Key points

- The CMO AG considered this to be a well-crafted outline of progressing to Phase 2 of the *COVID-19 Framework for Decision Making*
- **There was consensus in the group that the criteria for relaxation have been met.**
- The rationale for the gradual approach to the changes is clear.
- From a behavioural science perspective, the principle of caution makes absolute sense, with a view to being able to accelerate changes at a later data
- There are some anomalies in the risk designation given to some of the activities and their timing.
- The reliance on specific epidemiological metrics is something the Government should be cautious about. There is a great deal of uncertainty around incidence and prevalence estimates at present.
- In being overly precise the Scottish Government risks being caught out if these estimates are subsequently revised. The group would advise using ranges instead.

Specific points

Health care and screening services

The group is not supportive of the suggestion that the start date for restarting cancer screening and urgent eye referrals should be pushed back. Not doing these is already impacting on survival and vision. These activities will take place in very controlled environments and given the current levels of infection with SARS-CoV2 in the population, the risk will be low.

Alongside reopening these, public information campaigns should be rolled out to ensure the public is aware of the availability of these services.

There is a potential disconnect between dentists opening up sooner than chronic disease management and cancer screening.

Date of changes

It would be preferable if there was sufficient time between the different sub-phases to allow an assessment of what the impact on the indicators is. However the consequent timescale makes that impractical.

There is a case that can be made for maintaining lockdown until the number of daily cases is closer to 50 or 100 per day. This would put Scotland in a better position at the start of flu season, as well as increasing the likelihood that schools and businesses can

open up normally. Earlier relaxation would reduce the likelihood/extend the timeframe for eradication.

Need for additional data
The availability of additional, granular data on new cases and the Test and Protect programme would allow for a better analysis of Scotland's current position. There may be an argument for the public to have access to this granular data to make informed decisions about their behaviours, taking into account the local risk. As an example, this could be:

- Number of new cases by day/local area
- Number of people testing that day/local area
- Number of NHS 111 calls for covid-19 symptoms that day/local area.

Shielding
It is not clear what changes are being proposed in relation to shielding. It should be noted that risk prediction algorithms being developed won't be ready by the 19th June.

Contact tracing
Additional detail is needed on contact tracing as additional services reopen. For instance, how will contacts be traced if someone comes into contact with an infected person on public transport.

Behavioural Science considerations
There needs to be a clear overall narrative of how things fit together - how less lockdown is contingent on stricter adherence to distancing, hygiene and test & protect. It is important to have such a view rather than an *ad hoc* set of measures which don't really seem to hang together. Moreover, internal consistency is equally important - why some things are allowed and others are not.
There is very little about exclusion issues in this document. The Advisory Group advises there needs to be at least acknowledgement of the particular issues and problem of particular groups caused by the pandemic, the ways in which some are at greater risk and have greater problems with adherence (say meeting up for those who don't have gardens, self-isolating in crowded and multi-generational households).
Likewise, there could be more comment for those who have to self isolate. This is critical about the success of any overall strategy and we need to be explicit about the forms of support that will be given to people.
The Group considers that Scotland is doing very well in terms of involving the public in policy development, delivery and evaluation but more still needs to be done. For instance, it would be very useful to have inputs from different sections of the population about impediments and incentives around self-isolation and that hasn't been done. The irony of community involvement is that you most need input from those groups which are hardest to reach since those are the ones who are least likely to abide by policies. That needs clearly stating and addressing.

Additional provisions required
Structural and "built environment" considerations are key to mitigate risks of on-going transmission.

There is a need for investment to make hand-washing facilities easier to access in public spaces, schools, play parks and shops. Although the WHO recommends that its member states "provide universal access to public hand hygiene stations", the UK currently has no clear recommendations on the frequency, availability, and the responsibility of

provision hand hygiene in public space. An onus has been placed on business owners and service providers to provide hand hygiene facilities for public use, but without a corresponding partnership by government to enable hand hygiene in non-business spaces. The first component of hand hygiene, to wash hands, is virtually impossible for most of the UK population outside the family home. The second component of hand hygiene, to use hand sanitiser, is suggested to be used where hand washing is not available. In practice (as above) that is outside the family home for many. Hand sanitiser at an appropriate alcohol strength is expensive (with evidence of rampant price inflation in many markets) and so is unaffordable by many in society, particularly those now demonstrated to be most at risk of Covid-19.

Travel
There is a significant risk of importation of cases from England, particularly if England opens up quickly without appropriate 'Test and Protect' in place.

There is already anecdotal evidence of Scotland largely complying with the 'stay within 5 miles of your home' but English visitors travelling long distances for visiting tourist sites and towns in Scotland given variance in advice on travel. The Group considers the 'driving locally for leisure purposes within 5 miles' criterion introduced in phase 1 as very low risk and the distance travelled could be increased quite safely.

Further to this, there is a question as to how we will monitor compliance by those who need quarantining or isolating and support any necessary enforcement.

BAME
There is still work needed to ensure communication of key messages to minority ethnic communities in key languages. The CMO Advisory Group is currently looking at the broader scientific evidence related to BAME issues and anticipates providing advice to CMO within seven days.

Incidence data
There is a great deal of uncertainty around incidence and prevalence estimates at present. This is not reflected in the numbers in the document. In being overly precise the Government risks being undermined if these estimates are subsequently revised. Ranges should be given. The Group agrees however that criterion 1 has been met.

Long term strategy
There is a need for greater overall clarity as to whether the approach that the Government is pursuing is still one of containment or elimination. Clarity as to what extent our approach will continue to be broadly aligned with that being pursued by the UK Government is important as elimination would require UK-wide strict border controls (currently centred on self-quarantine). These would be needed for arrivals from every country with COVID-19 – likely to be a large number in the foreseeable future. The Group considers this cannot be a Scotland only aspiration, and that the aim is to suppress the virus to as low a level as possible.

Risk classification
The group was concerned at the apparent mis-match between contemplating opening up places of worship and increasing access to care homes whilst at the same time considering it unsafe to re-open schools. Places of worship in particular have been sites of 'super-spreading' events in other countries. A "low risk" classification would go against previous scientific advice delivered to the Scottish Government by this group unless

there are very clear regulations in place about physical distancing and other appropriate preventative measures. Opening for private prayer and contemplation only with physical distancing might mitigate this risk.

Visiting care homes should also be re-categorized to “high risk” and delayed accordingly. Given the increased vulnerability of care home residents to covid-19, visiting should only be allowed to proceed with very clear guidelines of how this will be achieved safely.

Outdoor activities are much safer. Thus, opening of playgrounds, outdoor markets, gardens and zoos could be introduced on June 19th. Classifying playground as likely to have a “high” effect on R does not seem consistent. This may be an echo of treating covid-19 like influenza.

Face coverings
The government may wish to consider the role of face coverings in preventing further infection as lockdown eases, in line with advice previously provided by this group.

Bubbles
Bubbles could still present a high risk to shielding people. Should these be introduced this must be accompanied with clear guidance. These do not present significant additional risk with regards to the wider population.