

Petitioner submission of 13 March 2024

PE2081/B: Make chronic kidney disease a key clinical priority

Thank you for forwarding the response of 13 February to the petition from the Scottish Government's Healthcare Quality and Improvement Division: Clinical Priorities team, and for giving me the opportunity to comment.

The Scottish Government has chosen certain clinical conditions to be clinical priorities with dedicated civil service support for continuing policy development and delivery in these areas.

The criteria for choosing what will, and what will not, be designated a clinical priority is unclear to us and has evidently not been based on disease incidence or impact alone.

We believe there is an undoubted clear benefit to patients and the clinical community where the condition affecting them has been designated as a clinical priority as this brings real clarity on who has day to day responsibility within the Scottish Government. In recent years, important condition-specific strategies and action plans seem most likely to have been developed and delivered for conditions that have clinical priority status, such as cancer, diabetes and heart disease.

Chronic kidney disease affects, or is a risk factor for, comparable numbers of people in Scotland.

As stated in my petition, the kidney disease clinical, research and patient community believes that chronic kidney disease policy and services would benefit from being given the status of clinical priority.

The response from the Scottish Government, which we are interested to see comes from the government division and team whose support we would very much like to have, does not address our two core questions – the answers to which may help the Committee in their consideration of my petition:

- Why is chronic kidney disease not already a clinical priority?
- Why has the Scottish Government taken the decision not to increase the number of health strategies for individual conditions

or to assign the status of clinical priority, and the civil service support that goes with it, to any additional conditions?

Without knowing the criteria used, it seems arbitrary and inequitable to patients to close the door on adding any new conditions to those not already designated as clinical priorities.