

Message

From: Tracey Cooper (Public Health Wales - No. 2 Capital Quarter) [Tracey.Cooper3@wales.nhs.uk]
Sent: 22/03/2020 8:12:32 PM
To: Orford, Rob (HSS - Primary Care & Health Science) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7d38a628177a448789839f37a51faf75-Orford, Rob]; Robin Howe (Public Health Wales - Microbiology) [Robin.Howe@wales.nhs.uk]; Quentin Sandifer (Public Health Wales - No. 2 Capital Quarter) [Quentin.Sandifer@wales.nhs.uk]; [REDACTED] NR [REDACTED] Public Health Wales - No. 2 Capital Quarter [REDACTED] NR [REDACTED]@wales.nhs.uk; Giri Shankar (Public Health Wales - No. 2 Capital Quarter) [Giri.Shankar@wales.nhs.uk]
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Subject: Update on Riche discussions and testing capacity
Attachments: Re: OFFICIAL: Increasing COVID-19 testing for the NHS: UK solution: Agreement confirmation ; Re: OFFICIAL: Increasing COVID-19 testing for the NHS: UK solution

Dear all, many thanks for the various discussions that have taken place through today. I agreed to summarise a narrative of where we think we are and also a suggested approach for the coming days.

1 Background

As we know, we have been having discussions with Roche since the 2 March on the basis of them coming in to establish our Magden Park assets to be up and running for up to 5000 COVID-19 tests per day. Despite asking, the team had found it hard to pin Roche down to a written agreement on this although discussions had progressed such as to identify this week for their team to go in to Magden Park to start the process. However, last week we understood that Roche had been called into a meeting with the UK Government and, during that meeting, we understand that they were instructed to reserve all the additional tests they had to be used in England and after that, by agreement with DAs.

I was then contact by [REDACTED] NR [REDACTED], the Director of Porton Down, on Wednesday 18 March confirming this and requesting assistance to use a piece of equipment form the Welsh Blood Service to go to Porton Down to increase their testing for England by another 5000 and the purpose of the call was to ascertain if I was content with that (the having already engaged with the UKBTS and the WBS). Over the course of the discussion, an agreement was reached resulting in securing the 5000 tests per day going into Magden Park and movement of the equipment (which was the trade-off) together with additional testing capacity for Wales out of Wolverhampton should we need it. [REDACTED] NR [REDACTED]rang Simon Thorpe in Roche that evening, instructing them to revert back to the agreement to get Wales up and running by the end of March and this was confirmed by them in the attached email. The full agreement was confirmed later that evening by email (attached) with myself, [REDACTED] NR [REDACTED] and Cath O'Brien (Director of the Welsh Blood Service).

2 Developments on 22 March

There was a Four Nations call on the Boots model on the 21 March a summary of which states the following:

Testing kits - Wales had an order of 5,000 tests per week from Roche. We understand that Porton Down intercepted the order and instructed companies that all tests should go to DH for distribution.

I contacted [REDACTED] NR [REDACTED] this morning seeking clarity on this. During a phone call with him it was clear that this is an ever changing and very Political world and I was not assured that anything that had been agreed before was intended to

be followed through. Not necessarily as a result of **NR** doing but the Political context in England and the DHSC being given clear instruction to allocate what now transpires to be only 5000 Roche COVID-19 tests for the whole of the UK and that they'd need to do some sort of triage as to who gets what(!).

Various discussions have taken place during the day following this including **NR** speaking with Roche this afternoon. It is clear that they have no plan to come to Wales to configure our equipment in Magden Park any time soon, as had been previously confirmed by them in the email exchange last week, and that they are being instructed by DHSC and following those instructions.

It is also important to note that Cath O'Brien has confirmed this evening that the WBS piece of equipment has not left their lab to go to Porton Down yet and she has put a hold on it moving anywhere until we confirm otherwise.

3 Current Testing Capacity

In the absence of the Roche 5000 tests per day from the beginning of April, our testing capacity is substantially limited if not other solutions materialise. Currently, we are doing 500 tests/day and that is meeting demand. We hope to go up to 800/day from Thursday with additional reagents for another one of our systems and the possibility to increase to 1100/day if we go to 24 hours (we do have some COVID related staff challenges at the moment which may impact on this). From the first week in April we can increase to around a total of 2500/day, due to additional equipment arriving into Rhyl and Swansea, and that would be around 3000 -3500/day if we are running 24/7.

4 Summary and Suggested Approach

- a) It is clear that the situation is rather chaotic and that agreements that have been made are not being honoured and with the Political environment we cannot be assured that other commitments will be met. The UK Government has clearly prioritised the use of a company's testing for the purposes of England's allocation despite us having had advanced discussions with Roche and an email confirmation (attached).
- b) We would want to be doing around 11,000 tests/day from April made up of our own current testing + Roche 5000 with our equipment + Amazon 5800 capacity (we were told that we would get around 1/17th of the 100,000 total UK tests = 5,800/day although nothing received in writing). Therefore, either by a combination of Roche tests and/or Amazon-Boots tests, we would need a guarantee that our original assumption of an additional 11000 tests from April will be made.
- c) Until such time that we have a guarantee of the additional 11,000 test capacity, as in b0 above, **we should retain** all feasible equipment in Wales that can be programmed for COVID19 diagnostics in whatever format the testing is. This includes the WBS equipment and we will be discussing the same with Universities in Wales through tomorrow. This is extremely important while we rapidly explore with other companies the feasibility of using a different company for current tests and creating large scale testing capacity within Wales using all of the equipment assets that exist. Rob, Quentin and I also discussed rapidly exploring any potential for a Wales agreement for point of care testing and/or antigen testing – my understanding is that neither of these are currently ready as products. Relying on a fair allocation of the PHE antigen serology developments may not be guaranteed given the UK Government and DHSC approach to the current testing issue with Roche. These may not be possible but all options need to be explored.
- d) We will reconvene Monday afternoon to gauge the outputs of the discussions of the day and discuss a more innovative approach to a 'Testing' Strategy.

I hope that is helpful and provides a steer going in to any discussions tomorrow.

Best wishes,
Tracey

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We welcome correspondence in Welsh. We will respond in Welsh without delay.

