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**PARLIAMENTARY DEBATES
(HANSARD)**

HOUSE OF LORDS

WRITTEN STATEMENTS AND WRITTEN ANSWERS

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Written Statements

Monday, 11 January 2021

Independent Medicines and Medical Devices Safety Review

[HLWS688]

Lord Bethell: My Hon. Friend, the Minister of State (Minister for Patient Safety, Suicide Prevention and Mental Health) (Nadine Dorries), has made the following statement:

The Report of the Independent Medicines and Medical Devices Safety Review (IMMDS Review) was published on 8 July last year. I would like first to sincerely thank Baroness Cumberlege and her team for their work on the Review. I also pay tribute to the women and their families who bravely shared their experiences and brought these issues to light. Without their tireless efforts to have their voices heard, this Review would not have been possible.

The overriding question investigated by the Review is how the health and care system listens and responds to patient concerns raised by patients, and women in particular. We must not forget that the Cumberlege Review, alongside other independent inquiries including the Paterson Inquiry, was commissioned because women did not feel listened to or their concerns acknowledged – today is another step towards righting this.

On the Paterson inquiry, I would also like to provide a very brief update. Work on the Government response was temporarily paused last Spring due to the first wave of the COVID-19 pandemic. Efforts have since resumed at pace, and I can confirm today that I will announce and publish the Government's initial response in Parliament shortly.

Returning to the IMMDS Review, many of the Report's recommendations have already been discussed in detail during the Committee stage of the Medicines and Medical Devices Bill, and this has helped us to determine our future direction. We are very grateful to Members from both Houses who have worked with us on this.

I am today updating the House on the Government's response to the Report of the IMMDS Review, taking each recommendation in turn.

Recommendation 1: The Government should immediately issue a fulsome apology on behalf of the healthcare system to the families affected by Primodos, sodium valproate and pelvic mesh. In July, when I introduced this Report to the House, I made an unreserved apology on behalf of the health and care system to those women, their children and their families for the time the system took to listen and respond. I assure those affected that the Government has listened, and will continue to listen.

Recommendation 2: The appointment of a Patient Safety Commissioner who would be an independent public leader with a statutory responsibility. The Commissioner would champion the value of listening to patients and promoting users' perspectives in seeking

improvements to patient safety around the use of medicines and medical devices.

The central recommendation in the Report is for the establishment of an independent Patient Safety Commissioner. This recommendation has rightly ignited much interest and debate in both Houses, and the Government has listened carefully to the arguments made for a Commissioner, and how this might sit within the wider patient safety landscape.

Patient safety is a key priority for the healthcare system. In my role as Minister of State for patient safety, I often hear from and meet with people who have been affected by issues of patient safety. Their stories have common themes – of suffering avoidable harm, of not being listened to and of a system that is then difficult to navigate when things go wrong. We want to make the NHS as safe as anywhere in the world, and we must retain an absolute focus on achieving this goal.

I can therefore confirm that the Government tabled an amendment to the Medicines and Medical Devices Bill before the Christmas Recess to establish the role of an independent Patient Safety Commissioner, in line with Baroness Cumberlege's second recommendation.

The Commissioner will act as an independent advocate for patients, and strengthen the ability of our health services to listen to the voice of patients. The Commissioner will be established as a statutory office holder, appointed by the Secretary of State for Health and Social Care, and will act independently on behalf of patients.

The Commissioner's core duties will be to promote the safety of patients and the importance of the views of patients in relation to medicines and medical devices. To help in carrying out these duties, the Commissioner will have a number of powers and functions, including the ability to make reports and recommendations to the NHS and independent sector, and to request and share information with these bodies.

The Government looks forward to working with Members of both Houses to ensure this new post acts as a beacon for listening and reflecting the safety concerns of patients, so that we can drive positive culture change in our healthcare system.

Recommendation 3: A new independent Redress Agency for those harmed by medicines and medical devices should be created based on models operating effectively in other countries. The Redress Agency will administer decisions using a non-adversarial process with determinations based on avoidable harm looking at systemic failings, rather than blaming individuals.

The Government has no current plans to establish a redress agency as set out in recommendation three. The Government and industry have previously established redress schemes without the need for an additional agency.

