

## Response to your request

### 1. The names and qualifications of medical and scientific persons advising the Scottish Government.

We have treated this response as a request for the names and qualifications of persons advising the Scottish Government in their Covid-19 response.

Under section 38(1)(b) of FOISA we are not permitted to share the personal data of individual staff members employed by the Scottish Government (see Annex B for full details).

However, throughout the Covid-19 pandemic the Scottish Government has taken advice from public figures and advisory bodies to guide our response to the national health crisis. This information is therefore in the public domain. For ease of reference I have provided you with the following details:

- The Scottish Government are advised in their response by the Interim Chief Medical Officer for Scotland, Dr Gregor Smith, whose qualifications can be found here: [https://en.wikipedia.org/wiki/Gregor\\_Smith](https://en.wikipedia.org/wiki/Gregor_Smith) and details of how the Directorate under the CMO is run can be found here: <https://www.gov.scot/about/how-government-is-run/directorates/chief-medical-officer/>
- The Clinical Director, Professor Jason Leitch, whose qualifications can be found here: <https://www.gov.scot/about/how-government-is-run/directorates/healthcare-quality-and-improvement/jason-leitch/>
- The Chief Nursing Officer, Professor Fiona McQueen, whose qualifications can be found here: <https://www.gov.scot/about/how-government-is-run/directorates/chief-nursing-officer/fiona-mcqueen/>
- In addition we take advice from Health Protection Scotland (HPS) and Public Health Scotland (PHS). The HPS website has some information about many of the key HPS people providing public health advice to us: <https://www.hps.scot.nhs.uk/about-us/meet-the-team/>. Similarly the PHS website has information about the board and senior team: <https://publichealthscotland.scot/our-organisation/our-board-and-senior-leadership-team/>

### 2. Details of the medical/scientific evidence that a 2m social distancing will prevent the spread of coronavirus

Under Section 25 of the Freedom of Information (Scotland) Act 2002 (FOISA) (see Annex B), we do not have to disclose information that the requester can reasonably obtain without asking under FOISA. However, for the fullness of this response I have provided the relevant links and information below.

The Scottish Government has taken advice on two-metre social distancing from the UK Government Scientific Advisory Group for Emergencies (SAGE). The UK Government has published documents discussed at SAGE and its sub-committees since the outbreak began. This will continue throughout the Covid-19 emergency.

The wide range of advisory documents can be found at:

<https://www.gov.uk/government/groups/scientific-advisory-group-for-emergencies-sage-coronavirus-covid-19-response>.

The more specific references to the 2 metres physical distancing can be found here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/890022/s0050-nervtag-distance-time-handshakes-120320-sage15.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890022/s0050-nervtag-distance-time-handshakes-120320-sage15.pdf), and here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/874290/05-potential-impact-of-behavioural-social-interventions-on-an-epidemic-of-covid-19-in-uk-1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874290/05-potential-impact-of-behavioural-social-interventions-on-an-epidemic-of-covid-19-in-uk-1.pdf)

### **3. Why the Scottish Government followed the data model of Prof Neil Ferguson and did not consider the model of theoretical epidemiologist Sunetra Gupta**

We do not consider this question falls within the scope of FOISA, but nevertheless it merits a response on the Scottish Government's policies which I have set out below:

The Scottish Government is an active member of the Scientific Pandemic Influenza Group on Modelling (SPI-M) that is a subgroup of the UK Scientific Advisory Group for Emergencies (SAGE). The SPI-M group brings together the outputs from a number of academic and public sector modelling groups across the UK, of which there are 10 specifically for Scotland. Each assessment of the path of Covid-19 and its impact has been developed by a separate modelling team and gives slightly different results. Adopting a consensus across a number of modelling teams is best practice in disease epidemics given the uncertainties in modelling, and so the SPI-M group offers that more robust approach. For example, the Imperial College is one of the academic teams that form part of the SPI-M group.

### **4. Why the Scottish Government has not lifted it's highly questionable lockdown considering the volume of actual data that is now available and the volume of evidence/opinion from highly respected scientific and medical researchers, clinicians and health experts which states that the lockdown is now, and has been for some weeks, causing more deaths than the virus and consequently the Scottish Government may be failing to comply with its duties under article 2 of the Human Rights Act**

We do not consider this question falls within the scope of FOISA, but nevertheless it merits a response on the Scottish Government's policies which I have set out below:

All of our decision making in the approach to responding to Covid-19 is guided by the latest scientific evidence from the Scientific Advisory Group for Emergencies ([SAGE](#)), advice from Health Protection Scotland and our Interim Chief Medical Officer, who provide advice on the effectiveness and suitability of our response.

