

Minutes from CPG with Professor Jason Leitch

Attendees

MSPs

Emma Harper MSP (Co-Chair)

Stewart Alexander MSP (Co-Convener)

Non MSPs

Professor Jason Leitch

Susan Wallace

Euan Ramsay

James, Wildgoose

Damian, Crombie

Allan, Cowie

John, Lockhart

Alan, Kirk

Martin, Coombes

Mathew, Norman

Vicky, Corbett

Anne, Crilly

Colin, Brett

Carol, Thompson

Helen, Reilly

Nicola, Roberts

Frank, Toner

Lesley, Hill

Lee, Willmott

Heather, Baxter

Olivia, Fulton

George, Davidson

Katie, Panton

Claire, Headspeath

Gordon, Thomson

michelle, duffy

ellys, wakeman

Linda, Gray

Vicky, Corbett

elaine, beaton

Alison, Culpan

Aaron, Gowson

Julie, MacDougall

Brian, Cadenhead
Joseph, Carter
Agnes, Whyte
sally, hughes
George , Davidson
Phyllis, Murphie
Jo, Broomfield
Agnes , Whyte
Jo, Hobbs
James, Paton
Pamela , Kirkpatrick
Sally, Hughes
damian, crombie
Amanda, Walker
Jim, Simpson
Linda, McLeod
James, Wildgoose
John, Lockhart
Heather, Gordon
Mathew, Norman

Notes

Emma Harper MSP (Co-Convener)

Welcomes the CPG

Minutes to approve.

Chair asks if there a proposer and seconder to the minutes.

Tom Fardon proposes the minutes

Julie MacDougall Seconds

Emma Harper MSP (Co-Convener)

We are live streaming the CPG on Facebook and on the BLF Website

I would like to now introduce the speaker, Professor Jason Leitch

Professor Jason Leitch

Introduces himself and thanks for the organisations for the invitation.

National Clinical Director for the Scottish Government and was a dentist by trade.

I am one of a combination of three senior clinicians who advise the Government on the day.

My job has meant that I am more public than I would normally and discussing more in stakeholder groups.

If you come back on the 10th of October and tell me what you said on the 7th July is not true, then that would be correct as it is an ever changing environment.

Hand over to Mr Stewart for Questions

Stewart Alexander MSP (Co-Convener)

Number of questions, start with those from the members themselves, comes from Agnus Whyte

Agnus Whyte

Good Afternoon, I chair a breathe easy group in Fythe, a number have been shielding over the past month and might now be suffering from mental health because of isolation or fears of catching the virus. Will there be any support available?

Professor Jason Leitch

This disease is horrific, particularly bad with the elderly, learning a great deal more about the disease, as well as being a nasty respiratory disease it is also being a cardiovascular virus.

It enters through the lungs but affects other organs, the 180,000 people we asked to shield, we asked them to stay indoors for 3 months. We do not underestimate the challenge of the isolation and the mental health, we have intermated that we will try and do something before the end of the July that will make the shielding easier. We have issued some guidance for children, and mental health support will have to be part of that package.

We want a gradual return to normal; we do know a lot more about the virus before we started shielding. We will move to a risk-based version of advice, it will be up to patient groups, families and individuals to make sensible decisions.

If you have a heart transplant then you are in the group, but if you have bronchitis then there is a level of varying levels of diagnosis. Will make a smarter decision not a binary one.

Stewart Alexander MSP (Co-Convener)

2nd question comes from Linda McLeord chair of a breathe easy group

Linda McLeord

Over 4000 people have died from the disease, one of the highest in the world, there have been many treatments and appointments cancelled due to the pandemic. What decisions will be made if there is a 2nd wave to reduce the level of NHS services available?

Professor Jason Leitch

Doing everything we can to restart what was stopped.

Many decisions were done locally, we are doing everything we can to stop that 2nd wave. There is no evidence to suggest a big wave across the country, we will see spikes and clusters of outbreaks. But not what we have seen.

