

Covid-19 Update

12:34:00

The Secretary of State for Health and Social Care (Sajid Javid)

Mr Speaker, before I make my statement today, I am sure that the whole House will want to join me in offering our condolences to my right hon. Friend the Prime Minister and my noble Friend Baron Johnson of Marylebone on the loss of their mother who sadly passed away yesterday. Our thoughts are with them and their whole family at this most difficult of times.

With permission, Mr Speaker, I would like to make a statement on the pandemic and our autumn and winter plan to manage the risk of Covid-19.

Over the past few months, we have been making progress down the road to recovery, carefully and cautiously moving closer to normal life. As we do this, we have been working hard to strengthen our defences against this deadly virus. We have been continuing the roll-out of our vaccination programme, with 81% of people over the age of 16 having had the protection of both doses. We have expanded our testing capacity yet further, opening a new mega-lab in Leamington Spa, and we have continued supporting research into long Covid, taking our total investment to £50 million.

Thanks to that determined effort, we have made some major steps forward. The link between cases, hospitalisations and death has weakened significantly since the start of the pandemic and deaths from Covid-19 have been mercifully low compared with previous waves. None the less, we must be vigilant as autumn and winter are favourable conditions for Covid-19 and other seasonal viruses. Children have returned to school. More and more people are returning to work. The changing weather means that there will be more people spending time indoors, and there is likely to be a lot of non-Covid demand on the NHS, including flu and norovirus.

Today, keeping our commitment to this House, I would like to provide an update on our review of preparedness for autumn and winter. The plan shows how we will give this nation the best possible chance of living with Covid without the need for stringent social and economic restrictions.

There are five pillars to this plan. The first is further strengthening our pharmaceutical defences such as vaccines. The latest statistics from the Office for

National Statistics show that almost 99% of Covid-19 deaths in the first half of this year were people who had not received both doses of a Covid-19 vaccine. This shows the importance of our vaccination programme, and, by extending the programme further, we can protect even more people. Almost 6 million people over the age of 16 remain unvaccinated in the UK, and the more people there are who are unvaccinated the larger the holes in our collective defences. We will renew our efforts to maximise uptake among those who are eligible but who have not yet, for whatever reason, taken up the offer.

Next, we have been planning our booster doses, too. As with many other vaccines, there is evidence that the protection offered by Covid-19 vaccines reduces over time, particularly for older people who are at greater risk. Booster doses are an important way of keeping the virus under control for the long term.

This morning, we published the advice of the Joint Committee on Vaccination and Immunisation on a booster programme. It recommended that people who were vaccinated in phase 1—priority groups 1 to 9—should be offered a booster vaccine; that this vaccine should be offered no earlier than six months after the completion of the primary vaccine course; and that, as far as possible, the booster programme should be deployed in the same order as phase 1. I can confirm that I have accepted the JCVI's advice and that the NHS is preparing to offer booster doses from next week. The NHS will contact people at the right time and nobody needs to come forward at this point. This booster programme will protect the most vulnerable through the winter months and strengthen our wall of defence even further.

As well as that, we will be extending the offer of a Covid-19 vaccine to even more people, as the Minister for Covid-19 vaccine deployment announced yesterday in the House—thank you, Mr Speaker, for allowing him to make that statement yesterday. All young people aged 16 to 17 in England have already been offered a dose of a Covid-19 vaccine to give them the protection as they return to school. Yesterday, the UK's chief medical officers unanimously recommended making a universal offer of a first dose of a vaccine to people between the ages of 12 and 15. The Government have accepted that recommendation, too, and will move with urgency to put this into action. We are also seeing great advances in the use of antivirals and therapeutics. Several Covid-19 treatments are already available through the NHS and our antivirals taskforce is leading the search for breakthroughs in antivirals, which have so much more potential to offer.

Secondly, testing, tracing and self-isolation have been another vital defence. Over the autumn and winter, PCR testing for those with Covid-19 symptoms and contacts of confirmed cases will continue to be available free of charge. Regular asymptomatic testing, which currently identifies about a quarter of all reported cases, will also continue in the coming months, with a focus on those who are not fully vaccinated: perhaps those in education or other higher-risk settings. Contact tracing will continue through the NHS Test and Trace system. We do not want people to face hardship as they carry out their duty to self-isolate, so we will keep offering practical and financial support for those who are eligible and need assistance who are still required to self-isolate. We will review the regulations and support by the end of March 2022.

The third pillar is that we are supporting the NHS and social care. Last week, I announced a £5.4 billion injection for the NHS to support the Covid-19 response over the next six months, including £1 billion extra to tackle the elective backlog caused by Covid-19. We have also launched a consultation on protecting vulnerable patients by making Covid-19 and flu vaccinations a condition of deployment for frontline healthcare staff and wider social care workers in England. We are already making this a condition of employment in Care Quality Commission-registered adult care homes. Although we are keeping an open mind and will not be making a final decision until we fully consider the results of the consultation, it is highly likely that frontline NHS staff and those working in wider social care settings will also have to be vaccinated to protect those around them, and that this will be an important step in protecting those at greatest risk.

Fourthly, we will keep encouraging people to take steps to keep seasonal illnesses, including flu and Covid-19, at bay. The best step we can all take is to get vaccinations for Covid-19 and flu if we are eligible, so along with our Covid-19 vaccination programme the next few months will see the largest flu vaccination campaign that the country has ever seen. Our plan also sets out a number of changes that we can all make to our daily routines, such as: meeting outdoors where possible; trying to let in fresh air if we need to be indoors; and wearing a face mask in crowded and enclosed spaces where we come into contact with people who we do not normally meet.

Our fifth pillar is how we will look beyond our shores and pursue an international approach. Last week, I attended the G20 Health Ministers' Meeting, where I met counterparts from across the world and talked about the part that we will be playing to lead the global effort to accelerate access to vaccines, therapeutics and diagnostics. As we do this, we will maintain our strong defences at the border,

allowing us to identify and respond to variants of concern. It is these defences, and the progress of vaccination campaigns both here and abroad, that have allowed us to manage the risks and to start carefully reopening international travel once again. We have already relaxed the rules for fully vaccinated travellers and I asked the Competition and Markets Authority to review the issue of exploitative behaviour in the private testing market. The review reported last week and I am looking into what further action we can take. On top of those measures, we will be publishing a new framework for international travel. My right hon. Friend the Transport Secretary will be announcing more details ahead of the formal review point on 1 October.

Thanks to the defences that we have built, we have been able to remove many of the regulations that have governed our daily lives—rules that were unprecedented yet necessary. Our plan shows how we will be removing more of these powers while maintaining those that are essential for our response. This includes expiring more of the powers in the Coronavirus Act 2020, such as the powers directing the temporary closure of educational institutions. The remaining provisions will be those that are critical to the Government's response to the pandemic—for example, ensuring that the NHS is properly resourced, and supporting statutory sick pay for those who are self-isolating.

