

Message

From: Whitty, Chris [Chris.Whitty@dhsc.gov.uk]
on behalf of Whitty, Chris <Chris.Whitty@dhsc.gov.uk> [Chris.Whitty@dhsc.gov.uk]
Sent: 15/02/2022 9:57:00 PM
To: Simon Ridley [simon.ridley@cabinetoffice.gov.uk]
Subject: Re: Living with Covid Doc

Many thanks Simon

Chris

From: Simon Ridley <simon.ridley@cabinetoffice.gov.uk>
Sent: Tuesday, February 15, 2022 7:55:06 PM
To: Whitty, Chris <Chris.Whitty@dhsc.gov.uk>
Cc: Vallance, Patrick (GO-Science) <P.Vallance1@go-science.gov.uk>; Government Chief Scientific Adviser (GO-Science) <gcsa@go-science.gov.uk>; [REDACTED] NR [REDACTED]@cabinetoffice.gov.uk
Subject: Re: Living with Covid Doc

Thank you Chris.

I agree with you and Patrick on the balance and the need to get the positioning right and much more upfront in the document. I've been through it this evening in this light and we are reworking it to achieve this. This will also, I hope, become clearer and more positive once we have agreed the policy (and spending) position on contingency. Colleagues have sent some options over this evening, which we will go through tomorrow.

We will also address the accuracy and consistency points that Patrick has set out.

There are a few issues around travel where there is still a lot of policy work to do. I am not sure we will get through all of this by Monday.

I understand your point on isolation. I do have a question about what we say about how the practical position changes as testing is reduced after the end of March.

Many thanks again to both of you for taking the time to review the document this far ahead of time.

Best wishes
Simon



Simon Ridley
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[REDACTED] NR (Diary Manager)

On Tue, 15 Feb 2022 at 17:17, Whitty, Chris <Chris.Whitty@dhsc.gov.uk> wrote:

Dear Simon

We are still working through the detail.

I agree with Patrick's comments, and in particular it is only safe to accelerate out of the societal interventions if there is a clear plan about how to stand up again very fast if there were a major new variant. The risks of a new variant strike me as being underplayed; it is the principle risk that need to be mitigated if this is to be a serious plan that stands up to likely future scenarios and this should in my view be clear right from the top of the document rather than stuck on at the end. More severe variants than Omicron is entirely possible The SAGE papers on this are very clear.

I also agree we need to be clear that public health advice for any highly contagious non-trivial infection is to self isolate and not to go to work- we would say the same about norovirus eg. So this advice will not come to an end at the end of March. What changes is legal obligation.

Chris.

From: Simon Ridley <simon.ridley@cabinetoffice.gov.uk>
Sent: 15 February 2022 16:24
To: Vallance, Patrick (GO-Science) <P.Vallance1@go-science.gov.uk>
Cc: Whitty, Chris <Chris.Whitty@dhsc.gov.uk>; Government Chief Scientific Adviser (GO-Science) <gcsa@go-science.gov.uk>; NR <@cabinetoffice.gov.uk>
Subject: Re: Living with Covid Doc

Dear Patrick,

Thank you very much indeed for taking the time to review the document and offer comments. They are extremely helpful. We will take them on board as we continue to improve and tighten the draft and, particularly with respect to your first point, as Ministers agree the policy/spending position.

On 3, yes the advice will be for positive cases to stay home. We will also have a draft of the direct guidance, which will be agreed with UKHSA and No10 through the usual triple lock process.

We will share a further draft later in the week.

Many thanks again

Simon



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On Tue, 15 Feb 2022 at 16:04, Vallance, Patrick (GO-Science) <P.Vallance1@go-science.gov.uk> wrote:

Dear Simon

Thanks for sending me a draft version to look at. I think as it stands it underplays the uncertainty and is too far on the “its all over” side of things. Whilst I hope it is all over, we simply don’t know and most people think there is more to come - the purpose of this document should lay out a path to safe resumption of normality in the face of uncertainty. I have a number of comments which I hope will be helpful

Major comments/general:

1. I think the balance is not quite right. There is a lot about what has been done but less on precisely what is going to happen going forward. I think the going forward bit needs to be pulled together in a more concrete way (where possible) – that will create confidence.
2. There is a related positioning issue. The decision to remove restrictions is based on Omicron turning out to be less severe than previous variants and because levels of immunity are currently high and therefore hospitalisations and severe disease are not tracking high infection rates as they were. The emergence of new variants is **certain** (not “possible” or “probable”). What is not certain is whether they will have higher or lower severity and/or immune escape. In other words, we are entering a time where the virus is here to stay, it will evolve, and it will be an uncertain transition to a more stable state. Therefore removal of restrictions can only be maintained with an assurance of safety if it is coupled with a clear plan for rapid ramp up of countermeasures in the event of a significant downturn – testing, drugs, vaccines, case identification etc. Wouldn't it be best to position upfront in the document this argument that safe return to normal is possible because of a robust response system? At the moment this notion of why ministers feel it is safe to move a faster now doesn't really appear until the very end of the document. Details of what will happen in each of these areas could then be pulled together after that opening piece.
3. It is very unclear what the message is around self- isolation and what we want people to do if they catch covid. I imagine the public health advice from UKHSA would be to stay at home. Is that what the document is asking people to follow as advice?
4. The vaccine section needs to make it clear that new vaccines will come along and we need to be able to help guide that process with information. Surveillance and predictive vaccinology capability are key. The ONS survey will remain important until we know that this has all entered a more stable pattern.
5. The definition of endemicity in the paper is one that suggests that endemic means “not dangerous”. That is not correct. Endemic really means that it has reached a stable pattern without great surges. I have attached a recent paper that may help get the definition right in the document.

Some more detailed points:

6. I think there is an over emphasis on the flu comparison in places and it would be sensible to scale that back a bit. There are still differences.
7. The section on the NHS pass is a bit confusing. If it is going to go what will happen for travellers? Will it only work if someone has had a booster?
8. List of scientists covered – epidemiology, virology etc on p15 is not comprehensive and it should be acknowledged by saying “including” or a word that makes it clear that this is not every discipline that helped.
9. In the section on deploying treatments some drugs are names and others aren't. Oddly the new antivirals are not named.
10. In the section 119 on “pharmaceutical interventions” vaccines appear as the first item. Vaccines aren't really a pharmaceutical intervention in the classical sense. They are preventative agents. Maybe call this “medical countermeasures” or something

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