Message

From:	Graham Medley [phpugmed@	I&S	
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Sent: 28/03/2020 20:23:00

To: McLean, Angela SCS (CSA-Personal) [Angela.Mclean113@mod.gov.uk]

CC: m.e.cates@ I&S Vallance, Patrick (GO-Science) [P.Vallance1@go-science.gov.uk];

stuart.wainwright@go-science.gov.uk

Subject: Re: RAMP's dock in

A challenge for SPI-M is that, by and large, we all know each other and we have all come from the same academic heritage. There is a diversity of models, but it could be larger. I am very aware of the danger of groupthink, and encourage diversity of opinion and have championed ideas that disagree with the prevalent thinking. Note that consensus is not an "average" in which outliers are discarded.

I would be delighted for novel approaches that proved useful to feed into SPI-M as a challenge to what we are doing. I still think that we need to come to consensus views in terms of advice, and that these will be qualitative rather than quantitative, although will become increasingly quantitative as data accrues. Having more diversity on SPI-M will give greater credence to the advice. I am very keen that nothing comes out of SPI-M that is just from one model. Personally, I think that having more than one modelling group feeding into SAGE directly would be counter-productive. It is already challenging having two members of SPI-M on SAGE directly, which unbalances the idea of consensus. Modelling is just modelling and is an important aspect of the overall scientific advice and should not come to dominate SAGE.

SPI-M focus is on the transmission dynamics of infection - as Angela points out there a whole host of other problems that modelling could benefit in terms of logistics and planning. As data accrues I would be keen to see AI approaches to its analysis. I don't think that these necessarily need to flow through SPI-M. However, I would encourage that more than one model is considered in any particular problem - using one model is the ultimate group-think.

In terms of data, there is a nascent group in RSS developing who will be even more horrified at the data. I am not sure how to handle this, but, again, issues related to transmission dynamics should come to SPI-M for discussion.

Graham

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Dear Mike, Patrick, Stuart and Graham,

I think we could make this work really well. One of the things we want is for RAMP to be independent in its thinking from SPI-M whilst knowing what SPI-M is being asked and having access to the same data. SPI-M is working terrifically well to generate consensus modelling views, but that inevitably smooths out challenge we might need. I'm sure Graham will have clear views about how to balance independence and coherence.

I also think it would be great to hear some completely different approaches. There is Demis's great opinion about international comparisons using pure data analytics, and I'd love to hear from other people with an approach that is different from infectious disease transmission models. For example maybe we are going to need a progression model that predicts short term ventilator bed-need based on who got infected today, their age, their bmi their co-morbidities, so that (if we had such data) we'd know when to slam the transmission brakes back on. (This hypothesises a whole load of strategies not yet chosen).

That does bring me to the elephant in the room Mike. You are going to be horrified when you find out what the data flows coming out of the NHS are like. I just want to warn you. I actually choked when Peter Bruce said SPI-M must be drowning in data.

Any thoughts?

Angela

Hi Angela

The original idea was via SPI-M, but there could be other channels. If the Steering Cttee itself has an overview of what goes on, presumably it could report stuff to SAGE direct?

Anyway, the honest answer is no, I've not thought this through. I will circulate the Steering Cttee early next week to try to set up a meeting and discuss such questions.

The call from RS should go out today.

Mike

On 28/03/2020 13:25, Angela Mclean wrote:

Dear Mike,

Have you thought about where RAMP input should feed in? I'd be interested to hear your views.

Angela