The plan before the House today is our plan A—a comprehensive plan to steer this country through the autumn and winter. But we have seen how quickly this virus can adapt and change, so we have prepared a plan B of contingency measures, which we can call upon only if they are needed and supported by the data, to prevent unsustainable pressure on the NHS. These measures would be: communicating clearly and urgently to the public the need for caution; legally mandating face coverings in certain settings; and, while we are not going ahead with mandatory vaccine-only Covid status certification now, holding that power in reserve. As well as those three steps, we would consider a further measure of asking people to work from home if they can for a limited time if that is supported by the data. Any responsible Government must prepare for all eventualities. Although these measures are not an outcome that anyone wants, it is one that we need to be ready for just in case.

Ever since we published our road map to recovery seven months ago, we have been carefully but cautiously getting this nation closer to normal life. Now we have come so far and achieved so much, we must stay vigilant as we approach this critical chapter, so that we can protect the progress that we have all made together. I commend this statement to the House.

12:46:00

Jonathan Ashworth (Leicester South) (Lab/Co-op)

I thank the Secretary of State for advance sight of his statement. Like him, I want to send my condolences to the Prime Minister and the wider Johnson family at this difficult time.

Infection levels today are actually higher than they were at this time last year, so the test of the Secretary of State's plan A and plan B is whether we push infections down, minimise sickness and save lives, keep schools open, protect care homes, maintain access to all care in the national health service, and avoid a winter lockdown. He has talked about a plan B. Can he tell us what level of infection and hospitalisation would trigger plan B? Yesterday, Downing Street briefed about a lockdown as a last resort. What, then, is the first resort in combating the virus to avoid a winter lockdown? Will the Secretary of State rule out today local and regional lockdowns like we saw in my city of Leicester, in Bolton and in parts of West Yorkshire last year?

On vaccination, last night we had confirmation of a vaccine programme for children. We welcome and support that. The Secretary of State has now confirmed a booster jab as well. Again, we welcome and support that. But how will he boost vaccination in those areas of the country where vaccine take-up remains relatively low? For example, in Bradford, second doses are running at about 65%, in Wolverhampton at 65%, in Burnley at 69%, and in my own city of Leicester at 61%. What support will be made available to those areas, or others, so that they can boost vaccine take-up?

Vaccinating children is often justified, in my view wrongly, on the basis of its impact on adults and wider transmission. But children and young people would actually benefit further if vaccination rates were increased among adults. Among younger adults—25 to 30-year-olds—it is running at about 55% on a second dose, and among 30 to 35-year-olds at 68%. So what is the Secretary of State going to do to vaccinate more younger adults? What campaign is he going to run to get those vaccination rates up?

What is the plan for those who are immune-suppressed and have shielded throughout this crisis? For example, 1 million cancer patients cannot produce an immune response to vaccines. Will they be offered the prophylactic antibody

treatments that are now available, or will they be expected to shield further throughout the winter?

The Secretary of State is right to raise flu and seasonal viruses, but he will know that the Australian flu season has been minimal. That is good for Australia, obviously, but it impacts the ability to collect samples to make an appropriate vaccine for the strain that might hit us. Is he confident of the effectiveness of the flu vaccine to match this year's strain?

On Test and Trace and wider diagnostics, we are likely to see more flu and RSV—respiratory syncytial virus—and more common colds and coughs. These are viruses with overlapping symptoms to Covid, and an increasing range of symptoms is associated with Covid as well. Will he look at multiplex testing, which as well as diagnosing whether someone is Covid positive also diagnoses flu and RSV? The Academy of Medical Sciences has recommended this.

The Secretary of State said that PCR testing will continue free of charge through autumn and winter. I think that is the first time that a timeframe has been put on free PCR testing. Is he suggesting that we will move to a different system for PCR testing from next spring and summer, where perhaps people will be expected to pay for a test? Could he clarify the Government's thinking on testing next spring and summer and the rest of the year?

Isolation rules have changed, understandably, but we still need tracing systems. So will local authorities get the resources they need to do contact tracing? For those who need to isolate still, will local authorities have more money in their funds to pay isolation payments? We know that it is such a struggle for those who are low-paid, on zero-hours contracts and so on to isolate.

The Secretary of State has talked about mask wearing and working from home, but he has not talked about ventilation so much. We know that the virus is airborne. We know that workplaces have legal standards about the quantity of fresh air and purified air that is appropriate, so what will he do to drive up ventilation in workplaces and to support public buildings to install the relevant air purification kits, so that people are not effectively breathing in contaminated air?

The Secretary of State did not mention social care. One of the most devastating consequences of failing to protect care homes or to put that protective ring around them was the tragic number of deaths in care homes. The infection control fund ends on 30 September for social care. Will it be extended?

On vaccine passports, will the Secretary of State clarify what exactly the Government's position is now? What are the Government actually proposing? What will they ask the House to decide? On Sky, he said he was not ruling vaccine passports out. On the BBC, he said he was ruling the idea out. He is now saying they will keep it in reserve. Yesterday, Downing Street said that vaccine passports are a "first-line defence" against a winter wave. What exactly is the position? Rather than zig-zagging all over the place on vaccine passports, can we just get clarity and can the House make a final decision on whether or not we think they are an appropriate intervention?

Sajid Javid

The right hon. Gentleman asked a number of questions, so I will quickly plough through them. We have made clear that plan A is absolutely our focus. It is the situation we are in. Vaccines remain a critical part of it, as do testing and surveillance. I thank him for his support for our vaccine programme, including his comments yesterday. He also asked me about plan B. It is absolutely right that the Government have a contingency plan, and the trigger, so to speak, for plan B, as I mentioned in my statement, would be to look carefully at the pressures on the NHS. If at any point we deemed them to be unsustainable—if there was a significant rise in hospitalisations and we thought it was unsustainable—we would look carefully at whether we needed to take any of those plan B measures. That would be informed by the data, and of course we would come to the House at the time and make the appropriate response.

It is really important to emphasise, as we cannot do enough, the importance of vaccines. We now know from data just yesterday from the Office for National Statistics that, in the first half of this year, 99% of those who died from Covid-19 sadly were not vaccinated. That highlights the importance of vaccination.

The right hon. Gentleman asked about people who are immuno-suppressed. He will see that we set out more details on that in the plan we have published today, including treatments that either are currently available or may soon be available. I have mentioned the antivirals taskforce, which is doing great work. There are a number of possible new treatments, and it is something in which the UK is very engaged. He will know that, for those immuno-suppressed people who can take the vaccine, just last week, we announced a third dose as part of the primary treatment. That again is a reminder of the action we are taking. Our advisers are constantly looking to see what more we can do.

