

T: 0300 244 4000

Jackson Carlaw MSP
Citizen Participation and Public Petitions Committee
Scottish Parliament, Edinburgh, EH99 1SP

30 October 2025

Dear Convener,

Following my recent appearance at committee on 24 September, please find further information below in relation to questions raised.

Vaccination services in NHS Highland

Highland Health and Social Care Partnership (HSCP) is currently developing a mixed model for vaccine delivery. It is anticipated that GP surgeries will be the primary providers of pre-school vaccinations, operating under the overall responsibility and governance of NHS Highland. This model is designed to be responsive to local needs, including the complexities of remote and rural delivery, and aims to maximise uptake across the population.

NHS Highland retains overarching accountability for vaccine delivery under the Scottish Vaccination and Immunisation Programme (SVIP). Adult vaccinations will be delivered through a collaborative approach between the Health Board and its GP surgeries.

Delivering this is complex with many factors at play, but the Scottish Government and Public Health Scotland are working closely with Highland HSCP to support the development of the mixed model, ensuring consistent and safe access to vaccination across the area.

Highland HSCP is progressing with a phased implementation of the hybrid vaccination delivery model for childhood vaccination, working towards full implementation of the new approach in April 2026. Planning is also underway to ensure the hybrid model for adult vaccination is in place for the winter 2026 schedule.

National Specialist Services

The aim of NHS Scotland's National Services Division (NSD) is to help patients who need access to treatment or investigation of a highly specialised nature, or who have a very rare condition, to obtain the care that they need, while seeking to ensure that the highest possible

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

standards are delivered within available resources. NSD nationally commission very specialist services on behalf of NHS Health Boards. So regardless of where a person stays, they can access the highly specialist treatment they would need. Applications for designation to become a nationally commissioned service are submitted by NHS Boards, clinicians and Scottish Government and reviewed by the National Specialist Services Committee (NSSC). The NSSC meets quarterly to consider applications.

Since the Scottish Parliament convened on 13 May 2021, the NSSC has received 44 submissions requesting consideration for national specialist service designation. Of these, 20 met the established criteria for formal consideration by NSSC. This reflects a strong and ongoing interest in national commissioning, and demonstrates the Committee's commitment to applying a consistent and transparent threshold for entry—ensuring that only proposals with clear strategic relevance and population-level impact progress to full review.

In terms of productivity and process, the NSSC is a nationally mandated advisory body tasked with ensuring that specialist services and networks are commissioned in a way that reflects the needs of the Scottish population, rather than the interests of individual services or providers. This principle is central to its remit and is reinforced through its governance model, which maintains a clear separation between NHS Boards' roles as service providers and their responsibilities as advocates for population health. To ensure consistency, transparency, and alignment with national priorities, NSSC applies a robust three-stage assessment process:

1. **Scoring:** Each proposal is evaluated using a multi-criteria prioritisation tool, assessing factors such as clinical need, strategic fit, affordability, and impact on health inequalities.
2. **Ranking and Review:** Proposals are weighted and ranked, with the Committee applying collective judgement to ensure alignment with national strategy.
3. **Recommendation:** Proposals are either recommended for funding, deferred for further information, or declined—with documented rationale and risk assessments.

This process is underpinned by the National Prioritisation Framework, which was formally endorsed by the Planning and Delivery Group and the Strategic Planning Board. The framework ensures that decisions are made within a whole-systems context, supporting equitable, sustainable, and value-based service delivery across Scotland.

In summary, since May 2021, NSSC has reviewed:

- 20 applications for new services (from the 44 submitted),
- 18 service reviews, and
- 78 business cases supporting existing nationally commissioned services.

These figures reflect a high level of activity and scrutiny, particularly given the complexity and strategic importance of national commissioning decisions. NSSC's productivity is not only reflected in the volume of cases considered, but in the rigour, transparency, and strategic alignment of its decision-making processes—ensuring that national commissioning remains responsive to population needs and accountable to public interest.

Essential Tremor

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

We want all people with Essential Tremor to receive the best possible care and support. NSS advise that a service offering Magnetic resonance-guided focused ultrasound (MRgFUS) for Essential Tremor is available in NHS Tayside, to which people who live in other health board areas can be referred for assessment and potential treatment.

Decisions on the national commissioning of services are considered by NHS National Services Division (NHS NSD). If for any reason eligible patients cannot access the treatment in Dundee, they can also be referred to London or Liverpool for assessment or treatment.

In relation to Essential Tremor treatment numbers and costs, the service in NHS Tayside treated 47 patients between April 2023 and April 2025. Each patient's Health Board, including NHS Tayside, is charged £12,813.

NHS Scotland's National Services Division (NSD) have confirmed that no patients have been referred to England for this treatment. The estimated cost for this treatment in London, including assessment and aftercare, is approximately £26,000.

