

CVDR/S6/22/9/1

COVID-19 Recovery Committee

**9th Meeting, 2022 (Session 6), Thursday 17
March 2022**

Inquiry into excess deaths in Scotland since the start of the pandemic

Introduction

1. At its meeting on 18 November 2021, the Committee agreed to undertake a short inquiry into excess deaths in Scotland since the start of the pandemic. The purpose of the inquiry is to examine the extent to which excess deaths are caused by the COVID-19 caseload or the indirect health impacts of the pandemic.

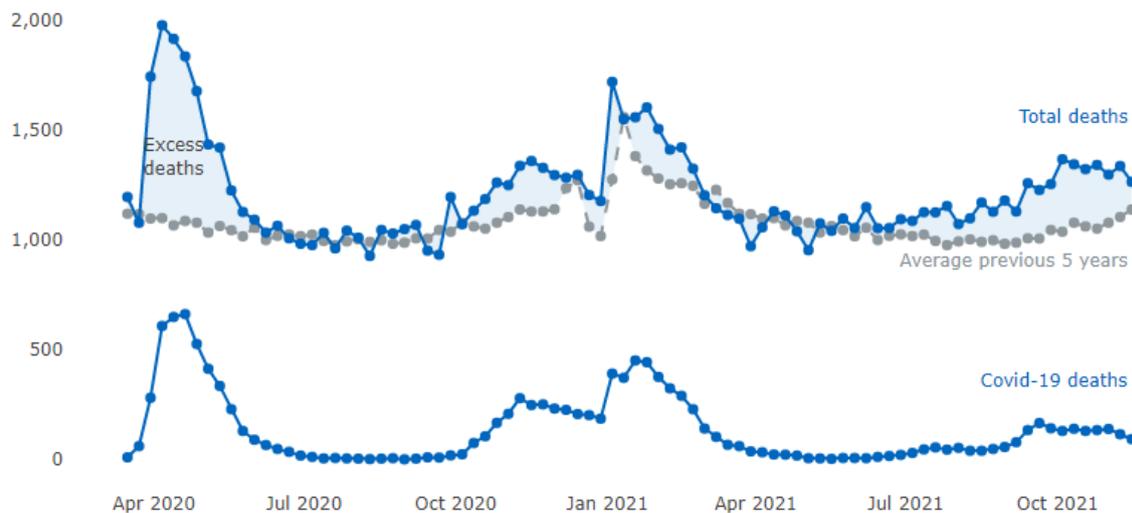
2. At this meeting, the Committee will take evidence from the following witnesses—

- Humza Yousaf, Cabinet Secretary for Health and Social Care
- Jason Leitch, National Clinical Director, Scottish Government.

Background

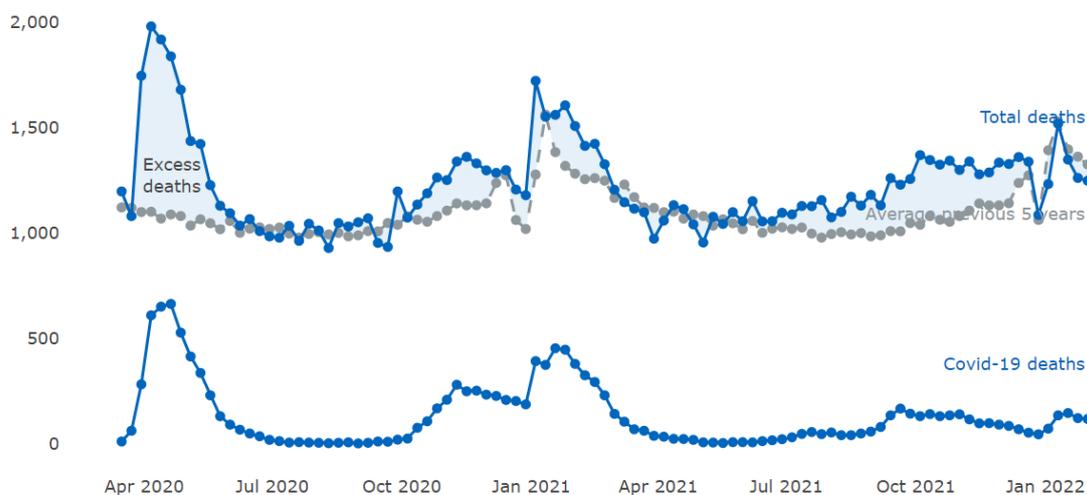
3. When the Committee launched its inquiry, data from the Scottish Government showed that deaths in Scotland were 11% above the average for that time of year and had been above the average for the last 26 weeks.