The right hon. Gentleman asked about the flu risk. It is a significant risk this year, not least because, for reasons we are all familiar with, there was not much flu last year. There is a lot less natural immunity around in our communities, and the flu vaccine, which is being deployed not only in the UK, but across Europe, has less efficacy than normal, but it is still effective and a worthwhile vaccine, and that is why we will be trying to maximise uptake with the biggest roll-out programme and communications programme that this country has ever seen for the flu vaccine.

On diagnosis, the right hon. Gentleman made a good point, and it is something that we are looking at with Covid and flu jointly. On testing arrangements, I think I have set them out clearly in the statement. We have no plans to change the current arrangements, but of course we keep that constantly under review. However, as long as those tests are needed available free for the public, that will be the case. But as I say we will keep that under review.

In terms of infection control in social care settings, a substantial amount of funding is available. We have already made available for this financial year some £34 billion of funding in total for the NHS and the care system for a lot of these extra measures. That is a huge amount of funding. Much of it is going to essential work, such as infection control, and we will ensure that what is needed is there.

The right hon. Gentleman's last question was about vaccine certification. I think I have made the Government's position clear. It is not something we are implementing. We are not going ahead with any plans for that. For any Government to do something like that, it would be such a big decision, and it would have to be backed up by the evidence and the data. That evidence is not there, and I hope that we will never be in the situation that it is. To keep it in reserve is the right thing to do.

Jeremy Hunt (South West Surrey) (Con)

I welcome this announcement, particularly on boosters. Yesterday, I asked the Minister for Covid Vaccine Deployment, my hon. Friend the Member for Stratford-on-Avon (Nadhim Zahawi), when we would hear about boosters. Just 15 hours later, the Secretary of State is making a statement. It is almost as if the Government are listening, and it is very good news. Nowhere wants to get back to normal more quickly than the NHS itself.

Will the Secretary of State commit that the backlog in mental health treatment will be treated every bit as seriously as the backlog in physical health? In particular, will he commit that the NHS and the Government will continue to adhere to the

mental health investment standard, which says that mental health spending will increase at a higher rate than overall NHS spending, particularly when it comes to the extra money coming from the levy? Parity of esteem is supported by all parts of the House and legislated for in this House. There is a lot of worry in the mental health world that the money from the levy will not reflect the needs of the mental health backlog.

Sajid Javid

First, I always listen to the former Health Secretary. He always has some good advice, and I am pleased that he thinks the Government are moving quickly. He is absolutely right to raise the backlog in mental health. The Government are absolutely committed to parity of esteem. That is not just in law, but in our manifesto. I take this opportunity to reassure everyone who is particularly concerned and who may have raised this issue with my right hon. Friend that that commitment remains. The new funding that will go in over the next three years to help to deal with the backlog absolutely includes mental health funding.

Martyn Day (Linlithgow and East Falkirk) (SNP)

I start by extending my condolences and those of my party to the Prime Minister on his family bereavement. I am also grateful to the Secretary of State for advance sight of his statement, and I echo his call for vigilance and the importance of getting vaccinated. Covid data has shown how few deaths between January and July were among the fully vaccinated and clearly demonstrates the effect of vaccines in driving down deaths, which is a message we all have to take home to our constituencies.

With winter approaching and more favourable conditions for the transmission of the virus, it is welcome that we are extending vaccines to our younger citizens. The news on booster vaccines is also welcome. However, what more does the Secretary of State think can be done to encourage the million people over the age of 60 who have not yet been double-vaccinated to become so? The winter will be a difficult time for many in the UK, with the annual flu wave potentially coinciding with another Covid wave. The disruption that that will entail will come immediately after the end of furlough and the universal credit uplift, and at a time of rising fuel bills. Why are the UK Government insisting on ending two of the key measures supporting people through the pandemic shortly before a potentially difficult winter for millions? It is essential that self-isolation remains affordable.

Finally, the UK Government have cancelled the contract with vaccine company Valneva, which was set to produce vaccines for the UK in Scotland, at its Livingston

facility. Those on these Benches would be very grateful if the Secretary of State could provide an explanation of why the deal was cancelled before the trials were even completed, threatening jobs in Scotland.

Sajid Javid

I thank the hon. Gentleman for again raising the importance of vaccines. I agree wholeheartedly with what he said about that, and he is right to think about what more can be done to encourage people, and particularly older people—over 60s—throughout the UK to take up the offer. A number of things are being done both here in England and in Scotland to focus on that, including making greater use of family GPs and taking the time necessary to allay hesitant people's concerns, allowing them to speak to the clinicians to whom they want access to give them that comfort. That work will continue, and we are constantly looking for new and perhaps even better ways to do that.

On universal credit, it was made clear when the Government announced the increase that it was temporary. As it is temporary, it has to come to an end at some point, and the time for that is now. As our economy has—thankfully—started to reopen, job availability is increasing and economic growth has come back, and this is the right time to do that. However, as I said earlier, we must continue to provide the necessary financial support such as that for those who are self-isolating.

Lastly, the hon. Gentleman asked about Valneva. I should be careful what I say as there is a commercial contract, but it might help him to know that I have been in touch with the Health Minister in Scotland, who is fully aware of the situation. We remain in dialogue.

Esther McVey (Tatton) (Con)

Given that figures sent to me by the Secretary of State's Department show that since the pandemic the number of hospital beds has fallen by more than 6,000, will he assure me that proper additional capacity will be built back into the NHS as part of his plan rather than resorting to hugely damaging lockdowns and restrictions?

Sajid Javid

My right hon. Friend is right to raise the importance of capacity in the NHS. She will know that the reason for the fall in capacity in the first place was to control the spread of the virus and ensure that those in hospital, who are naturally vulnerable in any case, are protected. Hospitals currently have what are referred

to as green channels and red channels to try to segregate those who have the virus from those who do not. I assure her that the NHS keeps that under review and would like to get rid of the segregation as soon as possible. When it does, that will increase capacity.

Vicky Foxcroft (Lewisham, Deptford) (Lab)

What are the Secretary of State's plans for communications with immune-compromised people who do not yet know how effective the vaccine is for them? As my right hon. Friend the Member for Leicester South (Jonathan Ashworth) said, the group accounts for 13.1% of deaths within the fully vaccinated population despite making up less than 1% of the general population. Does he agree that we should be advising them not to return to unsafe workplaces until we know more?

Sajid Javid

The hon. Lady is right to raise this important issue. Throughout the pandemic we have offered advice for those who are immunocompromised and given guidance through clinicians working with the NHS, and that is constantly updated as the nature of the Covid threat is constantly changing. As I said a moment ago, we got clear advice that for certain people who are immunocompromised but can take the vaccine—I think it affects about 500,000 people—the antibody response from two doses was not enough and there should be a third dose as part of a primary course. We accepted that advice and acted on it immediately. We will continue to keep that under review and do whatever we can.

