

Message

From: Harries, Jenny [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CB41E14F2B234DBEB666D05EF2623BC1-JHARRIES]
Sent: 26/04/2020 22:49:18
To: WilliamsWalshe [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=482d0fee82b648328568c702de825964-WilliamsWal]; Mehta, Nisha [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102811871d4a46b88bc288ae8199e593-NMehta1]; [Name Redacted] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=731ae41932914a2b90daa92ec8cc56dc [NR] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b155749554f84abc9bf51b35e945335 [NR]
CC: Mark Sayers [mark.sayers@cabinetoffice.gov.uk]; [Name Redacted] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4f0c0dd12954c188e834b128653ddd1 [NR] Kissack, Paul [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eada0402a55f40419e41ca9cce842008-PKissack]; Lamberti, David [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8462cb6e65b34a9ab206a47f250a17ea-DLamberti]; Marron, Jonathan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=408cbe8cfd6e48ac9f23e0d70f5ce958-JMarron]; Butcher, Hayley [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=faf18f7538ad453885b8037cdc717872-HButcher]
Subject: RE: Cabinet Office paper on shielding (and questions for SAGE)

Thanks for sharing Antonia

I haven't seen this document before.

I feel quite uncomfortable with the elaboration in the document which seems to miss some of the very high level key points which include:

1. Inclusion in the shielded group is based solely on a broad attempt at identifying heightened clinical risk and the likelihood of shielding to prevent a fatality. [I am not sure that hospital admissions were actually ever included in the SAGE modelling].
2. The ability for people in this group to *choose* not to wish to shield is still missing in several places
3. The MHCLG element is simply a support mechanism to enable people to stay shielded – it is not of itself an intervention of value
4. The decisions on what the options should or could look like can only be derived from novel evidence relating to clinical risk of death – I am not sure laying them out here as possible upper and lower tier risk groups is helpful if we currently have no evidence that this is in anyway attainable or describable.
5. If we were planning on doing a tiered approach, what would stop the same approach being requested by the 'generally clinical vulnerable' group for which we probably have more evidence? I would not in any way advocate this at present but I note it just to highlight the risks of not thinking through the impact or rationale for other parallel or linked guidance.

In summary I think the elaboration in the paper runs the risk of putting ideas and options in senior decision makers minds for which we are likely to have no underlying evidence to rationally implement.

In general I think a much briefer paper all round which was clear on this would be less risky.

Jenny

From: WilliamsWalshe <WilliamsWalshe@dhsc.gov.uk>

Sent: 26 April 2020 21:49

To: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>; Mehta, Nisha <Nisha.Mehta@dhsc.gov.uk>; [Name Redacted]

Name Redacted

dhsc.gov.uk>

Cc: Mark Sayers <mark.sayers@cabinetoffice.gov.uk>; Name Redacted; Name Redacted; Kissack, Paul <Paul.Kissack@dhsc.gov.uk>; Lamberti, David <David.Lamberti@dhsc.gov.uk>; Marron, Jonathan <Jonathan.Marron@dhsc.gov.uk>; Butcher, Hayley <Hayley.Butcher@dhsc.gov.uk>
Subject: Cabinet Office paper on shielding (and questions for SAGE)

Hi Jenny, Nisha, NR and NR cc Paul and David)

I think/hope you're aware of the Cabinet Office commission for a range of papers to inform decision-making on the next stage of social distancing (detail below)

One of the papers requested is on shielding (this is the next iteration of the fiche you commented on last week Jenny) – am also copying Paul and David as they are pulling together papers on isolation and segmentation which are linked

Cabinet Office have asked us to flesh out some next stage options on shielding in more details and asked us to consider: (a) extending current shielding policy; (b) relaxing current guidance in some way e.g. allowing people to exercise, have contact with rest of household; (c) further segmenting shielding cohort in to higher and lower risk individuals and loosening guidance for latter group; and (d) applying shielding guidance to households rather than individuals. I am concerned that all options which are a variation on current shielding guidance wld be very difficult to operationalise and communicate effectively given how challenging this has been so far.

I understand SAGE are being asked to discuss the various social distancing options tmrw and we have been asked for suggestions for questions – we are planning to send CO the following questions but pls let me know if you have any amendments/additions:

- What would need to be true to enable the current shielding guidance to clinically extremely vulnerable people to be relaxed/removed i.e. is there a level of transmission or mortality rate that would change SAGE's overall recommendation to shield?
- Is it clinically feasible and/or desirable to segment the current shielding cohort in to lower and higher risk patients by type and/or severity of condition and recommend different levels of shielding for each?

Attached is the current draft paper that we need to get to Jo Churchill (junior minister) on Monday afternoon, then SoS by close of play Monday, then back to Cabinet Office by 5pm on Tuesday

This needs more editing but I wanted to get to you tonight in case you want to input at this stage (I presume the full set of papers will go to CMO alongside Ministers later in the week – have asked Cabinet Office – so you may prefer to wait until then)

V happy to talk through if easier

Best wishes

Antonia

From: James Rogers <james.rogers@cabinetoffice.gov.uk>

Sent: 24 April 2020 15:47

To: Chris.Townsend@communities.gov.uk; Goodman_Llewellyn <Goodman_Llewellyn@communities.gov.uk>; WilliamsWalshe <WilliamsWalshe@dhsc.gov.uk>

Cc: Mark Sweeney <mark.sweeney@cabinetoffice.gov.uk>; Jonathan Black <jonathan.black@cabinetoffice.gov.uk>; C-19 Strategy <c-19-strategy@cabinetoffice.gov.uk>; dan.york-smith@hmtreasury.gov.uk; vanessa.mcdougall@hmtreasury.gov.uk; philip.duffy@hmtreasury.gov.uk; Simon Ridley <simon.ridley@cabinetoffice.gov.uk>; Rosemary Pratt <rosemary.pratt@cabinetoffice.gov.uk>; Paul Macnaught <paul.macnaught@cabinetoffice.gov.uk>; Mullin, Chris <Chris.Mullin@dhsc.gov.uk>; patricia.hayes@homeoffice.gov.uk;