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Second Meeting of Scottish Government CMO Advisory Group on Covid 19
30.03.2020

Held via Zoom

Welcome and apologies

1. Chair welcomed Devi Sridhar, joining the group today; Daniel Kleinberg, joining the group as a policy observer; and Mary Black, Clinical Director, PHS, whose input was requested by Angela Leitch.

Apologies - Jill Pell

Note of previous meeting

2. Brief recap of the previous meeting and format of the note. The Chair reconfirmed the confidentiality element of the Terms of Reference - papers and discussions from the meeting are not to be shared or discussed with others. Niamh confirmed that documents can be shared via the group's private Slack channel.

ACTION – Secretariat to circulate final ToR after meeting and a request for group members to send biographies and complete a Register of Interests for publication on the SG website.

ACTION – Secretariat to ensure all members are invited to Slack.

Priorities from CMO

3. Chair invited CMO to share any current priorities with the group. CMO said that bed capacity and modelling the gap between bed / ICU capacity and cases is a current key priority. Also, ensuring that Scotland is involved in any trials.

ACTION – Secretariat to circulate media briefing from this afternoon in which CMO said the group would make sure Scotland was involved in trials.

ACTION – Secretariat to share latest Scottish Modelling data and Scottish NHS Capacity data in advance of next meeting

SAGE update and other updates

4. DCMO gave an update on the extraordinary SAGE meeting held on Sunday 29th March 2020. Two key scenarios were considered: a reasonable worst case scenario and an optimistic scenario. DCMO will share the latest papers so that this can inform the group's work. Mary advised there is ongoing discussion on the two scenarios approach, and it is possible, as further evidence is considered, the gap

between a RWCS scenario and an optimistic scenario will narrow by the end of the week, and there will be a decision to adopt one scenario.

Jim updated that most recent data showed that ethnic differences in cases seemed to disappear once other morbidity accounted for.

Roger anticipates being able to share updated models in advance of next meeting. In terms of work on bed capacity, this is captured in the Daily Capacity data which will also be shared with the group.

Jim and Mark noted that not all data arranged to be shared with the rest of the UK has been shared and the group agreed that the missing data should be identified and permission sought to share it.

The Group discussed the sharing of modelling and capacity data and the importance of this for frontline operational and clinical decision making. The Chair asked if there was a consensus view in the group on the principle of sharing this data with local partners. The Group agreed effective pandemic management required the sharing of modelling and capacity data with local partners.

SPI-M - has been asked to model the result of different degrees of relaxation of lockdown, for presentation on Thursday. It may be too early to tell what the effect of lockdown really is, more data will be available later.

Important factors on which evidence would be useful:

- Rates of transmission - evidence suggests risk is indoors. No evidence that with social distancing measures there is any risk of transmission outdoors.
- Infectiousness of children
- Reinfection in healthcare workers, once testing begins we may be able to establish this.

ACTION – DCMO to share the latest SAGE papers.

ACTION - Mark to send request from SPI-M on Scottish data required to secretariat to be shared with the group.

ACTION – Aziz will pull together an evidence synthesis on the infectiousness of children and indoor vs outdoor risk of transmission.

Data and analytical update

5. Roger spoke about the suggested data and evidence strategy shared with the group. Key principles are not duplicating work or imposing unnecessary burdens. 3 phases: short term, managing NHS capacity; medium term, returning to some degree of normality; long term, economic recovery. Suggested the group could focus on the medium term. To facilitate managing of data and making sure it is available - we could use the National Data Safe Haven. The group agreed to the principles of the data and evidence strategy, noting that the primary purpose is to increase the access to, and analysis of Scottish data to support policy makers and the NHS, as well as to support academic activity focused on important COVID-19 questions.

Aziz gave an overview of data sources which might be helpful:

- C-19 symptom tracker app has around 2 million users, 96,000 in Scotland as of Friday. Could be used to identify hotspots.
- Reductions in public transport usage, eg. Moovit, Citymapper (London only).
- Singapore uses an app called Trace Together for contact tracing and could make this available to Scotland for free.
- Clinical template - being developed for Lothian.

Discussion points:

- noted that some of these sources are already being used in UK-level analysis and it may be easy to get Scottish information from them.
- HPS has a heat map of test positivity which is already in use.
- it may be useful to develop good data partnerships with industry, eg mobile phone companies.
- could we match data on test positivity hotspots with movement data, eg. phone movement / fitbit.
- information on digital connectivity may help to identify digital deserts where people may be at risk of mental health problems. Facebook is not sharing this kind of data at present.

ACTION: Roger Halliday to lead the convening of the Taskforce with Caroline Lamb and group members

Testing update

4. David said there had been sentiment expressed that the UK had under-tested. A UK-wide strategy is being developed, Scotland needs to proactively decide alignment with that UK wide strategy and any additional elements required in Scotland. David, with support of SG officials, provided a draft strategy to CMO and Ministers at the weekend with the key principles of alignment with the UK strategy and to facilitate and pull together what's already going on rather than duplicating work. The draft Scottish Government strategy has six workstreams:

- develop and co-ordinate PCR-based detection work going on. Three centres around country co-ordinated by UKG, Glasgow, Milton Keynes, Alderley Edge .
- lateral-flow devices for blood sampling - all devices need to be validated.
- prioritisation – will change as capacity grows.
- managing data
- distribution
- communications

ACTION – David to share the strategy with the group once agreed by Ministers.

ACTION – Group to prepare to discuss testing, looking at other countries' strategies may be useful, for example. Papers etc can be sent via Slack.

Research update

6. David updated:

- £5m call has gone out live on SG website for ideas useful to various aspects of tackling the pandemic. <https://www.cso.scot.nhs.uk/covid19/>
- dialogue ongoing with Louise Wood at NIHR about prioritisation of studies.
- Remdesivir (antiviral) will now be trialled in England and Scotland.

Next Steps

7. At the next meeting on Thursday the group will look at new models coming out of SAGE, consider Aziz's evidence synthesis paper, discuss testing if the strategy is approved in time, and update on Data Taskforce

Attendees

Advisory Group Members: Andrew Morris, David Crossman, Sheila Rowan, Catherine Calderwood, Gregor Smith, Chris Robertson, Mark Woolhouse, Angela Leitch, Jim McMenamin, Tom Evans, Steven Reicher, Aziz Sheikh, Devi Sridhar

Invited Attendees: Mary Black

SG: Roger Halliday, Niamh O'Connor, Daniel Kleinberg

Secretariat: NR