



BRIEFING PAPER

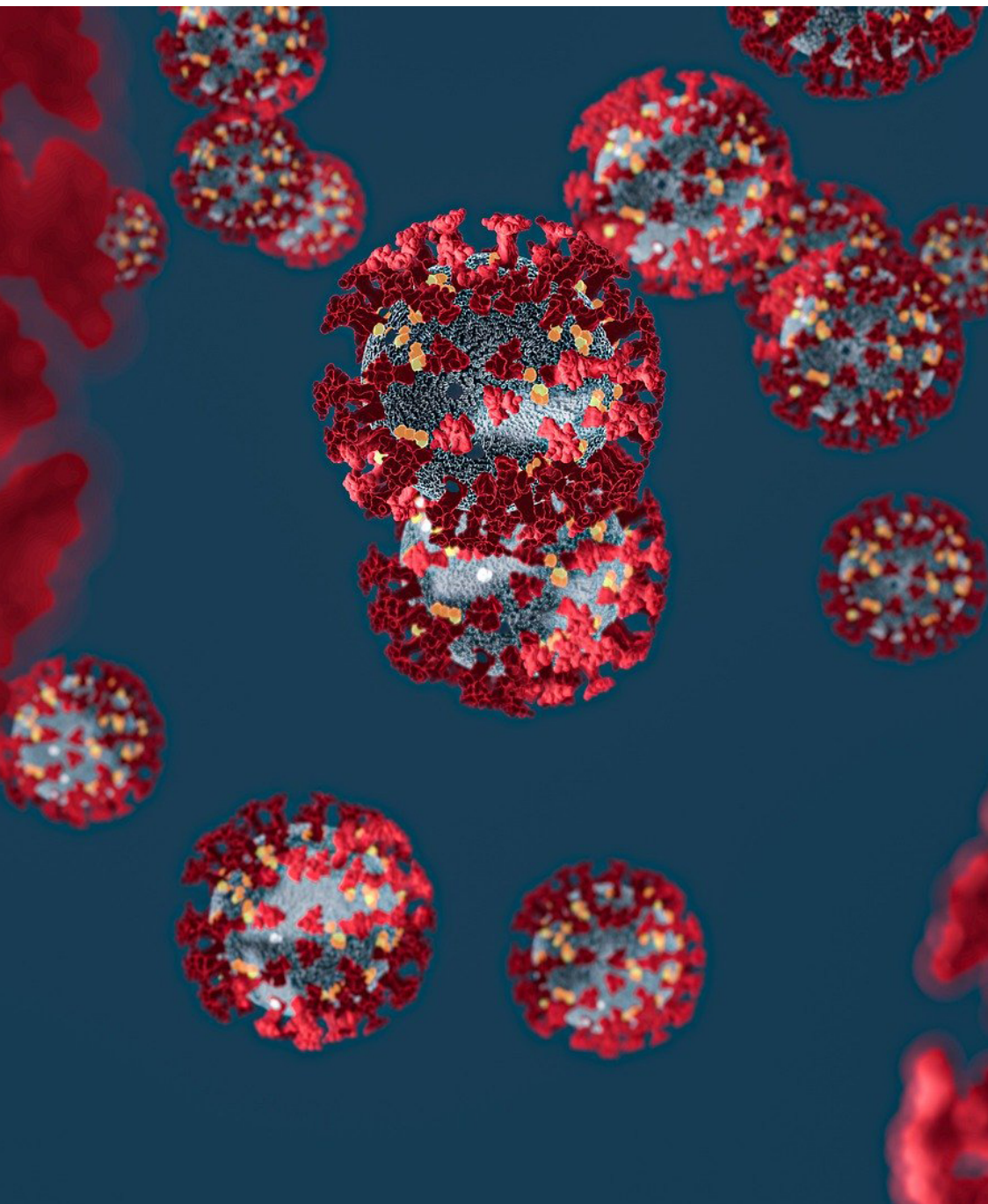
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Coronavirus: health and social care key issues and sources

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Summary

This Commons Library briefing paper provides an overview of key issues facing the NHS and social care services during the coronavirus (Covid-19) outbreak, and links to official UK and international guidance and data. It also lists other reliable sources of information in the health and social care sector, including comment from organisations representing patients, staff and service providers.

For the latest information you should refer to the coronavirus pages on the [Gov.uk](#) and [NHS websites](#). The [World Health Organisation](#) provides information on the international situation.

The latest scientific and technical advice and evidence provided to support government decision making in its response to Covid-19 pandemic can be found on the UK Government webpage, [Scientific Advisory Group for Emergencies \(SAGE\)](#).

This briefing is not a comprehensive list of all the available guidance and information on coronavirus but brings together and summarises some of the key issues that Members have raised on behalf of their constituents.

- **Section 1** of this briefing links to key coronavirus guidance for health and social care from the Government, NHS and Public Health England, particularly information for people defined on medical grounds as extremely vulnerable from Covid-19. It also covers advice for specific service areas, specific patient and public groups, and advice for health and care professionals. This includes information on supporting mental health and wellbeing.
- **Section 2** links to reliable UK and international sources of statistics on coronavirus.
- **Section 3** covers the Government's Coronavirus Action Plan (3 March 2020), the Social Care Action Plan (15 April 2020), and the Covid-19 Recovery Strategy (11 May 2020), as well as emergency legislation, and earlier pandemic guidance.
- **Section 4** sets out the Government's additional funding commitments for health and social care providers to meet the additional demands arising from the Covid-19 outbreak.
- **Section 5** sets out some of the key workforce measures to support the health and care sectors, including encouraging new and returning staff, and volunteers.
- **Sections 6 and 7** link to guidance, announcements and comment on efforts to extend hospital capacity, and to increase the supply of personal protective equipment. A separate Library briefing paper, [Coronavirus: Ventilator availability in the UK](#), provides an account of ventilator availability and procurement in the UK, a summary of government action, and a discussion of other issues associated with ventilator use.
- **Section 8** sets out some background on Government commitments to vaccine development and links to relevant briefings from the Lords Library and the Parliamentary Office for Science and Technology (POST).
- **Section 9** notes that NHS care for Covid-19 patients have been exempted from NHS overseas visitor charges.
- **Sections 10 and 11** link to other sources, including briefings from the Commons and Lords Libraries, POST, and the devolved parliamentary research services in Scotland, Wales and Northern Ireland.

- **Section 12** sets out some parliamentary material on the response of health and social care services to Covid-19, including ongoing inquiries by select committees.

The Commons Library Briefing paper, [Coronavirus: Access to adult social care in England](#), provides an overview of changes to local authority duties around the provision of adult social care during the coronavirus outbreak. The changes were brought into force on 31 March 2020, under the *Coronavirus Act 2020*.

A further Library briefing, [Coronavirus: Testing for Covid-19](#), covers the different types of test that are in use and in development, as well as testing capacity and the criteria for being tested. It also provides background on testing for NHS and social care staff. The latest information for individuals on getting tested can be found on the [Gov.uk website](#). In terms of wider action to combat the spread of coronavirus, the Government launched a 'NHS Test and Trace' service on 27 May 2020 and is continuing to work on the development of a [tracing app](#).

While the response to the coronavirus outbreak is being co-ordinated across the UK, health and social care services are largely devolved. The information in this briefing should be assumed to apply to England only, unless otherwise stated.

1. Key coronavirus guidance for health and social care

1.1 Official guidance from the UK Government

The [Coronavirus \(COVID-19\): UK government response](#) webpage is jointly maintained by the [Department of Health and Social Care \(DHSC\)](#) and [Public Health England \(PHE\)](#), and hosts a range of frequently updated information. This includes:

- action being taken by the Government;
- information about the number of UK coronavirus tests and confirmed cases;
- advice from the NHS about how to minimise the risk of infection; and
- statements from Government Ministers.

Additional official coronavirus guidance is available for [Scotland](#), [Wales](#), and [Northern Ireland](#).

PHE has published a range of guidance for different settings, including [guidance for the public](#), [guidance for health professionals](#), and guidance for [adult social care](#). This section of the briefing paper (Section 1.1) covers PHE guidance for extremely vulnerable people. Section 1.2 provides links to guidance for specific service areas, including primary care (i.e., general practice, dentistry and community pharmacy) and adult social care. Section 1.6 covers PHE [guidance for the public on mental health and wellbeing](#). Public health information for specific to other parts of the UK is available from [Health Protection Scotland](#), [Public Health Wales](#), or [Public Health Agency in Northern Ireland](#).

Guidance and support for people defined on medical grounds as extremely vulnerable from Covid-19

Public Health England (PHE) have released specific guidance for people considered at particularly high risk of getting seriously ill if they contract Covid-19. The [Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#) sets out what is meant by extremely vulnerable, including a list of conditions that will be strongly indicative of high risk. However, it is up to individual clinicians to judge whether the severity of a condition meets the specified extremely vulnerable criteria.

NHS England and NHS Improvement wrote to all those in high risk groups, in the week commencing Monday 23 March 2020, with specific advice about what to do to minimise the risk of infection.¹

¹ PHE, [Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#) (updated 23 June 2020)

The [Gov.uk website](#) provides a webpage for extremely vulnerable people to register for support. This webpage notes that it may take time for any support offered through this service to arrive, stating that “Wherever possible you should continue to rely on friends, family and wider support to help you meet your needs.”²

UK Government published guidance for local authorities in England, to support those who are shielding, including the delivery of food and medicines to affected individuals.³ NHS England guidance for community pharmacies provides further background on home delivery of medicines to vulnerable patients.⁴

Local councils are helping to support those who are shielding in other ways - including, in some cases, organising regular calls from volunteers to those isolated. Those who are shielding can also directly request the support of NHS Volunteer Responders.

The NHS is working with with the Royal Voluntary Service and the [GoodSAMapp](#) – a digital tool to help people offer their services to people in need – to call up volunteers to help vulnerable people stay safe and well at home.⁵

Changes to shielding guidance announced on 22 June 2020 (taking affect from 6 July and 1 August 2020)

The Government’s [Covid-19 Recovery Strategy](#) (11 May 2020) noted that the guidance on shielding and vulnerability will be kept under review. In planning next steps, the recovery strategy noted the need to consider effects on shielded individual’s wellbeing.

On 22 June 2020 the Government announced that, in England, from 6 July 2020, individuals who are shielding:

- do not need to try to stay 2 metres away from people they live with
- can meet with 1 other household if they live alone or they’re a single parent who lives alone with their children – this is called a ‘support bubble’
- can meet outside with people they do not live with, in groups of up to 6 – as long as they stay 2 metres away from each other⁶

The Government also announced that from 1 August 2020 shielding will be ‘paused’ for people at high risk from coronavirus (unless there is a significant rise in cases), and they will instead advise ‘strict social

² Gov.uk, [Get coronavirus support as a clinically extremely vulnerable person](#)

³ MHCLG, [Shielding clinically vulnerable people from COVID-19 Guidance for councils, LRFs and other local delivery partners](#), 24 April 2020

⁴ NHS England and NHS Improvement, [Novel Coronavirus \(COVID19\) standard operating procedure: Community Pharmacy](#), 22 March 2020

⁵ NHS England, [‘Your NHS Needs You’ – NHS call for volunteer army](#), 24 March 2020

⁶ PHE, [Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#) (updated 23 June 2020)

distancing'. The current guidance sets out what this will mean in practice from 1 August:

- you can go to work, if you cannot work from home, as long as the business is COVID-safe
- children who are clinically extremely vulnerable can return to their education settings if they are eligible and in line with their peers. Where possible children should practise frequent hand washing and social distancing
- you can go outside to buy food, to places of worship and for exercise but you should maintain strict social distancing
- you should remain cautious as you are still at risk of severe illness if you catch coronavirus, so the advice is to stay at home where possible and, if you do go out, follow strict social distancing⁷

The Government has said more detailed guidance will be provided as the changes in advice come into effect on 6 July and 1 August 2020. Those in receipt of centrally provided food boxes and medicine deliveries will continue to receive this support until the end of July if they want it. There is also further [information on schools](#) and the [workplace](#) for those living in households where people are shielding.⁸ The DHSC has also published a [letter sent to shielding patients, dated 22 June 2020](#).