Sir Graham Brady (Altrincham and Sale West) (Con)

I welcome the Government's rethink on vaccine passports and hope that it presages a move to trusting people more to make decisions for themselves. The Secretary of State will know about the evidence that people who returned from green list and amber list countries over the summer had a lower level of Covid than those who stayed here. Does he accept that that makes a powerful case for getting rid of the day 2 PCR test for people returning from those countries?

Sajid Javid

My hon. Friend is right to raise that point. That is why we have kept our travel rules relating to Covid constantly under review. He may have heard that I referred in my statement to a set of changes that we are looking to make, and my right hon. Friend the Transport Secretary will bring those changes to the House as soon as he possibly can.

Ms Diane Abbott (Hackney North and Stoke Newington) (Lab)

The Secretary of State is quite correctly urging people to get vaccinated. He will be aware that, sadly, certain ethnic minorities have relatively low vaccine take-up, and we see that in my borough of Hackney. Has he considered anything that the Government could do nationally to support outreach to ethnic minority communities?

Sajid Javid

The right hon. Lady makes an important point. We want everyone to take up the offer of a vaccine, and she is right to point out the disparity in take-up in certain communities. The good news is that—I think partly as a response to Government action and especially because of the fantastic people I have come across in London working for Public Health England, who have worked with and reached out to communities to increase uptake—we saw a significant increase in uptake over the summer in the communities to which she referred. That work continues, and it remains a priority.

Robert Halfon (Harlow) (Con)

I welcome the booster programme for the vulnerable as set out by my right hon. Friend, but may I ask him about the vexed issue of parental consent? The NHS website states that it would rarely be appropriate or safe for a child to consent without parents' involvement and that a parent's consent must be sought before vaccination. Will he confirm whether the intention is to follow that advice? If not, on what legal basis has that decision been made? The Gillick competence and later case law was intended for a far narrower set of circumstances than a mass roll-out of treatment to otherwise healthy children. If he is to make that decision, there must be parental consent to ensure credibility in the system.

Sajid Javid

I reassure my right hon. Friend that, first, the legal basis that we are following for vaccinations, and for child vaccinations in particular, has been set out since the 1980s and applied by successive Governments for all child vaccinations. The Covid-19 vaccine offer will work no differently from the processes currently deployed. That requires, in the first instance, parents to be asked for their consent.

I am told by the school-age immunisation service—the specialists in the school system who work on child vaccination—that there is no dispute between what a child and the parent decide in the vast majority of cases; it works normally. Where there is a difference of opinion between the parent and the child, the service will bring both parties together to try to reach consensus, and only in the rare

situations where they cannot reach consensus is it determined through the Gillick competence whether the child in question is competent enough to make decisions regarding their own health. I am told that, in general, the older the child, the more likely there is to be a decision that they are competent enough, but I stress that this process has been followed for decades under successive Governments and we will not be changing it.

Clive Efford (Eltham) (Lab)

We know that the ring of protection that the Government spoke of last year was non-existent and left many vulnerable adults in social care exposed to infection. Will the Secretary of State therefore say what specific resources will be made available for care homes this winter to ensure that they have the staffing levels they need and to prevent the devastating infection rates we saw last year?

Sajid Javid

This year, we have already planned to spend an additional £34 billion on both the NHS and care homes, helping to pay for additional measures such as infection controls and some additional staffing costs. We keep that under constant review.

Angela Richardson (Guildford) (Con)

I echo the comments my constituency neighbour and the Chair of the Health Committee, my right hon. Friend the Member for South West Surrey (Jeremy Hunt) made in raising concerns about mental health. I am dealing at the moment with a constituent who has been sectioned under the Mental Health Act, but there were no beds in Surrey and she has had to be moved to Kent. Would my right hon. Friend the Secretary of State look at increasing capacity in the most severe cases so that families do not have to undertake such a journey in what is already a difficult set of circumstances for them?

Sajid Javid

My hon. Friend is right to raise that. It is a very difficult situation, as of course I think everyone in this House understands. It is one of the reasons we are increasing capacity—there is new funding and support—and it remains a priority.

Munira Wilson (Twickenham) (LD)

Could I start by extending my condolences and, on behalf of my party, those of my right hon. and hon. Friends to the Prime Minister and his family today?

Children and young people have done everything that has been asked of them through this pandemic, as have their parents, yet children have paid a high price

in lost learning and mental health particularly, and they have been an overthought for the Government throughout. It is all very well announcing today that the power to close schools in the Coronavirus Act will be expired—it makes a great headline—but the Health Secretary is well aware that that power was never used previously to close schools; it was just guidance from the Education Secretary. Will the Health Secretary give pupils and parents across the country a cast-iron guarantee today that his Government will not close schools again this winter?

Sajid Javid

I think the hon. Lady would agree that we are as a country in a much better place today with Covid than we were even at the start of this year. That is down to many factors, and I referred to a number of those in my statement, but I believe that with the measures we have set out today, we can be confident that our children will not have to go again through the kind of disruption they have seen in the last couple of years.

Mr David Davis (Haltemprice and Howden) (Con)

The distinguishing characteristic of the emergency Coronavirus Act was not so much the new powers, which already existed in the Civil Contingencies Act 2014 and other Acts, but in the fact that Ministers were not required to get them approved by Parliament before implementation, which is one of the reasons for the poor quality of some of the decisions taken in the last year. Will the Secretary of State give an undertaking that any new regulations and indeed any regulations he retains will be put to the House before implementation, including vaccine certification if the Government are unwise enough to pursue that course?

Sajid Javid

I can tell my right hon. Friend that when the Government or any Government make decisions that have such an impact on people's liberties, even if those decisions are made for all the right reasons—in this case, of course, to deal with this pandemic—they should be working with the House and working with colleagues. On any measures that are significant, of course the Government will come to the House and seek a vote of the House.

Dame Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op)

The Secretary of State talked about international work, and unless we tackle this issue across the world we are going to be in a pandemic forever. When he was at the G20, he shared with other countries what we are doing to help tackle it internationally, so could he please share with the House what is being done to tackle vaccination rates across the globe?

Sajid Javid

I can tell the hon. Lady that there was significant discussion about that with my G20 colleagues, but not all of them have, let us say, behaved in the same way as the UK in offering donations to poorer countries of vaccines. The hon. Lady will know that we are committed to offering 100 million doses to international friends, and that we have already provided or donated 9.2 million doses, most of those for the COVAX programme. We remain committed to that programme, and one of the things we are trying to do internationally, including through the Foreign Secretary, is encourage more countries to honour their commitments to COVAX and encourage those who have not joined the COVAX commitment to come forward and help in that way.