Recommendation 4: Separate schemes should be set up for each intervention – HPTs, valproate and pelvic mesh – to meet the cost of providing additional care and

support to those who have experienced avoidable harm and are eligible to claim.

Recommendation four on redress schemes for sodium valproate, mesh, and HPTs remains under consideration.

Recommendation 5: Networks of specialist centres should be set up to provide comprehensive treatment, care and advice for those affected by implanted mesh; and separately for those adversely affected by medications taken during pregnancy.

Good progress is being made on establishing specialist mesh services, which are the fifth recommendation in the Report. NHS England is working with NHS hospitals to establish specialist mesh services which are currently planned to go live from the Spring this year.

These services will bring together leading experts to provide multi-disciplinary care and treatment for all women who have experienced complications due to vaginal or abdominal mesh procedures.

With a centre in every NHS region, these new services will ensure nationwide provision, and centres will work together to hone their expertise and share best practice.

We continue to consider the second part of recommendation five, which is for specialist centres for those adversely affected by medicines in pregnancy.

Recommendation 6: The Medicines and Healthcare products Regulatory Agency (MHRA) needs substantial revision particularly in relation to adverse event reporting and medical device regulation. It needs to ensure that it engages more with patients and their outcomes. It needs to raise awareness of its public protection roles and to ensure that patients have an integral role in its work.

Patient safety is the MHRA's top priority. The MHRA recognises that the major changes highlighted by the Report, particularly recommendation six, are very important.

The MHRA has already begun a substantial programme of work to improve how it involves patients in all aspects of its work, to reform systems for reporting adverse incidents with medicines and medical devices, and to strengthen the evidence base for its regulatory decisions.

Within the MHRA's work to strengthen the evidence base, the safety of medicines in pregnancy is of utmost importance.

In the UK, three quarters of a million babies are born each year, and more than half of expectant mothers will need to take medicines when pregnant. We must ensure that women have high-quality, accessible information to be able to make informed decisions about their healthcare.

To that end, I would like to highlight two important developments of MHRA reform.

Firstly, the MHRA Expert Working Group on *Optimising Data on Medicines used During Pregnancy* is today publishing its report which recommends ways in which healthcare data can be better collected and made available for analysis. This will enable the generation of better evidence on medicines used in pregnancy and will

be vitally important when developing clear and consistent advice for women.

Secondly, the MHRA has established a *Safer Medicines in Pregnancy and Breastfeeding Consortium*. This brings together 16 leading organisations from across the NHS, regulators, and key third sector and charitable organisations. Today, they are launching a strategy setting out how they will work to improve information on medicines for women who are thinking about becoming pregnant, are pregnant, or are breastfeeding.

Sodium Valproate

On sodium valproate, in response to concerns raised during the previous debate on the IMMDS Review, I am pleased to announce that the National Director of Patient Safety has recently established a Valproate Safety Implementation Group.

This Valproate Safety Implementation Group will drive forward work to reduce harm from valproate through taking action to reduce the number of women prescribed valproate, and improving patient safety for women for whom there is no alternative medication, for example by increasing adherence to the Valproate Pregnancy Prevention Programme. The Programme will ensure that every girl or woman knows about the risks of valproate in pregnancy, that where appropriate she is on effective contraception, and that she has a review by her specialist prescriber at a minimum once a year, when a risk acknowledgement form will be discussed and signed by both prescriber and woman herself. Importantly, the Valproate Safety Implementation group will work with patients to understand how women can be supported to make informed decisions about their health care.

In addition, last week the MHRA published the conclusions of a safety review into antiepileptic drugs conducted by the Commission on Human Medicines. This will help clinicians identify safer alternatives to valproate for the treatment of epilepsy in women who may become pregnant.

I am also pleased to announce that the first data from the new Valproate Registry will become available later this month. The registry is being developed by the MHRA and NHS Digital, and will support work to monitor adherence to the Valproate Pregnancy Prevention Programme, and allow for long-term individual patient follow up.

Recommendation 7: A central patient-identifiable database should be created by collecting key details of the implantation of all devices at the time of the operation. This can then be linked to specifically created registers to research and audit the outcomes both in terms of the device safety and patient reported outcomes measures.

The seventh recommendation in Baroness Cumberlege's Report rightly reflects on the importance of collecting the right data for monitoring the safety of medical devices. We recognise the need for improved data collection and analysis for medical devices.

