



Department  
of Health &  
Social Care

*From the Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care*

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Dr Birendra Sinha  
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Dear Dr Sinha,

Thank you for your letters of 17 April and 22 April. Thank you also for copying me in your letter to the Prime Minister on the 12 April, which I am responding to on his behalf. This response addresses the points raised across your three letters.

**Workforce remuneration (raised in 12 April letter)**

I absolutely agree with your view that those on the front line of this battle against COVID-19 are our heroes and saviours and it is important that they should know that if the worst happens, the state will help their families. The Government is in the process of setting up a life assurance scheme for frontline NHS and social care staff who contract coronavirus during the course of their work. The scheme is non-contributory and pays a £60,000 lump sum where staff die as a result of coronavirus and had been recently working in frontline roles and locations where personal care is provided to individuals who have contracted COVID-19. The life assurance scheme provides a safety net for the families of NHS and social care staff who have no life assurance cover provided by their employer or a pension scheme.

NHS staff also receive good quality death in service benefits through the NHS Pension Scheme, providing a lump sum and survivor pensions for a partner and dependents for qualifying members. NHS staff who claim their pension are guaranteed five years' worth of pension payments plus ongoing survivor pensions.

Addressing your point around pay awards for NHS workers during this pandemic, it is vital we care for those that we all rely on to care for us, and employers should rightly use maximum flexibility in circumstances where NHS staff may have to care for dependents. It is right that those who work well beyond the call of duty should be paid for every hour they work and receive premium pay rates for working unsocial hours. The independent Review Body for Doctors and Dentists Remuneration (DDRB) has been asked to make recommendations on pay awards for doctors and dentists who are not already part of multi-year deals. The Government published its written evidence to the DDRB on 13 February 2020 and we expect the review body's recommendations in the coming months.

General Medical Practitioners and doctors and dentists in training are subject to multi-year pay deals and therefore we have not asked the DDRB to make pay recommendations for these groups. For Specialty and Associate Specialist (SAS) doctors we are expecting the DDRB's recommendations to be informed by the progress of contract reform talks with the BMA. We want to ensure that the NHS employment offer continues to attract, retain and reward staff and this offer continues to be kept under review.

### **PPE (raised in 17 April letter)**

The full weight of the government is behind the work to source and distribute PPE to NHS and social care workers. We are working round the clock given the global shortage of gowns to secure the NHS and the social care sector the equipment they need. We recognise the huge demand for the stocks, which is why the Government is buying millions more and working with British manufacturers, to secure months of supplies. From 25th February to 27th April we have delivered over 1 billion items of PPE across the health and social care system within England, plus tens of millions more will have been distributed by Devolved Administrations.

The UK government and devolved administrations have also published clear [guidance on appropriate PPE for NHS and social care workers](#). This has been written and reviewed by all 4 UK public health bodies and informed by NHS infection prevention control experts, and is consistent with guidance from the World Health Organization (WHO).

### **Testing (raised in 17 April letter)**

I fully agree that testing is a key part of the UK's response to COVID-19. Earlier this month I set out the government's recently published Testing Strategy, which includes a challenge to provide 100,000 tests a day by the end of April. Throughout this process we have had to prioritise, ensuring that seriously ill patients come first, followed by those working on the frontline to support the sick and the most vulnerable. For these people, a test can mean the difference between life and death.

To help us manage this, we have worked to establish a programme with commercial partners including Amazon, Boots, Thermo Fisher Scientific and Radox to test essential workers, starting with NHS and social care workers and symptomatic members of their household, so those who test negative can return to work as soon as they are able to and continue to provide vital care for those most in need. We have also established a network of regional test sites, and have also delivered mobile testing units which can travel to offer tests in other areas, as they're needed, alongside satellite testing to boost capacity within the NHS.

This is all about helping our essential workers by making the process of getting a test easier, faster and simpler. We have worked to ensure all NHS and social care staff who would like a test can have one, and for this we should be proud. Having met that ambition, we are now able to expand testing out more widely to all essential workers and members of their household, as I announced last week (23 April). From April 24, symptomatic and self-isolating essential workers have been able to book a test directly for themselves or symptomatic members of their household through the new online self-referral portal. This

includes the delivery of home testing kits direct to someone's door so they can test themselves, and their family, as required without leaving the house.

Following our latest expansion, announced 28th April, we have now been able to offer testing to all essential workers, anyone in England with symptoms of coronavirus who has to leave home to go to work, and all symptomatic members of the public aged 65 and over. We have also confirmed that NHS staff, care home staff and care home residents will be eligible for testing whether or not they have symptoms. Our ultimate goal remains that anyone who needs a test should have one and we are exploring expansion to other groups balancing capacity with demand.

**Effect of COVID-19 on patients and NHS and social care workers from BAME backgrounds (raised in 22 April letter)**

Finally, thank you for sharing your concerns about the rising number of COVID-19 related deaths among NHS and social care workers from BAME backgrounds (in your letter of 22<sup>nd</sup> April). It's critical that we find out which groups are most at risk so we can help protect them. The Chief Medical Officer has commissioned Public Health England (PHE) to further explore the impact of COVID-19 across different population groups. This includes work to analyse confirmed cases, hospitalisations and deaths relating to COVID-19 by ethnicity, where this data is available. We are working hard to ensure that BAME groups are informed and confident about their role in staying safe. Concerning NHS staff from BAME backgrounds, NHS England and NHS Improvement are working with NHS employers to provide updated guidance and to ensure that employers risk assess staff at potentially greater risk and act accordingly.

I hope this goes some way to answering your questions. There is always more progress to be made, and I welcome your views and support as we work to overcome this pandemic.

Yours ever,



**MATT HANCOCK**