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Minutes

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COVID-19 STRATEGY MINISTERIAL GROUP

Minutes of a Meeting of Covid-19 Strategy Ministerial Group
held at Number 10, Downing Street on

TUESDAY 14th April 2020
At 1000 AM

P R E S E N T

The Rt Hon Dominic Raab MP
Secretary of State for the Foreign and
Commonwealth Affairs and First Secretary of State

The Rt Hon Rishi Sunak MP
Chancellor of the Exchequer

The Rt Hon Michael Gove MP
Chancellor of the Duchy of Lancaster and Minister
for the Cabinet Office

The Rt Hon Matthew Hancock MP
Secretary of State for Health and Social Care

The Rt Hon Robert Jenrick MP
Secretary of State for Housing, Communities and
Local Government

Lord Bethell of Romford
Parliamentary Under Secretary of State for
Innovation, Department for Health and Social Care

ALSO PRESENT

Dominic Cummings
Chief Advisor to the Prime Minister

Sir Edward Lister
Chief Strategic Advisor to the Prime Minister

Munira Mirza
Director of the Number 10 Policy Unit

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Lee Cain
Downing Street Director of Communications

Tom Shinner
Senior Advisor to the Prime Minister

Professor Chris Whitty CB FRCP FFPH FMedSci
Chief Medical Officer for England and the UK

Sir Patrick Vallance FRS FMedSci FRCP
Government Chief Scientific Advisor

Sir Simon Stevens
Chief Executive of the National Health Service

Gareth Rhys Williams
Government Chief Commercial Officer

Kathy Hall
Director for Testing, DHSC

Name Redacted

Senior official, testing, DHSC

Name Redacted

John Newton

Title TBC

Name Redacted

Lydia Ward

Title TBC

Tamsin Berry
Lead on antibody testing, DHSC

David Williams
Title TBC, DHSC

Liam Booth-Smith
Special Advisor to the Prime Minister and the Chancellor of the Exchequer

Ben Warner
Special Advisor to the Prime Minister

William Warr
Special Advisor to the Prime Minister

Philippa Davies
Deputy Director at Her Majesty's Treasury

Henry Cook
Special Advisor to the Prime Minister

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told that this was going well. He said that he had high hopes for this workstrand, but that it came with high risk. He said that this type of testing would be more useful later in the pandemic.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the fourth pillar of the testing strategy was surveillance testing. The first survey in the field had been disappointing. It showed that less than five percent of people had the COVID-19 antibodies, which was not statistically significant from zero. This could have been a failure of the test, it could mean that people do not get the antibodies from COVID-19 as expected, or it could mean that COVID-19 was not as widespread in the population as it was believed to be. There was a lot of scientific work ongoing to work out what was behind this result. He said that there were two main difficulties with this scheme; collecting the blood, and having a high enough confidence in the tests. Surveillance testing was technically complex and, while a similar scheme was happening in the USA, nowhere in the world had yet got a working system.

Concluding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the final pillar of the testing strategy was the national diagnostic effort, including an industry call to arms. He said that this had been very effective. This work fed into all of the other pillars of the strategy, and there was an ongoing industrial strategy. He said that the previous issues that had been raised in this Committee, surrounding reagents and swabs, had been solved.

In discussion, the following points were made:

- a) Taiwan was ahead of the UK on both testing and contract testing. Lessons could be learnt from Irrelevant & Sensitive Taiwan on what the number of daily tests would be that would enable a normal economy;
- b) However, Taiwan was also interesting because they had only done 81,000 tests to date, which amounted to 0.8 per cent of their population. This was a lower percentage than the UK had done;
- c) The idea of a mid-May milestone was necessary but not sufficient. The question also needed to be answered of how many tests would be required in steady state in multiple scenarios, including a steady state of 200,000, 500,000 or one million tests per day;
- d) From a communications perspective, any easing of restrictions should not be framed as lifting the measures. Instead the narrative should be around using data to amend the measures as part of phase two, with the implication that some measures

- l) There was a lot of pressure on pillar two of the strategy, commercial swab testing. The other pillars might be pushed further in order to hedge against the risk of pillar two not delivering;

THE CHANCELLOR OF THE EXCHEQUER said that if the Government began to communicate an easing of restrictions in mid-May and then began to do so shortly after, this would be a positive step. While the sooner the better for the economy, people could hold on for that length of time. What was needed was a sense of the future plan. If restrictions continued much beyond three months many businesses would have severe cash flow issues.

Responding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the testing programme had started with highly specialised demand. Once the numbers of those affected by the epidemic went up sharply, testing had been restricted to patients only. The previous week this had been expanded so that NHS staff and social care workers could access testing, and so far 45,000 had been tested. However this was not at the scale that had been expected and as such the Government was releasing the limitations on who could access tests faster than expected. The offer was also being made clearer to NHS staff and social care workers. He said that he was not going to miss the target of 100,000 tests per day by the end of April because of a lack of demand, and if there was still a lack of demand one week away from the target that he would open testing to anyone with symptoms. There would be a website that the public could access which would take them through the process, and the logistics of this were all mapped out and built to be scalable. The process for home delivery was quite complicated.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that there were now three superlabs running, and that they were ramping up production well. The constraint was a lack of test availability. He said that there would be 100,000 tests per day by the end of April, which represented a tenfold increase on the beginning of the month. It would be plausible to double this again in the following month, representing 200,000 tests per day by the end of May. This was part of the strategic effort to end the UK lockdown. Once the Government reached 100,000-200,000 tests per day this would enable mass testing of the population, especially as infection rates fell, and would fit into the track and trace programme. The easing of restrictions would depend upon the amount of confidence that the Government could get from the number of tests being done and from track and trace, both through the app that was being developed and through contract tracing. The app was in beta testing and contact tracing was in early development.