

OFFICIAL SENSITIVE
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Third Meeting of Scottish Government CMO Advisory Group on Covid 19
2.04.2020
Held via Zoom

Welcome and apologies

1. Chair welcomed all attendees and reminded everyone of the confidential nature of discussions. A reminder of what to do with press queries was requested by Aziz, these should be sent to the Scottish Government COVID-19 communications inbox.

Apologies – Gregor Smith

ACTION – Secretariat to recirculate the email address for press enquiries.

Priorities from CMO

2. The Chief Medical Officer said that her current priorities for the group were understanding transmission of the virus in hospitals, further developing the application of the SAGE epidemiological modelling to the context in Scotland, as the pandemic progresses, to support mobilisation and planning in the NHS and social care, as services come under more pressure.

Testing strategy

3. David gave an overview of the testing papers shared with the group in advance of the meeting:

- SG testing overview update – CMO to FM and Cab Sec
- Coronavirus Testing Strategy for DAs
- Welsh National COVID 10 Test Plan
- Scotland Testing Strategy Workstreams – who does what

David noted that there has been some criticism from academics of the testing strategy to date and suggestions that all labs should be used to test. Not all small labs are actually fully set up to test, despite what has been suggested. Academics will soon start working under the supervision of the NHS to increase testing capacity.

Chair asked for clarification on how much power devolved nations have in this area. David responded that we are working with the UK on testing policy and in general we will be in line with the rest of the UK, but Scotland may deviate where local needs differ. Chair suggested that the group should then be looking at the prioritisation of testing and making strategic recommendations for once capacity is increased. David agreed; Mark, Mary, and Jim are already working on this and can present back to the group.

Mark and Devi noted that testing should be viewed in the context of a strategy for how to get out of lockdown, and Steve noted that any strategy should be well communicated along with the reasoning for it as public confidence in government decisions is key.

ACTION – Group to support Mary Black’s work to develop a paper on testing. Mary will share at next meeting.

Management of documents

4. Niamh spoke briefly about document management, noting that there were a large number of papers for today’s meeting. Slack is ideal for conversation and sharing papers for interest and discussion in between meetings, but proposed that the secretariat continue to send one email with all the meeting papers. The group agreed email is useful for the meeting papers to ensure nothing is missed. Further to this, Objective Connect will be set up as a depository for all past meeting papers and a secure way to share more sensitive documents.

ACTION – Secretariat to upload all meeting papers to Objective Connect and invite all group members.

ACTION – Chair to share Devi’s testing paper with SAGE, with a note that it has not been peer reviewed.

Scottish Modelling

5. Roger outlined the process of developing the model shared with the group, which is based on the Imperial model for the UK with Scottish data added. Noted that a number of points can be said with confidence: social restrictions are effective; in the current phase hospital need would rise swiftly when restrictions are lifted; compliance with restrictions is the key factor. The timing of the peak is less certain in the most recent modelling; previously thought to be 2-3 weeks away, currently 6-9 weeks seems likely because compliance is not quite as high as optimistic scenarios. Noted that in the more pessimistic scenario (40% compliance) more ICU capacity would be likely to be needed, but there would be more time to make the appropriate decisions.

Discussion of the Imperial modelling and whether it works for Scotland. They have been requested to do some sub-UK work, including for Scotland, and Chris has arranged a workaround to ensure they get the data they need for Scotland. It was noted that it is less than ideal for Chris to have to send this data directly and a better solution should be found.

Chris gave a brief update on the modelling work he is leading at HPS. He is fitting a simple Susceptible, Latent period, Infectious, Recovery model to hospital data and feeding into the Scottish Modelling team. Noted that Rowland Kao at Edinburgh

University is developing a Scotland-specific model, Chris will keep the group updated.

Regarding the issue of numerous requests for data or offers of support with modelling from different modelling teams, this should be handled centrally by the Royal Society's RAMP (Rapid Assistance in Modelling the Pandemic) initiative where possible.

Discussion about whether a central group for modelling would be useful, i.e. a Scottish SPI-M, but it was felt to be difficult to set up in the circumstances and presents a risk of duplicating work. Agreed that the group should try to make SAGE work better for Scottish interests by providing better data and tailoring our requests to them.

Devi and a number of other group members expressed a desire for the wider public health and societal consequences of COVID-19 and the counter measures to be modelled. Aziz asked if the group could formally ask SAGE and SPI-M to consider modelling wider social and economic impact of interventions and the group agreed.

ACTION – Chris to let Andrew know what the need for data transfer is – Roger's data must be able to get to SPI modellers without going through Chris.

ACTION – Roger to commission paper on compliance data and how it links into the modelling and share with the group.

ACTION – Roger to consider how SPI-M can work best for Scotland and whether influence from CMO is needed to achieve this.

ACTION – Secretariat to draft an email to the SAGE and SPI-M secretariats.

Data taskforce

6. Roger spoke to the paper shared prior to the meeting. Requested comment on proposed governance, resources, and endorsement from data owners for making data available in secure infrastructure.

Chair noted that NHS work is coordinated on an English level by NHSX, and a similar data taskforce had been established in Wales. . The group considered that the proposals were desirable but that there were significant administrative blocks in relation to data protection and reluctance to share data. The group agreed that there is value in the CMO providing recommendations to Ministers on this point, as it will require high-level approval.

Jill noted that there are some charges and lengthy processes for getting data out of current systems such as EMIS.

ACTION – Chair to follow up with Caroline Lamb on best process to secure improved data flows for optimal pandemic response.

AoB

7. PPE is of great concern to front line staff – PHE and Public Health Scotland and NSS are working on this. The group asked to see the latest position on this.

ACTION – Secretariat to share a link to the most recent Scottish Government position on this.

Next Meeting

8. 16:00 – 17:30 on Monday 6 April. The group agreed 90 minutes is an appropriate length.

Attendees

Advisory Group Members: Andrew Morris, David Crossman, Sheila Rowan, Catherine Calderwood, 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
