: [\[167195\]](#)

To ask the Secretary of State for Work and Pensions, how many additional staff her Department has employed during the covid-19 outbreak.

An error has been identified in the written answer given on 16 March 2021. The correct answer should have been:

Guy Opperman:

As of Friday 5 March 2021, the Department of Work and Pensions has recruited 21,709 staff on permanent, temporary, fixed term and agency contracts and also people loaned from other Government Departments

From the start of April 2020 to the end of February 2021 an additional 13,242 people have joined DWP as staff employed on its payroll. This figure is based on new joiners only, doesn't take account of any leavers, and does not include staff loaned from other government departments that didn't join DWP payroll, or agency workers who are not directly employed by the Department. It also does not include internal movement within DWP into key roles as a result of the impact of COVID-19.

Jonathan Reynolds: [\[167196\]](#)

To ask the Secretary of State for Work and Pensions, how many additional staff her Department has employed on fixed-term contracts during the covid-19 outbreak; and if she will list when each of those contracts will end.

An error has been identified in the written answer given on 16 March 2021. The correct answer should have been:

Guy Opperman:

Since 1 April 2020 we have recruited 11,400 people on fixed term contracts. Of those who have started since 1 April 2020, we have 10,642 employees who remain in the business. Their contract end dates are set out in the following table reflecting the position as at 28 February 2021, which is a continuously changing picture, given that people are actively being extended and recruited, and we will also lose people naturally through turnover before their end dates are due.

	Contract end dates
Mar-21	2102*
Apr-21	417*
May-21	264*
Jun-21	130*
Jul-21	348*
Aug-21	82*
Sep-21	234
Oct-21	135
Nov-21	1523
Dec-21	766
Jan-22	1204
Feb-22	1327
Mar-22	16
Apr-22	1063
May-22	728
Jun-22	81
Jul-22	142
Aug-22	55
Sep-22	1
Oct-22	6
Nov-22	7
Dec-22	5
Jan-23	6
Total	10642

*Some contract end dates for people due to leave in these months are in the process of being extended.

Since 1 April 2020 we have recruited 11,556 people on fixed term contracts. Of those who have started since 1 April 2020, we have 10,507 employees who remain in the business. Their contract end dates are set out in the following table reflecting the position as at 28 February 2021, which is a continuously changing picture, given that people are actively being extended and recruited, and we will also lose people naturally through turnover before their end dates are due.

	Contract end dates
Mar-21	2102*
Apr-21	412*
May-21	261*
Jun-21	122*
Jul-21	348*
Aug-21	81*
Sep-21	228
Oct-21	135
Nov-21	1499
Dec-21	763
Jan-22	1176
Feb-22	1322
Mar-22	16
Apr-22	1056
May-22	707
Jun-22	78
Jul-22	125
Aug-22	54
Sep-22	1
Oct-22	6
Nov-22	4

Dec-22	5
Jan-23	6
Total	10507

***Some contract end dates for people due to leave in these months are in the process of being extended.**