

National Incident Management Team – 02/12/20

NHS Dumfries & Galloway

VW – as outlined on Monday we are concerned about the rate in Dumfries & Galloway. In the DPH commentary I was quite clear about the vulnerability of our population – we were mindful that all indicators were in level 1. The strong public health advice had been to stay in level 2 because of the rate – it has been difficult as different tiers don't take into account different rates in different areas.

AB – I took your original comments and I overwrote with what you sent. I will defer to Alasdair and colleagues and what you said was passed on in its entirety.

AMcl – the 4 harms look very closely at the advice from the NIMT. Not quite sure what the FM words were but it was said formally in the name of the NIMT as your summary because that is the immediate starting point of the discussion for the 4 harms group.

JMcM- it's important to get the language right and that's the key thing we are mindful of what comes from the NIMT. We welcome the evolution of the useful template developed and look forward to work in tandem to produce something that it produced that is presented within a 4 harms approach.

GD – we have always expressed the virus does not respect local authority boundaries. We are still supportive of the situation in Dumfries & Galloway.

GF – we made a decision as an NIMT and I am confident it was the right thing to do. We stand together as DPH's and give advice as a National IMT.

VW – I did say we wanted to have it for another week. It comes back to my point that we will continue to be surrounded by higher level tiers and no matter what our population need to keep these levels down.

EM – from a practical level it is fair to say there is an anxiety about suppressing the virus as much as we can in the run up to Christmas. We have had a steer clear from CMO that this forum is for the public health advice.

PC – exception reporting I mentioned about Edinburgh continuing to drop down and moving from level 3 to level 2. Just to flag Edinburgh and Midlothian will be discussed this week.

KO – Argyll and Bute – to reiterate it's such a disparate area in the North. We would still be keen for Argyll & Bute to stay in level 2 because of what is happening in Helensburgh and Lomond – incidence rates at 155/100,000.

JMcM – part of the difficulty is that while we as an NIMT were expressing a viewpoint about the data – because of the alternatives being presented it is obviously presenting SG and ministers with a difficult background to make a judgement. How can we better align things such that collectively we have our own discussions, our own determinations and hopefully alignment of what we collectively think should be said. From the SG consideration, whether from the stats team providing the watch list and the information that is fed in from Andy and colleagues on reporting on the various incidents and outbreaks.

AB – the DFM will have a call with the local authority Chief Executive – my understanding is the DPH is not on those calls, but following cabinet this week one of the ways to resolve would be to have the local authority Chief Executive and DPH on the same call. Supplementary to that could be to get a short joint paper agreed by the local authority Chief Executive and DPH about where you think you are and the evidence that has been done to show why you should move up or down a level.

JO'D – I think it's vital we don't end up in a situation where local authority colleagues are putting up different advice from what advice is given here – whatever we do – the NIMT considers the data and that we are only supplementing with local colour. We are cautious we don't act in a way that would be inadvertent.

TP – issue is that we are being asked to give advice in the absence of all the harms. England agreed to share their 3 harms and I think Scotland should share the harms papers with DPH and local authorities and then we will have all the information.

JMcM – I don't have any objection to that

SG – the calls with DFM are essentially political with leaders of each council. Chief Executives when they are invited to speak they talk about their engagement with the DPHs. Also to highlight either the CMO or DCMO takes part in that call and goes through the data – I think there is a process of engagement and I'm not entirely sure if we are over complicating things with having another report.

JMcM – in a paper as yet to be circulated for broader consideration, on the basis of what Andy has outlined we can see any opportunity that exists to have alignment of our thoughts to ensure there is a single public health interpretation of the data as it stands, how that summary is used is very much in the hands of Scottish Government colleagues. Often case studies can be helpful and my understanding for Grampian is at least in some of the discourse I was privy to, sometimes there were various things that were then suggested constructively about how things could be improved. Perhaps the simplest things are on the Thursday on receipt of the information and when the spreadsheet is being added to that's the point where perhaps we should be engaging with our stats colleagues to see if this does equate with what you see and if not, have that local discussion on a scientific basis for common ground. That might allow us on Friday to afford that opportunity for that clear single version of the truth to be imparted. I trust there is a broad consensus agreement and we can proceed on that basis.

GS – confirmation of vaccine and rollout expected on Tuesday 8th December.

TP – calls into questions – if the objective is to save the NHS by the time we vaccinate – In terms of harms the, I would see this as an end to restrictions pretty quickly.