



Department
of Health &
Social Care

*From Helen Whately MP
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Ms Sally Light
Chief Executive
Motor Neurone Disease Association
By email to: mndconnect@mndassociation.org

29 June 2020

Dear Ms Light,

Thank you for your correspondence of 25 March and 10 June about motor neurone disease (MND) and unpaid carers. Please accept my apologies for the delay in replying.

Expert doctors in England have identified a small group of specific medical conditions that, based on what we know about the virus so far, place someone at greatest risk of severe illness from the novel coronavirus (COVID-19). The list has been developed and agreed by UK senior clinicians including the Chief Medical Officers of the four UK nations and senior clinicians in NHS England, NHS Digital and Public Health England. If someone falls in this group of people with specific medical conditions, they should have been contacted to tell them that they are clinically extremely vulnerable, and were previously advised to stay at home at all times and avoid any face-to-face contact to protect themselves, also known as 'shielding'.

On 31 May, the Government published updated guidance for people who are shielding, which takes into account that COVID-19 disease levels are substantially lower now than when shielding was first introduced. The new guidance states that people who are shielding remain vulnerable and should continue to take precautions, but they can now leave their home if they wish, as long as they are able to maintain strict social distancing. The updated guidance can be found at www.gov.uk by searching for 'shielding and protecting people who are clinically extremely vulnerable from COVID-19'. If someone has been told that they are clinically extremely vulnerable, they should continue to follow the advice in this guidance. Within the guidance, a person can also register online for a support service they can receive as a clinically vulnerable person.

There are other conditions, including MND, that place somebody at moderate risk of severe illness from COVID-19. These conditions are not suitable for blanket inclusion in the shielded list. In the case of MND, it is because there is a range of severity of disease and therefore it may be inappropriate to send shielding advice to certain patients. Shielding is an advisory measure that, if followed, involves extreme personal restrictions and limitations. A full list of conditions that place people at moderate risk of severe illness

from COVID-19 can be found at www.nhs.uk by searching for 'people at higher risk from coronavirus'.

If someone has not received a letter or has not been contacted by their GP but is still concerned, they should discuss their concerns with their GP or hospital clinician. GPs and clinicians can assess a patient's suitability for shielding on a case-by-case basis and, after consultation with the patient, add them to the centrally held list of patients who receive advice on shielding if they deem it necessary to do so.

With regard to testing, we have published guidance on COVID-19 testing, including who is eligible for a test, how to get tested and the different types of test available. It can be found at www.gov.uk by searching for 'coronavirus (COVID-19): getting tested' and it includes social care staff as essential workers.

On that service, employers of frontline workers will be provided with information on how to make an appointment for their staff through their local resilience forum, their associated national department or agency, or directly through the Department of Health and Social Care (DHSC). Any employer that has queries should use the same route to raise them. The appropriate team in DHSC can be contacted for such queries at opshub@dhsc.gov.uk.

Turning to the point you make about Carer's Allowance, as the Department for Work and Pensions (DWP) is responsible for it, you may wish to raise your concerns with it direct. You can find the contact details for the DWP at www.gov.uk/government/organisations/department-for-work-pensions.

Regarding personal protective equipment (PPE), organisations that have an urgent clinical need for it but cannot get it through the usual channels can contact the National Supply Disruption Response team, which can advise on alternative suppliers or facilitate an emergency delivery, on 0800 915 9964 or at supplydisruptionservice@nhsbsa.nhs.uk. Moreover, an online PPE portal has been developed to enable primary, social, and community care providers to purchase critical PPE.

The Government has delivered millions of items of PPE to local resilience forums to help them respond to urgent local spikes in need in the adult social care system and other frontline services, where providers are unable to access PPE through their usual routes. These efforts are being coordinated across all four nations of the UK. Since the beginning of the COVID-19 outbreak, over 1.6 billion pieces of PPE have been delivered across the UK to 58,000 different settings, including hospices, care homes and home care providers.

COVID-19 is the biggest challenge the UK has faced in decades and we are not alone. All over the world, we are seeing the devastating impact of this disease. It threatens to take both our way of life and our loved ones from us.

That is why we put in place strict social distancing to slow the spread of the virus so the NHS would not be overwhelmed, and lives could be saved. Thanks to the hard work and sacrifice of the British people, and despite a tragic loss of life, the UK slowed the spread of COVID-19. Our health system was not overwhelmed, and we have had spare beds, ventilators and hospital capacity at all times.

We must begin to recover and eventually restore our way of life. The Government's objective is to return to our way of life as soon as possible, focusing on saving not only lives, but also livelihoods. However, it is absolutely vital that, as we do so, we avoid the risk of a second peak that overwhelms the NHS and, crucially, that we do not waste the huge sacrifices the British people have made in lockdown to get the virus under control.

Protecting the health and safety of the British public is, and must always be, our number one priority. That is why the Government is introducing an app so that people will know if they have come in contact with a case of COVID-19 and can self-isolate to keep the spread of the virus under control. It is also why we set out five tests that must be met before we can slowly and cautiously lift lockdown restrictions.

To chart progress, we are establishing a new COVID Alert Level system. The COVID Alert Level will be determined primarily by 'R' – the rate of infection – and the number of COVID-19 cases. In turn, that Alert Level will determine the social distancing measures in place. The lower the level, the fewer the measures; the higher the level, the stricter the measures.

Everyone has a role to play, because R is directly influenced by how many people we have contact with and for how long. This is how we ensure the sacrifice of the British public is not wasted, and how we avoid going back to square one.

As we ease restrictions and begin to recover and return to our way of life, it is vital that we all stay alert so we can control the virus and save lives.

On 12 June, the Government updated its new guidance. It can be found at www.gov.uk by searching for 'staying alert and safe: social distancing'.

I hope this reply is helpful.



HELEN WHATELY