TAG Policy modelling group – 27 August 2020 12:30 via Teams

Attendees: Brendan Collins NR Mike Gravenor, NR Name Redacted

Apologies:

Outstanding Actions:

30/07 NR - pick up testing data that could feed into circuit breakers of line with NR catch up with NR	
30/07 NR share data by age band form Imperial Worst case scenario. Circulate SAGE worst case scenario	BC to Circulate SAGE WCS
06/08 NR Consensus statement about what modelling data do we have and what we need, also useful for work on local data sets.	All - ongoing
06/08 NR J to present his walk through to SPI M Policy colleagues, trade off will show how to get SAIL data to further link in, included NR in the invite.	Arrange meeting – tracing data
13/08 NR Catch up with NR on cluster identifying numbers.	NR
Action 1 – Send comments indicators/circuit breakers to NR	All
Action 2 – Circulate link for the Armakuni model on GitHub.	NR
Action 3 – NR and other colleagues to work through the details of the model at a separate meeting.	
Action 4 - NR to circulate Influenza and RSV surveillance data	Name Redacted
Action 5 – Circulate JBC alert level paper for comments	
Action 6 – Circulate the Intelligence Cell presentation for comments	
Action 7 – LA to circulate Circuit Breaker work for comment	
Action 8 – Cancel Modelling Forum meeting and re-arrange	NR Complete
Action 9 – BC to share his slides	BC

1. **Welcome, roll call and actions from last meeting**
   BC welcomed attendees and opened the meeting
2. **Circuit Breakers for comments –** NR
   Integrate RWC with Circuit Breakers (CBs) as next step?
   Continue work on: at what time will circuit breakers be hit and at what levels should they be set for various scenarios.
   CBs updated, as well as hospitalisations and ICU, add test positivity, look at JBC use, 7 day test positivity, average rates per xx/100,000 people eg at local level JBC use Red=50/100,000 and Amber=25/100,000, thought is ro have a lower level for Wales at local compared to National?
   Positivity and indicators were discussed and levels of settings for flagging, include threshold numbers.
   Noted difficult to interpret test positivity results, depends how testing is done, care taken with survey used to get results.
   Get bigger sampling for Wales to get better idea of community prevalence.
   Mass screening paper to SAGE to-day.

Think about NHS L/A hot spot identify report highlighting areas above Welsh average?
Noted main CSs are set at National level but set lower at local level, but human checks necessary. Transmission rates, clusters, breakouts and percentages were touched on and noted that work remains ongoing.
Looked at using more local data eg hospitalisation and 111 and comparing with eg Zoe data.
MG also looked at MoD data via SAIL. MG confirmed that a report to go to TAG next week but gave a brief overview about using Zoe but the co-variants will be the LSOA test positive rated along with MoD risk factors and mobility data and adjust Zoe by observed incidents and risk.
BC met with critical care consultants recently and discussed ICU capacity and using CBs to help.
MG noted that CB levels in light of ICU data from last week should be re-looked at.

MG talked through the 4 scenarios via slides, including 2 new ones, first allows a little more activity during a December lockdown and although the peak remains the same it is spread over a longer period causing capacity issues in hospitals and ICU. Second allows lot more activity, peak is controllable but the decline is much slower. School remain open but reduced capacity to 50%. Could take this scenario and show changes around it: lower and longer shutdown and age shielding.

SPIM assumed that we were to have a severe winter lockdown, if guidance to the contrary is received then one of these could be looked at, do we look at this as a new baseline or include as b5 scenario? From NHS perspective this may be a better planning option.

NR Capacity and planning was discussed, it's worth noting that the service does not respond well to rapid response and look at hospital stays with medical conditions it is 6/7 days, whereas with Covid19 it could be weeks/months, so planning is difficult, it is thought NHS will look at figures but can it gain the capacity needed?

BC to present slides updated with MG scenarios for Modelling Forum at 16:30 and update report and take to TAG 28/08 as well as a Ministerial Advice shortly.

BC presented the 4 scenario modelling slides as per last week and discussion continued around them, levels, herd immunity, transmissions, factors that can alter the data, community adherence.

MG presented the latest hospital figures presented as a graph to show the curve of a winter outbreak and talked through the outcomes. Have the delayed responses being the central scenario adopted with the others being better or worse ones. There are 3 proposed baselines,

Dexamethazone was discussed, MG confirmed this is not modelled in, however this could be factored in.

May look at “most likely scenario” and this is where we may start to look at what has improved over time.

Action BC to share his slides

3. **AOBs**