

ANDREW MARR SHOW, 17<sup>TH</sup> JANUARY, 2021

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(Please check against delivery (uncorrected copies))

AM: Now yesterday we passed a milestone. More people have now been vaccinated for Covid than have had Coronavirus in the UK. One specialist doctor says that in London the next 100 hours will be the crescendo of the crisis. I'm talking to Chief Executive of the NHS in England, Sir Simon Stevens.

Sir Simon, first of all thanks for joining us. Is London coping?

SS: Well good morning, Andrew, and speaking for staff across the health service, not just here in London, I think the facts are very clear and I'm not going to sugar coat them. Hospitals are under extreme pressure and staff are under extreme pressure. Since Christmas Day we've seen another 15,000 increase in the inpatients in hospitals across England. That's the equivalent of filling 30 hospitals full of Coronavirus patients and staggeringly, every 30 seconds across England another patient is being admitted to hospital with Coronavirus. So that means for example that between now and lunchtime this hospital would be full of new Coronavirus patients. And we're seeing that not just in London and the South East where this variant obviously first let rip, but that is spreading into other parts of the country as well. The East of England, the Midlands and the North West. Merseyside is now right back under the cosh.

AM: Are you having to transfer patients from London to other parts of the country because of bed shortages?

SS: We're doing three things. The first is that we use the summer and the autumn to make sure the hospitals have got the extra facilities and equipment they needed so they could expand their own critical care facilities. So we've got about 50% more critical

care beds available now than in the core services. Secondly, hospitals are working together with their immediate neighbours to share the load, and then in a very small number of cases the whole of the NHS is clubbing together and there are transfers of patients between regions. But just to put that in context, I think we've got over 5,000 patients in critical care right now and I think the number of transfers between regions yesterday was 9 people.

AM: That may be a small number of people but –

SS: It's an important safety valve.

AM: Lucy Watson of the Patients' Association says that moving intensive care patients long distances across the country is a clear indicator that the NHS in London has been overwhelmed by Covid-19.

SS: Well it's a clear indication of the huge pressure on the NHS. Not just on hospitals actually but on ambulance services, on mental health services, on the whole gamut of the care that we provide, and that is why it is so important that the action that is now being taken to stem the growth and infections actually succeeds. The likelihood is that even with a stabilising perhaps of infections on some parts of the country, we're still seeing increases in infections amongst the over 60s in many parts of the country and the forecasts are that the pressures will only get more intense in hospitals over the next several weeks.

AM: So what happens to those hospitals in Birmingham or Manchester or across the North West to which patients may be being transferred now, when they fill up? Because of course they had a really, really hard time during the first wave.

SS: That's right. So, as I say, the first response is to make use of the additional surge critical care capacity that is in place across England. That has meant that we have got around 5,600 critical care beds available now compared with 3,700 as the core and staff are working incredibly flexibly, flexing the staff to patient

ratios, all of which is the right response but is highly undesirable and it is grounded in the fact that Coronavirus, particularly this new variant has been out of control.

AM: You mention staff to patient ratios, when it comes to nurses in Intensive Care Units, ICU units, the advice is that it should be one to one. But during a pandemic it could be one to two. What's the current ratio of nurses and ICUs to patients in London at the moment?

SS: It varies between hospitals but it can be between one to one to one to two to one to three, people are making these dynamic adjustments in real time. So when you've had film crews in the Intensive Care Units at University College Hospital in London or the Royal Free or down at the Royal London, I mean I think you've seen very directly first hand from those nurses what this means.

AM: And there's even been reports of one to four. None of it sounds very safe. Are these patients getting the care they need?

SS: Patients are being looked after with the fantastic staff across not just critical care but hospitals as well, because one of the things that has changed over the course of the pandemic is that the treatments on offer have continued to evolve and improve, and so a lot more patients are now being looked after with oxygen therapy on general acute wards rather than requiring intensive care per se, and over and above that, as you know, the NHS was the first health service in the world to identify an effective treatment that cuts death rates for severely ill Coronavirus patients. That was Dexamethasone and then within the last few weeks we've seen a further breakthrough with the repurposing of drugs for rheumatoid arthritis which can cut your relative risk by a quarter as well. So staff are going flat out. They are providing the highest quality care possible, but the key point has got to be unless the Coronavirus infection rate is under control then here, just as in every other country in the world – we've seen this in

France, we've seen it in Germany, we've seen it in Belgium, we've seen it in the Netherlands, we've seeing it in Los Angeles in the United States, these services will remain under severe pressure.

AM: Straight question, has the NHS ever been in a more precarious situation?

SS: No. I think this is a unique event in our 72 year history. It's sort of become glib to talk about this as the worst pandemic in a century, but that is clearly correct. We have got three-quarters more Covid inpatients now than we had in the April peak, and although we are, as I say, seeing some promising signs of the steadying of the infection rates, the fact is that they are still far too high and in some parts of the country and among some age groups they are still rising.

AM: Let's turn to the other huge side of your work which is producing the vaccine programme. Would you like to see vaccines being delivered into people all day, all night, so called 24/7?

SS: Well, Andrew, of course nobody in the health service needs persuading of the urgency and importance of getting vaccines delivered at just the same rate as they're made available to us by the manufacturers. It's our staff who are living with the consequences of Coronavirus day in and day out and of course the health service itself is a 24/7 health service. You know, this hospital, hundreds of thousands of - well across the health service I should say, hundreds of thousands of staff will have worked the nightshift last night, whether that's nurses, junior doctors, radiographers, paramedics, so absolutely we will do that at the point that we've got enough supply that it makes sense, but I think it's worth nothing that even -

AM: I'm sorry to jumping in, but to be absolutely clear, when you get the supply of the vaccine you can and will go 24/7 across the NHS to provide the vaccine?

