

MATT HANCOCK

THE ANDREW MARR SHOW
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MATT HANCOCK
MP HEALTH SECRETARY

(Rough transcript, check against delivery)

AM: As the country braces itself for yet more restrictions, I'm joined by the Health Secretary. Matt Hancock, welcome. Before we get into all of that let's look at where we actually are as a country. Now, the government produced a series of tests as to where we were, and we can see some of them here. There is covid alert level three and covid alert level four. Can I ask you where are we now?

MH: Well, this country faces a tipping point, and we have a choice, and the choice is if everybody follows the rules and does the self-isolation if they need to, follows the rule of six, which is really simple and clear, and the basics, hands, face and space, then we can avoid further measures. But the alternative to that choice is that we will have to bring in more action. And we don't want to do that, but every single person has a part to play in this and everybody watching has a choice: do you follow the rules or not? And if everybody follows the rules, then we'll be able to get the virus under control.

AM: And they will hear you, I'm sure. But which level are we at at the moment, three or four?

MH: Well, we're currently at level three, but obviously the clinicians look at this all of the time.

AM: I'm just asking because this is your own government's advice, and it says that level three, you're actually talking about a gradual relaxing of restrictions and social distancing measures, and even if we go to level four it's still the current measures, and yet you're bringing in new restrictions. Why?

MH: Well, we're bringing in new restrictions because the number of cases is shooting up, and the measures that we're bringing in

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today are about supporting people to do the right thing. £500 for people on low incomes to self-isolate. But also requiring much more stringent measures that people must self-isolate if they have had a positive test or if they've been a contact who's been contacted by NHS test and trace. And you know, we've discussed many times that if people follow the rules, then that helps us all.

AM: I get that. But looking at this £10,000 fine, it's a really big fine, and the question is that must depend, presumably, on surveillance, people dobbing in their neighbours or their co-workers or whatever, people reporting others in. And yet the prime minister was very, very clear this week, he didn't believe in that. He said he didn't want to be part of what he called a 'sneak culture'. So in terms of confusing messaging from the government, I put it to you again we have a confused message. On the one hand dobbing your neighbour so they can be properly fined for not self-isolating, on the other hand don't sneak. Which is it?

MH: Well, we're extremely clear that people must follow the rules and if they don't then we are bringing in this much more stringent enforcement. We have, on self-isolation we've relied on people's civic duty to do the right thing. But there is a minority of people who are not following that.

AM: How do you find out about the minority of people?

MH: Well, there'll be more stringent enforcement.

AM: Yeah, but how do you find out about them?

MH: By a combination of public health professionals, the council and the police. Of course, when we have contacted you through NHS test and trace and said that you must self-isolate, either because you've tested positive or because you have been a close contact of somebody who's tested positive, then we know who those people are and we are able to ensure that they follow the rules.

AM: Would you call the police on a neighbour?

MH: Yes. And for the self-isolation part, that is absolutely necessary because that is how we break the chains of transmission. If you think about it –

AM: I understand why, my question is really whether it's going to be effective and whether you're bringing in these really huge fines because actually you've lost control of the situation on the ground.

MH: Well, the public need to follow the rules. And that's why I say that the country faces a choice. But it's not a choice that face, that a government on its own can take, it's a choice that every single person watching this programme, everybody this morning – let me finish my point – everybody this morning watching this programme knows that if they go to a party where they think there might not be social distancing and more than six people, if people break the rules then we are more likely to end up with national measures. And I don't want to see those national measures, but it is absolutely critical at this moment that everybody stops, takes a step back and realises we've all got a part to play.

AM: Now, you've been very, as it were, serious and solemn about the moment the country is facing, and I want to just test that a little bit because although infections are clearly rising death rates are not yet. For instance, according to the ONS, in the first week of September deaths in England and Wales due to covid-19 were at the lowest level for 25 weeks, and in England covid-19 was only the 24th most common cause of death in August, behind, for instance, things like flu. So I put it to you that perhaps this time round you are overreacting.

MH: No, I wish that were true. Unfortunately it's not. And the reason is this: that obviously the figures, the statistics that we get through on the number of people who've died lag because people survive –

AM: So are more people dying now?

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MH: Not yet. But the problem is we've seen in other countries that when the case rate shoots up, the next thing that happens is the numbers going into hospital shoot up – and sadly we've seen that rise and it's doubling every eight days or so.

