



This report shows written answers and statements provided on 12 April 2021 and the information is correct at the time of publication (06:52 P.M., 12 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

HEALTH AND SOCIAL CARE

■ Coronavirus: Medical Treatments

Chi Onwurah: [\[158041\]](#)

To ask the Secretary of State for Health and Social Care, what steps he has taken to ensure that inhaled interferon beta is manufactured in the UK in the event that final-stage clinical trials of the drug prove effective in treating covid-19.

Chi Onwurah: [\[158042\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of placing advance orders for inhaled interferon beta, which is being trialled as a treatment for covid-19 in Newcastle's Royal Victoria Infirmary and other hospitals.

Jo Churchill:

On 30 November, we announced a £20 million Medicines and Diagnostics Manufacturing Transformation Fund. This will offer capital grants to businesses, incentivising them to place internationally mobile high value manufacturing investment, such as the manufacturing interferon beta in the United Kingdom.

The Department has been working constructively with Synairgen to assist them in generating data in support of their inhaled interferon beta treatment, SNG001. We continue to monitor progress on SNG001 closely. However, purchasing of therapeutics will only be considered once there is sufficient evidence of safety and efficacy and the Medicines and Healthcare products Regulatory Agency has provided marketing authorisation.

■ Coronavirus: Screening

Maria Eagle: [\[137881\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the rapid covid-19 testing procedure agreed between (a) his Department, (b) Public Health England and (c) Jaguar Land Rover.

Helen Whately:

[Holding answer 19 January 2021]: The standard operating procedure 'Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices – Workplace Asymptomatic Test Site' and terms and conditions 'DHSC Terms and Conditions for Covid-19 Testing of Employees 1.3' with Jaguar Land Rover are attached.

Attachments:

1. DHSC Terms and Conditions for Covid-19 Testing [DHSC and Employers standard terms 1.3 (002) (1).pdf]

2. Mass Testing with Lateral Flow Antigen Testing [SOP Workplace Asymptomatic Test Site 2.7 (003) (1).pdf]

Stella Creasy:

[148766]

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 26 January 2021 to Question 96883 on Coronavirus: Screening, what comprehensive service descriptions are used in relation to Deloitte's contract for covid-19 testing; and pursuant to the Answer of 18 November 2020 to Question 62429 on Deloitte: Coronavirus, what process (a) was used to define and (b) is in place to monitor performance against those descriptions.

Helen Whately:

[*Holding answer 8 February 2021*]: The contract, containing the service descriptions, is available at the following link:

https://atamis-1928.cloudforce.com/sfc/p/00000000rwim/a/4J000000kIGD/m4SEJjimpk3ft_PstlpwG73t_meFmGr0xrGic0e6s7VU

These include increasing our capacity to deliver the programme, supporting the national testing, meeting our end to end supply needs and determining our logistics.

Overall performance is monitored via a robust fortnightly cycle of contract management and performance reporting against agreed milestones. This includes review and approvals for each workstream, with additional governance aligned to Government standards and best practice.

Justin Madders:

[168961]

To ask the Secretary of State for Health and Social Care, how the cost of covid-19 tests for people returning to the UK have been calculated.

Ms Nadine Dorries:

The testing package of two COVID-19 tests is £210 from NHS Test and Trace. In enabling any market where the Government is delivering a service alongside other providers, the Government must set its price at a level that allows the market to compete. We recently introduced private sector for travellers quarantining at home to offer a wider choice of providers for those who wish to purchase private tests. The prices and service offered by these approved providers may vary. The costs, as with all of these measures will be kept under constant review.

Hilary Benn:

[172887]

To ask the Secretary of State for Health and Social Care, whether people who have pre-ordered covid-19 Day 2 and Day 8 home quarantine tests are entitled to refunds in the event that those tests are delivered after those days have elapsed.

Ms Nadine Dorries:

At present, the Government does not provide refunds for tests. The advice set out in guidance is that a day two test be taken on or before day two and a day eight test be

taken on or after day eight. In the event of a delay, the guidance advises that a day two test be taken as soon as it or a replacement arrives.