Dean Russell (Watford) (Con)

Across Watford, we are served by some amazing GP surgeries, including the Manor View practice and its team. However, I am hearing from constituents that some GP surgeries are still not opening their doors to do face-to-face appointments. Would the Secretary of State agree with me that we should encourage those GP surgeries to start opening up to help with the backlog and help see people face to face?

Sajid Javid

Yes, I agree with my hon. Friend, and he is right to raise this. I think everyone can understand why, during the height of the pandemic, GPs could not provide access in the normal way, but we are way past that now. Life is starting to return almost back to completely normal, and as that is happening it should be happening in our GP surgeries too. More GPs should be offering face-to-face access, and we intend to do a lot more about it.

Hannah Bardell (Livingston) (SNP)

The Secretary of State rightly speaks of the importance of vaccines, and Valneva in my Livingston constituency is playing a crucial role in the global fight against Covid. Those at Valneva have worked incredibly hard to augment and adapt their work on a vaccine as new variants have emerged, as requested by his UK Government. So, Mr Speaker, you can imagine their shock and mine that its contract to produce 100 million vaccines was cancelled with very little notice or consultation. To compound that shock, there appears to be little clarity and reasoning, and while I will not repeat the rumours printed in the media, does the Health Secretary not agree that this is a shocking way to treat a company that is

working tirelessly on a vaccine? Will he meet me to ensure that the future of this site, its work and its workers is secure, and will he rethink this disastrous decision?

Sajid Javid

I have to say to the hon. Lady that I do not agree with her. There are commercial reasons why we have cancelled the contract, but I can tell her that it was also clear to us that the vaccine in question that the company was developing would not get approval by the Medicines and Healthcare Products Regulatory Agency here in the UK, and obviously she is not recommending that we administer vaccines that do not get approval. I do understand her point about Livingston and the factory there. That is very important to the UK Government and of course to the Scottish Government, and it is something we will be working on together to see what more we can do.

Dr Luke Evans (Bosworth) (Con)

I have a clarification and a request. On the clarification, I welcome the boosters, but could the Secretary of State clarify whether people who have had the AstraZeneca or the Pfizer will be having the same vaccine or mixing vaccines? On the request, one of the slowest things when it comes to dealing with the Pfizer vaccination is the 15-minutes that people have to wait to see that they do not have a reaction. We should now have the data, so will he ask the NHS to look at whether this could be removed to relieve some of the pressure on those delivering the vaccines over the winter?

Sajid Javid

On the booster programme, everyone on that programme will be offered either the Pfizer vaccine or half a dose of the Moderna vaccine. In the vast majority of cases I think it will be the Pfizer vaccine. On the data that is now available on the 15-minute wait, we are analysing it to see whether we can make any difference to the way in which we administer vaccines.

Jack Dromey (Birmingham, Erdington) (Lab)

Jane Roche from Erdington lost her father to Covid and then, five days later, lost her sister to Covid. She led the hundreds of families who came to London last week to walk down the memorial wall, calling with one voice for the promised inquiry to take place. They are frustrated because they want not just to know why their family members died, but that no one else should die as a consequence of mistakes made. When will the Secretary of State and the Prime Minister agree to honour the pledge that has been made to meet Covid-19 Bereaved Families for Justice, because those families have a right to be heard at the next stages?

Sajid Javid

The hon. Gentleman is right to raise the concerns of Jane and many others up and down the country and to express her frustration in the way he did. I am certain that, when this inquiry gets going, people such as Jane and many others will have the opportunity to set out their views.

Mr Mark Harper (Forest of Dean) (Con)

First, thank you, Mr Speaker, for granting the statement last night. I think it was important that the House heard at an early opportunity the Government's decision. Regretfully, there were one or two inadvertent inaccuracies in some responses to the questions, but having raised those with the Minister for Covid Vaccine Deployment, whom I respect greatly, I am very pleased to say that a correction has either been made or is going to be made very quickly. I think it is admirable that the Department has sought to put the record straight at a very early opportunity.

In his statement, the Secretary of State said of those in education:

“Regular asymptomatic testing...will also continue in the coming months”.

My understanding is that there was to be a review at the end of September of regularly testing children who have no symptoms. Is that still going to continue? My view is that we should not be regularly testing children who have no symptoms, only those who have symptoms, and that is also the view of the Royal College of Paediatrics and Child Health. Can I urge the Secretary of State to drop regular asymptomatic testing of children, which I think would be good for their education and good for their mental health?

Sajid Javid

My right hon. Friend mentioned yesterday's statement. My hon. Friend the Minister for Covid Vaccine Deployment was referring to whether the Department had received advice on boosters from the Joint Committee on Vaccines and Immunisation, but at the time of his statement he was not aware that we had received such advice. As my right hon. Friend says, that was inadvertent, and the Minister has written a letter of correction that will go in the Library of the House today. Asymptomatic testing of schoolchildren is planned to continue this month. I am not aware whether a final decision has been made on whether we will continue beyond that, and that is something on which my Department consults the Department for Education. My right hon. Friend's general point is that we

should end such testing as soon as we can, especially if we believe it is not making much of a difference. Of course we keep the issue under review, and if we continue with it, it must be supported by the evidence.

Dame Angela Eagle (Wallasey) (Lab)

In Wirral there has been a 13% increase in levels of infection in one week, and sadly four people have died in hospital. After a period of there being very few deaths, we now have a much higher infection rate. What level of deaths are the Government prepared to accept from Covid before they consider measures to try to prevent the ongoing spread?

Sajid Javid

No one wants to see deaths from any disease, including Covid. As we have learned more about Covid, everyone understands that it is not completely preventable, but our vaccines are making a difference in Wirral and across the country. There is no level of deaths that I would describe as acceptable, and the job of the Government is to keep that to an absolute minimum. However, there are not just Covid deaths, and we must also be alive to deaths from cancer, heart disease and other things. As the hon. Lady will know, at the height of the restrictions many people suffered in other ways because they were not able to go to the NHS, and we must keep that at the front of our minds.

Andrew Selous (South West Bedfordshire) (Con)

Covid has been tough for all health professionals, so will the Secretary of State wholeheartedly condemn the abuse that some GPs have been suffering recently? If vulnerable people are unable to get through on the telephone to their surgery, should it be the clinical commissioning group or the Department that steps in to try to sort that out?

Sajid Javid

I join my hon. Friend in condemning anyone who gives abuse to our fantastic GPs up and down the country. If someone cannot get through to their GP, they should try their clinical commissioning group. If for any reason that does not work, they should please come to the Department and consult Ministers.

Mrs Emma Lewell-Buck (South Shields) (Lab)

The Secretary of State has not delivered a concrete plan today, and there is no real clarity on thresholds for further lockdowns, or details of what draconian and unnecessary powers in the Coronavirus Act 2020 he wants to hold on to. Will he at least say when that soon-to-expire Act will be back before the House for a vote?

