***PH Drug Special Interest Group***

***2nd February 2021 10:30am to 12:00pm***

***Microsoft Teams***

***Chair: Tara Shivaji***

***Action Note***

**Attending**:

Tara Shivaji (TS) Public Health Scotland (Chair)

Denise McHugh (DM) ScotPHN (Note)

David Liddell (DL) Scottish Drug Forum

Deborah Stewart (DS), NHS Highland

Ann Conacher (AC) ScotPHN

Elisabeth Smart (ES) NHS Highland

Kirsty License (KL) NHS Tayside

Paul Madill (PM) NHS Fife

Andrew McAuley (AM) Public Health Scotland

Trevor Lakey (TL) NHS Greater Glasgow & Clyde

Trish Tougher (TT) NHS Lanarkshire

Elaine Lawlor (EL) NHS Forth Valley

**Apologies**

Phil Mackie (PM) ScotPHN

Emma Fletcher (EF) NHS Tayside

Duncan McCormick (DMc) Public Health Scotland

Jackie Davies (JD), NHS Dumfries & Galloway

Elinor Dickie (ED) Public Health Scotland

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| **Agenda Item** | **Action/Comments** | **Responsible** |
| **1.****Welcome & Apologies**  | TS welcomed everyone to the meeting, introductions were made and apologies noted.  |  |
| **2.****Note** **from Previous meeting**  | TS and the group declared action note of last meeting as accurate. *(5th August 2020)*The group agreed to continue with an action note due to the current situation.***Group Membership-Rolling Action:***Group agreed to allocate a Deputy for each member of the group and update ScotPHN. | **ALL** |
| **3.Agreed Actions** | **NFOD**TS updated the group with regards to the NFOD immediate response service plan for non-fatal overdose and DPIA template, after discussion it was agreed that it would be beneficial to carry out some mapping work to further develop the service specification and DPIA framework, it was agreed DM would send out the service specification (attached) to the group for comments or amendments by the end of December 2020. It was also agreed that DM would send an email to the group asking them to share any information they have which could be useful to the development of the DPIA (Data Protection Impact Assessment), especially any copies of existing DPIAs, information sharing agreements or copies of reports of engagement exercises with the public that looked at balancing confidentiality with saving lives after an overdose.TS stated that once the information is collated, she will ask for nominated representatives from areas to come together for a short meeting in last week of January in order to finalise the specification, DM will be in touch to arrange.The completed specification will be presented/updated at the next Drug SIG meeting.  **Influenza / COVID Vaccination**After some group discussion the following actions were agreed:* The group agreed that they would map out what is happening around influenza delivery and use this to try and inform the guidance cell and any other work around influenza or COVID-19 Vaccine.
* TS will pull together a questionnaire asking how vaccinations on drug users are carried out in each board. TS will send the questions to DM to collate a Lime Survey to send to the group in the first instance. This will then be collated and summarised and can be discussed further at next meeting to see if we need to take further action around this.
* PM agreed to contact the Immunisation Leads who report to the Scottish Directors of Public Health (SDsPH ) to inform them that we are doing this scoping work, PM will feedback to the group on this.
* The group discussed if anyone was aware of any other UK nation that is progressing work on influenza / respiratory health. As far as the group knew there was no further information. TS will look in to this and update the group.

**Contact Tracing**GC gave an overview to the group of the contact tracing package/toolkit in development for substance users in Lothian including:* Looking at how we ensure excluded groups are benefiting from test and traces much as the wider population. We are concerned that with the generic contact tracing we would not be reaching some of the most vulnerable groups.
* We were concerned people would not have phones or would not answer calls.
* We are looking to provide something more enhanced and really build a relationship with services currently working with these clients.
* First challenge is to identify if someone id from one of the vulnerable groups.
* Once we have a list of positive cases, Analytical services are checking how we can potentially tag people from vulnerable groups or postcodes in homeless accommodation.
* People in receipt of substance use services are more straight forward.
* Once we receive a list of positive results we can match with individuals in substance use services
* List then sent to test and protect team, they will provide additional information to service user if they do not answer call the test and protect service will contact the relevant misuse service.
* If this option does not work the next step is a risk assessment tool which we have adapted from schools/workplaces. Asking the relevant services to do the contact tracing with their clients then complete a risk assessment and submit to health protection.
* We are exploring how best to identify and tag the group that are not engaged with services so we can identify and link it in to CMS-this is all a work in progress at the moment.

TS thanked CG for her overview and the group agreed it was very helpful. After further group discussion, it was agreed that TS would contact all the Drug SIG members regarding local intelligence around drug users and contact tracing. The information can then be collate and the feedback and suggestions could help to build a recommendation paper.**DDTF Surveillance Group**TS will no longer be able to attend this group and asked the members of the SIG to consider if they would have any capacity to become a member of this group. TS has agreed to send the TOR’s for the group via the SIG mailbox. phs.sig@phs.scot  | **TS/DM/ALL****DM*****(agenda item for next meeting)*****TS/DM/ALL****PM****TS****TS/ALL****TS/ALL** |
| **5. Refocus of the SIG/Workplan** | At the last meeting EF agreed to send a survey to the group regarding thoughts round the SIG, this was actioned and DM collated the attached responses. Because of time constraints TS and the group agreed to carry this over to the next meeting.  | ***(action for next meeting)*** |
| **4. AOB** | N/A |  |
| **5. Date of Next meeting****Date of next meetings**  |  Next meeting TBC, possibly Feb. DM will send out a doodle poll to the group and confirm. | DM |
| **6. Close** | TS thanked everyone for coming and brought the meeting to a close. |  |