1.2 Advice on specific service areas

The Chief Executive of the NHS, Sir Simon Stevens, wrote to all NHS providers on 29 April 2020 setting out the NHS's approach and priorities over the next phase of the response to Covid-19. This included an Annex setting out guidance on a number of service areas, including:

- Cancer
- Cardiovascular Disease, Heart Attacks and Stroke
- Maternity
- Primary Care
- Community Services
- Mental Health and Learning Disability/Autism Services
- Screening and Immunisation

The letter also included advice on reducing the risk of cross-infection by scaling up the use of technology-enabled care.⁹

NHS England has also published a range of clinical guidance aimed at specialists working in hospitals in England during the pandemic ([NHS England, Coronavirus: secondary care specialty guides](#)).

Public Health England (PHE) and NHS England have also issued guidance for a number of other service areas. Primary care guidance and standard

⁷ Ibid.

⁸ Ibid.

⁹ NHS Chief Executive Letter, [Second Phase of NHS Response to Covid-19](#), 29 April 2020

operating procedures for Covid-19 have been published by [NHS England](#).

PHE have published Covid-19 [guidance for commissioners and providers of services for people who use drugs or alcohol](#). PHE and the Ministry of Justice have also published guidance to assist healthcare staff and custodial and detention staff in addressing coronavirus in prisons and detention centres ([COVID-19: prisons and other prescribed places of detention guidance](#)).¹⁰

The National Institute for Health and Care Excellence (NICE) is producing a range of [rapid guidelines and evidence summaries](#) to support the NHS and social care during the coronavirus outbreak.

Social care guidance

The Department of Health and Social Care (DHSC) and PHE have published a range of guidance for providers of social care and unpaid carers. This can be accessed at: [Coronavirus \(COVID-19\): adult social care guidance](#).

The guidance includes, but is not limited to:

- [Admission and Care of Residents during COVID-19 Incident in a Care Home](#)
- [COVID-19: how to work safely in care homes](#)
- [COVID-19: how to work safely in domiciliary care](#)
- [COVID-19: guidance for supported living and home care](#)
- [Coronavirus \(COVID-19\): providing unpaid care](#)
- [Coronavirus \(COVID-19\): guidance for people receiving direct payments](#)
- [Coronavirus \(COVID-19\): reducing risk in adult social care](#)

On 6 May 2020, the Government announced the launch of a dedicated app for the adult social care workforce in England. The app will, the announcement said, provide access to guidance, learning resources and discounts; and offer support on mental health and wellbeing through toolkits and resources.¹¹

Re-use of medicines in care homes

NICE [good practice guidance for managing medicines in care homes](#) includes a recommendation that care home providers must ensure that medicines prescribed for a resident are not used by another resident. This recommendation has been altered to help ease pressure on medicines during the coronavirus outbreak. On 23 April 2020, the DHSC published guidance for care homes and hospices about using medicines labelled for one patient who no longer needs them for

¹⁰ See also MoJ press release, [Measures announced to protect NHS from coronavirus risk in prisons](#), 4 April 2020 and the Commons Library briefing [Coronavirus: Prisons \(England and Wales\)](#), 8 April 2020.

¹¹ DHSC, [Dedicated app for social care workers launched](#), 6 May 2020.

another patient: [Coronavirus \(COVID-19\): reuse of medicines in a care home or hospice](#).

Advance care planning

There have been a number of press reports about GPs writing to 'high risk' patients about Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR or DNAR) decisions in the context of the coronavirus pandemic.¹²

On 7 April 2020 the Chief Medical Officer, Professor Stephen Powis, and the Chief Nursing Officer, Ruth May, wrote to NHS and GP leaders on [Maintaining standards and quality of care in pressurised circumstances](#). This provided the following:

In regard to those patients who are the most vulnerable, we should encourage them to discuss their individual wishes and concerns regarding their treatment preferences should they develop COVID-19 symptoms and record those preferences in an advance care plan. The British Medical Association, Care Provider Alliance, Care Quality Commission, and the Royal College of General Practice have recently issued a statement on the role of general practitioners in this regard which provides an excellent basis for the approach required, not just in general practice but throughout the health and care system. The key principle is that each person is an individual whose needs and preferences must be taken account of individually. By contrast blanket policies are inappropriate whether due to medical condition, disability, or age. This is particularly important in regard to 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders, which should only ever be made on an individual basis and in consultation with the individual or their family.

The [BMA, CPA, CQC, RCGP joint statement](#) referred to above was published on 1 April 2020 and provides further information on advance care planning. Further background on DNARs is also available in some further guidance from the Royal College of Nursing: [COVID-19 guidance on DNACPR and verification of death](#).

General Practice

The Royal College of General Practitioners (RCGP) has developed a number of practical resources and support for GPs and their teams, linked to on their webpage on the [RCGP Covid-19 webpage](#).

The [BMA has issued guidance for GPs](#) about how to respond to the Covid-19 pandemic, including what services should and shouldn't continue to be provided.

Cancer services

NICE has published new guidelines on the [delivery of systemic anticancer treatments \(published 21 March 2020, last updated 27 April 2020\)](#). This provided advice to modify communication with patients, and the delivery of services, to reduce patient exposure to Covid-19 and make the best use of resources.

¹² See for example, Health Service Journal, [GPs contacting patients about 'do not resuscitate' forms](#), 1 April 2020

Maternity services and pregnant women

[Coronavirus \(COVID-19\) infection and pregnancy – guidance for healthcare professionals](#) has been published by the Royal College of Obstetricians and Gynaecologists (RCOG), Royal College of Midwives and Royal College of Paediatrics and Child Health (with input from the Royal College of Anaesthetists, the Obstetric Anaesthetists' Association, Public Health England and Health Protection Scotland): They have also published [Occupational health advice for employers and pregnant women during the COVID-19 pandemic](#). [FAQs](#) on the guidance are also available from the RCOG.

Mental health, learning disabilities and autism services

NHS England has published a range of guidance for mental health trusts and other mental health service providers during the coronavirus pandemic (NHS England, [Mental health, learning disabilities and autism: Guidance](#)). This includes, [Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages](#). On 24 April 2020 the Government published [Guidance for care staff who are supporting adults with learning disabilities and autistic adults during the coronavirus \(COVID-19\) outbreak](#).

Section 1 of the Commons Library briefing [Mental Health Policy in England](#) (updated 10 July 2020) provides information on mental health and the coronavirus pandemic. A short Commons Library Insight article looks at the evidence of the impact of coronavirus on people with a learning disability in England ([Coronavirus: People with learning disabilities](#), 9 June 2020)

Hospices

[Hospice UK](#) (the national charity for hospice and palliative care) has brought together relevant links to official coronavirus guidance and resources. They also provide links to statements given by hospices in response to the current outbreak of coronavirus in the UK.

Abortion services

On 30 March 2020, the Department of Health and Social Care (DHSC) [approved temporary measures](#) in England to limit the transmission of Covid-19 and ensure continued access to early medical abortion services. The measures enable women and girls to take both pills for early medical abortion up to 10 weeks, in their own homes, without the need to first attend a hospital or clinic. The measures also enable doctors to prescribe misoprostol and mifepristone for the treatment of early medical abortion up to 10 weeks from their own homes. This must be carried out in line with the criteria set out in the DHSC guidance, [Temporary approval of home use for both stages of early medical abortion \(30 March 2020\)](#).

The Royal College of Obstetricians and Gynaecologists (RCOG) has published [Coronavirus \(COVID-19\) Infection and abortion care –](#)

[information for healthcare professionals](#). This provides further information on the legal position in different parts of the UK.

Fertility treatment

To support wider changes to the health service in responding to the pandemic, fertility treatment in the UK across the NHS and private sector was temporarily suspended on 23 March 2020. While this suspension was lifted from 11 May, there may still be delays for some patients in accessing their fertility treatment, as clinics need to meet robust safety criteria in order to restart treatment (see [Written Ministerial Statement, HCWS264, 3 June 2020](#)). The [Human Fertilisation and Embryology Authority](#) (HFEA) also provides information about coronavirus and its impact on fertility treatment or pregnancy for patients and those working in the fertility sector.

Non-essential patient transport services

During the coronavirus outbreak, NHS patient transport services are being reconfigured to provide essential services to patients with the highest needs. This involves substantially reducing non-essential patient transport services (see: NHS England and NHS Improvement, [COVID-19 patient transport services: requirements and funding](#), 28 March 2020).

NHS Continuing Healthcare

The *Coronavirus Act 2020* allows NHS providers to delay assessments for NHS Continuing Healthcare (NHS CHC) until after the emergency period. NHS CHC is a package of care which provides for health and social care needs and is arranged and funded solely by the NHS. In order to receive funding, individuals must be assessed by their local clinical commissioning group (CCG) according to a detailed process to determine whether they have a 'primary health need'.

The Government has said that delaying assessments for NHS CHC will enable patients to be discharged more quickly, when clinically appropriate, to free up hospital space for those who are very ill and enable clinicians to focus on delivering care. The [Impact Assessment](#) for the Bill notes that this measure "would only be brought into operation for the shortest possible time at the peak of the coronavirus outbreak."

During the House of Commons debate on the *Coronavirus Bill*, the Secretary of State for Health and Social Care Matt Hancock said that although NHS CHC assessments will be delayed until after the emergency period, the people who need this support will still receive NHS funding in the interim.¹³

NHS Trusts have been allocated emergency coronavirus funding to pay for people's health and care needs during this emergency period. Government guidance on hospital discharge arrangements says:

The government has agreed the NHS will fully fund the cost of new or extended out-of-hospital health and social care support packages, referred to in this guidance. This applies for people

¹³ [HC Deb 23 March 2020 c42](#).

being discharged from hospital or [who] would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.¹⁴

The guidance also confirms that clinicians still have a duty to assess the specific needs of highly vulnerable individuals and to commission the relevant care.¹⁵

1.3 The impact on non-coronavirus services

In a letter from NHS England and NHS Improvement on 17 March 2020, NHS organisations setting out measures to prepare for the coronavirus outbreak. In particular, this letter advised the NHS trusts that they should assume the need to postpone all non-urgent elective operations from 15 April 2020 at the latest, for a period of at least three months. NHS Trusts also have full local discretion to wind down elective activity over the next 30 days, to free up staff for refresher training, beds for Covid-19 patients, and theatres/recovery facilities for adaptation work. However, the Government has said that emergency admissions, cancer treatment and other clinically urgent care should continue unaffected.¹⁶ On 11 April NHS England and a number of Royal Colleges also published some clinical guidance for [surgical prioritisation](#) during the coronavirus outbreak. The Library's briefing paper on [NHS waiting time standards](#) notes that NHS Trusts' performance against waiting time targets will continue to be monitored during coronavirus outbreak.

A number of individuals and organisations representing the medical profession have expressed concern about potential harm caused by 'late presentation' of those with urgent non-coronavirus related conditions (for example, patients with symptoms of stroke, heart failure or cancer).¹⁷ On the 25 April 2020 the NHS chief executive Sir Simon Stevens launched a campaign to persuade the public to seek the urgent care and treatment. Sir Simon stressed that the NHS "is still there for patients without coronavirus who need urgent and emergency services".¹⁸

On 28 April 2020 the Secretary of State for Health and Social Care, Matt Hancock told the daily Downing Street press conference that the NHS would be resuming more core NHS services, with decisions made locally: "The exact pace of the restoration will be determined by local circumstances on the ground, according to local need and according to the amount of coronavirus cases that that hospital is having to deal with."¹⁹

¹⁴ HM Government, NHS, [COVID-19 Hospital Discharge Service Requirements](#), p3

¹⁵ HM Government, NHS, [COVID-19 Hospital Discharge Service Requirements](#), p43

¹⁶ See for example [PQ 32059, Coronavirus: Health Services, answered on 27 March 2020](#)

¹⁷ The Times, [Diverting NHS care away from cancer patients 'threatens more lives than the coronavirus'](#), 29 March 2020

¹⁸ NHS England, [Help us help you: NHS urges public to get care when they need it](#), 25 April 2020

¹⁹ BMJ article for the latest information: [Covid-19: NHS will restart some paused services this week](#), 28 April 2020

On 29 April 2020 the Chief Executive of the NHS, Sir Simon Stevens, wrote to all NHS providers setting out the NHS's approach and priorities over the next phase of the response to Covid-19. This included a request for all NHS local systems and organisations to work with regional colleagues to "step up non-Covid19 urgent services as soon as possible over the next six weeks, with further guidance set out in an Annex covering urgent and routine surgery and care."²⁰ On 14 May 2020, NHS England set out a series of measures to help local hospitals plan to increase routine operations and treatment, while keeping the necessary capacity and capability to treat future coronavirus patients.²¹

NHS England announced on 28 May 2020 that NHS dentistry outside urgent care centres will begin to restart from 8 June 2020 with the aim of increasing levels of service as fast as is compatible with maximising safety.²²

The Health and Social Care Select Committee has also launched an inquiry into the planning and delivery of core (non-coronavirus) NHS and care services during the pandemic and beyond.²³ In an oral evidence session on 14 May, NHS Providers, and the health think tanks the Health Foundation, the King's Fund and the Nuffield Trust, cautioned that restarting business as usual health and care services will take many months. For further information see:

- Nuffield Trust press release, [Restarting health and care services will take many months, leading charities warn](#), (14 May 2020)
- NHS Providers, [Balancing COVID-19 and other healthcare needs](#) (14 May 2020)

1.4 Covid-19 and people from BAME backgrounds

Public Health England (PHE) has released two publications looking at the effect of Covid-19 on Black, Asian and minority ethnic (BAME) communities:

- [Covid-19: review of disparities in risks and outcomes](#), published on 2 June 2020
- [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#), published on 16 June 2020

Further background to these publications, and inquiries by other organisations into disparities in risks and outcomes, can be found in the Commons Library briefing [Covid-19 and Black, Asian and minority ethnic communities](#) (17 June 2020).

