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Oral Evidence Session – All-Party Group on Coronavirus

13 July 2021

Layla Moran MP

Well, welcome everybody today to the All-Party Parliamentary Group on Coronavirus's session where we will be looking at the latest announcements from Government, but before we get into the session I want to just mark today's session because it has been a year if you can believe it that the All-Party Group on Coronavirus was launched and at the time, and our aim still is, to ensure that lessons are learned by the Government over the handling of the pandemic and in turn that as many lives are saved as possible, and since our first hearing we've made over 50 recommendations to the Government, held 25 oral evidence sessions with over 100 different witnesses and are now approaching one million views of our sessions which just goes to show what enormous public appetite and interest there has been in what we've been doing. Over that time we've fought for better support for thousands of people living with Long Covid, the introduction of stronger border measures and the donation of Covid jabs to help vaccinate the World, but none of this would have been possible without the many extraordinary witnesses who have taken their time and given evidence to the All-Party Group. We've also received thousands of bits of evidence submissions and heard harrowing stories from those on the frontline, including NHS workers, those with Long Covid and bereaved families. And this has often given us a moving insight into the Government's handling of the Covid-19 pandemic. So, to mark this year anniversary I mainly just want to say a huge thank you to everyone who has taken the time to contribute to this cross-party enquiry and that I hope you can see that your contributions have made a difference and have led to real change, so thank you to everybody whose been involved so far.

And I think that brings us nicely onto the theme of today's session because much as we've been going for a year, our work is absolutely not done. And we have heard that the Government is intending to lift almost all restrictions in the upcoming weeks and that is causing grave concern to many people, so today I'm delighted that we are able to welcome Sarah Saul, Sarah is a parent in Newcastle with two sons aged 15 and 12 and she's part of the advocacy group Safe Ed for All. We also have in this first panel Rachel Winter Jones, Rachel is a 55 year old mother of two from Stockport, clinically extremely vulnerable with Covid-19, having been diagnosed with both breast cancer in 2014 and acute myeloid leukaemia in 2017. So, welcome both. We also have Sophie Charles, Sophie is a parent from the Wycombe area, welcome Sophie, and her 13-year old son contracted mild Covid in October 2020, nine months on he has a range of debilitating Long Covid symptoms which include brain fog, fatigue, chest pain, back pain, insomnia and tinnitus and that are keeping him away from school and obviously we are very, very grateful to you Sophie and Rachel and Sarah for being our first panel.

Then we will move to the second panel after 40 minutes or so, I am going to have to keep it very, and I'll introduce the second panel at that time. We are going to have to keep it very, very tight to time, so I do apologise in advance and I would encourage you to keep answers as short as possible, as hard as that is and I appreciate that. But my very first question is simply how have you been over the last year and if I could start with Rachel.

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Rachel Winter Jones

Hello, thank you very much Layla Moran. When I thought about being asked this type of question I started to think, I had lots of words going on in my head, they included fear, anxiety, stress, panic, anger, grief because my father passed away of Covid-19 in April 2020, so really at the height of the first wave. He was a GP in the NHS, so he kind of knew what was going to come I think. Then stir-crazy sometimes, sometimes I really felt caged in my house because at the beginning we weren't even allowed to sort of really go into the garden and I don't know, you know we forget as human beings we forget things, we you know to forget pain and stress we kind of forget what happened a little bit so I was trying to remind myself a bit. I think the panic in the early stages and you know I'd survived two cancers, thanks to the NHS, thanks to scientists and I want to thank those scientists again for the vaccines and the roll-out, I mean I'm double vaccinated and I feel very grateful for that. But yeah, I think it was you know particularly in the beginning ... and then sort of despair at some points where I really wondered will we ever find a vaccine, will we ever get out of that. Elation when we did.

So the emotion is like an emotional rollercoaster and I think a lot of families have been through this. You know when your child says to you Mummy I'm glad you took us out of school early, because I took my children out of school a week earlier and the schools were great I have to say, she said I didn't want to kill you. Now that was in her head, she was 14 then, that was in her head, she didn't say that to me so I'm very grateful I've been double vaccinated but even with that double vaccination my daughter brought Covid in from her school, not her fault, you know I'm just very glad that we took a gamble for her to be in school, but it finally got into my household but thank God I was double vaccinated, but still you know another very scary moment. I got through it, but my GP was very worried and I had an oxygen monitor but I didn't have to go to hospital thank goodness. But you know the vaccine has done wonders but it's not over yet, exactly what you said. So those were just a few things that I wanted to share with everybody.

Layla Moran MP

Thank you so much. Sarah, how about you?

Sarah Saul

Hi, I can echo everything that Rachel has just said really. I have an asthmatic 12 year old and 15 year old son who my eldest son contracted Covid at school in December and he was off for 19 days. Luckily for us he had a mild infection which means he didn't have to be hospitalised, however it took him five months to return to pre-infection health. Through the initial 19 days of headaches, severe headaches and temperatures all through Christmas, through to Covid toe, through to lack of appetite because he had no taste or smell, through extreme weight loss and fatigue. Luckily the schools were closed in January and he went back in March and he regained his sense of taste and smell at the end of May which we're very grateful for. And I just want to point out that even with what is called a mild infection, a healthy six foot one tall 15-year old was wiped out for nearly five months. This isn't something I think that are necessary and knowing infections of young people shouldn't be allowed,

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you know we mitigate everything else, at the moment vaccines are approved for his age group, however we're not getting them. So the mitigations in schools are something that we're passionate about at Safe Ed for All, if you're not going to vaccinate then you should be mitigating, you shouldn't be allowing them unnecessary and known infection to go on amongst young people.

My asthmatic child, I started all of this way back when the guidance first came out by politely asking my school could my asthmatic child and his older brother wear a face covering in class when they returned and was told no because Government guidance said no. I had a fight and I got permission for both of my sons, permission for now was how it was promoted by the Principal and then I had a fight for three months for the school, and I had to go through a formal complaints process in order to get freedom for all to be able to wear if they choose to when they're in a classroom with 30 other members of different households. You know, Safe Ed for All, we've supported so many parents with so many different stories and many far, far worse than I've had to, but yeah it's been a difficult year.

Layla Moran MP

Thank you, Sarah, and how about you Sophie?

Sophie Charles

Hi, yeah I think my overwhelming feeling at the moment is one of helplessness, and not quite knowing where to turn. Nine months ago our then 12-year old was a very fit and healthy young man, he wasn't overweight, he didn't have any underlying health conditions, in fact he was an elite sportsman and he was a bright and engaged student and I actually don't use the word was lightly because the life that he lived before contracting Covid-19 has been devastated by the disease. He caught it last October, either in school or on the bus on the way to school, and it was just as the Government was undecided, to-ing and fro-ing as to whether to introduce a two-week circuit breaker. They didn't, he tested positive and after what was actually a very mild initial infection he relapsed a couple of times, spent most of December bedridden and as you've said has debilitating on-going symptoms that mean he's still unable to attend school, to socialise properly with friends or to do any kind of meaningful physical activity. So, obviously we very much share the concerns that you know it's not being prevented or mitigated with our children.

Layla Moran MP

And Sophie, have you had any other referrals since then, have you had specific support from the NHS?

Sophie Charles

So we have been lucky enough in some sense that my son actually tested positive for Covid, so we have a confirmed PCR test and that he hasn't had any psychological symptoms that I know many children with Long Covid have experienced. So we have been believed, we have been referred to a paediatrician, it was a long referral because any acknowledgement of something becoming chronic

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obviously takes time in itself, so it was five months before we saw someone. He was very much treated according to a chronic fatigue checklist and symptoms that didn't fit neatly into that pattern were slightly disregarded, even though they do fit very much in what I understand is a Long Covid symptom pattern. And he has been referred for physio and occupational health but again we're now nine months on and that hasn't materialised in fact yet, but we're one of the lucky ones that we are in the process, it has been taken onboard and we have been believed.

Layla Moran MP

Thank you very much, that's very helpful. Barbara Keeley. I think you're on mute Barbara I'm afraid. There you go.

Barbara Keeley MP

The question is how did you feel when the Government announced as they clearly have done that the vast majority of restrictions will be lifted on the 19th of July and what were your key concerns, can I come to you first Rachel?

