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Convener
Health, Social Care and Sport Committee
The Scottish Parliament
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7 August 2023

Dear Convener,

I would like to thank you for the opportunity to speak directly to the Health and Social Care Committee on 27 June.

Following my commitment to provide further details on a number of topics that arose during the session, please see additional information below. I would be happy to provide further answers or clarifications if required.

Community Pharmacy

I was asked what work the Scottish Government is doing to support community pharmacies through a more flexible approach to regulations around dispensing of medications.

Regulations on the sale or the supply of medicinal products not subject to general sale, are reserved to the UK Government, specifically regulation 220 and 221 of the Human Medicines Regulations 2012, regulation 4 of the Human Medicines Regulations 2012 and Section 10 of the Medicines Act 1968.

The UK Department of Health and Social Care, along with the Scottish Government and other devolved administrations, will be consulting on the current legislation later this year, with timings yet to be confirmed.

This consultation has the aim of reforming the legislation, ensuring that any flexibilities should be in the public interest, maintaining confidence for patients and the public and ensuring that community pharmacy remains accessible and equitable.

Electronic Prescribing

During the meeting, John Burns, Chief Operating Officer of NHS Scotland, gave a commitment to provide the Committee with information on the latest progress towards implementation of electronic prescribing. I can inform the Committee that the design and

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development of the Digital Prescriptions Dispensing Pathway solutions are scheduled through 2022 to 2024, and in-practice prescribing and dispensing is scheduled to begin from mid-2024 to 2026.

Housing for NHS Staff

I offered to provide more information regarding work being undertaken to support improved availability of affordable accommodation for health and care staff in remote and rural areas of the country.

I was asked if I had put any thought into working in partnership with local authorities to build affordable housing for NHS staff, or had thought about giving money to NHS boards to build their own accommodation.

Good quality affordable housing is essential to attract and retain people in rural communities, particularly in areas where key workers are needed. It is not a 'one-size fits all' approach in relation to key worker policies, and it is for local authorities to set their own policies reflecting particular local needs and pressures.

Every local authority in Scotland is required by law to prepare a Local Housing Strategy, which sets out its priorities and delivery plans for housing services. The Scottish Government would expect these local strategies to reflect evidence that suggests there is for a need to provide housing for key workers.

As such, Local authorities and Registered Social Landlords are already working with partners such as the NHS to resolve particular housing pressures, for example through leasing arrangements with the NHS or through lettings initiatives.

Through our Affordable Housing Programme, we have committed to delivering 110,000 affordable homes by 2032 with at least 70% available for social rent and 10% in our remote, rural and island communities.

We are making £3.5 billion available in this Parliamentary term towards the delivery of more affordable and social homes. Already, between 2016-17 and 2021-22, we have supported the delivery of almost 8,000 affordable homes in rural and island areas.

We are also making available up to £25 million in a fund targeted at affordable homes, specifically for key workers. The five year initiative will support local authorities and registered social landlords to acquire properties which can be rented directly or leased to employers to provide affordable homes for key workers.

The £25 million will be made available from the Affordable Housing Supply Programme from 2023-28. To help support our housing ambitions for rural communities we are developing a Remote, Rural and Island Housing Action Plan which we are aiming to publish in Autumn.

We are committed to supporting and developing our rural primary care workforce and are working to develop a Remote and Rural workforce recruitment strategy by the end of 2024. We have invested £7 million of funding since 2019 to take forward a range of initiatives to support rural General Practice, which include support for recruitment and retention.

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Hindi in information leaflets

I undertook to investigate the lack of availability of information leaflets in Hindi, particularly in NHS Greater Glasgow and Clyde. Public Health Scotland (PHS) produces a large amount of information through a variety of channels aimed at both the general public and a wide range of professionals working in or contributing to public health across the public, private and third sectors.

To help us have the biggest impact and reach as much of our target audiences as possible, Public Health Scotland has developed a primary and secondary list of languages and formats, drawing on statistics and information about the most frequently requested formats and languages. These lists help PHS to be focused in their reach, while allowing them to operate within the context of best value for money.

Whilst Hindi is not translated automatically, PHS does have the following publications in Hindi:

- [Protect your child from serious diseases](#)
- [COVID-19 vaccine spring booster for over 75s](#)
- [What to expect after the COVID-19 vaccine](#)
- [COVID-19 vaccine spring booster for people aged 5 and over with a weakened immune system](#)

Any Board can request a specific translation at any time and PHS routinely monitor ad-hoc translations. PHS will consider requests for any other languages and formats using the 'Other formats request form' and will aim to respond to all requests within ten working days.

I have also written to NHS Greater Glasgow and Clyde, to confirm which languages its information is published in, and that the board has reviewed the needs of the Hindi speaking population.

A correction

Finally, I would like to take this opportunity to correct a factually misleading comment from Paul Sweeney MSP who said: 'The NHS Greater Glasgow and Clyde chief executive cited the particularly shocking example of the institute of neurological sciences in Glasgow, where the maintenance backlog has come at a human cost, with 17 incidents of patient death or harm in the past five years'.

My officials have followed this up with NHS Greater Glasgow and Clyde and I would like to clarify the situation.

While there have been 17 Significant Adverse Event Reviews recorded at the Institute of Neurological Sciences in Glasgow over the last five years, the maintenance backlog has not been the cause of these problems.

Patient confidentiality means that there is a limit to what NHS Greater Glasgow and Clyde can disclose, but the Chief Executive has confirmed that at no point has she ever suggested that these incidents were as a result of maintenance backlog.

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Given the seriousness of the comments made, I think it is important that the official record is corrected.

I hope the above information is useful to the Committee.

Kind regards

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

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