## **5. Details of the medical evidence that masks are effective against Covid-19**

Under Section 25 of the Freedom of Information (Scotland) Act 2002 (FOISA) (Annex B), we do not have to disclose information that the requester can reasonably obtain without asking under FOISA. However, for the fullness of this response I have provided the relevant links and information below.

Health Protection Scotland (HPS) publishes updated UK wide Personal Protective Equipment (PPE) guidance in relation to COVID-19 in health and social care settings on a regular basis. The UK-wide guidance is available here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/886370/COVID-19\\_Infection\\_prevention\\_and\\_control\\_guidance\\_Appendix\\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886370/COVID-19_Infection_prevention_and_control_guidance_Appendix_2.pdf).

The guidance includes tables which clearly explain the PPE required for different common clinical and care scenarios including the clinical use of face masks. This guidance is based on the latest scientific and epidemiological evidence. HPS are responsible for producing this guidance and would be able to assist you with regard to evidence around the creation of this. Their email address is [nss.hpscovid@nhs.net](mailto:nss.hpscovid@nhs.net)

## **6. Why the Scottish Government has not mentioned, let alone promoted, the use of hydroxychloroquine and zinc as a treatment for Covid-19 considering there is an abundance of undisputed evidence that it is effective and safe, there is a plentiful supply and it is cost effective.**

We do not consider this question falls within the scope of FOISA, but nevertheless it merits a response on the Scottish Government's policies which I have set out below:

All of our decision making in the approach to responding to Covid-19 is guided by the latest scientific evidence from the Scientific Advisory Group for Emergencies ([SAGE](#)), advice from Health Protection Scotland and our Interim Chief Medical Officer, who provide advice on the effectiveness and suitability of our response and any treatments. That said, decisions about individual treatments are taken by clinicians in consultation with patients, taking account of the patient's individual medical circumstances and best clinical practice.

In terms of hydroxychloroquine itself, you may be interested in the University of Oxford's Recovery trial which is evaluating a range of treatments for COVID-19, including hydroxychloroquine for use in those hospitalised with the COVID-19 virus. Further details are available on the website at: <https://www.recoverytrial.net/results/hydroxychloroquine-results>

**7. Why the Scottish Government has not publicly announced, and repeats daily, that there are no safety checks on vaccines, and nor will there be, on any vaccine that is developed for Covid-19.**

We do not consider this question falls within the scope of FOISA, but nevertheless it merits a response on the Scottish Government's policies which I have set out below:

The Scottish Government is clear that our national vaccination programme is of the utmost importance. A wealth of clinical and research evidence has been carried out over many years that supports the view that vaccination is one of the most effective ways of protecting the public against serious diseases and of reducing the spread of disease. Vaccination strategies have been proven to control and eliminate life-threatening infectious diseases around the world. It is estimated that 2 to 3 million deaths are averted each year, worldwide, through vaccinating against a range of serious, yet preventable diseases. A fast tracked Covid-19 vaccine will have the same level of safety checks and scrutiny that other vaccines receive.

The safety of all vaccines and medicines is monitored by the Medicines and Healthcare Products Regulatory Agency (MHRA) on a UK-wide basis. This includes reports from the Yellow Card Scheme which allows health professionals and patients across the UK to flag up suspected adverse reactions to any vaccine or medicine, as well as reports from worldwide use and on-going scientific evidence.

Concerns over the safety of vaccines are not taken lightly. Please be assured that the MHRA keep the safety of all vaccines under close and continual review and would take appropriate regulatory action if new evidence emerged which called into question the safety of any vaccines currently in use in Scotland. If at any time surveillance information suggests that the safety profile of the vaccine is changing then Scottish Ministers would of course consider the implications of that immediately. The Joint Committee on Vaccination and Immunisation (JCVI) also continues to monitor all available evidence and advice can be updated if new information becomes available. Scottish Ministers will of course consider carefully any future JCVI recommendations in respect of the vaccines administered in Scotland.