That is why the Government acted in June last year to amend the Medicines and Medical Devices Bill to create

the power to establish a UK-wide medical device information system prior to the review report being published, as we recognised the need to deliver such an information system. This system will mean that in future, subject to regulations, we can routinely collect medical device, procedure and outcome data from all NHS and private provider organisations across the UK, ensuring that no patient in the UK falls through the gaps.

The Government is grateful to Members in both Houses, including Baroness Cumberlege, for their support for establishing a medical device information system.

Recommendation 8: Transparency of payments made to clinicians needs to improve. The register of the General Medical Council (GMC) should be expanded to include a list of financial and non-pecuniary interests for all doctors, as well as doctors' particular clinical interests and their recognised and accredited specialisms. In addition, there should be mandatory reporting for the pharmaceutical and medical device industries of payments made to teaching hospitals, research institutions and individual clinicians.

The Government is considering recommendation eight, which is that doctors' financial and non-pecuniary interests should be declared and publicly available.

Any publication of declarations of interest should cover all clinical decision-making staff, not just doctors: it would also need to be held where patients could most easily access and interpret the information, with appropriate governance arrangements. We will consider these issues in discussion with the GMC, other stakeholders and the patient reference group to ensure the views of patients are listened to and incorporated.

Recommendation 9: The Government should immediately set up a task force to implement this Review's recommendations. Its first task should be to set out a timeline for their implementation.

The Government has no plans to establish an independent taskforce to implement the Report's recommendations. A cross-system working group has already been set up, meeting regularly, to develop the Government's detailed response to the Report.

However, the Government recognises the need for effective patient engagement both to build trust, and ensure effective implementation. I am pleased to announce today that we are establishing a Patient Reference Group, which is part of Baroness Cumberlege's ninth recommendation. The Patient Reference Group will ensure that patient voices are heard as we move forward towards a full response to the Report.

Conclusion

The Report of the IMMDS Review powerfully demonstrates the importance of hearing the patient voice in patient safety matters. The actions outlined here demonstrate the Government's commitment to learning from this report, and will support vital work already underway to hear the voice of the patient as part of the NHS Patient Safety Strategy. We currently plan to

respond further to the Report of the IMMDS Review during 2021.

Leasehold, Commonhold and Grand Rents

[HLWS690]

Lord Greenhalgh: My Rt Hon. Friend, the Secretary of State for the Ministry of Housing, Communities and Local Government (Robert Jenrick) has today made the following Written Ministerial Statement:

The Government is committed to promoting fairness and transparency for homeowners and ensuring that consumers are protected from abuse and poor service.

Last week I announced the most significant set of reforms to how we hold property for at least 40 years and the beginning of even more fundamental change to English property law, through the widespread introduction of the Commonhold tenure.

To deliver this, we will bring forward legislation in the upcoming session to set future ground rents to zero. This will be the first part of seminal two-part legislation to implement reforms in this Parliament.

Enfranchisement valuation and lease extensions

In 2017 the Government asked the Law Commission to review the legislation on leasehold enfranchisement, with the aim of making it easier, quicker and more cost effective for leaseholders to buy their freehold or extend their lease.

The Law Commission have now completed this work and their findings are clear. Under the current system, too many leaseholders find the process for extending their lease or buying their freehold prohibitively expensive, too complex and lacking transparency. I am addressing this, addressing historic imbalance to ensure fairness for leaseholders, whilst taking account of the legitimate rights of freeholders. I will continue to ensure we meet this objective as we bring forward reforms.

The Government will reform the process of enfranchisement valuation leaseholds must follow to calculate the cost of extending their lease or buying their freehold. Taken together these measures could save leaseholds thousands of pounds, depending on the remaining term of their lease.

The Government will abolish marriage value, cap the treatment of ground rents at 0.1% of the freehold value and prescribe rates for the calculations at market value. The Government will also introduce an online calculator, further simplifying the process for leaseholds and ensuring standardisation and fairness for all those looking to enfranchise.

Existing discounts for improvements made by the leaseholder and for security of tenure will be retained, alongside a separate valuation methodology for low-value properties known as 'section 9(1)'. Leaseholders will also be able to voluntarily agree to a restriction on future development of their property to avoid paying 'development value'.

