

Note of first National Emergency Pressures Panel meeting

Friday 1 December, Skipton House

Panel attendees: Bruce Keogh (Chair) (NHS England), Paul Cosford (Public Health England), Jane Dacre (Royal College of Physicians), Helen Duncan (Cambridgeshire County Council), Cliff Mann (NHS England), Ruth May (NHS Improvement), Kathy McLean (NHS Improvement), Pauline Philip (NHS England and NHS Improvement), Prem Premachandran (Care Quality Commission), Keith Willett (NHS England)

Apologies – Derek Alderson (Royal College of Physicians), Helen Stokes-Lampard (Royal College of GPs), Jane Cummings (NHS England)

1. The Chair welcomed members of the panel to the meeting. He set out the wider context in which the panel had been established, a potentially very challenging winter that could require extraordinary action to ensure clinical risk is minimised. He set out that the panel would provide advice to the National UEC Director, as requested during the winter months.
2. There was a discussion as to where the panel sits in the framework between operational management and emergency preparedness and a major incident. It was explained that Emergency Preparedness kicks in when the system runs into serious problems and an abnormal approach is needed where people are required to work outside of their normal activities. In these circumstances clinical prioritisation is needed.
3. It was clarified that the panel does not have any operational responsibility and is solely advising the National UEC Director.
4. The National Director described the national and regional operating model for winter. The involvement of Public Health England was discussed and in particular the use of their granular surveillance data.
5. The National Director described that the panel would be given regular updates on the pressures in the system and she recommended that the panel met again before the Christmas break to be updated on the readiness of the NHS for the holiday period. **Action** – secretariat to arrange another meeting of the panel before Christmas.
6. The group agreed that the frontline are facing huge pressures and are currently not receiving messages from the centre well (whether from NHS management or the Royal Colleges). It was felt that the Royal Colleges could have a broader role in winter management and the panel was keen to consider how best this could be taken forward.

7. The National Director introduced potential actions that the panel may wish to consider should the pressures reach the 'higher' level in which the panel would be looked to for advice.
8. The panel discussed some of these measures and the following points were made:
 - a. In considering these actions the panel would need to be conscious of the knock-on costs of doing so – e.g. the impact on patients of not taking forward elective work;
 - b. We need to engage, in a controlled way, with clinicians working on the frontline and broader networks on potential actions that could be taken.
Action – members were asked to take forward these discussions to aid considerations in future meetings.
 - c. We should consider actions in the community as well as those focused in hospital and primary care to help address pressures.
9. The Chair concluded the meeting highlighting the need for members of the panel to receive a wider update on the approach to winter preparedness and thanking members for their time. **Action** – secretariat to include wider winter preparedness update on the agenda for the next meeting.