

minutes

Long Covid – Service Planning group

Thursday 14th April, 2022

Microsoft Teams

Author: [REDACTED]

Present:

Pauline Beirne
[REDACTED]
[REDACTED]
[REDACTED]

Interim Associate AHP Director
Clinical Service Lead – Covid Rehab
Clinical Lead – Covid
Change & Improvement Manager –
Psychology Health

NHS Forth Valley
NHS Lanarkshire
NHS Borders
NHS Fife

[REDACTED]
Nic Richardson (Chair)
Fiona Smith
[REDACTED]
Emma Stirling

Area Manager
AHP Director
AHP Director
Programme Manager
AHP Director

NHS Highland
NHS Tayside
NHS Greater Glasgow & Clyde
NHS Grampian
NHS Ayrshire & Arran

Apologies:

Frances Baty
Linda Currie
[REDACTED]
Tracey Gillies

Director of Psychology
Associate AHP Director
Public Health Specialty
Medical Director

NHS Fife
NHS Highland
NHS Grampian
NHS Lothian

In Attendance:

[REDACTED]
Joseph Carter
Allan Cowie

Vice Chair
Head of Devolved Nations
Director of Services

Long COVID Scotland
Asthma & Lung UK
Chest Heart & Stroke
Scotland

[REDACTED](minutes)

Assistant Programme Manager

NHS National
Services Scotland
Scottish Government
Long COVID Kids
Scotland

[REDACTED]
Helen Goss

Senior Policy Manager
Lead representative

Rob Gowans
Margaret McKeith
[REDACTED]

Policy and Public Affairs Manager
Assistant Director
Senior Programme Manager

Alliance
Alliance
NHS National
Services Scotland



Chair
Chief Executive
Director

Keith Redpath
Mary Morgan
Susi Buchanan

*NHS National Services Scotland is the common name
of the Common Services Agency for the Scottish Health
Service*

1 Welcome, Apologies & Introductions

Nic Richardson welcomed everyone to the meeting. Introductions from those who joined the meeting for the first time.

The Strategic Oversight Board meet on 3rd May, and it would be at that meeting where the initial sign off on the first allocation of funding would be agreed.

Later in the meeting, representatives from 3rd sector organisations would link in to hear what decisions had been proposed for priority setting and for them to have the opportunity to discuss their views and provide feedback.

The group were asked for any other business to be raised now that may not be picked up within the agenda:

- “Trakcare” - what other national specialty codes were Boards using to capture services related to Long Covid, as there was no consensus on that?
- Awareness of any digital platforms?
- The challenge around allocation of funding when there was no reliable data around prevalence.
- Political pressures around Long COVID and the impact on services and people.
- Special leave for the workforce and the inequity that that had created, with people on sick leave and others with Long COVID on special leave.

It was acknowledged that some of the points would probably be discussed throughout the meeting, whilst other points may have to be directed through other groups for resolution.

In response to the data point, Fiona Smith expressed that the group may have to use their clinical judgement on that in the meantime. A discussion from the Clinical and subject matter expert group was to test short term pathways for Long COVID, with the intent, that if successful, role those out to the wider long term conditions programme of work.

In terms of staff inequity of leave and pay, as a group we should be putting a position forward as it was raised in partnership forums within NHS GG&C. [REDACTED] offered to provide Nic with an email address of a colleague in the Scottish Government pay and workforce team, to take forward that point.

Action: [REDACTED] & Nic

Richardson

2 Minutes and action tracker from previous meeting

The group ratified the previous minute from 28th February 2022. All actions within the tracker were completed.

3 Policy and decision-making process – Scottish Government

[REDACTED] informed the group that Scottish Government had a resource spending review and he confirmed there would be no scope for additional funding within this Parliamentary term.

As Nic outlined earlier, the initial recommendations would be signed off by the Strategic Oversight Board and then onto the Cabinet Secretary for final approval.

The Network needs to demonstrate the first tranche of funding was providing benefits to people with Long COVID. [REDACTED] explained the way the funding had been profiled was for £3million per year over the next 3 years, therefore it was conceivable that funding could be recurring, for example, staff recruitment, although that would need signed off by the Strategic Oversight Board annually.

