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Dear First Minister

Thank you for the invitation to chair the Scottish Government CMO COVID-19 Advisory group. It is a privilege and honour to be invited to contribute at this time of national crisis.

We have convened a small, knowledgeable and expert group. The Group is focused on the interpretation of advice coming from SAGE, and other national and international sources of information that will help inform local decisions in Scotland during the pandemic. We have established strong links with Singapore and Germany. The leadership and support of the Scottish Government Chief Scientific Adviser and Chief Scientist Health have been invaluable. We have met four times since 30<sup>th</sup> March, and I have attended SAGE (with Gregor Smith) on three occasions. I would also like to acknowledge the contribution of the Secretariat who have helped us to get into a rhythm very quickly.

I thought it would be helpful to set out the current focus of the group, and importantly ask for your advice how we might best support you, the Interim CMO and Scottish Government Ministers. Moving forward a suggestion is that we provide advice in the following ways:

- Produce a brief description of the key issues emerging following each SAGE meeting.
- Provide regular, formal written confidential advice, drafted by the secretariat, in partnership with Scottish Government lead policy Directors to the Interim CMO and Scottish Ministers focussed on the key strategic issues
- Agree to act as a “rapid response group” to answer specific questions that you may have

In the past two weeks we have considered the following key issues that we propose to write formally about this week:

- Scottish approach to testing:
  - The projected role of antigen and serum antibody testing in the short, medium and long-term.
  - The rationale of a robust contact tracing process as part of the transition strategy.
  - The need for a coherent approach to leadership and co-ordination of testing capabilities across Scotland.

- Whole System Intelligence:

As COVID-19 progresses a better joined up data system will be required not only for modelling but also to make decisions to track the epidemic curve and form segmentation approaches to facilitate relaxation of the lockdown. A real-time data driven approach has been a common characteristic of those countries who have been most successful in managing the epidemic to date. We have the opportunity to do this in Scotland, but improved cross-organisational working is necessary

- Despite Scotland having some of the best data in the UK, it remains fragmented.
- The future management of this pandemic will be community and population based – not focused uniquely on hospitals
- We therefore recommend a Short-Life Scottish Government COVID-19 Data Taskforce (under the leadership of Caroline Lamb and Roger Halliday) that enables the development of a “data as infrastructure” to provide better insights for policy makers, system leaders and the front line across the system .
- To achieve this will require Government support to promote data sharing in a trustworthy way.

Over the next two weeks we anticipate a focus on:

- Nosocomial infection.
- More details on the strategic approach to Scotland for contact tracing and isolation.
- Consideration on how to move beyond the specific biomedical impact of the COVID, to the wider population health issues (linking to wider economic impact work underway in other parts of Scottish Government). This is important as this virus is not going away, and we will not be able to eradicate this disease from Scotland in the short term.

I hope this is helpful in anticipation of our meeting tomorrow. May I take this opportunity to thank you for your outstanding leadership in this time of national crisis.

Yours sincerely

A large, bold, black 'PD' monogram is enclosed within a dashed rectangular border, serving as a placeholder for a signature.

**PROFESSOR ANDREW MORRIS CBE FRSE FMedSci**  
**Professor of Medicine and Vice Principal Data Science**

**CC:**

Jean Freeman, Cabinet Secretary in Health and Social Care  
Gregor Smith, Interim Chief Medical Officer  
Sheila Rowan, Chief Scientific Advisor  
David Crossman, Chief Scientist Health  
Richard Foggo Director of Population Health  
Advisory Group Secretariat