

IMPLEMENTATION OF REVIEW OF EMERGENCY PREPAREDNESS AND CLINICAL COUNTERMEASURES AND INCORPORATION OF FUNCTIONS FROM RELEVANT COVID-19 BATTLE PLAN WORKSTREAMS

Issue

1. The conclusion of the formal advisory phase of the *Review of Emergency Preparedness Countermeasures* (the Review) and closure of the COVID-19 Project Management Office (COVID PMO) mean that we are now at the point where the outcomes and/or continuing functions of both need to be migrated into the Business as Usual (BAU) activity of DHSC and other stakeholders overseen by the PIPP Board. This paper sets out an overview of requirements and seeks the Board's steer on the principles that should be used to prioritise this work.

Action required

2. Board members are asked to:
 - **note** the need to ensure the implementation phase of the Review considers relevant legacy activity of, and recommendations from, other programmes within the COVID Battle Plan as it is stood down e.g., Antivirals and Therapeutics Task Force (ATTF), as appropriate;
 - **note** the need to develop a plan to manage implementation of the Review recommendations and relevant COVID Battle Plan recommendations jointly, as far as is possible, within a resource constrained environment;
 - **agree** the proposal to carry out a prioritisation exercise covering both Review recommendations and relevant outputs from COVID Battle Plan workstreams;
 - **agree** the principles for that prioritisation exercise; and
 - **note** that in line with these principles, alongside wider implementation activity, we will continue to progress targeted pieces of urgent work including procurements, to maintain resilience levels in line with previously agreed policies.

Background

3. The final meeting of the Review Advisory Board has taken place. Details of finalised advice are set out in paper **PIPP-1122-G**. More widely, as the COVID-19 programme transitions to BAU, focus of the Battle Plan has shifted away from emergency/crisis response towards medium and longer-term planning. Areas of activity include:
 - preparedness for a Variant of Concern (VOC);
 - planning for winter 2023/24; and
 - the structured closure of Battle Plan workstreams and the transfer of legacy functions to (and incorporation into) BAU activities.
4. A decision is required at the end of this financial year on the point at which BP workstreams will move out of the BP programme/into a state of BAU.
5. The DHSC UK Health Security Team is working jointly with the COVID-19 PMO to consider which pandemic preparedness capabilities (or elements thereof) developed for COVID-19 should be embedded into the future programme overseen by this Board; and

if/when readiness for a COVID-19 VOC should be incorporated into broader pandemic preparedness policy development and planning activity.

6. Due to similarities and overlaps between key Battle Plan outputs (e.g., the Antiviral and Therapeutics Task Force (ATTF) future pandemic preparedness recommendations¹) and the recommendations of the Review, we will seek to maximise efficiencies and avoid duplication in any programme mergers.
7. Recognising that investment decisions will need to be considered in the context of the current fiscal climate, **we are proposing a risk-based prioritisation exercise to identify those Review, ATTF, and other relevant Battle Plan workstream recommendations as/when they arise, that are most critical.** We will also consider alignment with work from the Cabinet Office led Biological Security Strategy. The outcome of this exercise will be used to develop a phased implementation plan with costed proposals to put to Ministers.

Principles of prioritisation

8. In order to develop an implementation plan, we will run a risk-based prioritisation exercise based on the principles set out below. It should be noted that due to the need for clinical and commercial advice, the prioritisation of medicines that might be stockpiled will be managed alongside prioritisation of other recommendations. **Board members are asked to agree the proposed principles for this exercise:**
 - 7.1 *Principle #1 – We will not reduce resilience.* Until advice is put to Ministers, maintaining a level of resilience equivalent to previous PIPP stockpile levels remains current policy. Procurements to maintain resilience (e.g., the Advance Purchase Agreement; Personal Protective Equipment; and antivirals) will be prioritised.
 - 7.2 *Principle #2 – “Enabling” recommendations may need to be considered early, irrespective of prioritisation.* Some recommendations from the review, e.g., those associated with programme governance, need consideration in order to enable and support key decisions. Where appropriate, these will be considered in parallel to the wider process. For example, despite potentially being of a smaller scale, initial decisions in relation to coverage for Crown Territories and Overseas Territories may be needed in order to scope the approach to certain procurements.
 - 7.3 *Principle #3 – A risk driven process to identify scale of benefit.* Each recommendation (or blended recommendation from the Review or Battle Plan where there are overlaps) will be considered:
 - in the context of the National Security Risk Assessment (NSRA) risk to which it relates (i.e. pandemic, EID outbreak or both) which will give both the number of persons who benefit from the recommendation and the likelihood of the event the recommendation might mitigate against occurring; and
 - in terms of its marginal benefit against a specific NSRA risk in those instances where there are two recommendations that might have similar