Leaseholders of houses can currently only extend their lease once at a 'modern ground rent' for 50 years, compared to leaseholders of flats who can extend as often as they wish at a zero 'peppercorn' ground rent for 90 years.

I am confirming that the Government will give leaseholders of all types of property the same right to extend their lease as often as they wish, at zero ground rent, for a term of 990 years. There will continue to be redevelopment breaks during the last 12 months of the original lease or the last five years of each period of 90 years of the extension, subject to existing safeguards and compensation.

We will also enable leaseholders, where they already have a long lease, to buy out the ground rent without the need to extend the term of the lease.

Commonhold

In 2017 the Government also asked the Law Commission to recommend reforms to reinvigorate commonhold as a workable alternative to leasehold, for both existing and new homes.

Having closely reviewed their report, I am confirming I will establish a new Commonhold Council as a partnership of industry, leaseholders and Government that will prepare homeowners and the market for the widespread take-up of commonhold. I will start this work immediately, including considering legislation. I know this will take time and close working with consumers and industry, and the Commonhold Council will be the critical first step of this.

Restricting future ground rents

Finally, ahead of legislating to restrict future ground rents to zero for future leases, I am also confirming that this policy now also applies to retirement properties. Restricting future ground rents to zero is a basic matter of fairness and including retirement properties will ensure that those who live in retirement housing benefit from the same reform as other leaseholders.

I do not see a compelling argument to exclude the elderly from this new protection in fact, they deserve it more than most.

In recognition of the previous announcement of the ground rent exemption in June 2019, and wishing to mitigate potential impact on these developers, commencement of this provision will be deferred and come into force (for retirement properties) 12 months after Royal Assent.

This announcement is the beginning of a programme of historic leasehold and property reforms. This package is only part of Government's response to the Law Commission's reports. The Government will respond to the Law Commission's remaining recommendations on enfranchisement, commonhold and right to manage in due course. We will translate these measures into law as soon as possible, starting with legislation to set future ground rents to zero in the upcoming session. This will be the

first part of major two-part legislation to implement leasehold and Commonhold reforms in this Parliament.

It is my ambition that together these fundamentally enhance the fairness of English property rights and be seen in the future as landmark reforms to the way we own homes.

Rough Sleeping and Protection for Renters

[HLWS691]

Lord Greenhalgh: My Rt Hon. Friend, the Secretary of State for the Ministry of Housing, Communities and Local Government (Robert Jenrick) has today made the following Written Ministerial Statement:

Last week I announced further support to protect the most vulnerable through the national lockdown. This includes further efforts and funding to protect rough sleepers and ensure they are registered with a GP, where they are not already. I also confirmed that evictions will not be enforced by bailiffs until at least 21 February, except for in the most egregious situations. I have set out below the comprehensive set of measures the Government has put in place to protect the tenants, whilst ensuring landlords have access to justice for the most serious cases.

Rough sleeping

Given the new variant of COVID-19 that is driving infection rates and the Prime Minister's announcement of a new national lockdown, it is clear we need to redouble our efforts to ensure that people who sleep rough, who we know are vulnerable to this disease, are kept as safe as possible and that we do everything we can to protect the NHS.

As a result, I am launching an additional £10 million fund, as part of the over £700 million deployed this year, to help ensure even more rough sleepers are safely accommodated and will be asking that this opportunity is actively used to make sure all rough sleepers are registered with a GP, and are factored into local area vaccination plans, in line with the Joint Committee on Vaccination and Immunisation (JCVI) prioritisation for Covid vaccinations. In due course, those vaccination efforts will be simpler and more successful where rough-sleepers are in safe accommodation.

This Government is committed to ending rough sleeping and we have taken huge steps working with local authorities and their partners to protect rough sleepers during the pandemic. This work has not stopped, and in November we had supported around 33,000 people with nearly 10,000 in emergency accommodation and over 23,000 already moved on into longer-term accommodation.

This work has had a huge impact; intelligence from local authorities indicates that numbers on the streets have fallen significantly. A recent study published by the Lancet showed that because of this response 266 deaths were avoided during the first wave of the pandemic among England's homeless population, as well as 21,092

infections, 1,164 hospital admissions and 338 admissions to Intensive Care Units.

These efforts have been backed by significant government support. We have given councils over £4.6 billion in unringfenced grants to help them to manage the impacts of COVID-19, which we have been clear includes their work to support rough sleepers.