4 Overview and themes from the gap analysis – discussion and priority setting

[REDACTED] presented an overview of the gap analysis completed by 10/14 Health Boards which also included the priorities from the Clinical and Subject Matter Expert group. The bulk of responses from that group were from AHPs, although did receive responses from Chest Heart & Stroke Scotland (CHSS) and paediatrics. CHSS highlighted in their report it would be helpful to

have a national approach to data sharing to enable them to better support Health Boards, but currently that was only in place in NHS Fife and Lothian. For CHSS to provide that support there had to be a defined diagnosis of Long COVID and that goes back to the inconsistency around proper coding.

NHS Lothian was piloting "Tailored Talks" which could support the digital piece of work and agreed to gather further information around that to share with the group. **Action: [REDACTED]**

Areas highlighted for clinical priorities included:

- Improved information and self-management resources as not sufficient at present, although there was a feeling that more was available.
- Gap in information for children's resources and Schools
- Some boards had information on Nutrition but not all and that would be helpful to share with everyone.
- All information in one place
- An education programme for professionals that would include peer support and sharing of information
- Data was through all the reports around having an agreed approach, collect information on prevalence and severity and understand what that impact would have on services
- Dedicated MDT approach / Long COVID clinics
- Dedicated Mental Health input into MDTs
- Access to paediatric Phlebotomy

Lived Experience

A piece of work undertaken by Scottish Government, whereby they conducted interviews with a small number of people with experience of Long COVID and their priorities included:

- Increase education for health professionals on Long COVID
- Holistic consultations which a person taking an overview of all a person's symptoms and quality of life, rather than looking at them on an individual basis.
- Treatments in the future

Health Board priorities included:

- Staffing resources - support around the Primary Care piece with a holistic assessment carried out by a GP with an interest, AHP's or co-ordinators
- Support to Rehab teams – including OT, Physio, Dietetics and Psychology

Challenges:

- From a small number of the priority templates, the costings had far exceeded the financial envelope of £3million.
- Workforce - a significant increase in recruitment to posts, could that be possible without detriment to other services.
- With a lack of data, it was difficult to predict that level of need to inform that piece.

Other areas from the clinical team included:

- Information and self-management resources.
- Digital resources
- Data and being able to access Business Intelligence
- Mapping of systems and processes
- Training and education programme resources
- Access to BNP (may only be applicable across some Boards)
- National paediatric MDT to support paediatric services
- Co-ordinate NHS Scotland contribution to emerging evidence, which links to the data point.

Prioritisation:

- Benefits and risks
- patients looking for increased access, better experience, better outcomes
- resilience and reduced pressures on the service
- building the knowledge base on Long COVID, and building on that for other long-term conditions

Achievability:

- what the potential impact could mean to other services
- proportionality - ensuring equity of service across Scotland. Using NRAC as the guide for the envelope of money.

One challenge Nic highlighted for the group to consider in the next stage of their prioritisation was a model of both supported self-management and services for those with complex Long COVID. However, for that to work would require resource/funding at every level for it all to fit together, otherwise ending up with a bottleneck for people who need that increased complexity if there is not that service and it was front loaded to self-management. Then if it was not front loaded to self-management, then people do not know where to go and go straight to specialist services. The group needs to consider the impact on focussing on one area of the system that would then have a consequence on another area of the system.

Fiona explained that in GGC, they focussed on where was the greatest need, and that was with people not only with Long COVID, but with long term conditions arriving at GP practices, who were unclear where to signpost people to and having that early intervention model. With the aim of supporting people early in their presentation to provide confidence and assurance in individuals to manage their own condition. As we move through into specialist services there would not be people going round the system with a poor outcome but continually rotate round the system and into specialist services and into secondary care services for diagnostics.

Pauline reported there had to be a radical change in the referral culture. Her experience was that any referral into service was accepted which essentially shifted the duty of care and people had to be assessed. What was required was understanding of what outcomes people expected by making referrals to services, e.g. dietetics, physio etc, to understand whether that need could be met or need to consider robust self-supported management offers.

A robust communications strategy for the public around their expectations to ensure that our message is one of supporting people to live well with the condition and symptoms experienced. There was the opportunity to collectively do some radical tests of change about prioritisation and outcomes of referrals, not only for Long COVID, but for other long-term conditions.

The group have been given until 26th April to really consider their priorities and be very specific in the request for funding, which will be taken to the Strategic Oversight Board on 3rd May. A template / guidance would be shared with everyone to support the new priorities request.

