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Convener,

Thank you for your correspondence of 5 March following the evidence session of 4 March 2026. Further to your requests, I am happy to provide the following additional information.

PFI Contracts

In relation to overall annual NHS spend on PFI/PPI contracts, the following link provides details of revenue finance spend through a UK-wide HM Treasury interactive dashboard which can be filtered by Department (Scottish Government) and Sector (Health) for all variations of revenue finance: [Infrastructure investment - Government finance - gov.scot](#)

Consultant vacancies

Regarding consultant vacancies figures, the difference between the number of consultant vacancies stated by the Scottish Government and those stated by the BMA is due to the BMA using an alternative, broader definition of a “vacancy”, as compared to the Official Statistics published by NHS Education for Scotland (NES).

Official NHS Scotland workforce statistics use vacancy data collected from each NHS Board, sourced from Job Train - the national recruitment system for NHS Scotland.

In the Official Statistics, a vacancy is defined as “a post which has been cleared for advert after being through the redeployment process (internal or external advert) and remains a vacancy until an individual starts in the post” (Source: [NHS Scotland Workforce Data Quality Report](#)). NES’ Official Statistics follow and are regulated by

the Official Statistics Code of Practice. NHS Boards are clear that all advertised vacancies within the NHS are reflected within official figures.

BMA sourced their reported vacancy figures from FOI requests sent to health boards. As well as the official advertised vacancies, the BMA's figures also include: "posts that are temporarily filled by locums, posts that have not yet been advertised, and posts that have remained vacant for so long they are no longer being advertised." (Source: [BMA Scotland warns workforce plans must not ignore true extent of consultant vacancies - BMA media centre - BMA](#)). Therefore the BMAs figures are much higher as they also include posts that are being filled by locums and those that are not in the process of active recruitment.

Pharmacy First

According to the latest published data (October 2025) from Public Health Scotland (PHS), 36% of people in Scotland used the Pharmacy First Scotland service in 2024/2025, around 1.9 million people. Community pharmacists undertook over 5.5m Pharmacy First consultations in 2024/25.

The number of people using Pharmacy First Scotland at least once in a year increased by 56% from 1,242,842 in 2021/2022. This increase is seen in both males and females, all age groups and levels of deprivation based on the Scottish Index of Multiple Deprivation 2020. As in previous years, the highest rate of Pharmacy First Scotland use was in the 0-9 year age group (548 per 1,000 population). Use of the service was higher amongst people living in more deprived areas, from 337 per 1,000 population in the least deprived quintile to 410 per 1,000 in the most deprived quintile.

Lung cancer screening

Cancer remains a national priority, within the Scottish Government and across NHS Scotland. That is why we published our [Cancer Strategy for Scotland 2023-2033](#) along with an initial three year [Cancer Action Plan for Scotland 2023 – 2026](#) on 15 June 2023. Our strategic aim is to improve cancer survival and provide excellent, equitably accessible care. Key priorities within the plan as mentioned at the committee meeting includes the Rapid Cancer Diagnostic Services, Single Point of Contact Programme and our approach to implementing Lung Screening at pace.

The benefits of a lung screening programme could be profound, but implementing a new screening programme is a huge undertaking, with major implications for downstream services, and requiring significant infrastructure to operate effectively. This includes an entirely new IT system; a new fleet of equipment; and dedicated staff from disciplines with known UK-wide shortages. We have provided Screening Oversight and Assurance Scotland (SOAS) funding to drive this work forward, and it will remain one of our highest priorities.

We committed to a pilot within the Population Health framework, with a target of implementation in 2027. Implementation in 2027 is considered a highly ambitious target, due to the challenges and complexities that will need to be worked through. Scottish Government are in the process of a formal commission to National Services

Scotland (NSS) and a lung screening programme board has been established and met for the first time in December 2025 to agree work streams which they will begin to work through at pace.

Taking the time to get the first phase right will increase the overall effectiveness of the full programme, and increase the speed with which it can be fully rolled out. The first phase will also provide crucial insight on how best to encourage take-up; the impact on downstream services and the impact on inequalities.

Co-codamol supply

Co-codamol 30/500mg tablets are in limited supply across the UK from February until early June 2026. Alternative formulations, including co-codamol 30/500 mg capsules and effervescent tablets, remain available, though current supply is insufficient to fully meet the increased demand.

The current shortage has been caused by delays by the Indian Government in authorising imports of codeine-based Active Pharmaceutical Ingredients (APIs), which are required for manufacturing co-codamol. This has created an additional licensing step for suppliers, resulting in longer lead times for production and release of the final product.

A Scottish Government Medicine Supply Alert Notice (MSAN) was issued to Health Boards on 14 January 2026 regarding the supply of co-codamol 30/500mg tablets. This included guidance for prescribers on alternative options during the shortage, such as avoiding initiating new patients until supply stabilises, reviewing current patients to assess ongoing need, and considering alternative analgesic treatments where appropriate. A copy of this MSAN is available online at: [msan-2026-03.pdf](#).

The Scottish Government's Chief Pharmaceutical Officer (CPO) represents Scotland on the UK-wide Medicines Shortage Response Group (MSRG), which supports the Department of Health and Social Care in managing significant medicine shortages. This includes providing advice on supply disruptions and recommending suitable alternative treatment options for the NHS in Scotland. The MSRG continues to review the situation on a fortnightly basis, assessing stock levels and anticipated improvements, and the CPO remains actively engaged in these discussions.

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