

Technical Advisory Group 20.05.27

Attendees:

Name Redacted

Outstanding actions:

It was requested that any financial costs attributable to TAG be forwarded to **NR**

A request was made for additional female academics to join TAG, in order to assist with avoiding gender bias in the advice TAG provides. **NR** and **NR** have been contacted.

Circuit breakers

This work is still ongoing- TAC is still recommending the same four indicators but there is consideration around also including indicators on contact tracing and testing, as it has previously been agreed that for there to be any big changes to lockdown measures there would need to be big an increase in tracing and testing so that the R number can be tracked. Without tis in place it will be difficult to monitor changes to R.

One of the issues is being able to define which pops are being tested- one of the problems is that key workers have been disproportionately tested compared to England and this can make data comparison difficult. Until there is sufficient testing for the pop, the pop estimate of R will be weighted by key worker testing. This may determine how testing is organised; if the consensus is to do random sampling of both symptomatic and asymptomatic than this is fine, but if separation of categories is required for analysis this will need to be built in.

This needs further work and is unlikely to be included in this review, but it should be considered in the context of surveillance. A stable set of definitions to measure over time will be required. If contact tracing and testing were included as a circuit breaker some of the metrics around this could also be interesting, e.g. identifying an increased number of contacts in identified cases to provide an indication of adherence around social distancing.

It is proposed that a list of potential circuit breakers be drafted to bring back to TAG for thorough consideration, after speaking with **NR** and other members offline.

ACTION: **NR Paper on potential circuit breakers to be brought back to TAG.**

The indicators that have previously been discussed are ready to be submitted to the FM on Friday. The FM would like to see a readout for what is possible now and what is possible in three weeks- it was agreed that establishing a weekly Indicators T&F group would be helpful to assist with developing this further **ACTION: **NR** to organise**

Contact Tracing

PHW have done a workforce analysis and it was hoped that these estimates could be used as an indicator. **NR** and **NR** were not available and this will be picked up offline. **ACTION**

NR to contact
indicator

NR

around the PHE workforce analysis and using this as an

21-day Review paper

The evidence that has been produced over the last few weeks has been collated, such as impact of different measures on R model, and outputs from SPI-M around different policy options. Feedback was requested on the paper as this is due for submission today. The paper is currently quite disjointed as a result of being put together from multiple papers- it was felt that was also a lack of complete referencing and this will be amended, particularly in light TAG potentially being asked to publish its advice.

With regards to monitoring and evaluating the relaxation measures it was queried what England are putting in place to do this. The circuit breakers and indicators have been raised at SPI-M they haven't been able to provide any additional information. Although the circuit breakers give the macro level there should be a way to get more granular monitoring information, e.g. contacting managers of garden centres to get information on footfall. This will be a detailed effort on every policy official and it was felt the current iteration of the paper was intentionally or unintentionally proposing this.

There is reference in the SAGE papers that PHE may begin monitoring retail activity, but this is still prospective currently with limited detail. Monitoring arrangements are also likely to play a key role in Education and in England it is suggested that in England DfE will be supported by ONS and PHE. This is something that should be considered in the Indicator T&F group, while making clear that is not something that is explicitly planned at this time.

The Ministerial Advice paper was raised- it contains a table of likely impact on R and NHS capacity, grouped in order of lowest impact on R. The majority proposed seem to have some impact on R; and not all of these would be possible as part of this review; schools are one of the larger ones. The areas of interest being recommended are meeting outdoors, bubbles and mixing, with some recreation activity and supporting businesses to become more outdoor focused, as well as keeping social distancing at 2m, allowing increased time while social distancing while outdoors and flagging up that TTP needs to be well established before any big changes are made. It was noted that many of the proposals have not been directly modelled and have been interrupted from analysis at SPI-M.

It was queried if this would be made into a publically accessible document- this is unlikely but it was agreed that referencing should be increased as much as possible so it stands up to scrutiny and provides a clear evidence base. Issue was raised with the fact that the paper makes qualitative statements such as 'limited impact' rather than providing metrics and this may make it difficult to effect its credibility.

In terms of running policy scenario modelling for Wales it is possible to do this now, however additional calibration for Wales is underway to look at moving away from a set of general scenarios to ones specific to wales. A rough calibration for Wales will likely be available by the end of the week but it is possible to run any models. The key message from SAGE is to have good contact tracing in place to measure impact and avoid making changes to many interventions at the same time - advice from TAG should be kept as simple as possible while finding more Wales-specific evidence. Where UK evidence or composites and assumptions are being used this should be made clear, as well as the level of confidence from TAG's collective view. It was explained the addition of high, medium, low confidence tends to be the result of using modelling from SAGE which we are unable to make reference to. SAGE are

preparing to release this information soon but being able to make reference to this where not available will be important.

There's considerable concentration on some retail elements; the more relaxations added that are considered the more difficult it will be to model the impact. SAGE advice has always been to take action systematically in order to allow accurate measurement of impact. Consideration needs to be given to how granular we are willing model and what level of specificity cannot be accurately modelled.

Risk communication around less government-led measures such as reopening of garden centres will be key in assisting the population with taking responsibility for their own risk in a relatively controlled environment and this will need to be measured.

The indicator T&F group will be brought together to look at other indicators, looking at what can cut across rather than look at specific areas, such as workforce absences, breaching workplace regulations etc.