There are international examples of what might be coming, for example, in Melbourne. There they have the highest new cases ever, higher than what they had in March. We will run a Covid health care during the same time as usual appointments. However, we cannot guarantee that if we have a significant outbreak in a town or a city that healthcare in that region will be operating as usual. But we will be doing our very best to run thing side by side.

Stewart Alexander MSP (Co-Convener)

Gordon from Braveheart

Gordon Thomson

Due to the Covid -19 restrictions there is an increased harm from reduced activity and malnutrition, the road to recovery for many people will be a difficult challenge and will put pressures on the NHS. What plans do you have to help mobilise this partnership and what additional resources will made available?

Professor Jason Leitch

We know more about this disease now and we know a lot more about how we can operate. I have not liked the non-essential and essential businesses classification, what is non-essential for someone might be essential for others. But we have to be very careful about balancing the economic harms and health service and harm from what we have done.

There is no magic formula of how-to bring society back.

We need help to do that, from the sector and the third sector organisations to help with the care and recovery. The health care alliance speaks for many 3rd sector charities and will help to mobilise the help. It is an essential part of the recovery

We need the 3rd sector to be working alongside the NHS, we have to be careful around the delivery of the service, especially in the more rural regions.

Stewart Alexander MSP (Co-Convener)

Next question from Michelle,

Frank Toner

There has been technical difficulties Chair, so I will ask the question for her:

Given that the long awaited National Respiratory Action Plan is almost finalised and ready to publish and that the profile of respiratory care in Scotland may never be as high again, we have a real opportunity to focus on improving Scotland's lung health.

Throughout the Covid crisis, Professor Leitch's refreshing and honest approach in his engagement with the public through mediums such as his regular Saturday slot on Radio Scotland's, "Off the Ball" appears successful. What does he suggest we can learn from this approach to engage in a person – centred way with people in Scotland to improve our national lung health

Professor Jason Leitch

Isn't Michelle nice, there are two elements in there. No one wants an action plan to be delayed, however given the current circumstance it is not a bad thing to do. I am wording this with caution; however, we should take advantage of the pandemic. There is no risk-free part here, there is no money tree, there isn't the funding available. The consultation period for the action plan which started at the beginning of July sometime has had a 100 or so responses which have referenced the pandemic. We should design the plan with what we have learnt.

There is something about clinical messaging as well as political messaging, whether you agree with the PM/FM on the style of messaging or politics, it has allowed us, the clinical experts to tell the truth as we know it. It has worked, the public trust the clinical voices, although we have made mistakes, we have done our best in that to tell the truth and we should continue to do that. The clinical messaging point is important.

Stewart Alexander MSP (Co-Convener)

Next question from Andrew Deans ...

Do we have an Andrew?

Frank Toner

I think He is having technical difficulties, I will read the question

An enormous amount of research is carried out all over Scotland with the valuable help of patients with a wide and varying range of respiratory diseases.

These patients will, understandably, be nervous of coming into hospital for what, to them, is not an essential visit.

How will the Scottish Government provide the people of Scotland the reassurance to coming back to assist with research in hospital environments?

Professor Jason Leitch

That is a tricky one, non-essential trips to health care will be tricky, quite a lot of the funding has gone to covid research, there is a lot of research to be done. There is a research and recovery plan, that includes elements around research funding.

My dad got very very good instructions on how to keep himself safe etc. that will be in place for everyone as they attend trips to the hospital.

Stewart Alexander MSP (Co-Convener)

Julia MacDougall is next

Julia MacDougall

Internet bad ... Question is in relations (inaudible)

Ok, in relation to PPE... (inaudible) appropriate PPE

Frank Toner

Julie, would you like me to read the question?

Stewart Alexander MSP (Co-Convener)

We are having internet issues, Frank will you like to ask the question?

Frank Toner

Why were our care homes/hospitals not better prepared with the appropriate PPE when we knew this pandemic was coming? Surely, this would have prevented a lot of deaths and allowed our care homes/hospitals to manage this better allowing patients with other underlying health conditions/illnesses such as lung conditions to continue with their much needed ongoing treatments.