²⁰ NHS Chief Executive Letter, [Second Phase of NHS Response to Covid-19](#), 29 April 2020

²¹ NHS England, [NHS roadmap to safely bring back routine operations](#), 14 May 2020

²² NHS England letter, [Resumption of dental services in England](#), 28 May 2020

²³ Health and Social Care Select Committee, inquiry on [Delivering Core NHS and Care Services during the Pandemic and Beyond](#)

PHE's [review](#) on disparities provided a descriptive review of data on disparities in the risk and outcomes from Covid-19.²⁴ PHE said that the review confirmed "that the impact of Covid-19 has replicated existing health inequalities and, in some cases, has increased them."²⁵ The review also reported that the risk of dying among those diagnosed with Covid-19 was higher in BAME groups than in White ethnic groups.²⁶

On 17 June 2020, the CQC published [data on deaths in care settings between 10 April and 15 May 2020 broken down by ethnicity](#). This showed that the proportion of deaths in care settings due to confirmed or suspected COVID-19 was higher for Black and Asian people compared to White people:

While the vast majority of all reported deaths from adult social care settings were White people the proportion of deaths in all adult social care services due to confirmed or suspected COVID-19 was higher for Black (49%) and Asian (42%) people compared to White people (41%) and people from mixed or multiple ethnic groups (41%).

This difference increases when looking at care home settings only, where 54% of deaths amongst Black people and 49% of deaths amongst Asian people are related to COVID-19 compared to 44% of deaths of White people and 41% for mixed or multiple ethnic groups.²⁷

In a 4 June 2020 [press release](#), the Government's Equality Hub announced that following the release of the PHE review, the Minister for Equalities, Kemi Badenoch, would lead the government in a programme of work, which amongst other things, would review the effectiveness and impact of current actions being taken to lessen disparities in Covid-19 infection rates and deaths.²⁸

[Understanding the impact of Covid-19 on BAME groups](#)²⁹, published by PHE on 16 June 2020, made a number of recommendations relating to NHS, social care and public health. Further information on the recommendations and the immediate response to these can be found in the Commons Library briefing [Covid-19 and Black, Asian and minority ethnic communities](#) (17 June 2020). This briefing includes background on measures to support and protect the BAME health and care workforce.

A research call by the National Institute for Health Research (NIHR) and UK Research and Innovation (UKRI) has also [jointly called for research proposals](#) to investigate emerging evidence of an association between ethnicity and Covid-19 incidence and adverse health outcomes.

²⁴ [COVID-19: review of disparities in risks and outcomes](#), PHE, 2 June 2020

²⁵ Ibid.

²⁶ Ibid.

²⁷ CQC, [CQC publishes data on deaths in care settings broken down by ethnicity](#), 17 June 2020.

²⁸ [Next steps for work on COVID-19 disparities announced](#), Gov.uk, 4 June 2020

²⁹ [COVID-19: understanding the impact on BAME communities](#), PHE, 16 June 2020

1.5 Advice from charities for specific patient and public groups

The following links to advice and FAQs from charities for specific patients and groups of the public is not comprehensive but highlights the range of information available.

Cancer

Advice is available from the [MacMillan website](#) and Cancer Research UK's [COVID-19 information webpage](#).

Heart disease

The British Heart Foundation has created an advice page: [coronavirus: what it means for you if you have heart or circulatory disease](#).

Motor-neurone disease

The MND Association has published a list of [FAQs on motor-neurone disease and coronavirus](#).

Carers

Carers UK has created a [Coronavirus guidance](#) resource which sets out the current government guidance as it relates to carers and offers suggestions for making plans. The page also includes a [Wellbeing Action Plan](#) with some tailored tips on keeping a positive frame of mind.

Older people

Age UK has created a [coronavirus section](#) on its website which covers issues directly relating to older people. The includes advice for [staying safe and well at home](#) and how to cope with [feelings of anxiety](#) around coronavirus.

Homeless and rough sleepers

The coronavirus outbreak has brought significant implications for households' ability to retain their homes and, for those that are street homeless, to be able to secure a safe place in which to follow advice on self-isolation, social distancing and hygiene. Further information on measures to enable local authorities to tackle the specific challenges faced by rough sleepers can be found in the Library briefing [Coronavirus: Housing support](#).

Dental services

The [Oral Health Foundation](#) provides advice pages for the public on how regular dental services will be affected during the coronavirus outbreak and how to access care in the event of an emergency.

1.6 Mental health and wellbeing

The UK Government has announced a £5 million grant for mental health charities to fund additional services for people struggling with their mental wellbeing during the coronavirus outbreak. (DHSC press release, [New advice to support mental health during coronavirus](#))

[outbreak](#), 29 March 2020). Public Health England has also issued new guidance on mental health support:

- PHE, [COVID-19: guidance on supporting children and young people's mental health and wellbeing](#)
- PHE, [COVID-19: guidance for the public on mental health and wellbeing](#)

The [Royal College of Psychiatrists](#) and the mental health charity [MIND](#) provide online resource for managing mental health and wellbeing during the pandemic. This includes information about coping with anxiety related to Covid-19, including specific information for people who have a pre-existing mental health condition. The charity [YoungMinds](#) has also published advice for young people and parents on managing the mental health impact of the coronavirus outbreak.

The [Mental Health Foundation](#) website provides advice and support on looking after mental health during the coronavirus outbreak. It also provides a section on [talking to children about the coronavirus](#).

The House of Lords Library have published a briefing, [Coronavirus: The impact on mental health](#) (22 June 2020), which looks at:

- the impact of lockdown on an individual's mental health;
- the impact on individuals with pre-existing mental health conditions prior to the pandemic; and
- the loss of funding and operational capacity for mental health services and charities.

The Parliamentary Office of Science and Technology (POST) have also published [Mental health and well-being during the COVID-19 outbreak](#) (7 May 2020).

Guidance and support for health and care staff can be found in section 1.8 of this briefing.

1.7 Advice for health and care professionals

A number of professional bodies have issued specific coronavirus guidance for their members, and a selection of links to this advice is set out in this section. Information on mental health support for NHS staff can be found in the section 1.8 of this briefing, and more general measures to support the health and care workforce can be found in section 5.

On 3 March 2020 the statutory regulators of healthcare professionals, issued [a joint statement](#) setting out their approach to regulation health during the pandemic. The recognised that healthcare professionals may be required to work in unfamiliar circumstances or surroundings, or working in clinical areas outside of their usual practice for the benefit of patients and the population as a whole. The statement made clear that where a concern is raised about a registered professional, it will always be considered on the specific facts of the case, taking into account the factors relevant to the environment in which the professional is working.

Doctors

The [General Medical Council \(GMC\) provides information and advice on coronavirus \(Covid-19\) for doctors](#). This includes [FAQs for doctors](#). On 11 March 2020 the GMC, together with the four UK chief medical officers, and other medical bodies issued [guidance for doctors](#) on dealing with the Covid-19 epidemic.

The [British Medical Association](#) provides briefings and information on the impact of Covid-19 on work, training, education, and wellbeing of medical professionals

The [Academy of Medical Royal Colleges](#), alongside its member Royal Colleges, is assembling a collection of coronavirus guides for doctors in the following four categories.

- [Governance & professional](#)
- [Education, training & workforce](#)
- [Mental health & wellbeing](#)
- [Clinical](#)

Nurses and midwives

The [Royal College of Nursing](#) provides information on coronavirus for nursing and midwifery staff. This includes a set of [Covid-19 \(coronavirus\) FAQs](#) covering issues such as what nursing staff can do to protect themselves, what they should expect from their employer and what to do if they have concerns.

Pharmacists

The Royal Pharmaceutical Society website provides [Coronavirus \(Covid-19\) Pharmacist updates and information](#). This includes new guidance for pharmacists on [ethical, professional decision making](#) in the Covid-19 pandemic (8 April 2020).

Dentists

The [British Dental Association](#) is publishing updates on coronavirus and dentistry.

Social Workers

The British Association of Social Workers has published [practice guidance](#) for home visits during the Covid-19 pandemic.

1.8 Mental health support for health and care staff

A short Commons Library Insight article ([The impact of coronavirus on health and social care workers](#), 18 May 2020) provides information on the impact of the Covid-19 pandemic on the mental health of health and social care staff, and what measures have been put in place to support them.

NHS staff

A number of organisations representing NHS staff and employers have provided information, support and guidance on mental health and wellbeing. This reflects concerns about the short and long-term impacts the current pandemic is having on staff mental health and wellbeing. The following lists a selection of these other sources of support for NHS staff but is not intended to be comprehensive:

- The [General Medical Council \(GMC\) provides information and advice on coronavirus \(Covid-19\) for doctors](#). This includes [FAQs for doctors](#) on sources of support.
- The [British Medical Association](#) (BMA) provides briefings and information on the impact of Covid-19 on the wellbeing of medical professionals. The [BMA Counselling service](#) is available to all doctors 24 hours a day, seven days a week, and their website has an extensive directory of [sources of support](#). This support is available for all doctors.
- The [Academy of Medical Royal Colleges](#), alongside its member Royal Colleges, is assembling a collection of coronavirus guides for doctors in a number of areas, including '[Mental health & wellbeing](#)'.
- The [Royal College of Nursing](#) provides information on coronavirus for nursing and midwifery staff. This includes a set of [Covid-19 \(coronavirus\) FAQs](#) covering issues such as what nursing staff should expect from their employer and includes information on [mental wellbeing](#).
- Newcastle upon Tyne NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust and the Association of Anaesthetists have developed helpful tips for [looking after mental wellbeing and managing stress](#).

Guidance for care staff

On 11 May 2020, the DHSC published [advice for those working in adult social care on managing their mental health](#). The advice also provides guidance for employers on how they can take care of the wellbeing of their staff during the coronavirus outbreak.³⁰

As set out above, on 6 May 2020, the Government announced the launch of a dedicated app for the adult social care workforce in England. Among other things, the app will offer support on mental health and wellbeing through toolkits and resources.³¹

2. Statistics on coronavirus

2.1 Daily and weekly deaths data

Covid-19 deaths data is published in daily and weekly formats.

³⁰ DHSC, [Coronavirus \(COVID-19\): health and wellbeing of the adult social care workforce](#), 11 May 2020.

³¹ DHSC, [Dedicated app for social care workers launched](#), 6 May 2020.