We have also been in close contact with councils to develop plans for the coming months, supported by the £266 million Next Steps Accommodation Programme which aims to ensure that as few people as possible return to the streets. This includes bringing forward 3,300 new homes this year for rough sleepers, leaving a national legacy of this Government's support for these individuals.

In addition, to prepare for winter months, we launched a £10 million Cold Weather Fund for all local authorities to bring forward COVID-secure accommodation this winter and to keep vulnerable people safe from the cold. This is accompanied by a £2 million Transformation Fund for the voluntary sector, as well as comprehensive guidance on reopening night shelters more safely, where not doing so would endanger lives.

With the introduction of national restrictions in November, we asked all local authorities to update their plans for rough sleepers to make sure they had somewhere safe to go over the winter. We provided targeted support through the Protect Programme to support local authorities with higher numbers of rough sleepers to meet the specific challenges they faced. In total, we are spending over £700 million in 2020/21 on homelessness and rough sleeping.

Despite the success of ongoing interventions, we know there are some people on the streets who have not engaged with that support, or have lost accommodation provided to them, which is why I have asked local authorities to make further efforts to accommodate all rough sleepers again, even those who have previously refused help.

The Government has asked local areas to ensure that vulnerable groups will be able to access the vaccine, when they fall into one of the JCVI priority groups, and this should include people experiencing rough sleeping. Local authorities should work with their local health partners to ensure that – when they are prioritised – individuals experiencing homelessness are able to access the vaccine by other means if mainstream provision is unsuitable. This will help ensure that the wider health needs of people who sleep rough are addressed, supporting them now and for the future.

I encourage all relevant partners and local authorities to consider how they can best use the available support to protect the most vulnerable.

Ongoing protection for renters

Since the start of the pandemic, the Government has put in place unprecedented support to protect renters. Further legislation to extend protections for renters has come into force today, continuing to prevent bailiffs from attending residential premises to enforce a writ or warrant of

possession except in the most egregious circumstances. This will ensure we continue to protect public health during the new period of national lockdown restrictions, at a time when the risk of virus transmission is very high, and to avoid placing additional burdens on the NHS and local authorities.

The measure contains some exemptions for the most serious cases. These exemptions are for:

- cases where the court is satisfied that the claim is against trespassers who are persons unknown;
- cases where the court is satisfied that the order for possession was made wholly or partly on the grounds of anti-social behaviour, nuisance or false statements, domestic abuse in social tenancies or substantial rent arrears equivalent to six month's rent; or
- where the property is unoccupied and the court is satisfied that the order for possession was made wholly or partly on the grounds of death of the tenant.

Many landlords have been compassionate and shown huge forbearance for tenants over this period. However, in order to ensure that the restrictions do not disproportionately impact landlords, some of whom rely on rental income for their livelihoods, we have amended the rent arrears exemption from the earlier regulations, to apply in cases where there are six months' rent arrears or more. Recognising the need for landlords to be able to access justice in cases such as this, the Government has amended the rent arrears exemption to apply in cases where there are six months' rent arrears or more.

This legislation will be in place for at least six weeks, when it will be reviewed and consideration taken to the latest public health data. The legislation applies to England only.

These continued restrictions on bailiff enforcement build on protections for renters announced last year, including 6-month notice periods until at least the end of March for all but the most serious cases. This means that renters served notice today can stay in their homes until July 2021, with time to find alternative support or accommodation.

Courts will continue to remain open throughout the new period of national lockdown restrictions. The Court rules and procedures introduced in September to respond to the pandemic remain in place and will be regularly reviewed. This includes the requirement for landlords to send the court information about the impact the pandemic has had on their tenant. The judiciary will continue to prioritise the most serious cases, such as anti-social behaviour or fraud.

In addition, the Government is piloting a new mediation service as part of the possession action process to support landlords and tenants to resolve disputes before a formal court hearing takes place. This new service will be free to use for tenants and landlords that agree to do so. We anticipate the pilot rolling out in February for six months. It will help more tenants at an early stage of the possession process, mitigating the risk of tenants

becoming homeless and helping to sustain tenancies where possible.

