

**PH Mortality Special Interest Group**  
**Thursday 31<sup>st</sup> January 2019**  
**G5, Meridian Court, Cadogan Street, Glasgow**  
**Teleconference available-Tel: 033 3443 3443 Room: 66386542# Pin: 2920#**  
**Chair: Colin Fischbacher**

**Attending:**




Colin Fischbacher (CF)  
 Denise McHugh (DMcH) ScotPHN  
 Jane Bishop (JB) Health Protection Scotland  
 Arlene McMullan (AMcM) NHS A&A  
 Claire Campbell (CC) NHS Fife  
 Colin Ramsay (CR) Health Protection Scotland  
 Sarah Wild  
 Fred Nimmo (FN) NHS Grampian]  
 Jim McMeniman (JMcM) Health Protection Scotland  
 Martin Taulbult (MT) NHS Health Scotland  
 Lynda Fenton (LF) NHS Health Scotland  
 Gerry McCartney (GMcC) NHS Health Scotland  
 Jon Minton (JM) NHS Health Scotland  
 Arlene Reynolds (AR) Health Protection Scotland  
 Julie Ramsay (JR) National Records

**Teleconference:**

Christina Rae  
 Carolyn Hunter Rowe

| Agenda Item                          | Action/Comments   | Responsible |
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| <b>1.Welcome &amp; Apologies</b>     | CF welcomed everyone to the meeting and apologies were noted.   |             |
| <b>2.Notes from Previous meeting</b> | Note of last meeting was declared accurate.   |             |
| <b>3. Terms of Reference</b>         | <p>After a short discussion the group agreed that there were no amendments to be made to the TOR's:</p> <p><br/>           Mortality group -<br/>           Terms of reference 8t</p> <p>GMcC commented on the increase in different board representation and thanked the new members for joining the group.</p> |             |

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| <p><b>4. Update on meetings and collaboration</b></p> | <p>GMcC gave an update to the group on the following:</p> <p><b>13<sup>th</sup> November 2018-Mortality Workshop:</b></p> <ul style="list-style-type: none"> <li>• This was an opportunity for different bodies to share what they were doing, this included looking at different hypothesis to what is causing the trends, confirm what the similar issues are and look at what we can collaborate on or join up with to some degree.</li> <li>• Representation at the workshop included, ONS, PHW, PHE, Northern Ireland, Kings Fund and a wide range of Scottish organisations.</li> <li>• All presentations are on the ScotPHO website:<br/><a href="https://www.scotpho.org.uk/publications/reports-and-papers/mortality-trends-workshop-13th-november-2018-short-report-and-presentations/">https://www.scotpho.org.uk/publications/reports-and-papers/mortality-trends-workshop-13th-november-2018-short-report-and-presentations/</a></li> <li>• It was agreed at the meeting to have a follow up meeting, which will be the 21<sup>st</sup> March 2019, in Cardiff, Wales. Scotland will be invited and we will need to decide who will attend this. The purpose of this meeting is to look at what is best done in a collaboration sense within the UK nations. GMcC will circulate information to the group once he has an update.</li> </ul> <p><b>4 Nations Public Health Group:</b><br/>GMcC informed the group that there is a regular meeting of the 4 Nations Public Health Group. Gareth Brown represents the Scottish Government and Andrew Fraser represents the Scottish Directors of Public Health and the other nations have equivalent representation. Andrew Fraser has asked GMcC to present on the work of the Mortality SIG at the next meeting on the 27<sup>th</sup> March 2019, GMcC will update the group at the next meeting.</p> <p>JMcM explained to the group that Arlene Reynolds (AR) is the recipient of an award to meet colleagues who run the Euro MoMo and</p> | <p>GMcC</p> <p>GMcC</p> |
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|  | <p>Flu MoMo projects based in Copenhagen, Denmark. This is a reciprocal exchange in which some funding has been secured. Someone from the team in Denmark will be visiting Scotland (most likely in this financial year) JMCM stated it would be nice for our colleague from Denmark to meet up with some of the group, so he may contact the group to arrange this.</p> <p>CF thanked GMcC and JMCM for the updates and encouraged the group to have a look at the EuroMOMO website <a href="http://www.euromomo.eu/">http://www.euromomo.eu/</a></p>                | <b>JMCM</b>                                 |
| <b>5.Board Presentations</b>   | <p>The following presentations were given to the group:</p> <p>NHS Health Scotland</p>  <p>MortalitySIG_HSupdate_Jan2019.pptx</p> <p>NHS Grampian</p>  <p>GMORTALITY-Fred Nimmo.pptx</p> <p>NHS Highland</p>  <p>Carolyn Hunter Rowe -Alcohol Related Deat</p>  |   |
| <b>6. Proposed model for collaboration-research protocols:</b> <p>a. Comments on the general approach</p> <p>b. Comments on the austerity protocol</p> <p>c. Allocation of leads and group</p> | <p>Overall the group need to agree a way forward on how they are going to work together, focus is on analytical work but we cannot lose sight of two areas:</p> <ul style="list-style-type: none"> <li>• <b>Prospective monitoring function</b> – all the work we have done to date has focused on static, retrospective analysis. Propose that this a substantive item for the next meeting.</li> <li>• <b>Consistent Communication</b> – Another item to keep on the agenda, how we as a broad public health group, are communicating on this issue with</li> </ul> | <b>DMcH (to Add to next meeting agenda)</b> |

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| <p>members to work on other protocols and research</p> <p>d. Research governance</p> | <p>different audiences, and to ensure we are as consistent as possible.</p> <p>GMcC proposed the following:</p> <ul style="list-style-type: none"> <li>• We work collaboratively.</li> <li>• Everyone in the group has an active part to play.</li> <li>• For each of the parts of work we appoint a lead or a working group.</li> <li>• Prioritising the work plan.</li> <li>• All work not yet started we develop a protocol and agree the methods in advance. This is good practice. (BMJ have an example we could follow.)</li> <li>• Commit to publishing the work.</li> <li>• Sharing work already started.</li> </ul> <p>Overall the group were happy with this approach.</p> <p>GMcC explained to the group that PH Wales hypothesis could be tested in a UK wide or international basis, PH Wales are up for collaboration, however do not have a lot of capacity, Scotland may have more, so it's possible we may lead on certain areas and drop on others.</p> <p>GMcC asked as a starting point if anyone was happy to take forward item 6 and 7 as priorities: CC agreed to take forward item 7 with the help of NSS and Health Scotland.</p> <p>GMcC asked the group to contact him if they had capacity to lead on item 6.</p> <p>Volunteers for leading on areas to be carried over to the next meeting agenda item as Work plan.</p> <p>CF asked if there were any gaps on the list, JM said possibly subro vascular/vascular, LF added if this was being added to the list it would possibly be an idea to incorporate morbidity alongside cause specific deaths.</p> <p>JMcM added that contribution from the environment in the broadest sense could be added to the list.</p> | <p><b>ALL</b></p> <p><b>CC</b></p> <p><b>ALL</b></p> <p><b>ALL/ DMcH (to Add to next meeting agenda)</b></p> |
| <p><b>7. AOB</b></p>   | <p>CF thanked everyone for their contribution to the group and meeting.</p>  |  |

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| <b>9.</b><br><b>Dates of next meetings</b> | <b>DONM</b><br>April 29 <sup>th</sup> from 10am to 12pm-room 6.5 Meridian Court-Glasgow<br><br>August 6 <sup>th</sup> from 1pm to 3pm-room 6.5 Meridian Court-Glasgow<br><br>November 7 <sup>th</sup> from 10am to 12pm-room 5.5 Meridian Court-Glasgow |  |
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