Rachel Winter Jones

Yeah, well first of all calling it 'Freedom Day' is not helpful. I can't stand this rhetoric because it's very confusing, lots of mixed messages. I'm very worried, I think if we still had masks and if we're going to vaccinate our children because yes some parents won't want that, I completely understand, I would like my children ... I would like the choice to offer a vaccination to my child. If we had other mitigating factors like proper ventilation, schools with proper funding to do that and that we, you know we have loads of tools in the toolbox, we have testing, we have data, we have masks which people are used to wearing now, why stop that? You know, nobody knows ... look at me, you wouldn't know I was clinically extremely vulnerable would you, because you know I got through it but you know I am and I don't want ... I mean the other day I had to say to someone, I'm sorry I can't shake your hand because I'm clinically extremely vulnerable and I just did a namaste which is what I'm going to keep doing but I know it's my personal responsibility to manage my own risk because look we're all sick of this, I mean we're all tired, we all want to go back to normal but if the infection rates were lower, if the Government had ambition to get to zero Covid or at least very low infection rates then I would feel more comfortable and I still think we should have masks and I still think ... I don't know why it's taking so long to offer a vaccination to the 12-plus age group. In America they're doing it, in the EU they're doing it, please every day my children come home from school, they have a shower, I have to wash their clothes every single day. Now for some teenagers maybe that's a good thing, but you know I have to do that every single day because I am nervous again to get Covid and I don't want my child like Sophie said, her child, to get Long Covid. Why should we be experimenting with our children?

So, you know yes a road, a life is not a straight road in a road map, it's got twists and turns and we need to be agile, we need to be smart, keep the masks there, look at ventilation in schools, have better masks frankly if they're not good enough anymore because it's not droplets, we know it's an aerosol this virus. Don't gamble with our children's lives please and if the infection rates were lower,

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I would feel much more comfortable about some of these things happening. I'm not and I'm not pro-lockdown at all, I'm pro-vaccines, I'm pro-mitigation and that's what we're talking about. Prevention, mitigation, that's what I would like, so I'm still wearing my mask and if people don't like it well ... I just wish, you know some people will wear masks because they want to respect other people. We live in a community, we don't ... we're not individuals we're in a society, we're in a community and as somebody said recently you know this is an infectious disease, it doesn't stop at an individual, it's ... you know it's an aerosol moving around between people. And also, to expect me to not be in touch with vaccinated people, unvaccinated people, well my children are not vaccinated that was the new guidance, I mean I don't know how I'm supposed to do that, so no, I think they're not using the tools in the toolbox, and I think it's a big mistake, I think it's reckless. And not just being [inaudible 0:28:58.6].

Barbara Keeley MP

Thanks Rachel. I'll come to you Sophie next, how did you feel, what are your key concerns now?

Sophie Charles

Yes, so I think Rachel's said a lot of what I would have to say incredibly well, very concerned about just such a widespread removal of restrictions when Covid cases are still rising exponentially and I think particularly around children that there still appears to be a pursuit of herd immunity which feels very dangerous on our part, our experience is that Covid can have serious long-term impacts on the health and the education of our children and not only that it creates a very serious strain on the whole family and that shouldn't be underestimated in terms of the wider health and economic outcomes. It's not like the flu and we shouldn't be exposing our children to the potential harms of the acute virus or its longer term consequences until we fully understand the depth and breadth of its impact. We sort of don't know enough about them yet to be told to learn to live with it and to leave our children and young adults woefully unprotected.

Barbara Keeley MP

Thank you, Sarah do you have anything you want to add to that?

Sarah Saul

I think I echo obviously everything that Rachel and Sophie have said and this choice of allowing children and young people to be unnecessarily and knowingly infected is a choice made by Government, it's not a choice that parents are making. We would like to have that choice. If you are not going to put in place the mitigations that are in use around the World, if you look for best practice around the World where they've kept in-person education provision running safely and sustainably without the massive numbers of infected children there are common elements, we all can see them reducing class sizes to allow for social distancing, having masks for all 6-plus in most places and an emphasis on ventilation, monitoring and improvements where necessary. Those three

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simple measures are in use in best practice, we don't need to keep experimenting, we don't need to trial swapping isolation for testing, we don't need to trial things, we can see what's working in other countries, they're choosing not to do these things and that then we are not given the choice to go along with it or not go along with it, we are fined, we are coerced into de-registering, you know two parents from our group have been referred to Social Services when they removed their children from the school, the Social Services referral in both of those cases had no case to answer and were dismissed immediately. However, they've still got a record of being referred to Social Services which the impact on the mental health of a family and the dynamics of the family, you know it's really serious.

We just need to stop this false [inaudible 0:31:59.9] I think in the debate around schools which has always been in the media and a lot of politicians which is we either open schools or we close schools, no it should always have been in-person education made as safe as it possibly can be according to health and safety legislation, mitigate risks to the lowest practicable level, or temporary remote education until you do the first bit. It should never have been open versus closed. I think that's what angers a lot of parents that we're forced to make this decision, we either keep our children away from education, which is not what we want and it's not what the children want, or we take the gamble, as I will every day. My asthmatic child could come home today as a close contact or as an infected child. At any time. That's not something we want to live with going into September. We've sat back for a full academic year and watched this happen, something has to change.

Barbara Keeley MP

Thank you, thank you all.

Layla Moran MP

Thank you. Sarah can I just ask a very brief follow up, on the two cases if they could possibly write to the All-Party Group outlining their case, I had a meeting with Nick Gibb the Minister about these sorts of cases and his advice was very clear which is that the school should be giving leaves of absences, which I know the Group knows, I'm keen to understand if those aren't being granted what the excuses were for the school and what's been going on with the individual stories because I will follow up again, so if you could encourage them to do that I'd be really, really grateful. If I could now go to Baroness Brinton.

Baroness Brinton

Yes, thank you very much. Until now has the Government done enough to support you and protect those in similar situations to yourselves and what can the Government do now that would make you feel safer? You've already talked about some mitigations but is there anything else particularly they could do for the clinically extremely vulnerable, shielding, things like that. And are you concerned that more families are going to go on going through these same challenges? Can I start with Sophie please?

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Sophie Charles

Sure, yeah I mean obviously understand that it's hugely challenging to balance everyone's needs but in our experience there does seem to be a pattern of the Government taking too little action too late. The way to prevent Long Covid is to prevent initial infection and yeah I think the current sort of wholesale easing of those preventative measures will put many, many children at risk and so yes, I am worried that many more families will go through those same challenges and I think a sort of side challenge to that is there sort of doesn't appear to be enough investigation or understanding of Long Covid or tangible support for Long Covid sufferers. So, to a large degree I know a lot of Long Covid sufferers feel forgotten by the system. And in terms of making us feel safer, and it's obviously been mentioned several times, there's some pretty simple choices that can protect us with very limited downsides, so the continuation of masks in shops, transport, schools, public spaces, you know making sure that schools are safe and I think we can't underestimate how much people do trust what the Government is telling us, you know we've heard that children don't get Covid, they do. We've heard that people don't get Long Covid and that children don't get Long Covid, and yet they do. And I think the Government has to be very, very careful in the language it uses and the nature of its communication so that people can make choices properly, fully informed and properly backed up by the science.

Baroness Brinton

Thank you. Sarah.

Sarah Saul

Again I'm conscious of time and I don't want to repeat everything that Sophie has just said which has summed it up excellently. I think what the Government can definitely do from today is to stop the rhetoric where they say schools are safe and that it's perfectly acceptable to unnecessarily infect children and young people. It's not. Children are part of society and we need to stop treating them as if they're not. They're not children who live in a little commune, they come home to families where there are complex circumstances, multi-generational households, so it's not just the children themselves that are placed at increased risk by not mitigating effectively in school. There is no other indoor setting where households mix that has been allowed to have not a reduction in sizes so that social distancing can be allowed, not wear masks and not check the ventilation. It's only schools and of everything why are those three simple steps not being done and haven't been done for a full academic year.

Baroness Brinton

Thank you, and Rachel and if you could also particularly cover the CEV group, thank you.

Rachel Winter Jones

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Yes, so I certainly think that the, you know the stay at home and keep people safe and protect the NHS at the beginning you know was a message that worked and I was very glad it worked and I don't think anybody thought that people would do it and we'd have rioting in the streets or something, but that did work and it made me feel safe because I'd only just come out of sort of being isolated from the cancer, so maybe I found it a bit easier than some other people to be honest with you, because I'd sort of got used to not being socially with big crowds.

So the food boxes were very welcome, the communications, the letters telling us what to do that was very welcome. The fact that the Local Authority would collect my prescriptions so that my husband wasn't exposed and then brought it in the house, that was very helpful. Personally my schools, the schools in the Stockport area have been, the two, my children are at different schools, they've both been very understanding. But you know I got a food box but my 82-year old mother didn't get one so sometimes it didn't, and she's got blood cancer, so sometimes I didn't quite understand, and I did try but it didn't seem to work.

