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Dear Convener

NHS in Scotland 2021

Thank you for your letter of 13 April 2022, with questions that arose following the Committee taking evidence from the Auditor General for Scotland on the ‘NHS in Scotland 2021’ report¹. The Scottish Government welcomed Audit Scotland’s report, in particular its recognition of the extraordinary commitment of NHS staff and the actions taken by the Scottish Government to handle the unprecedented challenges raised by the pandemic.

I will now respond to the themes raised in your letter:

NHS transformation

Scotland’s health and care services have performed magnificently in the most difficult of circumstances imaginable and they remain under intense pressure. The Scottish Government is committed to supporting effective and sustainable reform for NHS Scotland, to ensure that it is able to continue to deal with COVID-19 whilst building a stronger service and healthcare offer.

Nonetheless, Scotland continues to face significant population health challenges: stalling (and in some groups falling) healthy life expectancy, and widening levels of inequality, exacerbated by COVID-19. We are committed to working with partners to address this. We are bringing together all “health reform” into a single coherent Portfolio to create a sustainable health and social care system and improve population health.

¹ [NHS in Scotland 2021 | Audit Scotland \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/reports/nhs-in-scotland-2021)

As the NHS in Scotland Report acknowledges the emerging Care and Wellbeing Portfolio provides an opportunity to take a systematic approach through the 4 programmes and enablers to planning and delivering care and wellbeing, with portfolio objectives focusing on coherence, sustainability and improved outcomes. We are also clear that the scope is resolutely beyond healthcare to wider services and ultimately to influencing individual and community behaviours.

The Scottish Government has been working closely with Health Boards to develop an approach to development of more integrated planning guidance for Medium Term Plans from spring 2023 onwards. A letter was sent to Boards on the 27 April outlining that the commissioning of these plans has been pushed back to Autumn 2022 in recognition of the need for a period to stabilise after the Omicron wave and accelerate early improvement work focussed on key priority areas.

The key priorities for 2022-23 are as follows:

- Recruitment, retention and wellbeing of our health and social care workforce.
- Recovering planned care and looking to what can be done to better protect planned care in the future - complementing the information already submitted on activity levels for inpatient and day case.
- Urgent and unscheduled care – taking forward the high impact changes through the refreshed Collaborative.
- Supporting and improving Social Care.
- Sustainability and Value.

As part of our 100 days commitments, we published an NHS Recovery Plan in August 2021². This set out the Scottish Government's plans for health and social care over the next 5 years. Backed by over £1 billion of funding, the Plan will support an increase in inpatient, daycase, and outpatient activity to address the backlogs of care, which will be supported by the implementation of sustainable improvements and new models of care.

We have developed a planning approach over three timelines – short term (to Winter 2022/23) where we will consider how we build further resilience into our system; medium term (to March 2026), focusing on Recovery; and long term (to March 2031), whole system redesign. This approach will enable all three elements to be driven forward, in tandem, rather than consecutively. It is intended that this will be published, as part of the progress update on the NHS Recovery Plan, by summer 2022 at the latest.

Insight into some of the progress on transformation of the NHS will be visible later this year, through the RMP4 Quarter 4 Progress Updates that Health Boards are currently submitting. These provide an update of progress against the deliverables identified in the RMP4 Delivery Plan, with a focus on highlighting changes since the last update submitted in February. Boards are currently transitioning from a process of shorter-term, remobilisation planning that outlined how they intended to respond to the pressures of the pandemic and recover services where possible, to a process of medium-to-longer-term planning.

² [NHS Recovery Plan 2021-2026 \(www.gov.scot\)](https://www.gov.scot)

NHS leadership

I agree with the conclusion of the Auditor General that stable, effective and capable leadership are necessary for successful NHS reform. The pandemic has magnified many issues previously known to us. It has also shown us the critical importance of collective, compassionate systems leaders to create meaningful change – influencing and delivering outwith their own workforce. The commitment of leaders to work together to protect the people of Scotland through the pandemic has been impressive.

Our new National Leadership Development Programme (NLDP) for health, social work and social care is seeking to build on the experience of the pandemic with our plans for the short, mid and long-term future of leadership across the landscape.

The new NLDP will build on the work and ethos of Project Lift and will complement leadership development and support at local levels within health, social work and social care workplaces. The Programme is being co-designed with health, social care, social work, local authority and academia, working in partnership with NES to help shape and deliver the NLDP. The NLDP is a collaborative development of the Scottish Government and NHS Education for Scotland and wider health, social work and social care stakeholders in Scotland.

