

From: [redacted]
Sent: 01 July 2016 16:08
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

I am having the data which was reviewed by NSD looked at by an surgeon external to the process and also may seek advice from a cleft surgeon from outside Scotland if necessary.

[redacted]

[redacted]– to remind me to chase after my leave please

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 29 August 2016 07:59
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted] I am on the train to Edinburgh at present.. Are you free at any stage today to discuss?

From: [redacted]
Sent: Friday, August 26, 2016 06:04 PM
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Thanks [redacted],

This is a really helpful summary. [redacted]

[redacted],

From: [redacted]
Sent: Friday, 26 August 2016 17:38
To: [redacted]
Cc: [redacted]
Subject: [redacted]

I hope the attached summary is self- explanatory. Happy to discuss .

[redacted],

From: [redacted]
Sent: Tuesday, August 30, 2016 20.04 PM
To: [redacted]
Cc: [redacted]
Subject: [redacted]

content

[redacted],
Chief Medical Officer for Scotland

From: [redacted]
Sent: 30 August 2016 15:58
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Thanks [redacted]

I shall ask NSD to proceed as we've agreed. Will keep you posted on developments.

[redacted]

From: [redacted]
Sent: 30 August 2016 15:46
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

Many thanks. I think this latter suggestion is very good and I fully support the sentiment/ intention. It maintains a sense of transparency which is important. Please let me know if can help further.

[redacted]

From: [redacted]
Sent: 30 August 2016 12:48
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

[redacted] It should therefore be conducted by experienced professionals (usually lawyers). I hope this is helpful.

[redacted]

From: [redacted]
Sent: Tuesday, August 30, 2016 10:32 AM
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

NSD have made initial enquiries with Glasgow and Edinburgh to begin to put the mediation process in place. However, they need confirmation of the terms.

[redacted] given it's the recommended way forward.

[redacted]. But given that the status quo (or any alternative options) are not recommended I cannot see a more suitable way of approaching this.

I'd be grateful if you will confirm that the expectation is for the 3 surgeons to explore whether they are able to work together to deliver the single site cleft surgery model – recognising that it is still only a recommendation at this stage and Ministers have not made a decision.

The sooner we set the terms. The sooner the process can start.

[redacted]

***Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]***

From: [redacted]
Sent: 31 August 2016 10:21
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

I think further assurance/ re-assurance that SG understands the position of the Glasgow surgeons will be helpful. Despite of all assurance to the contrary they remain somewhat fearful that we are dancing to a tune from the east!

[redacted]

From: [redacted]
Sent: 31 August 2016 09:34
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Thanks [redacted] Good work.

I'd be happy to speak with [redacted] if you think it would help?

[redacted]– you might also wish to offer a further conversation with [redacted] to provide reassurance that we too are keen to have a decision on cleft surgery as soon as possible, and that active participation in the mediation process can only facilitate this.

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]
Sent: 05 September 2016 20:27
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Please see below from RCSE. Important that the information re no change of position of the College is fed in to the debate.

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 06 September 2016 12:37
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Thanks **[redacted]**

We'll ensure the Minister is aware when we meet tomorrow.

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]
Sent: 06 September 2016 12:10
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Thank you **[redacted]**

I have now had a chance to read the speech for the minister to close the debate. Having been close to this issue for several months- I have heard the arguments first hand from the Edinburgh surgeon and spoken to the medical director in Glasgow regarding the views of the Glasgow surgeons. I have also examined the data submitted and had further discussion with **[redacted]** who has analysed it in detail (he has also met with all 3 surgeons). I have confidence that the recommendation to perform cleft lip and palate surgery on a single site in Glasgow while continuing outreach and follow up clinics closer to patients' homes will lead to optimal outcomes for babies and children in Scotland.

Kind regards

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 06 September 2016 10:11
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Thanks **[redacted]**

I got a heads up from NSD yesterday. Confirmation of RCSEd support already included in the briefing pack that went up yesterday.

[redacted] and I will also discuss with the Minister in our pre-meeting tomorrow.

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]
Sent: 06 September 2016 09:58
To: [redacted]
Cc: [redacted]
Subject: [redacted]

All

To be aware that the President of the Royal College of Surgeons of Edinburgh will be writing to CMO today to 'clarify' their position on supporting the move to Glasgow. They will also alert **[redacted]** to this.

