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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

THURSDAY 30th April 2020
At 0945 AM

P R E S E N T

The Rt Hon Boris Johnson MP
Prime Minister

The Rt Hon Rishi Sunak MP
Chancellor of the Exchequer

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

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 Stephen Barclay MP
Chief Secretary to the Treasury

ALSO PRESENT

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

Sir Patrick Vallance FRS FMedSci FRCP
Government Chief Scientific Adviser

Sir Simon Stevens
Chief Executive of the National Health Service

Sir Chris Wormald KCB
Permanent Secretary, Department of Health and Social Care

David Williams
Second Permanent Secretary, Department of Health and Social Care

Matthew Gould
Chief Executive Officer of NHSX

Simon Ridley
Director General, Healthcare Ministerial Implementation Group, Cabinet Office

Richard Gleave
Deputy Chief Executive and Chief Operating Officer, Public Health England

Ed Dinsmore
Project Management Office Lead for Test, Track, Trace and Certify, Department of Health and Social Care

Michael Brodie
Chief Executive of NHS Business Services Authority

Paul Kissack
Director General, Department of Health and Social Care

Paul Macnaught
Director, Healthcare Ministerial Implementation Group, Cabinet Office

Dominic Cummings
Senior Advisor to the Prime Minister

Sir Edward Lister
Senior Advisor to the Prime Minister

Cleo Watson
Senior Advisor to the Prime Minister

Munira Mirza
Director of the Number 10 Policy Unit

Tom Shinner
Senior Advisor to the Prime Minister

William Warr
Special Advisor to the Prime Minister

Henry Cook
Special Advisor to the Prime Minister

Oliver Munn
Advisor to the Prime Minister

Imran Shafi
Private Secretary to the Prime Minister

NR
Private Secretary to the Secretary of State for Health and Social Care

Secretariat

Sir Mark Sedwill
J Garvie
F Johnson

NR

contact with into an online form, if they knew them. Those identified through this process would then receive a phone call from a tracer, who would confirm how the index case would receive a test and interview them to identify any other contacts. The index case would then take a test. If this came back negative, all contacts would be told that it had been a false alarm and be released from isolation. If it came back positive, all contacts would be informed that they were at risk and should self-isolate for two weeks. This approach was similar to the approach taken by some South Asian countries, but better as it was the first to use Bluetooth technology.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that there were two risks to this approach. Either the app could notify too many people, who would all have to self-isolate, or it could notify too few and not be effective. The TTTC proposal would work best when the overall number of cases was relatively small, and the strategy could be quite aggressive. Around 4000 new cases a day would mean that this system would be realistic; if there were 100,000 new cases a day it would not work. The current rate of cases per day was not known, but would be confirmed by the Office for National Statistics (ONS) survey that would provide results by the coming weekend.

Concluding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the final step of the programme was certification. Research appeared to show that people who had had COVID-19 and had the antibodies then presented a low risk of contracting the illness or transmitting it to others. An antibody test existed in laboratory form, and might be viable by mid-May. Certification could be used to put fewer restrictions on the freedom of those that had the antibodies, as they would be able to undertake certain activities and pose a lower risk..

THE CHIEF MEDICAL OFFICER said that the proposed approach was an experiment. It was unclear whether it would work and whether people would act as the Government wanted, although people had been altruistic in their approach to the lockdown up to this point. The NHS already delivered contact tracing for Sexually Transmitted Infections (STIs), which required contact tracers to have a more difficult conversation with the index case, and was well-placed to deliver a COVID tracing service. He argued that the initial approach should be to trace contacts following the identification of symptoms, rather than following a positive test. It was possible, however, that, during the winter season, the system might be overwhelmed and it would therefore be necessary to move to trace only following positive tests. He said that the term 'immunity' to COVID-19 should be used carefully in public as it was not yet known whether having the virus show on a blood test meant that an individual was entirely protected from contracting the virus again.