When everything was lifted and people were like oh, you know it's summertime now and so, you know I still shielded, I did go and see my Mum because I hadn't seen her and my father had died and I couldn't go to his funeral obviously so I think the families, the mental health around just grieving a loved one and not being able to hug your parent, you know just things like that has been, was very hard but you know we had to do it to keep safe. I'm very glad that you know all those vaccines were secured, I'm very glad that we have great scientists that can ... I mean the vaccine is just amazing, absolutely amazing and the rollout has been good, but the problem is now we haven't finished that rollout, so you know if infection rates were lower, if we didn't have the Delta variant, so I don't think that those four tests have been met in my personal opinion because we have a new variant and that wasn't there in February. So I think being more agile, you know there were many things that went well, the things that we need to learn but it's about being agile and not just saying oh well we, you know we said we would go with the data not the dates, and unfortunately we're going with the dates and not the data. And that's not making me feel very safe.

Now, I have a business, I'm opening a restaurant in November, my husband, he's a Chef, I want, I don't want lockdown, I don't want to go into lockdown, you know we couldn't open because of what has been happening, thank God in a way, but you know I want to be able to move around in that business and if for the moment we just have to keep the masks, get our children vaccinated for the parents who want that, and I want that for my children, and then when we have that booster can all my family please be vaccinated at the same time as me as it is with flu, so there aren't these leaks into the household, where I got through Covid the last time but my GP was calling me every day and I had an oxygen monitor because he was very, very worried that I would have respiratory problems. I had terrible conjunctivitis, I felt like hell but I got through it, thank God I didn't have to go to hospital. So you know there was some things that were really done well in a situation where we had never had this kind of situation before, also I think we must keep collecting data, I'm very glad to hear that Test and Trace will keep going till next year, I think it needs to keep going for a long time because we will have another one of these pandemics, you know, Bill Gates [sic 0:40:36.4] and others have been warning us about this for 20 years so you know it's taking all that learning but also just being agile. And I feel that Government just, they get very stuck in what they said they would do and they don't feel that they can go backwards, but I don't want to go backwards to a lockdown, please, no. So please mitigate now, you know tell people please don't unmandate the masks because I think people are fed up of wearing masks, aren't we all, but I'm gonna keep wearing one because I need to protect myself and I need to protect others as well. So, sorry that was a bit long there.

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Baroness Brinton

No, not at all, thank you very much indeed. Over to you Layla.

Layla Moran MP

Thank you very, very much. Lord Russell.

Lord Russell

Yes, thank you very much. I want to ask each of you about the school bubble system, do you think it has worked and if not, what should replace it. Sophie could I start with you please?

Sophie Charles

Yes, so I've had experience of both primary and secondary school, I think in our daughter's primary school it has worked well. They've had a staggered school day, I think the realities of primary with smaller numbers in school it's much easier to manage in that way and it does seem to have been very effective. I think in secondary actually my son hasn't been physically in school since October, so it's difficult to say beyond that point but it feels a much more challenging thing, obviously you've got narrow corridors, you've got busy classrooms, you've got lots of year groups using those same classrooms. It feels a much more difficult thing to properly sort of enforce or helpfully enforce, so I think what's really important is sort of three things, one is just trying to minimise Covid getting into schools in the first place, so the regular testing that's been going on and a better understanding of actually what the symptoms are now because they have changed, and also clear messaging to stay away from school if you're poorly, you know whether you think you've just got a cold or not, because so often that cold actually is more than that. Then to try as best you can, I know that's the point of the bubbles to minimise student's contact points when they are in school. But then to maximise the measures to prevent transmission, increasing classroom safety, ventilation, air quality, screening, masks and where possible can we look more at outdoor learning as well, I don't think that's something that's been very widely looked at. It might be difficult to implement again in a secondary setting but I know in Canada it's been something that's been well implemented and showing success.

Lord Russell

Thank you very much. Sarah, could I ask you next please?

Sarah Saul

Hi, yeah I can explain that my two sons were placed in bubbles of 300, so my household was connected on a daily basis when they attended school to 600 other households. Bubbles of 300 just

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seem ridiculous. I understood the bubble concept and as Sophie has just explain, in primary school when a bubble is a class of 30 children that makes sense, you have interaction between those 30 children, if there's a positive case then those 30 children can be removed to remote learning and keep the rest of the school in place. That doesn't work in secondary. In secondary when there's a positive case, and my eldest son has now isolated five times, once he caught it, the four other times he was lucky. When he caught Covid we know from the investigations from the school it was due to a lunchtime setting because 300 unmasked 15-year olds eat in a dining hall with a fire door open at one end of the room, seated at bench tables opposite each other and the four people who tested positive at the same time with him he didn't share any classes with. So in school the other thing they're doing at my son's school is they isolate when there's a positive confirmed PCR case, they isolate the children sat either side of the positive case and the children sat directly in front, so you usually have about four or five for every positive case that are asked to isolate as close contacts.

So, the school has tried to minimise the isolation disruption but that hasn't helped with the transmission, it's an airborne virus, if they've all shared the same air there's every chance that all of the 30 kids in his maths class for example could have been exposed to infection, especially when there's no other mitigations. The risk assessment says windows to be open where weather permits, that's not an adequate mitigation for an airborne virus.

Lord Russell

So what should replace the current system, that's the second part of the question.

Sarah Saul

As I said, we need to look at how can we minimise and reduce class sizes, now I'm not saying that's an easy thing to achieve, it has been achieved in other countries where they put in the planning and the funding to be able to do that, the use of Nightingale [ph 0:45:58.6] sized classrooms, the use of outside education, the appropriate mitigations for improving ventilation, wearing masks at all times will limit the amount that can be transmitted once a case is in a school, so bubbles, if they're going to be of 300 are no point, what is the point in having them or saying you've got a bubble, because you're not going to isolate all 300 for one case. So it's about limiting the amount of contact or the numbers in close contact.

Lord Russell

Thank you very much. Rachel, do you have anything to add please?

Rachel Winter Jones

I completely agree with what Sophie and Sarah said, just to add, when infection rates are really, really high whether you've got bubbles or not doesn't make any difference frankly. You know, it's just gonna spread and this is the problem now is that you know these we're going to the date, we're going with the date because that's what we said we would do and the infection rates are letting rip,

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that is the problem. If infection rates were really, really low then I think it's, you know I know that my daughter really loved being able to mix with other year groups because they learn from each other and I think that's also been lost as well and that's hard, my son just went into year seven, so you know they've come from year six when they didn't have any, you know they missed that transition, then he's in year seven and he's in his little bubble year seven ... well big bubble, year seven and they're not interacting with the other children and that's been a real shame. But the problem is that yeah, you know you've got 300 children in a bubble, but you know you've got to find some way of trying to mitigate and again mitigation, mitigation, and the mask issue, my children are still wearing masks and I will ... my daughter says I'm not taking my mask off Mum because I don't want you to die, again you know that is in her head all the time. So this is, you know if infection levels were lower, if the Government had ambition to get to zero Covid or low, low, low and not ignore these rates are just growing and growing, 50% increase in hospitalisation last week [ph 0:48:01.7], that's what's worrying. Just because you say a date doesn't mean you have to stick to it, you have to be nimble, you have to be agile and you have to do what's best for the public health of the people in your country, so that's where I sit on that.

Lord Russell

Thank you Rachel, back to you Layla.

Layla Moran MP

Thank you very much, Baroness Masham.

Baroness Masham

Thank you so much for sharing your experiences with us, what is your view on vaccinating children and do you think that the Government is taking it seriously enough? First of all could we have Sarah?

Sarah Saul

Hi, my personal view is it should be parental choice, the vaccine has been approved medically, it has been used around the World then I don't understand why my choice as a parent is being taken away. My asthmatic 12-year old son has a flu jab every year, he has no problem with that, he actually prefers to have the needle rather than the nasal spray, strange child, but you know we have that choice. I don't have to give him the flu vaccine but he's asthmatic, on the balance of risk we decided to do it. Why can't I have that choice for my two teenage children with this vaccine, it's approved, why is that not being given to me?

Baroness Masham

And would you let the children have their choice too?

