

PH Mortality Special Interest Group
27th April 1pm-3pm
Via Zoom video Conference
Chair: Colin Fischbacher

Attendees

Colin Fischbacher (CF) NSS - Chair
Clare Campbell (CC) NHS Fife
Ann Conacher (AC) ScotPHN
Ellie Hothersall (EH), NHS Tayside
Carolyn Hunter Rowe (CHR)
Gerry McCartney (GMcC) Public Health Scotland
Marlene McMillan (MMcM) NHS A&A
Jon Minton (JM) Public Health Scotland
Julie Ramsay (JR) NRS
Joe Schofield (JS) Stirling University
Sarah Wild (SW) Edinburgh University
David Walsh (DW) GCPH

| Agenda Item | Action/Comments | Resp. |
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| 1. Welcome | CF welcomed everyone to the meeting. | |
| 2. COVID-19 Mortality Work | <p><i>JR update to group:</i></p> <p>JR explained that there are 3 weekly published reports of deaths involving COVID-19:</p> <ul style="list-style-type: none"> • Taken from death certificates where the underlying cause was COVID-19 or where there was a mention of COVID-19. This report will not be the same figure as the daily figure from HPS which is based on deaths among those with positive tests. • A high level analysis of excess mortality from all causes; this will be updated on Wednesday, in the same format. • In the next few weeks there might be an extra publication that goes in to a bit more detail looking at pre-existing conditions and working out age standardised mortality rates. This will be once we have all the April data in. <p>GMcC informed the group that there were 900 excess deaths last week but only 600 of these were certified as due to COVID-19. We are investigating several hypotheses being proposed:</p> | |

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| | <ul style="list-style-type: none"> • Deaths should have been certified as COVID-19 – ie were false negatives. • Deaths were due to changes in social determinants of health related to consequences of the lockdown, loss of income, social isolation, mental health impact, substance misuse issues etc. • Deaths related to service access issues, primary care moving in to an emergency format, cancer care being postponed, struggling to make appointments service demand issues or reluctance to use services for fear of contracting COVID-19 or concern about putting additional strain on services. <p>GMcC told the group that he has been in discussion with colleagues at the Death Certificate Review Service within HIS, they were receiving an unusually high number of queries relating to death certificates issued, from the conversations it was unlikely that there was a substantial amount of under reporting of COVID-19.</p> <p>The normal review system samples around 14% of deaths but is currently on hold. We have asked them to consider re-opening it to make sure we don't miss an artefactual increase in deaths that are not accounted for by COVID-19. We have also asked if they would consider asking other questions around service demand and excess and also about changes in social determinants of health that might be contributing to excess deaths. This is under active consideration at moment and GMcC will report back on this when an update is available.</p> <p><i>MM update to group</i></p> <ul style="list-style-type: none"> • Locally, starting to look at elective surgery to see what was cancelled, looking at the data to see what health services stopped and what impact that might have had. • We came across care homes where a lot of the potentially COVID-19 related deaths were not certified as COVID-19 initially. A senior researcher is working on this. • Also trying to get local information relating to all health services stopping for 5 weeks, and potential impact. <p><i>JM update to group</i></p> <p>Informed the group about a report on “Years of Life Lost”, which suggests deaths related to COVID-19 are associated on average with around 11 years loss of life.</p> <p>GMcC mentioned a paper that he and DW and others are working on, which examines the impact of COVID-19 on life expectancy impacts compared to the impact of inequality. It</p> | <p>GMcC</p> |
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| | models life expectancy and inequalities based on a range of levels of mitigation. | |
| <p>3. Unintended consequences of the control measures for COVID-19 and their impacts on health</p> | <p>GMcC informed the group that Margaret Douglas from the Scottish Health and Inequalities Impact Assessment Network (SHIIAN) published a rapid health impact assessment of the unintended consequences of lockdown in the BMJ today.</p> <p>GMcC informed the group that there is a PHS work plan that details the range of actions, policy practice, mitigation, service response and ongoing surveillance activities to understand trends. This should hopefully be some interest to group and if anyone wishes further information to contact GMcC as he is happy to have conversations around this.</p> <p>CHR asked if GMcC could share the PHS work plan document with the group, GMcC agreed but pointed out to bear in mind that it will keep evolving due to the current situation.</p> <p>GMcC told the group that there was existing work going on within Public Health Scotland around Public Health Priority 5, which includes a sustained inclusive economy. This work may be useful in the policy window that's coming up around the debates and how we build change around the economy to influence long term health/health inequalities. There is a lot of learning which has started to come through around stalled mortality. We shouldn't forget that and getting those papers finalised and published, and in to the public domain will help inform that debate. More work around PHP5 will follow and GMcC will inform group at next meeting.</p> <p>JR updated the group on life expectancy paper for BMJ Open. The deadline for comments has been extended by 6 weeks until 18 May 2020. JR will update at next meeting.</p> <p>CF gave an update to group on work he is involved with is looking at the indirect and wider impacts of COVID-19, trying to identify what data sources there are available to monitor the impact of COVID on health service and population. There is a 12 week lag for hospital discharge data so it is going to be a while before we can use all the diagnostic data. We have been using a database called RAPID which is a daily feed on admissions to hospital that includes very limited information about who went in to hospital but no diagnostic data, and using timely unscheduled care data from NHS24, A&E out of hour services and Scottish Ambulance. The work is in early stages. Rachel Wood is on the group and she is looking at impacts on maternal and child health.</p> <p>SW informed the group that she is investigating the impact of lockdown and diabetes care. This is difficult without having</p> | <p>GMcC/ALL</p> <p>GMcC</p> <p>GMcC</p> <p>JR</p> |