Sajid Javid

May I suggest that the hon. Lady reads the plan before she comments on it?

Steve Brine (Winchester) (Con)

I welcome much of what is a sensible plan from the Secretary of State, although I have a creeping feeling that we are preparing to treat flu like Covid, more than the other way round. Before we start extending the vaccine programme and boosters, will the Secretary of State get a grip on the creeping issue of people who have had one vaccination in England and another in Scotland, or the other way round, but the two systems are not talking to each other, and people are not getting the benefits of having been fully jabbed? We need to deliver for those who have done what we asked them to do before we deliver vaccines to others.

Sajid Javid

My hon. Friend is right to make that point—indeed, people in my family had that very issue. I know that the Minister for Covid Vaccine Deployment is looking at that matter, and I have discussed it with the health Minister in Scotland. We are working to see what more we can do.

Dave Doogan (Angus) (SNP)

As we go into another winter, placing the welfare of our communities in the hands of health and social care staff, will the Secretary of State reflect on the fact that in England the 3% NHS pay rise does not marry up well with the 4% backdated pay rise in Scotland? Why will he not grant the same esteem to health and social care staff in England as we do in Scotland?

Sajid Javid

When it came to the pay rise to which the hon. Gentleman refers, we accepted the recommendation of the independent pay review body. I think that was the right thing to do.

Greg Clark (Tunbridge Wells) (Con)

Is my right hon. Friend aware that the likely course of the pandemic means that more and more people, vaccinated or not, are likely to be infected by Covid, but that levels of protection from the vaccines will keep them from serious disease? Will he say something about the triggers for any future lockdown or other restrictions, and confirm that the expected increase in the transmission of Covid will not be among them?

Sajid Javid

My right hon. Friend is right about the importance of vaccines. On any potential triggers, I have not yet today mentioned the importance of being on guard against future variants, especially if there is ever a vaccine-escape variant. No one can rule that out, which is why our surveillance system is so important, and in that situation the Government would have to take further action. We cannot say today what such action would be, but that is the kind of risk against which we need to be on guard.

Dame Diana Johnson (Kingston upon Hull North) (Lab)

Hull has the second highest rate of Covid infection in the country, and one ward in my constituency has only 51% coverage of second doses of the Covid vaccination. The Secretary of State said that the national average is 81%, and those figures go to the heart of our problems with regional and health inequalities. How will he ensure that we maximise the number of people in Hull who receive the vaccination, so that people in Hull are not left behind in the recovery?

Sajid Javid

Of course no one should be left behind, wherever they are in the UK. The differential take-up of the vaccine can be based on a number of factors—for example, there is definitely a difference in age groups. Working with the NHS, we are trying to tailor our message to convince people about the benefits of the vaccine to those respective age groups, and we also try to do that on a localised basis. If the right hon. Lady has any particular suggestions about Hull, we would be more than happy to listen to her.

Sir Desmond Swayne (New Forest West) (Con)

The Secretary of State retains all the powers of the Public Health (Control of Disease) Act 1984, which were used to take away our liberties without prior parliamentary authority. Will he undertake to review that and to give us a new public health Act?

Sajid Javid

We keep all rules and Acts under review at all times.

Mr Ben Bradshaw (Exeter) (Lab)

The Secretary of State will know from the discussions he describes with international colleagues that although travel in the rest of Europe has recovered to 60% of pre-Covid levels, it is a fraction of that in the United Kingdom. When will he scrap the outdated, unnecessary and hugely expensive travel testing regime,

save what is left of an industry, and end a situation in which foreign travel has once again become the preserve of the rich?

Sajid Javid

I would say two things to the right hon. Gentleman. First, it is important that we have a system of surveillance, especially for variants across the world. There are different ways to do that. We have chosen a particular path at the moment, and I hope he agrees it is important to have that surveillance. Also, as I said in my statement, we are planning to make some changes to the travel regime, and my right hon. Friend the Transport Secretary will come to the House as soon as he is ready.

Saqib Bhatti (Meriden) (Con)

Time and again I hear from constituents that they cannot get face-to-face appointments with GPs, who I know are under immense pressure. Further to the answer that he gave to my hon. Friend the Member for Watford (Dean Russell), will the Secretary of State elaborate on the work that he and his Department are doing to encourage GPs to give face-to-face appointments to those who need them?

Sajid Javid

Yes, I will. This is an important issue, and we are working on it with the British Medical Association, the NHS, and other important organisations. We can do a number of things, but we are trying to do so by agreement at this point. My hon. Friend is right to raise that issue and, as I said, it is high time that GPs started operating in the way they did before the pandemic, and offering face-to-face appointments to everyone who would like one.

Anum Qaisar-Javed (Airdrie and Shotts) (SNP)

The first issue that the Secretary of State mentioned in his statement was the importance of vaccines. We know that 40% of the world's population has been single-vaccinated against Covid, but only 1.8% of those in low-income countries have been vaccinated, and those countries are not on track to vaccinate their populations until 2023. To be frank, the Government have previously taken a dangerous route with their international policies, such as their anti-refugee Bill for an insular Britain. Will they commit to ensuring that the UK plays its part in vaccinating the poorest nations in the world, first to save lives and secondly to avoid the potential emergence of further Covid variations?

Sajid Javid

We are more than playing our part, Mr Speaker.

Huw Merriman (Bexhill and Battle) (Con)

I know that the international travel sector will welcome the framework. Given that it will come out on 1 October, will that give colleagues, and indeed Select Committees, the opportunity to feed in their ideas on behalf of their constituents? Will the Secretary of State entertain the idea of moving to lateral flow tests, which are cheaper, with only the small proportion of positive cases needing to take a PCR test?

Sajid Javid

I know that these are important issues for the House, and particularly for my hon. Friend, who chairs the Transport Committee. I do not want to pre-empt the statement by my right hon. Friend the Transport Secretary, but I believe that when he makes that statement, my hon. Friend will be pleased.

Mr Alistair Carmichael (Orkney and Shetland) (LD)

Pages 23 and 24 of the autumn and winter plan specify that, as part of plan B, the Government will introduce vaccine passports for all nightclubs, for indoor settings of 500 people or more, which presumably would include this Chamber of 650 Members, for outdoor settings of 4,000 or more, and for anywhere—that is a very big place—where there are 10,000 people. How does the Secretary of State square that with his assertion in reply to the shadow Secretary of State, the right hon. Member for Leicester South (Jonathan Ashworth), that the evidence on the usefulness of vaccine passports is just not there? If the evidence is not there, why are they part of plan B? The Government’s document also says that plan B could be brought into force at very short notice, so can the Secretary of State give the House some assurance that that will not happen without a vote?

