SCOTTISH GOVERNMENT COVID-19 ADVISORY GROUP

Thirty seventh Meeting

16 November 2020

MINUTES

1. Welcome

The chair welcomed group members and invited guests

Advisory Group Members: Andrew Morris, Dave Caesar, David Crossman, Tom Evans, Nick Hopkins, Jim McMenamin, Jill Pell, Stephen Reicher, Chris Robertson, Sheila Rowan, Aziz Sheikh, Devi Sridhar, Nicola Steedman, Carol Tannahill, Mark Woolhouse.

Invited attendees: Mary Black, C Name Redacted .

SG: NR NR Daniel Kleinberg, Niamh O'Connor, Audrey MacDougall, NR

Secretariat: [**REDACT** NR

The chair noted that Advisory Group's advice on [**REDACT**: Risks of Transmission in Hospitality, circulated with the papers for the meeting,] had been submitted to CMO and Ministers.

The Chair had participated in a meeting convened by the Cabinet Secretary to discuss the state of the pandemic. Work was underway on a vaccination programme; SPI-M [**REDACT**: were modelling the impact of changes between tiers;] COG-UK [**REDACT**: were looking at genetic sequencing related to mink;] SAGE [**REDACT**: had produced advice on mink and were looking at isolation compliance and key worker testing to shorten isolation].

2. Minutes and Actions

Any comments on the minutes of the previous meeting to be sent to the secretariat. The minutes would be published later in the week.

3. Covid Vaccine

The Chair introduced the issue, referring to discussion at the previous meeting and providing an overview of latest developments. While it would take time to resolve questions on impact, effectiveness and duration, and there were logistical challenges due to deep-freeze requirements, the available details about the Pfizer vaccine are very positive as are those relating to the Moderna vaccine just announced. Other vaccines are expected to follow soon and, together, offer the prospect of real improvement once sufficient numbers have been vaccinated. The logistics mean that will take some time but supplies of the Pfizer vaccine are

expected to be available as early as December, so it is important to think about the issues that should be considered over the period of the vaccination programme.

The group noted the developments and shared the Chair's optimism about the way forward, though uptake of the vaccines would be important to achieving the best outcome. The predicted efficacy of the vaccines was very high and the uncertainties will resolve over time, though different vaccines will have different characteristics and efficacy.

The vaccination programme would be dependent on the completion of the approval process, advice from the Joint Committee on Vaccination and Immunisation and the volumes of vaccines available. Initial priorities were likely to be the eldest (80+) and Health & Social Care workers. It was noted that this was an implicit change of priorities in favour of protecting the vulnerable – other strategies might target specific areas, though practicality of delivery was also a necessary consideration.

It was noted that there was insufficient data available at present to be determine if vaccination could achieve herd immunity, though the majority of the group were optimistic. Safety data was not yet available, though would be published shortly. An interface with the EAVE project would give almost real-time info as vaccination proceeds. The flow of data during the programme will help pick up any issues once vaccination starts. A major innovation will be an entirely new digital and data solution for Scotland which will have new fields for data capture. The recording app is being tested now, with positive results, and will be rolled out in the coming weeks.

Previous experience of vaccination is that the vast majority of people are likely to uptake, albeit that many may be initially hesitant. A distinction was drawn between those who are anti-vaccination, and those who are hesitant. It is likely that numbers of those actively hostile to vaccination are in low single digit percentages. The group noted that it would be important to understand attitudes to vaccination in order to maximise uptake and ensure good and clear communication supported that. The rapid review of the behavioural aspects of vaccine uptake and misinformation from the Royal Society and the British Academy 'COVID-19 vaccine deployment: Behaviour, ethics, misinformation and policy strategies' would be very helpful for this.

A further key issue for communications about vaccination is the need to tackle the potential assumption that NPIs are no longer needed as soon as vaccination starts. There should be a timeline setting out when rules changes can be made and it is safe for behaviours to change. The positive impacts of a vaccine provide the prospect of an end point so people can see the purpose of their sacrifices and effective communication could increase adherence.

Advisory Group Secretariat to explore with policy lead and clinical advisers to define specific questions to be brought to the group's next meeting.

4. Mass Testing

The group considered the paper tabled in the light of previous discussions of this issue. A well-executed mass testing exercise could have a similar impact to a circuit breaker if it detected asymptomatic cases and quickly take a significant proportion of positives out of circulation.

That would be dependent on achieving a high uptake and rapid follow-up and isolation of positive cases – the effectiveness of all testing is crucially dependent on effective contact tracing, isolation and compliance. Mass testing had the potential to increase detection rates for healthcare staff, who tend to have higher levels of infection, and thereby reduce the risk of nosocomial transmission.