The [daily COVID-19 deaths data](#) for the four nations is published at 2pm every day. Before 29 April 2020 the daily data only included people who died with the virus in hospital in England (and included other settings for Scotland, Wales and Northern Ireland). However, from this date, the Government's daily figure includes deaths that have occurred in all settings in England where there has been a positive Covid-19 test, including hospitals, care homes and the wider community.³²

The Office for National Statistics (ONS) also publish [weekly death registrations data for England and Wales](#), which are released every Tuesday and relate to the week that ended 11 days prior. This relates to deaths where Covid-19 was mentioned on the death certificate, and includes deaths occurring in and outside hospitals – i.e. in hospitals, care homes and in people's homes. This data includes cases where a test has not taken place and will therefore continue to include more deaths than the Government's daily series.³³

The daily data relates to deaths that are not yet officially registered, meaning the figures can be quickly collated and published. In contrast, the ONS weekly data is 11 days behind because of the time taken to certify, register and process and deaths.³⁴

From 28 April 2020, the ONS is also including in its weekly statistics provisional counts of deaths in care homes, based on statutory notification by care home providers to the Care Quality Commission (CQC). This also includes suspected and confirmed cases. CQC notifications data are available more quickly than death registration data.³⁵

The ONS has also now published data on [small areas and deprivation](#), [ethnicity](#), and [deaths where COVID was not mentioned on the death certificate](#).

The Government has also produced a [new coronavirus data dashboard](#) that includes healthcare, deaths and testing data, and provides further information on [testing stats](#). The need for improvements in the presentation and publication of data on Covid-19 testing has been raised by the UK Statistics Authority (see section 3.3 of the Library briefing paper, [Coronavirus: Testing for Covid-19](#), 19 May 2020).

Public Health England (PHE) updates a [daily dashboard](#) to show trends in UK data on positive tests and deaths and to provide confirmed cases in each local authority and NHS region in England. Details of positive cases at local authority level only include cases detected through 'Pillar 1' testing programmes, i.e. testing in PHE/NHS labs for those with clinical need and key workers. It does not include Pillar 2 (commercial testing for the general population). To date, around one third of confirmed cases in the UK during the pandemic have been detected

³² Public Health England, [Daily death reporting now includes all positive COVID-19 deaths](#), 29 April 2020

³³ *ibid*

³⁴ ONS, [Deaths involving COVID-19, England and Wales: deaths occurring in March 2020](#), 16 April 2020

³⁵ ONS, [Comparison of weekly death occurrences in England and Wales: up to week ending 17 April 2020](#), 28 April 2020

through Pillar 2 – but the relative proportion is rising. This means that for many recent cases the local authority associated with the positive tests is not identified.

2.2 UK country data

- Public Health England update a dashboard daily showing reported cases of coronavirus in the UK, as well as cases by upper tier local authority in England and the number of deaths: [PHE Coronavirus cases](#)
- The Scottish Government publish details of confirmed cases at health board level and the number of deaths in Scotland: [Coronavirus in Scotland](#)
- Public Health Wales provide details of confirmed cases and deaths for Wales including health board level figures: [PHW Daily statement on coronavirus](#)
- The Public Health Agency of Northern Ireland publish details of confirmed cases for Northern Ireland: [Coronavirus situation in Northern Ireland](#)

2.3 International data

John Hopkins University have been at the forefront in providing data to advance the understanding of the virus to guide policymakers' response and inform the public. Their coronavirus resource site includes regular updates from each nation on the number of confirmed Covid-19 cases, deaths and recovered cases: [John Hopkins Coronavirus Resource Centre](#).

The [Our World in Data website](#) also provides collated international data on coronavirus.

3. The Coronavirus Action Plan, the Social Care Action Plan, the Recovery Strategy, and earlier pandemic guidance

3.1 Covid-19 Recovery Strategy

[Our plan to rebuild: The UK Government's COVID-19 Recovery Strategy](#) was published on 11 May 2020. This set out the Government's roadmap for how it will adjust its response to the Covid-19 pandemic. This included phased plans for easing existing lockdown measures, subject to monitoring and controlling the spread of the virus.

The strategy noted the need for continuing measures to secure capacity in the health and social care sectors, and to protect patients and staff. It also provided more detail on the next phase of disease monitoring, and reactive measures to new outbreaks.

While the strategy said there will need to be continuing and extensive shielding for people considered to be clinically extremely vulnerable, it also proposed a more nuanced, differentiated, approach to risk:

As the UK moves into phase two, the Government will continue to recognise that not everybody's or every group's risk is the same; the level of threat posed by the virus varies across the population, in ways the Government currently only partly understands. As the Government learns more about the disease and the risk factors involved, it expects to steadily make the risk-assessment more nuanced, giving confidence to some previously advised to shield that they may be able to take more risk; and identifying those who may wish to be more cautious.³⁶

The strategy said protections for other vulnerable locations like prisons and care homes will also be adjusted based on an understanding of the risk.

To deliver the Government's phased plan, the strategy outlined fourteen programmes of work, including the following measures for health and social care:

- Continuing to secure NHS and care capacity and operating model and put it on a sustainable footing. This includes ensuring staff are protected by the appropriate personal protective equipment (PPE), in all NHS and care settings (work programme 1).
- Protecting care homes and supporting the care sector. This includes measures to offer a Covid-19 test to every staff member and resident in every care home in England, whether symptomatic or not; by 6 June, every care home for the over 65s will have been offered testing for residents and staff (work programme 2).
- Disease monitoring and reactive measures to outbreaks. In order to react to any new local spikes in infections, and to get a clear picture of how the level of infections is changing nationally, the Government is establishing a new biosecurity monitoring system, led by a new Joint Biosecurity Centre (work programme 6).
- Testing and tracing. The Government has appointed the Chair of NHS Improvement, Baroness Harding to lead the COVID-19 Test and Trace Taskforce. The aim of this programme is to ensure that individuals who have been in recent close contact with an infected person receive rapid advice and, if necessary, self-isolate, quickly breaking the transmission chain (work programme 7).³⁷

The Strategy sets out that for an effective tracing programme several systems need to be built and successfully integrated. These include:

- widespread swab testing with rapid turn-around time, digitally-enabled to order the test and securely receive the result certification;
- local authority public health services to bring a local knowledge to testing, contact tracing and support to people who need to self-isolate;

³⁶ UK Government, [Our plan to rebuild: The UK Government's COVID-19 Recovery Strategy](#), CP 239, 11 May 2020, p23

³⁷ Ibid. pp33-40

- automated, app-based contact-tracing through the new NHS COVID-19 app to (anonymously) alert users when they have been in close contact with someone identified as having been infected; and
- online and phone-based contact tracing, staffed by health professionals and call handlers and working closely with local government, both to get additional information from people reporting symptoms about their recent contacts and places they have visited, and to give appropriate advice to those contacts, working alongside the app and the testing system.³⁸

3.2 The Coronavirus Action Plan

The Government published its [Coronavirus Action Plan](#) on 3 March 2020, setting out what the UK had done and was planning to do in response to the Covid-19 outbreak. The Action Plan outlined a four-phase response:

- Contain: detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- Delay: slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- Research: better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
- Mitigate: provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

The Coronavirus Action Plan was based on the Government's experience in dealing with other infectious disease, and influenza preparedness work, and makes reference to the existing UK [Influenza Pandemic Preparedness Strategy](#), published in November 2011. The 2011 Strategy describes the UK Government and Devolved Administrations strategic approach for responding to an influenza pandemic. These include broad principles such as undertaking risk assessments, using scientific advice and evidence to inform decision making and minimising the potential health impact by slowing spread in the UK and overseas.

The 2011 strategy was supported by a suite of existing national guidance and scientific evidence, including:

- [Guidance for health and social care sectors on how they should respond operationally to flu pandemics](#) (April 2012)

³⁸ Ibid. p38

- [UK pandemic influenza communications strategy](#) (December 2012).

In 2013 the UK Cabinet Office also published, [Preparing for Pandemic Influenza](#), which set out responsibilities for planning for and responding to pandemics.

3.3 NHS Emergency Preparedness, Resilience and Response (EPRR)

The *Civil Contingencies Act 2004* requires NHS organisations, and providers of NHS-funded care, to show that they can deal with a wide range of incidents and emergencies that could affect health or patient care, including the outbreak of infectious disease. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR). Guidance for healthcare staff, NHS organisations and other health service providers can be found on the NHS England [Emergency Preparedness, Resilience and Response \(EPRR\)](#) webpage, including information on the [Coronavirus \(Covid-19\)](#) response.

3.4 Emergency legislation and measures to support health and social care services

The Government's Coronavirus Action Plan identified the need for urgent legislative measures to support the NHS and social care, and to enable a rapid increase the available health and social care workforce in particular.

The [Coronavirus Bill](#) (Bill 122) was introduced to the House of Commons on 19 March 2020, receiving Royal Assent on 25 March, becoming the [Coronavirus Act 2020](#). This emergency legislation is part of the Government's response to the Covid-19 pandemic. The Library produced a set of [briefings on the Coronavirus Bill](#) before all stages of the Bill in the House of Commons on Monday 23 March 2020. This included a Library briefing, [Coronavirus Bill: Health and social care measures](#), which included information on provisions relating to emergency registration of certain health and care staff, and other provisions and public health measures to support services in an emergency period. The *Coronavirus Act 2020* also provides additional powers to provide clinical negligence indemnity for NHS activities related to the Covid-19 outbreak, where there is no other indemnity arrangement in place.³⁹

For further information on changes to local authorities' social care duties as a result of the Coronavirus Act, see Library Briefing 8889, [Coronavirus: Access to adult social care in England](#).

³⁹ The [NHS Resolution website](#) provides some further background on this additional clinical negligence scheme for coronavirus.

3.5 Social care

Social Care Action Plan

It had been reported in the press that on 11 April 2020 the Association of Directors of Adult Social Services wrote to Jonathan Marron, the director general of community and social care at the Department of Health and Social Care (DHSC), to raise concerns about the Government's social care response to the pandemic. The concerns raised by the letter reportedly included shortages of protective equipment for care staff, lack of testing for staff and residents, and contradictory messaging around how to shield people.⁴⁰

On 15 April 2020, DHSC published an [action plan](#) to support the adult social care sector through the coronavirus outbreak. The document sets out the Government's plans in areas including:

- The provision and use of personal protective equipment in the care sector, including plans for a 24/7 hotline and a new pilot website. Further information on personal protective equipment is provided in section seven of this briefing.
- The discharge of patients from the NHS to social care settings, including plans to test everyone going into a care home from hospital with immediate effect (see box 1 below).
- Increasing the testing of care workers, including giving a test to all symptomatic residents in care homes and all care workers who need one. Testing had previously been limited to the first five symptomatic residents.⁴¹
- The establishment of a CARE brand to sit alongside the NHS brand.
- How providers can support people who require health and care services, including support for people at the end of their lives in care homes.⁴²

Box 1: Testing in care homes

The [Social Care Action Plan](#), published on 15 April 2020, stated that there was "now capacity available for every social care worker who needs a test to have one." As set out above, it added that the Government would also move to testing all symptomatic residents in care homes.⁴³

The Government's [COVID-19 Recovery Strategy](#), published on 11 May, stated that the Government was now "offering a COVID-19 test to every staff member and resident in every care home in England, whether symptomatic or not" and that "by 6 June, every care home for the over 65s will have been offered testing for residents and staff."⁴⁴

⁴⁰ Guardian, [Social care 'an afterthought' in UK coronavirus response, says leaked letter](#), 16 April 2020.

⁴¹ DHSC, Press release: [Government to offer testing for "everyone who needs one" in social care settings](#), Department of Health and Social Care, 15 April 2020.

⁴² DHSC, [COVID-19: our action plan for adult social care](#), 16 April 2020; DHSC, [National action plan to further support adult social care sector](#), 15 April 2020.

⁴³ DHSC, [COVID-19: our action plan for adult social care](#), 16 April 2020.

⁴⁴ Cabinet Office, [Guidance: Our plan to rebuild: The UK Government's COVID-19 recovery strategy](#), last updated 12 May 2020.

On 7 June 2020, the Government announced that test kits had now been offered to every care home for over 65s or those with dementia.⁴⁵

On 8 June 2020, the Government announced that every care home, including therefore homes for under 65s, would now be offered testing regardless of whether residents have symptoms.⁴⁶

On 3 July 2020, the Government [announced](#) that, from 6 July, care home staff would be given coronavirus tests on a weekly basis and residents would be tested every four weeks. Initially this applies to care homes primarily looking after over 65s or those with dementia; repeat testing is expected to be rolled out to all care homes for working age adults in August.⁴⁷

Further information on ordering tests for a care home is available on the Gov.uk website at: [Apply for coronavirus tests for a care home](#). Care homes should, however, contact their local Health Protection Team (HPT) if:

- they suspect the care home has a new coronavirus outbreak
- it has been 28 days or longer since the last case and the care home has new cases

The HPT will then provide advice and arrange the first tests.⁴⁸

Further information testing is available in section 3.3 of Library Briefing 8897, [Coronavirus: Testing for Covid-19](#).