Sarah Owen: [\[173178\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish an impact assessment on the cost of home test kits for covid-19 required when travelling into the UK.

Ms Nadine Dorries:

[Holding answer 25 March 2021]: A formal impact assessment has not been produced for the regulations that require day two and day eight testing. NHS Test and Trace tests are free for people who have symptoms of COVID-19 or who are clinically advised to take a test. Only essential travel should be being undertaken during the pandemic to protect the public. All international arrivals need to buy the travel testing package through the testing booking portal or through hotel quarantine before they travel to the United Kingdom. For all arrivals quarantining at home the testing package is £210 from NHS Test and Trace. However, we recently introduced private sector testing of travellers in home quarantine partly to safeguard National Health Service capacity and to offer a wider choice for international arrivals who need to purchase private tests. The prices and service offered by these approved providers vary.

Imran Ahmad Khan: [\[174311\]](#)

To ask the Secretary of State for Health and Social Care, how much the NHS has spent on PCR testing for covid-19 to date.

Helen Whately:

The National Health Service budget has not funded polymerase chain reaction (PCR) testing. PCR testing is provided by the NHS Test and Trace team using a separate budget administered through the Department. The breakdown of the audited Test and Trace expenditure for the 2020/2021 financial year will be published as part of the Department's 2020-21 Annual Report and Accounts.

■ Coronavirus: Vaccination

Dr Matthew Offord: [\[132867\]](#)

To ask the Secretary of State for Health and Social Care, what assessment has the Department made of the potential limitations of creating a covid-19 vaccine passport scheme.

Justin Madders: [\[132985\]](#)

To ask the Secretary of State for Health and Social Care, what plans he has to introduce passport-style documents for people who have received the covid-19 vaccine.

Dan Carden: [\[133139\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of a covid-19 vaccine passport.

Nadhim Zahawi:

As with other vaccination programmes, vaccine record cards are issued to patients with the relevant details about the vaccine including the date of their vaccination and their vaccine type. This does not constitute an immunity passport and will not be used as a form of identification.

The Government will review whether COVID-19 status certification, could play a role in reopening the economy, reducing restrictions on social contact and improving safety. This review will include assessing to what extent certification would be effective in reducing risk and the potential uses to enable access to settings or a relaxation of COVID-19 secure mitigations. The Government will also consider the ethical, equalities, privacy, legal and operational aspects of this approach and what limits should be placed on organisations using certification. We will continue keep options under review as more evidence emerges.

Dr Dan Poulter:[\[133779\]](#)

To ask the Secretary of State for Health and Social Care, how many operational covid-19 vaccine centres there are in each local authority area.

Dr Dan Poulter:[\[133780\]](#)

To ask the Secretary of State for Health and Social Care, how many covid-19 vaccination centres are planned to be open in each local authority area in February 2021.

Jonathan Ashworth:[\[133861\]](#)

To ask the Secretary of State for Health and Social Care, how many people do not live within (a) 10 and (b) 20 miles of a covid-19 vaccination centre.

Nadhim Zahawi:

[Holding answer 11 January 2021]: In England, more than 98% of the population are currently within 10 miles of a vaccine service. In a small number of highly rural areas, the vaccination centre will be a mobile unit. The latest data from 26 March shows that a total of 1,763 vaccination sites have now been established in England including:

- 1,032 local vaccination services;
- 299 pharmacies;
- 274 hospital hubs; and
- 158 large scale vaccination centres.

The location of vaccination sites is available at the following link:

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

The number of operational vaccination sites is not collected by local authority.

Mr Virendra Sharma:[\[134393\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of including people in receipt of domiciliary care in their own homes in covid-19 vaccine priority group one.