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Sarah Saul

Absolutely, absolutely I mean that's the way my family work. My boys are in school. I would quite happily keep my children home as infection rates ... I'm in Newcastle, our infection rates are some of the highest in Europe at the moment. As I said my eldest son, he's just gone back to school on Monday after having a ten day isolation which followed on from his ten day isolation, he came home on the Thursday. So he's in and out, you know he's doing his exams next year, he wants to be in school so as a family we've discussed the risks, I've mitigated the risks as much as I can for them in terms of I insisted they had to wear a mask at all times in class and you know luckily we got that permission, but it was a hard-fought battle to get that and now you know they tell me maybe ten pupils in any class are wearing masks, although the school recommend them, they don't mandate them. At the minute my 12-year old has four children left in his maths class because they're isolating or positive. Something has to change and if vaccination is a possibility then let's do it.

Baroness Masham

Thank you, and Rachel please.

Rachel Winter Jones

Completely agree with what Sarah just said. We discussed this as a family, we've already discussed it, you know and I just don't understand what the hesitation is. It won't be mandatory, it wouldn't be mandatory, having a vaccine now isn't mandatory. But my children, my son has autism so online learning for him is an absolute nightmare, I did three months of home schooling with him and it was really hard for him and we had to reduce the number of subjects so he's missed out on stuff because he just couldn't cope. And he likes going to school, he thrives there. My daughter is 15 and during the first lockdown there was no online learning and she's seriously suffered with her mental health. She's a very gregarious, you know girl, she loves her friends and you know she's suffered, she found it really hard and she said Mum, I'm really depressed, I mean she, you know and for a child of 15 to actually say that to you and we try and be open about these things, that meant it was bad, you know. So please, please Government, hurry up and offer us the vaccine for our children, we will discuss it with our children but I would absolutely want my children to be vaccinated with me, with the flu vaccine, all of us together with my husband and that would just help me sleep at night. Thank you.

Baroness Masham

Thank you very much. And Sasha.

Sophie Charles

Sophie. Yes, yes absolutely we're in the same position, my husband and I are double vaccinated, we would love our children to have the opportunity for access. It has been approved so we assume it is

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safe on a risk-benefit analysis, if there's any hesitation on that front we would also very much like Government to take into consideration the Long Covid harms and not only the seriousness of an acute infection in children.

Baroness Masham

Do you think it would stop children getting Long Covid if they were vaccinated?

Sophie Charles

I don't know the answer to that but I think it's something that very seriously needs to be investigated, but if it can help prevent the initial infection then absolutely it would go without saying that it would, fewer people would contract Long Covid.

Baroness Masham

Thank you all so much.

Layla Moran MP

Thank you very much. And finally Lord Strasburger.

Lord Strasburger

Good afternoon to all of you. If you could give one message to the Government, if the Prime Minister was sitting in on this call right now what would it be? Would you like to start Sarah?

Sarah Saul

I'll try and be polite. I think my first thing would be if you're telling me that from the 19th it's up to us all to exercise our personal responsibility to prevent infection and transmission, keep rates low, then how can my 12-year old and 15-year old exercise their personal responsibility when they're going to be told very soon, probably, that masks are no longer allowed in school, when they're going to be told that they just have to attend school, there's no mitigations in place. How can they exercise their personal responsibility?

Lord Strasburger

Thank you, Rachel would you like to go now?

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Rachel Winter Jones

I would say infection rates are too high so therefore you need to keep masks, you need to offer vaccines to the over 12s, you need to seriously work with schools to improve ventilation, you need to carry on the testing and with schools you need to give flexibility for parents like myself and parents with children of clinically extremely vulnerable children to have what I would call flexible education, so it can be online schooling if necessary and that should be still attendance. Schools are equipped to do that now so I think it's about being smart, agile and flexible so that you can manage this virus for all the population. Thank you.

Lord Strasburger

Thank you very much. And Sophie what's your message?

Sophie Charles

So, I would say that so-called 'Freedom Day' very sadly is likely to be the exact opposite for many thousands of people, I'd say you'll be sentencing thousands of children without the freedom to choose for themselves to long-term confinement, to holding their education, to social isolation, to physical inactivity and essentially to a stolen childhood. I'd ask him to look my son in the eye and tell him that the decisions being made are with the best interests of those children at heart using the best scientific evidence and not based on best case scenarios or self-interest, ideology, political expediency or convenience because it's simply too important for that.

Lord Strasburger

Thank you very much, very powerful. Back to you Layla.

Layla Moran MP

Well thank you so much and that rounds off this session, but I would just like to thank Rachel, Sophie, and Sarah for being absolutely exemplary in both the conciseness of those answers but also the precision, I think your message is very, very powerful, very moving, and very loudly heard, so thank you so much for your contributions today. You are very, very welcome to continue to stay on and listen to the rest of what is going to be a very interesting second half of this panel, so please do. But if you decide to go off and do something else we shan't be offended at all, you are very busy people so please don't feel obliged but thank you again for your time, massively appreciated.

Rachel Winter Jones

Thank you for the opportunity.

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Layla Moran MP

You're very, very welcome. No thank you, genuinely and this is exactly why I said the bit at the beginning about how important it is to hear from people directly affected by all of these changes, I think it puts extraordinary colour on the decisions that the Government makes. But we still need to try and understand those decisions and so that's the hope with the second half of today's session and we have four people who I very much hope are going to help us make some sense of this and I'll introduce them briefly. So we have first Dr Bill Hanage, did I pronounce that right Bill? OK he's nodding that's good. So Dr Hanage is an Associate Professor of Epidemiology at Harvard University and a Faculty Member in the Centre for Communicable Disease Dynamics, so thank you very much Bill for being with us, really appreciate it.

Dr Bill Hanage

Good to be here.

Layla Moran MP

Thank you. We also have if I can see her, I can't see Catherine on my screen, can people see Catherine?

Prof Catherine Noakes

Hi, I'm here.

Layla Moran MP

Hi, Catherine hi, sorry it's the way Zoom is working, I couldn't see you. Welcome Catherine, thank you so much for being with us. So Catherine Noakes is a Professor of Environmental Engineering for Buildings at the University of Leeds, she specialises in airborne infections and the transport of airborne pathogens, her knowledge of ventilation and infection transmission has made her one of the Government's key advisors on Covid-19 and Catherine will speak to the measures that can be put in place to help mitigate the risk of transmission as well as the challenges faced in settings such as schools. So thank you Catherine, your expertise will be invaluable today, thank you.

We also have Professor Adrian Hayday, Adrian is a Professor of Immuno-biology at King's College London where his lab focuses on exploring lymphocyte functions within tissues, he has held numerous leadership positions in academia and is currently an Assistant Research Director at the Francis Crick Institute. At the start of the Covid-19 pandemic Professor Hayday's team pivoted to defining the immune response to coronavirus infection and vaccination with special emphasis on cancer patients and as well as publishing several major papers on these topics he was asked to co-organise the quarterly international Coldspring Harbour Covid-19 research conferences, sits on numerous Covid-19 advisory committees and was invited to provide testimony to the House of Lords Science and Technology Committee, so thank you for being with us.

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And last but not least we've got the National Association of Headteachers' Tim Bowen. I had a maths teacher called Mrs Bowen at school, so that will be easy to remember. Tim is NAHT's President as well as Headteacher at Maple Primary School in St Alban's. He's been a member of the NAHT since 1996 and a member of the National Executive since 2013.

Well, thank you all of you for being with us and I'm sure everyone can see that we have immense wealth of knowledge. Our challenge in this session is very much going to be keeping it to time, so a bit like the last one if someone says something that has already been said please do carry on and just pass to the next person. But I'll start with a very similar question to where I started with the first panel, as we know the UK Government is announcing that most restrictions will be lifted as of the 19th of July, what are your key concerns and perhaps I could start with Tim.

Tim Bowen

Yes thank you and thank you for the invitation to be here today. I mean obviously despite soaring levels of Covid in schools the Government is pressing ahead with it would appear to be even removing nearly all safety restrictions. In doing so we believe they're simply washing their hands of the responsibility for the safety of children, families or school staff and you know in effect they're hanging school leaders out to dry. Expectations from parents and families over what school rules will be from the 19th of July could well be at odds with what is actually necessary for the situation in their local area and this is going to leave school leaders in effect as the 'bad guys' enforcing rules the public do not understand or feel have been abandoned. I think the last point I'll make is we know that the public are strongly divided in how they feel about Covid, I mean half are deleting their Covid apps and feeling that it is all over and half are more anxious than ever. And this really does leave school leaders in an invidious position where they are likely to be at odds with parents, either for being too cautious or not cautious enough.

But by abdicating any responsibility for making decisions nationally the Government is putting school leaders in the firing line and setting them up to get the full brunt of the criticism from parents who are unhappy with this approach. Just one concern we really do have, I mean it's to do with the NHS Test and Trace system, we think it's absolutely right that that is now, they're taking responsibility from this from school leaders for contact tracing and managing outbreaks. However, our concern is that at present there appears to be no clear requirements on pupils that have come into very close contact with Covid, in other words a member of their family has it, to test and remain at home for that short period whilst awaiting results. We would hope most would do so, but there may be some families who would still send the children into school and there's nothing at the moment stopping that happening and we do urge Government to set out expectations and clarify how this will work in practice.

Layla Moran MP

Thank you very, very much. Perhaps I could next go to Bill?

Dr Bill Hanage

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Sure. Thanks for having me like I said. I want to start by commenting from my sort of non-UK perspective that I don't quite understand all the focus on the 19th because you already have an exponentially increasing set of cases and a completely uncontrolled epidemic among unvaccinated people, so that damage has already been done. I actually think it's going to be slowed perhaps a little bit by the summer vacation because a lot of it has been driven by transmission occurring within schools, but that will likely be offset by the changes which are happening on the 19th. One of the things which is quite hard to understand about Delta, and by the way most of the mitigations you've been talking about with the exception of ventilation and masks, we'll come to that, I think are a bit of a thin tissue paper in the face of Delta. One of the things which is hard to understand is why Delta which apparently has origins around September last year, December maybe, took so long to make itself known and I think that there's a possible association with super spreading events, and super spreading events are going to be more likely to occur in a situation where you're opening up things like nightclubs and so on and so forth.

Now while a large coordinated surge into hospitals remains I think unlikely, the disruption from very large numbers of people becoming infected will have knock-on effects. I was stunned to read over the weekend that the Chancellor was expressing surprise that the idea that waiting lists were going to increase because I could have told him that several months ago. I think that the thing we need to think about, and I'm sure we'll talk about this, is Long Covid. Long Covid already according to at least one BBC report I read, is getting close to 400,000 people from what had happened already, and around one million people have been infected in the UK since just the end of May. So given that you have an uncontrolled outbreak at the moment, those numbers are likely to increase.

I think in the shorter term you need to be prepared for older folks who are unvaccinated because not quite all of them are vaccinated yet, I got my test to release yesterday and there was a whole bunch lining up to get their jabs in the pharmacy where I went to. They are likely to be infected and are going to be more severely affected. I don't think the numbers are going to be as bad as the winter, but I think you need to think about the long-term burden on the health service, which is going to result from Long Covid, and with that I'll shut up and hand over to the next person.

Layla Moran MP

Thank you very much, Catherine, your observations, concerns.

Prof Catherine Noakes

Yeah, I think as Bill has just said I mean there's a concern that we're already well into this third wave and although the connection between cases and hospitalisations and deaths has clearly changed, it isn't broken and we don't quite know yet what that will pan out like, particularly as the Delta makes its way into the vaccinated and older population. Which it is doing, albeit more slowly than we'd hoped, so the vaccine is clearly having a very good effect.

I mean I think you know, they are opening up, it is a political decision to open up and you know the speed of that opening I think is now the question as to you know whether you know we just let rip and hope for the best which I really hope we do not do, but actually what we really need is to say

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whatever the political decision we need those measures still to be in place and they need to be effective and even if places are open people are interacting more, we need to really make sure that those messages that staying home when sick, testing to make sure you're not keeping the virus out, getting the vaccination and then making sure we've got the right environmental behavioural mitigations in place in as many environments as we can and to the best that we can, is the solution.

And I think my worry is that we don't know what's going to happen, we're in a position where you know we've had some very good input from epidemic models and they really do tell us what's likely to happen, but we are in a position where even they are struggling because it's unknown territory at the moment, because we just do not know the speed at which things are gonna happen and whether people will take responsibility themselves and slow it down or whether people will just throw caution to the wind and that's what really worries me at the moment.

Layla Moran MP

Thank you very much, and Adrian.

Prof Adrian Hayday

Yes well thank you again for the invitation to speak. I'm afraid that you said that you hope the experts would enable you to make sense of the decision, I can't, I can't understand it. I mean to go to so-called 'Freedom Day' at the point of such extraordinary transmission rates is something I just don't understand and it is as Sarah and Sophie said earlier, de facto, it's an imprisonment of uncertainty and insecurity for millions of people. If I could just give you one particular concern where we've been focusing our research that you referred to, if we look at for example individuals who've had cancer or are being treated for cancer, for those with cancers of the blood system, well over half are not responding immunologically to even a boosted vaccine, so these individuals are not as was said in the first session today in some commune, they're trying to live their lives and contribute to society. For them opening up Society is the self-esteem of being able to contribute in the workplace and to be able to take part in life, but what in fact is happening is this situation is being created in which they'll be totally uncertain and insecure as to how to do that.

So, that's just one example. I think we're going to speak a little bit more about Long Covid in a moment, but again we're talking about a disease which has a much higher incidence in women, looking at median ages now of about 40, a lot of those women will be having family care responsibilities so this isn't liberation at all, it's just going to impose more and more constraints and insecurities that we can see, we have the scientific evidence for.

Dr Bill Hanage

Might I add one brief epidemiological point there because I think it's highly relevant. The change on the 19th is going to alter by increasing the effect of reproductive number, now the important thing about that which is a bit nerdy and epidemiological but it matters, is that the larger that is, the larger

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the final epidemic size, which means the more people will have been infected. Which means all the stuff that Adrian was just saying is going to be resting on more shoulders.

Layla Moran MP

Thank you, that's very important. We will also return to that theme later because we are keen to get under the skin of it. Caroline Lucas.

Caroline Lucas MP

Thank you Chair. I wanted to come to the issue of mitigation measures, what are the best measures that can be put in place to mitigate transmission, particularly in schools and maybe with that in mind I'll come to Professor Noakes first.

Prof Catherine Noakes

OK, yes so thank you Caroline. I think the first thing to bear in mind here is that transmission happens anywhere where people can get together, so although we're focusing on schools and there's been a lot of interest in school classrooms, it isn't just school classrooms that matter, transmission can happen on the bus, when people are in the park together, when people are at home together, when they're socialising, workplaces, everywhere. So this idea that transmission is a continuous risk, and that we can't just single out a single environment and say if we put this measure in place in this environment we're all fine, because that won't happen.

Having said that I think there are things that we can do across schools and many other environments to try and manage them better. Obviously the best way you mitigate transmission is by preventing a person who's infectious being physically present there at all, so if you've got the right testing in place, you've got good messaging of stay home when you've got symptoms, people understand those symptoms and recognise that they need to stay home until they've at least got a test, and we put some good precaution around that, that's your first step.

And to make sure that you know people will not do that effectively if they don't understand what they're looking for, so we need that in place first of all. But we know that asymptomatic transmission happens, we know that that's leaky, it's imperfect, obviously vaccine is another very strong measure and it's great now that probably most of the teachers in schools will have got a double vaccine, certainly will have by the end of the summer and that's going to make a really big difference to the safety of teachers in schools.

I think then we need to think about the environmental mitigations and the behavioural mitigations and as Bill mentioned that you know, this Delta variant is more transmissible, we are likely to need to focus on those measures in a stronger way. We do not know yet the relative balance of transmission by different routes and it varies, it clearly varies by different people, some people are clearly capable of transmitting this to a lot of people in one go, other people barely transmit to anybody and that, you know it's again that makes it very hard to manage. Some people are capable of transmitting via the air over longer distances, other people don't. The biggest risk is still when you're close proximity

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to somebody who is infected but we do need to now consider the longer range airborne routes as well, particularly when people are in the same room together sharing that air over long periods of time. So I think putting in measures to understand our ventilation, it is unrealistic that we will by September have mitigated every ventilation system in every school in every ... and in every building in the UK, we cannot do that and we have to be realistic, but we can take measures to try and understand that ventilation better and to get better messaging out so people understand the risk and why they have to make changes. And we need to do that urgently before the winter, we cannot have another winter of freezing cold classrooms, or some classrooms freezing cold and others tightly shut up where virus can spread.

Caroline Lucas MP

Can I just ask you specifically on that, for example I've seen information about what's happening in New York State where they do seem to have rolled out some kind of mobile ventilation units to all classrooms, there's a public website you can apparently go to and see what the ventilation status is in every classroom in New York State, I appreciate we haven't got much time to roll out anything similar here but is that a gold standard we should be aspiring to, should we be sending messages saying that if your classroom has windows that don't open or doesn't have windows then don't use it, go and get another, get some resources to have a space somewhere else.