Fig 1: Excess deaths in Scotland since the start of the pandemic



Source: [Scottish Government](#)

4. The latest data published on 14 February 2022 shows that deaths in Scotland are currently 6% below average.



5. What is unclear, is the extent to which excess deaths are being caused by the COVID-19 caseload, or the indirect health effects of the pandemic.

Evidence

6. The Committee issued a call for views which ran from 9 December 2021 to 28 January 2022. The Committee received 101 written submissions including submissions from the following organisations and academics—

- Age Scotland and About Dementia (joint submission)
- Alcohol Focus Scotland
- BMA Scotland

- Dr Christopher John Boitz MBChB BSc (hons) GP
- Chest Heart & Stroke Scotland
- Inform Scotland
- Professor Claudia Estcourt, Professor of Sexual Health and HIV at Glasgow Caledonian University and Honorary Consultant in NHS Greater Glasgow and Clyde
- Professor Phyo Kyaw Myint, Chair in Old Age Medicine (Clinical), University of Aberdeen
- The Health and Social Care Alliance Scotland (the ALLIANCE)
- Hospice UK
- Macmillan Cancer Support
- Marie Curie
- Dr Francisco Perez-Reche, Senior Lecturer, University of Aberdeen
- Public Health Scotland
- Royal College of Emergency Medicine
- Royal College of General Practitioners Scotland
- Royal College of Physicians of Edinburgh
- Scottish Centre for Administrative Data Research (SCADR)
- Scottish Intensive Care Society
- UK Medical Freedom Alliance
- Professor Sarah Wild, Professor of Epidemiology, University of Edinburgh

7. All the submissions can be read at the following link—

[Published responses for Excess deaths in Scotland since the start of the pandemic - Scottish Parliament - Citizen Space](#)

8. The Committee took evidence on the pressures facing the NHS and some of the health impacts being experienced by individuals at its meetings on 24 February 2022 and 10 March 2022. The papers and transcripts from those meetings can be found on the website—

[Meetings | Scottish Parliament Website](#)

9. As part of the inquiry, the Committee’s advisers suggested sourcing information on excess deaths including key data and trends. This information has been provided by the Scottish Government and is attached at **Annexe A**. SPICe will produce an analysis of this information in advance of the evidence session.

Next steps

10. The Committee expects to write to the Scottish Government on issues raised during its inquiry.

Committee Clerks
March 2022

ANNEXE A

Letter from the Cabinet Secretary for Health and Social Care to the Convener - 14 February 2022

Inquiry into excess deaths in Scotland

I am writing further to your request, on 17 January 2022, to provide information to support your inquiry into excess deaths in Scotland since the start of the COVID-19 pandemic.

The Scottish Government is pleased to assist with the Committee's inquiry, and has provided responses to the each of the information requests in the annex below.

The Committee's request for information covered a range of different policy areas and data sets. Some of the information requested is already in the public domain, where this is the case we have excerpted the relevant material and signposted the source. Unfortunately it was not possible to provide all of the information requested, where we were unable to precisely meet a request we have added a note to explain this and noted if this is due to be published in the coming months.

