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**From:** Vallance, Patrick (GO-Science) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=34A3DB026A094839B977362D13396897-VALLANCE, P]  
**Sent:** 17/04/2020 14:21:45  
**To:** Whitty, Chris [Chris.Whitty@dhsc.gov.uk]  
**CC:** Government Chief Scientific Adviser (GO-Science) [gcsa@go-science.gov.uk]  
**Subject:** RE: OFFICIAL: Hospital metrics

Ok so nothing for us to do from SAGE?

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**From:** Whitty, Chris <Chris.Whitty@dhsc.gov.uk>  
**Sent:** 17 April 2020 14:18  
**To:** Vallance, Patrick (GO-Science) <P.Vallance1@go-science.gov.uk>  
**Subject:** RE: OFFICIAL: Hospital metrics

Yes, people here are v aware of this. Maybe not this specific data set but all data point this way.

Don't know why not sent to me...

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**From:** Vallance, Patrick (GO-Science) <[P.Vallance1@go-science.gov.uk](mailto:P.Vallance1@go-science.gov.uk)>  
**Sent:** 17 April 2020 13:32  
**To:** Whitty, Chris <[Chris.Whitty@dhsc.gov.uk](mailto:Chris.Whitty@dhsc.gov.uk)>  
**CC:** Government Chief Scientific Adviser (GO-Science) <[GCSA@go-science.gov.uk](mailto:GCSA@go-science.gov.uk)>; Wainwright, Stuart (Go Science) <[Stuart.Wainwright@Go-Science.gov.uk](mailto:Stuart.Wainwright@Go-Science.gov.uk)>; Government Chief Scientific Adviser (GO-Science) <[GCSA@go-science.gov.uk](mailto:GCSA@go-science.gov.uk)>  
**Subject:** FW: OFFICIAL: Hospital metrics

Chris

In a way nothing new here but it remains a big worry – do you think this is well enough understood in DHSC or would a letter from SAGE help? It is clearly a major issue for both hospitals and care homes as we know

Patrick

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**From:** Graham Medley Irrelevant & Sensitive  
**Sent:** 17 April 2020 12:56  
**To:** Vallance, Patrick (GO-Science) <[P.Vallance1@go-science.gov.uk](mailto:P.Vallance1@go-science.gov.uk)>  
**Subject:** Fwd: OFFICIAL: Hospital metrics

Dear Patrick

This has just been sent to me by NR at PHE. It is “embargoed” but I did not feel that I could see this and not share with you. It shows deaths by date of registration (so, not date of death) for deaths recorded from home, care home and hospital. The deaths at home and in care homes are continuing to increase, whilst deaths in hospital are plateauing. There is some caution involved in interpretation, if, for example, the delays between death and registration are different for hospitals and care homes.

However, there are two conclusions that are relatively robust I think. First, is that the number of deaths in hospital is <50% of all deaths. Second, that deaths at home and in care homes are not plateauing. The plateauing in hospitals might be partly explained by changes in admission practice.

Nonetheless, I do think that the community transmission does have  $R < 1$ . Consequently, my reading of the situation is that we have wide-spread on-going transmission in the health and social care systems. Hospital and community-health and social care appear to be driving transmission, and potentially at an increasing rate. In effect, this is the opposite of shielding - vulnerable are being preferentially infected.

The other consequence is that the current social distancing measures are the wrong priority. Removing infection and keeping it out of the health and social care is now more critical in terms of reducing deaths.

Graham

**Graham Medley**

*Professor of Infectious Disease Modelling*

*Director of CMMID*

Dept of Global Health and Development

London School of Hygiene and Tropical Medicine

<https://www.lshtm.ac.uk/aboutus/people/medley.graham>

Begin forwarded message:

**From:** NR [@phe.gov.uk](mailto:NR@phe.gov.uk)>  
**Subject:** RE: OFFICIAL: Hospital metrics  
**Date:** 17 April 2020 at 10:53:41 BST  
**To:** Graham Medley Irrelevant & Sensitive

**OFFICIAL**

Hi Graham,  
Will do.

I've just seen an early, embargoed (copied here so that you can see what I'm seeing, still subject to checking etc.), all-cause mortality analysis from the health improvement team in PHE and I am concerned with what we are seeing in the place of death part of the data. There is some evidence of plateauing in the secondary care deaths (as per the forecasts) but far from that in the community deaths. NB. These are by date of report so it could be some weird system effect but still at least worth being aware of.

NR