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Dear Convener

Thank you again for your time on 27 September, my colleagues and I are glad to have had the opportunity to update the Committee on the Scottish Governments plans for ensuring that our health and social care services are prepared for the coming winter.

During the session, I agreed to provide further information on three topics, please find additional detail on key elements of our winter planning below.

NHS capacity and bed occupancy

As discussed, the direct and indirect consequences of the pandemic continue to impact on our health and social care services. The effects on staff and the nature of pent-up demand mean that services across the UK continue to operate under substantial pressure. To support resilience over the winter period extensive planning work has taken place throughout the year, building upon lessons identified from 2021-22. A critical element of this work is to ensure our services have enough capacity to meet demand and to reduce bed occupancy where possible.

On 4 October, the Cabinet Secretary for Health and Social Care launched the Health and Social Care Winter Resilience Overview[1], setting out the steps we are taking to deliver system improvements and build capability across NHS Boards for winter. The Overview focuses on a set of priorities, jointly set with CoSLA, and underpinned by £600 million of investment. The priorities include maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter and supporting pathways to reduce bed occupancy in hospitals.

In recognition of the demand on our services, we are taking action to enhance capacity across the system and ensure people are seen quickly. In June, we launched our new £50 million Urgent and Unscheduled Care Collaborative to support a range of measures to drive down A&E waiting times and improve patient experience.

[1] Health and social care: winter resilience overview 2022 to 2023 - gov.scot (www.gov.scot)

We have also enhanced virtual capacity through four priority pathways: Hospital at Home, Respiratory Rapid Response Pathway, Out-patient Parental Antibiotic Therapy, and Covid Remote Health Monitoring. These pathways will continue to provide additional capacity over winter and others will be developed in response to local need and by the end of December, we are aiming to save 6000 bed days per week.

Pharmacies

Members of the Committee raised concerns around pharmacy closures, the possible impact on the delivery of high quality person centred pharmaceutical care and the possibility that pharmacy owners are strategically closing pharmacies for financial benefit. The Scottish Government takes these concerns seriously.

It is important to note that community pharmacies across Scotland over the last two and half years have provided our local communities with continued access not only to prescribed medicines but also a wide range of valuable services, including important preventative public health services. There are over 1,250 community pharmacies across our network, made up of independents, small and large chains. They remain a key point of access to NHS healthcare and the network provides direct access to a highly skilled team of healthcare professionals and support staff.

Whilst pharmacy closures do occur they represent a small proportion of the availability across the whole pharmacy network and they are normally limited to a small proportion of the overall required model hours across Scotland. That is not to say that we are complacent. The Chief Pharmaceutical Officer and her team are working closely with Health Board Directors of Pharmacy and Community Pharmacy Scotland to consider what can be done to improve the current situation.

Community pharmacy contractors cannot unilaterally close a pharmacy. All closures must be reported and agreed by the territorial Health Board in which the contractor is listed on the Board's Pharmaceutical List.

Community pharmacy contractors are responsible to the Health Board for the provision of statutory pharmaceutical care services and remunerated through a nationally agreed contractual framework. Remuneration is in the main based on pharmacy activity of a range of pharmaceutical care services including the dispensing of medicines and undertaking consultations through NHS Pharmacy First. There are also a small number of non-activity based payments made to pharmacy contractors. The nationally agreed services and associated remuneration is publically available on SHOW[2] and in the Scottish Drug Tariff[3].

I would like to reassure the Committee that concerns around pharmacy contractors choosing to operate in a manner that would result in 'double payment' do not reflect current activity. As noted earlier, any closure must be agreed with the Health Board. It is also the Health Board who are responsible for ensuring that there is adequate service provision for their communities. Therefore, Health Boards may choose to agree to a pharmacy contractor operating a half day service across two communities to ensure maximum access to service. Pharmacy contractors are remunerated for the service provided and the activity undertaken and are not being paid double as a result of staff moving around.

[2] SHOW - Scotlands Health On the Web - Publications
[3] Prescribing and Medicines | Scottish Drug Tariff | Health Topics | ISD Scotland

Home dialysis

Further to our discussion of people currently receiving treatment at home who may have to return to hospital settings for treatment due to the cost crisis I said I would provide further information on dialysis at home services.

There are 9 adult and 1 paediatric renal units in Scotland with 28 satellite dialysis units between them. As of 31 December 2020, in Scotland, 1,921 people were being treated with haemodialysis and 196 people were being treated with peritoneal dialysis. This information can be found via Public Health Scotland's reporting on the Scottish Renal Registry[4]. For people receiving haemodialysis or peritoneal dialysis, there is often the option to receive treatment at home rather than attending the renal or satellite unit.

Local clinicians are best informed to make decisions between dialysis at home or at the renal or satellite unit. People are understandably anxious about the cost crisis and this will be exacerbated by running equipment at home, such as dialysis machines, and this may be a factor in the discussion with the clinician. While there is not a national reimbursement programme for dialysis at home, many renal units across the country reimburse people for both haemodialysis and peritoneal dialysis.

Given the small numbers of people across Scotland who currently receive dialysis at home, we are not aware of any significant additional pressure on the NHS if there is a change in approach between care at home or at the renal or satellite unit. As I noted during my appearance before the Committee, where possible we always aim to provide treatment in people's homes where beneficial to the patient. We will continue to monitor this and work with renal units if an issue arises.

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

[4] Scottish Renal Registry - reporting on 2020 - Scottish Renal Registry - Publications - Public Health Scotland