Nadhim Zahawi:

[Holding answer 13 January 2021]: Priority cohort one included residents in a care home for older adults and their carers. People who are supported by domiciliary care were prioritised in cohort four if they were categorised as clinically extremely vulnerable. They may also have been prioritised in cohort six if they have certain other health conditions which make them clinically vulnerable. Cohorts one to four also included those over 75 years old.

We have now offered a first vaccine dose to everyone in the top four priority groups.

Holly Mumby-Croft:[\[134644\]](#)

To ask the Secretary of State for Health and Social Care, if he will give priority to teachers and support staff in special schools to receive the covid-19 vaccine where the use of personal protective equipment potentially hinders communication and social distancing may be difficult.

Nadhim Zahawi:

Prioritisation for phase one has been based on risk of serious outcomes from COVID-19. All those, including those working in special schools, who are at clinically increased risk will therefore be offered vaccination as part of this phase of the programme. Phase two of the vaccination programme is expected to cover all remaining adults aged between 18 to 49 years old not already vaccinated in phase one. The Joint Committee on Vaccination and Immunisation (JCVI) has advised an age-based strategy rather than further clinical prioritisation or prioritisation by occupation. Clinical risk is strongly linked to age therefore the most vulnerable adults on grounds of age who are not already prioritised in phase one will receive the vaccine first. The Government has accepted this in principle, subject to the JCVI's final advice which is expected later this month.

Jon Trickett:[\[135814\]](#)

To ask the Secretary of State for Health and Social Care, which companies are (a) delivering and (b) administering the (i) Pfizer-BioNTech covid -19 vaccine and (ii) Oxford-AstraZeneca covid-19 vaccine.

Nadhim Zahawi:

Due to the potential security risk, we are unable to provide details of companies delivering the vaccine.

There are no companies authorised to administer the COVID-19 vaccine. Only the National Health Service can offer and administer the vaccine.

Thangam Debbonaire:[\[137967\]](#)

To ask the Secretary of State for Health and Social Care, what modelling has been undertaken on the optimal strategy for the national covid-19 vaccination programme; and if he will publish that modelling.

Nadhim Zahawi:

The Joint Committee on Vaccination and Immunisation's (JCVI) advice on priority groups for COVID-19 vaccination is based on a range of evidence including a review of United Kingdom epidemiological data on the impact of the pandemic so far and data on demographic and clinical risk factors for mortality and hospitalisation from COVID-19. The JCVI takes account of a range of scientific information including modelling work and this is cited in the minutes and published statements from the Committee. These are available at the following link:

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

The modelling work by Warwick University which informed 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 the 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 that 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>

Seema Malhotra:**[138444]**

To ask the Secretary of State for Health and Social Care, how many people have been vaccinated for covid-19 by (a) local authority and (b) parliamentary constituency, to date.

Nadhim Zahawi:

[Holding answer 20 January 2021]: We publish daily data on the number of people who have received a vaccination - first and second dose - in England, Scotland, Wales and Northern Ireland on the Government's coronavirus data dashboard which is available at the following link:

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

This data shows both vaccinations given in a 24-hour period and the cumulative vaccinations given since reporting began on 11 January. England, Scotland, Wales and Northern Ireland publish additional data on vaccinations by cohort.

In England, NHS England also releases a weekly publication of vaccination data by a number of metrics, including local authority and parliamentary constituency, which is available at the following link:

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

Afzal Khan:

[138507]

To ask the Secretary of State for Health and Social Care, how many doses of the (a) Pfizer-BioNTech covid-19 vaccine and (b) Oxford-AstraZeneca covid-19 vaccine have been made available in (i) the North West, (ii) Greater Manchester and (iii) Manchester Gorton constituency as at 15 January 2021.

Nadhim Zahawi:

We publish daily data on the number of people who have received a vaccination - first and second dose - in England, Scotland, Wales and Northern Ireland on the Government's coronavirus data dashboard which is available at the following link:

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

This data shows both vaccinations given in a 24-hour period and the cumulative vaccinations given since reporting began on 11 January.

