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NEWS ANALYSIS

Covid-19: Is the UK government marginalising scientists?

With the UK government's main scientific advisory group set for a less prominent role, **Ingrid Torjesen** finds out what this means for future pandemic policy

Ingrid Torjesen

At the start of the covid-19 pandemic the government's mantra was that it would be "led by the science." As the weeks passed this subtly changed to "guided by."^{1,2} Now, under the growing influence of data analysts, political advisers, and economists, it appears seems to be shifting further away from science.

With more now known about the behaviour of the SARS-CoV-2 virus, and more extensive testing data available, the government is dialling down the input of the Scientific Advisory Group for Emergencies (SAGE). The group will meet less often, focus on long term issues and emerging evidence, and have less of a role in analysing day to day data on infections. That job will fall to the new the Joint Biosecurity Centre, modelled on the Joint Terrorism Analysis Centre and headed by Clare Gardiner, director of national resilience and strategy at the National Cyber Security Centre (part of Government Communications Headquarters or GCHQ).³

"SAGE will continue to provide a single consensus view of scientific advice at the heart of government decision making, to inform the national strategic response to the coronavirus epidemic," a government spokesperson said. "As we move into the next phase of the coronavirus response, the JBC will complement the work of SAGE, providing more operational focus, including data analysis and epidemiological expertise, with the aim of ensuring that outbreaks of coronavirus are detected and brought under control quickly."

Future of PHE

The new centre will work closely with Public Health England, which has been criticised for its handling of the pandemic, raising questions about its long term future.⁴

Peter Horby, professor of emerging infectious diseases at the University of Oxford and chair of the SAGE subgroup on new and emerging respiratory virus threats advisory group (NERVTAG), said the JBC had a "completely different" remit from SAGE's but added that the middle of a pandemic "seemed an odd time to set up a new organisation."

He said, "I absolutely don't know the reason why JBC was set up, as opposed to getting another organisation to do that role."

Horby said the way that JBC interacts with SAGE and organisations such as Public Health England and NHS England and Improvement would be "a learning curve" in terms of responsibilities, data sharing, and avoiding duplication of effort.

"I think the vision is that [JBC] will assume more and more importance, and they will become the clear major player for outbreak scenarios, but they will not necessarily manage them," he said.

Members of at least one SAGE subcommittee are reported to have been told that they will be reporting to the government rather than SAGE in the future but were unclear whether this meant ministers or JBC.⁵ The government has denied this, explaining that they would remain subcommittees of SAGE but also be encouraged to work directly with policy makers across government.

Susan Michie, director of University College London's Centre for Behaviour Change, who sits on both SAGE and its behavioural science subcommittee, SPI-B, said the move to downgrade the role of SAGE and rely on JBC was "really concerning."

"JBC is divorced from the public health infrastructure in the UK," she said. "There is very little information about JBC's funding and lines of accountability."

Unanswered questions

Michie said that key scientific questions—including how best to support patients dealing with long term consequences of covid-19, why outbreaks often occurred in meat facilities, and emerging evidence on an increasingly likely role for aerosol transmission—remained unanswered.⁶

One example of the government opting not to follow SAGE's advice was the relaxation of the two metre social distancing rule in England to "one metre plus" from 4 July to allow the hospitality sector to reopen.^{7,8} The other UK nations, which also receive SAGE advice, have taken a more cautious approach.

Horby said that the government was in an "invidious position" because it couldn't lock everything down indefinitely.

Vittal Katikireddi, senior clinical research fellow and honorary consultant in public health at the University of Glasgow and a member of the Scottish government's covid-19 advisory group, who attended one SAGE meeting to provide advice on ethnicity issues, acknowledged that different nations had made different judgments but said, "There are occasions where I think it is quite reasonable not to do what SAGE suggests.

"There is the health perspective and then there's lots of non-health considerations which quite rightly have to be taken into the mix and are not necessarily in the remit of what SAGE looks at."

Michie agreed but said that ministers should give their reasons through "direct, honest, open communication." She said, "That is not what happened."

Elimination strategy

The government set up a review of the two metre social distancing rule headed by Simon Case, permanent secretary to the prime minister, which took evidence from various sources, including economists as well as scientists.⁹ But that review has not been published.

Michie said that the best way of getting the economy back on track was for England to pursue an "elimination strategy," as Scotland is doing.

"What's not going to get the economy going is having to maintain lots of these restrictions, by having local outbreaks, and by businesses not knowing where they are because they don't know whether there will be lockdowns or not," she said.

The JBC is understood to have had a role in identifying and responding to the first major localised outbreak in Leicester. The city's subsequent lockdown was criticised by its mayor, Peter Soulsby, who said the local agencies were not provided with key information for tracing outbreaks, such as people's postcodes, ethnicity, and occupation.^{10 11}

"Leicester wouldn't have happened if the data that had been collected were decent data and fed back locally to the right people in the timescale that was needed," said Michie.

The BMJ requested an interview with a representative of JBC but had received no response by the time of publication.

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