AM: This is people going into hospital?

MH: Going into hospital. And then, with a lag, you see the number of people dying sadly rising. So if you look at the two countries that it's worth comparing us to, one gives the warning, the other gives the hope. Spain has seen the number of cases absolutely shoot up. It then saw the number of hospitalisations – and for a while people said, 'oh don't worry, there isn't an increase in the number of people dying,' just as you've said. It has now seen the number of deaths really start to rise. The same is starting to happen in France. Belgium, on the other hand, the country came together, they introduced a rule of five – we have a rule of six –

AM: Very unpopular in Belgium.

MH: Well, I don't mind. I'm not in this for a popularity contest. I'm in this to keep the country safe. And the point is –

AM: Let me ask you about a fourth country, the fourth country obviously being Sweden, which did not introduce a tough lockdown, had much less restrictive measures and which seems to have beaten the virus in a way that we haven't.

MH: Well, sadly I wish that were true as well, but it's not. Sweden brought in laws to tighten social contact, and countries tend to follow a pattern according to their geography. .. The other thing that happened in Sweden is that they brought in guidance which everybody follows. Whereas here, when we brought in guidance as opposed to the law, we've seen a fraying of the following of that, and therefore we have to bring in more stringent measures. So if you look at the behaviour of people in Sweden, it's been very similar to elsewhere. Actually they have had a very significant number of deaths, sadly, and their own people in charge of it have said that they wish that they had done more. So unfortunately it would be great if Sweden was somehow there was one example

around the world of how we could do things differently and everything would be fine. But that isn't the reality of this virus.

AM: Because there is an argument that actually these local lockdowns, and lockdowns generally, don't work nearly as well as we hoped they would at the beginning of all of this. Professor Mark Woolhouse, who's a member of one of your government's advisory groups, said this this week, he said: 'it's profoundly disappointing that six months into this pandemic, having rejected every alternative proposed, we keep coming back to lockdown, a strategy that is visibly failing around the world.'

MH: Well, unfortunately that analysis doesn't learn the lessons of recent history. We've seen, firstly, you know, we do know that lockdowns work. They're our last line of defence and we do not want to do it, but of course they work because we saw it work in the spring. Secondly, we've taken local action and that has brought cases right under control in places like Luton and Herefordshire and Norfolk.

AM: Well, let me ask you about Oldham, where you've had a very tough series of local restrictions now for four weeks, and where the rate of infection in that time has doubled.

MH: Well, clearly the enforcement needed needs to go further and needs to be stronger. But the idea that we should just let this all go and we should just, don't worry, it'll be fine this time round, we know from history that that is wrong. And what I'd say is that

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AM: I'm sorry, just to pick up – because there are so many advisers who don't agree with you about this. Grahame Medley, who's one of your chief government modellers, says that local measures, 'do not appear to have prevented exponential increase in infection.' Is he wrong as well?

MH: Well, the question is how tough and how firmly enforced local measures are. I mean, it's interesting – I always talk about being guided by the science rather than following the science, and

you've just read out two quotes from two different scientists, one saying go harder and one saying go softer. And my job is the synthesise –

AM: They're both saying that the lockdowns don't work, is what they're really both saying.

MH: Well, one's saying it doesn't work, one's saying it hasn't worked because it hasn't been tough enough. What I have to do is listen to the scientific advice, which is brought together by the chief medical officer, the chief scientific adviser, all these disparate scientific voices, and then I have to make a judgement along with the rest of the government.

AM: You've got your dashboards and all the lights are going red and you can see infections are rising and rates of hospital admission rising as well, and the question is what's next? Now, we've had this strange bit of jargon about a circuit breaker. What actually is a circuit breaker?

MH: Well, you know, we're looking at all different options.

AM: But this term circuit breaker, we're facing a circuit breaker, what is it is what I'm asking.

MH: Well, that was another proposal that came from the scientists.

AM: Is it going to happen?

AM: It's really simple the answer to this, and I come back to what I said right at the start of this discussion, which is that we face a choice, right. If everybody follows the rules, everybody follows the rules, and we'll be increasingly stringent on the people who are not following the rules – if everybody follows the rules then we can avoid further national lockdowns. But we, of course, have to be prepared to take action if that's what's necessary.

AM: So we might be facing a further national lockdown if people don't obey the rules?