In England, NHS England also release a weekly publication of vaccination data by a number of metrics, including region, local authority and parliamentary constituency, which is available at the following link:

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

This data does not include the specific type of vaccine administered.

Imran Ahmad Khan:

[138535]

To ask the Secretary of State for Health and Social Care, how much his Department (a) has spent to date and (b) projects to spend in total in tackling vaccine disinformation.

Nadhim Zahawi:

This information is not held centrally.

The Department continues to work closely with Public Health England, NHS England and NHS Improvement and the Department for Digital, Culture, Media and Sport in tackling vaccine disinformation.

Mr Steve Baker:

[R] [138943]

To ask the Secretary of State for Health and Social Care, if he will make it his policy to vaccinate partners of clinically extremely vulnerable persons at the same time that those persons are vaccinated to reduce risks to their care.

Nadhim Zahawi:

The Joint Committee on Vaccination and Immunisation (JCVI) are the independent experts who advise the Government on which vaccines the United Kingdom should use and provide advice on prioritisation at a population level, based on their assessments.

In line with current advice from the JCVI, adult members of a household that includes someone who is clinically extremely vulnerable (CEV) are prioritised for vaccination according to their own age and clinical risk. They are not prioritised based on sharing a household with someone who is CEV, whether this person is an adult or a child, so will not be vaccinated at the same time.

Exceptions to this rule include those who are in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill. These people should be offered vaccination in priority group six. Additionally, on 29 March 2021, the JCVI advised that household contacts of the immunosuppressed should be offered a COVID-19 vaccination alongside priority group six, and these people will be vaccinated accordingly.

Alex Cunningham:

[\[138960\]](#)

To ask the Secretary of State for Health and Social Care, what his policy is on the vaccination of workers who are currently in the UK but employed overseas and need to have the covid-19 vaccine before they are allowed to return.

Nadhim Zahawi:

[Holding answer 21 January 2021]: Those ordinarily resident in the United Kingdom will be offered a COVID-19 vaccine according to the priority cohorts defined by the Joint Committee on Vaccination and Immunisation (JCVI). Currently all those aged over 50 years old and those who are clinically vulnerable to COVID-19 can book their vaccination, including those who work overseas and are in the UK now. Wherever possible, British nationals should aim to be vaccinated in the country where they live. Foreign nationals living overseas should obtain the vaccine in their country of residence.

Karen Bradley:

[\[140069\]](#)

To ask the Secretary of State for Health and Social Care, whether his Department has made an assessment of the potential merits of bringing forward the rollout of the covid-19 vaccine to (a) internet and phone engineers and (b) other key workers who need to enter residential premises to carry out their work.

Nadhim Zahawi:

[Holding answer 25 January 2021]: 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. For phase one, the JCVI has prioritised nine priority groups primarily based on age and clinical risk factors in order to meet the Government's aim of continuing to reduce morbidity, mortality and to protect the National Health Service and social care system.

For phase two 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. 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 internet and phone engineers and other key workers who need to enter residential premises to carry out their work are captured in phase one due to age or clinical need, then they will be vaccinated accordingly. However, there are currently no plans to specifically vaccinate by occupation.

Janet Daby: [\[140931\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of the covid-19 vaccine rollout to staff in the Ambulance Service; and whether such staff are able to receive that vaccine in the hospitals they are delivering their patients to.

Nadhim Zahawi:

No specific assessment has been made.

However, staff in the ambulance service who are deemed to be front line healthcare workers have been offered their first vaccine as part of priority cohort 2. The National Health Service met its target of offering all staff in priority groups one to four their first vaccine before its 15 February.

When invited for their vaccine, ambulance staff would have had various options for the location and time most convenient for them which may have included the hospitals they are delivering their patients to.

Mr Steve Baker: [\[R\] \[145011\]](#)

To ask the Secretary of State for Health and Social Care, if he will urgently formalise the process of (a) administering spare vaccination doses and (b) filling vaccination appointment gaps.

