



## UKHSA Public Advisory Group

### Independent Advisory Group Summary Notes for 1<sup>st</sup> June 2021 Meeting

<b>Attendees: Independent Advisory Group (IAG)</b>	
Michael Burgess, (Chair) Professor Biomedical Ethics, University of British Columbia	Mahlet (Milly) Zimeta - Head of Public Policy at the Open Data Institute
Hetan Shah, Chief Executive, The British Academy	Mehrunisha Suleman - Senior Research Fellow at Health Foundation
Paul Plant, Deputy Director, Public Health England (London region)	

Apologies from

- Renate Samson - Principal Policy Advisor at Which?
- Abigail Gallop - Principal Policy Adviser at Local Government Association

<b>Attendees: Project team</b>	
Michelle Mackie, Research Director, Ipsos MORI	Mark Kewley, Director, ICHP
Suzannah Lansdell, Associate, Involve	Abeer Itrakjy, Associate Director, ICHP

Apologies from

- Simon Burall, Senior Associate, Involve
- Amy Darlington, Director, ICHP

<b>Attendees: UK HSA team</b>	
Sidonie Kingsmill, Customer Experience and Services Director, UK HSA	Jason Caplin, Products Director, UK HSA
Ije Jombo-oyo, Project Manager PAG, UK HSA	

## Introductions

- Sidonie Kingsmill introduced herself as the new Senior Responsible Officer for the PAG as Ben Stimson has now left UKHSA.

## Review of summary notes from last meeting

- The group were happy with the notes from the meeting on 10<sup>th</sup> May 2021 and these will now be published.

## Review of PAG materials and discussion guide

- The materials for the PAG workshops were sent to the IAG ahead of the meeting. This stimulated discussion around overarching themes and specific feedback on the workshop materials. These notes combine the feedback provided during the meeting with the feedback provided via email before or after the meeting. Very specific feedback on language within the materials has not been included in these notes but has been incorporated into the changes made to the materials.
- An IAG member shared that they were unclear what exactly the PAG was trying to achieve and that they felt that clear overarching questions to be answered were missing from the materials. Linked to this is a concern around the outputs that are required from the PAG. The consortium explained that due to a number of factors; the nature of the commissioning organisation (UKHSA), the changes the organisation has gone through in the last 6 months, the changes in leadership and the rapidly changing policy landscape it has been challenging to agree overarching questions. The organisation is made up of different policy teams and the workshops are designed to focus on a series of policy areas that different teams are interested in gaining the public's insight on. The workshops have been designed in this way to give participants the opportunity, through the first dialogue workshops, to become comfortable with the landscape and then the final 5<sup>th</sup> workshop, which is yet to be designed, allows a chance to deliberate the issues that have been raised.

UKHSA agreed with this and stated that the new UKHSA is an organisation that serves the public as opposed to previous organisations that have worked primarily with professionals. To that end, as well as hoping the PAG will generate insights into the topics that have been presented, the intention is to develop a new way of engaging with the public and it is hoped that this PAG will form the basis for similar exercises in the future. The IAG suggested to make these intentions clear to the public at the start of the workshops so they are aware how their insights will be used and that this is the start of an ongoing engagement process.

- Members expressed concerns around how much ground there is to be covered across the first four workshops; questioning if there would be enough time to explore the complex issues in depth without overwhelming the participants. Building on this, it was noted that if one of the intentions is to build a practice of engaging with the

public, there will be more opportunities to gain insights into policy and so this PAG should focus on doing less really well and consider removing some content.

Similarly, it was commented that some of the slides felt quite text heavy and it was suggested to consider reducing the number of case studies currently in the pack. The Consortium agreed there is a need to scale back and will consider what can be removed given the short amount of time left before the materials need to be sent to print.

- The group discussed the outputs from the PAG and recommended that if the outputs are to be principles, it is important to ensure that they are operational principles grounded in reality, rather than high level principles as there is a risk that people may agree to principles in the abstract but then find it difficult to live with them once they become policy decisions. It was advised that as well as looking for points where people agree and the reasons why, to also look for areas where people disagree and the reasons, as this would indicate an area for further conversation.
- It was suggested to reconsider the framing of the slides to consider the past, present and future context of the pandemic. The slides currently represent the original covid response mechanisms but the PAG will be running during a time when a significant number of the population have been vaccinated and many restrictions have been lifted. It was suggested to navigate the PAG to think to the future rather than focusing on their experience of the pandemic to date.
- One member noted that the discussion questions do not bring out the themes of equity, governance and transparency. Similarly, it was advised to reconsider some of the language used in the questions. 'What is reasonable' is a loose question and may elicit loose answers. Consider asking 'what is acceptable' as this may lead to more realistic answer.
- A caution was raised around splitting the PAG up into different groups to consider different case studies as this may generate different insights that are artifacts of how the information is presented. It was also advised to consider less case studies.
- It was noted that these discussions will be happening under the shadow of the failures of universal credit. This could impact people's perception of trust and equity.

## **Feedback on the workshops**

### **Workshop 1**

- It was suggested to make clear to the PAG at the start of the workshop what this is and how their insights will be used.
- It was suggested to clarify the scope (slide 4), is this England only or UK wide? Any statistics should then be consistent to this.
- The word equity is used on slide 6 but not again in the document. It was suggested to use consistent language throughout.