[redacted]

[redacted]
Office of the Director General and Chief Executive NHSScotland| Health and Social Care Directorates| Scottish Government| Room 1E.01a, St Andrew's House| 0131 244 [redacted]

From: [redacted]
Sent: 08 September 2016 16.20
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

[redacted] understands that Cab Sec is meeting the Glasgow surgeons on 23rd Sept
I have offered to meet them next week face to face

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 12 September 2016 09:03
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

[redacted]

Grateful for your views.

[redacted]

From: [redacted]
Sent: 13 September 2016 16:23
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]. It is also unfortunate that the Cab Sec meeting with the Glasgow surgeons is postponed (I understand why and this is completely unavoidable) but they are all waiting for an answer.

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 14 September 2016 09:15
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

[redacted]

With regard to mediation I hope the following points are helpful:

- For the service to continue in any satisfactory fashion, the differences between the surgeons must to be addressed. At this stage mediation is almost certainly the only effective way resolution can be achieved.
- Mediation follows a defined process and the details of discussions amongst those involved are confidential. The outcome however will be known and Boards/ SG HR

who have used the process, will have experience of this. Part of the commissioning work will be to establish which parts of the "heads of agreement" will be revealed once mediation is complete.

- [redacted]
- [redacted]
- [redacted]

Please let me know if I can help further.

[redacted]

From: [redacted]
Sent: 14 September 2016 09:30
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Very Helpful [redacted] Shall feed all of this back to [redacted]

Thank you

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]
Sent: 21 September 2016 16:00
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

I said I'd pull together further briefing on cleft surgery, following our recent meeting with the Glasgow cleft surgeons.

Briefing is now attached. Before I sent it up, I'd be grateful if you will cast your eye over it and let me know whether you have any comments/ amendments:

Thanks

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]
Sent: 21 September 2016 16:57
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Great. Thanks for getting back to me so quickly - [redacted]

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]
Sent: 21 September 2016 16:45
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

Thank you. This is very comprehensive. I wonder if you should summarise the first part with expanded bullet points along the lines below labelled 'additional knowledge' to shorten as I really want Cab Sec to be aware of the new info we gained.

1. Complex cases - there is agreement that these should be sent to Glasgow because of complex airway management and other co located devices. This is an agreed pathway through NSS. Therefore surgery only on the Edinburgh site is. It an option. **[redacted]**
2. adult cleft service is provided for Scotland in Glasgow for reasons as above.
3. **[redacted]**
4. **[redacted]**
5. Deprivation - data seen which shows very different demographic as per your para
6. Locum from england despite capacity and offer of help from Glasgow surgeons- being investigated
7. **[redacted]**
8. **[redacted]**
9. **[redacted]**

Then also summarise your options at end.

Hope this helps **[redacted]**

Thanks

[redacted]

Chief Medical Officer for Scotland

From: [redacted]
Sent: 30 September 2016 14:01
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Thanks[redacted]

You might wish to acknowledge receipt and thank them for this information which will help focus the discussions with the Cab Sec [redacted]

I also got some potentially encouraging news from NSD yesterday. [redacted] I've asked NSD to confirm in writing and hope to receive it today. If it is true, then it is very good news indeed - mediation is the vehicle through which the surgeons can explore how they might put differences aside and build positive working relationships going forward. [redacted]

[redacted]– grateful if you will incorporate Glasgow's questions and information attached into the briefing for the Cab Sec's visit to Glasgow on 7 October – it will also help you think about lines for the Cab Sec in response.

Happy to discuss

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]
Sent: 30 September 2016 13:28
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

Passing to you in first instance.

I haven't managed to read in detail yet but note their request for a response[redacted]. I know that this has also been expressed to several others in addition to the Cab Sec in both GG&C and Lothian

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 16 November 2016 12.28
To: [redacted]

Cc: [redacted]
Subject: [redacted]

[redacted]

I am arranging to speak to both presidents separately by phone this week to understand this further and to try to understand why they felt they needed to write directly to Cab Sec copying in FM without speaking to any of us who are close to this situation. I saw both of them on Friday at a conference. **[redacted]** and I had a very helpful conversation with Cab Sec on Monday.

