

## SPI-M meeting on 20<sup>th</sup> January 2017 - Minutes & Actions

Chair: **NR** (DH)

Secretariat: **Name Redacted**, **Name Redacted** (all DH)

Members attending: Daniela de Angelis (MRC BSU), John Edmunds (LSHTM), Neil Ferguson (Imperial), Ian Hall (PHE), **NR** (PHE), **NR** (PHE)

Observers attending: **NR** (DH), André Charlett (PHE), Richard Pebody (PHE), Stephen Brett (Imperial), **Name Redacted** (Cabinet Office), Jim McMenamain (Health Protection Scotland), **NR** (Cabinet Office)

Apologies: Matt Keeling (Warwick), **NR** (Go Science), **NR** (PHE)

### 1. Introduction

- **NR** welcomed attendees, and reminded the group of SPI-M's objectives: to help with planning for a pandemic by providing expert modelling advice, to ensure the provision of real time modelling in a pandemic and, more generally, to ensure that the modeller network is maintained.

### 2. Minutes of last meeting

- Approved, subject to some items being picked up later in the agenda. Any further comments can be sent to the Secretariat.
- There was one outstanding action: Richard will confirm in due course whether all necessary permissions are in place for PHE to access NPFS data during an outbreak.

### 3. Looking ahead - role of SPI-M, frequency of meetings and chairing arrangements

- **NR** noted that due to the re-organisation of the department, **Name Redacted** **Name Redacted** will be moving to Health Improvement, therefore SPI-M will need a new secretary.
- **NR** is also moving on, commenting that she thinks it is highly likely that there will be less policy input into SPI-M in the future (although DH will respond flexibly to circumstances).
- **NR** explained that he will be retiring next year, and therefore the group will need a new chair. The group discussed who would be best placed to take this role, and what the role involved.
- Ideally, a chair would have technical expertise, knowledge of modelling, not have any conflict of interest, be able to chair from London, and be able to offer continuity over the medium term. The group discussed various options and suggestions, and

DH will muse internally and decide how best to proceed before putting a proposal to the group at the next meeting.

#### 4. Project Cygnus exercise & matters arising (update from **NR**)

- Exercise Cygnus took place in October, and involved a series of meetings with COBR.
- Involved the Government being faced with a range of fictitious pandemic scenarios – generally quite serious with high numbers of hospitalisations and deaths, but not as bad as the Reasonable Worst Case.
- The aim was to look at where demand pressures would be, and how this could be managed.
- CYGNUS involved a large discussion on absence<sup>1</sup> - there was a large concern about the knock-on implications of absence rates due to sickness and care duties.
- There was recognition that this needed to be a cross-government solution - not just by the Department of Health, and further cross-government meetings in February are planned to discuss this.
- **NR** asked the group for thoughts on the lack of absence data available, while appreciating that SPI-M generally focuses on disease rather than absence data specifically. Go-Science may be best placed to consider the latter.
- **NR** and the Cabinet Office have published reports on absence. **NR** said there is also a lot of data available about this. The report looked at those with caring responsibilities, and the effects of school closures.
- It was noted that the flu survey could be a useful tool, as well as reaching out to large companies for data.
- Also most large trusts use a system called 'MAPS' which - with some changes - could help to give a rolling view on absence among nurses. Talking to NHS England may be useful.
- **Action NR** asked **all** to write in thoughts on any further avenues policy could pursue on absence, given that this was a concern emerging from the CYGNUS exercise.
- Jim noted that the exercise raised a number of sobering issues around practical triage, stockpiling of antivirals, getting treatment to those that need it, and demand generally. Discussion on much of this is ongoing, and in particular, NERVTAG has discussed evaluation of NPFS. SPI-M may be asked for an opinion on that in due course.

#### 5. Lab Capacity

- Richard Pebody updated the group on the likely impact of limited lab capacity on diagnosis and data during a pandemic.

- It is very much dependent on the size and shape of the pandemic, where/how it emerges and what strains are present.
- In the case of a new flu outbreak, we would have to rely on clinical testing, and laboratories would have to rapidly try to determine where it came from and what it is.
- The worst case scenario would be if the pandemic is H2, and emerges somewhere inaccessible - in this case it may take up to 8 weeks to obtain a sequence.
- Serological testing would take at least 3 months.
- André noted that last time (2009) lab capacity was generally OK, albeit with one or two pressured weeks. But everything is very uncertain looking forward.
- In practice, labs will share capacity, there are business continuity plans in place, and there should be international cooperation and sharing of results too.
- The bottom line is we acknowledge that there may be lab capacity issues in future, depending on the nature of any outbreak. PHE are confident that everything that could be done to mitigate that has been done. It is unlikely that PHE would go to the private sector to boost capacity, although that option does remain as a contingency.

#### **6. Review of recent literature/modelling and implications for the modelling summary**

- There is a general view that the evidence in the modelling summary needs to be reviewed, however, due to the re-organisation which has occurred in DH, it was concluded that this can be done later this year. It might provide a good opportunity for a new chair.
- **Action - All** send any new literature, or any ideas of what the group should be looking at, to the SPI-M secretariat.

#### **7. Shadow epidemic (“the worried well”) data (update from Andre Charlett)**

- Andre Charlett gave a presentation about the shadow epidemic (slides attached).
- In summary he reported that there would be an increased propensity to consult health services during a pandemic. This would comprise a mix of the worried well and the worried ill and would increase pressure on the NHS.

#### **8. Providing modelling support in future – proposal for call-off contract**

- **NR** posed the question of whether the modelling community is able to provide modelling support in the best way possible, and whether it would be possible to have an arrangement to call on the group in a more systematic way.

- The group discussed that the current HPRU contracts are not very flexible (terms of reference are set in advance and difficult to change in response to changing priorities), and they would like a more coherent and flexible funding scheme.
- **NR** has discussed this with Chris Whitty, who is happy to consider a proposal, but the proposal should consider infectious disease across the whole government (i.e. considering infectious disease in animals as well as humans).
- **Action - Neil Ferguson** offered to organise a subgroup where all interested parties get together to discuss ideas for a potential proposal. (Neil noted this will not be until March as he has other commitments). A group might comprise Imperial, PHE, London School and Warwick, with the idea of an initial exploratory meeting. Other modelling groups (Oxford, Cambridge, Bristol, Edinburgh and Glasgow) could potentially be involved later, but we agreed a small group would be best to start with.

#### **10. Date of next meeting**

This is expected to be in June/early July. The **secretariat** will arrange.