National Diabetes Closed Loop System Onboarding Programme

Significant progress has been made since the petition [PE2031 Provide insulin pumps to all children with type 1 diabetes in Scotland] was lodged in June 2023. By early 2025, approximately 75% of those under-18 living in Scotland with type 1 diabetes had access to hybrid closed loop systems (CLS). The Scottish Government has worked closely with NHS Boards, Diabetes Scotland and the wider diabetes community to expand access to insulin pumps and other diabetes technologies. This includes targeted investment, national policy development, and the creation of support infrastructure to ensure equitable delivery.

In May 2024, the Scottish Government committed £8.8 million to expand access to CLS. The investment aimed at ensuring all children and young people living with type 1 diabetes in Scotland could access CLS and increase provision for adults.

In May 2025, the Scottish Government announced £6.3 million in new funding to support an additional 2,500 individuals, alongside £7.5 million in recurring costs for consumables. NHS Boards received allocations based on performance metrics (see Annex 1), with 60% disbursed upfront and 40% contingent on delivery targets. The total investment for 2025-2026 is £14,657,948.

NHS Highland - Investment for Closed Loop System

In 2024/25, we provided NHS Highland with £262,041 to support the purchase of 231 devices, including insulin pumps and continuous glucose monitors (CGMs).

For 2025/26, an initial payment of £253,872 has been made, with a further £169,248 scheduled for March, supporting 170 new starts on closed loop systems. Additionally, we allocated £566,587 to cover consumables for individuals onboarded in 2024/25. In total, NHS Highland is receiving £820,459 in funding this financial year to support the rollout of diabetes technologies.

National Diabetes CLS Onboarding Programme - Equitable Access

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

The Scottish Government is committed to ensuring equitable access to diabetes technologies across Scotland, particularly for children and young people with type 1 diabetes. This is achieved through: targeted funding; prioritisation of under-18s; and the use of a national onboarding team that provides virtual education and support regardless of geographic location.

NHS Boards are expected to offer hybrid closed loop systems to all eligible under-18s within 12 months of referral, maintain accurate data via the SCI-Diabetes Platform, and adhere to national clinical guidelines. Funding is performance-based - 60% is provided upfront, with the remaining 40% linked to delivery targets, helping reduce regional variation and drive progress.

Prescribing decisions remain clinical and patient-led, in line with SIGN guidance. The 2024 SIGN update recommends CGM for all children and young people with type 1 diabetes, and CLS for all eligible individuals.

The funding model reflects the distinct needs of children and adults. For under-18s, the cost-per-head allocation covers the insulin pump, CGM, and consumables ensuring Boards can deliver appropriate care without compromising quality or sustainability.

Officials are developing proposals for 2026 to support the continuation of the rollout of diabetes technologies across all areas of Scotland.

Infection Prevention & Control Strategy

On infection prevention and control (IPC) in NHS buildings, ensuring people are able to continue to access safe and effective care is a priority for the Scottish Government. The Infection Prevention Services Workforce Strategic Plan published in 2022 and the Healthcare Associated Infection (HCAI) Strategy published in 2023 demonstrate that commitment and both aim to reduce the incidence of HCAI, as well as support recovery of the healthcare service from the COVID-19 pandemic.

A ten-year IPC strategic vision and priorities statement is being developed collaboratively by our IPC Strategic Development and Oversight Group by Spring 2026. The strategic vision and priorities statement will support our mission to ensure everyone accessing or providing health and social care is safe from preventable associated infection. The statement will ultimately be underpinned by multi-year action plans, which will be developed after publication, and build on the learning and progress made within existing strategies.

I would like to thank the Citizen Participation and Public Petitions Committee for the opportunity to provide further information on the topics raised in the session on 24 September. I trust the information provided above is helpful to committee members.

Yours Sincerely,



Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

INVESTORS IN PEOPLE
We invest in people Silver



α

Annex 1

Health Board Allocations and Targets for Diabetes Technologies Onboarding 2025-2026

	2025/26 FINANCIAL ALLOCATION	MIN EXPECTED TARGET
A&A	£ 437,640.00	175
Borders	£ 125,040.00	50
D&G	£ 187,560.00	75
Fife	£ 437,640.00	175
Forth Valley	£ 389,640.00	155
GGC	£ 1,202,400.00	480
Grampian	£ 687,720.00	275
Highland	£ 423,120.00	170
Lanarkshire	£ 827,280.00	330
Lothian	£ 923,280.00	370
Orkney	£ 62,520.00	25
Shetland	£ 62,520.00	25
Tayside	£ 423,120.00	170
Western Isles	£ 62,520.00	25
TOTALS	£ 6,252,000.00	2500

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot