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**PARLIAMENTARY DEBATES  
(HANSARD)**

# **HOUSE OF LORDS**

## **WRITTEN STATEMENTS AND WRITTEN ANSWERS**

**Written Statements .....1**

**Written Answers.....2**

[I] indicates that the member concerned has a relevant registered interest. The full register of interests can be found at <http://www.parliament.uk/mps-lords-and-offices/standards-and-interests/register-of-lords-interests/>

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<b>Lord Ahmad of Wimbledon</b>	Minister of State, Foreign, Commonwealth and Development Office
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<b>Baroness Barran</b>	Parliamentary Under-Secretary of State, Department for Digital, Culture, Media and Sport
<b>Baroness Berridge</b>	Parliamentary Under-Secretary of State, Department for Education and Department for International Trade
<b>Lord Bethell</b>	Parliamentary Under-Secretary of State, Department of Health and Social Care
<b>Baroness Bloomfield of Hinton Waldrist</b>	Whip
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<b>Baroness Goldie</b>	Minister of State, Ministry of Defence
<b>Lord Goldsmith of Richmond Park</b>	Minister of State, Department for Environment, Food and Rural Affairs and Foreign, Commonwealth and Development Office
<b>Lord Greenhalgh</b>	Minister of State, Home Office and Ministry of Housing, Communities and Local Government
<b>Lord Grimstone of Boscobel</b>	Minister of State, Department of Business, Energy and Industrial Strategy and Department for International Trade
<b>Lord Parkinson of Whitley Bay</b>	Whip
<b>Baroness Penn</b>	Whip
<b>Baroness Scott of Bybrook</b>	Whip
<b>Baroness Stedman-Scott</b>	Parliamentary Under-Secretary of State, Department for Work and Pensions
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<b>Lord Wolfson of Tredegar</b>	Parliamentary Under-Secretary of State, Department of Justice
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# Written Statements

Wednesday, 6 January 2021

## Covid-19 Vaccine Update

[HLWS686]

**Lord Bethell:** My Rt Hon Friend the Secretary of State for Health and Social Care (Matt Hancock) has made the following written statement:

I am tabling this statement for the benefit of Honourable and Right Honourable members to bring to their attention the contingent liabilities relating to the contract signed between Her Majesty's Government (hereafter HMG) and AstraZeneca/Oxford for their COVID-19 vaccine.

On 29 December, the Medicines and Healthcare products Regulatory Authority (MHRA) gave their authorisation for use of the COVID-19 vaccine being manufactured by AstraZeneca/Oxford. With deployment of this vaccine beginning next week I am now updating the House on the liabilities HMG has taken on in relation to this vaccine via this statement and attached Departmental Minute.

The agreement to provide an indemnity as part of the contract between HMG and AstraZeneca/Oxford creates a contingent liability on the COVID-19 vaccination programme, and I will be laying a Departmental Minute today containing a description of the liability undertaken.

It has been and is the Government's strategy to manage COVID-19 until an effective vaccine/s can be deployed at scale. Willingness to accept appropriate indemnities has helped to secure access to vaccines with the expected benefits to public health and the economy alike much sooner than may have been the case otherwise.

Given the exceptional circumstances we are in, and the terms on which developers are willing to supply a COVID-19 vaccine, we have had to take a broader approach to indemnification than we usually would. Global approaches differ, but we are aware that many other nation states are offering indemnities as part of their contractual arrangements, or other means e.g. the US PREP Act, which provides immunity from liability to vaccine developers.

Even though the COVID-19 vaccines have been developed at pace, at no point and at no stage of

development has safety been bypassed. The independent MHRA's approval for use of the AstraZeneca/Oxford vaccine clearly demonstrates that this vaccine has satisfied, in full, all the necessary requirements for safety, effectiveness, and quality. We are providing indemnities in the very unexpected event of any adverse reactions that could not have been foreseen through the robust checks and procedures that have been put in place.

Developing a vaccination against COVID-19 has been an extraordinary feat which has been delivered at great pace. Given the pace of vaccine development and our ambition to deploy the vaccine as soon as it has been authorised, it has not been possible to provide you with normal 14 sitting days to consider this issue of contingent liabilities.

I will update the House in a similar manner as and when other COVID-19 vaccines are deployed.

The Statement includes the following attached material:

Departmental Minute [DEPARTMENTAL MINUTE FROM THE DEPARTMENT OF HEALTH AND SOCIAL CARE NOTIFICATION OF THE CONTINGENT LIABILITY ARISING FROM THE CONTRACT WITH ASTRAZENECAOXFORD FOR COVID-19 VACCINE.docx]

The material can be viewed online at:

<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Lords/2021-01-06/HLWS686/>

## Prime Minister's Trade Envoy Programme

[HLWS685]

**Lord Grimstone of Boscobel:** My Rt Hon Friend the Minister of State for Trade Policy (Greg Hands MP) has today made the following statement.

The Prime Minister has made a new appointment to his Trade Envoy programme.

This new appointment will extend the total number of Trade Envoys to 30 parliamentarians covering 69 markets. The Prime Minister's trade envoy programme is an unpaid and voluntary cross-party network, which supports the UK's ambitious trade and investment agenda in global markets.

Laurence Robertson MP for Tewkesbury has been appointed as the Prime Minister's Trade Envoy to Angola and Zambia.

## Written Answers

Wednesday, 6 January 2021

### Abortion: Ethnic Groups

Asked by *Lord Taylor of Warwick*

To ask Her Majesty's Government what plans they have (1) to investigate any differences in abortion rates between black women and other ethnic groups in Britain, and (2) to assess the impact of any differences on the black British community. [[HL11506](#)]

**Lord Bethell:** The Department has commissioned the King's Fund to undertake a piece of work to provide insights into factors contributing to changing patterns of abortion uptake in England. The findings from this work will help inform the development of the Sexual and Reproductive Health Strategy, which will consider how inequalities in relation to all groups, including black women and other ethnic groups, can be addressed.

The Department has also launched a three-month consultation on whether to make permanent the current temporary measure allowing for home use of both pills for early medical abortion up to 10 weeks gestation for all eligible women. This includes a specific question on how making permanent home use of both pills could have a differential impact on groups of people or communities and we welcome feedback from anyone with an interest or view on this subject, including black women and those from other ethnic groups.

### Antibiotics: Research

Asked by *Baroness Bennett of Manor Castle*

To ask Her Majesty's Government what support they intend to provide for research on the degradation rate of antibiotics used for human use; and what plans they have to use such research to inform antibiotic (1) prescribing, (2) management, and (3) discovery and research. [[HL10692](#)]

**Lord Bethell:** We have interpreted the noble Lady's question as referring to the degradation of antibiotics in the environment. The United Kingdom is working with the pharmaceutical industry, water industry, research institutes and across Government to address the issue of antibiotics in the environment, as part of both the UK's five year National Action Plan on antimicrobial resistance and response to the European Commission's Strategic Approach to Pharmaceuticals in the Environment report. Work is still at the evidence-gathering stage but it is anticipated that research will include looking at occurrence and behaviour of antibiotics in the environment, which may include degradation. Findings will feed into evidence-based policy to inform potential solutions, which may include more prudent prescribing, better waste management and a drive towards greener manufacture and development of pharmaceuticals.

## Care Quality Commission

Asked by *Lord Lucas*

To ask Her Majesty's Government whether the Care Quality Commission's justification for the use of the word gender in the equality and human rights statement on its website reflects Government policy. [[HL9856](#)]

**Lord Bethell:** The Care Quality Commission (CQC) has used the word 'gender' instead of 'sex' in their Equality, Diversity and Human Rights Policy and Principles of Workforce Equality Monitoring since these documents were introduced in 2011.

These documents were reviewed by the CQC's Staff Equality Networks and approved by the CQC's Joint Negotiating and Consultation Committee, which includes trade union representatives and senior managers, alongside external, national union officers and were signed-off by the CQC's board at that time.

The use of the word 'gender' did not arise as an issue of concern whilst completing Equality Impact Assessments for new human resources policies. It was neither subject to a specific assessment nor to legal advice at the time, but Government Legal Services have now reviewed the CQC's use of the word gender in these documents and confirmed that this meets the requirements of the Equality Act 2010.

## Coronavirus Self-isolation Payment Scheme

Asked by *Lord Greaves*

To ask Her Majesty's Government how many applications for self-isolation payments were received in each of the pilot areas up to the end of the first full week of operation; and how many such applications were approved. [[HL8024](#)]

**Lord Bethell:** We are working closely with all 314 lower tier and unitary local authorities to collate information on how the Test and Trace Support Payment scheme is progressing and will release information on the number of applications, number of successful applications and amounts paid out in due course.

## Coronavirus: Armed Forces

Asked by *Lord De Mauley*

To ask Her Majesty's Government what assessment they have made of the level of service provided by armed forces personnel on Christmas Eve in undertaking mass COVID-19 testing of lorry drivers in Kent to enable those drivers to cross the English Channel; and what plans they have to thank formally those personnel for that service. [[HL11646](#)]

**Baroness Goldie:** Over the Christmas period, 800 service personnel deployed to Kent to provide COVID-19 testing for hauliers crossing the English Channel, including support to food and welfare distribution. To

date, over 40,000 tests have been conducted, allowing thousands of freight vehicles to travel to France.

Defence is extremely grateful for the work of all its personnel involved in COVID-19 activity across the UK.

### Coronavirus: Carers

*Asked by Baroness Hayman of Ullock*

To ask Her Majesty's Government what steps they are taking to offer COVID-19 vaccinations to family carers of care home residents. [HL10965]

**Lord Bethell:** Work has taken place to ensure we have the logistical expertise, transport, and workforce to rollout a vaccine, at the speed at which it can be manufactured. In line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI), the vaccine will be initially rolled out to priority groups, including care home residents and staff, people over 80 years old, and health and care workers. The vaccine will then be prioritised amongst the rest of the population in order of age and risk, including those who are clinically extremely vulnerable and all individuals aged 16-64 years old with underlying health conditions.

The JCVI appreciates that operational considerations, such as minimising wastage, may require deviation from the prioritisation order as outlined in the statement, where decisions are taken in consultation with national or local public health advice. We will follow the advice of the JCVI on clinical prioritisation, which supports vaccinating those most at risk of death from COVID-19.

### Coronavirus: Contact Tracing

*Asked by Lord Judd*

To ask Her Majesty's Government what assessment they have made of concerns raised by local authorities, in particular those raised by Cumbria County Council, about the performance of private companies carrying out track and trace operations to address the COVID-19 pandemic; and what plans they have to divert the resources provided to those companies to local authorities to ensure that contact tracing is local by default. [HL9848]

**Lord Bethell:** We are working with local authorities and other community partners to minimise the risk of local outbreaks occurring to respond swiftly and effectively to stop the spread of COVID-19. As of 18 December, we have over 270 local contact tracing partnerships in place, with more in implementation. In the week 3 to 9 December, 96.6% of contacts where communication details were given were reached and told to self-isolate, an increase from 92.5% in the previous week.

To support these local responses, we have already made £700 million additional funding available for local authorities in England to develop robust, tailored outbreak control plans to identify and contain potential outbreaks.