Fiona noted that within NHS GG&C they would be prioritising the early intervention and prevention model; one which was supported by GPs and Medical Directors.

[REDACTED] noted for NHS Fife they would be building on a developed model for Major Trauma which was a rehab service model, which had a single point of contact with two co-ordinators.

Discussions had been ongoing with Public Health Scotland around the EAVE 11 project which would provide a dataset for Long COVID, although unclear exactly what it would provide, and that was expected in the next couple of months. The Network would soon be scoping the data need and look to consistently capture data and updates on that would be reported to the group.

Nic provided an overview of the consensus from the group as priorities for everyone to consider:

- Focus on early intervention and prevention
- Specialist resource would be front loaded towards early intervention
- Building of specialist routes locally looking at symptom management or nationally resourcing some of the digital solutions to offer specific rehab solutions. All the while

building on data and our understanding of whether that meets the need going forward, once we have a better understanding of the prevalence.

[REDACTED] informed the group there was work scheduled to develop the NHS Inform website in line with advice around symptoms within the SIGN guideline.

[REDACTED] provided a little background to a couple of the digital platforms; My Covid Recovery, and C19-YRS which was the only validated screening tool for Long COVID. [REDACTED] offered to share a presentation on My Covid Recovery and a brochure on C19-YRS on the Teams channel that provides further information.

Action:

[REDACTED]

5 Lived Experience

Nic welcomed representatives from 3rd sector organisations. From today's meeting it would be helpful to hear the perspectives from each of the organisations, and some of that information may support the Network in planning service models going forward.

Nic highlighted that the members of the Service Planning group were representatives from each of the Health Boards. Their roles were to support and co-ordinate conversations and activity within the Boards. One activity recently carried out was to complete a gap analysis from every Board to consider current services, gaps and requests for resource and funding from the Long COVID fund.

Nic provided a summary of some of the themes that had come out from the discussion earlier in the meeting and welcomed opinions / suggestions from colleagues.

- When looking at services, every Board was in a different position and may request different things to support people with lived experience of Long COVID.
- Discussions had led us to a prioritisation around early intervention and prevention. Offering support to people either around co-ordination of their needs or directing to supported self-management early on in their journey and condition.
- Primary care model – when people present to their GP that they were able access some support and care. Although being mindful that there were people with complex needs that would require access to specialist services which the Network would be looking into.
- The conversation today was around whether those were services that we need to have and build locally or whether they were so specialist we would need capacity to build something different which was a regional model or whether they were digital resources and solutions we could implement to help with capacity and offer support to people who need as we move forward.

The next stage for the Service Planning group was to consider their priorities and those would be presented to the Strategic Oversight Board at their meeting on 3rd May.

Long COVID Kids Scotland

Helen explained one of the biggest challenges within paediatrics, was there was very little education and knowledge of Long COVID by Health Care Professionals. A priority would be for education to be developed and disseminated, particularly in Primary Care to support the identification of Long COVID cases.

Nic reported that there were a couple of people undertaking a Career Fellowship through NHS Education for Scotland (NES) for resources for staff working with people with Long COVID and the project had recently ended. Nic was unclear whether the focus was for paediatric or adults and offered to investigate further.

Action: Nic Richardson

Alliance

Margaret queried who did each Board engage with to inform the priorities for the gap analysis. Nic confirmed that each of the Boards almost certainly had input from people with lived experience, although could not guarantee that.

Alliance had been commissioned to work in partnership with Chest Heart & Stroke Scotland (CHSS) and Asthma & Lung UK to set up a Lived Experience Network and they recently held the first meeting of the Steering Group. The Lived Experience Network would involve organisations representing the Long COVID community as well as individuals living with Long COVID or affected by it.

The plan was to launch the Network around June. Currently identifying the role, remit, structure and key messaging of the Network whilst ensuring the voice of lived experience was captured.

Asthma & Lung UK

Joseph provided the update and reported that one of the main challenges consistently being reported to their organisation was around properly diagnosing Long COVID and second to that was ensuring that Boards were set up to provide services for people with the condition. He agreed that education would be very much welcomed.

