

Dear Mike, Patrick, Stuart and Graham,

I think we could make this work really well. One of the things we want is for RAMP to be independent in its thinking from SPI-M whilst knowing what SPI-M is being asked and having access to the same data. SPI-M is working terrifically well to generate consensus modelling views, but that inevitably smooths out challenge we might need. I'm sure Graham will have clear views about how to balance independence and coherence.

I also think it would be great to hear some completely different approaches. There is Demis's great opinion about international comparisons using pure data analytics, and I'd love to hear from other people with an approach that is different from infectious disease transmission models. For example maybe we are going to need a progression model that predicts short term ventilator bed-need based on who got infected today, their age, their bmi their co-morbidities, so that (if we had such data) we'd know when to slam the transmission brakes back on. (This hypothesises a whole load of strategies not yet chosen).

That does bring me to the elephant in the room Mike. You are going to be horrified when you find out what the data flows coming out of the NHS are like. I just want to warn you. I actually choked when Peter Bruce said SPI-M must be drowning in data.

Any thoughts?

Angela

Hi Angela

The original idea was via SPI-M, but there could be other channels. If the Steering Cttee itself has an overview of what goes on, presumably it could report stuff to SAGE direct?

Anyway, the honest answer is no, I've not thought this through. I will circulate the Steering Cttee early next week to try to set up a meeting and discuss such questions.

The call from RS should go out today.

Mike

On 28/03/2020 13:25, Angela Mclean wrote:

Dear Mike,

Have you thought about where RAMP input should feed in? I'd be interested to hear your views.

Angela