I am also finding out through my connections in NHSE the full story of these 3 posts in England to better inform Cab Sec.

[redacted]

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 16 November 2016 10:39
To: [redacted]
Cc: [redacted]
Subject: [redacted]

URGENT please

[redacted]

You should see this and please let me have your thoughts. I think this requires a fairly rapid reply.

[redacted]

[redacted]

Would it make sense for you to have a soon teleconference with the two Presidents? We would of course provide official support as you wished.

[redacted]

Happy to discuss as always, just let me know what you prefer.

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]

Sent: 16 November 2016 10:11

To: [redacted]

Cc: [redacted]

Subject: [redacted]

[redacted]

Please see the attached letter from both Edinburgh and Glasgow Royal College of Surgeons, offering the Cab Sec an alternative way forward with cleft.

Thanks

[redacted]

Planning & Quality Division

Health Quality and Strategy Directorate

DG Health & Social Care

The Scottish Government

T: 0131-244-[redacted]

15th November 2016

Ms Shona Robison MSP
Cabinet Secretary for Health Wellbeing & Sport
The Scottish Government
St. Andrew's House
Regent Road
Edinburgh EH1 3DG

Dear Ms Robison

Cleft Surgical Services for NHS Scotland

In recent weeks we have had the opportunity to speak directly with all three surgeons delivering cleft services. As you appreciate, this is a difficult and sensitive issue with the consequences of closure of one of two units bringing with it significant emotional and political impact. Our discussions with **[redacted]** focussed upon an alternative option which would involve a managed network across Scotland between the two existing centres as a viable alternative. For this to work would require collaboration and co-operation from all concerned.

There are undoubtedly issues which hold back this approach at present, one of which is the uncomfortable dynamic which exists between the parties concerned. We gather the issue of mediation has been considered in the past but this was predicated upon the assumption that the decision was made to consolidate the services upon a single site in Glasgow, an approach which has caused difficulties from the outset.

May we suggest another way forward? One option would be to introduce a further cleft post on the Edinburgh site which would at this stage fulfil two critical functions:

- 1) It would change the difficult dynamic that currently exists across the two sites and
- 2) it would allow for succession planning of **[redacted]** post.

The changed dynamic would provide an opportunity to re-visit the mediation process. On reflection, we both feel that taking all steps to resolve the challenging relationship that exists would be a pivotal step before making any decision to consolidate the service.

We reach this conclusion on the background of awareness that in England, three cleft posts will become vacant in coming months (due to retirement) and we would not wish to see our service adversely affected by the relocation of any of the surgeons currently in post across the central belt. I do hope this is of some help in your deliberations.

Yours sincerely

[redacted]
Royal College of Surgeons of Edinburgh
Royal College of Physicians and Surgeons of Glasgow

From: [redacted]
Sent: 24 November 2016 21:06
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted] – we spoke

It is my advice that Cab Sec should respond to the letter from the Presidents of the Royal Colleges directly informing them that their very valid and helpful suggestion has already been considered as part of the process and that due to volume considerations set by the professional body the introduction of a 4th surgeon would not provide optimal outcomes.

[redacted] There are several other options we can discuss in order to find a solution for Scotland.

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 24 November 2016 18:16
To: [redacted]
Cc: [redacted]
Subject: [redacted]

All

Ms Robison has now given this further thought and feels that given she has received a letter from the colleges suggesting an alternative that she should pass the letter to the national planning group and ask them for their advice/to discuss further with the college. [redacted]

It would be helpful to have advice on this as I believe there may be other developments which the Cabinet Secretary is not sighted on. Happy to arrange a meeting early next week if that would be helpful.

Thanks
[redacted]
Cabinet Secretary for Health and Sport
Scottish Government



T: 0300 244 4000
E: scottish.ministers@gov.scot

[redacted]

[redacted]

Our ref: 2016/0038283
08 December 2016

Thank you for the letter of 15 November 2016, from you and [redacted], Royal College of Surgeons, Glasgow about cleft surgical services in Scotland.

I have to say that I was somewhat surprised to receive this letter at such a late stage of consideration, which appears to suggest that I should now consider introducing a further cleft post on the Edinburgh site, which, you now seem to suggest, would aid succession planning and the current difficulties in relationships.