Please do not hesitate to reach out if you have any further questions or requests, my officials and I shall be happy to assist.

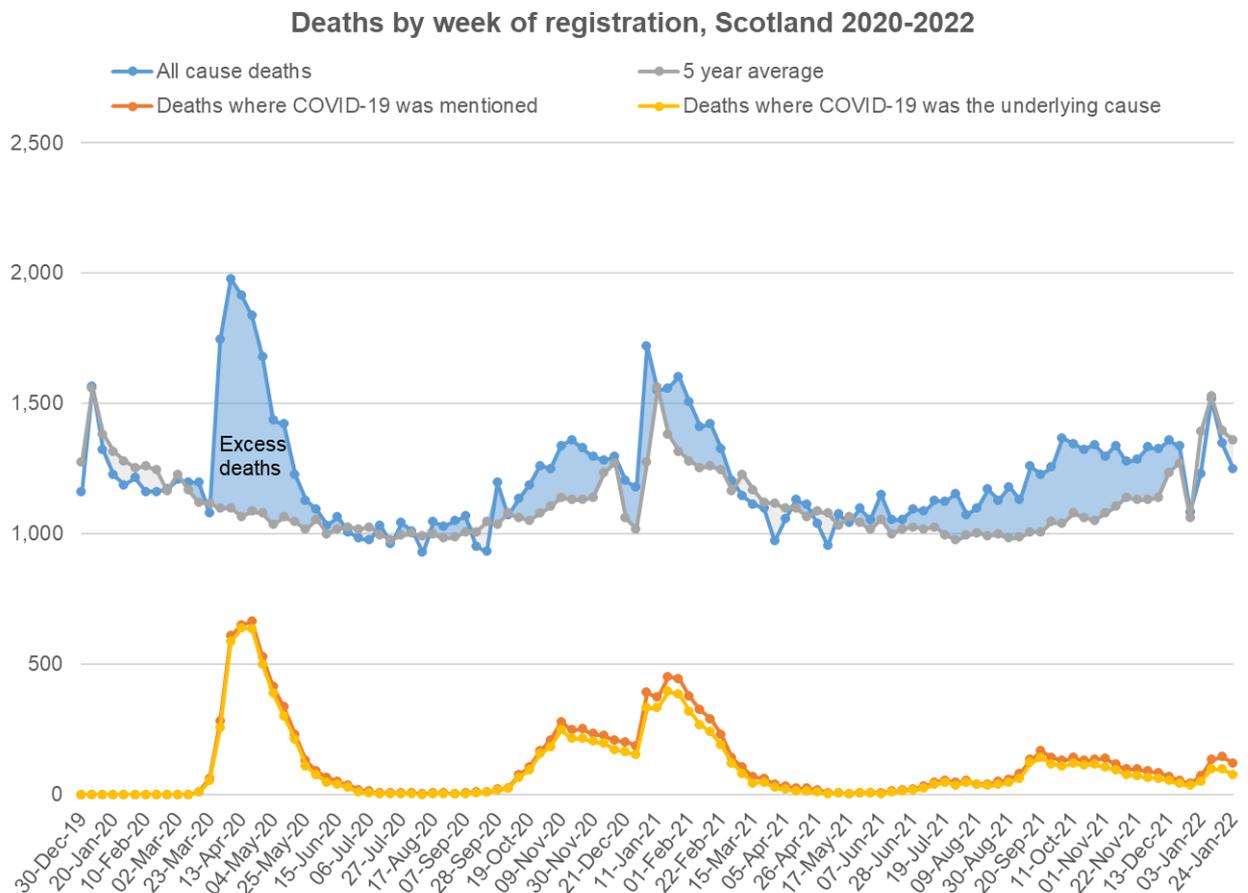
Kind regards,

HUMZA YOUSAF

Annex: Scottish Government responses to information requests from the COVID-19 Recovery Committee