Care home support package

On 14 May 2020, the Care Minister, Helen Whatley wrote to local authorities asking them to review or put in place a care home support plan. The letter stated that a planning return should be returned to the Department by 29 May 2020 and should be made public.⁴⁹

A further letter sent to authorities on the same day set out the Government's [Care Home Support Package](#). The package, the letter stated, builds on the Social Care Action Plan and focuses on how to "prevent and control COVID-19 in all registered care homes." The document set out a number of steps to be taken and the support that would be provided to support these. Among other things, it stated:

- Providers should minimise staff movement between care homes to stop infection spreading between locations.
- The Government was aware that some care providers were concerned about being able to effectively isolate COVID-positive patients. Local authorities should ensure that there is sufficient alternative accommodation to quarantine and isolate residents before returning to their care home from hospital.
- The NHS had committed that by 15 May all care homes would be supported via primary and community support, which will include, among other things, "timely access to clinical advice for care home staff and residents, including a named clinical lead for every care home and weekly check-ins."

To support the implementation by providers of the support package for care homes, the Government announced a £600 million Adult Social

⁴⁵ DHSC, [COVID-19 tests offered to every care home for elderly or those with dementia](#), 7 June 2020.

⁴⁶ DHSC, [Whole home testing rolled out to all care homes in England](#), 8 June 2020.

⁴⁷ DHSC, [Regular retesting rolled out for care home staff and residents](#), 3 July 2020.

⁴⁸ DHSC, [Coronavirus \(COVID-19\): getting tested](#), 15 April 2020.

⁴⁹ HM Government, [Support for care homes](#), 14 May 2020.

Care Infection Control Fund, which would be allocated to local authorities and ring-fenced for social care.⁵⁰

Further information on the care home support package is provided in guidance published by the DHSC on 22 May 2020: [Coronavirus \(COVID-19\): care home support package](#).

Social care taskforce

At the daily coronavirus press briefing on 8 June 2020 the Health and Social Care Secretary, Matt Hancock, announced the formation of a COVID-19 social care support taskforce. Mr Hancock said that the taskforce, which will be led by David Pearson, the social care lead in the NHS for COVID-19, will “oversee delivery of the next phase of [the Government’s] plan for social care, ensuring care homes have the support, training, resources they need to control this virus.” This will involve, he added, “working with the care system to develop a plan for keeping staff and residents safe in the months after, as the lockdown measures are eased.”⁵¹

On 3 July 2020, David Pearson [wrote](#) to care homes to emphasise the importance of minimising staff movement between care homes. The letter advised care homes “to double check with employees whether they are working in other settings and, if so, to explore options for supporting staff to work in one care home only.” It added that the Infection Control Fund could be used to “ensure staff do not suffer any loss of income.”⁵²

4. Additional funding for the NHS, social care and charities

The NHS and social care sectors are facing additional financial pressures as a result of the Covid-19 pandemic, and have had to rapidly provide more staff, critical care capacity, and more protective, diagnostic and ventilation equipment. Providers have also faced higher workforce absence rates.⁵³ Particular concerns have been raised that some already financially vulnerable social care providers may not be able to cope with these extra financial pressures.⁵⁴

⁵⁰ HM Government, [COVID-19: Care home support package](#), 14 May 2020; DHSC, [Care home support package backed by £600 million to help reduce coronavirus infections](#), 15 May 2020.

⁵¹ [Health and Social Care Secretary’s statement on coronavirus \(COVID-19\): 8 June 2020](#), DHSC, 9 June 2020.

⁵² DHSC, [Letter from David Pearson to care homes](#), 3 July 2020.

⁵³ In April 2020 NHS Providers noted very early evidence that, on average, around 15% of NHS staff may be absent, either with suspected Covid-19 or isolating because family members have symptoms ([NHS Providers, supporting staff](#)).

⁵⁴ For example, see [Coronavirus: Care companies fear bankruptcy](#), BBC News, 18 March 2020.

4.1 Government funding for social care, hospital discharge and charities

At the Spring Budget on 11 March 2020 the Chancellor announced a £5 billion Covid-19 response fund with the aim of ensuring that the NHS and other public health services have the resources they need to tackle the impacts of Covid-19. The budget document explained that the funding would, among other things, “support local authorities to manage pressures in social care.”⁵⁵

On 19 March 2020 the Government announced that £2.9 billion from the response fund would be used to strengthen care for the vulnerable.⁵⁶ This includes £1.6 billion of un-ringfenced funding for local authorities to help them respond to any pressures they are facing in response to the Covid-19 pandemic, across all service areas. The announcement stated that this includes “increasing support for the adult social care workforce.” On 30 March 2020, the Government published local authority allocations of the £1.6 billion.⁵⁷ The other £1.3 billion will be used to speed up the NHS discharge process so patients who no longer need urgent treatment can return home safely.

The funding will cover the follow-on care costs for adults in social care, or people who need additional support, when they are out of hospital and back in their homes, community settings, or care settings.⁵⁸

On 8 April 2020, the Government announced £750 million for frontline charities across the UK – including the following services:

- hospices to help increase capacity and give stability to the sector
- St Johns Ambulance to support the NHS
- victims’ charities, including domestic abuse, to help with potential increase in demand for charities providing these services
- vulnerable children charities, so they can continue delivering services on behalf of local authorities
- Citizens Advice to increase the number of staff providing advice

The £750 million is made up of £360 million direct from government departments, £370 million for smaller charities, including through a grant to the National Lottery Community Fund, and at least £20 million from the Government to the National Emergencies Trust appeal.⁵⁹

Increase in emergency response funding

⁵⁵ HM Treasury, [Budget 2020: Delivering on our promises to the British People](#), HC 121, 11 March 2020, p38.

⁵⁶ DHSC/ MHCLG news story, [£2.9 billion funding to strengthen care for the vulnerable](#), 19 March 2020.

⁵⁷ MHCLG, [COVID-19: emergency funding for local government](#), 30 March 2020.

⁵⁸ DHSC & MCHLG, [£2.9 billion funding to strengthen care for the vulnerable](#), 19 March 2020.

⁵⁹ HM Treasury, [Chancellor sets out extra £750 million coronavirus funding for frontline charities](#), 8 April 2020

On 13 April 2020, the Chancellor announced that more than £14 billion would be provided through the emergency response fund to public services, including the NHS and local authorities. The announcement set out that the expenditure so far included £6.6 million to support the health services, £1.6 billion for local authorities, and £0.9 billion to cover extra measures such as food packages for extremely clinically vulnerable people.⁶⁰

On 18 April 2020, the Government announced an additional £1.6 billion for local authorities across England, to help them deal with the immediate impacts of coronavirus. This takes the total funding allocated to local authorities to respond to the pandemic to £3.2 billion.⁶¹ On 29 April 2020 the Government confirmed how the additional £1.6 billion would be allocated between local authorities.⁶²

Adult Social Care Infection Control Fund

On 13 May 2020, the Prime Minister announced that the Government would provide an additional £600 million for infection control measures in care homes. As set out above (see section 3.5 above), the funding will be allocated to local authorities and is intended to support providers in their implementation of the measures outlined in the Government's support package for care homes – for example, minimising the movement of staff between care homes.⁶³

Further information on the funding is provided in guidance published by the DHSC: [Adult Social Care Infection Control Fund](#).

Additional funding for local authorities – 2 July 2020

On 2 July 2020, the Government announced that it would provide a further £500 million of un-ringfenced funding to local authorities to help them respond to spending pressures. This is on top of the previously announced £3.2 billion for local authorities and the £600 million adult social care infection control fund.⁶⁴

4.2 NHS financial reforms and debt cancellation

£13.4 billion of NHS debt has been written off as part of a wider package of NHS reforms announced by the Health Secretary on 2 April 2020, taking effect from 1 April 2020. The Health Service Journal described this as the expansion of a policy which has been planned for

⁶⁰ HM Treasury, [Chancellor provides over £14 billion for our NHS and vital public services](#), 13 April 2020.

⁶¹ MHCLG, [Government pledges extra £1.6 billion for councils](#), 18 April 2020.

⁶² MHCLG, [Government confirms allocations of £1.6 billion funding boost for councils](#), 28 April 2020.

⁶³ HM Government, [COVID-19: Care home support package](#), 14 May 2020.

⁶⁴ MHCLG, [Comprehensive new funding package for councils to help address coronavirus pressures and cover lost income during the pandemic](#), 2 July 2020; [HCWS333](#), 2 July 2020.

some months.⁶⁵ At the same time the Government announced reforms to the internal payment system used by the NHS in England, to help NHS trusts in dealing with the coronavirus response. The Department of Health and Social Care (DHSC) has said this will mean hospitals will get all the necessary funding to carry out their emergency response, despite many hospitals cancelling or limiting their usual services such as elective surgery or walk-in clinics due to the virus.⁶⁶

The Secretary of State has also authorised urgent coronavirus expenditure by the DHSC, NHS England and other Departmental arms-length bodies, even if this would mean that spending is in excess of departmental expenditure.⁶⁷

4.3 Financial pressure on social care providers

Analysis commissioned by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA), and published in June 2020, estimated that providers of adult social care may face around £6.6 billion of extra costs due to the coronavirus outbreak by the end of September 2020. The analysis suggested that maintaining safe staffing levels and providing PPE are the biggest drivers of the extra pressures, along with the need for enhanced cleaning of care homes and other settings.⁶⁸

The National Audit Office (NAO) report, [Readying the NHS and adult social care in England for COVID-19](#), published on 12 June 2020, noted the additional costs faced by providers alongside a reduction in occupancy of care homes. The report stated that “falling income and rising costs could impact providers’ financial resilience for some time to come.”⁶⁹

As set out above (see section 4.1), on 18 April 2020 the Government has provided £3.2 billion of funding to local authorities to help them respond to the impacts of the pandemic, including on adult social care.⁷⁰ In addition, on 13 May 2020 it announced an additional £600 million for infection control measures in care homes.

The Government has also announced a range of support for businesses impacted by the coronavirus outbreak. The following links provide more information on the support available:

- Department for Business, Energy and Industrial Strategy, [COVID-19: support for businesses](#).
- [Dedicated Government website providing information on support for businesses during the covid-19 pandemic](#).

⁶⁵ HSJ, [Government 'writes off' £13bn debts and pledges to review annual charges](#), 2 April 2020

⁶⁶ DHSC, [NHS to benefit from £13.4 billion debt write-off](#), 2 April 2020

⁶⁷ DHSC, [Coronavirus \(COVID-19\): ministerial direction on spend](#), 30 March 2020

⁶⁸ LGA, [LGA: social care providers face more than £6bn in extra COVID-19 costs](#), 4 June 2020.

⁶⁹ NAO, [Readying the NHS and adult social care in England for COVID-19](#), 12 June 2020, p10.

⁷⁰ MHCLG, [Government pledges extra £1.6 billion for councils](#), 18 April 2020.

- Library Briefing 8847, [Support for businesses during the Coronavirus \(Covid-19\) outbreak](#).

The ADASS, the LGA and the Care Provider Alliance (CPA) have published [joint guidance](#) for local authority commissioners of social care on provider resilience during the Covid-19 pandemic. The guidance is “designed to summarise pressures on social care providers arising from Covid-19, and to put forward ways in which commissioners can alleviate these pressures”. While they are not required to follow it, the guidance sets out an expectation that commissioners “actively consider all these issues and possible mitigating measures and do what is necessary to support their local providers.” The guidance acknowledges that commissioners will incur extra costs in doing this, but suggests that this would be a suitable use of the additional funding provided to local authorities. The guidance is available at:

- ADASS, LGA and CPA, [Social care provider resilience during COVID-19: guidance to commissioners](#).

