Dear Cabinet Secretary

**Preventative Agenda: Neurological Conditions**

Thank you for your letter of 22 May in response to my letter on behalf of the Health and Sport Committee of 24 April. Having considered your reply the Committee would be grateful for further detail in a few areas together with a response covering areas in the original letter not covered by your reply. I would be grateful if the Scottish Government could provide the information sought.

**Standards**

The NACNC’s objectives are “to improve outcomes for those with neurological conditions by working to embed improvement in NHS Boards”. Given they don’t “currently have a role in monitoring standards within services” can you indicate what the NACNC is doing to improve outcomes for people, how improvement will be embedded and what body will be ensuring this is happening?

In your reply you note HIS is planning to publish revised standards on neurological conditions in 2019, which the committee anticipate will complement the 2018 Health and Social Care Standards which “set out the standards people should expect when using health or social care services.” You also note the funding and strategic priorities of HIS are agreed with and monitored by the Scottish Government.
My letter noted that only 40% of the essential criteria within existing standards were being met and that in 2017 only 4 health boards had the required neurological service delivery plan each of which were due to expire that year. The Committee were clear that it is essential the delivery and meeting of standards requires to be monitored but note you do not support the appointment of nominated officers in boards to ensure compliance with standards. **Can you confirm monitoring of the new standards will occur and indicate who will be responsible for monitoring and reporting on the new standards and how it is envisaged that will be undertaken and reported to Parliament?**

**Data Collection**
Under this heading you provided detail of work by ISD to publish existing information **can you indicate the extent to which those existing systems are capable of producing adequate data and any timescales involved in any necessary redesign required to automate collection?**

**Can you also advise when the data will be published and to what frequency? Are HIS developing indicators to underpin the new standards being developed?**

**Delays in Treatment**
Does the Scottish Government, within the national guidance that is issued, have any proposals to set as a priority for boards the funding of neurological treatment?

**Role of IJBs**
The Committee notes the responsibilities of Integration Authorities are set out in the Integration Scheme for each area. **Does the Scottish Government consider the IJBs have under the legislation responsibility for commissioning neurological services?**

**Short Term Funding**
The Committee are interested in the steps that have been taken to mainstream successful pilot projects. They are pleased to note the information around the implementation of the national care framework for Huntington’s disease. **Can you indicate what steps have been taken to evaluate pilots and thereafter mainstream successful pilot projects more widely?**

**Specialist Provision shortages**
The Committee recognise the role of the IJBs in this area and share your belief that care should be delivered as close to home as possible. The concern they have relates to the around 250 young adults and others who are in residential care homes for the elderly. **Is this an area in which the Government will consider issuing statutory guidance?**

**Carers**
As part of the work the Scottish Government is undertaking as part of the work on NAP **does the Government consider there are adequate respite**
provisions available for people with neurological conditions which also have the benefit of allowing time off for their carers?

Cost benefits
The Committee asked if the Scottish Government would provide detail on the ways it uses cost benefit analysis across the wider health service, and would welcome your response in that regard.

Equally the Committee described disincentives which were having the effect of creating silo mentality and preventing departmental savings from being brought forward. Can you indicate how clinicians and others can be incentivised by allowing them to accrue benefit they can apply to the services they deliver from the identification of savings?

The Committee would welcome your response to this letter by 26 June.

Yours sincerely

Lewis Macdonald
Convener
Health and Sport Committee