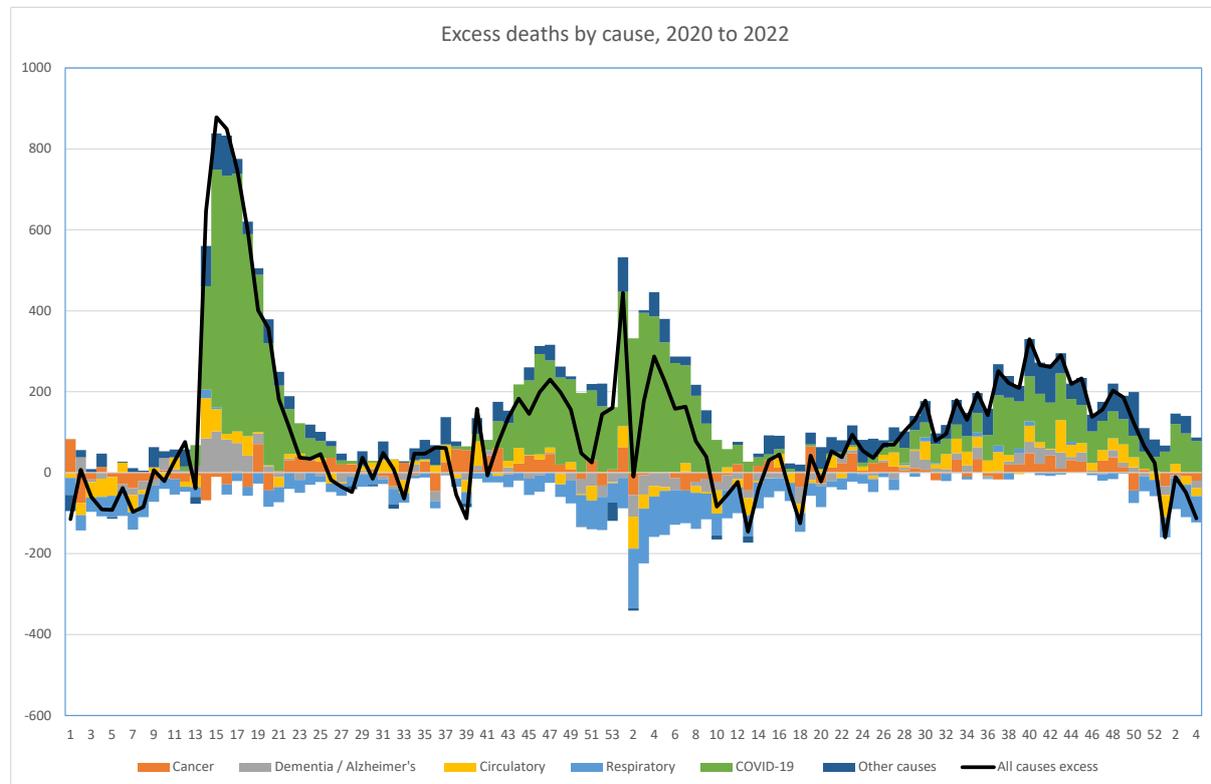
1. A combined chart of excess deaths broken down by each week and weekly COVID deaths (as seen on the four harms data on SG website).
2. The difference between the two lines is important as these are the unexplained deaths – the Committee want to know their causes, and whether there is a focus of cause

National Records of Scotland (NRS) publish data on deaths involving COVID-19 in Scotland on a weekly basis. The chart below shows the excess deaths and total deaths by week for Scotland from the week ending 30 December 2019 – the week ending 30 January 2022.



Source: <https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-22-data-week-04.xlsx>

Excess deaths compared to the 2015-2019 average for four main underlying causes of death (cancer, dementia, Alzheimer’s disease, circulatory causes and respiratory causes) for 2020-2022 are shown in the chart below.