Chest Heart & Stroke Scotland

Allan suggested that when services were being developed, whether locally, regionally or nationally that people with the condition had a strong voice in shaping the design of those services. Also, to ensure there was ongoing evaluation to verify they were being delivered as originally planned. Information Governance had been a huge challenge for CHSS and when considering any solutions that allows information sharing that facilitates 3rd sector partners to be involved, had to be resolved quickly.

In terms of connectivity between the Network and the Network being established with 3rd sector partners would be through the Steering Group of the Strategic Network.

Long COVID Scotland

[REDACTED] explained that she had lived with Long COVID for 2 years, and in 2020 there had been a lack of knowledge and awareness amongst Healthcare Professionals about the condition, although the same lack of knowledge was still being experienced now. Therefore, education would be a key priority for the Network. Coding within Primary Care had to be defined and used consistently across Scotland.

Over the next few weeks, the Service Planning Group would be taking all discussions and insights into consideration, and these would focus the attentions to prioritise the priorities for the first release of funding.

Nic thanked everyone for their time today and extended an invitation for 3rd sector colleagues to join the group at a future meeting.

6 Next Steps

As there was not a national agreed specialty code for Long COVID on Trackcare, it would be very interesting to understand from services what codes were being used for Long COVID. Everyone to report back either via email or on the Teams channel with what codes were being used and these would be collated by [REDACTED]/[REDACTED] to establish the best route to escalate that for consistency.

Action: All

7 Any Other Business

No other business.

8 Date and Time of Next Meeting

Circulate a doodle poll with a selection of dates in June.

minutes

Strategic Oversight Board

Tuesday 3rd May 2022 13:30

Microsoft Teams

Author: [REDACTED]

Present:

Heather Cameron	Director of AHP	NHS Lothian
John Harden	Deputy National Clinical Director	Scottish Government
Roseanne McDonald <i>(Deputising for Susi Buchanan)</i>	Programme Associate Director	NHS NSS
Josephine Pravinkumar <i>(Deputising for Emma Fletcher)</i>	Director of Public Health	NHS Lanarkshire
[REDACTED] (Chair)	Chief Healthcare Science Officer	Scottish Government
[REDACTED]	Unit Head – Clinical Priorities	Scottish Government

Apologies:

Susi Buchanan	Director of National Services Division	NHS NSS
Lorraine Cowie	Head of Strategy & Transformation	NHS Highland
Emma Fletcher	Director of Public Health	NHS Tayside
Lynn McCallum	Medical Director	NHS Borders
Jacqui Reilly	Director of Nursing	NHS NSS

In Attendance:

[REDACTED] (minutes)	Assistant Programme Manager	NHS NSS
[REDACTED]	Senior Programme Manager	NHS NSS

1 Welcome, Apologies & Introductions

[REDACTED] welcomed everyone to the meeting. Individual introductions were given. [REDACTED] highlighted today would be the last meeting she chairs as the permanent chair takes over at the next meeting.

The priority for today's meeting would be to discuss the bids submitted by Health Boards. Once the group have come to a final decision on each one, colleagues in Scottish Government would prepare a final report to be taken to Cabinet Secretary for final endorsement on 5th May.



Chair
Chief Executive
Director

Keith Redpath
Mary Morgan
Susi Buchanan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service

2 Minutes & actions from previous meeting

Minutes from previous meeting ratified.

The actions had not been completed but would aim to be for the next meeting.

3 Overview of priorities reports

[REDACTED] presented slides on the most up to date ONS data and progress of the network to date.

The presentation slides to be shared with the group.

Action: [REDACTED]

The estimated numbers of people with Long Covid in Scotland had increased, and the data was similar for the whole of the UK with a significant increase in people living with Long Covid for more than 52 weeks.

Clinical and Subject Matter Expert group

The priority templates were predominantly completed by AHPs, also Chest Heart & Stroke Scotland (CHSS) and Paediatrics. CHSS suggested there should be a national approach to a data sharing agreement which they had in place only with NHS Fife and Lothian. They also felt there was inconsistency in the diagnosis of Long Covid for them to provide support and having consistent coding, pathways and messaging around that would be helpful. CHSS support service was available to all, it was the data sharing element that was the challenge.

