

Message

From: Whitty, Chris [Chris.Whitty@dhsc.gov.uk]
Sent: 23/03/2020 11:29:19 AM
To: Van Tam, Jonathan [Jonathan.VanTam@dhsc.gov.uk]; STEVE POWIS [england.medicaldirector2@nhs.net]; Vallance, Patrick (GO-Science) [p.vallance1@go-science.gov.uk]
CC: Harries, Jenny [Jenny.Harries@dhsc.gov.uk]
Subject: Re: ICU and broader NHS capacity OFFICIAL SENSITIVE IMPORTANT AND URGENT

Ok thanks. I think ministers are fully seized of the need to act.

Chris

From: Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>
Sent: Monday, March 23, 2020 10:41:52 AM
To: STEVE POWIS <england.medicaldirector2@nhs.net>; Whitty, Chris <Chris.Whitty@dhsc.gov.uk>; Vallance, Patrick (GO-Science) <P.Vallance1@go-science.gov.uk>
Cc: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>
Subject: ICU and broader NHS capacity OFFICIAL SENSITIVE IMPORTANT AND URGENT

Dear Steve, Chris, Patrick:

A very quick heads up from SPI-M from some seriously alarmed and completely unanimous modellers.

1. Modellers unanimous that current compliance with mitigations will bend the curve, but not turn it down
2. They are now estimating R0 to be 2.7 to 2.8
3. Modellers have a HC utilisation model for ICU that allows for discharges/deaths to free ICU capacity
4. Modellers unanimous that ICU capacity in London will be breached in 7-10 days and rest of UK in 2 weeks (10-16 days)
5. They do not believe that further strengthening of mitigations even if enacted now can stop this.
6. Their conclusion is that London will be overrun anyway and is now not avoidable
7. Their conclusion is that acting right now might just avoid overrunning in the rest of England, but only just.
8. Further work suggests that standard ward based capacity will also be exhausted in similar timeframes

The call continues but I write to give you the earliest steer that:

1. Modellers are of one mind that extra measures needed right now – right across the country not just London
2. That even then NHS overwhelm risk is now critical
3. That even a 'total lockdown' now can't avert chains of transmission that will now be underway in households even if they don't contact anyone outside.
4. That it may be necessary to begin rationing ICU access to avoid deaths in young adults who soon won't be able to be treated because the beds are blocked by older patients with either very slow recovery or very slow demise.

Regards

JVT



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