Comments were echoed around the need for simplicity- the data at a UK level and in this paper indicates the three epidemics are running at slightly different rates; it was suggested that the paper be related to these. In each of this sub areas there are industry associations that could be asked to assist with monitoring whether this be the Welsh Retail Consortium or NHS Confed- in WG there is regulation in some of these areas with statutory underpinning and it was suggested some of this should be given to these people and organisations rather than sitting in TAG. **ACTION Links with industry associations to be considered**

The impact of the releases will be dependent on the ability to track and trace in Wales and it was queried what progress has been made on this. Estimates from SAGE are available on the impact of low and high-efficiency contract tracing systems but the greatest impact will come from adherence with social distancing and good hygiene. England have provided very optimistic track and traces estimates of how quickly it will be up and running; in Wales the model will be for national, regional and local delivery of contact tracing delivered by Local Authorities in Healthboard footprints. 4 pilots are running at the moment and LAs will be going live on 31st June with a 7 day operation. There is agreement with ministers for iterative approach, initially contact tracing on receipt of a positive test and upscaling this over time. This plan is synchronous with England; it was requested that a chat takes place offline of the key metrics that are being looked at for contact tracing for this to be fed into the key indicators. If there is a measure that can be tracked to view the performance of contact tracing this would be helpful. **ACTION NR**

It was pointed out it needs to be clear what we mean by Contact Tracing- one of the scenarios that come through is what if we traced 50-80% of contacts. This is not useful for modelling as there are a range of parameters for any Contact Tracing effort, even without considering resources. At a minimum it needs to be clear say how quickly someone can be identified, then how many can be identified and finally how many of their contacts can be found. These are all essential parameters of tracing and the resources are applied in different ways- all of this can be input into a very easily modellable framework when ready. Discussion will be picked up offline around what are the key things for Contact Tracing in Wales that can modelled or dashboarded. **ACTION NR**

The paper will be developed based on feedback provided and recirculated today. **ACTION NR**

It needs to be made clear whether the paper will be published and where assumptions are made based on policy decisions rather than scientific evidence. The Cabinet Office

dashboard has started to include a track and trace table and TAC should ensure it is measuring the same data.

Serology paper

A significant amount of work over the weekend with input from multiple members of TA to bring together a report on the uses of antibody testing in Wales and consider the uses, limitations and operationalising of antibody testing can be considered. Feedback is required before close of play today and it was suggested an extraordinary meeting be organised later today to discuss this paper further before the paper is given to the Minister. **ACTION NR to circulate most recent version requesting comments and meet at 15:30**

A proposal has been received for the ONS sampling study which includes antibody testing- a meeting is taking place at 16:30 and it was suggested a note of this be included in the paper **ACTION NR and NR to share notes on ONS study before end of the day.**

It would also be useful to have more detail on the value of testing and what policy decisions it can inform.

SAIL update

An update to the previously shared patient journey paper has been shared- 99% of positive tests are now linked in the cohorts. There are various analyses by age group, gender, deprivation and when they occurred as well as survival curves for those infected and how this is changing. These people can be tracked through the various data sets- although some datasets are delayed and there is a financial burden with others. Most of these can be tracked as time goes by and then fed in to modelling.

In terms of using the data to inform decision making and risk communication it was queried how this information could best be shared- SAIL would be able to produce a simplified paper that could be shared more widely and some will be turned into academic papers that would be released via open- access journals. Conclusions from the papers can also be included in the CMO papers and summary documents. The data was confirmed as helpful for service delivery.

It was requested that elements be pulled from the data to include in the CMO briefing and demonstrate the value of linking data into SAIL **ACTION NR**

Attendance at emergency departments (ED) is being published via the NWIS data hub but to a lower level of granularity- it was suggested it would be useful to compare and contrast them to see how much more benefit can be gained from a richer feed. The possibility of sharing any outputs with comms should also be considered **ACTION NR to pick up offline.**

It was queried if there is a problem with the C&V data- there are considerable issues with the supply of NR attendance data from Cardiff to NWIS- there is poor coding of injuries apart from violence and there are issues with data flows. It is clear where there are gaps in the data and it was requested that this be picked up with colleagues in C&V, although this is a long-standing issue with some history. **ACTION NR to pick up.**

The emergency department data that flows in nationally isn't a very good data set and it was suggested the inpatient data that is clinically coded would be a more useful dataset. The NR data is considerably richer in England and this is an issue with a considerable history. It was

suggested that issue be passed on to the Covid-19 Digital Cell **ACTION** **NR** to link **NR** into digital cell.

AOB

NR to discuss policy modelling at Friday's meeting. **ACTION** **NR**

A conversation on Monday on test data took place with **NR** UK comparisons around excess mortality were also discussed- it was suggested **NR** provide an update on this at next tag **ACTION** **NR**

It was suggested it would be useful to discuss outputs from SAGE on Friday morning and invite the CMO or ME to discuss the CMO's and PHW's priorities, to inform how TAG can best support the Public Health Response **ACTION** **NR** to invite CMO to join Friday's TAG

Actions from this meeting:

NR Paper on potential circuit breakers to be brought back to TAG.

NR to organise weekly indicators subgroup

NR to contact **NR** and **NR** around the PHE workforce analysis and using this as an indicator

Links with industry associations to be considered to assist with monitoring relaxations of lockdown measures, e.g. Welsh Retail Consortium

NR to consider offline what the key things for Contact tracing in Wales are that can modelled or dashboarded. **ACTION**

NR to circulate most recent version of serology requesting comments and meeting at 15:30 to discuss

NR It was requested that elements be pulled from the data to include in the CMO briefing and demonstrate the value of linking data into SAIL

NR to consider the value of sharing SAIL outputs with comms team.

NR to pick up issues with emergency department admissions in C&V **NR** to link **NR** into the Welsh Government digital cell to escalate this

NR to discuss policy modelling at Friday's meeting.

NR to invite CMO to join Friday's TAG to discuss the CMO's and PHW's priorities, to inform how TAG can best support the Public Health Response