Message

From: Whitty, Chris [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0B3EE62E0CA04E978730B14F9B416A1E-WHITTY, CHR]
Sent: 08/11/2020 12:42:07
To: Simon Case - Cabinet Office - (OFFICIAL) [simon.case@cabinetoffice.gov.uk]
Subject: FW: Nationwide mass testing proposal

The other Chris W suggested I cc you, just for info.

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From: Whitty, Chris
Sent: 08 November 2020 12:08
To: 'CWP' <Chris.Wormald-Private@dhsc.gov.uk>; Kate Josephs <kate.josephs@cabinetoffice.gov.uk>; Jessie Owen <jessie.owen@cabinetoffice.gov.uk>; Patrick Vallance <P.Vallance1@go-science.gov.uk>
Subject: RE: Nationwide mass testing proposal

Dear all

I agree with Chris Wo's point below. Additionally I have three substantive concerns that need to be captured.

1) The empirical evidence this will actually have a useful impact is weak. The mathematical theory is fine- but the theory for a lot of things is fine, but is no substitute for empiric data. I am confident a lot of people will want to be tested, and a lot of people will have COVID- the question is to what extent the two circles of the Venn diagram overlap. The reports from medical colleagues in Liverpool and elsewhere is that those most at risk are least enthusiastic to be tested (one gave a disruption of being chased out of a housing estate by a man in his underwear he was so angry). And testing without isolation is pointless- we don't know what it will lead to. Or whether it will lead to people taking risky behaviours if they are negative, cancelling out any positive benefits. Etc.
2) There are clear and major opportunity costs. My biggest worry is this will lead to diversion of tests from areas we realty need them including symptomatic people, healthcare workers, social care workers, those isolating etc. Or lead time to test result extending, which has the same effect; a delayed test result is of minimal use. This would definitely lead to a net loss for public health. We must guard against it at all costs, and the risks here need to be explicit.
3) I am nervous of the Christmas theme. Many of the highest risk groups (eg British people of Pakistani heritage- the highest incidence group) do not celebrate Christmas, and feel we did everything we could to make celebrating Eid al-Adha difficult. We put lockdown over Diwali (other British south Asians being another major risk group). It will need careful messaging if we are not to lose further support among groups we need to be bought in.

Chris

From: CWP <Chris.Wormald-Private@dhsc.gov.uk>
Sent: 08 November 2020 10:48
To: Kate Josephs <kate.josephs@cabinetoffice.gov.uk>; Whitty, Chris <Chris.Whitty@dhsc.gov.uk>; Jessie Owen <jessie.owen@cabinetoffice.gov.uk>; Patrick Vallance <P.Vallance1@go-science.gov.uk>
Subject: RE: Nationwide mass testing proposal

Thanks for the chance to comment.

Clearly a lot of very high quality work and thinking has been done on all this in the taskforce and T and T in very short order - so congratulations to all concerned. But I'm afraid this needs to be a lot clearer for Ministers on the risks and uncertainties. The conclusion that we should get going hell for leather on the planning is right. But the tone ought to be 'this is unproved, untested, might not work but the potential upside if it did work is such that full scale planning now is appropriate. Once that is done we need to take a risk based judgement on how to proceed.'

There would seem to me to be 3 key tests to meet which we should set out fully in advice to Ministers:

1. Is it logistically possible? I think it is currently to early to say. We will know a lot more after the Liverpool pilot has run and more work has been done. So we should get on with doing the work but not assume success.
2. If it is logistically possible, Will it work in getting R down? Chris and Patrick will have a better view but I think the position is that it theoretically should but depending almost entirely on how people behave post test. Which we don't know. Again Liverpool will tell us more, as will Slovakia. But while it theoretically should reduce R, it is unproved and the advice should say so.
3. Will it have unintended consequences and risk? Beyond the risk of it not working, the key ones are I think: that if its done badly we risk creating superspreader events; destabilising the rest of test and trace (eg care home testing); and giving people false reassurance inc false negatives and therefore adversely affecting behaviour. We should have a full section on risks and mitigations. These (esp false negatives) will be crucial to the comms of this too.

