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Minutes

Title of meeting	Pandemic Influenza Preparedness Programme Board		
Date	15th September 2017	Time	15:00 – 17:00
Venue	The Boardroom, Richmond House		
Chair	Clara Swinson, Director General Global and Public Health, DH		(CS)
Attendees	John Watson, Deputy Chief Medical Officer, DH		(JW)
	Kevin Dodds, Deputy Director, Immunisation & High Consequence Infectious Diseases, DH		(KD)
	Nick Adkin, Acting Director of Health Protection and Emergency Response		(NA)
	June Jackson, Head of Seasonal and Pandemic flu policy, DH		(JJ)
	NR Head of High Consequence Infectious Diseases and Pandemic Flu Policy		NR
	Wayne Sumner, Head of Adult Social Care Performance and Insight Team		(WS)
	NR Principal Pharmacist, DH		NR
	David Rowell, Deputy Director, Commercial, DH		(DR)
	Peter Grove, Senior Principal Analyst, Health Protection Analytical Team, DH		(PG)
	Tim Young, Director of NHS Operations and Delivery, NHS England		(TY)
	Chloe Sellwood, National Pandemic Influenza Lead, NHS England		(CSw)
	Paul Cosford, Director for Health Protection and Medical Director, PHE		(PC)
	Nick Phin, Director for Infectious Disease Epidemiology, Surveillance and Control, PHE		(NP)
	Gareth Thomas, Interim Deputy Director, Immunisation, Hepatitis, Blood Safety and Countermeasures, PHE		(GT)
	Richard Pebody, Head of Influenza and Other Respiratory Virus Surveillance Section, PHE		(RP)
	NR Civil Contingencies Secretariat, CO		NR
	NR Assistant Director, High Priority Projects, Civil Contingencies		NR
	NR NHS Digital (via telephone)		NR
Secretary	Nimisha De Souza		(NDS)

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Apologies	Maria Zambon, Director of Reference Microbiology Services, PHE	Stephen Groves, National Head for EPRR, NHS England
	Nick Presmeg, Director for Integrated Commissioning & Vulnerable People, Essex County Council	Martyn Underdown, Head of Clinical Countermeasures Procurement, Vaccines and Countermeasures Response, PHE
	NR Social Care Policy, DH	Stuart Wainwright, Deputy Director, Crisis Management - Domestic Readiness and Response Team, CCS,
	NR - DCLG Jo Gillespie, Resilience and Emergencies Division, DCLG	NR - LGA

Copies to	Dame Sally Davies, Chief Medical Officer, DH	Professor Christopher Whitty, Chief Scientific Advisor, DH
	NR , NHS Digital	Ailsa Wight, Deputy Director for Health Protection Policy, DH

1. Welcome, introductions and apologies

1.1 CS welcomed Board members and attendees to the meeting and listed apologies received.

1.2 It was noted that Helen Shirley-Quirk had left DH and Nick Adkin would now attend the PIPP Board as acting Director of Health Protection and Emergency Response Directorate. In addition **NR** stated that **NR** would be stepping down as DCMO and JW was thanked for his immense contribution to DH and PIPP in particular.

2. Approval of minutes and matters arising (PIPP- 0917A and PIPP- 0971-B)

2.1 CS explained that the minutes of the March 2017 meeting had been previously shared for comment and the version circulated reflected comments received.

2.2 The minutes were accepted as an accurate record of the last meeting.

Matters arising

2.3 JJ reviewed the PIPP Board Action Log and it was noted that the following action would be closed as the actions had been completed or were due to be discussed under specific agenda items:

- PIPPB -052: Written updated provided in paper PIPP 0917-F PHE Update
- PIPPB- 053: Written updated provided in paper PIPP 0917-F PHE Update

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- PIPPB- 054: Written updated provided in paper PIPP 0917-F PHE Update
- PIPPB- 056: Paper PIPP 0917-C PSV discussed under item 4.
- PIPPB- 057 - Completed

3. Progress on Prime Ministerial Commitments – Verbal update

- 3.1 **NR** stated that actions that agreed at the February NSC(THRC) meeting, were being managed by a Cross-Government Pandemic Flu Readiness Board (PFRB) within 5 key workstreams. Updates for each workstream are given below.

Workstream 1: Surge and Triage

- 3.2 KD stated that CMO had signed off the surge and triage paper subject to some amendments and thanked NHS England for their work. This would be used as a basis for briefing Ministers, and in the event of a pandemic. It was noted that this would be shared with DAs once finalised.
- 3.3 The service facing document tested during Exercise Cygnus was now being reviewed and refined. NHS England would be meeting with the Academy of Royal Collages in November to discuss how to engage with clinicians.
- 3.4 It was highlighted that NHS England should consider when the surge and triage policy would need to be activated in the event of a pandemic. In addition, consideration should be given to how extreme measures could be played out in different parts of the country. CSw confirmed that this would be part of the consultation process.