Areas suggested for development included:

- Improved information and self-management resources. Identify what was available within and outwith NHS.
- Gap in information for children's resources and Schools
- Some boards had information on Nutrition but not all and that would be helpful to share with everyone.
- All information in one place
- An education programme for professionals that would include peer support and sharing of information
- Mapping of Care Pathways and resource directory
- Data was through all the reports around having an agreed approach, collect information on prevalence and severity and understand what that impact would have on services
- Dedicated MDT approach / Long COVID clinics
- Dedicated Mental Health input into MDTs
- Access to paediatric Phlebotomy

The discussion that followed included:

- Ensure there was clear expectation that data was provided nationally including data to help understand the natural course
- Providing a diagnosis after everything else had been excluded should be a priority for adults and paediatrics
- People should be able to self-refer to self-management unless they were unable and then primary care could help
- People not accessing rehab and what are the barriers
- Need for flexibility and adaptability in the proposals as what was needed now may not be in 6 months

Lived Experience

[REDACTED], Scottish Government, interviewed a small number of people and their families with experience of living with Long Covid and below was a summary of the outputs:

- They also highlighted the need for education of health professionals around Long Covid. Whilst participants acknowledged that health professionals were extremely busy and Long Covid was a new condition, it was important to them that health professionals were able to expand their knowledge of Long Covid as a priority.
- Several participants spoke about the need for a centralised or holistic consultation, where someone took an overview of all your symptoms and quality of life rather than just dealing with symptoms singly.

- Several participants suggested support groups or networks for people with Long Covid.
- Hope for treatments in the future

The first meeting of the Lived Experience Oversight Group took place last week. They would be developing a plan of how to capture the lived experience to feed into the Network. A map of services would begin to be developed of what was available e.g., resources, any developments underway through the 3rd sector and share that through the Network.

One challenge that arose through discussions was around the scope of the Network; was it all people with long term effects of COVID-19 or was it people who were considered to have Long Covid. That would require some clarity.

A further question around the scope, was that it currently encompassed NHS and Health & Social Care Partnerships, and the group thought that should be wider to encompass more of the Long Covid community.

Service Planning Group

There was a large piece of gap analysis work completed by each of the Health Boards prior to the completion of the final priorities template. The main priorities from the original gap analysis were [REDACTED - Section 29(1)(a)].

Areas identified for improvement were similar to those of the Clinical group:

- Information/ self-management resources/ digital resources
- Data system and business intelligence
- Mapping of systems and processes
- Training/ education programme and resources
- BNP was thought only to be available in a couple of Health Boards
- National paediatric MDT
- NHS Scotland contribution to emerging evidence

The focus of priorities would be on:

- Supported self-management and early intervention
- Digital tools – e.g. C19-YRS, My COVID Recovery, Tailored Talks
- Co-ordination posts for early intervention working with primary/ community care
- Data strategy

Digital Tools

Digital tools were either an app or web-based package. The key functions were the patient reported outcome measures that facilitates the online answering of questionnaires to look at what symptoms and severity people were experiencing, and these could be set at monthly intervals for example, to track the outcomes which could then be shared with professionals.

Also available was overarching data by symptoms being experienced in Health Boards across Scotland which provides a level of need.

The feedback from the groups were in support of a digital tool and whether that was a “once for Scotland” approach or through an options appraisal to identify which tool was best to use or to allow Boards to choose the tool they wish to use.

The tools also have the potential to be adapted for other long-term conditions where there was patient reported outcomes.

4 Prioritisation

The group found it challenging to score the individual proposals as the breadth of the themes were quite disparate. Many of the proposals highlighted the need for more data to understand what was required to improve services now and predict what would be required in the future.

Agreed to collectively score the individual proposals as a group ensuring everyone contributes.

The full £3million does not have to be spent immediately, it could be released in phases over the financial year.

Ayrshire & Arran

The group agreed that the proposal was around the establishment of a Long Covid clinic, and there was no clear pathway of what the aims were to achieve. It was queried whether that was a standalone clinical expertise that assesses and provides some management then refers onwards, as opposed to enhancing current services. If it was the former, there had to be clarity on how people access the service and was there criteria around the severity of Long Covid before being allowed access.

It was agreed to remove all digital tool requests (Tailored Talks and C19-YRS) from the proposals and take an options appraisal for a “once for Scotland” approach to ensure equitability across all the Health Boards.

[REDACTED] received a quote from one of the digital companies with the total cost to cover all the Boards, including licences, estimated at £120,000. The group agreed to hold back a proportion of the £3million (£200,000) to support the national approach.