Prof Catherine Noakes

So, it's hard to say it's a gold standard because all of these things were unknown. I think being able to know what the ventilation is and I think we do also need to get across a message that ventilation is more than opening a window. There's an awful lot of people say 'my windows don't open so I've got no ventilation' no, you've got a mechanical ventilation system in your building. Now whether that's sufficient is another question, they need checking, they're maintained by professionals and they need that professional input, facilities managers, and many schools, you know some schools struggle, they have small, they're small, many schools are part of large academy chains, they have facilities managers, those facilities managers have the skills, knowledge and capability to go and check that ventilation. Not every school and not every academy chain, and so we do need to make sure there are routes for access to that information.

But I think you know there is, yeah it is ... I think you can do more things, I mean the first step is you can't mitigate what you can't measure and the first thing is to be able to say what actually is, you know, some schools have very good ventilation, some schools have very poor ventilation, we don't know which ones are which at the moment and sometimes it varies by classroom, so some classrooms are great, other classrooms are different. Some of that reason is because of behaviour, some of that reason is because of the systems that are present. So, we need to find out ways to analyse that and it isn't a straightforward thing. I think carbon dioxide meters are probably the best option to be able to measure that and to be able to understand what's happening in those classrooms.

Caroline Lucas MP

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Thank you, I'll come to Tim Bowen next.

Tim Bowen

Hello there, yeah I'll keep this brief, the Professor has said I think the key things but most definitely practical steps are needed. Capital investment in our schools is needed to put in place proper mitigations, it's clearly not going to be for September but ideally in the worst case scenarios in schools the schools in the worst situations ahead of winter. As we've heard New York and also Germany have recognised the importance of ventilation, that it goes beyond opening a window and we think that the pandemic has shone a light on our neglected and crumbling school estate and now is definitely the time to invest in improved hygiene facilities and school bathrooms. In some schools, or in some classrooms, things are of a high standard, in many they're not and I think what is needed is a premises audit urgently over all schools to identify those with the worst bathrooms and the poorest ventilation so they can be prioritised for investment and improvement ahead of next winter.

And Covid costs, I mean they're going to impact on school budgets for a good while yet and many schools' budgets, I'm not exaggerating to say that they're absolutely in a perilous state. And the Government must reimburse schools for the money we're going to have to continue to spend on extra cleaning which is going to be an absolutely priority, hand sanitisers and so on. You know these are basic measures which are here to stay now, popular with parents and most people and including school leaders do not want to see abandoned.

Caroline Lucas MP

Thank you, I'm mindful of time but do Bill or Adrian have anything they would like to add at this point?

Dr Bill Hanage

Sorry Adrian, go ahead if you want to.

Prof Adrian Hayday

Yeah I was just going to say just two things that haven't been mentioned, one, I mean as we may get to yes more vaccination as Mary Ramsay the lead on immunisation at Public Health England just said recently, boosters have tremendous effects, we need more vaccination and we need more research, we can't rely entirely on vaccines, there's under-investment in antiviral research, we need to find antiviral chemicals which will take out these viruses no matter what strains they are. So, we need greater investment there. Thanks, go ahead Bill.

Caroline Lucas MP

Thanks very much, thank you, Bill.

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Dr Bill Hanage

Thanks, yeah my point is that have I slipped through a time machine because this is a conversation we were having at our local school district in Cambridge, Massachusetts last year and we went around and my colleague Joe Allen, I think Catherine knows a lot more about ventilation than I do, but my colleague Joe Allen knows about it and he tested the local schools, ventilation was put in place, a whole bunch of mitigation strategies including testing twice weekly for teachers, universal masks, cohorting, these were all based on things which worked in healthcare and it was shown to work in healthcare in the first surge. The result was a handful of cases of transmission, maybe as few as two, and I'm pretty confident of that because there was very good testing, over the entirety and a large number of kids including my own daughters being in in-person education over much of that period. Anyway, it can be done.

Caroline Lucas MP

Thank you, back to you Chair.

Layla Moran MP

Thank you very helpful. We are at question three of potentially ten with 20 minutes to go, so we ask witnesses for our forgiveness in advance if perhaps we just come to a couple of you, but do feel that if there is some desperate that you want to add in on a question where you're not specifically asked to do that, we don't want to miss that but that's going to be our strategy for getting through it. So just to warn you. Next we go to Baroness Brinton.

Baroness Brinton

Thank you. The Government said 'if not now, then when' suggesting that it's better to open up now than in the colder autumn months when the virus has an edge, is there any immunological epidemiological sense to allowing infection to increase over summer rather than during winter. And this is specifically for Adrian and for Bill, particularly interested to hear the American actions on this. Thank you. Adrian.

Prof Adrian Hayday

OK, so yeah, so there is some logic to this but I would argue that it's completely insufficient when pitched against the notion that you're going to allow rampant infection by a virus, well let's be reminded, we simply don't know the long-haul consequences of infection. Moreover the gamble might not pay off, such are the kinetics of infections and some of the uncertainties that you've heard about, you might actually provoke a winter peak by opening up now with insufficient vaccination and against such high transmission rates. So those are the main things I would say. I would simply end up by reiterating the point that the hospitals are clearly going to be under stress whenever you do

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this and when we did a study with Sheeba Irshad at King's which was published at the beginning of this year specifically looking at cancer patients and the impact that Covid-19 had had on deaths in cancer patients, the increases were because of inaccessibility of cancer care, not because of Covid-19. So, this issue of the deployment of NHS services is really critical and that's going to be under pressure again.

So it's not a shrewd gamble as it's often been painted, in my view it's an unnecessary and inappropriate self-inflicted harm.

Dr Bill Hanage

Yeah, I think I can pick up directly from that. There isn't really any epidemiological sense whatsoever in the current context and it kind of misses the point that I raised earlier that much of the damage is already done in that you have this uncontrolled outbreak. I think that I want to re-emphasise the point that if you open now with a larger reproductive number then ... and minimal mitigation ... then the total number of people who become infected will be larger and that means that a total burden that there will be on healthcare will be larger. And as Adrian pointed out pretty eloquently we kind of think about pandemic 101, sorry that's kind of an American phrase, the basics of pandemic responses being not over burdening healthcare, but there are indirect ways you can over burden healthcare as well, just by having a large outbreak such that people are unable to get to work, or people are delaying regular appointments and so on, and we have a huge backlog, or you have a huge backlog.

Now in the United States we've taken a slightly different, there's been a slightly different approach, it's very variable and it includes, I don't know if this was ever seriously considered, but because the direct benefit of vaccinating a 40-year old, given their risk, the direct risk to a 40-year old is not that much larger than a 20-year old all other things being equal. The indirect benefit, and I've actually been on a paper that's impressed modelling this, of preventing transmission in that younger age group can be actually quite beneficial and I think that comes back to the fact that delaying large surges, getting more people vaccinated is the way to be smart about this.

Baroness Brinton

Thank you, back to you Layla.

Layla Moran MP

Thank you very much, to Baroness Masham.

Baroness Masham

How concerned are you about Long Covid, adult and children, and do you know about Long Covid clinics, are they working? Can we have Bill please?

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Dr Bill Hanage

Thank you. Well, I think that Long Covid is a difficult problem in a lot of ways. The first thing is that chronic sequelae following an acute viral illness is actually not that uncommon for long acute viral illnesses, however it is quite rare that we have this much acute viral illness and so regardless of whether or not that's the case we can expect there to be substantial morbidity arising from the very large wave that we're seeing now. The evidence around Long Covid is not great, largely due to a problem of clinical definition and lack of controls, but the thing is it is real, it is certainly real and it should be a matter of great concern given the potential for a very large surge of acute infections producing a very long-term burden for the health service. And I think that the policies of the last few months are going to make a lot of those people who are going to be getting Long Covid be disproportionately young, which means that they're going to be suffering from it for a long time.

Baroness Masham

Catherine, thank you.

Prof Catherine Noakes

Yeah, I mean I think from a ... it is something that we, we do need to recognise and take more seriously because the consequences of this disease are not only hospitalisation and death and that is under-recognised and I think the burden that that puts on workplaces and organisations who've got people off who are not able to work is very significant and I think we need to find better ways of quantifying the impacts of Long Covid within the decision making and the risk models and things that are used. And I think, I mean it is, that is a very difficult thing to do, it's very difficult early on, I mean even though we're now 18 months in and we know that Long Covid is a problem, it is still quite difficult to know what the real long-term impact of Long Covid is going to be and therefore how you quantify and understand that. But we now need to start doing that process more carefully. I don't know any details about Long Covid clinics I'm afraid.

Baroness Masham

And Adrian.

