



The Scottish Parliament
Pàrlamaid na h-Alba

Michael Matheson MSP
Cabinet Secretary for NHS Recovery,
Health and Social Care

Via email only

Health, Social Care and Sport Committee
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13 November 2023

Dear Cabinet Secretary,

Scottish Statutory Instrument

1. The Health, Social Care and Sport Committee considered the following negative instrument at its meeting on 7 November 2023:
 - [National Health Service \(General Medical Services Contracts and Primary Medical Services Section 17C Agreements\) \(Miscellaneous Amendments\) \(Scotland\) Regulations 2023](#)
2. During consideration, Dr Sandesh Gulhane MSP raised a number of points in relation to the instrument, where the Committee is now writing to seek clarification from the Scottish Government. Below is an extract from the [Official Report](#) of the meeting:

Sandesh Gulhane:

I have a number of points to make, the first of which is that it is vital for people who are leaving prison to have continuity in their primary care, because a lot of what happens in prison with regard to medication and treatment is quite effective. When prisoners leave, they do not always, but often, fall through the gaps, and they no longer receive the care that they should, or as anyone in Scotland should.

However, I have multiple concerns. It is all very well to say that a prisoner should have continuity of care, but that will not happen if the GP does not get a summary from the hospital. On about three occasions, I have had a prisoner in front of me with absolutely no record of what has happened. That is of no use to my patient or to me, and that is detrimental. Therefore, that needs to be addressed.

We also need to be clear about what is intended, and I would like a response to some questions.

The regulations say that a practice cannot refuse. What if that practice has a closed list? If it is already oversubscribed with patients and has closed its list, will that practice still be forced to take on a patient who comes from the Scottish Prison Service?

How can we be sure that the person will be living in the area where they say they will be living? Ultimately, the reason why practices have an area is that practitioners are expected to do home visits in that area. Although many people may want to go back to the practice that they attended when they were children because they feel that it is a good practice in which they had good experiences, it might not be located where the person is living now—it might not be the nearest practice to them. In that context, the measure might not be appropriate.

We just need a little bit of safeguarding to ensure that the practice is able to say that it might not be the best practice for a person, rather than making the blanket statement, “You have to take this patient.”

3. I would be grateful if you could respond setting out the answers to Dr Gulhane’s questions by Friday 8 December 2023 and look forward to hearing from you soon.

Yours sincerely

A handwritten signature in black ink that reads "CHaughey". The signature is written in a cursive, flowing style.

Clare Haughey MSP
Convener, Health, Social Care and Sport Committee