Nadhim Zahawi:

[Holding answer 2 February 2021]: No vaccine should be wasted and there is National Health Service operational guidance in place to help prevent this. Following this guidance, all vaccination centres should have a reserve list of people in the eligible cohorts who can be called in case doses would be wasted. If no members of the currently prioritised cohorts are available, it is recommended that members of the next priority cohorts be vaccinated. In the extremely exceptional case where this is not possible, locally available people can be vaccinated based on clinical judgement.

Mr William Wragg: [\[145043\]](#)

To ask the Secretary of State for Health and Social Care, if he will implement financial rewards for (a) GPs, (b) vaccination centres and (c) other local health professionals for each vaccine administered that goes above the average number of vaccines administered.

Nadhim Zahawi:

[Holding answer 2 February 2021]: We have no plans to do so.

Tulip Siddiq: [\[155273\]](#)

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

Nadhim Zahawi:

The Joint Committee on Vaccination and Immunisation (JCVI) is the independent body made up of scientific and clinical experts who advise the Government on which

vaccines the United Kingdom should use and provide advice on prioritisation at a population level. There is good evidence that certain underlying health conditions increase the risk of morbidity and mortality from COVID-19, therefore individuals with these underlying health conditions have been prioritised for a COVID-19 vaccination as part of phase one. These underlying health conditions do not include all disabilities. However, adults with Down's syndrome are clinically extremely vulnerable and are included in priority group four. Those with severe and profound learning disability are in priority group six.

On 24 February the 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, but recognised concerns about coding of learning disability on general practitioner (GP) systems and supported a practical approach of inviting everyone who is on a GP Learning Disability Register for vaccination in priority group six.

Ms Lyn Brown:

[\[166356\]](#)

To ask the Secretary of State for Health and Social Care, with reference to Questions 138422 and 154909 on Coronavirus: Vaccination, for what reasons third sector organisations have already received that information; and when he plans to respond to those Questions, tabled by the hon. Member for West Ham.

Nadhim Zahawi:

[Holding answer 15 March 2021]: The information requested is not collected centrally. If third sector organisations have received this information, this may have been provided locally.

I refer the hon. Member to the answers to Written Questions [138422](#) and [154909](#).

■ Coronavirus: Vitamin C

Julian Sturdy:

[\[158031\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effectiveness of vitamin C in the treatment of covid-19; and what steps his Department has taken to make use of vitamin C as part of covid-19 treatment.

Jo Churchill:

The Department is continuing to monitor any new, high quality evidence from clinical trials in both the United Kingdom and overseas on the effectiveness of vitamin C as an intervention for COVID-19. One of the UK priority clinical trial platforms, REMAP-CAP, is trialling high-dose vitamin C in patients who have been admitted to an intensive care unit with COVID-19.

In parallel, the Department is working closely with RAPID C-19 as part of a multi-agency initiative to ensure any products deemed safe and effective in clinical trials to treat COVID-19 can rapidly be brought into wider use across the National Health Service.

■ Drugs: Imports**Mhairi Black:****[158971]**

To ask the Secretary of State for Health and Social Care, what steps he has taken with Cabinet colleagues to help ensure the importation of medicines into the UK that are manufactured in the EU.

Jo Churchill:

We continue to work closely with other Government departments, including the Department for Transport, HM Revenue and Customs and the Cabinet Office's Transition Task Force, the pharmaceutical industry, the National Health Service and others in the supply chain to deliver the shared goal of continuity of safe patient care under all circumstances.

The Department wrote to all suppliers of medicines and medical products coming to the United Kingdom from or via the European Union on 17 November 2020. The letter sets out how we are continuing to work across Government and with suppliers to deliver our multi-layered approach to mitigate any potential disruption to supply of medicines into the UK. The letter is available at the following link:

<https://www.gov.uk/government/publications/letter-to-medicines-and-medical-products-suppliers-17-november-2020>

■ Eating Disorders: Health Services**Helen Hayes:****[173105]**

To ask the Secretary of State for Health and Social Care, how many full-time equivalent staff were employed by the NHS to deliver (a) inpatient and (b) outpatient eating disorder services in (i) 2010, (ii) 2019 and (iii) 2020; and what steps he is taking to increase the number of specialist nursing staff working in those services.

