



This report shows written answers and statements provided on 3 September 2021 and the information is correct at the time of publication (04:48 P.M., 03 September 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

DEFENCE

■ National Flagship: Procurement

Emily Thornberry: [\[27067\]](#)

To ask the Secretary of State for Defence, whether the procurement process he has launched for the (a) design and (b) construction of the UK's national flagship is covered by the security exception set out in Article III of the WTO Government Procurement Agreement.

Emily Thornberry: [\[27068\]](#)

To ask the Secretary of State for Defence, whether the procurement process he has launched for the (a) design and (b) construction of the UK's national flagship is covered by the warships exception set out in Item 47 of Annex 4 of the coverage schedules certified as part of the UK's accession to the WTO Government Procurement Agreement.

Mr Ben Wallace:

[Holding answer 8 July 2021]: The procurement of the Flagship will be compliant with the UK's obligations, under the WTO Government Procurement Agreement.

Construction of the National Flagship will be limited to the UK in order to protect the essential interests of national security. As set out in the Prior Information Notice published on 2 July 2021, the National Flagship will be built in the UK. The Ministry of Defence will conduct a competition for the design of the ship in order to ensure that we can procure a world-class design which UK companies will be encouraged to bid for.

Emily Thornberry: [\[27069\]](#)

To ask the Secretary of State for Defence, with reference to the Government's press release, New national flagship to promote British businesses around the world, published 30 May 2021 and the Government's statement that the flagship will showcase cutting-edge British design, for what reason it is his policy that an international competition is required for the design of that ship.

Emily Thornberry: [\[27072\]](#)

To ask the Secretary of State for Defence, whether potential suppliers of (a) design services and (b) construction services for the UK's national flagship will be permitted to attend the industry day organised by his Department for potential suppliers if those suppliers are not based in the UK.

Emily Thornberry: [\[27074\]](#)

To ask the Secretary of State for Defence, whether he plans to make it a condition for potential suppliers to progress to the invitation to negotiate phase of procurement for the UK's national flagship that the (a) design and (b) construction of the ship will be carried out in the UK.

Mr Ben Wallace:

[Holding answer 13 July 2021]: As set out in the Prior Information Notice published on 2 July 2021, the National Flagship will be built in the UK. The Ministry of Defence will conduct an international competition for the design of the ship in order to ensure that we can procure a world-class design and UK companies will be encouraged to participate. The Prior Information Notice places no restriction on the nationality of the participants in the planned period of market engagement. This is an opportunity for talented British designers to work alongside international partners to develop a truly outstanding design for the National Flagship.

ENVIRONMENT, FOOD AND RURAL AFFAIRS**Horticulture: Inspections****Kevin Hollinrake:**[\[15320\]](#)

To ask the Secretary of State for Environment, Food and Rural Affairs, when his Department plans to begin work with the ornamental horticulture industry on developing a trusted trader inspection regime.

Victoria Prentis:

GB's plant health regime is risk-based, and the history of compliance of specific trades (where the trade is the combination of a specific commodity from a specific origin), is a significant factor in determining biosecurity risk. Consequently, trades with a proven track record of compliance and meeting prescribed eligibility criteria may be subject to a reduced frequency or intensity of checks.

While the biosecurity risk of imported goods is largely *trade* based, there are areas where *trader* considerations may also play a role. For example, as the phased introduction of EU-GB plant health import controls is completed in early 2022, Defra is exploring possible options for performing plant health controls away from the border on a longer-term basis, such as increased uptake in the use of designated plant health Control Points. Eligibility criteria to be designated as a Control Point may include elements consistent with a trusted trader model.

Marine Environment**Sarah Olney:**[\[1357\]](#)

To ask the Secretary of State for Environment, Food and Rural Affairs, if he will agree ambitious targets for ocean recovery with the devolved Administrations.

Rebecca Pow:

The Government has already agreed ambitious targets for ocean recovery with the Devolved Administrations, through our statutory UK Marine Strategy (UKMS). The UKMS sets out a vision for UK waters to achieve clean, safe, healthy, biologically diverse and productive seas, which are used sustainably. It also provides a legal framework, agreed with the Devolved Administrations, for assessing and monitoring

the status of our seas and to put in place the measures needed to achieve Good Environmental Status (GES).

In October 2019 we published an updated UKMS Part One which provided an assessment of UK marine waters, objectives for GES and targets and indicators to measure progress towards GES. Meanwhile, the updated UKMS Part Two, published in March 2021, sets out the monitoring programmes we will use to assess those targets and indicators in the period up to 2024. We are currently in the process of developing an updated UKMS Part Three, which will set out an updated programmes of measures for achieving or maintaining GES, and aim to consult on this later in 2021.

The UKMS demonstrates the combined commitments of the UK Government and the Devolved Administrations to work together to protect our biologically diverse and productive seas. However, to protect our seas and facilitate ocean recovery effectively, we also need to work with other countries. The UK plays a leading role in OSPAR (the regional sea convention for the North East Atlantic). We coordinate our efforts with our neighbours to ensure the best protection for our seas whilst maintaining their sustainable use.

