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Coronavirus (COVID-19) update: First Minister's speech, 05 May 2020



Part of: [Health improvement Coronavirus](#)

Statement given by First Minister Nicola Sturgeon at a media briefing in St Andrew's House, Edinburgh

Good afternoon, thank you for joining us today.

I want to start with the usual statistical update in relation to COVID-19.

As at 9 o'clock this morning, there have been 12,437 positive cases confirmed – which is an increase of 171 since yesterday.

A total of 1,656 patients are currently in hospital with either confirmed or suspected COVID-19 - that is a decrease of 64 since yesterday.

A total of 104 people last night were in intensive care with confirmed or suspected COVID-19, and that is an increase of five since yesterday.

I can also confirm that since 5 March, 2,847 patients who had tested positive and been hospitalised for the virus have now been able to leave hospital, and that of course is positive news

Sadly, though, in the last 24 hours, 44 deaths have been registered of patients who had been confirmed through a test as having the virus – which takes the total number of deaths, under that measurement, to 1,620.

Now, as I always say, we must never every think of these numbers as just statistics. They represent individuals whose loss is a source of sorrow to many,

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and I again want to send my deepest condolences to everyone who has lost a loved one to this virus. We are all thinking of you.

I also want to again thank our health and care workers for the extraordinary work that you continue to do for us in the most challenging and difficult of circumstances

Now I have one substantive issue that I want to discuss today. And forgive me if I do so at slightly greater length than normal.

This follows my update yesterday on our plans for “test, trace, and isolate”.

Today, I want to set out for you our latest data on the level of infection and the important R number that you have heard us talk about before, and I also want to describe the work that we are doing now to prepare for careful and gradual changes to the lockdown restrictions - I must stress only when we judge it is safe to make them, which I am afraid is not right now.

Now you’ll find more detail on what I am about to cover today in a new document that we have just published on the gov.scot website - it updates the one we published a couple of weeks ago and, again, I’m asking you please to have a look at that.

I also want to encourage you to use the new online tool that we are launching today, which gives you the chance to offer ideas on how we should move forward.

I’ve said before but it is worth repeating that the decisions on how we come out of lockdown will affect each and every one of us, perhaps for some considerable time to come, and so I am determined that I and the Scottish Government make those decisions as openly and as collaboratively as we possibly can.

Now, as I said yesterday, by Thursday this week, we have to formally assess whether any lockdown restrictions should be lifted at this stage. The other UK governments will also be making an assessment on or around that date.

As we move forward, we will continue to discuss and, where appropriate, reach decisions on a four nations – UK – basis. It remains my intention to have UK-wide alignment where the evidence supports it, though obviously my overarching responsibility is to reach evidence based decisions that are right for Scotland.

As I indicated yesterday, I think it is highly unlikely that the Scottish Government will be able to make any significant changes to the current restrictions on Thursday. And I think it’s important that I’m frank with you about that now.

Today’s paper sets out in detail the data that underpins that conclusion.

In short, we are seeing progress – real progress, particularly in the number of people admitted to intensive care - but that progress is still fragile.

That means any increase in the physical interactions we have with other people

could quickly see transmission of the virus increase again.

We estimate that there are currently around 26,000 people with COVID-19 in Scotland. I stress these are estimates, but that is still too high a number to consider that the virus is under control.

I have also spoken before about the vital importance – the critical importance – of keeping the R number below 1.

Now we know the R number is higher in care homes, but our best estimate is that the R number in the community is currently between 0.7 and 1. But we cannot be sure that it's not closer to 1 than 0.7.

There is also some evidence that the R number in Scotland might be slightly higher at this point than in the rest of the UK – although the modelling that is based on is subject to a high degree of uncertainty.

But in any event, the R number is not yet far enough below 1 to be confident that any changes to current restrictions wouldn't quickly send it over 1 again – and if that happened, the virus would start to increase exponentially again.

That could overwhelm our health service; force us to re-impose restrictions; and it would lead to many more deaths.

Now as an illustration of this, we include in the paper a chart which is based on recent Danish data, and we are looking at experiences in other countries all the time. What this chart suggests is that that if we were to fully re-open nurseries and primary schools now, the most likely scenario would be a resurgence in the virus that would overwhelm our hospital capacity in a matter of weeks.

Now, the fact is that any easing of restrictions, whenever we introduce them, will have an impact on the R number. But if we get our baseline lower than it is now, we will have more headroom to cope with that – and be able to avoid outcomes like the one I've just highlighted.

So the hard fact is that we must see further reductions in new cases, hospital and ICU admissions and deaths to be sure that the overall level of infection and the R number are lower than they are now.

And that means, for the moment, we do need to stick with the current lockdown restrictions .

However I am acutely aware that the severity of restrictions we are living under now cannot continue indefinitely – we know that lockdown is doing its own damage.

So we also need to be preparing to make changes as soon as it is safe to do so.

The next three week period of lockdown, after this Thursday 7 May, is due to end on the 28 May.

Now, let me stress, that doesn't necessarily mean we can't make any changes before then if the evidence suggests it is safe to do so. If we can, we will.

For example, I'm particularly keen as soon as possible, for the sake of mental health and wellbeing, to enable people to be outdoors more. And obviously we are all keen to get the economy moving again as soon as we can.

So today's paper sets out some options that we are working on - both in terms of assessing their impact and on the practicalities of implementation - so that we will be ready to make changes when the evidence tell us that it is safe to do so.

Now to be clear with you, because I have to make sure I am setting this out clearly, this is not a list of things we will definitely do by certain dates.

Indeed, we might not be able to take all of these steps even at the end of May.

This is going to be a long process with different phases along the way.

And we will only implement these changes when we are as certain as possible that it is safe to do so - and when we can also assure you of that.

In the meantime, it is vital that we stick rigorously to the current rules.

But as I said a moment ago it is important that we are preparing now.

So I want to briefly set out the options that we are working on. Though, again, I must stress that none of these are changes we are implementing as of right now.

But we are considering, firstly, if and how we could safely change our advice on spending time outdoors - to allow exercise outside to happen more than once a day, so long as we continue to stay apart from people outside our own households.

But second, we are also considering if a slight relaxation in the rules to allow meeting up with a small, defined group of people from other households - in a sort of bubble - might be possible, even if initially that was only possible out of doors and not indoors.

This is, of course, one way in which we could start to interact a bit more with family or friends - which I know is so important to all of us.

However, we also have to consider carefully the impact on the spread of the virus. And we have to think through how such an approach could be implemented in practice - and also how the limitations of it could be enforced if necessary.

It's also not something that would be possible for those who are currently shielding - so we have to think also about the fairness of it.

The third area we are looking at is when and in what order we can resume some NHS and community care services. As you know, we stopped some services - for example, screening programmes and non-urgent elective procedures - to ensure that the NHS could cope with the virus. But these postponements also have implications for health, so we must consider how services can be restarted as soon as possible - and that is what we are currently doing.

The fourth area relates to how we carefully, gradually and safely allow businesses to re-open. That is a major area of work, for obvious reasons.

We need to work with business and with trade unions to consider the practical arrangements for different work environments to start up safely - that's changes to working practices, physical layouts of workplaces, the appropriate use of PPE and the operation of public transport. On this, we are looking carefully at the work the UK government is doing and consulting our own stakeholders on that.

Initially, we are giving particular consideration to businesses in the construction, retail and manufacturing sectors - and also to some outdoor and rural businesses.

However, where home working is possible, we are very likely to insist on that for the foreseeable future.

And I want to be very clear that as of now current guidance to business remains in place.

Finally, I have said before that one of the hardest decisions I have ever taken was the closure of schools. I know the impact this is having on young people - and I want to thank all of you watching today again for your patience - and it also has an impact on family routine.

The Deputy First Minister is chairing the Education Recovery Group, which is considering options for how pupils might gradually return to school.

Now, again, I need to be clear - a return to school might not be possible at all this side of the summer holidays.

But we are considering whether some groups of students - such as vulnerable children, children who are making the transition from primary to secondary school, or who are studying for national qualifications - could return to school ahead of others.

And any initial return to school - when it does happen - is of course likely to require a mixture of time in school and learning at home.

For example it's possible that different groups could attend school part-time in blocks of a few days - or a week at a time - to enable physical distancing and deep cleaning schools between sessions. In all of this, we are trying to find the right balance between children's educational and wider needs, and public health imperatives.

But I want to be crystal clear that while we will of course take the greatest care in all of this, that that is particularly the case with schools. We will not compromise the safety of your children.

Now as you will understand from the detail I have just given, and more so if you read the paper that has published today, none of these decisions are easy. There are no absolute certainties in any of this and complex judgments will have to be made.

As I've said before, 'lifting the lockdown' will not be like flicking a switch.

It will be a gradual process which will happen in phases.

What we are seeking to do is find a path to a new normal – one which is less restrictive than the current lockdown, but which doesn't risk the virus running rampant again.

Now we have not yet put definite dates on any of what I've just set out. But I will update you on an ongoing basis in the days ahead as our evidence, assessments and planning develops.

And as soon as we can start to attach even tentative dates, we will do that.

In parallel, we will continue to build the 'test, trace, isolate' capacity that I spoke about yesterday.

But let me end on this point - the most important task for all of us in the here and now is to get the virus under more control than it is right now. And I cannot stress that enough. We really are at a critical stage, and what I've set out today about our assessment of the R number in particular tells us how critical this stage is and also how easy it would be to go in the wrong direction.

So that means asking you again to stick rigorously to the current rules. It means asking you to think hard about your own compliance - and tightening that if anything now, not easing up on it. If you have been going out a bit more than you should, please rectify that.

Please stay at home except for essential purposes - and remember, at this stage, essential purposes means only essential food supplies, medicines and daily exercise.

And you should ask yourself if, for example, going for a drive-through coffee is really an essential journey.

Stay two metres from others when you have to be out.

Don't meet up with people from other households.

Isolate completely if you or anyone else in your household has symptoms.

Wash your hands regularly, and wear a face covering if you are in an enclosed space with other people - like a shop or public transport.

All of this is tough – it is really tough – and I know and understand that.

But I want to stress again – right now we are going in the right direction. If all we keep doing all of the right things, we will keep going in the right direction, and we will get there. Our light at the end of the tunnel that I keep talking about will get brighter as the days go on. And we will find a way through.

So please keep doing the right things, and thank you for everything that you are doing to comply.

Now I'm going to hand over to the Chief Medical Officer who is going to say a few more words about the evidence that is before us before I open up to

questions.