

NIMT 05/10/20 10.00 – 11.30

Recommendations

1. The NIMT recommend a suite of National measures (A National “Brake/Circuit Breaker”) **be instituted with as soon as is practically possible (reflecting the logistics of notification and any underpinning regulation)**. This suite of measures would be short of that used during the successful reduction in R over Lockdown building on the success of the PH actions built since over the summer. This “Brake” should be considered with reference to the other 4 Harms and within the bounds of the practical measures that can be applied. The National suite of measure when applied over a short term will have the highest likelihood of significant public health impact. The simplicity of messaging of this “Brake” offers an opportunity for greater success, partly through maximal compliance and is in preference to any other potential local incremental measures that may be alternatively offered across parts of the population.
2. The NIMT recommend a stepdown to level 2 measures thereafter.

Rationale

The National Incident Management Team (NIMT) concluded that **there is increasing concern about the national increase in the number of new cases being reported across Scotland**. The situation in NHS Lanarkshire had provided a driver for analysis on the contribution of those aged 40-64 years of age to this increase. **The previously (04/10/20) described increase in Lanarkshire (double the proportion of cases in the rest of Scotland) appears to be repeating in NHS GGC**. Whilst these local patterns are concerning, **the greater concern is that many of the other boards are now beginning to see early indication of similar patterns**. This is important as many of these cases are

- sporadic i.e. not known to be linked to other cases in the community or associated with defined incidents or outbreaks. **There is then evidence of significant community transmission without known source** and it is
- just a question of when rather than if other parts of Scotland see similar patterns (which may be just days/weeks behind as evident from the examples already of GGC as a large board, A&A as a smaller board and WI as an example of an Island board).

There is immediate concern for subsequent hospitalisation (and care home outbreaks and death in both settings) that follows. Currently the NHS boards driving the increase in hospitalisation are those in whom the cumulative incidence rates have been continually increasing. There is then a need to undertake urgent action nationally to minimise the impact nationally when the pattern observed already in Lanarkshire will likely repeat over coming days across Scotland.

There was then **a call to action to institute national rather than local measures** to reduce the Public Health impact. **This call to action was with immediate effect** and reflected additional concern about the sustainability of the current public health actions to support the T&P programme (i.e. reflect WHO recommendations re tier 2 Capacity issues as they would apply to PH teams within the NHS in Scotland).

The simplicity of the communication as a single set of national recommendations for a “Brake” with immediate effect offer great attraction in achieving reduction in transmission. The national nature of such recommendations avoid the difficulties of local communication of different messages across

different areas. It may also avoid some of the differences in the socioeconomic playing field and minimises some of the potential avoidance behavioural

The NIMT recognise that these PH actions need to be considered in the context of the 4 harms within Scottish Government.

Reflecting the NIMT current understanding of the overview of Levels of intervention being considered across Scotland and the rest of the UK (Level 1 and 2 = longer duration measures of indefinite duration, Level 3 and 4 = shorter duration 2-4 weeks i.e. up to double the incubation period with option to continue) the NIMT made the following recommendations in which

- **The earlier the adoption the greater the likely impact on reducing the morbidity and mortality and the**
- **Greater the prospect of a reduced duration of the necessity for these measures compared to later adoption of measures.**

The recommendations are as then as follows;

1. **The NIMT recommend a suite of National measures (A National “Brake/Circuit Breaker”) be instituted as soon as is practically possible” (reflecting the logistics of notification and any underpinning regulation).**
2. **The NIMT recommend a stepdown to level 2 measures thereafter.**

The NIMT recognise that in the interval (should there be delay) that this does not preclude any NHS board considering local/regional measures e.g. across the Central Belt, with immediate effect (e.g. through discussion within their LA colleagues) but acknowledges that these measures may be restricted within the bounds of what is possible without legislative amendment or financial assurance.