Concerns have, however, been raised regarding the support available to care providers.⁷¹ For example, on 19 May 2020, Care England, a representative body of independent care providers, issued a press release expressing concern that the £3.2 billion of funding provided to local authorities was not reaching frontline providers, and that the funding was insufficient in any case.⁷² In response to a parliamentary question on 5 May 2020, the Government stated that it was working with the LGA and the ASDASS to confirm that funding provided to local authorities had been distributed to social care providers.⁷³

The NAO’s report on [Readying the NHS and adult social care in England for COVID-19](#), stated the following regarding whether the additional funding allocated to local authorities was making it to social care providers:

There have been concerns in parts of the sector that local authorities have not increased fee rates paid to care providers. Around half of local authorities surveyed by the Association of Directors of Adult Social Services said they were temporarily increasing rates and half of these said they were providing a temporary 10% fee uplift. A further 30% stated they had set aside emergency funding for providers and 16% said they had provided an upfront lump sum. However, provider organisations have told us they have evidence which disagrees with these findings: the picture appears to vary across the country.⁷⁴

In June, the ADASS published its annual budget survey. The report raised a number of concerns regarding the financial impact of the COVID-19 pandemic on adult social care, including:

- As a result of the additional financial pressures caused by the pandemic, only 4% of directors of adult social services are

⁷¹ For example, see : Community Care, [Covid-19: council leaders’ estimates of additional adult social care provider costs ‘woefully inadequate’](#), 9 April 2020.

⁷² Care England, [Where Has All the Money Gone?](#), 19 May 2020.

⁷³ [PQ 902197](#), 5 May 2020.

⁷⁴ NAO, [Readying the NHS and adult social care in England for COVID-19](#), 12 June 2020, p8.

confident that their budgets are sufficient to meet their statutory duties.

- The costs to local authorities and adult social care providers of the pandemic will outstrip the funding made available by the Government.
- The increased costs faced by care providers and a reduction in the occupancy of care homes means that the risk of providers going out of business has increased.⁷⁵

A [further report looking at the response of adult social care to the pandemic more broadly](#) was also published by ADASS in June.

4.4 NHS capital funding

In February 2020 the Secretary of State for Health and Social Care announced the launch of a capital facility to support any urgent works the NHS needs for the coronavirus response, such as the creation of further isolation areas and other necessary facilities.⁷⁶

5. Workforce measures

The Chief Executive of the NHS, Sir Simon Stevens, wrote to all NHS providers on 29 April 2020 setting out the NHS's approach and priorities over the next phase of the response to Covid-19. He noted the response had been greatly strengthened by over 10,000 returning health professionals; 27,000 student nurses, doctors and other health professionals starting their NHS careers early; and 607,000 NHS volunteers. The letter also set out measures being taken to ensure the wellbeing and safety of NHS staff. This included new guidance that BAME staff in front-line roles should be 'risk-assessed', following concerns they are disproportionately affected by Covid-19.⁷⁷

[NHS Employers](#) has collated a range of workforce guidance from the Department of Health and Social Care, NHS England and NHS Improvement, Public Health England (PHE), and Health Education England, along with their own advice, into one central resource for workforce leaders in the NHS.

In addition to links to guidance and advice provided to health and care staff provided in Sections 1.7 and 1.8 of this briefing, NHS Providers have collected examples of how some NHS trusts are working with their staff to understand how they can best support them. NHS Providers list a number of the initiatives that trusts and their local communities have introduced to support the NHS workforce on their website ([NHS Providers, supporting staff](#)). Specific guidance for NHS employers on supporting and protecting the BAME workforce can be found in the Commons Library briefing [Covid-19 and Black, Asian and minority ethnic communities](#) (17 June 2020).

⁷⁵ ADASS, [ADASS Budget Survey 2020](#), June 2020.

⁷⁶ See for example: [PQ677, 24 February 2020](#)

⁷⁷ NHS Chief Executive Letter, [Second Phase of NHS Response to Covid-19](#), 29 April 2020

The Library briefing, [Coronavirus: Overseas health and social care workforce](#) (25 June 2020) provides information on the impact of the Covid-19 pandemic on the overseas health and social care workforce. The paper discusses the measures used to increase numbers of overseas staff during the pandemic, and the potential implications of the pandemic for overseas recruitment. The paper also covers Government announcements of visa extensions for certain NHS staff, and exemption from the Immigration Health Surcharge for health and care workers.

5.1 Expanding the workforce

The UK Government is working with the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), and other organisations across health and social care, to see how former staff and students in these professions (particularly those in their final year), can provide support for the NHS during the coronavirus epidemic.

The Library briefing on the [Coronavirus Bill: health and social care measures](#) (20 March 2020) provided further background on proposals to expand the health and care workforce and support NHS volunteers. Specifically, the [Coronavirus Act 2020](#) provides for the emergency registration of health and care professionals across the UK by the NMC. This is to help to deal with the increase in those needing medical care and any shortage of approved staff to help. Subsequently, the BBC has reported that 20,000 former NHS staff had come forward to work in the NHS.⁷⁸

The following links provide information for healthcare workers considering a return to the NHS in England, Scotland and Wales or the Health and Social Care Service in Northern Ireland:

- England: <https://www.england.nhs.uk/coronavirus/returning-clinicians/>
- Scotland: <https://www.gov.scot/publications/coronavirus-covid-19-guide-for-health-professions-considering-a-return-to-the-nhs-scotland/>
- Wales: <https://gov.wales/health-professionals-coronavirus>
- Northern Ireland: <https://www.health-ni.gov.uk/Covid-19-returning-professionals>

5.2 Volunteers

On 24 March 2020 NHS England called for 250,000 volunteers to help the 1.5 million people who have been asked to shield themselves from coronavirus because of their underlying health conditions. The announcement stated that volunteers could be called on to do “simple but vital tasks” such as:

- delivering medicines from pharmacies;
- driving patients to appointments;

⁷⁸ BBC News, [Coronavirus: 20,000 former NHS staff return to fight virus, PM says](#), 30 March 2020

- bringing them home from hospital;
- or making regular phone calls to check on people isolating at home.⁷⁹

On 25 March 2020 the target was increased to 750,000 volunteers. On 29 March NHS England announced that this increased target had been met and the drive would be temporarily paused.⁸⁰

Information on opportunities to volunteer with charities or the NHS can be found at the following link:

<https://www.gov.uk/volunteering/coronavirus-volunteering>

On 6 June 2020 the Government announced that the scheme was being expanded so that volunteers would now also offer support to frontline health and care staff.⁸¹

5.3 Social care

Care providers have launched individual campaigns to attract those who have lost their jobs due to the virus or to attract retirees back into the workforce.⁸²

On 23 March 2020, Care England, a representative body of independent care providers, issued a press release calling for people “who are able, or whose circumstances have changed, to consider working or volunteering in care.” Referring to the campaign to encourage retired doctors and nurses back into the NHS, the press release added that the “adult social care sector also needs the support of the nation if it is to continue to support some of society’s most vulnerable during these unprecedented times.”⁸³

On 1 April 2020, Care England, along with other representative bodies of care providers in the UK, issued a letter to the Prime Minister requesting a clarification in legislation that anyone wishing to work in the provision of care will be permitted to take up paid employment in the NHS and with social care providers, even if they are currently furloughed in other industries and receiving 80% of their wage. Professor Martin Green, Chief Executive of Care England, stated that this would allow care providers “to recruit more staff to help us during a time where there is a huge increase in demand on our staffing.”⁸⁴

The [Social Care Action Plan](#), published on 15 April 2020, also sets out the actions the Government is taking to increase the social care workforce (see section 3.3). This includes plans to launch a national

⁷⁹ [‘Your NHS Needs You’ – NHS call for volunteer army](#), NHS England, 24 March 2020.

⁸⁰ [Over 400,000 people join NHS army of volunteers in one day](#), NHS England, 25 March 2020; NHS volunteer responders: [250,000 target smashed with three quarters of a million committing to volunteer](#), NHS England, 29 March 2020.

⁸¹ DHSC, [NHS volunteers extend support to frontline health and social care staff](#), 6 June 2020.

⁸² [Care England urges public to support social care during coronavirus](#), Care Home Professional, 26 March 2020.

⁸³ [Social Care Needs You Too](#), Care England, 23 March 2020.

⁸⁴ [Care Home Representatives Call for Urgent Legislation Change for More Staff, Care England](#), 1 April 2020

recruitment campaign, with the ambition of attracting 20,000 people into social care over the next three months.⁸⁵ On 23 April 2020, the Government announced the launch of the national recruitment campaign.⁸⁶ The NAO's report on [Readying the NHS and adult social care in England for COVID-19](#), published on 12 June 2020, stated that the Government did not know how it was progressing against the aim of attracting 20,000 people into social care.⁸⁷

The [care home support package](#), published on 14 May 2020, gave a brief summary of Government actions to expand and retain the adult social care workforce.⁸⁸

5.4 Student nurses

The NMC, the four UK Chief Nursing Officers, staff unions and representatives, and university bodies, issued [a joint statement on expanding the nursing and midwifery workforce in the Covid-19 outbreak](#). In particular, this included an update to previous statements on how midwifery and nursing students in all fields could contribute to the delivery of services whilst completing their studies, and to ensure that students are appropriately deployed and adequately supported during this time. The Department of Health and Social Care is also working with other stakeholders, government bodies and devolved administrations to clarify policies concerning pay, pensions, training and student loans.⁸⁹

The House of Lords Library has published [Nursing students: What is the Government doing to encourage recruitment?](#) (16 June 2020).

5.5 Death in service benefits

On 27 April 2020 the Government announced that a new life assurance scheme would be launched for health and care workers during the covid-19 pandemic. Under the scheme, the families of frontline NHS staff and care workers in England who die from coronavirus in the course of their frontline essential work will receive a £60,000 payment. The Government's announcement added that funding will be provided to the devolved administrations to support similar schemes in Scotland, Wales and Northern Ireland.⁹⁰

The original announcement stated that the scheme would cover employees of publicly funded care homes, home care, directly employed carers including personal assistants and frontline child and family social workers. However, in response to a parliamentary question on 19 May

⁸⁵ DHSC, [Coronavirus \(COVID-19\): Adult Social Care Action Plan](#), 15 April 2020

⁸⁶ DHSC, [Adult social care recruitment care campaign launched to boost workforce](#), 23 April 2020.

⁸⁷ NAO, [Readying the NHS and adult social care in England for COVID-19](#), 12 June 2020, p11

⁸⁸ HM Government, [COVID-19: Care home support package](#), 14 May 2020

⁸⁹ NMC, [Joint statement on expanding the nursing and midwifery workforce in the Covid-19 outbreak](#), 25 March 2020

⁹⁰ DHSC, [New guarantee on death in service benefits for frontline health and care staff during pandemic](#), 27 April 2020.

2020, the Minister, Helen Whately, confirmed that “all employees in adult social care providers registered with CQC will now be eligible for the payment, regardless of their funding status.”⁹¹

The Health Service Journal (HSJ) reports a DHSC source confirming that most managers and NHS staff not in ‘front-line’ roles will not be covered by the new scheme unless, in the 14 days before they developed coronavirus, they had been working in “environments or locations where personal care is provided to patients or service users who have, or are suspected to have, contracted coronavirus”. The HSJ article also notes that the £60,000 payment is in addition to any other death-in-service benefits available to families through the NHS Pension Scheme.⁹²

6. Hospital capacity

The Government has announced a range of measures to increase hospital capacity to prepare for the increase in Covid-19 patients. In particular, the focus of efforts to ensure that hospitals have enough intensive care beds and ventilation equipment, and the skilled and trained staff to operate ventilators. The Government has also asked the nation’s advanced manufacturers to produce more ventilators.⁹³ Information on critical care bed capacity is published by [NHS England](#).

The NHS in England is also taking action to free up to a third of its 100,000 general and acute beds, and operating theatres and recovery bays are also being repurposed. It was announced in March 2020 that all NHS non-urgent operations in England will be postponed. NHS England and NHS Improvement have said that providers will need to postpone all non-urgent elective operations from 15 April 2020 at the latest, for a period of at least three months.⁹⁴

A new temporary hospital, known as the NHS Nightingale hospital, has been established at the Excel Centre in London, with capacity for up to 4,000 patients. Two further temporary hospitals are being developed at Birmingham’s NEC and Manchester’s GMEX conference centres, due to open later in April. On 3 April 2020, NHS England also announced two new ‘Nightingale hospitals’ will be set up in Bristol and Harrogate.⁹⁵

In addition, on 21 March 2020 NHS England agreed a deal (described as the first of its kind) with independent hospitals across England to provide 8,000 hospital beds and nearly 1,200 more ventilators. The NAO report [Readying the NHS and adult social care in England for COVID-19](#) (10 June 2020) noted that it is not yet clear how much of the

⁹¹ [PQ45280](#), 19 May 2020.