### Coronavirus: Disease Control

*Asked by Lord Taylor of Goss Moor*

To ask Her Majesty's Government what estimate of the proportion of COVID-19 cases that are asymptomatic they applied to the forecasting models that were used to inform the decision to place England under national restrictions in March to address the COVID-19 pandemic; and what was the evidence base used for this estimate. [HL9878]

**Lord Bethell:** The Scientific Advisory Group for Emergency (SAGE) is responsible for ensuring that timely and coordinated scientific advice is made available to support decisions by the Government. The SAGE subgroup, Scientific Pandemic Influenza Group on Modelling, Operational use their own estimates of metrics such as asymptomatic case proportions, infection hospitalisation rates, or infection fatality rates. These are based on a wide range of available data sources, including testing data, hospital admission, intensive care unit admissions, and deaths. Their models are regularly updated to fit to the observed transmission of the disease.

In the reasonable worst-case planning scenario from late March, SAGE's best estimate of the infection fatality ratio was approximately 1%, however this was highly age-dependent. Precise estimates of the case fatality ratio – the proportion of people with clinical symptoms who die – are much harder, as the proportion of cases who are asymptomatic is difficult to estimate. Due to the difficulty with ascertaining the proportion of infections that are truly asymptomatic, modelling is based on estimates of the total number of infections in a population. At the time, the best estimate of the proportion of cases that were asymptomatic was 33%.

Estimates of mortality rates for those hospitalised were around 12%. However, again this was highly age-dependent, with 50% mortality in those hospitalised who require invasive ventilation.

SAGE's estimate of the proportion of infections that required hospitalisation was 5% overall, but that this was also highly dependent on age. This reasonable worst-case planning scenario used an estimate for the number of patients requiring ventilation, mechanical or otherwise, of 30%. A copy of the SAGE paper *Reasonable Worst-Case Planning Scenario – 29/03/2020* is attached.

The Answer includes the following attached material:

Reasonable Worst Case Scenario 29 March 2020 [HL9878 - S0089\_Reasonable\_Worst-Case\_Planning\_Scenario\_-\_29.03.pdf]

The material can be viewed online at:  
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-11-02/HL9878>

*Asked by Lord Taylor of Goss Moor*

To ask Her Majesty's Government what estimate of the percentage of COVID-19 cases that lead to hospital admissions was applied to the forecast modelling used to inform their decision to place England under national

restrictions in March; and what was the evidence base used for this estimate. [HL9881]

**Lord Bethell:** The Scientific Advisory Group for Emergency (SAGE) is responsible for ensuring that timely and coordinated scientific advice is made available to support decisions by the Government. The SAGE subgroup, Scientific Pandemic Influenza Group on Modelling, Operational use their own estimates of metrics such as asymptomatic case proportions, infection hospitalisation rates, or infection fatality rates. These are based on a wide range of available data sources, including testing data, hospital admission, intensive care unit admissions, and deaths. Their models are regularly updated to fit to the observed transmission of the disease.

In the reasonable worst-case planning scenario from late March, SAGE's best estimate of the infection fatality ratio was approximately 1%, however this was highly age-dependent. Precise estimates of the case fatality ratio – the proportion of people with clinical symptoms who die – are much harder, as the proportion of cases who are asymptomatic is difficult to estimate. Due to the difficulty with ascertaining the proportion of infections that are truly asymptomatic, modelling is based on estimates of the total number of infections in a population. At the time, the best estimate of the proportion of cases that were asymptomatic was 33%.

Estimates of mortality rates for those hospitalised were around 12%. However, again this was highly age-dependent, with 50% mortality in those hospitalised who require invasive ventilation.

SAGE's estimate of the proportion of infections that required hospitalisation was 5% overall, but that this was also highly dependent on age. This reasonable worst-case planning scenario used an estimate for the number of patients requiring ventilation, mechanical or otherwise, of 30%. A copy of the SAGE paper *Reasonable Worst-Case Planning Scenario – 29/03/2020* is attached.