It was noted that there were lessons to be learned from experience in Liverpool and approaches in other countries. A pilot in Scotland may offer further learning potential. Clear communication and data recording were key points. The purpose of the testing needs to be clear as well as the benefits to those being tested, while considering the unintended consequences of people's behaviour once tested and the potential for false negatives.

The lower sensitivity of lateral flow devices is a potential issue but there is modelling evidence that speed/repetition can overcome that. A focus on small towns may make logistics easier - and there was some opportunity to learn from 'mass' testing in villages in some localities - though there would need to be defined selection criteria to ensure that the investment of resources was worthwhile.

Mass testing is new and the behavioural response may be different from expectations, though e.g. mass TB screening by X-rays last century or hepatitis testing of HCW may offer useful parallels. The key will be how mass testing impacts on compliance with other measures. There was a need to consider how that can be positive. It was noted that recently funded work by Edinburgh University on testing & trust was relevant.

The Deputy Chair will liaise with the Scottish Government Testing policy lead on questions for focussed discussion at the next meeting of the group.

5. Innovation

The Chair opened this discussion by referring to the letter circulated with the papers from the UK Government's Chief Scientific Adviser about the programme of National Core Studies. There is significant resource and effort going into this work and it is important to have participation from Scotland in this UK wide programme.

The vice chair then spoke about the approach to covid and other research in Scotland, which had evolved to include early innovation needing approval. While the health benefit is key there can also be a wealth benefit from innovation and the Chief Scientist's Office had built links with Mr McKee, Minister for Innovation. The importance of this work had been acknowledged by PfG funding for the Scottish Health Innovation Partnership (SHIP) which brings together the NHS, Academia and Industry. There had been a manufacturing push round ventilation & PPE and, more recently, a research push on e.g. UVC for sterilising. A key question is how we best identify & support disruptive technology to overcome teething problems and become fully effective.

Andrew Fowlie then provided more detail on some of the research and development currently underway in Scotland, expanding on the role of SHIP and referring to the Update on NHS and Social Care Innovation circulated with the papers for the meeting. The aim was to support an eco-system of partnership which makes innovation easier, driven by a more modern data & AI

enabled approach. The group noted that data is key, but needs to be in a form that can be used. The WISH Data Science and AI Forum paper on 'Harnessing Data Science and AI In Healthcare' provides useful advice on data issues..

The group noted that the range of work underway was encouraging and that innovation has the potential to be an important aspect of economic recovery post pandemic. For specific innovations, there was a need to think about how we can test innovations at a local level. It is important that the need for innovation is not lost sight of post-pandemic. There is a need to consider how best to capture the learning from the pandemic. Covid's impact on behaviours in a range of areas needs to be understood and evaluated. There is important learning for how we organise GP surgeries and deliver remote care, as well as innovations in the use of AI, rapid communication & decision making and enabling public services to make effective use of the innovations that should not be lost sight of. The usual research and funding pathways might not currently accommodate these important areas for development.

6. Four Harms

The group received a presentation on the Scottish Government's 4 Harms approach to decision making in relation to the pandemic. While the group's advice on the scientific aspects of covid-19 primarily focused on the direct harm of the virus, and to a lesser extent the indirect harm arising from the impact on the health system, there is also a need for policymakers and Ministers to consider both the social and economic harms arising and what could be done to alleviate them. The stark impact of direct harm (deaths) was more immediate and easier to understand than the longer term impact of the other harms.

Social harm is particularly complex. Key considerations are safety and security, learning and development, social capital and community cohesion, loneliness and anxiety, economic security and trust in Government and the social contract. Particular attention is paid to the needs of children and young people whose wellbeing and development may be particularly impacted. The impacts of restrictions on those living alone are also a key concern in terms of social isolation. Equalities feature strongly in assessing social harms as women, disabled people, the BAME community and those from lower socio-economic backgrounds have experienced particular disadvantage. Action has been taken to mitigate these harms; mainly providing support through local authorities on poverty, food, isolation and fuel poverty. Thinking about how this was communicated to people also makes a difference and can boost mood and reduce anxiety.

The group noted the critical importance of avoiding overloading the NHS and that the impact of the other harms had, and would continue to, become more apparent as time goes on. Analysis of the first wave had shown the significant impact of indirect harm on other health conditions and previous studies had shown the longer term negative impacts of economic downturn on health. The chronicity of those harms mean they are easier to underestimate. Action can be taken to boost resilience and resistance, as well as mitigate harms.

7. Subgroup Updates

The Education sub-group were considering the use of face coverings. Minutes from the Nosocomial sub-group were circulated with the papers for the meeting. Testing issues had been discussed at agenda item 4.

8. SAGE Update

The latest SAGE minutes and papers had been made available to the group.