HEALTH AND SOCIAL CARE

■ Adrenaline

Rachael Maskell:

[\[33967\]](#)

To ask the Secretary of State for Health and Social Care, how much NHS patients who were ineligible for free prescriptions spent on adrenaline in each of the last five years.

Jo Churchill:

[Holding answer 20 July 2021]: The following table shows the total prescription charges paid by patients in England in respect of adrenaline in each of the last five calendar years. This data only covers the prescription charge paid by the patient at the point of dispensing in the community and excludes prescriptions exempt from charges, and prescriptions dispensed to individuals holding Pre-Payment Certificates.

CALENDAR YEAR	TOTAL PRESCRIPTION CHARGES
2016	£427,271.85
2017	£475,021.60
2018	£499,524.40
2019	£567,453.00
2020	£512,492.65

■ Asthma: Drugs**Yvonne Fovargue:** [36618]

To ask the Secretary of State for Health and Social Care, what has been the effect of home delivery of biologic medication for asthma patients on patient outcomes.

Jo Churchill:

No specific assessment has been made of the effect of home delivery of asthma biologic medication on patient outcomes.

■ Borderline Substances Advisory Committee**Alex Norris:** [34023]

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help ensure that the (a) schedules of meetings, (b) meeting agendas and (c) meeting minutes of the Advisory Committee on Borderline Substances are published on time.

Jo Churchill:

The dates of Advisory Committee on Borderline Substances (ACBS) meetings are published on time on the Government website. The agendas of ACBS meetings are themselves not published and we are not taking steps to publish them.

However, agendas are included in the minutes of each meeting, and the minutes of ACBS meetings are published on time at the following link:

https://m.box.com/shared_item/https%3A%2F%2Fapp.box.com%2Fs%2Fk8a2gxf6b8emexz6neekq134yx9vi35y

■ Cancer: Young People**James Daly:** [28367]

To ask the Secretary of State for Health and Social Care, what support is available for teenage cancer patients.

Jo Churchill:

NHS England and NHS Improvement have established a task and finish group to review psychosocial support for people affected by cancer, including young people.

NHS England and NHS Improvement are also preparing a toolkit of existing good practice and guidelines to help systems to improve psychological support and mental health care.

■ Coronavirus**Mr Steve Baker:** [R] [33896]

To ask the Secretary of State for Health and Social Care, if he will publish the data collected on the dashboard developed by Public Health England for purposes of (a) identifying and (b) monitoring trends in Trust-level hospital onset cases of covid-19 in patients; and if he will make a statement.

Jo Churchill:

[Holding answer 20 July 2021]: The National Health Service publish weekly reports by trust on the number of hospitalised patients with COVID-19, including those on mechanical ventilation; the number of patients admitted to hospital with COVID-19; and the number of patients diagnosed in hospital with COVID-19. These reports are available at the following link:

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

In addition, national and regional data on the daily number of hospitalisations, new admissions and inpatient cases and patients on mechanical ventilation is available at the following link:

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

■ Coronavirus: Death**Mr Steve Baker:****[R] [31381]**

To ask the Secretary of State for Health and Social Care, what his Department's most recent estimate is of the covid-19 infection fatality rate.

Jo Churchill:

[Holding answer 15 July 2021]: As of 15 July, Public Health England's modelling group, with the MRC Biostats Unit, estimated that overall infection mortality rate is approximately 0.096%.

■ Coronavirus: Disease Control**Dame Diana Johnson:****[27060]**

To ask the Secretary of State for Health and Social Care, what the threshold is of covid-19-related (a) cases, (b) hospitalisations and (c) deaths that would delay the removal of restrictions on 19 July 2021.

Dame Diana Johnson:**[27062]**

To ask the Secretary of State for Health and Social Care, whether his Department has a threshold for the (a) R rate, (b) number of covid-19 related hospitalisations and (c) number of covid-19 related deaths at which the Government would introduce covid-19 restrictions after 19 July 2021.

Jo Churchill:

[Holding answer 8 July 2021]: There are no defined thresholds for the R-rate, COVID-19 hospitalisations or COVID-19 deaths to trigger changes in restrictions after 19 July 2021.

The data assessment for moving to each step of the roadmap was based on the following four tests: the vaccine deployment programme continuing successfully; evidence showing vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated; infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the National Health Service (NHS); and

our assessment of the risks is not fundamentally changed by new Variants of Concern.

The Government will continue to monitor the data to ensure that there is no danger of the NHS facing unsustainable pressure.

Ben Bradley: [\[28306\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 23 June 2021 to Question 16206 on Coronavirus: Disease Control, if he will publish the first quarterly report by the University of St Andrews on the progress of the trials on evaluating the efficacy of viricidal Far-UVC light technology and its ability to inactivate virus in droplets, aerosols and on surfaces in simulated public locations.

Jo Churchill:

The quarterly report is intended for future publication alongside the final report on the trials in spring 2022.

■ **Coronavirus: Quarantine**

Mr Tanmanjeet Singh Dhesi: [\[35853\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answers of 27 May 2021 to Question 3112 on Coronavirus: Quarantine and of 19 July 2021 to Question 1182 on Travel: Coronavirus, what steps the Managed Quarantine Service takes to (a) identify and (b) deal with urgent cases.