As you will recall, it is proposed to consolidate surgery on a single site in Glasgow. Previous correspondence from both Colleges supported this recommendation, although I recognise that RCS Edinburgh stated:

“As a College, we support the principle of centralisation but would note that it is not our role to advise on location. We welcome the ‘externality’ aspect to the review and the independence which that brought to the process, and therefore respect the decision that has been reached.”

I have contacted the Director of NHS Scotland National Specialist and Screening Directorate (NSD), for further advice on the possible introduction of a fourth surgeon to Scotland. They have advised that the Options Appraisal exercise focused on the recommendations of the 2011/12 cleft surgery service review, where the number of surgeons required for cleft and lip and palate surgery in Scotland was considered. It was also considered at the earlier review of cleft surgery held in 2005/6.

The Clinical Services Advisory Group Report (1998), commissioned by UK Health Ministers, into cleft services stated that:

“All surgeons involved in the care of cleft lip and palate patients should be performing surgery on 40-50 new patients annually”.

As a result, the 2011/12 cleft surgery review group concluded:

“following discussions by the review group, the optimum workload was still considered to be 40 primary procedures as recommended by CSAG. It was however recognised that the evidence base supporting this figure was sparse. On this basis, theoretically only two surgeons would be required for Scotland, but it was agreed that a minimum of three surgeons performing surgery in Scotland would be necessary to provide a sustainable and effective cleft service.”

As you will be aware, there are around 100 new cleft lip and palate cases per year in Scotland, and they should be evenly distributed among our three surgeons. There is therefore insufficient case volume for a fourth cleft surgeon in Scotland, if we are to allow surgeons to maintain their skills and achieve the best possible outcomes for patients.

Your letter dated 4 September 2016, stated that RCS Edinburgh supported the consolidation of services on one site in order to support clinical excellence and achieving best possible outcomes for patients, stating that

“we believe that this needs to embrace both the surgical service team and the post-operative rehabilitation support teams, who are vital in determining long-term outcomes for cleft patients.”

Additionally, a letter from RCS Glasgow dated 4 March 2016, also supported a single service on the basis that a single-handed surgical service was not sustainable, and that the service should operate on a team based approach to *“enhance service delivery, training, audit and research.”*

I would be glad if you could please reaffirm that regardless of location, whether your College continues to support the proposal for a single cleft surgery service model as you have previously indicated.

As you may be aware, I have committed to announcing my decision on cleft surgery by the end of the year. I would therefore be grateful if you will reply to me by 14 December.

I look forward to your early reply.

*Yours sincerely,
Shona Robison*

SHONA ROBISON



T: 0300 244 4000
E: scottish.ministers@gov.scot

[redacted]

[redacted]

Our ref: 2016/0038283
08 December 2016

Thank you for the letter of 15 November 2016, from you **[redacted]**, Royal College of Surgeons, Edinburgh about cleft surgical services in Scotland.

I have to say that I was somewhat surprised to receive this letter at such a late stage of consideration, which appears to suggest that I should now consider introducing a further cleft post on the Edinburgh site, which, you now seem to suggest, would aid succession planning and the current difficulties in relationships.

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As you may be aware, I have committed to announcing my decision on cleft surgery by the end of the year. I would therefore be grateful if you will reply to me by 14 December.

I look forward to your early reply.

*Yours sincerely,
Shona Robison*

SHONA ROBISON

9th December 2016

Ms Shona Robison MSP
Cabinet Secretary for Health Wellbeing & Sport
The Scottish Government
St. Andrew's House
Regent Road
Edinburgh
EH1 3DG

Dear Ms Robison

Cleft Surgical Services for NHS Scotland

The initial response to the consultation on the provision of Cleft Surgical Services in Scotland was based on the written consultation documents. There is no reason to retract any of our views.

Our letter of 15th November was written in the spirit of trying to be helpful and to perhaps further explore another option. We considered this in the wake of meetings we both held with the three cleft surgeons providing the service for Scotland. The two Glasgow surgeons sought to meet us and outline their position in October. We felt it important to offer to meet the surgeon based in Edinburgh in the interest of equity. That meeting took place on November 11th, thus the letter we wrote to you was written at the 'eleventh hour' in this process.