Building on the foundations of Project Lift, we aim to equip current and future leaders with the fundamental skills and capabilities to help create collaborative working environments to deliver whole-system transformational change, allowing the workforce to excel and thrive in providing critical health and care services to the people of Scotland. We will formally launch the NLDP in August 2022, with regional roadshows to raise awareness across Scotland.

Our Succession Planning work builds upon the work of Project Lift, and will look to develop a national talent identification and management process for aspiring CEO and Executive leaders. We are working closely with representatives from CEO, Chair and Board Human Resource Directors HRD groups, and will be looking to ensure the national process maps to regional talent management and succession planning processes in NHS Boards. There is currently no national succession planning process for Executive Board roles, although we are aware that most boards will have their own internal succession plan in place.

Our cross sector Developing Senior Systems Leadership Programme is focused on developing the next generation of senior leaders critical to post COVID recovery, all with our shared ethos of putting compassionate leadership at the core.

Work is already progressing in other areas and will be delivered in the next six months to one year. These include: refocusing health centric elements of Project Lift to expand into social work and social care; developing a consistent national succession planning framework for NHS Chief Executives; designing and delivering interventions to improve leadership diversity and inclusivity; designing a programme of support for current chief executives and providing focussed induction programmes for Chief Executives in the NHS who have taken up post immediately prior to, or during the pandemic.

Diagnosis and treatment backlog

The Scottish Government is committed to monitoring and understanding the impact of COVID-19 on health and social care service provision, including diagnosis and treatment backlogs. We published the NHS Recovery Plan in August 2021³, and we have work underway to build upon this with further strategies and actions to address the myriad challenges resulting from the pandemic. This includes a Planned Care Delivery Plan, which is being developed in collaboration with Board Chief Executives and a refreshed Unscheduled Care Collaborative Programme.

We are committed to being open and transparent about data on waiting times performance, including against the Clinical Prioritisation Framework that was developed to provide guidance to all NHS Boards around prioritising their planned care waiting lists throughout the COVID-19 pandemic. Data that is published on Waiting Times performance is subject to continual review, development and quality assurance by Public Health Scotland (PHS), the holders of this data.

PHS plan to publish statistics on Clinical Prioritisation for the first time in late summer; this will be specific to patients waiting for treatment, as an inpatient or daycase who are covered by the Treatment Time Guarantee. PHS, with support from the Scottish Government, will continue to work with NHS Boards to improve the completeness and quality of the data to ensure the data is sufficiently robust to be released as official statistics on the scheduled date.

It is worth noting that the Clinical Prioritisation Framework that has been adopted across Scotland since November 2020, subsequently updated in December 2021, is not speciality specific. Long COVID is not being considered separately for inclusion in the framework. At this time, the framework remains in place, whilst Health Boards start to recover their planned care activities as we emerge from the COVID-19 pandemic. I will, of course, be happy to update the Committee when the framework is updated next.

Further to your discussion around patients who may have chosen to self-fund their treatment in the independent sector during the pandemic, I can confirm that PHS do not currently hold data on this. PHS collect a range of information about why people are removed from NHS waiting lists, however, if a person on the lists decides to pay for private treatment, then this could fall into a number of the categories that PHS collect and as such is not identifiable at present. I will be happy to write to the Committee if there are changes to how this data is collected. It is worth noting that the latest Private Healthcare Information Network figures show Scotland has lower rates of self-pay admissions per head of population than England and Wales.

GP data

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The Scottish Government is committed to improving the quality and availability of GP data. The COVID-19 pandemic has accelerated the use of technology in primary care and generated a number of new data flows. We have established a Primary Care Data and Intelligence oversight group, chaired by Sir Lewis Ritchie, to ensure these advances are maintained and further developed.

We have also commissioned PHS and National Services Scotland to take forward a programme of work to improve GP activity data. Work on this is progressing at pace, as we seek to develop ways to appropriately measure activity within general practice. This will allow us to better understand workload pressures and help clinicians in the care of their patients.

We have successfully extracted an exploratory activity dataset from GP systems, which we are currently using to hone the consistency and robustness of data held within General Practice. This is a collaborative project and we are engaging the Scottish General Practitioners Committee and the Royal College of General Practitioners at each stage.

Improved data from general practice will enable us to demonstrate changes and trends to GP Practice workload over time for different appointment and encounter data, and demonstrate changes brought about on GP workload through both the pandemic and the introduction of the 2018 GP Contract.

I hope this information is useful to the Committee.

Kind regards,



Caroline Lamb
Chief Executive, NHS Scotland and Director-General for Health and Social Care