Jo Churchill:

[Holding answer 22 July 2021]: The Managed Quarantine Service processes applications in order of receipt and prioritises based on the proposed date of travel. Requests for exemptions are identified and prioritised in the same way. The target for the consideration of applications is 14 days.

■ **Coronavirus: Screening**

Jonathan Ashworth: [\[21229\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the evidence that was considered by the Medicines and Healthcare Products Regulatory Agency to inform its decision to extend the Exceptional Use Authorisation for covid-19 lateral flow tests for a further two months, as announced on 17 June 2021.

Jo Churchill:

[Holding answer 28 June 2021]: In support of the application to the Medicines and Healthcare products Regulatory Agency (MHRA) to extend the Exceptional Use Authorisation (EUA) for COVID-19 lateral flow tests, the Department submitted an extension request which relied on the documentation provided in the initial EUA submission and a preliminary performance analysis on repeat and one off testing.

Instructions for use and packaging formed part of this application, both of which can be found in the NHS Test and Trace COVID-19 Self-Test kit.

A number of scientific publications were also considered in the initial application to award an EUA and links to these can be found below:

1. Estimating the extent of asymptomatic COVID-19 and its potential for community transmission: systematic review and meta-analysis:
<https://jammi.utpjournals.press/doi/10.3138/jammi-2020-0030>
2. Paper: Covid-19: Innova lateral flow test is not fit for “test and release” strategy, say experts: <https://www.bmj.com/content/371/bmj.m4469>
1. Research article: Differential occupational risks to healthcare workers from SARS-CoV-2 observed during a prospective observational study:
<https://pubmed.ncbi.nlm.nih.gov/32820721/>
2. Article: Duration of infectiousness and correlation with RT-PCR cycle threshold values in cases of COVID-19, England, January to May 2020:
<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.32.2001483>
3. Results of the SAFE School Hesse Study:
<https://www.medrxiv.org/content/10.1101/2020.12.04.20243410v1>
4. Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing: <https://science.sciencemag.org/content/368/6491/eabb6936>
5. Effectiveness of isolation, testing, contact tracing, and physical distancing on reducing transmission of SARS-CoV-2 in different settings:
[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30457-6/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30457-6/fulltext)
6. SARS-CoV-1 2 viral dynamics in acute infections:
<https://www.medrxiv.org/content/10.1101/2020.10.21.20217042v2>
7. Test sensitivity is secondary to frequency and turnaround time for COVID-19 surveillance: <https://www.medrxiv.org/content/10.1101/2020.06.22.20136309v3>
8. Rapid testing strategies for traced contacts: comparing quarantine, quarantine and testing, and repeat daily testing:
https://cmmid.github.io/topics/covid19/daily_testing.html
9. Head-to-head comparison of SARS-CoV-2 antigen-detecting rapid test with self-collected anterior nasal swab versus professional collected nasopharyngeal swab:
<https://www.medrxiv.org/content/10.1101/2020.10.26.20219600v1>
10. Rethinking Covid-19 Test Sensitivity — A Strategy for Containment:
<https://www.nejm.org/doi/full/10.1056/nejmp2025631>

The MHRA also asked as part of their conditions that lateral flow device performance data from October 2020 to May 2021 would be provided and published as soon as possible. This is available at the following link:

<https://www.gov.uk/government/publications/lateral-flow-device-performance-data>

Martyn Day: [33282]

To ask the Secretary of State for Health and Social Care, what the evidential basis was for the Medicines and Healthcare products Regulatory Agency to conclude that the concerns raised by the US Food and Drug Administration on the NHS rebranded Innova lateral flow tests did not apply to the UK market.

Martyn Day: [33283]

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 6 July 21 to Question 21930 on Coronavirus: Screening, on what evidence the Medicines and Healthcare products Regulatory Agency based its decision to extend the re-purposed Innova lateral flow tests until 28 August 2021.

Jo Churchill:

NHS Test and Trace have taken on the role of legal manufacturer of the self-tests which have been given a Medicines and Healthcare products Regulatory Agency (MHRA) Exceptional Use Authorisation (EUA) for the purpose of detection of COVID-19 in asymptomatic individuals as part of the national testing programme. As a legal manufacturer, NHS Test and Trace are required to have a Quality Management System (QMS) in place. The QMS is separate to that of Innova Medical Group in the United States of America (USA) and ensures that tests being used in the United Kingdom (UK) are subject to appropriate controls.

On becoming aware of the United States Food and Drug Administration (FDA) safety notice issued on 10 June, in line with our normal processes the MHRA immediately asked NHS Test and Trace to investigate whether the UK could be affected by any of the concerns raised by FDA. The MHRA considered the information supplied by NHS Test and Trace and were satisfied of the limited applicability of the FDA's actions in the USA to the products supplied in the UK by NHS Test and Trace and their proposed actions to mitigate risks from these issues.