We've taken action to prevent people getting into financial hardship by helping businesses to pay salaries, with the Job Retention scheme extended to the end of April, and boosted the welfare safety net by billions. This helps to ensure that tenants are able to pay their rent, minimising the impact on landlords. We strongly encourage all tenants to pay their rent and if they are having difficulty in doing so, they should have an early conversation with their landlord.

To further support landlords with buy to let mortgages, the mortgage holiday has been extended with applications open to 31 March 2021. Borrowers impacted by Coronavirus that have not yet had a mortgage payment holiday will be entitled to a six-month holiday, and those that have already started a mortgage payment holiday will be able to top up to six months without this being recorded on their credit file.

Taken together, our package of protections for renters strikes the right balance between prioritising public health and supporting renters, whilst ensuring landlords can access and exercise their right to justice. This, along with the measures being announced today to step up the Government's ongoing support for rough sleepers and ensure their wider health needs are addressed, will safeguard the most vulnerable people across England through the national lockdown.

Whiplash Reform Programme

[HLWS689]

Lord Wolfson of Tredegar: My right honourable friend the Lord Chancellor and Secretary of State for Justice (Robert Buckland) has made the following Written Statement.

"I would like to provide an update on the Whiplash Reform Programme.

The Government remains firmly committed to the implementation of the necessary and proportionate measures set out in Part 1 of the Civil Liability Act 2018

and the associated increase to the small claims track limit for road traffic accident related personal injury claims.

In my Written Ministerial Statement of 21 April 2020, I spoke of the effect and impact that the Covid-19 pandemic has had on the medical, legal and insurance sectors and the action that Government was taking to ease the difficulties caused by the outbreak. This included delaying the implementation of the Whiplash Reform Programme to April 2021 in order to enable key sectors of this country's business to focus on delivering their response to Covid-19. This pause also allowed the Government to focus resource on the priority delivery of key justice services during the pandemic.

Despite the challenges the pandemic has presented, MoJ continues to work with the Civil Procedure Rules Committee to finalise the supporting rules and pre-action protocol. In addition, MoJ's delivery partner the Motor Insurers' Bureau continues to make excellent progress on the build of the Official Injury Claim Service.

I do however acknowledge the challenges experienced by all this year in the face of the pandemic. I said at the time of my April statement that the Government will continue to monitor developments in relation to the current pandemic and will, if necessary, make further announcements in regard to the implementation of these important reforms. So we have listened carefully to the concerns raised by stakeholders, in particular the need for as much notice as possible to take the necessary steps in anticipation of these reforms and to prepare their businesses for the changes to how small road traffic personal injury claims are managed. We understand the importance of industry preparedness and, after consideration, it is for that reason we have decided to allow an additional short period of time to further accommodate this. As such, we will implement the Whiplash Reform Programme in May 2021.

This is a sensible and pragmatic approach to take in order to achieve successful and effective implementation of the Whiplash Reform Programme. Delivering these reforms remains a key Government priority and we will continue to work with stakeholders to ensure that all are sufficiently prepared for the new measures upon implementation."

Written Answers

Monday, 11 January 2021

Coronavirus: Hospitals

Asked by **Lord Greaves**

To ask Her Majesty's Government, for each NHS Nightingale Hospital, what was the cost of (1) acquiring, building and converting the space to be used as a hospital, (2) running the hospital since its creation, and (3) keeping the hospital on standby but unused. [HL11662]

Lord Bethell: Estimates previously provided by NHS England and NHS Improvement to the Department indicated that the set-up cost for the Nightingale hospitals would be approximately £220 million. The following table breaks down the original estimate by each individual Nightingale Hospital:

Site	Set up Costs £'000
London	57,411
Birmingham	66,408
Manchester	23,471
Harrogate	27,314
Bristol	14,209
Exeter	11,163
Sunderland	20,102
Total	220,078

Accurate estimates for per site running costs and stand-by costs are not yet available.

NHS England and NHS Improvement are in the process of reviewing all spending incurred for each individual site. The forecast for total costs including set-up, running costs, stand-by costs, and costs of decommissioning across all Nightingales will reach around £532 million covering the tail end of 2020/21 and 2021/22.

Asked by **Lord Truscott**

To ask Her Majesty's Government what plans they have to put all of the NHS Nightingale hospitals into operation so that patients with COVID-19 can be admitted. [HL11705]

Lord Bethell: The Nightingale hospitals support the National Health Service in a number of different ways depending on the need of the local communities, therefore they also operate on different clinical models.