Professor Jason Leitch

It is a very important question, relies on several elements. The question is what did we see coming? Lets put this in perspective, MERS or Ebola was the last time we called a public health emergency. MERS infected 2,500 people globally, Ebola was 30,000, this new virus has infected over 10 million, close probably to 100 million. This puts it in perspective with previous pandemics, this is not something that you can take the folder off the wall and work with it.

We will suggest that we didn't run out of PPE and there was something to do with the distribution, we were as quick as we could to put in place direct channels of distribution direct to the care homes. We never ran out of a single item.

There were nights when we were worried. However when the history will be written, PPE will be a chapter. But so, will the guidelines, we might not have got that right all the time, but we did it with a good heart.

Stewart Alexander MSP (Co-Convener)

Next question is from James

James Wildgoose

Thank you, I chair the bronchitis support group, it is a question on shielding, the guidance on shielding is becoming more specific. Why isn't there more focused guidance in the letters?

Professor Jason Leitch

I think that is where we are heading, that is what we have done with children.

Reason why we didn't do that in March, is because we didn't know enough about the disease. We now do understand much more about the risk of the disease, we know how to treat it and prevent it.

Now we are going to move into a more individual approach.

There is no Act of parliament that states that you must shield, it is not the law. Shielding was implemented to protect the vulnerable group who we believed at the time to be at risk to the virus. 4 months later, we can take a more individualised approach.

Stewart Alexander MSP (Co-Convener)

That concludes ones from the CPG members, we will now go to the facebook live

First one comes from Margret, *'what risks are there to me when I start to live a normal life and unable to wear a face covering due to my condition and being claustrophobic?'*

Professor Jason Leitch

I cannot assess your individualised risk.

However there is now a low prevalence of the virus, there are about 2 positive cases of the virus at the moment. We have estimated that there is around 1500 people in the community with the virus, so there is a chance that you might bump into them. However my

parents are in their 70's with health conditions and they are exercising and going to shops and being very careful.

We should take a balanced approach, we shouldn't be scared or fearful but you can meet people in the garden and the park but stay away from crowds.

Stewart Alexander MSP (Co-Convener)

We have a question from Oliver, he asks '*can shielding groups to see a dentist?*'

Professor Jason Leitch

Dentists are ready, my colleagues and friends are ready, they are now seeing people with emergencies, check-ups will start when we move to phase 3 on Thursday. The cabinet will decide tomorrow if we are moving to phase 3 and then dentists will open for routine appointments.

You should be cautious, talk to the practice, if you need to go, you can.

Stewart Alexander MSP (Co-Convener)

Catharine asks *do I need to wear a face covering when walking?*

Professor Jason Leitch

No, they are not mandatory in walking in public through the park or exercise. However in the shops and on public transport they are and you must wear a covering then (if you can).

Stewart Alexander MSP (Co-Convener)

We have had a number of questions during the chat.

Phyllis Murphie

Can you give us an update with where things are with the vaccine?

Professor Jason Leitch

There are 200 globally in trials, there are 2 in phase 2/3 trials, where we trial on humans, we first start with healthy medical students and then you move into broader groups. No kids no pregnant women of course. Then you gradually move your trial out to out risk groups.

We have to approach ethical and safety when working with the vaccines.

The Oxford vaccine are working at a pace that I have never seen before. It is encouraging, but no way to knowing if we will get it.

The very optimistic ones say we will have it by winter, the pessimistic ones think that we will never have a vaccine for this sort of disease.

The disease is different than one from Wuhan, but we should be able to vaccinate against it. But we are not sure if the antibodies will last for a length of time. We do not know how long they will last. It is encouraging and well focused, research and if I was to put money on it, then I would say yes we will have one and by 2021.

Stewart Alexander MSP (Co-Convener)

Is Lesley there?

Ask you question please.

Lesley

Regarding vaccines, NHS England have this week launched antibody testing for all staff and staff in health care. Will that be rolled out more publicly?

Professor Jason Leitch

It is not quite what we have done, they have launched some antibody testing in the broader population.

