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# Coronavirus (COVID-19) update: First Minister's speech - 22 February 2022

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Statement by First Minister Nicola Sturgeon on COVID-19 to the Scottish Parliament on Tuesday 22 February 2022.

**This document is part of a collection**

Today's statement coincides with the publication of the revised strategic framework for tackling COVID.

I will set out the key elements of the new framework, and explain what it means for our collective response to COVID, now and in the months ahead.

At the heart of the framework is a desire for, and increasing confidence in, our ability to achieve a sustainable return to a normal way of life - even as we remain prepared for future threats that COVID may present.

Read the full document: [Scotland's Strategic Framework update: February 2022](#)

I will start today by describing our updated strategic intent and approach.

This new approach will see us resort much less – hopefully not at all – to legally imposed protective measures. Instead, we will rely predominantly on vaccines, treatments, and sensible public health behaviours and adaptations.

However, much as we might wish it was not the case, COVID is still a public health risk, here and globally, and likely to remain so for the foreseeable future. So we must also remain vigilant and prepared .

To that end, I will also outline how we will categorise and respond to future risks – including from new variants.

And I will explain why our decisions will be based on a combination of data, evidence and judgement.

Thirdly, I will give our assessment of the current situation in Scotland in light of recent data, and set out an indicative timescale for lifting, or converting to guidance, the small number of legally binding protective measures that still remain in place.

Finally, I will set out our commitment to continued access to PCR and lateral flow testing free of charge while we transition to a system of testing that is more targeted but which retains adequate capacity to support surveillance; rapid response to the emergence of new variants; effective outbreak management; and access to the best care and treatment for those who need it.

And I will also confirm our advice that those testing positive for COVID should continue to self-isolate for now.

On the issue of testing Presiding Officer, I must express frustration at the UK Government's position. It is of course for the Prime Minister to decide how best to tackle COVID in England.

However, current funding arrangements mean that while taxpayers in all four UK nations contribute to the costs, it is decisions taken for England that determine the resources available to Scotland, Wales and Northern Ireland for testing and other COVID measures.

As of now, we have no clarity on how much of the COVID testing infrastructure the UK government intends to retain; no clarity on how much investment will support it in future; and no clarity on whether the Treasury will provide additional resources or demand instead that funding is taken from elsewhere in the health budget.

I hope we do get this clarity soon so that we can out in more detail our longer term approach to testing.

However, and I will say on this more later, I want to give an assurance that the Scottish Government is determined to retain a robust testing system capable of providing Scotland with

strong resilience against future COVID threats, and firmly aligned with public health advice and the principles underpinning our National Health Service.

Let me turn now to the key points in detail, starting with our revised strategic approach.

In earlier phases of the pandemic, it was important to try to eliminate COVID - or suppress it to the lowest possible level - because then we did not have vaccines or treatments to protect against the serious illness and death that the virus can cause.

That is why our objective initially was to "to suppress the virus to the lowest possible level", though we modified that somewhat last year.

In today's update it is modified further and now expressed as follows: "to manage COVID-19 effectively, primarily through adaptations and health measures that strengthen our resilience and recovery, as we rebuild for a better future."

This change is possible because widespread vaccination coverage and better treatments have reduced the direct harms of the virus.

As a result, using restrictions to suppress infection is no longer as necessary as it once was. And given the wider harms caused by protective measures, it is no longer as justifiable either.

The strategic framework therefore makes clear that in future we will seek to rely much less on legally imposed measures to control the virus - and more on vaccines, treatments, and sensible adaptations and good public health behaviours.

As a priority, therefore, we will continue to ensure the maximum possible availability and uptake of vaccination, in line with expert advice.

While the success of the vaccination programme has exceeded our expectations, there are still more than 600,000 people over 18 who have had a second dose, but not yet a third or booster dose.

So there is more to do to maximise uptake.

We will also continue to extend the scope of vaccination in line with expert advice.

Last week, the JCVI recommended that all five to 11 year olds - not just those at highest clinical risk - should be eligible for the vaccine.

I can confirm that vaccine appointments for this age group will issue from mid-March.

To allow parents and carers to attend with children, most appointments will be in the evening, at weekends or during the Easter school holidays.

Yesterday, we also accepted JCVI advice on protecting those at highest risk.

It is now our intention to offer care home residents, those over 75, and everyone over 12 who is immunosuppressed, an additional booster six months after their last jab.

This phase of the programme will also start in March, though the scheduling of appointments for individuals will depend on the timing of their initial booster or third dose.

In addition to vaccination, we will also use the best available treatments for those who need them.

There are already effective treatments available which reduce serious illness and death in those who have been admitted to hospital with COVID.

Therapeutic medicines are also now being offered to patients who have not been hospitalized, but who are assessed as being at greatest risk of needing hospital treatment.

And new oral antiviral treatments are currently being evaluated through a UK-wide study. We will make the best use of those treatments, depending on what the evidence and expert advice tells us about their efficacy.

