

**From:** PSSajidJavid <PSSajidJavid@dhsc.gov.uk>

**Sent:** 07 December 2021 18:12

**To:** LEAVERS, Barnabas (NHS ENGLAND & NHS IMPROVEMENT - X24) **Irrelevant & Sensitive** Style, Matthew <Matthew.Style@dhsc.gov.uk>; Jones, Elin <Elin.Jones@dhsc.gov.uk>; McMordie, Adam <Adam.McMordie@dhsc.gov.uk>; Reed, Emma <Emma.Reed@dhsc.gov.uk> **NR** (NHS ENGLAND & NHS IMPROVEMENT - X24) **NR** e@nhs.net; GROVES, Stephen (NHS ENGLAND & NHS IMPROVEMENT - X24) <stephengroves@nhs.net>; Mottershead, Tom <Tom.Mottershead@dhsc.gov.uk>; MEDICALDIRECTOR2, England (NHS ENGLAND & NHS IMPROVEMENT - X24) <england.medicaldirector2@nhs.net>; Harries, Jenny <Jenny.Harries@dhsc.gov.uk>; NHSCEO, England (NHS ENGLAND & NHS IMPROVEMENT - X24) <england.nhsceo@nhs.net>; WILLETT, Keith (NHS ENGLAND & NHS IMPROVEMENT - X24) <keith.willett@nhs.net>; **NR** HS ENGLAND & NHS IMPROVEMENT - X24) **NR** @nhs.net **NR** **NR** @dhsc.gov.uk; Holt-Taylor, Charlette <Charlette.Holt-Taylor@dhsc.gov.uk>; CEX UKHSA <CEX.UKHSA@dhsc.gov.uk>; Holt-Taylor, Charlette <Charlette.Holt-Taylor@dhsc.gov.uk>; Lamberti, David <David.Lamberti@dhsc.gov.uk>

**Cc:** Permanent Secretary <permanent.secretary@dhsc.gov.uk>; Second.Permanent.Secretary <Second.Permanent.Secretary@dhsc.gov.uk>; psmsh <psmsh@dhsc.gov.uk>; PSMaggieThroup <PSMaggieThroup@dhsc.gov.uk>

**Subject:** NHS Omicron readout and commission, 7.12.2021

Hi all,

A readout below. Barny, we spoke on the note to go over to No10, and that this should be in the form of a letter/note rather than slides. Please do work with DHSC colleagues on copy to draft this, as it will sit alongside a note being drafted by @Holt-Taylor, Charlette. Ideal to have that note this evening if possible

### Omicron NHS planning, 7.12.2021

SoS, MSH, Perm Sec, Second Perm Sec, Jenny Harries, Matthew Style, Emma Reed, Elin Jones, Adam McMordie, **NR** **NR** Adam Memon, Sam Coates, Emma Dean; Amanda Pritchard, Mike Prentice, Keith Willett, David Sloman, Stephen Groves, Steve Powis, Barny Leavers, **NR**

- SoS set out the latest information on omicron transmissibility and stressed the need to be fully prepared to take action.
- AP set out actions underway, including reviewing provider plans, targeting visiting of challenged trusts, more intensive levels of incident meetings and standing up 30 emergency and expert cells. NHSE have also identified key no regrets options. AP suggested writing out to systems setting out the ambition, coined as 'home for Christmas'. Actions would include:
  - o Accelerate discharge
  - o Virtual wards
  - o Crisis response
  - o Surge capacity
  - o Maximising IS usage
  - o Testing operational readiness
  - o Workforce measure
  - o Drive on vaccine uptake
- AP highlighted beyond this point would require difficult decisions, as further interventions would have unwanted consequences i.e. deprioritising activity and electives, redeployment of workforce and managing critical care nationally.
- AP noted the main challenges will be workforce, and the need to support the workforce. She also highlighted the risk for ED, given higher levels of demand than earlier in the pandemic.

- JS noted NHSE are working closely with SPI-M, so modelling feeds directly into NHSE planning. Current modelling suggests c.1000 omicron admissions by the end of Dec, with additional Delta cases. There is greater uncertainty into January, with modelling suggesting admission ranges from similar, to considerably higher, than Jan 2021. MP noted that models would indicate decision points should be taken in mid and late December, and stressed the delayed impact of any intervention.
- SoS queried NHS's capacity to respond to a 25k scenario and triggering escalation to level 4. AP noted this could be done, but stressed difficult decisions would need to be made with significant implications, including on electives.
- SoS queried what more could be done on staff leave and absence. AP suggested maintaining flexibility, while staff should be taking leave in some areas, while others will rely on good will and staff rolling over leave to next year.
- JH stressed high transmissibility will mean greater levels of nosocomial infection, so IPC will be reviewed. PPE requirements will also need to be reviewed to ensure they remain appropriate for this variant. She agreed with MP on the delayed impact of intervention, so case rates, hospitalisations and nosocomial infection will likely worsen if intervention is left until effects are seen in hospitalisation rates.
- **Action NHSE: SoS would like a note to send to No10 PO, setting out the actions underway, the no regret options and plans to communicate to the system, and readiness for level 4, reflecting Jenny's advice. This can sit alongside a note being prepared by DHSC colleagues on the wider response to Omicron. Please can you work closely with DHSC colleagues on this and share a draft this evening.**

NR M I&S

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