Source: <https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-22-data-week-04.xlsx>

In the first wave the majority of excess deaths involved COVID-19 but there were a small number involving other causes, including dementia, Alzheimer’s, circulatory causes. Later in 2020 excess deaths were lower than COVID-19 deaths, mainly due to a reduced level of respiratory deaths compared to the expected level. This continued for the early part of 2021, and from late spring onwards, there were excess deaths across most of the causes (except respiratory).

Details on excess deaths by underlying causes of death for 2019, 2020 and 2021 are publicly available¹. Detailed cause of death figures for 2021 are not yet available, the Scottish Government intends to publish these by summer 2022, and we will of course be happy to notify the Committee when these have are published. Monthly data on deaths registered in Scotland is publicly available². Secondary analysis of NRS deaths data relating to people with dementia during the COVID-19 pandemic in different settings was published on 9 February 2022³ and a letter outlining the key findings has been shared with you.

¹ <https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-22-data-week-04.xlsx>

² [Monthly Data on Births and Deaths Registered in Scotland \(Table 5\)](#)

³ <https://www.gov.scot/isbn/9781802018905>

3. Evidence of delayed presentation of disease (e.g. stage of cancer presentation – possible source SMR6 cancer registry data.

Cancer diagnosis and treatment have remained a priority throughout the pandemic and patients referred with an urgent suspicion of cancer have continued to be prioritised for key diagnostic tests.

The most recently published information, from Public Health Scotland, covers staging information for Lung, Breast and Colorectal cancers only (up to December 2020) and is publicly available⁴.

Staging is only one aspect of measuring overall cancer care in Scotland, where we still continue to meet our 31 day treatment standard. During the COVID pandemic, once a decision to treat was made, cancer patients in Scotland waited on average between two to five days for treatment. We have treated more patients within the 62 day standard during the latest published quarter (Q3 2021) (3,334) compared to the same time pre-Covid (Q3 2019, 3,263).

The Scottish Government's commitment to improving cancer diagnosis and treatment is reflected in our £44m Detect Cancer Early Programme, which we have committed an additional £20m to over the parliamentary term. The Scottish Government has established three Early Cancer Diagnostic Centres (ECDC), providing primary care with a new referral route for patients with non-specific symptoms suspicious of cancer. We also recently invested £10m to support cancer waiting times improvements, helping ensure those with a suspicion of cancer are seen and treated as early as possible.

4. Information on severe cardiac disease. How many people are dying whilst on waiting lists for intervention? What is happening to the rate of sudden cardiac death in the community?

NHS Scotland does not currently collect data on whether the cause of death for a person who is removed from elective waiting lists as a result of dying is related to the condition that necessitated them being on the waiting list.

As noted above, detailed breakdown of excess deaths by cause, including sudden cardiac deaths, is available for 2020, although detailed cause of death figures for 2021 are not yet available. These are due to be published in summer 2022. The Scottish Government will be happy to notify the Committee once these are published.

5. Information on diabetes - evidence of more frequent presentation of failures of control i.e. A/E attendances and admissions for hypoglycaemic episodes or episodes of diabetic ketoacidosis

⁴ [Cancer staging data using 2018 to 2020 DCE data - the impact of COVID-19 - Cancer staging data using 2018 to 2020 DCE data - the impact of COVID-19 - Publications - Public Health Scotland](#)

Data provided by Public Health Scotland details annual trends on continuous inpatient stays by diagnosis and shows that there has been a reduction in admissions with diagnosis diabetes in 2020/21 compared to 2019/20 as shown in this publicly available analysis⁵.

6. Information on A/E attendances for acute asthmatic attacks and admissions for that and also for chronic obstructive airways disease

As noted above, data provided by Public Health Scotland details annual trends on continuous inpatient stays by diagnosis⁶. This includes some information on hospital admissions with asthma and Chronic Obstructive Pulmonary Disease (COPD) diagnoses and combines elective and emergency admissions. There has been a reduction in admissions with a diagnosis of disease of the respiratory system in 2020/21 compared to 2019/20.