The Answer includes the following attached material:

Reasonable Worst Case Scenario March 2020 [HL9878 - S0089\_Reasonable\_Worst-Case\_Planning\_Scenario\_-\_29.03.pdf]

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<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-11-02/HL9881>

*Asked by Lord Taylor of Goss Moor*

To ask Her Majesty's Government what estimate of the percentage of COVID-19 cases that require mechanical ventilation was applied to the forecast modelling used to inform the decision to place England under national restrictions in March; and what was the evidence base used for this estimate. [HL9883]

**Lord Bethell:** The Scientific Advisory Group for Emergency (SAGE) is responsible for ensuring that timely and coordinated scientific advice is made available to support decisions by the Government. The SAGE subgroup, Scientific Pandemic Influenza Group on Modelling, Operational use their own estimates of metrics

such as asymptomatic case proportions, infection hospitalisation rates, or infection fatality rates. These are based on a wide range of available data sources, including testing data, hospital admission, intensive care unit admissions, and deaths. Their models are regularly updated to fit to the observed transmission of the disease.

In the reasonable worst-case planning scenario from late March, SAGE's best estimate of the infection fatality ratio was approximately 1%, however this was highly age-dependent. Precise estimates of the case fatality ratio – the proportion of people with clinical symptoms who die – are much harder, as the proportion of cases who are asymptomatic is difficult to estimate. Due to the difficulty with ascertaining the proportion of infections that are truly asymptomatic, modelling is based on estimates of the total number of infections in a population. At the time, the best estimate of the proportion of cases that were asymptomatic was 33%.

Estimates of mortality rates for those hospitalised were around 12%. However, again this was highly age-dependent, with 50% mortality in those hospitalised who require invasive ventilation.

SAGE's estimate of the proportion of infections that required hospitalisation was 5% overall, but that this was also highly dependent on age. This reasonable worst-case planning scenario used an estimate for the number of patients requiring ventilation, mechanical or otherwise, of 30%. A copy of the SAGE paper *Reasonable Worst-Case Planning Scenario – 29/03/2020* is attached.

The Answer includes the following attached material:

Reasonable Worst Case Scenario 29 March 2020 [HL9878 - S0089\_Reasonable\_Worst-Case\_Planning\_Scenario\_-\_29.03.pdf]

The material can be viewed online at:  
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-11-02/HL9883>

*Asked by Lord Taylor of Goss Moor*

To ask Her Majesty's Government what estimate of the percentage of COVID-19 fatalities they applied to the forecasting models that were used to inform the decision to place England under national restrictions in March to address the COVID-19 pandemic; and what was the evidence base used for this estimate. [HL9957]

**Lord Bethell:** The Scientific Advisory Group for Emergency (SAGE) is responsible for ensuring that timely and coordinated scientific advice is made available to support decisions by the Government. The SAGE subgroup, Scientific Pandemic Influenza Group on Modelling, Operational use their own estimates of metrics such as asymptomatic case proportions, infection hospitalisation rates, or infection fatality rates. These are based on a wide range of available data sources, including testing data, hospital admission, intensive care unit admissions, and deaths. Their models are regularly updated to fit to the observed transmission of the disease.

In the reasonable worst-case planning scenario from late March, SAGE's best estimate of the infection fatality

ratio was approximately 1%, however this was highly age-dependent. Precise estimates of the case fatality ratio – the proportion of people with clinical symptoms who die – are much harder, as the proportion of cases who are asymptomatic is difficult to estimate. Due to the difficulty with ascertaining the proportion of infections that are truly asymptomatic, modelling is based on estimates of the total number of infections in a population. At the time, the best estimate of the proportion of cases that were asymptomatic was 33%.

Estimates of mortality rates for those hospitalised were around 12%. However, again this was highly age-dependent, with 50% mortality in those hospitalised who require invasive ventilation.

SAGE's estimate of the proportion of infections that required hospitalisation was 5% overall, but that this was also highly dependent on age. This reasonable worst-case planning scenario used an estimate for the number of patients requiring ventilation, mechanical or otherwise, of 30%. A copy of the SAGE paper *Reasonable Worst-Case Planning Scenario – 29/03/2020* is attached.