The Department has recently published full information and data on the performance of lateral flow tests in the UK which demonstrates that the tests have a high level of accuracy and sensitivity, and can be found at the following link:

<https://www.gov.uk/government/publications/lateral-flow-device-performance-data>

The MHRA has extended the EUA to Test and Trace until 28 August 2021. The duration of an EUA can differ for a number of reasons; in this instance a shorter extension was considered appropriate. This does not preclude the EUA from potential further extensions if requested. The relatively short extension allows us to keep the situation under review.

Preet Kaur Gill: [35839]

To ask the Secretary of State for Health and Social Care, if he will publish (a) the design, (b) methodology, (c) selection and eligibility criteria and (d) early data from the daily testing pilot as of 18 July 2021.

Jo Churchill:

[Holding answer 22 July 2021]: Organisations participating in the workplace daily contact testing pilot were selected because they had expressed an interest in joining the pilot and already had an asymptomatic test site in the workplace. The workplaces selected were also designed to ensure a spread of different types of organisation, including additional public sector organisations, to assess the operational implications of running daily contact testing.

To be eligible to take part in the workplace daily contact testing pilot, people working at the selected workplaces who were identified as a contact of someone with COVID-19 had to:

- have no COVID-19 symptoms;
- give their informed consent to taking part;
- not live with anyone who has COVID-19 or symptoms;
- not live in Scotland or Northern Ireland;
- not travel in or out of Scotland or Northern Ireland while taking part in daily contact testing for work or personal reasons;
- commit to test for at least 5 of the 7 scheduled days.

A document setting out details of the pilot design, including the selection and eligibility criteria, is currently under review prior to publication. The pilot was designed to evaluate the operational feasibility of on-site daily contact testing in workplaces; it was not a research study and did not, therefore, follow a specific methodology. Data from the pilot will not be published as it is not validated.

■ Coronavirus: Vaccination**Rosie Cooper:**[\[27085\]](#)

To ask the Secretary of State for Health and Social Care, what plans he has to help ensure the future protection for people who are (a) immunocompromised and (b) immunosuppressed who may still be at risk from covid-19 despite the vaccine rollout.

Jo Churchill:

Immunocompromised individuals are a priority cohort for research into therapeutic and prophylaxis treatments, such as monoclonal antibody therapies, novel antivirals and repurposed compounds. The National Health Service is also developing plans to deploy monoclonal antibody therapies if these become available in coming months.

In addition, subject to final advice from the Joint Committee on Vaccination and Immunisation, those most vulnerable to COVID-19 may be offered a booster vaccination. Until these treatments are available, patients with immunosuppression are advised to continue following advice to reduce their chance of exposure.

Jess Phillips:

[29062]

To ask the Secretary of State for Health and Social Care, what his plans are to ensure the future protection for immunocompromised or immunosuppressed groups who are potentially at greater risk from covid-19 than the general population after the rollout of the vaccine.

Jo Churchill:

Immunocompromised individuals are a priority cohort for research into therapeutic and prophylaxis treatments, such as monoclonal antibody therapies and repurposed compounds. The new Antivirals Taskforce is also identifying effective treatments for patients who have been exposed to the virus to prevent the spread of infection spreading and accelerate recovery time. The National Health Service is also developing plans to deploy monoclonal antibody therapies if these become available.

We are ensuring the supply of these treatments in the event that they are found to be effective at treating COVID-19, including for immunocompromised individuals.

Until these treatments are available, patients with immunosuppression are advised to continue to follow advice to reduce their chance of exposure.

Catherine West:

[35821]

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help ensure that there is mutual recognition of EU covid-19 vaccine records.

Nadhim Zahawi:

[Holding answer 22 July 2021]: As part of the commitment to ensure the safe return to international travel, the Government continues to engage with the European Commission and other International Partnerships on certification to ensure that travel between the United Kingdom (UK) and other nations is unhindered and supported by a common approach. The UK and European Union (EU) are aligned in the technical approach to COVID-19 status certification, with the UK supporting global consistent minimum technical standards in an interoperable and cross-border way. We are making effective use of our chair of the G7 meeting in 2021 to ensure G7 nations made a commitment that clinical trial participants will not be disadvantaged in certification processes.

Passengers from amber countries who have been fully vaccinated with vaccines authorised by the European Medicines Agency, in the U.S. Food and Drug Administration or in the Swiss vaccination programme, will be able to travel to England without quarantine, or a day eight test.

The EU has published a list of vaccines to be accepted by EU member countries which can be found at the following link:

<https://reopen.europa.eu/en>

Based on the list and related documentation, all UK vaccines would be recognised by the EU and European Economic Area countries for the purposes of waiving travel restrictions.

■ Coronavirus: Ventilation

Jonathan Ashworth: [29802]

To ask the Secretary of State for Health and Social Care, what research his Department has commissioned into the effect of ventilation systems in reducing the spread of covid-19.

Jonathan Ashworth: [29803]

To ask the Secretary of State for Health and Social Care, how much funding his Department has committed for research into the effect of ventilation systems in reducing the spread of covid-19 since the start of the covid-19 pandemic.