Helen Whately:

The Department does not hold the information requested on the number of full-time equivalent staff employed to deliver eating disorder services.

The NHS Long Term Plan sets out an ambition to improve adult eating disorder provision. From 2018/19, all clinical commissioning groups (CCGs) have received uplifts in their baseline funding to expand their community mental health services, including adult eating disorders services. From April 2021, in addition to baseline funding increases, all CCGs will receive their share of £121 million to transform their community mental health services, including eating disorders in line with published guidance.

■ Education: Coronavirus**Wes Streeting:****[171662]**

To ask the Secretary of State for Health and Social Care, what recent estimate he has made of the weekly cost of testing all education and early years staff and pupils eligible for a covid-19 test.

Helen Whately:

[Holding answer 23 March 2021]: The request contains commercially sensitive information and cannot be provided.

General Practitioners**Yasmin Qureshi:**[\[169824\]](#)

To ask the Secretary of State for Health and Social Care, what plans he has to restore the provision of in-person GP appointments.

Jo Churchill:

General practice is open and has been throughout the pandemic, and people should continue to access services by phone, online or in person. The way in which people can access general practice services during COVID-19 has changed. Practices are offering more triage and remote consultations, video and online, to see as many patients as possible while protecting staff and patients from avoidable risk of infection. Practices continue to undertake routine and preventative work including vaccinations and immunisations and screening, as well as supporting their more high-risk patients with ongoing care needs.

NHS England and NHS Improvement have issued guidance on the importance of continuing to offer face to face appointments, utilising remote triage, making use of online and telephone consultations where appropriate, whilst considering the needs of those unable to access or engage with digital services. On 7 January 2021 NHS England and NHS Improvement set out further details on the actions to release capacity in general practice as well as priorities for the next quarter. This includes maintaining routine appointments, supporting the clinically extremely vulnerable and those with 'long' COVID-19, and continuing to make progress in the backlog of appointments.

General practice appointment levels are now close to pre-pandemic numbers. In February 2021, an estimated 23.5 million appointments were booked in general practice in England - an average of 1.19 million per working weekday to 1.24 million appointments per working weekday in February 2020. In February 2021, 13 million appointments were face to face, which is 55.3% of all appointments.

Joint Biosecurity Centre: Consultants**Andy Slaughter:**[\[140002\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish all the consultancies contracted by his Department for any period between 1 March 2020 and 19 January 2021 to undertake work for the Joint Biosecurity Centre, identifying the (a) total spend per consultancy and (b) number of consultants supplied by each firm.

Andy Slaughter:[\[140003\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish a list of consultancies hired by his Department for any period from 1 March 2020 to the present day to undertake work on the NHS Test and Trace programme; and if he will publish the

(a) total expenditure by his Department on each of those consultancies and (b) the number of consultants supplied by each of those consultancies.

Helen Whately:

[Holding answer 25 January 2021]: Tables showing the consultancies procured by the Department for the Joint Biosecurity Centre and NHS Test and Trace are attached. Audited figures on the total spend for each consultancy is not currently available.

We are unable to provide the number of consultants supplied by each company as this information is commercially sensitive, as it could impact the competitive nature of future bids.

Attachments:

1. Table of Consultancies Contracted [TABLE FOR MINISTERIAL CLEARANCE List of consultancies contracted for the DHSC Test and Trace Programme as of 8 March 2021 numbered.docx]

■ **NHS and Social Services: Incentives**

Duncan Baker:

[\[172118\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of a one-off bonus-payment for NHS and social care workers in England; and what discussions he has had with the Chancellor of the Exchequer on the affordability of such a payment.