We have them going on for research purposes and prevalence. We think that about 5 – 6% of the population has it and have an immune response to it. There is something called the SIREN study that will decide what to do with the anti-body testing

The problem with wider testing is that doesn't tell you how to behave as it doesn't tell you what it means. By confirming that you have the virus that doesn't necessarily mean that you don't need to be socially distancing, we don't know if you are protected, even if you are protected, you might still carry the virus if you are infected with it the 2nd time.

Therefore it is not ready to be used more widely.

Stewart Alexander MSP (Co-Convener)

Questions on Facebook frank?

Frank Toner

We have had some problems, we have one question here – I had to go to a local procedure when I went to hospital, it gave me difficulties to breathe when using the mask, do I have to wear one when I go to hospital?

I must add here that as a charity we are very concerned around people being told that they have to wear a face covering when they find it difficult to do so.

Professor Jason Leitch

This is not something where we want to harm people.

I will be careful with people with the exemption, if your breathing difficulties are very serious then of course you are exempt. However, if you are on the edge of being able to breathe well then masks will not affect your ability to breathe, however there should be no stigma in not wearing one.

The general population do not want to wear one either, if you are uncomfortable wearing one then wear it. If you have a genuine breathing problem, then of course you will not have to wear it.

I will continue with my communication that we shouldn't force the groups who find it difficult to wear them. But generally think as to why you don't want to wear a face covering and if it is because you are uncomfortable, then you should wear it.

Stewart Alexander MSP (Co-Convener)

Emma? Would you like to ask a question?

Emma Harper MSP (Co-Convener)

Yes, I have had people contact me who has asthma, I am the Parliamentary champion on Asthma and I have been encouraging people to wear a mask and to try it first. It is a similar position to what you were saying, do we just encourage people to wear it and if they cannot wear it then don't.

Professor Jason Leitch

Yes that was a very wise

Stewart Alexander MSP (Co-Convener)

Does that conclude the meeting?

Professor Jason Leitch

I saw something on virtual rehab there on Facebook, I just want to say that we have gone from 3,000 appointments to 20,000 appointments. I hope that respiratory departments will be able to use that virtual connection.

I think consultants and others, have become use to it. I was on one recently as a model with a postman in the North of Scotland, he did the appointment virtually in his van for 15 min. There are of course times where there need to be physical appointments, but generally they are very useful.

Stewart Alexander MSP (Co-Convener)

Any more Frank?

Frank Toner

Yes, we do have more.

Lesley Hill first – what are our thoughts on patients receiving oxygen therapy? This is a more of a follow up question on face masks.

Professor Jason Leitch

First, you must have a very bad condition to get oxygen therapy, it is not just given away. However taking a more physical approach here, the oxygen mask is underneath the face covering, it will may be that you can maintain the covering for the times that you need it. However, you should be avoiding the crowded shops and local transport. If you have to do so, then using the face covering for that short period is acceptable.

Frank Toner

Hayley has a question on health care work assessments for staff during the Covid Pandemic.

Professor Jason Leitch

As we have learnt more the risks have changed. So at first the shielding group were asked to be off work. We have learnt more as to how this affects the BAME community and we have had to make adjustments there. Related to co mobility – it might be more to do with society and other risk factors.

As we come out of shielding, we will continue to do risk assessments for those who are coming back to work.

Stewart Alexander MSP (Co-Convener)

Is there anything more to say Frank?

Frank Toner

Unfortunately, the Facebook element didn't quite work as well as it should

We would like to thank Jason Leitch and Parliamentary members for attending.

Thank you very much Professor.

Stewart Alexander MSP (Co-Convener)

On behalf of us all, thank you. Thank you for your time this afternoon, it has been a fantastic opportunity for the CPG to meet. I would like to thank Frank and his team for pulling this together, my co-chair Emma and I are used to these meetings happening virtually now. It is much easier; I think it is something that we will use much more in the future even as we move to normality. Thanks, the rest of the CPG members.

Thank you everyone.

If you have any comments or questions then please contact Frank in the future and have another meeting in the future.

Closes the meeting.

Actions

Any questions missed will be sent to Professor Jason Leitch and he will endeavour to answer back to them.