7. Waiting times data, ideally the Committee is looking for data on when someone who is presenting now will realistically be treated, i.e. how long will they wait given what we know about current service levels.

8. Information on waits for “urgent suspicion of cancer” cases

Public Health Scotland publishes a wide range of information on waiting times, which is available from their website⁷.

We recognise the significant pressure that the NHS continues to experience and we cannot underestimate the risks from COVID-19, which is likely to remain with us for some time to come. Evidence based caution is at the forefront of our decision making and we will continue to work with Health Boards to remobilise the NHS in the safest possible way, while also supporting Boards to prioritise elective activity on the basis of clinical urgency.

Public Health Scotland are developing a new set of statistics in the topic area of ‘urgent suspicion of cancer’ and we will be happy to share this publication with the Committee as soon as the data is released

9. Information on endoscopy and cystoscopy waiting times and those for CAT and PET scans

Public Health Scotland publish data on waiting times for key diagnostic tests including endoscopy and cystoscopy and CAT scans⁸.

⁵ [Acute hospital activity and NHS beds information \(annual\) - Annual - year ending 31 March 2021 - Acute hospital activity and NHS beds information \(annual\) - Publications - Public Health Scotland](#)

⁶ Ibid

⁷ [Diagnostic waiting times - Waits for key diagnostic tests 30 November 2021 - NHS waiting times - diagnostics - Publications - Public Health Scotland.](#)

⁸ <https://publichealthscotland.scot/media/10505/2021-11-30-diagnostic-tests-nov21.xlsx>

The Scottish Government has committed to a Endoscopy and Urology Diagnostic Recovery and Renewal Plan, backed by total investment of £70 million over the lifetime of the Plan.

10. Information on routine screening programmes e.g. breast, cervix, bowel and others during the pandemic

All NHS Scotland national adult screening programmes have resumed safely having been paused in the early stages of the pandemic. This has been taken forward in a series of stages, with the initial focus on higher-risk screening participants.

The Scottish Breast Screening Programme (SBSP) restarted in August 2020 in line with the recommendations of the organisations that oversee screening in Scotland, including the Breast Screening Programme Board and the Scottish Screening Committee. However, these organisations and the National Screening Oversight (NSO) have recommended a continued pause to self-referrals for women aged 71 and over, to allow the service to prioritise those aged 50 to 70 for whom the benefits of screening are clear. The SBSP continues to recover although capacity challenges remain. Prior to omicron, 70% of all women were receiving appointments within 41 months of their last screen. Breast screening for those at very high risk of cancer (which is not a nationally managed screening programme) and annual surveillance scans for those treated for breast cancer were not affected by the pause to the national screening programme.

Non-routine cervical screening appointments resumed in mid-July 2020, with a catch-up exercise undertaken which prioritised higher-risk participants on the non-routine pathway. Those receiving non-routine screening are now receiving appointments as if the pause had not happened. Routine screening appointments commenced from September 2020. Currently, participants on the routine pathway are receiving their invitations around six months later than they would have done pre-March 2020.

NHS Boards resumed bowel screening in October 2020, with new home testing kits for the bowel screening programme posted out from 12 October 2020. Bowel screening is continuing to operate in line with pre-COVID performance; the same number of invitations are being issued. In general, invitations are delayed by around six months for everyone on the programme. The exceptions are invitations for first screenings, which issue to participants as they turn 50 and become eligible for the programme. Uptake is slightly higher and positivity rate is consistent with that before the pause. Downstream colonoscopy capacity continues to be challenging, and the screening programme is monitoring the impact on the screening programme and exploring management options.

