

Message

From: [NR] (HSS-Primary Care & Health Science) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=56537CD4709745458386B93E9D180B60-[NR]
on behalf of HSSG.TAC [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9D1F1FD6419F48EDBCADFB613027C2C5-HSSG.TAC]
Sent: 15/03/2020 17:56:22
To: [NR] (HSS-Primary Care & Health Science) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=56537cd4709745458386b93e9d180b60-[NR]; Andrew Jones (andrew.jones10@wales.nhs.uk) [andrew.jones10@wales.nhs.uk]; Christopher Williams (Public Health Wales - No. 2 Capital Quarter, Health Protection) [Christopher.Williams25@wales.nhs.uk]; Giri Shankar [Giri.Shankar@wales.nhs.uk]; HSSG.TAC [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d1f1fd6419f48edbcadfb613027c2c5-HSSG.TAC]; Kamalan, Chrishan (HSS - DHP Public Health) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4927bdb141044aca5ee696d8e9faeba-Kamalan, Ch]; [NR] (KAS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=47f66ef7d30647b19a41848dc1ca9794-[NR]; Orford, Rob (HSS - Primary Care & Health Science) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7d38a628177a448789839f37a51faf75-Orford, Rob]; Payne, Heather (HSS - DPH-Population Healthcare) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3d79d5a7bd58476593e2501c442cfad0-Payne, Heat]; [NR] (KAS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bbe65eb68b554ba9b765f53888071469-[NR]; Robin Howe [robin.howe@wales.nhs.uk]; [NR] (ESNR- Science) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826dd80b2c93436f817f28d5524d93aa-[NR]
Subject: TAC TC Actions 15.3.20

Dear all

In an attempt to rapidly convey actions identified in today's TAC TC. I haven't captured every comment, but hope these notes are a sufficiently accurate portrayal of dialogue. Apologies for omissions or errors, please correct where necessary.

In attendance:

- Rob Orford [RO] (Chair)
- [NR] (Secretariat)
- Giri Shankar [GS]
- [NR]
- Glyn Jones [GJ]
- Heather Payne [HP]
- [NR]

Wales Position on Epidemiological curve

1. **ACTION:** GS to summarise current Welsh COVID statistics (positives, ICU cases, deaths) to RO
2. **ACTION:** RO to cross-reference against epidemiological curve to estimate current Welsh position ahead of 16.3.20 COBR.
3. Initial ballpark estimate: Week 2-3 on curve, approx. 8-9 weeks from peak, with expectation of first death probable next week. Based on uncontrolled outbreak modelling it is conceivable we are ~3 weeks from outstripping ICU capacity in Wales.
4. **ACTION:** TAC members to confirm to [NR] if they are able to download and open password protected NHS demands spreadsheets from Objective Connect.
5. **ACTION:** RO to request confirmation that NHS in Wales is capable of fulfilling projected capacity requirements (1500 ICU beds, 15000 beds) to satisfy the herd immunity strategy. If confirmation cannot be provided we may need to provide risk warning that an alternative approach inclusive of additional more stringent interventions is needed.

Introduction of interventions

1. General concern that further delay in implementing household quarantine and protection of vulnerable could affect Wales more than England.
2. **ACTION:** RO to include recommendation in COBR briefing that introduction of these interventions in Wales should be with immediate effect.

NHS Sitrep

1. **ACTION:** RO to ensure we contribute to NHS sitrep.

Graphical representation of COVID in Wales

1. **ACTION:** NR/CW to produce graphical summary of 100% RWC/34% RWC modelled statistics for Wales to include projected deaths, ventilations, admissions and estimate timings to NHS capacity being overwhelmed in each case.

Peer Review of Model and Wales Projections

1. **ACTION:** NR to circulate letter from 200 scientists to TAC membership for awareness and comment.
2. **ACTION:** RO to recommend in COBR brief that Wales expects all SAGE evidence to be published publically for peer review and public transparency.
3. **ACTION:** RO to recommend that WG publish real-time monitoring results against unmitigated and mitigated projected curves for public consumption.

Testing Methodology

1. South Korea have claimed that dramatic expansion of testing regime has demonstrated increased overall public compliance.
2. WHO critical of reduced testing regimes.
3. Concern that reducing testing of symptomatic individuals that are self-isolating in UK may reduce compliance rates.
4. Increased testing of symptomatic individuals demonstrates to public that interventions are working.
5. Increased testing of symptomatic individuals gives confidence that those tested positive and recovered can safely re-enter society and potentially work with high-risk vulnerable groups with decreased risk of subsequent infection.
6. **ACTION:** GS to summarise opportunities to increase PHW/NHS testing capacity and outline opportunities for new approaches to testing methodology (e.g. home self-testing) and send to RO.
7. **ACTION:** RO to include GS summary in COBR recommendations.

Surveillance

1. Concern we have no knowledge of how many are self-isolating and being compliant with instructions to do so.
2. Need a method to capture this intelligence.
3. **ACTION:** NR/GJ to consider methods for surveillance e.g. measure geographical movement patterns of mobile phones, Welsh input to MORI poll, ONS survey.
4. **ACTION:** CW/HP to raise with SPI-M what methods are they considering and what discussions they've had with Google, mobile providers, social media etc. to monitor public movement activity.

Intervention Modelling

1. Acknowledgement that the public have started to introduce their own forms of intervention e.g. sporting associations suspending activity, musicians cancelling tours, people increasing home working, reduction in social interactions etc.
2. These actions have not been included in modelling of COVID interventions.
3. NR stated YouGov are doing a poll on what personal actions have the public begun to implement of their own accord.
4. **ACTION:** NR to summarise initial findings of YouGov poll and send to RO.
5. NR suggested the research bid for Rapidcall MRC will be announced this week which could feed into this issue.
6. **ACTION:** NR to give update on bid success and summarise how this will benefit this issue.

7. **NR** suggested Healthwise Wales could be a useful cohort for estimation of this effect. RO noted a new TAC member to start this week is from Healthwise Wales group.
8. **ACTION:** RO to discuss with new starter how Healthwise Wales could be utilised.
9. **ACTION:** RO to raise at SAGE the issue of divergence of public behaviour from model assumptions and ask how this could affect predicted outcomes.

TAC Terms of Reference

1. RO asked are we now a STAC as opposed to a TAC?
2. GS explained that we should remain a TAC and use ECCW.Health to triage only technical queries to members and not operational.
3. **ACTION:** RO, **NR** to consider how we instruct ECCW.Health to triage requests to the TAC.

TAC TC 16.3.20

1. **ACTION:** **NR** to cancel the scheduled 8.30am TAC TC on 16.3.20.

Hope that's close enough to true. Any problems please let me know.

Thanks

NR

NR

Radiation Lead for Health

Yr Is-adran Gweithwyr Proffesiynol Perthynol i Iechyd a Gwyddor Gofal Iechyd /

Division for Health Science and Allied Health Professionals

Cyfarwyddiaeth Gofal Sylfaenol a Gwyddoniaeth Iechyd / Directorate of Primary Care & Health Science

Iechyd a Grwp Gwasanaethau Cymdeithasol / Health and Social Service Group

Llywodraeth Cymru / Welsh Government

Ffon / Tel: **I&S**

E-bost / Email: **NR** [@Gov.Wales](mailto:NR@Gov.Wales)

Os hoffech dderbyn ohebiaeth yn yr iaith Gymraeg neu os hoffech dderbyn unrhyw ohebiaeth yn y dyfodol drwy gyfrwng y Gymraeg, gadewch i mi wybod.

If you wish to receive correspondence in the Welsh language, or you wish any further correspondence to be in the Welsh language, please let me know.