Prof Adrian Hayday

Yeah so Long Covid is real, I won't repeat what was said by Bill because I echo it. I simply want to add again that it's critical to recognise that Long Covid so far primarily affects younger individuals who actually had very mild symptoms when they were infected, so this really challenges the notion that younger people are going to be less vulnerable when we let this whole thing go rampant and remove all restrictions. And there is a moderately terrifying precedent for this of course, although it's not <https://publications.parliament.uk/pa/cm/smallparty/210310/register-210310.pdf>

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Long Covid there was in children this multi-organ inflammatory syndrome, or MISC, which tended to kick in some weeks or months after the individuals had been infected and was a very serious disease indeed. The reality of it is we have not done enough research, we do not have enough knowledge to know the medium to long-term consequences of this viral infection and therefore the impact it will have, it's a really serious concern.

Baroness Masham

Have we enough staff to do the research?

Prof Adrian Hayday

Yes, we have staff and I just have to pay tribute to them, much is said quite correctly about NHS staff, train drivers, people who've kept going throughout it all, the incredibly conscientious commitment of researchers who've kept going under all sorts of circumstances has been amazing, they're there, we need more investment.

Baroness Masham

We thank them. And Tim, have you anything to add?

Tim Bowen

No, I've nothing to add to this particular question.

Baroness Masham

Thank you all very much.

Layla Moran MP

Thank you all. Lord Strasburger.

Lord Strasburger

Good afternoon to you all, I'm going to try and cram three questions into one to save time. The UK appears to be an outlier in its approach of lifting all restrictions, the Netherlands did it in June but they're already thinking about reversing some of those. Why is the approach in the UK so different to other countries, is it a mistake to suggest that the lifting of restrictions is irreversible and some

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people are saying that the Government has completely reversed its mantra of data over dates by releasing the restrictions just as infections are going through the roof. And it's the view of some people that the Government have thrown in the towel halfway through the fight and just given up, would you agree, so there's three questions there. Adrian would you like to go first?

Prof Adrian Hayday

Well actually my metaphor was not throwing in the towel, my metaphor apropos what we just saw on Sunday was the football game got to 90 minutes and they said, well we're not coming out for extra time, I mean we've got to the end of it, this is the date, we're stopping. And what's ridiculous is was as we all know so many people have given so much and have sacrificed so much that to be adopting this attitude now seems hugely disappointing, verging on the disrespectful. As you've said, the Dutch have shown us that irreversible does not exist, they've had to reverse. Israel has reversed. I just, as I said in my opening remark, I can't make any sense of it, I'm sorry.

Lord Strasburger

Thank you very much, that's very clear. Bill.

Dr Bill Hanage

I want to applaud the football metaphor. I'm afraid I can't speculate on why the UK is different, I don't think that's a scientific issue, but I do want to point out that it's a fundamental flaw in pandemic management to suggest that any change to mitigation is irreversible, whether an increase or a decrease because the full course of a pandemic is not predictable. So, consider the emergence of variants, that should prompt changes, restrictions can and should be implement as they become necessary and withdrawn as the evidence for them becomes less clear or if they're found to be less beneficial. You mentioned you know setting a date ahead of time is basically offering the pandemic a hostage to fortune and it is very foolish and shouldn't be done in any circumstance.

Now, let me contrast the UK with not just the Netherlands but Israel as Adrian was just saying, both have high rates of vaccination, high rates of population immunity although it's a bit different because the vaccines in use vary. Israel has reintroduced mask mandates at a much, much earlier stage of the epidemic curve than the UK. The UK got a large uncontrolled epidemic before starting to think about even delaying anything. In contrast Israel put it in earlier. Now this has been a consistent theme over the course of the entire pandemic, at the present the overall mortality rate from Covid in the UK is roughly three times higher than in Israel and if the UK had experienced the same population mortality rate as Israel achieved from its early and prompt action then there'd be less than 50,000 people dead here, we would expect, as opposed to getting close to 130,000. So yeah, these things matter. I don't know why they've done it differently.

Lord Strasburger

Thank you very much. Catherine and Tim have you got anything you'd like to add?

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Prof Catherine Noakes

Just briefly to add on the, I think we seem to badge it as a bit all or nothing and it isn't all or nothing, you know there are ... you know we can't live in lockdown forever that doesn't work, but it seems to be we throw everything away and actually you know ventilating a building, washing your hands is not a restriction, it's actually public health, it's just basic good environments and it has massive other benefits. So we should be absolutely pushing some of these measures that keep us healthy and enable us to interact better in our environments. And even things like mask wearing, OK it is a bit more restrictive but it's not as restrictive as not being able to work. So, you know we need to think about this balance of measures and recognise that they're not necessarily restrictions, they are mitigations. And if we really you know, we are going to have to live with this in one form or another and to live with it we have to adapt how we do things.

Lord Strasburger

Thank you very much, I think that football analogy is very apt. Back to you Layla.

Layla Moran MP

Completely agree, thank you very much, very topical. Lord Russell.

Lord Russell

Thanks, this is a question for Bill and for Adrian. We've already touched on the variants, I mean I think how big is the risk and the probability of new variants coming along and what advice would you give to the Government and to all of us to best prepare ourselves both mentally but also in a practical sense. If I can start with you Bill.

Dr Bill Hanage

Thanks. So by variant we have to define exactly what they mean, I mean I think that we have to distinguish between more transmissible variants and variants with some elements of immune escape because they are fairly different. I actually think, and I've written, there's a letter I wrote in Science with my friend Colin Russell about this, that we don't expect to have very, very strong vaccine escape, meaning that the vaccines are going to be useless, we expect to see what we are seeing now which is the vaccines provide some protection especially from severe illness, but it is gradually eroded a little bit. So that's not reason for panic.

On the other hand a more serious concern is exactly what we see with Delta, from an epidemiologist's point of view the worst thing is a more transmissible variant because a more transmissible variant means that you are, you know it is getting into people and causing illness in them and transmitting from them before you are able to vaccinate them, and for that reason I just want to point out that however concerned the United Kingdom might be, Delta is you know, you're in

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a relatively good place having been vaccinated, it's just that the Government's attitude at the moment is making the situation worse than it could be.

In terms of preparing, I think you should be aware, I mean Rachel actually said this very well in the earlier part of this, you need to be nimble in your response, you cannot have something set in stone because this is a virus and it evolves and if I know anything about evolution then it is always going to be able to surprise me a little bit.

Lord Russell

Thank you. Adrian.

Prof Adrian Hayday

Yeah, so I echo again what Bill said, I'll just say a couple of things. I mean the vaccine is clearly doing a wonderful job but we still don't know at all how long that protection is going to last and as I've said earlier we have scientific data about the inefficiencies of it in certain groups, such as cancer patients, particularly those with leukaemia and lymphoma. So variants are only an issue if you've got transmission and transmission for example among children where the infection is allowed to run rampant will inevitably expose vaccinated people who have some level of protection but not complete protection, vaccinated vulnerable people who may have very little protection and vaccinees who were vaccinated a long time ago and we don't know how long this is going to last. They will all be exposed, so therefore we definitely have to be concerned about highly transmissible variants and it's a great job being done by the scientific community to track these, but tracking these viruses and tracking people's responses to them is really key.

Lord Strasburger

Thank you very much. Layla, back to you.

Layla Moran MP

Thank you very much. Barbara Keeley.

Barbara Keeley MP

Thanks, we've touched on the variants, what does the Delta variants greater virulence mean for those that you've just been talking about who are unvaccinated or unable to be vaccinated and obviously with immuno-deficiency disorders or who are immune-suppressed due to medicines? The

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question is really what impact will it have on hospitalisation and how concerned should we be. So for Adrian and Bill really.

Prof Adrian Hayday

Well I mean definitely there will be impacts on hospitalisation, I won't repeat what I said earlier, I mean the data are clear that the devotion of hospital services to deal with infectious epidemics clearly has knock-on effects, so Bill has said that already. I think the important point nonetheless while we're on this subject is to say that variants don't know borders and clearly this issue has to be taken in the context of how you consider border security and monitoring infectious strains worldwide.

Barbara Keeley MP

Thank you. Bill.

Dr Bill Hanage

Yeah, I would add to that the sort of combination of my own interests in epidemiology and what Adrian was just saying, which is that the consequence of the very large force of infection which is being allowed at the moment, which already exists and which is only going to get worse, is that those people who are vulnerable for whatever reason, be it that they have not been vaccinated, be it that they have immunosenescence or what have you, are going to be far less able to avoid infection. And as a result of that they are more likely to have a problem because of the fact that we know already that the Delta variant is somewhat more likely to lead to hospitalisation and severe disease. Most of what we know about that has been due to infection in younger people and so we might actually get a really nasty surprise when we start seeing larger amounts of infections in those older, vulnerable groups. So, it could be that the surge in hospitalisations ends up being you know taking a longer time and being spread over a longer time period, but we're just going to have to wait to find out, it's a bit of a hostage to fortune.

