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#### **WELSH GOVERNMENT**

### COVID19 Technical Advisory Cell (TAC)

#### TELECONFERENCE

(& Pen-y-Bont Room in Cathays Park) Friday 20<sup>th</sup> March 2020 at 8.30am

REF Objective Connect Folder: "TAC Papers 20.03.20"

## **Key actions**

- **TAC Chairs** will be focussing on drafting a briefing paper emphasising the current weaknesses in data submission to TAC and that this is critical to provide good technical advice to drive policy and operational response.
- Need greater sight on non-health data to better understand behaviours around compliance of social isolation measures. This includes getting a hold of mobile phone usage data- will be raised at 4-Nations CMO group and SAGE.
- Need to enforce getting daily ICU usage data from the Healthboards by 15:00 at the latest- this is critical. Policy will be to highlight those healthboards who are failing to provide this data- and leading.

## **Meeting Notes**

#### **ICU Data**

TAC is currently not being provided with the data it needs to effectively provide timely and accurate advice. Particularly critical is the daily ICU data from the Healthboards which is currently not coming before the 15:00 deadline. This is not acceptable and will be escalated in a briefing paper.

will be requesting that the healthboards submit this data by midday so there is flexibili	ity
to chase and review the data as it comes in. The importance of this data has been	
reemphasised.	

	suggested	implementing	a standard	functional	measurement	to judge	whether	they
me	et ICU crite	eria						

and and need to think about how to get most accurate data out of
hospitalisation data, those on palliative care and those in ICU. Palliative might be exclude
currently by

#### Compliance

Considerable anecdotal evidence that compliance with social isolation guidance is limited in some areas despite guidance. The usage of mobile phone data is currently unknown and greater sight on this is needed to track this- will be raised through SAGE as a priority. Getting the evidence behind this is needed to track ongoing compliance. More emphasis is needed on risk communication to avoid the worst case scenario of exponential growth.

So far no clear evidence against proposing a total lockdown. However greater confidence in the numbers beyond anecdotal evidence is needed to support this.

### **Vulnerable Groups**

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Guidance has been shared from England- the letter to hyper vulnerable groups is quite long and will be going out next week. Before this the relevant individuals need to be identified; all over 70s and everyone with relevant medical conditions are included in the vulnerable group. The hyper-vulnerable group will mostly cohabit and so advice for self-isolation needs to be communicated.

Social Services will also be notified of the people who are written to in the HV group- aim is to get offer of social care support in the letter so there aren't two letters going out. This is under supervision. The criteria for these groups is not clear on the data side as it is extremely broad in some areas such as solid organ transplants. A comprehensive list will probably not be available until next week- the Minister and have been briefed on this. There may be a comms piece of work with the public needed on this to help gather information.

A four nations catch-up is needed on this and other areas to avoid duplication of effortthere is some evidence this is already occurring.

attending SPI-M today: will be asking for examples of on compliance at different levels and behavioural insight data that can be brought to SAGE group.

## **Primary Care Demand**

A call with Medical Directors took place where there was a request for data around face to face and remote consultations. This may need to be raised at SPI-M, is there an existing model to estimate the impact on Primary Care? will be picking this up going forward. One data source may be the number of people attending primary care or community pharmacies but registered elsewhere.

# Recovery planning

At some point in the future the country will begin entering a recovering phase- it was proposed to begin looking ahead to this and begin modelling what the status quo will look like post intervention with regards to economy and society. **ACTION Chair** will speak to around this. Critical to keep mind TAC's role in mitigating indirect harms from recommended interventions the ToR will be updated to reflect this.

### School closures and Key workers

Priority is finding out the number of key workers under the current classification and how many require child care. steam has done the analysis on this and will forward on to TAC; however the inclusion of vulnerable children makes this data more difficult to interpret accurately. This was discussed at the last SPI-M, where the consensus suggested it would be particularly difficult to assess the exact point at which school closures would be ineffective. Will be raised again later at today's SPI-M.

will contact in Education to find out what they have observed.

## Second homes and migration

Although this is a priority there is currently limited data available beyond the number of registered second homes. Tracking the movement of populations within Wales between healthboards is also critical to prediction service pressures.

Accessing data around tracking anonymised phone signals is a priority- there is activity with other departments and JM will update as this become clear. This will also be raised at the 4 Nations CMO group and SAGE.

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will investigate the possibility of accessing data of those accessing care while registered elsewhere

### AOB

- HP has still not received details for next SPI-B: ACTION TAC Sec will chase.
- It is unclear whether there is Welsh representation on NERV-TAG: **ACTION TAC**Sec will check with
- Future meetings will be extended to one hours in length- ACTION TAC Sec.
- team at SAIL are available to assist but need clear direction-recommended inviting to attend Monday's meeting **ACTION TAC Sec** will contact.

Next meeting: 23/03/2020 8:30