SS: We will start testing 24/7 in some hospitals over the course of the next ten days, but we are at the moment vaccinating at the rate of about 140 jabs a minute, and yesterday, Saturday, quarter of a million people got their vaccinations on the NHS and I'm pretty confident that by the time we get to the end of today, Sunday night, we will have perhaps done a million and a half vaccinations this past week. That's up from around a million the week before and a third of a million the week before that. So this is a huge team effort. This is bringing together the NHS, the St John's Ambulance volunteers, the Royal Voluntary Society, we are vaccinating not just in health centres and hospitals, but in village halls and rugby clubs and cathedrals and shopping centres and race courses, so everybody is coming together to get this done and I think we're off to a very strong start.

AM: That's a very good story. Is anybody in the NHS being told to throw away excess vaccine?

SS: No, Andrew, not a story, facts. Those are the facts.

AM: No, I'm not saying it's not a fact. Is anybody in the NHS being asked to throw away excess vaccine?

SS: Definitely not. The message, the guidance from the Chief Medical Officer and from the NHS Medical Director is crystal clear, that every last drop of vaccine should be used. In fact our GPs and our vaccinators are doing a fantastic job and in many cases the vials of the vaccine they're getting they're able to get six doses out of the originally prescribed five dose vial and what has been said is that if at the end of your vaccination session you've got a few left, then please have a reserve list of staff and high risk patients per the four groups who are currently supposed to be getting the vaccine so that they can be vaccinated at short notice. And that's what the vast majority of services are doing and if anybody hasn't got that in hand then that's what now needs to happen.

AM: If we manage to vaccinate the four most vulnerable groups by the 15<sup>th</sup> of February and everything you're saying suggests that we may well be able to do that, does that mean that restrictions can start to be lifted three weeks later, in March?

SS: Well it's worth remembering that in addition to the 12 million people in England over the age of 70 and the clinically extremely vulnerable and the staff who are looking after them that are being offered vaccination in this first group, then there's another 14 million people to follow, aged 50 and above and then another 18 million people across the population aged 18 and above. Those are for England and equivalent numbers for Scotland, Wales and Northern Ireland. So this is going to be a vaccination campaign that is going to take weeks and some months and of course the great benefit of starting with the most vulnerable is that that, as you say, enables us to reduce the risk of death from Coronavirus, but it's worth remembering, Andrew, that a quarter of patients being hospitalised for Covid right now are aged under 55. So I don't think this is with one bound we are free. This is going to be a progressive improvement as we get more Coronavirus vaccination supply. And vaccination supply is the crucial thing, we need that to come on week by week, month by month in the way that the manufacturers think they can get it to us.

AM: So the reason I'm asking this is that the Foreign Secretary has told us that we're not going to get every adult in the UK vaccinated until the autumn, until some period in the autumn, and some people will listen to that and think okay is that is the target that the NHS has, if that's the moment the NHS thinks things are safe to lift, we may not see restrictions lifted until much, much later this year.

SS: Look, we want to go as fast as we possibly can. I suspect that we will be able to have more vaccine supplies such that we may be able to do faster than that. But there will be a balance of risk, a judgement that government and policy makers will have to make. I think the truth lies somewhere between the two. It's not going

to be the case that on Valentine's day, on 15<sup>th</sup> February, with one bound we are free. But equally I don't think that we will be having to wait until the autumn. I think somewhere between those two. Subject of course to this uncertainty about new variants of the coronavirus. And it will be very important that we don't see those taking off in a way that undermines the effectiveness of vaccines that we currently have.

AM: You've quite rightly talked a lot about your own staff. There are lots of people on the front line in hospitals who are rather concerned that they're not getting both doses of the Pfizer vaccine and therefore full protection even though they are very, very much at risk. Do you think that NHS staff who are actually on the front line in hospital wards should be getting both doses of the Pfizer vaccine?

SS: Well, of course I strongly think that we need to protect NHS staff, and indeed social care staff working more widely with vulnerable older people. That would be – it's the right thing to do for those individuals and it's the right thing to do for the services they're providing. You know, right now, Andrew, we've got 53,000 NHS staff who are off work for coronavirus-related reasons. So this will enable us to sustain those services. Everybody will get their second doses, and that is going to mean that a lot of the vaccination that is happening in February, and particularly March, will be second doses. Not just for staff but of course for the older people who've had the vaccination over the last four to six weeks. And I think it's also worth saying that, pleasingly, we have now vaccinated more than half of the people aged over 80 and above. So that I think sets us on a very good path for the next several weeks.

AM: Given the pressure on the NHS, given all those people off sick, are you bringing in army people to help, trained army people to come into hospitals in London and elsewhere?

SS: Yes, there are around 200 combat medical technicians who are going to be supporting. As I say, we've got over 50,000 NHS staff who are currently off for coronavirus-related reasons, so those 200 people will definitely help. And in addition to that we've also got 50,000 more staff now working in the health service than we had a year ago. So one of the things that comes out of this whole pandemic, I think, is that we have got to take the staffing resilience of the health service very, very seriously in the years to come.

AM: Last question, Sir Simon. Would you like to stay on as Chief Executive of the NHS in England right the way through this pandemic?

SS: We all want to see the end of this – we all want to see the end of this pandemic, quite frankly, Andrew. The complete focus of everybody working in the health service, including me right now, is this double goal of continuing to tackle infection while also getting the covid vaccination injections out. And the good news is that at the moment we are vaccinating four times faster than people are newly catching coronavirus. But at that ratio we'll only be able to hold the line if people continue to do the right thing, prevent the transmission of coronavirus. If we can do that then we can see a way to a much better future over the course of the rest of this year.

AM: A very good thought to end on. Sir Simon, thanks so much for joining us today.

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