The Answer includes the following attached material:

Reasonable Worst Scenario 29 March 2020 [HL9878 - S0089\_Reasonable\_Worst-Case\_Planning\_Scenario\_-\_29.03.pdf]

The material can be viewed online at:  
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-11-03/HL9957>

## Coronavirus: Religious Buildings

*Asked by Lord Moylan*

To ask Her Majesty's Government, further to the statement by Lord Greenhalgh on 3 November (HL Deb, col 632), when they will publish the results of Public Health England's research into evidence around places of worship and the proliferation of the COVID-19 virus. [HL10001]

**Lord Bethell:** Public Health England had not been requested to research and publish detailed specific data on the numbers of COVID-19 cases related to place of worship and allied settings on outbreak investigation. This is now being performed.

## Coronavirus: Screening

*Asked by Earl Attlee*

To ask Her Majesty's Government what formal quality assurance assessment, or similar, is required to be undertaken before an organisation can be accredited (1) to perform, and (2) to analyse, COVID-19 tests; and what is the minimum standard those organisations must meet before accreditation. [HL10945]

**Lord Bethell:** All manufacturers of polymerase chain reaction tests for COVID-19 must meet the requirements of our validation process to ensure the accuracy of their

tests. The accreditation process for organisations completing COVID-19 testing will be completed by the United Kingdom Accreditation Service and published online.

*Asked by Lord Warner*

To ask Her Majesty's Government, in calculating the COVID-19 related laboratory capacity required for NHS and public health purposes in England for the period to 31 March 2021, what are their estimates of the number of tests required per week for (1) NHS staff and patients, (2) adult social care staff and service users, (3) secondary school children over the age of 16, (4) teachers and teaching assistants, (5) full-time students aged 18-22, and (6) public transport staff. [HL8216]

**Lord Bethell:** We do not publish data in the format requested.

*Asked by Lord Warner*

To ask Her Majesty's Government whether all the laboratories available for COVID-19 tests are (1) currently, or (2) planning to be, working seven days a week and in shifts covering most of each day. [HL8218]

**Lord Bethell:** Since the start of the pandemic, we increased the capacity of National Health Service and Public Health England laboratories, as well as setting up an entirely new nationwide network of new Lighthouse laboratories and partner laboratories to process samples. Lighthouse laboratories and partner laboratories have continued to maximise capacity. This includes recruiting staff, mobilising additional equipment and optimising workflows. All Lighthouse laboratories are now working on a 24 hours a day, seven days a week basis.

*Asked by Lord Bourne of Aberystwyth*

To ask Her Majesty's Government what assessment they have made of the time taken to process tests for COVID-19. [HL9511]

**Lord Bethell:** We have been focused on improving test turnaround times alongside expanding capacity and these are getting significantly better. Three out of five people who were tested in-person received their test result the very next day. Between 29 October and 4 November, the median time taken to receive a test result for regional test sites decreased to 27 hours from 31 hours in the previous week. Similarly, the median time decreased for local test sites to 29 hours from 33 hours and for mobile testing units to 25 hours from 29 hours during the same period.

We know we need to do more and are committed to improve this even further. We are validating use of robotics and improving technology used in the supply chain to speed up the flow of samples from test sites to labs and uploading of results, as well as making improvements to our logistics. We are also trialling new rapid tests that will give results on the spot and allow us to test whole cities.

## Dental Services

Asked by *Lord Colwyn*

To ask Her Majesty's Government what assessment they have made of the potential benefits to patients of designating dentists and dental teams as key workers. [HL9464]

**Lord Bethell:** All frontline health and social care staff are designated as key workers including dentists and their teams.

## Gender Recognition: Children

Asked by *Lord Blencathra*

To ask Her Majesty's Government, further to the High Court judgment in R (on the application of) Quincy Bell and A -v- Tavistock and Portman NHS Trust and others [2020] EWHC 3274, issued on 1 December, what plans they have to instruct the (1) University College London Hospitals NHS Foundation Trust, and (2) Leeds Teaching Hospitals NHS Trust, (a) to stop any treatments of those under 16 relating to gender reassignment, and (b) to publish a report on the steps to be taken in response to any such treatments carried out before 1 December. [HL11064]

**Lord Bethell:** All trusts who work with the Gender Identity Development Service have been issued the amended service specification halting all future referrals to endocrinology services for under 16 year olds. A copy of *Amendments to Service Specification for Gender Identity Development Service for Children and Adolescent (E13/S(HSS)/e)* is attached.