Of note, it was evident throughout many of the Boards proposals was there were no clear signs of governance and management, including line management, for example, of a single Band 7 post, and how each Board would measure the impact of what was being delivered.

In principle, the proposal was signed off with the caveats detailed above and in terms of the costing for staff expenses and travel, that was agreed, but the uniforms and PPE would be removed as that should be absorbed by the Health Board.

Borders

The proposal required more clarity around the governance and benefits realisation. Also, more clarity to be sought around the role of the Band 7 Clinical Co-ordinator post and what benefit that would bring to people; was it co-ordinating the person or the service. The costing for Tailored Talks would be removed as looking at a national approach.

It was apparent in almost all the proposals that the costings were provided relative to the Boards NRAC share and perhaps that caused Boards to be restrictive in terms of what they wanted over need. [REDACTED] highlighted the reason NRAC was used as it had been very clearly set out to the Network there would no additional funds, therefore, to ensure the funding was allocated proportionally NRAC had been used as the guide.

Dumfries & Galloway

The proposal far exceeded their NRAC share, although the group agreed to provide the NRAC share for the individual posts requested but would expect to see a scaled down plan to what the outputs of the model would be.

Fife

The group supported the proposal in principle. The Board does have to consider the label / name of the existing ME/Chronic Fatigue Syndrome Service, as it had to be very clear in their public facing messaging that the service also served people with Long Covid. A suggestion was to re-name it a Fatigue Management clinic.

Lothian

The proposal was agreed in principle, with the removal for funding of further development of the digital platform as that was being looked at nationally via an options appraisal

5 Strategic Direction

The opportunity would be to test the new approaches, gather the data and the experience of the model deliveries and then assess the effectiveness of each one as an audit / improvement project

or research opportunity. The group would not be supportive of proposals where the focus was not person centred or supporting service delivery for the benefit of people with Long Covid.

The agreed approach for funding would be to allocate 70% of the monies in May with the remaining 30% allocated around November / December allowing the Boards to review and respond to the points raised within each proposal, and the opportunity to reflect on the original request.

The meeting had run over time and the consensus for the remaining proposals was that the group had given a sufficient steer to [REDACTED] and [REDACTED] to score those on behalf of the group. Once completed, an email would be circulated later today for the group to either agree all the approaches or make comments. All group members were asked to make time to review this the following day.

6 Date and Time of Next Meeting

To be confirmed. A doodle poll to be circulated with dates in mid / late June.

Email chain 1

From: [REDACTED]@gov.scot
Sent: 14 April 2022 09:18
To: [REDACTED]@gov.scot
Subject: RE: Long Covid - Service Planning Group

Thanks [REDACTED],

Finance

- SG is undertaking a resource spending review, which sets out spending plans for the remainder of the parliamentary term
- There is currently a funding gap, and the Scottish Government is having to consider areas where savings can be made
- Within that context, we have to operate within the budgets that have been set and can't be adding any additional pressures on these
- The long COVID Support Fund is profiled at £3m for 22/23, £3m for 23/24, £3m for 24/25 and £1m for 25/26

Political context

[REDACTED - Section 30(b)(ii)]

Best wishes

[REDACTED]

[REDACTED]
Senior Policy Manager
Clinical Priorities
Planning and Quality Division



Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

From: [REDACTED]@gov.scot
Sent: 14 April 2022 09:08
To: [REDACTED]@gov.scot
Subject: RE: Long Covid - Service Planning Group

I'm very happy to do that, [REDACTED].

I discussed it briefly last night with [REDACTED] and I think the main thing [REDACTED] - Section 30(b)(ii)]. Feel free to send me a few bullet points, or Whatsapp me in the meeting if that will be helpful.

I do have another meeting I have to join at 10am.