Jo Churchill:

[Holding answer 13 July 2021]: Public Health England (PHE) has not commissioned or committed funding to specific research into the effect of ventilation systems in reducing the spread of COVID-19. However, PHE has published guidance on the ventilation of indoor spaces to prevent the spread of the virus, which is available at the following link:

<https://www.gov.uk/government/publications/covid-19-ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus/ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus-covid-19>

■ Dental Services: Cancer

Gavin Robinson: [35684]

To ask the Secretary of State for Health and Social Care, whether he has made an assessment of the potential merits of making dental care free for cancer patients.

Andrew Rosindell: [36581]

To ask the Secretary of State for Health and Social Care, whether his Department has made an assessment of the potential merits of providing free dental care for people with cancer through the NHS.

Jo Churchill:

[Holding answer 22 July 2021]: No recent assessment has been made. People with cancer are able to apply for help with National Health Service dental charges on a range of grounds, including partial help through the NHS Low Income Scheme. Nearly half of all NHS dental patients, approximately 17.7 million people, were treated free of charge in the 2019/20 financial year.

■ Dental Services: Manchester Gorton

Afzal Khan: [31525]

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of (a) children and (b) adults on the waiting list for an NHS dentist in Manchester, Gorton consistency.

Afzal Khan:

[\[31526\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to reduce waiting lists for NHS dentists in Manchester, Gorton consistency.

Jo Churchill:

Waiting list data is not held centrally.

NHS England and NHS Improvement have established a 'child friendly dental practice' in Manchester to provide enhanced services for children, with reduced waiting times. Since starting in December 2020, the practice has treated over 360 children. The Greater Manchester Urgent Dental Service provides additional appointments across 10 localities in Greater Manchester for those who require urgent dental treatment. This is in addition to the 15 urgent dental care hubs set up in response to the pandemic which remain open to support urgent dental care provision across Manchester. A task and finish group are currently reviewing local capacity and demand for National Health Service dental services across Greater Manchester.

■ **Dental Services: Tower Hamlets**

Apsana Begum:

[\[35934\]](#)

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of (a) children and young people under 18 and (b) adults waiting for an NHS dentist in Tower Hamlets.

Jo Churchill:

No waiting list data is held centrally on adults or children wishing to access National Health Service (NHS) dental services in Tower Hamlets, or in London. Patients are not required to register with a dental practice to access NHS services.

■ **Disease Control**

Caroline Lucas:

[\[16063\]](#)

To ask the Secretary of State for Health and Social Care, if he will list the names of each Government pandemic exercise held from 2010 onwards; what the (a) remit and (b) purpose was of Exercise Alice in 2016; when details of (i) Exercise Alice and (ii) all other exercises were provided to key advisory committees; and if he will publish a report to Parliament on the relevance of each exercise to the covid-19 pandemic.

Jo Churchill:

The Department does not hold details relating to all exercises conducted across Government. However, the Department has led on two pandemic preparedness exercises. The most recent exercise to test preparedness for an influenza pandemic was Exercise Cygnus in 2016. The report from Exercise Cygnus was published in October 2020 alongside information on how elements of our pandemic influenza plans were used in response to COVID-19. This report is available at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/927770/exercise-cygnus-report.pdf

In February 2020, Exercise Nimbus rehearsed Ministerial-level decision-making in relation to the United Kingdom's pandemic preparedness and response within the context of what was known at that point about COVID-19. We are unable to provide further information on this exercise as it relates to the formulation or development of Government policy.

Exercise Alice was held in February 2016 to test health system capabilities and protocols in the event of a larger outbreak, below pandemic level, of a high consequence infectious disease. We are unable to provide further information on this exercise as publication at the current time would be likely to prejudice the effective conduct of public affairs.

Reports of all such exercises are shared with attendees, officials and advisory committees as appropriate following the completion of the exercises. Working closely with the recently established UK Health Security Agency, partners across the health system and with wider Government, the Department is committed to using the lessons from COVID-19 to continue to ensure that future exercises support the UK's preparedness for all types of health protection threats.

■ **Epilepsy: Medical Treatments**

David Warburton:

[36716]

To ask the Secretary of State for Health and Social Care, what steps he is taking to support children with intractable epilepsy until medical cannabis becomes readily available on NHS prescription.

Jo Churchill:

Since January 2020, the Refractory Epilepsy Specialist Clinical Advisory Service has been in place to provide advice and support for doctors in tertiary neuroscience centres, including specialised paediatric neuroscience centres, to optimise the treatment of refractory epilepsy. In September 2019, the cannabis-based medicine Epidyolex was granted a marketing authorisation or licence by the European Medicines Agency, following an assessment of its quality, safety and efficacy. Epidyolex is available on the National Health Service for the treatment of two rare forms of refractory epilepsies in children and adults.

However, guidelines published by the National Institute for Health and Care Excellence demonstrate a clear need for more evidence to support routine prescribing and funding decisions for unlicensed cannabis-based products for the treatment of refractory epilepsy and other conditions. To help improve the evidence base, the National Institute for Health Research is working with NHS England and clinicians to develop a programme of two clinical trials into refractory epilepsy.