A review of the service is being undertaken under the chairmanship of Dr Hillary Cass which will cover a number of different aspects of the service including treatment pathways.

The Answer includes the following attached material:

Service Specification [HL11064-Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf]

The material can be viewed online at:  
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-12-03/HL11064>

## Health Services and Social Services: Work Experience

Asked by *Lord Taylor of Warwick*

To ask Her Majesty's Government what assessment they have made of the availability of work placements in the health and social care sector; and what steps they are taking to increase that availability. [HL11508]

**Lord Bethell:** The Government has not made a specific assessment of the availability of work placements in the health and social care sector. Health Education England (HEE) support several work experience initiatives, for

example the establishment of a National Work Experience network and commissioning career taster days. HEE have set up a group to review past work and will be working over the coming months to establish how HEE will support work experience across the country on a longer-term basis.

## Idiopathic Pulmonary Fibrosis: Health Services

Asked by *Lord McCrea of Magherafelt and Cookstown*

To ask Her Majesty's Government what support they are providing to pulmonary fibrosis patients whose treatment was disrupted during the COVID-19 pandemic. [HL11227]

**Lord Bethell:** At the peak of the COVID-19 pandemic some clinics were suspended but rapidly reinstated and recommendations to continue specialised clinic work in the second wave has been issued. Patients have continued to be both identified and treated.

While such lung function measurements are aerosol generating procedures, advice was circulated by The Association for Respiratory Technology and Physiology to ensure such patients were investigated.

For those patients already receiving treatment the National Institute for Health and Care Excellence guidelines were relaxed to ensure continuation of the drugs and to allow initiation of new therapies.

## Lord Feldman of Elstree

Asked by *Lord Scriven*

To ask Her Majesty's Government when Lord Feldman was appointed as an adviser to the Parliamentary Under Secretary of State for the Department of Health and Social Care; and (1) when, and (2) where, any such appointment was made public. [HL10448]

**Lord Bethell:** Lord Feldman was appointed as an unpaid advisor on 23 March 2020. As this was not a public appointment, there was no requirement to disclose.

## Protective Clothing: Contracts

Asked by *Lord Alton of Liverpool*

To ask Her Majesty's Government which contracts they awarded to PestFix for the provision of personal protection equipment; what was the total value of such contracts; and what value of equipment supplied under such contracts was designated as (1) unfit for use in the NHS, (2) fit for clinical use only, (3) suitable for supply or sale to departments other than the Department of Health and Social Care, (4) suitable for sale or supply to third countries, and (5) required to be destroyed. [HL10940]

**Lord Bethell:** Seven contracts have been awarded to Pestfix by the Department with a total value of £348



million. Contract Award Notices and the contracts themselves have been published online at the Government's Contracts Finder service which contain details of the value of each contract and the types of personal protective equipment (PPE) which have been ordered against each contract.

Delivery is progressing for all these PPE items. All items of PPE undergo a rigorous technical assurance process before they can be released for use at which point decisions will be made about which healthcare setting they are suitable for or whether alternative settings need to be considered. Details of such decisions on individual contracts is regarded as commercially sensitive information as the Department may have to negotiate contract variations, which could include a refund or other form or redress against the supplier.

*Asked by Lord Alton of Liverpool*

To ask Her Majesty's Government which contracts they awarded to PPE Medpro for the provision of personal protection equipment; what was the total value of such contracts; and what value of equipment supplied under such contracts were designated as (1) unfit for use in the NHS, (2) fit for clinical use only, (3) suitable for supply or sale to departments other than the Department of Health and Social Care, (4) suitable for sale or supply to third countries, and (5) required to be destroyed. [HL10942]

**Lord Bethell:** Two contracts have been awarded to PPE Medpro by the Department with a total value of £202 million. Contract Award Notices and the contracts themselves have been published online at the Government's Contracts Finder service which contain details of the value of each contract and the types of personal protective equipment (PPE) which have been ordered against each contract.