[REDACTED]

From: [REDACTED]@gov.scot
Sent: 14 April 2022 08:52
To: [REDACTED]@gov.scot
Subject: FW: Long Covid - Service Planning Group

Hi [REDACTED] – see agenda and papers for info. I'm giving a short update at the beginning, but if you could assist with any additional comments or Q&A that would be very helpful

Best wishes

[REDACTED]

[REDACTED]
Senior Policy Manager
Clinical Priorities
Planning and Quality Division



Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

From: NSS longCOVID <NSS.longCOVID@nhs.scot>
Sent: 12 April 2022 17:21
To: [REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot;
[REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot;
[REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot;
[REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot;
[REDACTED]@nhs.scot; [REDACTED]@gov.scot

[REDACTED] – OUT OF SCOPE

Email chain 2

From: [REDACTED]@gov.scot
Sent: 28 April 2022 12:24
To: [REDACTED]@gov.scot; [REDACTED]@gov.scot;
[REDACTED]@gov.scot); Harden J (John)
Subject: RE: Plans from Boards - long COVID

Hi all,

I have saved all of the received bids in ERDM so that you can delete from your inboxes if helpful.

Summary with links to all plans below

Click on the link to open 'NSD - long COVID funding requests from Boards' -
<https://erdm.scotland.gov.uk:8443/documents/A37688878/details>

Best wishes

[REDACTED]

[REDACTED]
Senior Policy Manager
Clinical Priorities
Planning and Quality Division



Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

From: [REDACTED]@gov.scot
Sent: 26 April 2022 16:33
To: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot; Harden J (John)
<John.Harden@gov.scot>
Subject: RE: Plans from Boards - long COVID

Hi all,

For our internal reference, please see below a summary of what has been received so far.

Click on the link to open 'NSD - long COVID funding requests from Boards' -
<https://erdm.scotland.gov.uk:8443/documents/A37688878/details>

[REDACTED – Section 29(1)(a)]

Best wishes

[REDACTED]

[REDACTED]

Senior Policy Manager
Clinical Priorities
Planning and Quality Division



Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

From: NSS longCOVID <NSS.longCOVID@nhs.scot>

Sent: 26 April 2022 14:17

To: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@nhs.scot

Cc: Harden J (John) <John.Harden@gov.scot>; [REDACTED]@gov.scot; [REDACTED]@gov.scot

Subject: Re: Plans from Boards - long COVID

[REDACTED] – OUT OF SCOPE

From: NSS longCOVID <NSS.longCOVID@nhs.scot>

Sent: 26 April 2022 08:50

To: [REDACTED]@gov.scot ; [REDACTED]@gov.scot; [REDACTED]@nhs.scot

Cc: >; Harden J (John) <john.harden@gov.scot>; [REDACTED]@gov.scot; [REDACTED]@gov.scot

Subject: Re: Plans from Boards - long COVID

[REDACTED] – OUT OF SCOPE

From: [REDACTED]@gov.scot

Sent: 22 April 2022 17:00

To: [REDACTED]@nhs.scot; [REDACTED]@gov.scot, NSS longCOVID <NSS.longCOVID@nhs.scot>

Cc: [REDACTED]@gov.scot ; [REDACTED]@nhs.scot; Harden J (John) <john.harden@gov.scot>; [REDACTED]@gov.scot

Subject: RE: Plans from Boards - long COVID

Hi [REDACTED],

This is disappointing but I note that it is too late to change the decision. Could we ask that you send over the bids that you have received so far and send further bids as they come in on Monday/Tuesday please? Early sight will really help the policy team prepare for a quick and smooth turnaround of successful bids.

Thanks,

[REDACTED]

[REDACTED]

From: [REDACTED]@nhs.scot
Sent: Friday, 22 April 2022 16:40
To: [REDACTED]@gov.scot ; NSS longCOVID <NSS.longCOVID@nhs.scot>
Cc: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@nhs.scot
Subject: RE: Plans from Boards - long COVID

[REDACTED] – OUT OF SCOPE

From: [REDACTED]@gov.scot
Sent: 22 April 2022 15:44
To: NSS longCOVID <NSS.longCOVID@nhs.scot>
Cc: [REDACTED]@nhs.scot ; [REDACTED]@nhs.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot; Harden J (John) <john.harden@gov.scot>; [REDACTED]@gov.scot
Subject: Plans from Boards - long COVID

Hi [REDACTED] and [REDACTED], I hope you are well.

I note that today was the deadline for Boards returning their updated plans. Would you be able to send over what you've received by close of play for our interest?

[REDACTED - Section 30(b)(ii)].

