Testing, data and information sharing

14. SAGE discussed the importance of good quality and timely data. CHESS data has improved but has not stabilised, so trend analysis is more challenging. The overall quality of data is improving, with short time lags to ensure data quality and consistency.

15. An NHSX hub should be in place from early next week ensuring a standardised, single source of data. Legacy data collection should continue for a short period to provide resilience.

16. Postcode-level data from NHS 111 and geospatial data may be utilised to provide a fuller picture, possibly by next week.

17. NHS updated on a joint NHS and PHE plan for testing, including 25,000 PCR tests a day, an increase in viral antigen detection tests and increased serosurveillance, including a more widely available serological test.

18. SAGE discussed how to ensure that key workers, particularly NHS staff, get full access to comprehensive testing and agreed the importance of ramping up testing as soon as possible.

19. SAGE discussed plans to release the academic models underpinning SAGE and SPI-M discussions and judgements. Modellers agreed that code would become public but emphasised that the effort to do this immediately would distract from other analyses. It was agreed that code should become public as soon as practical, and SPI-M would return to SAGE with a proposal on how this would be achieved.

Action

- SPI-M to advise on how to make public the source code for academic models, working with relevant partners

School closures

20. SAGE reviewed available evidence and modelling on the potential impact of school closures. The evidence indicates that school closures, combined with other measures, could help to bring the R0 number below 1, although there is uncertainty.

21. SAGE discussed the impact of school closures in terms of alternative childcare arrangements, particularly grandparents and older groups at risk from COVID-19. The evidence suggests that displacement of childcare from schools to grandparents would reduce the effect of closures, but this unwanted effect is likely to be limited.

22. It was reported that single parents often have younger parents, and so the grandparents are often in their 50s.

23. SAGE considered the impact of keeping schools open for particular groups, including for children of NHS workers and vulnerable groups. SAGE considered that a small (10% to 20%) reduction in compliance rates would have some impact in the overall effect of school closures, but this would not be significant enough to offset the measure. The effect of school closures would be significantly reduced if there was widespread mixing of children outside of schools.

24. SAGE considered the modelling now supports school closures on a national level and that the effect would be greatest if instituted early.

25. SAGE discussed behavioural science considerations on school closures. With limited evidence, SAGE considered the importance of clear public messaging and of drawing on the views of teachers on keeping schools open for key workers or vulnerable groups. There is a risk that even if schools remain open for the above groups, children may not attend.

Regional measures – London

26. The social distancing measures have only recently been implemented. Their effect depends on compliance levels, for which there are currently insufficient data. A verbal report of a single survey was given, which suggested that significant behaviour change was expected, but currently we do not have reliable data.

27. SAGE considered available evidence for London on current demand for transport and retail services, and on individual behaviours following the implemented interventions.

28. SAGE discussed additional interventions that could be made to reduce transmission, noting that London may be 1 to 2 weeks ahead of the rest of the country.

29. Measures with the strongest support, in terms of effect, were closure of a) schools, b) places of leisure (restaurants, bars, entertainment and indoor public spaces) and c) indoor workplaces. Modelling is unlikely to be able to analyse the impact of these interventions with great precision. Transport measures such as restricting public transport, taxis and private hire facilities would have minimal impact on reducing transmission. SAGE noted that there may be other hotspots where spread is more advanced, such as the Derby, Nottingham or Leicester area. It is possible that some of this is due to nosocomial transmission, but this is not yet known.

List of actions

- SPI-M to advise on how to making public the source code for academic models, working with relevant partners

Attendees

SAGE participants:

- Patrick Vallance (chair)
- Chris Whitty
- Aidan Fowler
- Angela McLean
- Charlotte Watts
- David Halpern
- Demis Hassabis
- Graham Medley
- Ian Diamond
- Jeremy Farrar
- Jonathan Van Tam
- Marc Warner