MH: That's exactly right. I don't rule it out. I don't want to see it. And I understand the economic and the other downsides to it.

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AM: Let me look at the routes out of this, if I may. Dido Harding has said that a million people a day are asking for tests. How many actual people a day are being tested at the moment?

MH: We have a capacity of just over 250,000.

AM: I'm asking about people.

MH: Over 200,000.

AM: More than 200,000 actual people are being tested at the moment every day?

MH: Yesterday it was 226,000, yes.

AM: So that is about 20 per cent of those asking for tests every day.

MH: Well, thankfully the demand has come down a bit this week since the figures that Dido talked about, and the reason for that is that we saw this spike in people who don't have symptoms and aren't eligible coming forward for a test, and we've been clearer and more stringent about prioritising the tests for people who need them, who have symptoms.

AM: I'm sorry to jump in, but for a long time we were told that it was your civic duty to get tested.

MH: If you have symptoms.

AM: Yes, but presumably also if you'd been a place where you were worried that you might have picked it up.

MH: No. If you have symptoms.

AM: If you don't have symptoms, under no circumstances? If in doubt, you used to say, if in doubt get tested. People are in doubt and they're asking for tests and being told they can't have them.

MH: No. If you have symptoms. We've always been totally clear. It's really straightforward. If you have symptoms please come forward and get a test. If you don't have symptoms, unless you've been specifically asked to by a public health professional, don't come forward and get a test.

AM: You did actually say if in doubt get a test.

MH: In doubt of your symptoms, absolutely. But crucially this, right: during the summer we had plenty of spare capacity in the testing system and there wasn't the demand. The capacity has continued to go up and demand has shot up. We have to prioritise and we have to make sure that the tests are there for the people who really need them most. And that means people in hospital, people in care homes are - I sent 100,000 tests a day just into care homes.

AM: And it's back into care homes isn't it?

MH: That's a big chunk of the capacity, and it'd be politically easier to give them to people who are making a lot of noise, but I want to make sure these tests go to the people who need them most.

AM: Right, sticking with tests, they only really work, they're only really useful if you get quite a quick turnaround. Back in June, Boris Johnson promised that everybody - he promised by the end of June everybody would be having a turnaround within 24 hours.

MH: Yeah.

AM: The figure three months on is something like 14 per cent. It's a real, real problem. You're not turning round these tests nearly fast enough.

MH: Well, it's not quite as low as that. But the - the next day it's about half. It clearly needs to go up, and we're putting in extra resources to get that turnaround time up as well. What happened is that when the spike in demand came, so that also has led to pressure on the system and the turnaround time, the vast majority still come back within 48 hours.

AM: Community liason says 14 per cent.

MH: Well, if you pick one part of the testing -

AM: Very important, for people out there it's 14 per cent and it should be 100. A massive gap.

MH: I'm sorry, the reason that I picked you up on your figures there is because you can't just pick one bit of the system, you've

got to look at the system as a whole. And it's perfectly easy for a researcher of yours to find the one bit where it's worse, but I have to look out for everybody and the system as a whole. And so what I'll tell you about this – no, if I could just answer – exactly, that was what I was going to do. Step back. Because I understand the frustrations that people have when they can't get a test or when the result doesn't come as fast as they'd like. Of course I do. And I want to get the system working so that everybody who needs it can get that test result back fast and can get a test easily. And to do that we need to be clear about the prioritisation and we also need to keep building that capacity. And I will just strain every sinew to get the capacity up.

AM: Very, very quick and simple question – not a simple question, a very quick question. Everybody is wondering when a usable vaccine will arrive. What's your best information?

MH: Well, there is still hope that we will get one of the vaccines over the line this year, and the Oxford vaccine is still at the front of the queue. You will have heard a couple of weeks ago that we had to pause it briefly for safety reasons. That shows we'll always put safety first. More likely is next year – and probably the early part of next year. What this shows is that we've got to take the social distancing incredibly seriously, because between – you know, we've got the cavalry coming over the next few months, the vaccine, the mass testing and the improvement in treatments. But we've got to all follow the rules between now and then to keep people safe.

AM: That has been your message. If we don't do that, what do you think the death rate will be?

MH: Well, I don't know and I don't want it to go up. It's unknowable because it depends on the behaviour of every single person in this country.

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AM: Alright, Matt Hancock, thanks very much indeed for talking to us.

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