**8. Why the Scottish Government has not publicly stated the contents of vaccines - in particular they usually contain aluminium and dog or monkey tissues and therefore dog or monkey viruses - and the adverse effects of vaccines.**

We do not consider this question falls within the scope of FOISA, but nevertheless it merits a response on the Scottish Government's policies which I have set out below:

All our decision making in responding to Covid-19 is guided by the latest scientific evidence from the Scientific Advisory Group for Emergencies ([SAGE](#)), advice from Health Protection Scotland and our Interim Chief Medical Officer. The Joint Committee on Vaccination and Immunisation (JCVI) provides advice on immunisation to all UK Health Departments, including on the efficacy and safety of vaccines.

In relation to vaccine ingredients, there is no evidence to suggest that mercury compounds (which are no longer used routinely in vaccines), aluminium or other vaccine adjuvants pose any risks of serious harm. Some animal products are used in manufacture of some components of vaccines, but are not used in all vaccine manufacture.

Further information and links to research can be found [on the Oxford University's vaccines website](#).

**9. Details of the medical/scientific evidence that quarantining a healthy population will prevent the spread of any virus, when there is a volume of evidence from highly respected medical and scientific researchers and clinicians which states that quarantining healthy people is detrimental to their health and does not give them the opportunity to acquire the virus to build up herd immunity in the community so that normal life may be resumed.**

Under Section 25 of the Freedom of Information (Scotland) Act 2002 (FOISA) (Annex B), we do not have to disclose information that the requester can reasonably obtain without asking under FOISA. However, for the fullness of this response I have provided the relevant links and information below.

Quarantine is a long established method of disease control which the World Health Organisation (WHO) has indicated is a method of control of infection during the covid-19 pandemic. It is acknowledged that it should be applied with certain safe guards. The documents linked below are amongst source advice for this approach.

Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19). Interim guidance, 19 March 2020 (World Health Organization):

[https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))

Key considerations: quarantine in the context of COVID-19 (February 2020). Social Science in Humanitarian Action: <https://www.socialscienceinaction.org/resources/february-2020-social-science-humanitarian-action-platform/>

Summary of relevant published evidence relating to COVID-19. Provided to the Scottish Government's Chief Medical Officer between 26 March and 14 April by Dr Muge Cevik, University of St Andrews. See separate attachment number 1.

**10. Details of the number of deaths due to cancelled operations, suicides and people not seeking necessary medical help due to the lockdown**

National Records of Scotland publish weekly data on excess deaths. Excess deaths are the total number of deaths registered in a week in 2020 minus the average number of deaths registered in the same week over the period 2015 to 2019. Measuring excess deaths allows us to track seasonal influenza, pandemics and other public health threats. Excess deaths include deaths caused by Covid-19 and those indirectly linked.

## **Suicides**

Unfortunately, we cannot provide data on deaths by suicide during lockdown at this time. Information on deaths by suicide are published yearly by National Records Scotland (NRS). In relation to deaths by suicide in 2020 this data would not be available until June 2021. Therefore, I refer you to Section 17 of the Freedom of Information (Scotland) Act 2002 (FOISA), see Annex B.

## **Cancelled operations**

The Scottish Government does not hold information on how many deaths have occurred due to operations cancelled due to the lockdown. Therefore, I refer you to Section 17 of the Freedom of Information (Scotland) Act 2002 (FOISA), see Annex B.

## **People not seeking necessary medical help**

The Scottish Government does not hold information on how many people are not seeking necessary medical help. The NHS remains open for everyone and you should not delay accessing any help you need during the pandemic. Therefore, I refer you to Section 17 of the Freedom of Information (Scotland) Act 2002 (FOISA), see Annex B

## **11. Why the Scottish Government has not allowed other narratives to be heard/read, but has instead sanctioned the censoring of any views which do not agree with the Scottish Government's narrow narrative**

We do not consider this question falls within the scope of FOISA, but nevertheless it merits a response on the Scottish Government's policies which I have set out below:

All of our decision making in the approach to responding to Covid-19 is guided by the latest scientific evidence from the Scientific Advisory Group for Emergencies ([SAGE](#)), advice from Health Protection Scotland and our Interim Chief Medical Officer, who provide advice on the effectiveness and suitability of our response.