Clearly there is a measure of complexity here. We are still of the view that a service which depends on a single surgeon is not sustainable. The basis for our later suggestion was predicated on whether there was any room for further discussion about the assertion that each surgeon ought to have an annual new case load of 40-50 patients. While we understand the principle here, we do wonder whether the numbers are somewhat arbitrary.

We have not considered the evidence for this assertion in detail but it may well be that your advisers have examined the strength of this argument. If these numbers represent a specialist consensus, then the appointment of an additional surgeon for the Scottish population would be difficult to justify.

That being the case, we can readily re-affirm that a single cleft surgery service model would indeed be the logical conclusion.

Yours sincerely

[redacted]
Royal College of Surgeons of Edinburgh
Royal College of Physicians and Surgeons of Glasgow

From: [redacted]
Sent: 14 December 2016 15:46
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Thank you [redacted] and apologies for not being able to attend the meeting yesterday in person. I had briefed [redacted].

I am extremely supportive of the decision and agree with applying caveats.
[redacted]

A consultant contract has 10/11 or 12 PAs. The work done during these is allocated during job planning and takes in to account other members of the team, on call arrangements, theatre availability, teaching, academic work etc. [redacted]

[redacted]- it would be beneficial for GG&C managers to have a discussion re this – I spoke to [redacted] in lothian previously.
[redacted] - to note medical directors to be invited to the calls too.

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 16 December 2016 16:28
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

Can I suggest the calls remain in place. They can if required simply be an update to the surgeons that we are taking more time to consider and wanted to let them know.

Thanks
[redacted]
Cabinet Secretary for Health and Sport
Scottish Government

From: [redacted]
Sent: 19 December 2016 12:00
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Hi all

Ms Robison has now confirmed she's content to make the announcement tomorrow.

[redacted]

Many thanks all,
[redacted]
Cabinet Secretary for Health and Sport
Scottish Government

From: [redacted]
Sent: Monday, 19 December 2016 15:39
To: [redacted]
Subject: [redacted]

[redacted]

Thanks, that's encouraging . Looks like inspired PQ will be answered at 1.30pm tomorrow.
After that we will issue letter to H&S committee And the press release.

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]
Sent: Monday, 19 December 2016 14:31
To: [redacted]
Subject: [redacted]

[redacted]

Very positive conversation with [redacted]- he is prepared to put out a positive statement if required.

Can you confirm for me the timing re announcement please. When are we releasing press statement and sending letters? I am speaking to the surgeons at 0900, 0930 and 1030 tomorrow

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 19 December 2016 13:44
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Hi all

[redacted]

Thanks, [redacted]
Cabinet Secretary for Health and Sport
Scottish Government

From: [redacted]
Sent: 19 December 2016 12:46
To: [redacted]
Cc: [redacted]
Subject: [redacted]
Importance: [redacted]

[redacted]

Draft IPQ and letter to H&S committee redrafted in line with Ms Robison's request.

[redacted]

Let me know if you need anything further.

[redacted]
Planning & Quality Division
Health Quality and Strategy Directorate
DG Health & Social Care
The Scottish Government
T: 0131-244-[redacted]

From: [redacted]
Sent: 19 December 2016 09:09
To: [redacted]
Cc: [redacted]
Subject: [redacted]

All

[redacted]

If I hear anything further I will let you know as soon as possible.

Thanks, **[redacted]**

[redacted]
Cabinet Secretary for Health and Sport
Scottish Government

From: [redacted]
Sent: 16 December 2016 16:28
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

[redacted]

Thanks
[redacted]
Cabinet Secretary for Health and Sport
Scottish Government

From: [redacted]
Sent: 16 December 2016 15:34
To: [redacted]
Cc: [redacted]
Subject: [redacted]

Hi [redacted]

[redacted]

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 16 December 2016 15:15
To: [redacted]
Cc: [redacted]
Subject: [redacted]

[redacted]

Can we please put a hold on the cleft announcement. At this point I am not clear when we will be in a position to announce.