Abdominal Aortic Aneurysm screening resumed in July 2020, prioritising men in the high risk cohort. By the end of March 2021, annual statistics published by Public Health Scotland reported that the programme continues to send out the initial screening invitation at a 90.5% rate, which is lower to pre-Covid level of 97.4%, but above the KPI standard of 90%. However, the programme has maintained screening the eligible population before they turn 66 and 3 months at a rate above 75%. Which is similar to pre-Covid-19 rates.

Unlike the rest of the adult population screening programmes, the DES programme targets screening individuals with the specific condition of diabetes. The Diabetic Eye Screening Programme resumed in August 2020, prioritising those at high risk of developing diabetic retinopathy. Routine screening resumed in October 2020 once the programme had screened high risk screening participants. Despite the challenges, the programme continues to make steady recovery that is in line with the screening programmes recovery route map.

11. Information on ambulance attendance time figures for each category of urgency, again shown over time if possible

The Scottish Ambulance Service, as emergency front line responders, have played a pivotal role in the response to Covid-19. Despite significant workforce challenges, increased higher acuity demand and significant delays in handing over patients at emergency departments due to reduced capacity, the Service has been able to maintain a stable response to their highest risk patients.

The Scottish Ambulance Service have been publishing Unscheduled Care Operational Statistics publication since 24 November 2021⁹.

The Scottish Government acknowledged the additional pressures faced by the Service and introduced a package additional £20m investment in September 2021 to help increase capacity, support improved response times and support staff welfare. Work continues with the ambulance service and Health Boards to look at introducing further measures to help improve turnaround times at emergency departments for ambulances which will ultimately improve ambulance response times.

12. Information on primary vs secondary cause of death (for example, attribution of cause, e.g. underlying mental health)

The guidance for certifying doctors on completing death certificates suggests that they should be recording COVID-19 on the death certificate if the disease has played a role, but the guidance does not suggest that COVID should be recorded as a societal situation.¹⁰

Whether they record it as the underlying cause or as a contributory factor is dependent on the circumstances of each case and the chain of events which led to the death, the relevant guidance outlining this is publicly available¹¹.

13. Information on violent deaths, e.g. intimate partner violence

⁹ <https://www.scottishambulance.com/publications/unscheduled-care-operational-statistics/>

¹⁰ [Death Certificates and Coding the Causes of Death | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/death-certificates-and-coding-the-causes-of-death)

¹¹ [The Medical Certificate of the Cause of Death | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/the-medical-certificate-of-the-cause-of-death)

The Homicide in Scotland 2020-21 National Statistics include all cases of Murder and Culpable homicide (common law) recorded by the Police in Scotland, this associated data is publicly available¹².

Between 2019-20 and 2020-21, the number of homicide cases recorded by the police in Scotland decreased 15% (or 10 cases) from 65 to 55. This is the lowest number of recorded homicide cases since comparable records began in 1976. The nationwide lockdowns and other measures put in place to limit social contact during the pandemic may have had an impact on the number of homicide cases.

14. Measures of background health of population, e.g. obesity

In order to ensure that the effects of the pandemic on general population health have been understood the Scottish Government has taken steps to ensure that relevant measurements have been maintained throughout the pandemic. This includes the Scottish Health Survey being moved to a telephone basis after face to face interviews were stopped.

The latest Scottish Health Survey results can be found in full on the Scottish Government website¹³.

15. Provision of preventative care and uptake of such measures

In addition to the preventative measures provided by routine screening programmes, as detailed in Section 10, the Scottish Government is fully committed to tackling issues such as smoking, poor diet and levels of excess weight¹⁴, physical inactivity and alcohol misuse – all of which will support people to live longer, healthier lives. Work is underway to deliver a range of measures to target these harmful health behaviours early and provide access to person-centred treatment when needed.

Our 2021-22 Programme for Government¹⁵ committed to introduce a Public Health Bill that includes restrictions on unhealthier food and drink promotions during the course of this Parliament. We continue to support boards to implement the 2018 A Healthier Future: type 2 Diabetes prevention, early detection and intervention: framework¹⁶. Boards provided weight management and type 2 diabetes services using remote support for patients during the pandemic. In 2021/22, we provided core funding of £5.7m to boards to improve weight management services, supporting adults with, or at risk of, type 2 diabetes or pre-diabetes. We also continue to fund the Healthy Living Programme in over 2,300 convenience stores, mainly in more deprived areas. The Scottish Government are also working with sportscotland to ensure that Active Schools programmes are free for all children and young people, providing more opportunities before, during and after school.

¹² [Homicide in Scotland 2020-2021: statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/statistics/homicide-in-scotland-2020-2021)

¹³ [Scottish Health Survey – telephone survey – August/September 2020: main report, published January 2021.](https://www.gov.scot/publications/scottish-health-survey-telephone-survey-august-september-2020-main-report/published-january-2021/)

¹⁴ [A healthier future: Scotland's diet and healthy weight delivery plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/a-healthier-future-scotland-s-diet-and-healthy-weight-delivery-plan/published-july-2018/)

¹⁵ [A Fairer, Greener Scotland: Programme for Government 2021-22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/a-fairer-greener-scotland-programme-for-government-2021-22/published-july-2021/)

¹⁶ [A Healthier Future: type 2 Diabetes prevention, early detection and intervention: framework - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/a-healthier-future-type-2-diabetes-prevention-early-detection-and-intervention-framework/published-july-2018/)

We provide £9 million a year to health boards to fund smoking cessation services in the most deprived areas. Smoking is a significant cause and effect of Scotland's unfair and unjust health inequalities, with smoking rates ranging from 35% in Scotland's most deprived communities to 11% in its least deprived. Each year, tobacco use is associated with 108,000 smoking attributable hospital admissions and 9,332 smoking attributable deaths in Scotland - a fifth of all deaths.

The majority of quit attempts through NHS stop smoking services are by people in the most deprived communities where smoking rates are highest. Around 70% of quit attempts are made through community pharmacies - who provide this service on behalf of NHS Scotland - rather than direct through specialist stop smoking services. The Scottish Government have set a target to reduce smoking prevalence in Scotland to 5% by 2034 and Government launched a consultation to introduce regulations on the domestic advertising of e-cigarettes on 3 February 2022.

The Local Delivery Plan (LDP) Standard for drug and alcohol treatment waiting times expects that 90% of people receive access to appropriate drug and/ or alcohol treatment within three weeks of referral to support their recovery. Since 2008 we have invested over £1bn to tackle problem alcohol and drug use, this year we're spending £140.7m on alcohol and drug use. Increased investment from the national mission on tackling drug-related deaths is being used by Alcohol and Drug Partnerships across Scotland to support people facing problems because of both alcohol and drug use. We are exploring the evidence around Managed Alcohol Programmes and are contributing to the running of the model being piloted in Glasgow by Simon Community Scotland and its evaluation.

Through the emerging Care and Wellbeing portfolio we are working to Improve Healthy Life Expectancy and deliver fairer outcomes. The portfolio, which we intend to stand up in the Spring provides an opportunity for us to design a progressive health and social care reform package that provide greater coherence, sustainability and improved outcomes within the portfolio.

Our NHS and social care institutions have a core role to play in reducing health inequalities in Scotland. We are supporting health and social care providers to become anchor institutions as part of the roll out of Community Wealth Building. As 'anchors', our health and social care services will support their local community through their spending, investment, employment and use of physical assets

A Preventative and Proactive Care programme has been established as part of the Care and Wellbeing Portfolio to give focus to this area of work across a range of policy areas. This programme aims to enable people to proactively keep well and independent and in the most appropriate care setting for their needs if they enter the care system. A range of pathfinders are currently being developed to consider this in a variety of contexts, including deep end GP Practices, prisons, residential rehabilitation, local authority areas and support for frail elderly people. This work is in the early stages of development and the Scottish Government will share outcomes in due course.