⁹² Health Service Journal, [NHS managers must pass ‘situational test’ to qualify for covid death assurance plan](#), 28 April 2020.

⁹³ The Department for Business, Energy and Industrial Strategy has said it is looking for organisations who can support in the supply of ventilators and ventilator components across the UK as part of the Government’s response to Covid-19.

⁹⁴ The Guardian, [NHS to postpone millions of operations to tackle coronavirus](#), 17 March 2020

⁹⁵ NHS England, [NHS to build more Nightingale Hospitals, as London set for opening](#), 3 April 2020

private sector bed and staff capacity had been used to treat NHS patients, nor is the total cost of these arrangements. While the original agreement between NHS England and private providers came to an end on 28 June 2020 there are discussions about extending this, both for future surge capacity and to deal with the backlog of planned treatment.

[On 29 April 2020 NHS England and NHS Improvement wrote to the NHS setting out the second phase of the NHS response to Covid-19.](#)

This asked the NHS to make full use of all contracted independent sector hospital and diagnostic capacity, and the Nightingale hospitals, in restarting routine elective treatment, prioritising long waiters first. It noted that it would be important to:

...to retain our demonstrated ability to quickly repurpose and **'surge' capacity** locally and regionally, should it be needed again. It will also be prudent, at least for the time being, to consider retaining extra capacity that has been brought on line - including access to independent hospitals and Nightingale hospitals.

As noted in the section on funding, the Government has allocated £1.3 billion to support the NHS discharge process, to help get patients who no longer need urgent treatment home from hospitals. The *Coronavirus Act 2020* also includes measures to fast-track the discharge of patients from hospital. Further background can be found in the Library briefing, [Coronavirus Bill: Health and social care measures](#). However, there have been [reports](#) of reluctance from some care homes to take patients discharged from hospital because of coronavirus risk.

A King's Fund briefing on NHS critical care services provided further background on the range of actions taken to increase critical care capacity to cope with the Covid-19 pandemic.⁹⁶

6.1 Discharging patients into care homes

There has been considerable discussion regarding the discharging of Covid-positive patients from hospitals into care homes, and the possible role this may have played in introducing and spreading the virus in care homes.

On 2 April 2020, the Government published [guidance on the admission and care of people in care homes during the coronavirus outbreak](#). The guidance noted the role of the care sector "in accepting patients as they are discharged from hospital" and stated that "some of these patients may have COVID-19, whether symptomatic or asymptomatic". It added that "all of these patients can be safely cared for in a care home if this guidance is followed."

Annex D of the guidance provided information on caring for individuals discharged from hospital depending on their COVID-19 status. It set out that:

- If the person has no symptoms of COVID-19 then care should be provided as normal.

⁹⁶ King's Fund, [Critical care services in the English NHS](#), 7 April 2020

- If the person has tested positive for COVID-19 but is no longer showing symptoms and has completed a 14 day isolation period, then care should be provided as normal.
- If the person has tested positive for COVID-19, is no longer showing symptoms, but has not completed their 14 day isolation period, then care should be provided in isolation. Annex C of the guidance provides more information on the isolation of residents, which can include the cohorting of all symptomatic residents if there is more than one case.

The guidance stated that “negative tests are not required prior to transfers / admissions into the care home”.⁹⁷

The [Social Care Action Plan](#), published on 15 April 2020, provided updated information on the discharge of people from hospital into care settings. The action plan stated that there would now be a move to a policy of testing all residents prior to admission into care homes. It added that a small number of people may be discharged within the 14-day period from the onset of COVID-19 symptoms. It stated the following with regard to how such individuals, who will have been tested and will have confirmed COVID-positive status, should be cared for:

Some care providers will be able to accommodate these individuals through effective isolation strategies or cohorting policies. If appropriate isolation/cohorted care is not available with a local care provider, the individual’s local authority will be asked to secure alternative appropriate accommodation and care for the remainder of the required isolation period.

The action plan noted that the Government had [provided £1.3 billion to enhance the NHS discharge process](#), and stated that this funding can be drawn on to provide this alternative provision. It additionally recommended that people who are asymptomatic and have tested negative should still be isolated for 14 days.⁹⁸

The [Care Home Support Package](#), published on 14 May 2020, noted that some care providers were concerned about being able to effectively isolate COVID-positive patients. The letter repeated the guidance in the Social Care Action Plan that people will be tested before being discharged from hospital into care homes, and repeated that “local authorities should ensure that there is sufficient alternative accommodation as required to quarantine and isolate residents, if needed, before returning to their care home from hospital.”⁹⁹

On 19 June 2020, the Government published an [updated version of the guidance on the admission and care of people in care homes during the coronavirus outbreak](#). The guidance includes a dedicated section on the isolation of residents discharged from hospital into care homes. As part

⁹⁷ DHSC, [Coronavirus \(COVID-19\): admission and care of people in care homes](#), 2 April 2020

⁹⁸ DHSC, [Coronavirus \(COVID-19\): Adult Social Care action Plan](#), 15 April 2020, paras 1.28-1.36

⁹⁹ DHSC, [Coronavirus \(COVID-19\): care home support package](#), 22 May 2020.

of this is states that “no care home will be forced to admit an existing or new resident to the care home if they are unable to cope with the impact of the person’s COVID-19 illness for the duration of the isolation period”.¹⁰⁰

On 19 May 2020, NHS Providers, a membership organisation of NHS trusts, published a briefing on recent NHS discharges into care homes. Among other things, the briefing stated that trusts “refute the suggestion that they ‘systematically’ and ‘knowingly’ transferred known COVID-19 patients into care homes.”¹⁰¹

The [ADASS’s Coronavirus Survey 2020](#) report stated that “the focus on rapid discharge from hospital without taking account of the needs of the whole health and care system has had tragic consequences.” It added that “an absence of testing for people leaving hospital during the period of Rapid Discharge could have accelerated the spread of Coronavirus in care settings”.¹⁰²

The Government’s [Vivaldi 1: COVID-19 care homes study report](#) was published on 3 July 2020. Based on analysis of survey responses from care homes concerning the number of confirmed cases among staff and residents, the report highlighted the return of residents to care homes from hospital as an important risk factor:

Emerging data suggests that the number of new admissions, and return of residents to the care home from hospital, may be important risk factors for infection in residents and staff. This has only been tested in unadjusted analysis due to a high proportion of missing data across these variables.¹⁰³

The NAO’s report on [Readying the NHS and adult social care in England for COVID-19](#), published on 12 June 2020, stated that “between 17 March and 15 April, around 25,000 people were discharged from hospitals into care homes, compared to around 35,000 over this period in 2019”. It added that “it is not known how many had COVID-19 at the point of discharge.”¹⁰⁴

7. Supply of PPE to health and care staff

7.1 Guidance on use of PPE

[COVID-19: infection prevention and control guidance](#), which provides information and advice for health and care staff, including on when to use personal protective equipment (PPE), including gloves, aprons, facemasks and visors. The guidance was issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales,

¹⁰⁰ DHSC, [Admission and Care of Residents in a Care Home during COVID-19](#), 19 June 2020.

¹⁰¹ NHS Providers, [Recent NHS discharges into care homes](#), 19 May 2020.

¹⁰² ADASS, [ADASS Coronavirus Survey 2020](#), June 2020.

¹⁰³ DHSC, [Vivaldi 1: COVID-19 care homes study report](#), 3 July 2020.

¹⁰⁴ NAO, [Readying the NHS and adult social care in England for COVID-19](#), 12 June 2020, p11.

Public Health Agency Northern Ireland, Health Protection Scotland, Public Health England (PHE) and NHS England. The guidance was last updated on 18 June 2020. A [document](#) published by PHE sets out the main changes made in the updated guidance.¹⁰⁵

On 2 April 2020 the UK Government and NHS leaders published [new guidance](#) about the supply and use of PPE for NHS teams who are likely to come into contact with patients with Covid-19.¹⁰⁶ This was made available in a number of tables describing appropriate PPE use across different scenarios and settings, including recommendations on sessional use and reusable PPE.

The Health and Safety Executive (HSE) and PHE's [Rapid research: review of PPE in healthcare settings](#) also considered evidence supporting the use of PPE to prevent the spread of Covid-19.

7.2 Concerns around supply of PPE

There have been numerous [reports](#) of shortages of PPE, hand sanitiser and other protective equipment in the health and care sectors.¹⁰⁷ There have also been concerns about the Government's approach to national and international procurement, including ongoing questions about why the UK had not so far been involved in EU joint procurement arrangements for PPE and other medical equipment.¹⁰⁸ On 27 March 2020 the Local Government Association and Association of Directors of Adult Social Services wrote a [joint letter](#) to the Health Secretary regarding PPE provision for the adult social care sector.¹⁰⁹

The NAO's report on [Readying the NHS and adult social care in England for COVID-19](#), published on 12 June 2020, noted the concerns raised around PPE supply for the health and care sectors. The report stated that the central stockpile of PPE was designed for a flu pandemic and lacked items such as gowns and visors which an independent committee had recommended in 2019. It added that, while NHS bodies and social care providers could source PPE from other routes, the supply of PPE from central sources up to mid-May "only met some of the modelled requirement from health and social care providers". For example, "central stocks distributed to social care accounted for 15% or less of the modelled requirement for any item of PPE, apart from face masks."¹¹⁰

See also:

¹⁰⁵ PHE, [Explanation of the updates to infection prevention and control guidance](#), 17 April 2020.

¹⁰⁷ For example, see BMA, [Doctors step up plea for adequate protection against coronavirus](#), 26 March 2020; [UK care home staff 'at breaking point' as coronavirus cases rise](#); and Guardian, 31 March 2020 and BBC News, [Coronavirus: Testing, PPE and ventilators - how has the government done?](#), 3 April 2020

¹⁰⁸ See for example, BBC News, [Coronavirus: Government facing fresh questions over EU equipment scheme](#), 22 April 2020

¹⁰⁹ LGA, [Letter to Secretary of State Matt Hancock from the LGA and ADASS](#), 27 March 2020.

¹¹⁰ NAO, [Readying the NHS and adult social care in England for COVID-19](#), 12 June 2020, p12.

- [Royal College of Nursing advice on personal protective equipment \(PPE\) and COVID-19](#)
- [BMA practical guidance COVID-19: PPE for doctors](#)
- Unison, [Personal Protective Equipment and coronavirus](#)
- NHS Providers, 'Spotlight' briefing on [The Supply of Personal Protection Equipment](#)

7.3 Government actions to increase PPE supply

The UK Government, the devolved administrations, the NHS and the armed forces are working together with others in the supply chain to ensure that PPE is delivered to the frontline. [The PPE Dedicated Supply Channel](#) was established to improve capacity for PPE supply, and help ensure that hospitals and community healthcare partner organisations get the PPE that they need. The supply channel website advises staff experiencing shortages to contact a [supply disruption helpline](#).

On 30 March 2020 the DHSC published [technical specifications for PPE \(last updated 11 May 2020\)](#), to define the technical and regulatory standards for new suppliers and manufacturers. [Regulations have also been temporarily suspended to fast-track supplies of PPE to NHS staff](#).

On 10 April 2020, the Government published a [PPE plan](#) "to ensure that critical PPE is delivered to those on the frontline responding to coronavirus".¹¹¹

Information on the supply of PPE to the social care sector is also provided in the [Social Care Action Plan](#), published on 15 April 2020, the [Care Home Support Package](#), published on 14 May 2020 (see section 3.5), and in the [guidance on the admission and care of residents in care homes](#), updated on 19 June 2020. The measures include:

- Providing an emergency drop of face masks to every CQC registered care provider, to meet immediate demands.
- Releasing PPE to designated wholesalers for onward sale to care providers, to support the existing supplier network.
- Releasing PPE to local resilience forums to meet priority needs.
- Created a National Supply Distribution Response system to respond to emergency PPE requests, where local resilience forums cannot respond to needs.
- Working to develop a parallel supply chain to support the normal supply chain and improve the speed and reliability of delivery.

The care home support plan stated that over 2,300 care providers would be invited to join the pilot of the parallel PPE distribution portal by the end of the week beginning 11 May 2020. On 5 June 2020, the Government published guidance on the portal, including which providers could use it to order emergency PPE: [PPE portal: how to order](#)

¹¹¹ DHSC, [Coronavirus \(COVID-19\): personal protective equipment \(PPE\) plan](#), 10 April 2020.