Thanks
[redacted]
Cabinet Secretary for Health and Sport
Scottish Government

From: [redacted]

Sent: 14 December 2016 12:56

To: [redacted]

Cc: [redacted]

Subject: [redacted]

[redacted]

At yesterday's meeting regarding next steps for cleft palate it was agreed:

- Decision is based upon information and advice provided by CMO, [redacted] etc (e.g. why single site best option..., why Glasgow..., why 3 surgeons...), following a number of concerns being raised by parties the decision is made with a number of conditions for approval.
- We should be clear the decision is based on better quality outcomes for all patients across Scotland
- Decision would be supported by decisions
 - These include Edinburgh surgeon will do one day a week in Glasgow, [redacted]
 - Remainder of Edinburgh surgeon's time will be on outreach clinics
 - Scotland to become part of the UK Audit of data, we should set a timeframe with a view to achieving this as soon as is reasonably possible
 - Edinburgh surgeon will remain on Lothian contract during the first 6 months and will have an honorary contract with GGC, the lead Glasgow surgeon will have an honorary contract with Lothian
 - Ensuring consistent approach to outreach clinics across Scotland, with no deterioration in service (if possible should be improvement)
- The first 6 months will be a transition period and the above will be subject to review following feedback from all concerned parties. There is an established network/group in place which will monitor the implementation/transition and provide feedback to Ms Robison
- Ms Robison would like an IPQ answered on Tuesday (need to lodge question by 2pm on Monday) helpful if we could have a draft for the weekend box closes 4pm Thursday.
- Ms Robison would like to write to H&Sp committee and all MSPs who have written to her regarding this on Tuesday informing them of the decision, again helpful if we could have a draft for weekend box, closes 4pm Thursday
- Ms Robison would like CMO to preferably meet face to face with all 3 surgeons on Tuesday (morning) to personally inform them of the decision, if face to face not possible then could be by phone/VC. Can be one or two meetings depending on whichever is deemed more appropriate. Medical directors for Lothian and Glasgow should also attend, ensuring they hear same message and are bought in to process. There should be an agreed script for this meeting which Ms Robison would like sight of ahead of the meeting. Grateful if we could have by 12pm Monday

- [redacted]
- [redacted]
- [redacted]

I think these are the main substantial points. [redacted] please add anything I have missed.

[redacted]

[redacted]

Thanks

[redacted]

**Cabinet Secretary for Health and Sport
Scottish Government**

Cabinet Secretary for Health and Sport
Shona Robison MSP



Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0300 244 4000
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[redacted]

Our ref: 2016/0041036
21 December 2016

Thank you for your speedy reply to my letter of 8 December 2016, and for clarifying your position on the issues raised.

The Clinical Services Advisory Group (1998) advice on the minimum number of cases was considered by the Expert Cleft Surgery Review Groups in 2005/2006 and 2011/ 2012. Both groups concluded that Scotland needs three cleft surgeons.

I therefore appreciate you re-affirming that regardless of location, your Colleges support the proposal for a single site cleft surgery service model in Scotland.

*Yours sincerely,
Shona Robison*

SHONA ROBISON

From: [redacted]
Sent: 27 June 2016 11:23
To: [redacted]
Subject: [redacted]

Fab thanks,
[redacted]
Cabinet Secretary for Health and Sport
Scottish Government

From: [redacted]
Sent: 27 June 2016 11:21
To: [redacted]
Subject: [redacted]

Thanks [redacted]

Could you advise [redacted] that [redacted] will update on her meeting with [redacted] verbally at this afternoon's pre meet.

Many thanks

[redacted]
Chief Medical Officer for Scotland

From: [redacted]
Sent: 27 June 2016 11:08
To: [redacted]
Subject: [redacted]

For information.

Thanks,
[redacted]
Cabinet Secretary for Health and Sport
Scottish Government

From: [redacted]

Sent: 15 June 2016 12:38

To: [redacted]

Cc: [redacted]

Subject: [redacted]

[redacted],

[redacted] asked me to forward on to you a few pieces of correspondence we have received & will be include in the Cabinet Secretary's briefing pack for tomorrow's meeting with **[redacted]**

[redacted] – all correspondence received:

[redacted]

[redacted] – supports **[redacted]** comments, therefore relevant.

[redacted]

[redacted]– has met with Ms Robison (as a MSP) & received correspondence from officials on the issue.

[redacted] [redacted]

If I find more pieces of relevant correspondence I will forward onto you.

Thanks,

[redacted]