Patients are currently being treated in Nightingale hospitals in Manchester, Exeter, Bristol and Harrogate. With the rise in Covid-19 inpatient numbers, the remaining Nightingale hospitals are being readied to admit patients once again should they be needed.

Coronavirus: Italy

Asked by **Lord Campbell-Savours**

To ask Her Majesty's Government what assessment they have made of the article by Giovanni Apolone et al Unexpected detection of SARS-CoV-2 antibodies in the pre-pandemic period in Italy, published in the Tumori Journal on 11 November. [HL11577]

Lord Bethell: Public Health England monitors the evidence on COVID-19, including articles such as that by Apolone et al.

This published study uses in-house serological methods which require considerable assurance on their specificity and sensitivity, which is not provided in the paper. Therefore, there are several reservations about the laboratory methods used, which provide uncertainty about the conclusions drawn.

Whilst indicative of the possibility, this article is not definitive evidence of the presence of COVID-19 virus in Italy in December and additional supportive evidence is required to achieve high confidence in this assertion.

Eurostar: Government Assistance

Asked by **Baroness Bennett of Manor Castle**

To ask Her Majesty's Government, further to reports about the finances of Eurostar International Ltd, what steps they are taking to support that company; what discussions they have had with the governments of France and Belgium about any such support; and whether any such support will be benchmarked against support given to airlines. [HL11636]

Baroness Vere of Norbiton: The Government has engaged with Eurostar's shareholders on a number of occasions in the last year. The Rail Minister has also met with Eurostar's majority shareholder, SNCF, specifically to discuss the challenges facing the company in light of Covid-19 and the steps its shareholders are taking to address this.

The Government has made available an unprecedented package of financial support to all sectors of the economy, including the international rail sector. The Government has been engaging closely with Eurostar since the outbreak of Covid-19 to monitor its ongoing impact, as well as support the company to access available support to address Eurostar's needs, where appropriate, and will continue to do so.

Football: Coronavirus

Asked by **Lord Taylor of Warwick**

To ask Her Majesty's Government what plans they have to offer additional emergency financial support to non-professional football clubs whose competition participation has been suspended due to restrictions put in place to address the COVID-19 pandemic. [HL11781]

Baroness Barran: Sports and physical activity providers and facilities are at the heart of our communities, and play a crucial role in supporting adults and children to be active.

Government has provided unprecedented support to businesses through tax reliefs, cash grants and employee wage support, which many non-professional clubs have benefited from. This includes the Government's £100m support fund for local authority leisure centres; Sport England's Community Emergency Fund which provided £210m directly to support community sport clubs and exercise centres through this pandemic; and the £300m Sports Winter Survival Package which aims to protect the immediate futures of major spectator sports in England over the winter period.

Furthermore, non-professional clubs will be able to access £4.6 billion in new lockdown grants to support businesses and protect jobs which the Chancellor announced on Tuesday 5 January. Businesses in the retail, hospitality and leisure sectors are to receive a one-off grant worth up to £9,000.

We are continuing to work with sports and physical activity providers, including non-professional football clubs, to understand what they need and how we may be able to support them.

Home Care Services: Coronavirus

Asked by Lord Porter of Spalding

To ask Her Majesty's Government what data they collect on the number of (1) homecare workers, and (2) people who receive care in their own homes, who have tested positive for COVID-19. [HL10632]

Lord Bethell: The information is not available in the format requested.

Hospitals: Greater London

Asked by Lord Truscott

To ask Her Majesty's Government when they plan (1) to re-equip, and (2) to open, the NHS Nightingale hospital in London so that patients with COVID-19 can be admitted. [HL11706]

Lord Bethell: The Nightingale hospital in London is undergoing preparations to be activated if needed. It will open and treat patients in line with the advice from local clinicians.

Joint Biosecurity Centre

Asked by Lord Myners

To ask Her Majesty's Government what plans they have to publish (1) the terms of reference, (2) leadership and personnel, and (3) the outcome of deliberations, of the Joint Biosecurity Centre (JBC); what assessment they have made of the impact on public trust in the decisions of the JBC of publishing

such information; and who is responsible for appointing people to the JBC. [HL9307]

Lord Bethell: The Joint Biosecurity Centre (JBC) is the analytical arm of National Health Service Test and Trace and is not dissimilar to the many analytical divisions and directorates across Government that provide insight to support policy making within Government departments. It is an organisation run and majority staffed by civil servants, with appointments made under standard civil service recruitment policy.