Workstream 2: Community Care

- 3.5 WS and CSw gave an overview of workstream 2 – Community Care and the following was noted:
- For the social care work, (workstream2a) analytical work was being carried out to understand the potential impact of a pandemic on the social care workforce capacity and findings so far suggest that NHS assumptions used for the NHS workforce would map across to social care.
 - As this was a very variable sector, further work was required to determine the impact on different size providers.
 - Key stakeholders who were engaged in 2a social care resilience include, Care Providers Alliance and ADASS.
 - Work was being carried out with ADASS to gauge the extent of business continuity plans across councils for social care

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- For the community healthcare aspect, 2b, further work was required to understand the volume and additional type of care that would be required in the community healthcare sector.

3.6 CS stated there was a need for further scoping work to ensure all aspects of this workstream had been considered and what the realistic expectations were in relation to timelines to meet the February 2018 deadline. It was agreed that the private and the voluntary care sector should be considered as part of this scoping exercise for both to social care and community health care strands.

Action: To ensure the February 2018 deadline is met - DH (WS) and NHS England (CSw) to work with DH Pan Flu Policy Team (JJ) to carry out scoping exercises to ensure that all aspects of workstream 2 have been considered and that a timeline is developed for the next PFRB meeting.

Workstream 3: Excess Deaths

3.7 NR stated that progress for this workstream had been delayed due to the Grenfell Tower incident. The LA capability survey had highlighted well developed resilience plans for some LAs. A key area where plans were lacking was the provision of temporary mortuaries. This included limited guidance currently being available on where temporary mortuaries can be issued as well as training and logistics.

Workstream 4: Sector Resilience

3.8 NR stated that planning assumptions and modelling were taking place to assess sector resilience.

Workstream 5: Cross Cutting

3.9 It was noted that DH and CO were considering the moral and ethical issues in conjunction with the Committee on Ethical Aspects on Pandemic Influenza (CEAPI).

3.10 The public perception of surge and triage would be considered as part of the comms work.

3.11 Legislative asks which would be a priority in the event of a pandemic were being scoped.

4. Pandemic Specific Vaccine (PSV) Strategy (PIPP-0917-C)

4.1 NP outlined the PSV strategy paper and the following was noted:

- During the last pandemic, PSV was available 3-4 months into the pandemic and the aim would be to reduce production time for any future vaccines.
- A meeting planned with industry on the 14th of November would discuss potential new technologies further. It was highlighted that this would inform

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decisions on procurement and licencing options workstream under this work as well as alignment with existing APA contracts.

- Any new technologies considered would need to be reproducible for seasonal flu to ensure revenue for industry and capability in a pandemic flu scenario.
- PG highlighted that DH and PHE were working on parameters that could be fed into the UCL modelling package to predict and plan for a pandemic scenario and its cost effectiveness.
- CS and JW commented that the strategy needed to have a clear overall ownership and to be consolidated into realistic possible outcomes, and it was noted that the strategy paper would be refined further following the meeting with industry.
- NP assured the Board that this strategy was on track to meet the March 2018 deadline and a near final draft would be presented at the next PIPP Board meeting. Post meeting note – It was agreed that the next PIPP Board meeting would be brought forward to January 2018 (See paragraph 9.2) and therefore an update on this strategy would be given in January.

Action PHE to amend the PSV strategy taking into account comments from the Board and circulate revised to the Board for comment in December 2017.

5. Pre-pandemic Vaccine (PPV): H5N1 – PIPP0917-D

- 5.1 RP provided an overview of the options for managing H5N1 pre-pandemic stockpiles with the recommendation that 'Option B' – Maintaining existing stockpiles for use of antigen component in the event of an H5 pandemic, with vaccine evaluation studies to inform future mobilisation. It was agreed that having vaccine evaluation studies would confirm whether the use of the antigen alone would be effective or not during a pandemic and reinforce any decision taken if challenged.
- 5.2 The following was noted during the Board's extensive discussion:
- It was clarified that NERVTAG's original recommendation was to dispose of the H5N1 PPV stock and retention was suggested after this recommendation.
 - Replacing the adjuvant alone would likely be very costly as this not a marketable product. In addition, issues such as re-packaging costs made this an unlikely and less cost-effective option.
 - JW noted the costs for each option were not absolutely clear and further work was required to clarify this.
 - It was highlighted the USA were currently keeping their H5N1 PPV stockpile and that Canada had issues with H5N1 antigen due to its degeneration of the storage vessel. It was agreed that PHE would contact

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counterparts in Canada and USA to discuss issues related to the H5N1 vaccine.

- It was agreed that, based on the limited information available in the meeting, Option B was a viable option and it was agreed that the next steps would be for PHE to scope this option further in particular on any potential research, time line and cost effective analysis.