Vaccination and treatment will play a major, perhaps *the* major, role in limiting the health harm caused by the virus in the months and years to come.

However, it is also important to encourage and support people to adopt safe practices, and to make basic adaptations that will help keep us safe.

The document we are publishing today gives more detail on the kinds of behaviours and adaptations that will be encouraged in different circumstances.

These include enhanced hygiene across the general population, and improved ventilation in workplaces and other settings; and - especially when levels of infection may be higher - increased hybrid and flexible working and the use of face coverings in some indoor public places.

It is less likely that any of these measures will be legally imposed in future, but we will advise them for as long as they help keep the virus under control and also help protect those who are most vulnerable to it.

It is also vital to remain vigilant for new developments.

It is highly likely that the virus will continue to mutate and confront us with new - and potentially more harmful - variants in future.

To identify and respond to such threats quickly, we will maintain a strong surveillance capability in Scotland.

We will set this out in more detail next month but, subject to the point I made earlier about the overall resources available to us, our surveillance system will include: extensive PCR sampling and processing capacity; wastewater sampling; and genomic sequencing capability.

We also welcome confirmation that the UK-wide COVID infection survey conducted by the Office for National Statistics will continue. It is essential, however, that it continues at scale and we will

seek to work with the UK government to ensure this is the case.

Presiding Officer, this surveillance capacity will help us identify new threats rapidly. It will also help us assess the potential severity of any new threat and quickly determine the appropriate level of response.

The strategic update we are publishing today sets out a clear framework for any decisions we may have to take in future in response to new developments.

I want to stress, this is intended as a contingency. We hope, of course, that we never have to use it.

However, it recognises the ongoing challenge that COVID presents and sets out three broad levels of future potential threat - low, medium and high.

It also offers illustrative examples of the type of protective measures that could be deployed in response to different threat levels.

It may be helpful to illustrate this through some general examples.

If a new variant emerged that was more transmissible and more severe, perhaps with the ability to evade vaccine or natural immunity, this would likely be classified as high risk.

In those circumstances, we might advise people to limit social contacts for a period; and to work from home where possible; and we may introduce some temporary protections for high risk settings.

If a new variant was either more transmissible or more severe, but not both - as is the case with Omicron - the initial threat assessment would likely be medium.

In these circumstances, there may be a legal requirement to wear face coverings in some settings. And we might issue guidance for businesses and service providers on reasonable measures to reduce the spread of COVID on their premises.

Lastly, in the absence of a new variant, or if a new variant was neither more transmissible nor more severe - and if vaccines continue to be effective - the threat classification would likely remain low. Obviously, this is the level we hope to reach and stay at on a sustainable basis.

In these circumstances, there would be no legally imposed protective measures. Instead, we would continue to advise individuals and organisations to adopt sensible public health behaviours.

It is important to stress that any decision about the threat level - and what the appropriate response should be - will be guided by data and evidence. But it is not an exact science - it will also, by necessity, involve judgement.

That is because the kind of developments we may face in future - principally in the form of new variants - will not be uniform in their potential impact.

A new variant that is highly transmissible but less severe would obviously require a different response to one that was less transmissible but more severe.

So we must guard against a one size fits all approach.

That's why the framework doesn't propose fixed thresholds for action - for example by stating that we will take certain pre-determined steps if the number of cases rises above a specific level.

Such thresholds may be superficially attractive because of the certainty they appear to provide. But they pose a very significant risk of both under and over reaction.

Presiding Officer

The framework I have just described can be used to categorise our current threat level and help guide decisions in the coming period. I will return to that shortly.

But first let me summarise the latest data and trends.

Today we are reporting 6,427 new cases from lateral flow and PCR tests.

1,060 people are in hospital – nine more than yesterday.

25 people are in intensive care – the same as yesterday.

And sadly in the last 24 hours, 18 deaths have been registered of people with COVID under the daily definition. Again, my condolences go to everyone mourning a loved one.

Over the last week, reported cases have fallen very slightly, by around 1%. They have fallen in all age groups under 45, and risen in all age groups over 45.

The latest available data shows that hospital admissions have slightly increased again, from 619 in the week to 11 February to 654 in the most recent week.

Total hospital occupancy has also increased. We will obviously continue to keep a close watch on this.

The number of people in intensive care with COVID – 25 – continues to be relatively low.

So in summary, we continue to face a very highly transmissible variant that is causing a high level of community infection. However, while it is far from harmless, its overall impact is less severe than Delta.

So, using the framework I described earlier, we assess the current threat level to be medium.

However, assuming the level of infection and its associated impacts - for example, hospital admissions – falls or broadly stabilises, we would expect this to be reassessed as low in the period ahead.

This has enabled Cabinet to agree this morning an indicative timescale for lifting - or converting to guidance - the small number of legally imposed protective measures that remain in place at this stage.