Barbara Keeley MP

Thank you.

Layla Moran MP

Thank you very much. Caroline Lucas.

Caroline Lucas MP

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Thank you Chair. Just a quick question on vaccinating children, I say quick because I think you've covered it a little bit already but could you just share maybe Bill and then Adrian, your thoughts about whether or not you support vaccinating children and whether the Government right now should be making vaccines available to them.

Dr Bill Hanage

Well as you know better than I do the MHRA has said that Pfizer I believe has already been approved for the 12-15s and so on. The JCVI hasn't said much on that yet. In the United States we have vaccinated, we've been vaccinating 12-17 year olds with mRNA vaccines, my 11-year old is going to – she wants one for a birthday present. I think that it's something that I would recommend, not least because of the fact that as we heard early on schools are an important route for the virus into many different households and if you can stop people becoming infected within them then we can keep those schools open because they're one mass gathering we don't want to shut down.

Caroline Lucas MP

Thank you and yes, to Professor Hayday.

Prof Adrian Hayday

Yes, I would thoroughly recommend vaccinating children as was said in the first session this morning. It's obviously down to parents' choice but there's two reasons to do it. One is to reduce the level of transmission in households where there may well be vulnerable people or people in whom the vaccine is waning in its effect, and secondly as I keep reiterating we do not know the long-term effects of this infection in children. So for their own sakes we need to protect them.

Caroline Lucas MP

Thank you very much. Back to you Chair.

Layla Moran MP

Thank you very much, I have a quick supplementary for Tim specifically, so first of all on the issue of Long Covid, what advice has Government given head teachers and schools about Long Covid, how to help to manage children with Long Covid and their families, and linked to that we keep hearing stories that conflict with what we've heard from Ministers about clinically extremely vulnerable families, on the one hand the Ministry seems to suggest that leaves of absences are the better way of dealing with those sorts of cases if parents feel they need to take their children out of school, and yet we keep hearing stories where Heads have felt that they can't do that for whatever reason. I was wondering if you could comment on those two things specifically.

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Tim Bowen

I'm afraid, I mean obviously I've been in school up to last Easter, I cannot recall any specific information on Long Covid, I am aware of head teachers who've had members of staff who've been off on long-term sick connected with this but I'm afraid if there is any it hasn't come across my path, so I won't waffle on that one.

As regards to head teachers not authorising absences, that I have to say surprises me, I think where there is clearly genuine cases Heads have been more than supportive, I mean there's a couple of families at my school where I didn't hesitate to authorise the absences because the children concerned, because of the medical conditions that they had it wasn't safe for them to come back when the Government was saying. Now that was supported, parents had letters from their GPs or consultants confirming that. Once I'd had that written evidence there was no question and it wasn't just that we authorised their absences we then obviously put in place online lessons for them, weekly catch-up support groups so that the school staff, although they were busy teaching the rest of the class, were keeping in contact with these children on a regular basis. And I certainly feel the Heads, as long as there's clear medical evidence to support that, we need to do all we can to support the families going through such a difficult time. There'd be no question in my mind of not authorising an absence. What matters most is keeping the child and the family safe.

Layla Moran MP

Thank you very much Tim. And linked to that perhaps for others, what advice would you give clinically extremely vulnerable people right now? How should they be going about their day-to-day? Bill perhaps?

Dr Bill Hanage

Well the question that you, that was actually prepared in advance was what measures should the Government put in place to protect clinically extremely vulnerable people. I think that people who are clinically extremely vulnerable have been placed in a really, really horribly difficult position. Maintaining as much of a limited contact between potential sources of virus and introductions is obviously the first step, that means limiting contacts, it means limiting contacts to people who are vaccinated, it means getting tested as much as possible. I've actually been a bit of an advocate for well-used rapid antigen tests which could be very helpful within this setting as well. But a state of very, very acute situational awareness I think, and anything that the Government could do to help people be able to do that would be extremely welcome, because you know as folks have said before this is not an issue of personal responsibility, it's not a case of wearing a seatbelt, it's a case of going around and like breaking everybody else's seatbelts and so you want to be able to protect those people who need them most.

Layla Moran MP

Thank you very much, does anyone have anything else they'd like to add on that?

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Prof Adrian Hayday

Yeah I mean actually I would simply say that those who are clinically extremely vulnerable need to be encouraged to have the confidence to continue to wear masks when they may be the only person on a train who's got one on.

Dr Bill Hanage

Well said.

Prof Adrian Hayday

Who have the confidence to say to the people who are all going back to work, I'm not going down the pub to celebration Liberation Day because it doesn't feel like that for me, and the people who are around them are going to need to give them that confidence, we need to see an empathy is society that understands the dilemmas that these individuals are facing and we need continued research as Bill said to continue to understand how actually biologically we can reduce their immunosuppression and make them stronger to face these infections.

Layla Moran MP

Thank you so much. Well we've gone over by just a few minutes, but I'm very keen that you all get the last word, so the very final question is well Boris Johnson is in the Chamber right now apparently, but if you had his ear for a minute or less ideally, what would you say to him at this point and perhaps I could start with Professor Catherine Noakes.

Prof Catherine Noakes

Yes, so I think this is, I mean it's going to go ahead isn't it on the 19th whether we like it or not, so I think really to absolutely emphasise that the virus hasn't gone away and that we need to keep taking measures individually and collectively to manage our risks as best as we possibly can and that means really to make sure we give people proper messaging and understanding about what we know about how transmission happens and why the different mitigation measures work, so I think it's no good just sort of saying the word 'ventilation' a few times, you have to actually explain to people why it matters, why these different measures work and why they should adopt them and use them. And that's not just individuals, that's organisations and that collective responsibility.

Layla Moran MP

Thank you so much. Tim.

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Tim Bowen

If I would say to Boris Johnson that no school leader wants to have restrictions in place any longer than are needed, but there is a real sense of huge concern amongst school leaders that the worsening situation they see before their eyes in school every day is completely at odds with the Government's narrative of relaxation and return to normal. Now the Government must consider urgently what else it can do to protect school communities in the ways we have described, but rather than trying to actually tackle the problem I think there's a real risk that the Government has simply stored up more for the new academic year. And a failure to get to grips with Covid cases in schools not only increases the risks for those in the school community, including the most vulnerable, but it could well lead to much further disruption in September and beyond. And whilst the Government may be hoping for the best come autumn, it must plan for the worst.

Layla Moran MP

Thank you very much. Adrian.

Prof Adrian Hayday

Yes, well I think it is going to go ahead so my words to Boris Johnson would be please watch the data, watch what's happening and remember that reversing is not a sign of weakness, in fact it's a sign of courage to respond to data that are telling you that the path you're treading is an inappropriate one.

Layla Moran MP

Thank you very much. And last but certainly not least, Bill.

Dr Bill Hanage

You were told 12 weeks to stop the spread, you were told that it had gone by the summer and then you were told that it would be over by Christmas and then you were told that Christmas was going to be preserved, and then you were told that schools were safe to open, and then they weren't. And then again you were told that you were going to reopen in June and then you are going to now finally reopen in July. Well I think that the worst of the pandemic is behind us, what is being done now is actively making this part worse. A large number of very sick young people will have their own effects on the economy, breakthrough cases may not require hospitalisation but they can make people feel pretty miserable. A friend of mine who is actually an immuno-biologist similar to Adrian was recently laid up for four days in bed after suffering breakthrough disease. So, even while the marginal addition of July 19th may be small compared to the problem you've already incubated, just think about how many people are going to get Long Covid. Think about how many older people who thought they were protected are going to get breakthrough disease, and then think about how all those people are going to feel, and then think about what you can do to help them.

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Layla Moran MP

Well thank you very, very much all of you. Thank you also for your patience since we've gone slightly over and I hope you forgive us for taking the liberty with your time but it was incredibly important I think to hear your contributions and also thank you as ever to the large numbers of submissions that we've had from individuals and organisations who have fed into this session.

I just end with saying yet again, thank you all for your time, sharing your expertise and sharing your stories, I think it's been a really rich session and there'll be certainly lots of recommendations that we will put together and put to Boris Johnson. I hope as we have tried to do all the way through, that the Government will listen and act on some of those recommendations, but we can only but try.

So thank you very much all of you again for your time, have a great afternoon, everybody, goodbye and stay safe. Thank you.