Some specifics

1. Replace 'can' with either 'could' or 'might' in the title.
2. Summary – I don't think we have the evidence to say its logistically possible. Maybe that its not logistically impossible.
3. The mass testing in 2021 point is really important. And we shouldn't assume it's the same model as a one off mass test in 2020
4. Recommendation – this should be clear that we are advising the PM to take a well considered risk here. With the possibility of failure. But not to go ahead of course ensures failure.
5. Recommendation - Comms should be in the same vein. We certainly cant refer to 'success in liverpool' when the pilot has only just started and we have yet to see any impact on R.
6. Recommendation - I don't think we should use the words 'simple' or 'streamlined'. A project this size on this timetable will be neither.
7. Recommendation - We should decide how to proceed when we have the right evidence on logistical doability, effectiveness and lack of harms.
8. Policy considerations – I agree on splitting 2020 from 2021. For the latter we ought to consider a much more disaggregated and blended model – ie we expect/require businesses, schools, universities etc to do there own mass testing rather than seeing this as an ongoing fully state service.
9. Timing – agree that early December timing is optimal, but only if we know it is logistically possible. So fully agree Kate's point below on the other side of xmas being an option. We should make the point that we will only get one shot at this, and if we go too early and mess it up the public wont co-operate a second time.
10. Testing incentives. I largely agree with this. Is there any evidence that compulsion would be more effective?
11. Certification – this wouldn't be simple even as a stand alone and we shouldn't describe as such. Lots of issues about forgeries, how long does it last, promoting risky behaviour etc.
12. Isolation – this is more important than testing. Stopping tracing is obviously a huge call but I assume this paper is not the right place for that debate?
13. Whole Government effort. Play down the similarities with elections. LAs have standing plans for elections that they use most Mays and take off the shelf when a general election is called. I think it gives false reassurance to

describe this as like planning an election. This is more like holding an election in a country that has never done one before.

14. DAs and local govt – agree all this.
15. Should be a section on costs and how they are met.
16. Is any other country other than Slovakia planning to do this? Eg is Germany or France and if not why not?

Thanks

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From: Kate Josephs <kate.josephs@cabinetoffice.gov.uk>
Sent: 08 November 2020 07:26
To: CWP <Chris.Wormald-Private@dhsc.gov.uk>; Whitty, Chris <Chris.Whitty@dhsc.gov.uk>; Jessie Owen <jessie.owen@cabinetoffice.gov.uk>; Patrick Vallance <P.Vallance1@go-science.gov.uk>
Subject: Fwd: Nationwide mass testing proposal

Chris, Patrick, Chris

Would be really good to get your thoughts on this over the course of the day if you can.

One thing I'm going to ask jessie to do is include a little more of the PHE modelling on likely impact on R of a successful / high take up event, equally need to clearly set out the 'don't do this side of Christmas' option.

Best wishes and forgive the timescales, as you know we and T&T have had to develop this at great pace this week.

Kate

---------- Forwarded message ---------
From: **Jessie Owen** <jessie.owen@cabinetoffice.gov.uk>
Date: Sat, 7 Nov 2020 at 23:37
Subject: Nationwide mass testing proposal
To: Kate Josephs <kate.josephs@cabinetoffice.gov.uk>, Dominic Cummings <DCummings@no10.gov.uk>, <Dido.Harding@dhsc.gov.uk> NR NR @homeoffice.gov.uk>, Imran Shafi <IShafi@no10.gov.uk>, James Bowler <james.bowler@cabinetoffice.gov.uk>, Simon Ridley <simon.ridley@cabinetoffice.gov.uk>, NR NR Catherine Cutts <ccutts@no10.gov.uk>, Henry Cook
Cc: Emma Payne <emma.payne@cabinetoffice.gov.uk>, Oliver Ilott <oliver.ilott@cabinetoffice.gov.uk>, Oliver Munn <oliver.munn@cabinetoffice.gov.uk> NR NR @cabinetoffice.gov.uk> NR NR @dhsc.gov.uk>, NR @dhsc.gov.uk>, Simon Case <simon.case@cabinetoffice.gov.uk>, Amy Prewer <amy.prewer@cabinetoffice.gov.uk> NR NR @homeoffice.gov.uk>

Dear all,

Please see attached a paper outlining a proposed nationwide mass testing and isolation exercise in December. The current plan is to discuss the proposal outlined in the attached with the PM on Monday, as immediate mobilisation is critical if we are to deliver in the timescale envisaged.

Please let Kate and I know any comments and feedback; I'm sure we'll be setting up opportunities to discuss further tomorrow and Monday. We'll put together material for the PM meeting in due course.

(This note draws heavily on the note to the Cab Sec that went in on Fri so apologies to those of you reading something similar twice! A massive thanks to everyone in T&T, No10, the Taskforce and beyond who has contributed to planning and development so far).

Thanks,

Jessie

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