[emergency personal protective equipment](#). The updated guidance on admission and care of residents in care homes, published on 19 June, stated that once the system is fully up and running the Government will “look to expand further to meet the demands of the health and care sectors.”¹¹²

On 19 April 2020 the Government announced that Lord Deighton, who was the Chief Executive of the London 2012 Olympics, had been appointed to lead national efforts to produce PPE for frontline health and social care staff.¹¹³ On 25 June the Government confirmed it had sufficient contracted supplies for our foreseeable demand in most product areas. Lord Deighton commented that “We are now working to build the stock levels which will help to future-proof our health and care sectors for years to come.”¹¹⁴

7.4 Zero-rate of VAT for PPE

The Government announced on 30 April 2020 a temporary zero rate effective from 1 May until 31 July 2020 for supplies of PPE recommended for use in connection with protection from infection with Covid-19.¹¹⁵ On 3 July 2020 the Government announced that the zero rate would apply until the end of October.¹¹⁶ The scope of the zero rate applies to PPE, as defined by Public Health England’s coronavirus (Covid-19) PPE guidance [on 24 April 2020](#).

Generally VAT is charged on the supply of all goods and services, unless specifically exempt, either at the standard rate - currently 20% - or the zero rate.¹¹⁷ At present the zero rate covers medical equipment purchased from voluntary contributions, or by a charity, qualify for zero-rating *if* the goods are donated to an ‘eligible body’ – that is, certain health bodies (such as NHS trusts), certain non-profit research institutions, and certain charitable institutions providing medical & first aid services.¹¹⁸

¹¹² DHSC, [Admission and Care of Residents in a Care Home during COVID-19](#), 19 June 2020, pp23-3.

¹¹³ Gov.uk, [Olympics chief brought in to boost PPE production](#), 19 April 2020

1. ¹¹⁴ Gov.uk, [Major milestone hit as 2 billion items of PPE delivered](#), 25 June 2020

¹¹⁵ HM Treasury press notice, [Treasury cut taxes to reduce PPE costs](#), 30 April 2020; HMRC, [VAT zero rating for personal protective equipment](#), 30 April 2020; and HMRC, [Temporary VAT zero rating of personal protective equipment \(PPE\): HMRC Brief 4\(2020\)](#), 30 April 2020

¹¹⁶ HM Treasury, [HM Treasury extends tax cut to PPE costs](#), 3 July 2020.

¹¹⁷ A small number of supplies are subject to VAT at 5% (for example, the supply of domestic fuel and power. HMRC publish guidance on the VAT treatment of a variety of goods and services [on Gov.uk](#).

¹¹⁸ For further details see, HMRC, [VAT Notice 701/6: charity funded equipment for medical, veterinary etc uses](#), May 2019; Social care or welfare services are generally exempt from VAT. Organisations offering such services are not required to charge VAT where they are regulated by the Care Quality Commission. The exemption is explained in VAT Notice 701/2 “Welfare Services and Goods” see [PO 3532, 13 May 2020](#).

8. Vaccine development

The Government's [Coronavirus Action Plan](#) (published 3 March 2020) included a commitment to fund the development of a vaccine. On the 17 April 2020 the Government launched a new [Vaccine Taskforce](#) to co-ordinate efforts to research and then produce a coronavirus vaccine. The UK Government's [Covid-19 Recovery Strategy](#) (11 May 2020) also provides further information on the development of treatments and vaccines for Covid-19.¹¹⁹ The Government states that the second phase steps outlined in its strategy is a means of managing coronavirus until the UK reaches this point where it can roll-out any vaccines and treatments.

The House of Lords Library has published a briefing, [Covid-19 vaccine: Where are we?](#) (25 June 2020), setting out what the Government is doing to fund the development of vaccines. The Parliamentary Office of Science and Technology (POST) has also published briefings, [Vaccines for COVID-19](#) (22 April 2020), and [COVID-19 Vaccines: July update on research](#) (7 July 2020). These briefings provide information on who is working on a vaccine, and when one might become available.

9. Overseas visitor charges

The NHS is a residency-based healthcare system and entitlement to free NHS hospital treatment is based on 'ordinary residence' in the UK or exemption from charges under the *NHS (Charges to Overseas Visitors) Regulations 2015*. These regulations place a duty on NHS bodies providing non-emergency hospital treatment to charge those overseas visitors who are not exempt and recover charges from them. [The National Health Service \(Charges to Overseas Visitors\) \(Amendment\) Regulations 2020](#) amended the 2015 regulations to add novel coronavirus (Covid-19) into Schedule 1, which lists diseases for which no charge is to be made for treatment. PQ response have clarified that this also applies to diagnostic testing (see for example, PQ 26943, [Coronavirus: Overseas Visitors](#), 12 Mar 2020).

Further information on NHS overseas visitor charging rules can be found in the UK Department of Health and Social Care's [Guidance on Implementing the Overseas visitors Hospital Charging Regulations](#) (updated February 2020).

10. Links to other parliamentary briefings

Library briefings

Other Commons Library resources on the response to coronavirus can be found on a dedicated [Commons Library webpage](#). There is also a

¹¹⁹ UK Government, [Our plan to rebuild: The UK Government's COVID-19 Recovery Strategy](#), CP 239, 11 May 2020, see work programme 11, p43

Lords Library webpage bringing together their [latest articles on coronavirus](#).

The Commons Library Briefing paper, [Coronavirus: Access to adult social care in England](#), provides an overview of changes to local authority duties around the provision of adult social care during the coronavirus outbreak. The changes were brought into force on 31 March 2020, under the *Coronavirus Act 2020*.

The Commons Library briefing [NHS maximum waiting time standards](#) notes some changes that NHS England and NHS Improvement have made to monitoring and management of waiting time standards during the coronavirus outbreak.

The Commons Library briefing [NHS charges](#) notes calls to suspend prescription charges in England for the duration of the coronavirus outbreak, and the action taken to enable free parking for NHS and relevant key worker staff at hospitals.

The Commons Library briefing [Patient health records and confidentiality](#) notes that the Health Secretary has written to NHS organisations to authorise the relax certain confidentiality rules until at least September 2020 to enable greater sharing of patient data relating to Covid-19. The Library briefing also refers to the extension of the NHS deadline for national data opt outs.

The House of Lords Library has published a number of briefings on coronavirus including [UK preparedness for Covid-19: Lords scrutiny of the 2009 swine flu pandemic](#) (1 April 2020) and [Coronavirus and abortion law](#) (6 April 2020).

Parliamentary Office of Science and Technology (POST)

The Parliamentary Office of Science and Technology (POST) has produced a number of [articles on the evidence base](#) underpinning the UK Government response to coronavirus. Topics include social and behavioural interventions, mass school closures, current scientific understanding and vaccines. See for example:

- [COVID-19 and social distancing: the 2 metre advice](#) (23 June 2020)
- [Antibody tests for COVID-19](#) (16 June 2020)
- [Contact tracing apps for COVID-19](#) (14 May 2020)
- [Models of COVID-19: Part 3](#) (30 April 2020)
- [Face masks, face coverings and COVID-19](#) (29 April 2020)
- [Models of COVID-19: Part 2](#) (21 April 2020)
- [COVID-19 therapies](#) (17 April 2020)
- [Models of COVID-19: Part 1](#) (8 April 2020)
- [COVID-19: Current understanding](#) (28 March 2020)

POST has also published a number of reports after surveying over 1,100 experts, who have shared their concerns about coronavirus-impacted

areas in the immediate and longer-term future. These reports include concerns about medical research, innovation, public health, and health and social care services. All these reports are available on the [POST website](#).

10.1 Scotland, Wales and Northern Ireland

The Parliamentary research services in Scotland, Wales and Northern Ireland have produced briefings and links to reliable information on coronavirus for elected representatives and the public. See for example:

- The Welsh Assembly Research Service webpage, [Coronavirus: information and help for people in Wales \(health and social care\)](#).
- The Northern Ireland Assembly Research and Information Service has published [sources of guidance and support on the impact of coronavirus \(COVID-19\)](#).
- The Scottish Parliament Information Centre (SPICe) has a regularly updated blog-post, [Coronavirus \(COVID-19\): Constituency support](#).

11. Other sources

11.1 International sources

The World Health Organization produces a [rolling global update on coronavirus](#), setting out developments as they happen.

Links to other EU/EEA countries' guidance in relation to coronavirus can be found on the [EU website](#) and the website of the [European Centre for Disease Prevention and Control](#). The Health Economics, Policy and Law (HEPL) journal has published a blog series of [country responses to the Covid-19 pandemic](#).

With regard to access to health services for UK nationals who are abroad, the [FCO foreign travel advice website](#) provides country by country advice on healthcare. This includes information on actions being taken in other countries to combat the Covid-19 outbreak.

11.2 Specialist research and comment

The National Audit Office (NAO) report, [Readying the NHS and adult social care in England for COVID-19](#), was published on 12 June 2020. It sets out the facts about government's progress in preparing the NHS and social care for the COVID-19 outbreak. It focuses on actions taken at a national level up to the end of April, by those responsible for coordinating health, adult social care and local government in England.

NHS Providers has published a briefing, [Confronting coronavirus in the NHS: the story so far](#) (15 April 2020), setting out how NHS trusts have prepared for and are managing extra demand. It considers a number of 'pinch points' including personal protection equipment (PPE), testing, ventilators and oxygen system delivery capacity. It also notes concerns about the balance between responding to coronavirus and maintaining the NHS' 'normal work'. The final section of the briefing considers what

temporary coronavirus related innovations the NHS might want to make permanent.

NHS Providers has published [coronavirus briefings on the impact on specific sectors of the NHS](#), including community, ambulance and mental health services. NHS Providers has also produced a series of 'Spotlight' briefings on the coronavirus response, including [Testing questions in testing times](#) (30 April 2020).

The British Medical Journal (BMJ) has collected its coverage of the coronavirus outbreak from across the BMJ's journals and learning resources. All articles and resources are freely available – see [Coronavirus \(covid-19\): Latest news and resources](#).

The Lancet has created a Coronavirus Resource Centre bringing together new 2019 novel coronavirus disease (Covid-19) content from across The Lancet journals as it is published. This content is free to access – see [COVID-19 Resource Centre](#). On 15 April 2020 the Lancet Psychiatry published a position paper: [Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science](#).

The Nuffield Council on Bioethics policy briefing, [Responding to the Covid-19 pandemic: ethical considerations](#) (17 March 2020), sets out the key ethical considerations relevant to public health measures being introduced to manage the Covid-19 pandemic in the UK.

The Health Foundation has produced a [Covid-19 policy tracker](#), which provides a timeline of national policy and health system responses in England. The policy will be updated weekly and the Health Foundation have also provided a detailed spreadsheet of policy responses to Covid-19, which is available to download from the policy tracker webpage.

12. Parliamentary material

12.1 Legislation

The [Coronavirus Bill](#) (Bill 122) was introduced to the House of Commons on 19 March 2020, receiving Royal Assent on 25 March, becoming the [Coronavirus Act 2020](#). This emergency legislation is part of the Government's response to the Covid-19 pandemic. The Library produced a set of [briefings on the Coronavirus Bill](#) before all stages of the Bill in the House of Commons on Monday 23 March 2020. This included a Library briefing, [Coronavirus Bill: Health and social care measures](#). The House of Lords Library have also published [Coronavirus Bill: what happened in the House of Lords?](#) (27 March 2020).

The House of Lords Secondary Legislation Committee has published a [running list of all secondary legislation laid to tackle the coronavirus pandemic](#).

12.2 Select Committees

A number of Select Committees have coronavirus related inquiries underway. The Health and Social Care and the Commons Science and Technology Select Committees are working on the following inquiries:

- Health and Social Care Committee, inquiry on [Preparations for Coronavirus](#)
- Health and Social Care Committee, inquiry on [Delivering Core NHS and Care Services during the Pandemic and Beyond](#)
- Science and Technology Committee, inquiry on [UK Science, Research and Technology capability and influence in global disease outbreaks](#)

Following the National Audit Office report, [Readying the NHS and adult social care in England for COVID-19](#) (12 June 2020), on 22 June the Public Accounts Committee questioned the Permanent Secretary and Finance Director at the Department for Health and Social Care; the Chief Executive of the NHS; NHS England; Public Health England and the National Medical Director on the [UK's preparations for the peak](#) of cases and deaths in England.

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