¹ See paper PIPP-1122-I

impacts and/or an existing countermeasure already exists (e.g., where we already stockpile a potential second-line medicine).

7.4 *Principle #4 – Cost effectiveness and value for money should be key considerations.* Each recommendation will be assessed both individually and as part of the wider ‘defence in depth’ planning for future outbreaks in terms of:

- cost-effectiveness and value for money (compared to any alternatives);
- outright cost (both to implement and lifetime costs); and
- other resource requirements to deliver and maintain (e.g., staff and time).

7.5 *Principle #5 – Urgency and criticality are key drivers.* Each recommendation from the Review, particularly those related to medicines and other stockpiled goods, will need to be considered in the context of changing urgency and criticality over time. We will therefore consider supply change resilience (domestic and international) and the international changing risk landscape as regards international demand for materials in any prioritisation.

9. In addition to these overarching principles, **further subject specific principles will be developed with the input of the Chief Medical Officer and other expert advisors to support the prioritisation of recommendations related to medicines not covered by Principle #1.** These further principles will be based around clinical and operational concepts including, but not limited to:

- the effectiveness of each medicine for a range of risks to ensure the most efficient utilisation of resources for the widest possible range of pathogens;
- market authorisations and regulatory approvals;
- the care setting a medicine could be used within;
- the suitability of each medicine to stockpile (e.g., it’s shelf life and storage requirements).

Implementation next steps

10. The formal advisory phase of the Review has completed and will be documented within a final report. Our aim, dependent on certain areas of outstanding advice, is to agree a draft of this with the Devolved Administrations (DAs) this calendar year.
11. The recommendations of the Review and those inherited from the COVID-19 Battle Plan will be considered for implementation as part of the wider PIPP countermeasures programme. The next stages in the process will be prioritising the recommendations (as set out above) and developing a multi-agency implementation plan. We are proposing to work with stakeholders to prioritise and implement the recommendations as follows:

Phase	Task	Notes
Formal advisory Phase	Collection and collation of advice	COMPLETE, final Advisory Board held on 10 October 2022
Advisory phase finalisation	Drafting of “Final Report”	IN PROGRESS

Implementation Phase #1	Areas of outstanding advice	IN PROGRESS. Some areas of advice were not feasible to obtain within the time allowed for the formal Advisory Phase (e.g., prophylactic use of influenza antivirals; Pre-Pandemic Vaccines (PPV) for flu; and final advice on hygiene consumables). These will be managed alongside implementation planning
	Prioritisation of recommendations	As set out above
	Prioritisation of medicine specific recommendations (not covered by Principle #1 above)	As set out above
	Development of a costed implementation plan	Covering all recommendations and requirements with approximate costs by year to support multi-agency planning
	Advice to Ministers	To seek agreement on the development of a programme of implementation for those areas requiring a policy change or not associated with maintaining resilience.
Implementation Phase #2	Development of a Strategic Outline Case (SOC)	To be used as the basis of future investment decisions (ownership TBC) and business cases.

12. All timings for Implementation Phase #1 and Implementation Phase #2 are dependent on resource and subject to discussion with stakeholders.

Recommendations

13. The scope of the recommendations to be managed and the current fiscal climate necessitate a prioritisation exercise. We therefore recommend that the Board agrees the concept of a prioritisation exercise and the principles that will be employed while noting the wider ongoing activity to deliver this programme of work.

Name Redacted

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