



The Scottish Parliament  
Pàrlamaid na h-Alba

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Care

**Public Audit Committee**  
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Dear Director General,

**NHS in Scotland 2023**

Thank you for providing oral evidence to the Public Audit Committee on the above report at its meeting on [20 June 2024](#). Following the evidence session, the Committee agreed to write to you to request additional information, details of which are provided below.

**Digital healthcare and data**

The Auditor General for Scotland's (AGS) report highlights that a key risk for digital reform is uncertainty around the availability of funding to deliver digital innovation programmes such as Digital Front Door, Digital Dispensing and an integrated health and social care record. The Committee notes that these innovations are required as preparations are made for the proposed development of the National Care Service.

The AGS's report also states that "adopting digital healthcare solutions is one way the NHS can identify efficiencies and increase productivity, both in response to immediate pressures and to enable longer-term changes in how health services are administered and delivered." Recognising the opportunities presented by digital healthcare solutions, the Committee asks—

- **What work is progressing to ensure that planned and developing digital innovations receive sufficient funding to deliver efficiencies and increase productivity and patient outcomes within the NHS in Scotland?**
- **What role digital health care solutions will play in the longer-term reform of the healthcare system and how the Scottish Government is supporting the ‘Once for Scotland’ adoption of these across boards.**

### **Preventative measures**

The AGS’s report states that while there is an increased focus on public health interventions and prioritising prevention, this remains secondary to more immediate operational pressures. The report further states that investment in preventative measures will help to ensure the future sustainability of services. The report highlights however that “the performance indicators on which boards are currently judged still tend to focus on more immediate pressures such as waiting times, in effect deprioritising the resourcing of preventative measures.”

During evidence, you recognised the importance of early intervention and prevention, while highlighting that the NHS is currently dealing with significant demand pressures and resource limitations.

**The Committee seeks further information on how the Scottish Government intends to develop a clear national strategy for health and social care that prioritises investment in preventative healthcare measures, and how this will be balanced against more immediate operational pressures.**

### **PFI contracts**

At our meeting on [2 November 2023](#), the Committee took evidence from the AGS on his briefing, [Investing in Scotland’s Infrastructure](#). The briefing includes references to the risks associated with private-financed contracts ending and facilities returning to the public sector, including the impact on future budgets for public bodies, how services are provided and implications for wider asset management strategies.

The AGS wrote to the Committee following this evidence session to provide [additional written evidence](#). The letter included further information about the 22 private finance initiative (PFI) contracts which are due to expire before 2030, as highlighted in the briefing, with a capital value of approximately £900.3 million. Of the 22 projects listed, 7 are within the health sector. Details of these projects are included as an **Annexe** to this letter.

The Committee was disappointed that further detail in relation to these expiring PFI contracts could not be provided during the evidence session.

**We therefore request that detailed information is provided for each of the contracts listed in the Annexe, incorporating the financial implications of**

**bringing these assets into the public sector, including whether they are likely to involve an exit fee, and if so, the estimated cost of this fee, and what other planning is underway on each of the contracts, including any workforce planning and transfers.**

### **Data and outcomes**

The Committee notes that there are issues with regard to the completeness of national datasets to measure and monitor the outcomes across significant parts of the healthcare system. This includes gaps in data related to primary care and patient outcomes.

During the evidence session, the Committee raised concerns about the availability of GP appointments and that according to media reports, the number of private GP clinics in Scotland has more than trebled since 2019. The Committee requests that further information is provided regarding—

- **What work the Scottish Government is undertaking, in partnership with NHS Education for Scotland and Public Health Scotland, to develop datasets to better understand and evaluate patient outcomes.**
- **What work is being undertaken to improve the availability of data and information on general practice?**
- **The extent to which the number of private GP practices has changed over recent years and the Scottish Government's views on whether more people are now seeking private GP appointments.**

### **Workforce issues**

The AGS's report notes that in 2022-23, staff sickness absences increased to 6.2% (equivalent to 9,719 WTE staff over the course of the year). It states that "this is above the four per cent national standard set by the Scottish Government, and is the highest rate reported in the last ten years."

During the evidence session, the Committee sought an update on various NHS Scotland workforce data. We welcome the updated head count and vacancy figures you provided in evidence. However, we note that the most recent figures available for staff absences and turnover continue to be for the 2022-23 reporting period.

We note that NHS Education for Scotland is expected to include an update relating to staff absences in phase two of the quarterly update on NHS Scotland's workforce, the publication date for which has not yet been announced.

**The Committee therefore asks that updated figures relating to staff absences and turnover are provided once available.**

## **National Treatment Centres**

In evidence, the Committee noted correspondence received from you on [22 July 2023](#) stating that the estimated cost of the seven National Treatment Centres (NTCs) awaiting completion had risen to £827 million, compared to the original estimated cost of £200 million. During the evidence session, we requested that a current estimate of costs for the 7 NTCs be provided.

The Committee notes that, given that development of five of the seven planned NTCs has been paused, full business cases for these NTCs are not developed, and therefore updated cost estimates are not yet available. However, the Committee remains concerned about the increasing estimated costs of the planned NTCs, and by your comments in evidence that costs could continue to rise.

**The Committee requests that updated cost estimates for the NTCs awaiting completion are provided as soon as they are available.**

I would be grateful for your response by 9 August 2024.

Yours sincerely,

**Richard Leonard MSP**  
**Convener**

## Annexe - expiring health sector PFI contracts

Project name	Procuring authority	Year ending	Capital Value (£m)
Tippethill (Bathgate)	NHS Lothian	2025	2.3
New Craigs Hospital	NHS Highland	2026	16.5
Carseview Centre	NHS Tayside	2027	10.0
Larkfield	NHS Greater Glasgow and Clyde	2027	10.0
Royal Infirmary of Edinburgh	NHS Lothian	2028	180.0
Wishaw General	NHS Lanarkshire	2029	100.0
Ellen's Glen House	NHS Lothian	2029	2.7