## **12. Why the Scottish Government, via the BBC and Scottish news channels, has not invited scientific and medical experts to publicly debate with Prof Neil Ferguson and other government advisors its coronavirus lockdown policy**

We do not consider this question falls within the scope of FOISA, but nevertheless it merits a response on the Scottish Government's policies which I have set out below:

The Scottish Government does not coordinate public debate or have any role in the programming decisions of Scottish broadcasters.

### **13. Why the Scottish Government continues daily to promote fear among the public**

We do not consider this question falls within the scope of FOISA, but nevertheless it merits a response on the Scottish Government's policies which I have set out below:

Since before the first cases of Covid-19 in Scotland, the Scottish Government has aimed to provide clear, consistent information to help the public to make responsible decisions which will protect us all from harm. While we recognise that any discussion of the ongoing pandemic may cause fear for some people, we have made every effort to ensure that the tone of our public communications remains reassuring, balanced and helpful.

### **14. Why the Scottish Government continues to lockdown the country - knowing it's policy is highly questionable - when the the number of people whose jobs will be lost, and small businesses destroyed is almost incalculable and the education of our children is being destroyed**

We do not consider this question falls within the scope of FOISA, but nevertheless it merits a response on the Scottish Government's policies which I have set out below:

Our society is facing the biggest challenge of our lifetime, with the way in which we live our lives significantly restricted by Covid-19. The virus continues to pose a serious threat to public health in Scotland. A second surge in infection would cause further harm to our health, society and economy. The Covid-19 crisis is uncertain and complex and our understanding of it is evolving. When we published *Coronavirus (COVID-19): Framework for Decision Making: Scotland's Route Map through and out of the crisis* on 21 May 2020, we said that it will be updated as the evidence and information changes. Our approach, and the Route Map, would be dynamic and responsive.

It needs to be emphasised that continued progress through the Route Map phases depends on all of us complying with the rules set out in each phase. It is only through continued compliance that we will achieve the progress required to meet the criteria for the next phase of easing restrictions. Weaker compliance may require us to delay the next phase or tighten restrictions. However please be assured that we are working to carefully and gradually lift restrictions across the four phases set out in the Route Map. You will always find the latest information about the easing of restrictions on the Scottish Government's website at [www.gov.scot](http://www.gov.scot)

### **15. The details of who exactly is going to pay for this lockdown and by what means**

The Scottish Government has allocated just over £4 billion in funding for the Covid-19 response which includes a comprehensive £2.3 billion package of support for business, £620 million boost for health services and £350 million funds for communities.

The spending has been largely funded by a rise in the block grant of more than £3.5 billion resulting from extra UK Government Covid-19 spending and £112 million of UK Government funding received following the last UK Budget. A further £255 million has been reprioritised from within existing departmental budgets, including where Covid-19 has had an unavoidable impact on planned spending.



## REASONS FOR NOT PROVIDING INFORMATION

### The Scottish Government does not have the information

The Scottish Government does not have some of the information you have asked for because the Scottish Government is not responsible for the subject matter that you have requested and therefore does not have the information you are looking for. Where this is the case, I have flagged this in the responses to your questions as set out above.

This is a formal notice under Section 17(1) of FOISA that the Scottish Government does not have some of the information you have requested.

### An exemption applies

Exemptions under Section 25 and Section 38(1)(b) of FOISA apply to some of the information you have requested.

Where an exemption applies under Section 25 of the Freedom of Information (Scotland) Act 2002 (FOISA) it exempts information from disclosure where the requester can reasonably obtain the information without asking for it under FOISA. It has a different focus from most other exemptions. It is not about withholding information from the public; it recognises that where information is already available, there is no need to provide an alternative right of access to it through FOISA.

Where an exemption applies under Section 38(1)(b) for the Freedom of Information (Scotland) Act 2002 (FOISA) it contains four exemptions, all relating to personal information. Information is exempt from disclosure if it is:

- (i) the personal data of the person requesting the information (section 38(1)(a));
- (ii) the personal data of a third party – but only if other conditions apply (section 38(1)(b));
- (iii) personal census information (section 38(1)(c)); or
- (iv) a deceased person's health record (section 38(1)(d)).

Where this has been the case, and applicable to certain responses to your request, I have flagged this each time it appears.

These exemptions are not subject to the 'public interest test', so we are not required to consider if the public interest in disclosing the information outweighs the public interest in applying the exemption.