Helen Whately:

We are looking to the independent Pay Review Bodies (PRBs) for a recommendation on NHS pay, who consider a range of factors, including, motivation, morale and affordability. The Department and HM Treasury work together closely during the PRB process.

As the PRBs are independent of the Government, we cannot pre-judge their recommendations. Once received, we will take time to carefully consider their recommendations before responding.

The vast majority of care workers are employed by private sector providers who ultimately set their pay and remuneration, independent of central Government. Local authorities work with care providers to determine a fair rate of pay based on local market conditions

■ **NHS Test and Trace**

James Murray:

[\[144865\]](#)

To ask the Secretary of State for Health and Social Care, what improvements were made to the NHS Test and Trace contact tracing process from (a) 29 December 2020 to (b) 27 January 2021.

Helen Whately:

[Holding answer 1 February 2021]: Between 29 December 2020 and 27 January 2021, the contact tracing service implemented numerous service improvements including automatic presentation of cases to agents, recorded voicemail messages, changes to scripting, enhanced tracing performance levels and outcomes on positive lateral flow tests, multi-skill training of agents, roll-out of a new quality assurance framework, and improvements to the CTAS (Contact Tracing and Advice Service Software) system including capturing international phone numbers.

The contact tracing service also introduced RTTS (Real Time Technology Services) at the beginning of the year which allowed for a median reduction time of over 6 hours from the time a case was uploaded into CTAS.

■ NHS: Dental Services**Hilary Benn:**[\[167833\]](#)

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the availability of NHS dental appointments; and if he will make a statement.

Jo Churchill:

[Holding answer 17 March 2021]: 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 PPE 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 NHS 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.

■ Schools: Coronavirus**Mr Mark Harper:**[\[R\] \[167173\]](#)

To ask the Secretary of State for Health and Social Care, what the evidential basis is for the policy that (a) a positive covid-19 lateral flow test taken on a test site in a school or college does not require a PCR confirmation and (b) where a PCR confirmation test is taken and is negative that test is not able to override the positive lateral flow test result.

Helen Whately:

[Holding answer 16 March 2021]: From the 30 March, a negative NHS Test and Trace administered confirmatory polymerase chain reaction test taken within two days of the initial, positive lateral flow device (LFD) test removes the legal duty to self-isolate. LFDs continue to have a very high specificity – the latest analysis shows lateral flow tests have a specificity of at least 99.9%. This means that for every 1,000 lateral flow tests there is fewer than one false positive.

■ Travel Restrictions: Coronavirus**Richard Fuller:**[\[159266\]](#)

To ask the Secretary of State for Health and Social Care, what arrangements are in place for the children of separated parents where one parent or child lives overseas to be able to move between their parents during the period of covid-19 restrictions on international travel; and what requirements are in place for the (a) self isolation and (b) quarantine of those children.

Ms Nadine Dorries:

From 15 February, anyone permitted to arrive into the United Kingdom will have to isolate for ten days. If they been in a 'red list' country, this will be in a Government-approved managed quarantine hotel or, if arriving from an 'amber' country, self-isolation at home or the home of a friend or family member. It will be mandatory for all arrivals to take a test on day two and eight of their 10 day quarantine period. This will provide an additional layer of protection against the risk posed by variants.

There are no exemptions for joint custody parental visits. However, in situations where it would not be reasonable for a parent/guardian to stay in a managed quarantine hotel with a child who has entered the country, alternative arrangements can be made at the approval of the Secretary of State for Health and Social Care. This would be dealt with on a case by case basis.

■ University Hospitals of Leicester NHS Trust: Finance**Jane Hunt:**[\[157329\]](#)

To ask the Secretary of State for Health and Social Care, whether additional support is being made available to the new management team at University Hospitals of Leicester following the decision to place the trust in financial special measures; and what steps he is taking to secure and maintain the £450 million investment for the new hospital.

Jo Churchill:

A new national programme has been established to deliver the build of 40 new hospitals by 2030, working collaboratively with leadership of all the new hospital projects including advanced schemes like Leicester.