■ Food: Advertising

Andrew Rosindell:

[\[33169\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 7 July 2021 to Question 24116 on Food: Advertising, for what reasons no impact assessment has been undertaken by his Department; and what representations his Department has received from representatives of UK-based food and drink businesses on the potential effect on the competitiveness of the UK food and drink market of the introduction of further restrictions on the promotions and placements of products that are high in fat, salt and sugar; and if he will make a statement.

Jo Churchill:

The impact assessment addresses a number of areas where the relationship between businesses, their success and the policy are relevant. Where evidence permits and it is proportional to do so, the effects on the competitive environment for English businesses are assessed. Such impacts on business are a key element independently scrutinised by the Regulatory Policy Committee, who rated the impact assessment fit for purpose.

We have also engaged with a wide range of stakeholders and these views were considered as part of the development process of the impact assessment.

The information requested on representations from the food and drink industry is not available in the format requested. A search of the Department's document management and storage system identified over 3,000 items since the policy was proposed. To identify the specific number of such representations would incur disproportionate cost.

■ General Practitioners

Navendu Mishra:

[\[23375\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the impact on older people of not being able to access face-to-face appointments with GPs.

Jo Churchill:

[Holding answer 1 July 2021]: General practice is open and has been throughout the pandemic. Appointment numbers have risen to 32.2 million in May 2021 and over half of all appointments were face to face.

We continue to work with NHS England and NHS Improvement and general practice to assess the impact of different types of appointment and to improve access for all patient groups. The Public Sector Equality Duty requires public authorities to have due regard to the impact of their policies on different protected characteristics, one of which is age. NHS England and NHS Improvement have commissioned an independent evaluation to understand the impact for staff, patients and the wider health and care system of using digital tools in primary care to inform its long-term strategy.

Daisy Cooper:

[\[33335\]](#)

To ask the Secretary of State for Health and Social Care, what representations he has received from General Practitioners on their assessment of additional financial assistance required by GPs to meet patient demand for face-to-face GP appointments.

Jo Churchill:

Departmental ministers have met regularly with general practitioner (GP) stakeholders, including the Royal College of General Practitioners and the British Medical Association, throughout the pandemic to discuss the pressures on general practice and any additional support, including financial support, that general practice may require from the Government and NHS England and NHS Improvement to ensure patients have timely and clinically appropriate access to GP services, whether face to face or remotely.

To ensure general practice can continue to provide the necessary care for all patients during this busy time, we have made available an additional £270 million from November 2020 until September 2021. The fund is ringfenced exclusively for use in general practice, to support priorities including increasing GP numbers and capacity, and continuing to make inroads into any backlog of appointments including for chronic disease management and routine vaccinations and immunisations. GPs in England are eligible to use the PPE Portal to order COVID-19 PPE, free of charge, to meet the increased need arising from the COVID-19 pandemic.

NHS England and NHS Improvement have provided guidance to general practice throughout the pandemic. On 19 July, it wrote to general practices, reiterating that GP contractors should continue to offer a blended approach of face-to-face and remote appointments, with digital assessment of patient care needs where possible.

In June 2021, over half of all appointments (excluding vaccination appointments) were face to face (56.3%).

■ General Practitioners: Coronavirus

Sir Mark Hendrick:

[\[12950\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the health impacts of (a) cancelled in-person GP visits and (b) virtual or telephone appointments during the covid-19 outbreak.

Jo Churchill:

We continue to work with NHS England and NHS Improvement to assess the impacts of missed appointments and the use of remote consultations. In addition, NHS England and NHS Improvement have commissioned an independent evaluation to understand the impact for staff, patients and the wider health and care system of using digital tools in primary care to inform its long-term strategy.

Appointment numbers have risen to over 31.5 million in April 2021, with over half, or 54.8% of all appointments face to face and 40.7% telephone appointments.

■ General Practitioners: Females

Mr Barry Sheerman: [\[27015\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that female GPs remain within the profession.

Jo Churchill:

[Holding answer 8 July 2021]: Through our suite of retention schemes, we are encouraging general practitioners (GPs) to stay in the workforce for longer by addressing the reasons why doctors leave the profession and encouraging them to return to practice. Although these are open to all GPs, those aimed at encouraging better flexible working may be particularly beneficial for female GPs who might be more at risk of leaving the profession due to caring responsibilities.

Funding and support has also been made available for local Primary Care Flexible Staff Pools, to increase capacity in general practice and create a new offer for local GPs wanting to work flexibly. For GPs, pools can offer access to the flexibility of a locuming role and connections to work opportunities with increased job security and the benefits of a salaried position.

Mr Barry Sheerman: [\[27016\]](#)

To ask the Secretary of State for Health and Social Care, what proportion of female GPs left the NHS in each of the last five years.

Jo Churchill:

Data on the proportion of female GPs who leave the National Health Service is not collected.

■ Health Services: Foreign Nationals

Jonathan Ashworth: [\[35654\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the annual budget of the health tourism enforcement unit for (a) 2018-19, (b) 2019-20, (c) 2020-21 and (d) 2021-22.

Edward Argar:

[Holding answer 22 July 2021]: The annual budget for the NHS England and Improvement Overseas Visitors Improvement Team (which includes preventing Health Tourism) can be found in the table below.