Madam Deputy Speaker (Dame Rosie Winterton)

We need short questions and short answers.

Sajid Javid

We have made huge progress as a country in fighting this virus, and that is why we do not need certification; we do not need the plan B measures that the right hon. Gentleman has just set out. As I made in clear in my statement, while we can keep other measures in reserve, what matters is what we are actually doing, and if we keep making progress against this virus in the way that we are, we will not need any of the things he talked about.

Jason McCartney (Colne Valley) (Con)

It is worth highlighting once again the latest stats from the Office for National Statistics, which show that almost 99% of Covid deaths in the first half of this year were of people who had not received both doses of the Covid-19 vaccine. That really shows the importance of our world-leading vaccination programme. As we roll out these booster jabs, how will the Secretary of State build on the success of the network of GP surgeries, community pharmacies and volunteers who have helped, particularly in my part of the world, roll out all these Covid vaccinations?

Sajid Javid

My hon. Friend is right to raise that. The booster jabs will be hugely important in maintaining protection. The GP networks and the NHS vaccination centres have all been part of our planning for this. Given that these are booster jabs, I think we can move much more quickly than we did with the original doses.

Emma Hardy (Kingston upon Hull West and Hessle) (Lab)

Parents will quite rightly have questions and concerns, but can the Secretary of State confirm that those questions and concerns should not be directed to school staff or headteachers, even if the vaccination happens to take place in a school building, and that all questions related to the vaccine should instead be directed to the appropriate medical team?

Sajid Javid

Yes.

Mr Steve Baker (Wycombe) (Con)

Among other things, my right hon. Friend is keeping Covid status certification in reserve, and he is leaving mass asymptomatic testing in place, together with contact tracing. As my right hon. Friend the Member for New Forest West (Sir Desmond Swayne) said, the public health powers are still there, of course allowing the Secretary of State to lock us down at the stroke of his pen without prior votes or any formal way of justifying the proportionality of those powers. When can we expect all those things to be dealt with, so that we can all have the certainty that will come from knowing that, thanks to the vaccine, we are living with an endemic disease, in the way that we live with the endemic disease flu, and we can all get on with our lives?

Sajid Javid

I know that my hon. Friend may not agree with every measure that the Government are keeping in place or have set out, but I hope that he agrees that at least the measures that I have set out—around making sure that we are vaccinating the public, offering vaccines to as many people as possible, having some kind of testing regime, and having some surveillance of the results of those tests to look out for any new variants—are the right measures and the kinds of things that need to be done as we live with Covid-19.

Patricia Gibson (North Ayrshire and Arran) (SNP)

We were told by the UK Government that vaccine passports were going ahead, then they were not going ahead, then we were told that they were still the first line of defence against a winter wave, and now the latest position is that they are a definite maybe. We have not seen such dithering since the great confusion over mask wearing, which we can see if we look around this Chamber. How irresponsible does the Secretary of State think that dangerous and confused public messaging is during a pandemic?

Sajid Javid

I believe we have been very clear on this issue.

Jane Hunt (Loughborough) (Con)

Last Friday, Leicestershire MPs met NHS officials locally. We were told that around three quarters of all those in hospital with Covid were not vaccinated. Does my right hon. Friend agree that if we do not want to be in lockdown this winter, all who can get the vaccine should get it, especially in Leicester, where I now understand from the shadow Secretary of State's comments that take-up is only 61%?

Sajid Javid

I agree with my hon. Friend. Some 6 million adults throughout the UK remain unvaccinated, and we should all do that we can to at least encourage them to think about taking the vaccine, not only to protect themselves but to protect their loved ones.

Rachael Maskell (York Central) (Lab/Co-op)

I am seriously concerned about the hole in the Secretary of State's defence—taking away contact tracing from public health teams. The data coming through is now completely insufficient to carry out an effective operation locally and therefore to lock down the virus, and not people, in the future. Will he look at that

and ensure that local authorities such as York can have that zero data so we can get on top of contact tracing as soon as the data emerges?

Sajid Javid

There are measures that, when it makes sense, we must remove. The reason that we can take a different approach to contact tracing than we did a few months ago is largely down to the high rates of vaccination we are seeing throughout the country. Of course we want them to increase, but as we vaccinate more, that allows us to start removing these restrictions, additional costs and burdens on individual livelihoods. It is right that we take a balanced approach and keep increasing vaccination so we can keep removing other restrictions.

Mr Simon Clarke (Middlesbrough South and East Cleveland) (Con)

I welcome the Secretary of State's statement. May I raise the plight of care home residents, many of whom have been kept apart from their families and loved ones owing to outbreaks being declared in their home? Obviously, we need to strike a proportionate balance here, but the threshold for intervention by declaring an outbreak is really quite low. Will the Secretary of State commit to looking at that so we can ensure that people can see their loved ones throughout the winter ahead?

Sajid Javid

Yes, I can give my hon. Friend that commitment. He may also be interested to know that, with the booster announcement today, care home residents will be an absolute priority.

Layla Moran (Oxford West and Abingdon) (LD)

Back in June, the Prime Minister committed the UK and other G7 nations to vaccinating the world by the end of 2022 and

“to end this terrible pandemic”.

Can the Secretary of State tell the House how offering a third vaccine to a fully vaccinated, healthy adult in the UK before a first vaccine to a nurse in a lower-income country helps that goal of vaccinating the world by 2022?

Sajid Javid

I do understand the point the hon. Lady makes, but may I suggest that, if she has not yet, she should read the JCVI's advice on booster vaccines? I think then she might better appreciate the importance of the booster programme.

Dr Ben Spencer (Runnymede and Weybridge) (Con)

I thank my right hon. Friend for his statement. I think we all hope that plan B is not activated, but may I follow up the question asked by my right hon. Friend the Member for Tunbridge Wells (Greg Clark) and ask the Secretary of State to lay out exactly what “unsustainable pressure” means? In his assessment of NHS capacity over winter, where does he see the bottleneck? Is it staff? Is it medication? Is it beds? What work is being done to enhance that capacity?

Sajid Javid

When I talked earlier about unsustainable pressure, it would be things like hospital occupancy, in particular in intensive care units, the admissions of vaccinated individuals versus unvaccinated individuals and the rate of growth in admissions. I know there is a lot there, but I think it is right that there is not one particular trigger and that we take a number of issues into account. I hope my hon. Friend agrees that the Government are right to plan for all contingencies.

Jim Shannon (Strangford) (DUP)

On behalf of the Democratic Unionist party, I convey my sincere sympathies to the Prime Minister and his family on the death of his mum. I thank the Secretary of State for his statement and for his efforts on behalf of us all. Will he confirm that the booster roll-out for the over-50s will be managed in line with the flu jab roll-out, which seems to be facing some delay? Will he further confirm that additional funding is being allocated to GP practices to enable the enhanced roll-out to take place?

