

Message

From: MacDougall, Vanessa - HMT [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=04CD0DCB3E6E43AA9F01876B025C7F12-VANESSA.MAC]
Sent: 07/04/2020 9:03:27 PM
To: [Name Redacted]@hmtreasury.gov.uk
CC: [Name Redacted]@hmtreasury.gov.uk; Nayee, Dharmesh - HMT [dharmesh.nayee@hmtreasury.gov.uk]
Subject: RE: Draft SAGE readout

Hi [Name Redacted]

This is great, thanks. Very happy for it to be circulated (I had just three minor amends below, in red).

Vanessa

From: [Name Redacted]@hmtreasury.gov.uk
Sent: 07 April 2020 20:12
To: MacDougall, Vanessa - HMT <Vanessa.MacDougall@hmtreasury.gov.uk>
Subject: Draft SAGE readout

Hi Vanessa,

Readout from today's SGAE below – apologies for length! Have reordered the agenda items to put Excess deaths and Exit statgey towards the top as that's what most will be interested in.

Let me know what you think.

[Name Redacted]

Intro & Sitrep

- Vallance started the meeting by highlighting he had seen several reports in media of SAGE members commenting on the science behind the government's approach. He highlighted that this wasn't helpful, and said that no one should be speaking to the media.
- **The main message from the strep is that there is no evidence of acceleration in the data – but too early to say the curve is flattening.** The doubling-time on ICU bed occupation is lengthening – especially in London (8.8 days, compared to England 6.5 days). Still headroom on ICU beds.
- The number of deaths being reported are currently above the RWCS, but hospital admissions and ICU bed occupancy are below. Do not think they need to change the RWCS, and expect the discrepancy in number of deaths is due to data reporting.
- Discussion about improving the Nowcast pack, as several people expressed concerns about current version not being reliable.
- **Action: Issues with Nowcast pack – SPI-M to take action to resolve.**
- **Action: Put the sit-rep figures together with the Nowcast to get an overview of where we are.**

Excess Deaths

Ian Diamond said paper should be ready Wednesday to be circulated to SAGE – to be discussed Thursday. Looks at the impact of reprioritising NHS operations, as well as health impacts of both short- and long-term recessions.

- Vallance asked for more regional information to be added.
- Whitty wanted to include more specific health impacts of NPIs – e.g. where these could have disproportionate effects on some groups.

Exit Strategy

- **Whitty gave overview of his paper drafted over the weekend that starts setting out options for this (but did not get in to the detail):**
 - Need to be aware of the fact that there are multiple ways this will impact lives, mortality and morbidity. Indirect effects on health service and deprived people becoming more deprived. While a longer and slower path is better for Covid-19 outcomes, a shorter and sharper path likely better for other.
 - In the long-run, there will be drugs and vaccines to manage the virus. But we can't put a time on when and highly unlikely soon enough. This means we have to make some difficult policy decisions. While we won't be able to eradicate this disease, we do need to avoid exponential growth to not overwhelm NHS. But there is a range of options between those two – and we need as much data as possible to guide that thinking.

Understanding Covid-19

- Discussion of what the data is saying about **co-morbidities**:
 - Obesity is coming out a strong indicator for both hospitalisation and death. Question if this should become part of shielding guidance –members could see difficulties in agreeing messaging as not everyone who is overweight enough to be in a risk category would consider themselves obese.
 - Do not have data on risk of hospitalisation or death by socioeconomic group because of data protection rules.
- Discussion around benefits of **everyone wearing masks in public**. The main issue is gap in public understanding of why it is important health care workers wear masks, but SAGE are saying it won't help them **as members of the public**.
 - General agreement it wouldn't have a big impact and given shortages, it is better to reserve PPE for key workers exposed to a lot of people.
 - However, if pre-symptomatic people are most infectious – mask wearing could help. Important SAGE has properly considered.
 - **Action: SAGE to commission paper on relative benefits of population wide mask use.**
- Discussion on paper of **spread of disease amongst children**.
 - General agreement evidence to date is insufficient, but that this is key to inform modelling and NPI recommendations **in terms of school closures**.
 - Noted that closing schools was mainly a mitigation strategy to stop household-to-household contacts (via children), rather than on assumption children are spreaders.
 - **Action: Create a sub-group looking at children specifically, SAGE asked to submit questions to Vallance and Whitty who will set scope of work, incl. new studies needed.**
- Discussion on **outdoor spread of the disease**:
 - SAGE do not think they will be able to say which professions can and can't be made safe. However, they can do studies that will inform guidance on what kind of practices are safe/not – e.g. being outdoors, sitting on a bench etc.
 - Strong agreement it is likely being outdoors helps, and that restrictions relating to the outdoors could more easily be eased.
 - **Action: SAGE to commission paper on outdoors transmission.**

Nosocomial infections (infections that happen in hospital)

- Lots of work going on to better understand nosocomial infections – current estimates likely underestimates. No clear idea if driven by patient-patient or staff-patient.
- Survey work also being done to understand what hospitals are doing to be able to better consolidate best practices across the NHS.

NHS App

- They're developing an app which can tell via Bluetooth if your phone is close to another's phone with the same app. This will allow people to put on the app if they're displaying symptoms, and anyone who crosses their path will be alerted they've been in proximity (without being told who).
- SAGE members flagged several issues with this, incl:
 - Effectiveness dependent on uptake – which is also limited by use of smart phones (c. 60-65% of population). Unlikely this will be able to be solely relied on as a strategy for collecting data and/or contact tracing.

- Need to work out how this app will link to testing strategy – incl. features like app prompting eligibility to get tested etc.
- Risk if the app tells you to self-isolate several times people will stop listening.
- **Action: Lead (Anthony Finkelstein) to take away key issues raised and consider as app gets developed.**

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During this period when many of us are WfH – please drop me a IM, text or call my mobile if urgent

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