- On slide 6 it was suggested to change the question in the first box to parallel the second. Use words such as can and should to avoid the question sounding like it requires specialized expertise and rather focus on tradeoffs between different values or effects.
- It was suggested to add some explanation around the time to contagion, asymptomatic cases and the timeframe for interventions (slide 12).
- There is no mention of the different risks of contracting Covid-19 based on underlying health conditions. It was suggested to note that different people have different levels of risk and that immune responses vary between different people (slide 12).
- Mention how self-isolation works to break the spread (slide 14).
- Mention up front the impact of the vaccine on people's level of risk as this will affect people's behaviours.
- A concern was raised that the slide on transmission should focus on airborne transmission vs surface spread in line with recent evidence.
- Consider adding a comment on the variability in immune response between different individuals for example, people exposed the virus in the same room will not all develop the same level of disease (slide 12).
- It was asked whether it important to mention that some mutations lead to reduced effectiveness or survival of the virus (slide 14).
- Consider referring to case finding and proximity to positive cases on slide 15.
- On slide 21, a slight change was suggested as vaccines were offered initially to key workers and the elderly not those most at risk.
- On slide 22, it was suggested to explain why the LTF must be confirmed.

## Workshop 2

- It was suggested that the current framing on the slides in the first presentation doesn't facilitate empathy. It allows people to think that any implications of variants of concern are someone else's problem. It would be better to present this as a public health consideration and focus on the collective implications on society. One way of doing this could be to provide an example of the impact of variants of concern on the whole of society rather than just on the area they have been detected. The Consortium responded that the impact on the whole society has perhaps been underplayed while explicitly exploring the uneven impact on disadvantaged groups due to the way the virus has played out in certain areas however agreed there was a value in emphasising both the uneven impact and the impacts on the whole society.
- Slide 33 currently refers to the Kent and India variant rather than the new terminology.
- It was suggested to use the term uneven impact on people instead of communities.
- Consider adding a point about types of employment which don't allow for home working; lack of provision of adequate statutory sick pay and lack of access to isolation payments in some areas of the country has also meant that people have been incentivised to continue to go out to work rather than getting tested and isolating, needs to be made more clearly (slides 36-38).

- Consider how people's circumstances and therefore risks might change, and that is also a consideration for discussing uneven impacts (since people's exposure will change).
- The case studies on slide 49 - 51 may feel a bit didactic or leading and it was suggested one mitigation could be to consider including examples of compliance with both positive and negative endings, and examples of non-compliance with both positive and negative endings.

### Workshop 3

- It was noted that questions were being asked in the discussion guide around data linkage and data sharing in private sector that hadn't been presented in the slides. It was advised to include this in the slides.

### Workshop 4

- The Consortium asked the group whether the materials presented made clear the trade-offs between broad spectrum mass testing which doesn't have good compliance and therefore has issues on a personal and societal level vs wastewater and surge testing which removes the issues related to compliance but brings about other issues such as privacy. The group agreed that this was a substantive issue to explore with the PAG but they weren't convinced that this was reflected in the materials and advised the consortium to reconsider the framing of the slides to bring this dilemma out.
- One member questioned whether wastewater is the right topic and queried whether it was a fundamental issue to the public and perhaps they would be more interested in what is happening to schools or social distancing etc. The Consortium reflected that broader issues such as those mentioned are not within the control of the UKHSA and wastewater is one of the key policy areas that the UKHSA are keen to gain insights into. They also reflected that the implications of wastewater, in terms of surge testing and social isolation provide a good topic for deliberation particularly as the topic hasn't been discussed much in the media and so will generate some new insights.
- With regards to slide 78, it was advised to consider adding how test results will be communicated to people if their street is to be locked down as people might be concerned about fake, delayed or erroneous messages or needing official notice for employers.
- The concept of granularity in terms of wastewater testing needs more explanation in the slides and it was also suggested to add more information about why increasing the granularity reduces the accuracy for wastewater testing.

### Next steps

The Consortium will use the IAG feedback to revise the materials and discussion guides and will share with UKHSA for sign off. All the materials will then be sent to be printed and posted to all PAG participants ahead of the first PAG workshop.

The IAG are invited to attend the PAG workshops and if interested to register with a member of the Consortium.



The dates for the workshops are:

Workshop 1: Thursday 10<sup>th</sup> June 1800 - 2100

Workshop 2: Saturday 12<sup>th</sup> June 1000 - 1300

Workshop 3: Tuesday 15<sup>th</sup> June 1800 - 2100

Workshop 4: Saturday 19<sup>th</sup> June 1000 - 1300

Workshop 5: Thursday 24<sup>th</sup> June 1800 – 2100

After workshop 4, the Consortium will be developing the materials for workshop 5 which will be shared with the IAG on Tuesday 22<sup>nd</sup> June. IAG input is very much welcomed but not obligatory as we recognise it may be difficult to comment if you are unable to attend all the workshops. Any comments will be required by Wednesday 23<sup>rd</sup> June.

The next IAG meeting is on 7<sup>th</sup> July at 1830 and this will be a chance to hear the insights generated from the workshops and feed into the final report.