A description of its functions, leadership and governance is published online. The JBC is accountable to Parliament through the Secretary of State for Health and Social Care. Its governance arrangements include a range of ministerial, technical and data boards.

The JBC takes transparency seriously and since July has issued a range of publications with partners such as Public Health England, including the weekly Contain Framework Local Authority Watchlist, associated epidemiology presented to the Local Action Committee and Action Cards. As an integral part of NHS Test and Trace, information and analysis published by the JBC is issued under the NHS Test and Trace brand.

Low Incomes

Asked by The Lord Bishop of Durham

To ask Her Majesty's Government what key (1) economic, and (2) health, indicators they plan to use to inform their planned assessment of how best to support low-income families; and whether such any such assessment will include determining whether to make the £20 uplift to Universal Credit permanent. [HL11651]

Asked by The Lord Bishop of Durham

To ask Her Majesty's Government what is the timeline for their assessment of (1) how best to support low-income families, and (2) whether to make the £20 uplift to Universal Credit permanent. [HL11652]

Baroness Stedman-Scott: The £20 per week uplift to Universal Credit and Working Tax Credit was announced by the Chancellor as a temporary measure in March 2020 to support those facing the most financial disruption as a result of the public health emergency. This measure remains in place until April 2021. As the Government has done throughout this pandemic, it will continue to assess how best to support low-income families, which is why we will look at the economic and health context before making any decisions.

Patients: Hearing Impairment

Asked by Baroness Sheehan

To ask Her Majesty's Government what assessment they have made of the special needs of people with hearing loss in NHS hospitals when they are (1) acutely ill, and (2) at risk of death. [HL11703]

Lord Bethell: No such assessment has been made. However, all National Health Service hospitals are legally required to identify the support needs of patients with a disability, impairment or sensory loss and put in place reasonable adjustments to meet specific needs. This requirement, set out in the Accessible Information Standard, includes people with hearing loss.

Ports: Facilities

Asked by Lord Roberts of Llandudno

To ask Her Majesty's Government what additional (1) toilet, (2) refreshment, and (3) rest, arrangements they have made for individuals, including bus passengers, in preparation for any increased traffic (a) to, and (b) from, ports in the UK. [[HL11692](#)]

Baroness Vere of Norbiton: We have worked with Local Resilience Forums across the UK to help them prepare for the end of the Transition Period. In particular the Kent Resilience Forum have a Driver Welfare plan, which is for both freight and non-freight traffic.

Tyres: Safety Measures

Asked by Earl Attlee

To ask Her Majesty's Government whether the Road Vehicles (Construction and Use) (Amendment) Regulations 2020 are applicable to vehicles operated by the Ministry of Defence; and if not, (1) why not, and (2) what technical reasons there are for not including such vehicles. [[HL11632](#)]

Asked by Earl Attlee

To ask Her Majesty's Government whether the Road Vehicles (Construction and Use) (Amendment) Regulations 2020 are applicable to vehicles that were originally built to be heavy goods vehicles but have been converted to meet the test of being a living van; and if not, why not. [[HL11633](#)]

Asked by Earl Attlee

To ask Her Majesty's Government whether the exemption for vehicles defined as historic under the Road Vehicles (Construction and Use) (Amendment) Regulations 2020 are applicable to such vehicles if they are operated with a load at a significant proportion of their gross (1) vehicle, or (2) train, weight; and if not, why not. [[HL11634](#)]

Baroness Vere of Norbiton: The vehicles operated by the Ministry of Defence are within the scope of the Road Vehicles (Construction and Use) (Amendment) Regulations 2020.

Vehicles that were originally built as heavy goods vehicles but have been converted to be a living van (under the C&U regulations definition) are within the scope of the Road Vehicles (Construction and Use) (Amendment) Regulations 2020.

Vehicles of historical interest, as defined in the Road Vehicles (Construction and Use) (Amendment) Regulations 2020, will be exempt from these regulations irrespective of the load. However, if such a vehicle is being used commercially, it is not exempted from these regulations, as it is important to balance the granting of any exemptions with the safety of all road users.

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