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**From:** Price, Natasha [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2FF9661092C5453AA67B231E819B9653-NPRICE4]  
**Sent:** 17/09/2020 12:35:22  
**To:** Senior Copylist [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=45360eff9fa2467d8fead1fe51e67238-NEWSeniorCo]  
**CC:** [NR] (NHS ENGLAND & NHS IMPROVEMENT - X24) [NR]@nhs.net; [NR] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cb2199fc505a4708a08bfa91d04a1938 [NR]  
**Subject:** Readout: Quad 16/09/2020

**OFFICIAL SENSITIVE**

Please see below a read-out of Wednesday's Quad meeting. Please treat as sensitive and grateful if DG offices could cascade relevant excerpts to their teams.

Many thanks,  
Natasha

**16/09/2020**

**Attendees:** SoS, Simon Stevens (SS), Amanda Pritchard (AP), Chris Wormald (CW), David Williams (DW) Emma Dean, Natasha Price, [NR]

Covid-19 vaccine development and delivery

- SoS noted that work is accelerating. SoS noted that he is keen to get the prioritisation out asap (currently plan is 13<sup>th</sup> October).
- SoS noted he has signed off a MACA and is content to use military to support, as appropriate.
- SS thanked DW for work with HMT on approvals and funding.
- SS noted that he remains concerned about NHSD and recommended inviting NHSD [NR] to the next vaccines deployment meeting. DW noted that it is not a funding issue.
- SS noted that flu vaccine deployment has already started but need to ensure that the data is available in real time. CW noted that we need to know who has had the flu jab given the need to leave a gap before Covid vaccine.
- **Action:** [NR] to invite [NR] to vaccine meetings.

Long Covid

- SS noted that the evidence is growing on this which makes it easier to work through. NHSE are developing a referral option with GPs into the new service. SS noted that the extra covid funding for this year did not cover the long Covid proposals so instead going for a community referral process funded through NHSE currently. SS noted that he is prioritising this over the next couple of week. SoS was content.

Testing

- SoS noted the pressure on testing capacity as a result of huge spike in demand. SoS noted that work is ongoing on demand management but also need Pillar 1 to increase the scale and ensure that NHS staff are getting tested. SoS noted that he has heard that some NHS labs are not being used for covid testing. SS asked that these cases are referred on and they will look in immediately – emails shared. **Action:** [NR] to take forward.
- SS noted that Pillar 1 lab capacity is around 40k and currently averaging 41k so capacity is maxed out. SS noted that they are looking at pooling for asymptomatic testing. SS also noted that they are also ramping up to 100k as part of the 500k by the end of October. SS noted that they need day to day delivery of supplies in order to fully map out plan.

- On staff testing SS noted that they are looking at this urgently but given Pillar 1 is at capacity already this will be challenging and reliant on Pillar 2 as well. AP noted that: **NR** and the testing team are doing everything they can and strong collaboration across NHS and test and trace team. SS also asked about whether there is any other capacity in the system. SoS asked that we explore this to ensure we are maximising capacity. **Action: NR to check in with Test and Trace team.**
- CW also asked about batching and pooling as NHS labs will likely take this forward first. SS noted that the teams are working on this.
- SoS also asked about individuals showing up at Bolton A&E for tests. SS agreed that we need to have really clear comms on this. SS asked if we have compared demand management strategies with other countries. CW noted that Germany have very clear public comms on prioritisation. **NR** noted that we will need to be similarly clear on the flu vaccine.

#### NHS Capacity

- SS noted that we are starting to see higher numbers of covid cases. NHSE are currently looking at escalation plans, learning from earlier in the year. SS noted that they are also looking at how they can continue to prioritise urgent and elective treatment alongside, or only deprioritise when necessary. SS noted that they have met the 70% elective treatment target for August.
- SoS also noted NHSBT element on convalescent plasma. **NR** flagged that the donation centres are sometimes far away.

#### SR

- SoS noted that the current proposals are unlikely to be signed off. SoS noted that the envelop will be very tight.
- SS noted that the NHSE base case is not to open the overall LTP settlement, but need to consider the wider covid implications, which could go on for many years. SS noted that there are other knock on impacts such as dental income. SS noted that there is then a choice for ministers on speed of catch up on elective care.
- SoS noted that we will also get a lot of pressure on efficiency savings. SoS noted that his expectation is that the envelop will be very tight on pay. SS also noted that he is content with the current funding on community pharmacy but that there is little flex on specialised commissioning. SoS is keen that we have proposals for efficiency savings.
- DW noted that HMT are likely to distinguish between unavoidable covid costs separate to the recurring knock on costs.

#### Annual assessment

- There was agreement that the four remaining deliverables will be Amber. **Action: NR to note.**

#### Gender Identity Review

- SoS noted that he has been reassured on the proposals and No10 support. **NR** noted that this will go on Tuesday next week. **Action: NR to note.**

#### Small sport venues

- SoS noted his ask that he would like CCGs to support the sustainability of local sporting facilities.
- It was noted the Test and Trace could also use these facilities. SS agreed to take forward.

#### Future of Emergency Care

- SoS noted that it is cleared for announcement tomorrow.
- SoS noted that the announcement is on: 25 A&E projects, 111 First (soft launch - continued roll out and positive progress), headlines on measurement. The consultation doc itself will come in the next few weeks. SS was keen to get it out asap. There was a discussion about timing of the consultation. SoS thought 8 weeks, closing before end of December was sensible. **Action: NR to take forward.**

AOB

- AP asked about SoS visit to South Tees. SoS noted a robust meeting and was clear on the need to make it work as a system.
- SoS also noted messaging to the system on free PPE.

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