Sajid Javid

Yes. GPs do get and will get additional funding to support vaccination programmes, including the flu vaccination programme. In terms of co-administering the Covid vaccine with the flu vaccine, if that is what the hon. Gentleman was asking, while the JCVI said that in its opinion there is no reason why that should not happen—it thinks that that can work—in practical terms, mainly because of the 15-minute wait after a Pfizer jab, it will probably happen in very few cases. Regardless, the flu vaccination programme this year will also be a very high priority.

Ruth Edwards (Rushcliffe) (Con)

As my right hon. Friend said, our vaccination programme has enabled us to get almost back to normal. Will he join me in thanking staff and volunteers at Gamston

community centre, who have been rolling out the vaccine in Rushcliffe and giving my constituents the best protection they can have against coronavirus?

Sajid Javid

Yes, of course I will. Gamston community centre, and community centres, village halls and so many other places up and down the country, including of course in my hon. Friend's constituency, have done an amazing job. We still need them to help in our fight against the virus.

Gary Sambrook (Birmingham, Northfield) (Con)

As the Secretary of State may know, in Birmingham, Northfield, just next door to his own constituency, vaccine take-up has been about 75%. Unfortunately, in some parts of Birmingham it has been as low as 47%. Will he join me in encouraging anyone who is hesitant about taking the vaccine to take part in Birmingham City Council's quick one-minute survey about why they have those anxieties? It is very important that we all understand where those anxieties lie, because, after all, the vaccine is pivotal to our success.

Sajid Javid

Yes, I will join my hon. Friend in encouraging people to do that. It will be a one minute very well spent.

Jack Brereton (Stoke-on-Trent South) (Con)

Across Stoke-on-Trent and Staffordshire, uptake of the vaccine has been very good. I thank all those who have been delivering the vaccine across Stoke-on-Trent in particular. Many 16 and 17-year-olds currently cannot use the online booking system. They have to wait for their GP to contact them or for one of the very few walk-in centres. Will my right hon. Friend look at extending that online booking system to all 16 and 17-year-olds?

Sajid Javid

I can tell my hon. Friend that we keep that under review. At the moment, we have found that the quickest way to encourage 16 and 17-year-olds to take up the offer is through the schools and colleges network, and through GPs in particular. We keep that under review, but he might be interested to know the latest numbers are that over 54% of 16 and 17-year-olds are vaccinated. There is progress to be made, but that is good progress so far.

James Wild (North West Norfolk) (Con)

My local hospital, the Queen Elizabeth Hospital, which as my right hon. Friend knows needs to be rebuilt, currently has 46 Covid patients. Is not the best way to ensure that the QEH and the NHS have the capacity to cope with winter pressures to increase the level of vaccine take-up? Will he ensure that evidence of what works in doing that is shared across the country?

Sajid Javid

I very much agree with my hon. Friend. That is one reason why we are constantly publishing more and more information on the impact and effectiveness of vaccines, including the data from the ONS today, which I referred to earlier.

Sara Britcliffe (Hyndburn) (Con)

The Secretary of State will be aware that Hyndburn and Haslingden have faced restrictions for longer than most in the country. Will he please clarify whether local restrictions are being considered by the Government and, if so, what they might be?

Sajid Javid

I was not sure from my hon. Friend's question whether she was referring only to her own area or more generally in terms of local restrictions. In terms of the plans I announced today, the Government will retain some powers for local restrictions, working with local authorities, if absolutely necessary. If she is interested more in the current situation in her own area, I or other Ministers will be happy to talk with her.

Paul Holmes (Eastleigh) (Con)

Like my hon. Friend the Member for Watford (Dean Russell), may I emphasise to the Secretary of State the amount of anger there is in Eastleigh about not being able to get a face-to-face appointment with a GP? He stood at the Dispatch Box and encouraged GPs to get back to work. If necessary, and if that uptake has not happened, will he instruct them to get back to work, so we can at least have face-to-face appointments for my constituents?

Sajid Javid

I agree with my hon. Friend about the importance of giving patients the choice. Some patients actually prefer not to have a face-to-face appointment. They may be at work and they might like that kind of technology, and that is fine, but the important thing is that for those who want to have a face-to-face appointment it should be made available. The Department and the Under-Secretary of State for

Health and Social Care, my hon. Friend the Member for Bury St Edmunds (Jo Churchill) are looking at what measures can be taken. My hon. Friend will be more than happy to meet him to take him through some of those initiatives.

Antony Higginbotham (Burnley) (Con)

The NHS and volunteers across Burnley and Padiham have done a brilliant job of vaccinating people, but we know there is still hesitancy about getting the vaccine. That includes not only people who have not turned up or do not want to have the first vaccine, but those who have had the first vaccine but are then hesitant about the second. What steps is the Secretary of State taking to understand why that hesitancy is there and what we can do to try to get people the vaccine?

Sajid Javid

I am pleased that my hon. Friend has raised this issue of where, in a minority of cases, someone has taken a first dose but has become hesitant about the second. In all those cases, people are being individually contacted, often by their GPs or other clinicians, and offered meetings and phone calls. They are being talked to, to try to encourage them to take the second dose. It is really important that in that situation people follow up with a second dose to get the full protection they deserve.

Tom Hunt (Ipswich) (Con)

We have heard a lot about variants and how they can evade the vaccine. It was not that long ago that I was reading a lot about enhancing and tweaking the existing vaccines, and potentially even a universal vaccine that was a kind of a variant-busting vaccine. What are things looking like in that regard, and what is the possible timeframe in which we can release a vaccine that can better protect us against variants?

Sajid Javid

I think it is reasonable to assume that at some point in the future, perhaps as early as next year, there may be what I referred to as bi-variant or perhaps even multi-variant vaccines. The flu vaccine is a multi-variant vaccine, for example. In terms of availability and getting approval from regulators, we are not there yet, but I believe that is the general direction of travel. When we do get there, I think it will be much easier to live with Covid-19.

Aaron Bell (Newcastle-under-Lyme) (Con)

My constituents have very much enjoyed getting back to normal in these last few weeks, so I welcome what the Secretary of State said, in particular on plan A. Does

he agree that, while we must not be complacent, we must also not be overcautious? To that end, what assessment has he made of the data in the past few weeks and whether it utterly vindicates the Government's decision to proceed on 19 July, a decision they took in the teeth of some opposition?

Sajid Javid

My hon. Friend is absolutely right to raise that point. Many people, including many in this House, especially those on the Opposition Benches, told us that the decision we made to go ahead with step 4 and remove all those restrictions was the wrong one. Events have clearly shown that we made the right decision. The status of the pandemic at the moment is that cases are steady. We of course have to remain vigilant, but my hon. Friend makes a very fair point.