



The Scottish Parliament
Pàrlamaid na h-Alba

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Public Audit Committee
Room T3.60
The Scottish Parliament
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By email only

13 April 2022

Dear Caroline,

NHS in Scotland 2021

The Public Audit Committee took evidence from the Auditor General for Scotland (AGS) on his [NHS in Scotland 2021](#) report at its meeting on 17 March 2022. [The Official Report of the meeting is available here.](#)

The report, and the evidence we took from the AGS, highlights the sheer scale of the challenge facing the NHS in Scotland. This clearly includes recovering from the Covid-19 pandemic as well as achieving financial stability, which as you know, was a significant issue before the pandemic began.

During the meeting, the Committee covered a range of issues which it now seeks a response from the Scottish Government on. I set out these issues in further detail below.

NHS transformation

The AGS highlights in his report that reform is key to the sustainability of the NHS, and that this must remain a focus, drawing on the innovation seen throughout the pandemic. During the evidence session, the AGS reiterated the requirement for the NHS to transform, highlighting the need for preventative and early intervention approaches to be prioritised, as well as the innovation developed in response to the pandemic. The AGS also highlighted that “meaningful engagement with the public is

a key part of future reform”. Much of this aligns with the conclusions of the Christie Commission, published almost 11 years ago now.

Indeed, the need for the NHS to reform is not a new concept. Predecessor audit committees have been hearing this same message year after year, session after session. Nonetheless, it appears that there is no consistent model of reform operating effectively within the NHS.

The Committee therefore asks the Scottish Government to set out its vision for NHS reform, and how it intends to make the step change required to secure the sustainability of the NHS.

NHS leadership

The AGS also states that the recovery and reform of health and social care services needs stable, effective and capable leadership. During the evidence session, the Committee recognised the importance of supporting and developing NHS leaders, including the application of effective succession planning arrangements. It therefore sought to understand how the new National Leadership Development Programme fits in with, and complements the existing leadership development programme, Project Lift.

As leadership was not an area that the audit team looked at in detail this year, this meant there was a limit to what information we could gain during the meeting in this regard.

The Committee therefore seeks information on—

- **how the new National Leadership Development Programme fits in with, and complements, Project Lift;**
- **whether there is a risk that there could be a duplication of work with regard to succession planning for NHS leaders.**

Diagnosis and treatment backlog

The AGS highlights that there is no overall strategy for monitoring the wider health impact of Covid-19 and that “a cohesive strategy is needed to better understand what the wider health impact of Covid-19 will be on NHS services and inform future service provision”.

Does the Scottish Government have any plans to develop a cohesive strategy, and if, so, when will this be published?

The Committee understands that the Scottish Government published a clinical prioritisation framework outlining how NHS boards should prioritise patients for treatment during the Covid-19 pandemic in November 2020. Audit Scotland recommended in its [NHS in Scotland 2020](#) report that the Scottish Government and NHS boards should publish data on performance against the clinical prioritisation categories to enable transparency about how NHS boards are managing their waiting lists. This recommendation is made again in the 2021 report.

The Committee requests an update on the work being undertaken to respond to this recommendation including when this information is likely to be published.

The Committee also discussed long Covid rehabilitation during the meeting and noted the nine studies that the Scottish Government has funded to develop the clinical knowledge base. In response, the AGS stated that given the significance of long Covid, patients “should have a clear understanding of the services that they can access, so that we manage their expectations about the treatment options that can be chosen”.

What work is being undertaken to consider how long Covid will be included in the clinical prioritisation framework in the future?

During the meeting, it was asked what number of patients may have chosen to self-fund their treatment in the independent sector during the pandemic, in light of the growing backlog of patients waiting much longer for treatment.

The Committee asks whether this information is held by Public Health Scotland, and if not, whether this is something the Scottish Government considers would be beneficial to measure in the future.

GP data

A further area the Committee explored during the meeting was the lack of data in relation to GP appointments. The report explains that the absence of this data means that the extent to which people avoided seeing their GPs during the Covid-19 pandemic is based on survey information and referrals to hospital services.

The Committee recognises the challenges in gathering this information, particularly given the time pressures facing GPs as well as the lack of progress on new technology, for example the SPIRE system. However, it is clear that if this information was available, GPs would be able to understand and indeed evidence the extent to which they are meeting patient demand.

The Committee asks whether the Scottish Government is committed to overcoming these challenges to improve the quality of GP data, and if so, how this work is being progressed.

The Committee looks forward to receiving your response to this letter by **13 May 2022**.

Yours sincerely



**Richard Leonard MSP,
Convener**