Action: PHE (NP) to carry out further scoping work on 'Option B' on H5N1 PPV.

Action: PHE (NP) to contact counterparts in the USA and Canada to discuss issues related to retaining H5N1 PPV vaccine stockpiles.

6. Pre-pandemic Vaccine H7N9 – Verbal Update

- 6.1 RP presented an overview of the recent issues with H7N9 avian influenza strain that has been circulated in China as follows:
- There was some concern over the recent increase in activity and geographical spread of H7N9 cases in poultry in China.
 - The severity of illness in humans (contracted from poultry) was significant with around 40% of those exposed dying.
 - Currently, there have been no cases of the virus being contracted from human to human contact.
 - Antiviral resistance capacity was noted as a risk.
- 6.2 JW stated that CDC has assessed this risk as high level and the USA were now stockpiling H7N9 antigen. In addition, the WHO had recommended H7N9 as a candidate vaccine. It was also noted that the ECDC had not (as yet) recommended H7N9 as a PPV.
- 6.3 It was noted that New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) were watching this issue and would be discussing this (including the option for a PPV) at a meeting on the 3rd October. PG noted that analytical modelling work to inform this meeting included various cost effective strategies for a PPV. *(Post meeting note: The outcome of this meetings was that NERVTAG did not feel there had been any changes to the risks and therefore would not be changing its position. It was agreed that NERVTAG would still be keeping a close watch on this issue and would review again at the next NERVTAG meeting planned for January.)*
- 6.4 CS suggested that following the NERVTAG meeting, DH should convene a meeting to discuss any outcomes.

ACTION: DH to organise a meeting in late October to discuss the outcomes of the H7N9 NERVTAG meeting.

7. Further Programme Updates – DH, PHE and NHS England.

DH (PIPP 0917-E)

- 7.1 KD gave an update on DH areas of work. The main issue to note was that the NERVTAG Sub-committee on the pandemic influenza facemasks and respirators stockpile met to review the recommendation for the use of eye protection following the analytical advice that this would not be cost-effective.
- 7.2 The revised advice from the NERVTAG sub-committee stated that eye-protection was not required for routine use during a pandemic. NERVTAG advised that sufficient eye protection should be procured to allow for exceptional usage when facial exposure to body fluid is likely and for use with respirators when conducting aerosol generating procedures.

PHE (PIPP 0917-F)

- 7.3 NP updated the Board on work within PHE. It was noted that the Exercise Cygnus report had been published on the Resilience Direct website. In addition, a version of the report was being prepared for international partners such as WHO and was expected to be approved by the end of September.
- 7.4 NP directed the Board to Annex 2 of paper PIPP-0917-F. It was noted that a group had been set up to review the potential for new antiviral medicines for pandemic influenza stockpiling.
- 7.5 It was agreed that the Board would send any comments on the PHE update, but in particular on Annex 2 to NP directly.

Action: Board to send comments on the PHE Update Paper and in particular Annex 2 on 'forward planning for new antivirals,' directly to NP.

NHS England (PIPP 0917 –G)

- 7.6 CSw noted that a number of issues in the NHS update had been reflected in earlier discussions. It was highlighted that NHS England was continuing work with partners on a variety of pieces of guidance for the NHS, reflecting lessons from Exercise Cygnus.

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8. Review of Risks and Issues (PIPP- 0971-H)

8.1 NDS gave an overview of the Risks and Issues Log and it was noted that all changes had been made in red. The Board was invited to send any comments directly to NDS and the following was noted:

- That the owners for risk R-033 and R-023 had changed.
- It is proposed that risk R-040 was closed as this was specifically related to exercise Cygnus and a new more generic risk R-046 had been opened.
- For the new risk R-046 NHS England were asked for a deadline under the mitigating actions for the extreme surge guidance.

Action: Board to send comments on the PIPP Board risk register directly to DH PIPP Board Secretariat (NDS)

8.2 It was agreed that now lessons learned from Cygnus had been published, the risk register should be reviewed more formally to ensure all new risks are included. It was agreed that the risk register would be included as a substantive item for the first Board meeting after PFRB work has completed

Action: Risk and Issues Log to be included as a substantive agenda item for the PIPP Board meeting after PFRB work has been completed.

9. Any Other Business

9.1 The Board was made aware of the changes in membership to the PIPP board which were noted in the Terms of Reference. In addition the ToR for the Pandemic Flu Readiness Board (PFRB) which oversees the cross-government pandemic flu work, were also circulated for information only.

9.2 It was agreed that to ensure all NSC(THRC) actions were being taken forward in time to meet the end of February deadline, the next PIPP Board meeting would be brought forward to January 2018.

9.3 With no other business, the meeting was closed.

Action: DH Secretariat to organise the next PIPP Board meeting for January 2018.

September 2017
Nimisha De Souza
PIPP Board Secretariat