

## OFFICIAL-SENSITIVE

Meeting IPC Cell Huddle

Date & Time 12<sup>th</sup> May 2021 – 12:00-13:30

In attendance:	Eleri Davi	es (ED), PH	Wales (Ch <u>air</u> )	/ Gail Lusarc	l <u>i (</u> GL), P <u>H </u>	Nales <b>NR</b>
<b>NR</b> , NH				NR	, PHE	NR
NR NHSEI/S			Scotland/ Ca	<u>roline M</u> cGea	агу (СМ), Н	<u>SC NI/ Susie</u>
'singreton (SS), PH			NR	<u>Þ</u> HSC	/	NR
		PH Wales	NR		G HAI policy	unit/ David
Cunningham (DC),	<u>, A</u> ACE/ Lai	ura Imrie (LI),	ARHAI Scotl	and /	NR	PH Wales /
NR	) AACE	NR	<u>I NH</u>	<u>I</u> ŞEI /		NHSEI /
NR	Ň	HSEI	NR	NHSEI		

Apologies:	Lisa Ritchie (I.R), NHSELÁ		NHSEI	NR
	NHSEI <b>NR</b>	, HSC NL7	NR	, NHSEI

f		Agenda item						
A	ACTIONS LOG							
Δ	Actions Closed:							
	No.	Update						
	251	ED to provide draft wording of SAGE 'current' UK cell response awaiting						
		PHE update. ED to send to DA and organisational leads Completed -						
		ED has sent draft wording to PHE and awaiting response.						
	ationa	l lundata di						
	No.	Updated: Update						
	243	05/05/21- It was agreed to keep this action open until LR has had the						
		chance to view all comments around the TOR for the group. To be tabled on						
		LR return.						
		12/05/21 - JM to re circulate to cell proposed updated text for the IPC						
		guidance in response to the SAGE paper and following the concerns for the						
		Indian VOC raised at senior leads meeting yesterday. Urgent responses to						
		be received by 5pm COP 13 May 2021.						
	250	05/05/21 - GL gueried whether anyone had been asked regarding cough						
		assist devices as AGPs. Gail to forward link to JM and <b>NR</b> o review.						
		12/05/21 – GL to send information to central inbox – received NHS E/I will						
		review.						
	lew act							
	<u>No.</u>	Description						
	252	12/05/21 - Colleagues on the cell agreed that the ToR should be reviewed by						
		the group, looking at how it was set up and its function in the future.						

	a statement with the reason for considering a longer timeframe, by COP 13 May 2021.
	<b>NR</b> highlighted that she will be required to give a clear reason to Ruth May as to why publication would not be possible by the end of the week.
	<b>NR</b> hoted that PHE have avoided publications on Friday, which may have some impact.
	GL raised a potential issue of the publication of the guidance without PHE agreement and how this would impact on the cell.
	<b>NR</b> noted that PHE wish to move this issue forward but that it would be inappropriate to provide a decision statement prior to a decision from the respiratory evidence review panel meeting. PHE are keen to work with the Cell to agree a position but PHE may provide a separate statement if this is not possible however they would not expect this to be the case.
	SD queried how SAGE and PHE evidence panel worked together and how they feed into the cell in the future.
	LI suggested all nations involved as well as PHE should be involved in the work raising concerns in relation to the cell losing independence and work driven by PHE agenda only. One organisation should not have final say on UK IPC guidance.
	GL noted there are 5 weeks until June for publication if a revision of the guidance is required.
	<ul> <li>DHSC stakeholder engagement meeting (tbc)</li> <li>ED has not received an update regarding the date.</li> </ul>
	UK IPC Cell Terms of Reference     To be reviewed once further comments received from members of the cell.     Awaited from NI.
3.	FEEDBACK FROM MEETINGS
	<ul> <li>SD informed that Scotland are to roll out allele specific PCR (?reflex) testing this will be starting next week.</li> <li>ED has previously circulated a query regarding LFD testing to support hospital</li> </ul>
	visiting to the cell with limited responses. It was clarified that this was a different issue to SD's question.
	All COVID positive tests are then sent for typing, only a small percentage will be in hospital. If E414A gene is present question raised if individuals with positive tests should be put into to side rooms, which would not be manageable with another peak. Discussions are ongoing.
	PHE advised that labs do have capacity for PCR tests following positive lateral flow. Currently there are three Indian strains including a variant of the Kent strain. Discussions are ongoing regarding the need to provide airborne isolation