FINANCIAL YEAR	ANNUAL BUDGET
2018/19	£507,587
2019/20	£1,511,102
2020/21	£1,593,114

Source: NHS England and Improvement

The final position for 2021/22 is not yet confirmed.

■ Hepatitis

Mr Virendra Sharma:

[\[34476\]](#)

To ask the Secretary of State for Health and Social Care, how much (a) his Department and (b) NHS England has spent on Hepatitis C (i) medicines and (ii) elimination activities since the start of the NHS England Hepatitis C elimination tender in May 2019.

Jo Churchill:

[Holding answer 21 July 2021]: NHS England and NHS Improvement allocate funding to the hepatitis C elimination programme. Since May 2019, NHS England and NHS Improvement have spent £63 million in both 2019/20 and 2020/21 on medicines.

Since the strategic procurement was awarded in 2019/20, NHS England and NHS Improvement have spent £9 million in 2019/20 and £15 million in 2020/21 on elimination initiative costs.

■ Hepatitis: Disease Control

Mr Virendra Sharma:

[\[34477\]](#)

To ask the Secretary of State for Health and Social Care, what annual budget has been allocated by his Department to the elimination of Hepatitis C in each of the last five years; how much of that budget has been used since the commencement of the NHSE Hepatitis C elimination tender; and whether NHS England plans to ringfence that same amount of funding over the next four years to ensure elimination of that disease by 2025 in England.

Jo Churchill:

[Holding answer 21 July 2021]: NHS England and NHS Improvement's national hepatitis C elimination programme's total annual elimination initiative's expenditure, for which information is available, is as follows:

- 2021/22 - £20 million (budgeted);
- 2020/21 - £15 million; and
- 2019/20 - £9 million.

Prior to 2019/20, there was no dedicated elimination initiative funding. Regions were funded based on expenditure incurred by their providers and allocated on a monthly basis. NHS England and NHS Improvement have confirmed the budget provided each year has allowed the needs of the elimination programme to be fully met and expects the required budget to be made available for the duration of the programme.

■ Hepatitis: Drugs

Mr Virendra Sharma:

[\[34475\]](#)

To ask the Secretary of State for Health and Social Care, how much his Department has spent on Hepatitis C medicines in each of the last four years.

Jo Churchill:

[Holding answer 21 July 2021]: NHS England and NHS Improvement's spending is as follows:

- 2020/21 - £63 million;
- 2019/20 - £63 million;
- 2018/19 - £86 million; and
- 2017/18 - £260 million.

The figure for 2017/18 pre-dates NHS England's hepatitis C elimination tender in 2019.

■ Integrated Care Systems**Justin Madders:**[\[24224\]](#)

To ask the Secretary of State for Health and Social Care, which hon. Members have (a) Ministers and (b) officials in his Department met to discuss the geographical configuration of Integrated Care Systems.

Edward Argar:

NHS England's regional teams have led on engagement with affected areas including National Health Service organisations and local authorities as part of the integrated care system (ICS) boundary review. This review specifically focussed on areas where ICS and local authority boundaries are not aligned.

Additionally, I have met with the hon. Members for Bassetlaw (Brendan Clarke-Smith MP), Barnsley Central (Dan Jarvis MP), Bracknell (James Sunderland MP), Slough (Mr Tanmanjeet Singh Dhesi MP), Windsor (Adam Afriyie MP), Harwich and North Essex (Sir Bernard Jenkin MP), Waveney (Peter Aldous MP), Colchester (Will Quince MP), Thurrock (Jackie Doyle-Price MP), High Peak (Robert Largan MP) and the Rt hon. Members for Harlow (Rt hon. Robert Halfon MP), Epping Forest (Rt hon. Dame Eleanor Laing MP) and Maidenhead (Rt hon. Mrs Theresa May MP).

All representations made to the Department through these meetings as well as formal correspondence were considered before a final decision was made regarding ICS boundaries.

■ Long Covid**Layla Moran:**[\[34032\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential effect of the Government's decision to ease covid-19 restrictions on 19 July 2021 on the projected number of long covid cases in the next 12 months; and if he will make a statement.

Jo Churchill:

[Holding answer 20 July 2021]: 'Long' COVID-19 is a new condition that is not yet fully understood. We are working to develop our understanding, including the

numbers of people being affected, the duration of symptoms and methods of reporting.

■ Medical Treatments

Alex Norris:

[\[34019\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure that the outcomes of the Innovative Medicines Fund and NICE Methods Review will align due to the fact that the timescale for the consultation processes will complete at a similar time.

Jo Churchill:

[Holding answer 20 July 2021]: The National Institute for Health and Care Excellence (NICE) and NHS England and NHS Improvement are developing proposals for the Innovative Medicines Fund. NHS England and NHS Improvement announced the size of the fund on 21 July and an engagement exercise with stakeholders on detailed proposals is expected in the coming weeks.

NICE also expects to consult on proposed changes to its programme manual in the summer as part of its ongoing methods and process review. NICE, NHS England and NHS Improvement will ensure that the outcomes of these processes support early patient access to the most promising new treatments.