I can confirm, firstly, that the COVID certification scheme requiring certain venues and events to check the vaccine or test status of attendees will come to an end next Monday 28 February.

The app which supports the scheme will remain operational, however, so any business that wishes to continue COVID certification on a voluntary basis to reassure customers will be able to do so.

Second, as of 21 March - assuming no significant adverse developments in the course of the virus - we expect that the legal requirement to wear face coverings in certain indoor settings and on public transport will be converted to guidance.

We will continue to strongly recommend the wearing of face coverings in shops and other indoor public places, and on public transport.

We also expect on 21 March to lift the legal requirement for businesses, places of worship and service providers to have regard to guidance on COVID, and to take practical measures set out in the guidance.

And the legal requirement on businesses and service providers to retain customer contact details is also expected to end on 21 March.

Presiding Officer, Governments must act lawfully - and that means we cannot impose legal restrictions when it is disproportionate to do so.

As the situation improves and the severity of the impact from COVID reduces, we are therefore duty bound to remove legally imposed restrictions.

However, this should not be taken as a signal that COVID no longer presents any risk to health, because it clearly does.

So even though certain measures, for example face coverings, may not be legal requirements in future, we will still recommend voluntary compliance as part of the range of behaviours that will help keep us safe as we manage COVID in a more sustainable and less restrictive way.

Let me turn, finally, to testing. Testing has been - and will continue to be - a vital part of our management of COVID.

However, as the nature of the threat and our approach to managing it evolves, so too will our approach to testing.

It is reasonable, over time and barring adverse developments, to move away from mass, population wide, asymptomatic testing, towards a more targeted system focused on specific priorities.

These priorities will include surveillance; rapid detection of and response to new variants; effective outbreak management, particularly in high risk settings like care homes and hospitals; and ensuring access to care and treatment for those who need it.

However, it is vital that we make this transition in a careful, phased manner.

So in March - by which time I hope we will have more clarity from the UK government on available resources - we will publish a detailed transition plan for Test & Protect, setting out our priorities in more detail, and describing the scale of infrastructure that will remain in place for the longer term.

The plan will also confirm the duration, beyond the end of March, of any transition period during which the system will operate - broadly - on the same basis as now.

The public health reasons for ensuring a careful, phased transition from the current arrangements to a more targeted testing system are the most important.

But we should also remember that hundreds of people in Test & Protect, at testing sites, and in our processing labs, including Glasgow Lighthouse, have worked tirelessly to keep us safe over these past two years, and these decisions affect their jobs - a point seemingly overlooked by the UK government.

So let me record our thanks to them today and give an assurance that the Scottish Government will engage with them in the weeks ahead.

Presiding Officer, as we do this work in the coming weeks and for the transition period - subject to one change I will set out shortly - access to testing will continue on broadly the same basis as now.

We will be considering separately advice for schools and health and care workers separately, in line with expert advice. But for the general public, let me set out clearly what this means from now until further notice.

Firstly if you have COVID symptoms, you should continue to go for a PCR test. Access to these tests will remain free of charge at testing sites across the country.

Second, you should continue to make regular use of lateral flow tests even if you don't have symptoms.

The only immediate change we are making to current arrangements on lateral flow tests for the general population is in our advice on the frequency of testing.

Instead of advice to test before going anywhere to mix with others, we will from Monday revert to advice to test at least twice a week and in particular if you are going to a crowded place or mixing with someone who is clinically vulnerable.

Lateral flow tests will remain free of charge in the transition phase.



Indeed, we consider it important - in line with the principle of healthcare free at the point of use - that they should remain free of charge for any circumstance in which government recommends testing.

This is a principle we will seek to uphold in our longer term plan.

I also want to emphasise that in Scotland, for now, we will continue to ask those who test positive for COVID to isolate for the recommended period. And we will continue to make self isolation support payments available to those who are eligible.

We will, of course, keep the recommended period of isolation under review. But it is worth stressing that isolating when positive with a highly infectious virus – and the follow-up tracing that Test & Protect does – remains one of the most fundamental public health protections that we have available to us.

It helps limit transmission overall. And in helping keep workplaces and other settings safer, it also provides protection for those most at risk of serious illness from COVID, enabling them to return to more normal lives too.

COVID is unfortunately still with us and we must remain vigilant and prepared for the threats it poses.

But today's new framework is an important moment in our recovery. It marks the point at which we move away - hopefully sustainably - from legal restrictions, and rely instead on sensible behaviours, adaptations and mitigations.

Our return to normality must, though, go hand in hand with a continuing determination to look after each other. All of us have a part to play in ensuring a safe and sustainable recovery.

And so I will close again by urging everyone to follow advice on getting vaccinated; testing as regularly as appropriate; wearing face coverings when required or recommended; keeping rooms ventilated and following hygiene advice.

All of this still matters, even as we lift the remaining legal requirements.

It is how we keep ourselves and each other safe, as we recover from COVID and look forward now together to much brighter days ahead.

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