Executive Summary

Our Independent SAGE focuses on the priorities for measures to be taken to support a gradual release from social distancing measures through a sustainable public health response to COVID-19. This will be essential in suppressing the virus until the delivery of an effective vaccine with universal uptake. We do not address, except as it is directly relevant, the clear structural and procedural weaknesses that contributed to the current situation as we expect these to be addressed in a future inquiry. We draw extensively on the policy considerations proposed by the World Health Organization, which provide a clear structure on which an effective policy should be based given the inevitability that the virus will continue to cross borders.

Our main recommendations are:

1. The government should take all necessary measures to control the virus through suppression and not simply managing its spread. Evidence must show that COVID-19 transmission is controlled before measures are relaxed. We detect ambivalence in the government's strategic response, with some advisers promoting the idea of simply 'flattening the curve' or ensuring the NHS is not overwhelmed. We find this attitude counter-productive and potentially dangerous. Without suppression, we shall inevitably see a more rapid return of local epidemics resulting in more deaths and potentially further partial or national lockdowns, with the economic costs that will incur.
2. The government should refocus its ambition on ensuring sufficient public health and health system capacities to ensure that we can identify, isolate, test and treat all cases, and to trace and quarantine contacts. Quarantine should be for 14 days and not seven. The government must develop a clear quarantine and messaging policy which takes account of the diversity of experiences of our population, variations in household structures, and with appropriate quarantine facilities in the community. This should be accompanied by real time high quality detailed data about the epidemic in each local authority and ward area.
3. Government ministers, NHS bodies and their officials should adhere to the Code of Practice for Statistics and the UK Statistics Authority should reports breaches of the code. There is concern about inaccurate, incomplete and selective data presented by government officials at the daily PM press briefings. We recommend the involvement of statisticians responsible for analyses, and the Office for Statistics Regulation should publish further assessments of these data. The UK Statistics Authority, an independent body responsible for oversight of the statistics produced by the Office for National Statistics and other government departments and public bodies has a Code of Practice. The Code requires i) trustworthiness: confidence in the people and organisations that produce statistics and data, ii) quality: data and methods that produce assured statistics and iii) value: statistics that support society's needs for information. It is vital the public has trust in the integrity and independence of statistics and that those data are accurate, timely and meaningful.
4. The government evaluates alternatives to complement conventional epidemiological modelling, such as dynamic causal modelling—e.g., via the expertise established by the RAMP initiative. Dynamic causal modelling (DCM) enables real-time assimilation of data quickly and efficiently to estimate the current levels of infection and ensuing reproduction rates (R). The computational efficiency of DCM may allow pressing questions to be answered; for example, would a devolved social distancing and surveillance policy—based on local prevalence estimates—be more efficacious than a centralised approach? In short, there is a pressing need to evaluate alternative approaches (and hypotheses) that may support real-time policy-making.
5. Recognising the centrality of human behaviour in virus transmission, the government should ensure that as social distance measures are eased, measures are taken to enable population-wide habit development for hand and surface disinfection, using and disposing of tissues for coughs and sneezes and not touching the T-zone (eyes, nose and mouth).