■ NHS: Protective Clothing

Justin Madders:

[\[24229\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 3 June 2021 to Question 301 on Protective Clothing: Manufacturing Industries, what value of personal protective equipment (PPE) was procured from each of those companies; and what proportion each of those values comprise of the total amount of value of PPE procured by his Department from all sources since 1 October 2020.

Jo Churchill:

[Holding answer 5 July 2021]: All contracts, including those for UK Make, are publicly available on contracts finder. The precise values for individual contracts may be subject to revision and approved signed contract variation as the contract proceeds and to date, available data shows that the largest UK Make contract is less than 2% of the total of all contracts across the programme.

The Department has contracted with over 30 manufacturers in the United Kingdom for around 3.9 billion items of personal protective equipment (PPE) and this represents approximately 12% of the total PPE ordered. The total percentage value of overall UK Make COVID-19 PPE contracts is 8.9%.

■ Pharmacy: Medical Records

Feryal Clark: [\[35949\]](#)

To ask the Secretary of State for Health and Social Care, what consideration he has made of the potential merits of pharmacists being given read and write access to medical records.

Jo Churchill:

The Department, NHS England and NHS Improvement, NHSX and NHS Digital are progressing interoperability of systems to achieve this access. In some areas, medical records are already shared between medical professionals to support locally commissioned services.

■ Primary Health Care

Sir George Howarth: [\[36528\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 7 July 2021 to Question 23077 on Primary health care, what estimate his Department has made of the number of referrals from the NHS 111 referral service to community pharmacy for self-treatable conditions in each month since November 2020.

Jo Churchill:

The following table shows the number of referrals to the Community Pharmacist Consultation Scheme (CPCS) from NHS 111 for minor illnesses in each month since November 2020:

MONTH	NHS 111 MINOR ILLNESS CPCS REFERRALS
November 2020	22,165
December 2020	20,063
January 2021	23,600
February 2021	19,475
March 2021	24,574
April 2021	29,250
May 2021	37,390
June 2021	29,448

■ Primary Health Care: Buildings

Royston Smith: [\[33984\]](#)

To ask the Secretary of State for Health and Social Care, whether he has made an assessment of the potential merits of introducing a ring-fenced revenue commitment in

the NHS budget for primary care estate rental costs for the purposes of unlocking private sector investment in developing modern purpose-built primary care buildings.

Jo Churchill:

No such assessment has been made. NHS England and NHS Improvement have an existing revenue budget for general practice premise reimbursements. Currently, general practitioner (GP) contractors are eligible for rental reimbursements. The type of reimbursement applicable depends on who owns the building, and entitlements are set out in The National Health Service (General Medical Services - Premises Costs) Directions 2013. Where GPs are tenants in a building owned by a National Health Service landlord or a private owner, they receive leasehold cost reimbursements.

■ **Serco**

Jon Trickett:

[\[34456\]](#)

To ask the Secretary of State for Health and Social Care, what estimate he has made for the total value of payments made to Serco since 2010, and for each of the last 10 years.

Jo Churchill:

The information requested is shown in the following table. Information on contracts prior to 2013 is not held.

YEAR	SPEND
2013	£2,743,517.42
2014	£3,402,281.39
2015	£3,121,526.81
2016	£3,031,625.62
2017	£2,851,597.06
2018	£2,682,365.88
2019	£2,980,613.29
2020	£315,880,420.15
2021 (to date)	£387,175,504.49
Total	£723,869,452.11

■ Travel: Coronavirus**Mr David Davis:** [\[17685\]](#)

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of British holidaymakers travelling abroad who will choose not to comply with covid-19 testing requirements on their return.

Mr David Davis: [\[17686\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the risks to public health of British holidaymakers failing to comply with covid-19 testing requirements after travelling abroad; and if he will make a statement.

Jo Churchill:

We are unable to provide the information requested as it relates to the ongoing formulation of Government policy. However, an important part of the Government's aim to see a safe and sustainable return to international travel is ensuring the inbound rules are being adhered to, including individuals entering England from both amber-list and green-list countries and territories.

We are working closely with the Home Office to ensure that our international travel regulations are robustly enforced. The Home Office has contracted Mitie (private security) to conduct door-step visits to those suspected of non-compliance. Any individuals suspected of non-compliance by Mitie officers are referred to the police for follow-up enforcement action, which can include issuing Fixed Penalty Notices.

■ Travel: Quarantine**Clive Efford:** [\[10142\]](#)

To ask the Secretary of State for Health and Social Care, if any outbreaks of new covid-19 variants have originated from people in quarantine in hotels having just arrived from abroad; and if he will make a statement.

Jo Churchill:

[Holding answer 9 June 2021]: This information is not held centrally. However, the Scientific Advisory Group for Emergencies' Environmental Modelling Group Transmission sub-group is currently reviewing the evidence on the risk of transmission in hotels, including mobile quarantine facilities. This will be published by autumn 2021.

Munira Wilson: [\[24354\]](#)

To ask the Secretary of State for Health and Social Care, whether his Department has made an estimate of the number of people who have contracted covid-19 in covid-19 quarantine hotels.

Jo Churchill:

[Holding answer 5 July 2021]: This information is not held centrally.