Delivery is progressing for all these PPE items. All items of PPE undergo a rigorous technical assurance process before they can be released for use at which point decisions will be made about which healthcare setting they are suitable for or whether alternative settings need to be considered. Details of such decisions on individual contracts is regarded as commercially sensitive information as the Department may have to negotiate contract variations, which could include a refund or other form or redress against the supplier.

*Asked by Lord Alton of Liverpool*

To ask Her Majesty's Government which contracts they awarded to Purple Surgical for the provision of personal protection equipment; what was the total value of such contracts; and what value of equipment supplied under such contracts were designated as (1) unfit for use in the NHS, (2) fit for clinical use only, (3) suitable for supply or sale to departments other than the

Department of Health and Social Care, (4) suitable for sale or supply to third countries, and (5) required to be destroyed. [HL10943]

**Lord Bethell:** Seven contracts have been awarded to Purple Surgical by the Department with a value of £226 million. Contract Award Notices and the contracts themselves have been published online at the Government's Contracts Finder service which contain details of the value of each contract and the types of personal protective equipment (PPE) which have been ordered against each contract.

Delivery is progressing for all these PPE items. All items of PPE undergo a rigorous technical assurance process before they can be released for use at which point decisions will be made about which healthcare setting they are suitable for or whether alternative settings need to be considered. Details of such decisions on individual contracts is regarded as commercially sensitive information as the Department may have to negotiate contract variations, which could include a refund or other form or redress against the supplier.

## Test and Trace Support Payment

*Asked by Baroness Lister of Burtersett*

To ask Her Majesty's Government how many people have (1) applied for, (2) had an application rejected for, and (3) received, the Test and Trace Support Payment. [HL11309]

**Lord Bethell:** We are working closely with all 314 lower tier and unitary local authorities to collate information on how the Test and Trace Support Payment scheme is progressing, and will release information on the number of applications, number of successful applications and amounts paid out in due course.

*Asked by Baroness Lister of Burtersett*

To ask Her Majesty's Government, further to the Written Answer by Lord Bethell on 17 September (HL7674), whether it is only possible to apply for the NHS Test and Trace Self-Isolation Payment after the period of self-isolation has ended; if so, why; and how many such payments have so far been (1) claimed, and (2) paid, in each of the pilot areas. [HL8322]

**Lord Bethell:** Individuals can claim for a Test and Trace Support Payment up to 14 days after their period of self-isolation ends.

We are working closely with all 314 lower tier and unitary local authorities to collate information on how the Test and Trace Support Payment scheme is progressing and will release information on the number of applications, number of successful applications and amounts paid out in due course.

## Index to Statements and Answers

<b>Written Statements.....</b>	<b>1</b>
Covid-19 Vaccine Update .....	1
Prime Minister’s Trade Envoy Programme.....	1
<b>Written Answers.....</b>	<b>2</b>
Abortion: Ethnic Groups .....	2
Antibiotics: Research.....	2
Care Quality Commission .....	2
Coronavirus Self-isolation Payment Scheme .....	2
Coronavirus: Armed Forces .....	2
Coronavirus: Carers.....	3
Coronavirus: Contact Tracing .....	3
Coronavirus: Disease Control.....	3
Coronavirus: Religious Buildings .....	5
Coronavirus: Screening .....	5
Dental Services.....	6
Gender Recognition: Children.....	6
Health Services and Social Services: Work Experience .....	6
Idiopathic Pulmonary Fibrosis: Health Services ..	6
Lord Feldman of Elstree.....	6
Protective Clothing: Contracts .....	6
Test and Trace Support Payment.....	7