Best wishes

[REDACTED]

[REDACTED]
Senior Policy Manager
Clinical Priorities
Planning and Quality Division



Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Email chain 3

From: [REDACTED]@gov.scot
Sent: 20 April 2022 17:29
To: [REDACTED]@gov.scot; [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot ; [REDACTED]@gov.scot ;
[REDACTED]@gov.scot ; [REDACTED]@gov.scot
Subject: RE: Long Covid funding
Attachments: AO template 2022-23.docx

Hi [REDACTED]

A 22-23 budget paper was discussed at HSCMB today. The extract below sets out new procedures for approving spend for 22-23:

[REDACTED - Section 30(b)(ii)]

Given this position you will need to prepare an AO template if we want to [REDACTED - Section 30(b)(ii)]. I attach a copy of the template for completion.

[REDACTED]

From: [REDACTED]@gov.scot
Sent: 20 April 2022 10:08
To: [REDACTED]@gov.scot; [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot ; [REDACTED]@gov.scot ; [REDACTED]@gov.scot ;
[REDACTED]@gov.scot **Subject:** RE: Long Covid funding

Hi [REDACTED],

[REDACTED - Section 30(b)(ii)]

Thanks,

[REDACTED]

From: [REDACTED]@gov.scot
Sent: Wednesday, 20 April 2022 09:18
To: [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot;
[REDACTED]@gov.scot; [REDACTED]@gov.scot
Subject: RE: Long Covid funding

Hi [REDACTED]

The May allocation letter normally only contains [REDACTED - Section 30(b)(ii)]

[REDACTED]

From: [REDACTED]@gov.scot
Sent: 19 April 2022 14:27
To: [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot;
[REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot
Subject: RE: Long Covid funding

Hi [REDACTED],

Please can I check the date that June allocations would be going out?

Also to confirm, is it the case that the deadline for May allocations has already passed, or more so that no allocations are made to Boards in May in the first place?

Best wishes

[REDACTED]

[REDACTED]
Senior Policy Manager
Clinical Priorities
Planning and Quality Division



Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

From: [REDACTED]@gov.scot
Sent: 14 April 2022 17:17
To: [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot ; [REDACTED]@gov.scot ; [REDACTED]@gov.scot
Subject: RE: Long Covid funding

Thank you [REDACTED], appreciate that.

Hope you have a nice break when it comes.

Best wishes

[REDACTED]

[REDACTED]
Senior Policy Manager
Clinical Priorities
Planning and Quality Division



Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

From: [REDACTED]@gov.scot
Sent: 14 April 2022 17:11
To: [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot ; [REDACTED]@gov.scot; [REDACTED]@gov.scot
Subject: RE: Long Covid funding

[REDACTED]
[REDACTED - Section 30(b)(ii)]
Regards
[REDACTED]

From: [REDACTED]@gov.scot
Sent: 14 April 2022 16:53
To: [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot ; [REDACTED]@gov.scot ; [REDACTED]@gov.scot
Subject: RE: Long Covid funding

Thanks [REDACTED], do you have any proposed edits to the below?

[REDACTED - Section 30(b)(ii)]

Best wishes

[REDACTED]

[REDACTED]
Senior Policy Manager
Clinical Priorities
Planning and Quality Division



Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

From: [REDACTED]@gov.scot
Sent: 14 April 2022 16:31
To: [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot
Subject: RE: Long Covid funding

[REDACTED]

[REDACTED - Section 30(b)(ii)]

Regards
[REDACTED]

From: [REDACTED]@gov.scot
Sent: 14 April 2022 16:20
To: [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot; [REDACTED]@gov.scot
Subject: RE: Long Covid funding
Importance: High

Hi [REDACTED], thanks for coming back to me on this.

I appreciate the position you've set out. [REDACTED - Section 30(b)(ii)]

Who would you suggest would be the best person to pick this up with at this time? – I note that [REDACTED] is currently showing an out-of office.

Best wishes

[REDACTED]

[REDACTED]
Senior Policy Manager
Clinical Priorities
Planning and Quality Division



Scottish Government
St Andrew's House
Regent Road

Edinburgh EH1 3DG

From: [REDACTED]@gov.scot
Sent: 14 April 2022 16:01
To: [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot
Subject: Long Covid funding

Hi [REDACTED]

Following our conversation earlier.

[REDACTED - Section 30(b)(ii)]

Regards
[REDACTED]

[REDACTED]
Finance Business Partner
Directorate for Health Finance & Governance
Scottish Government

 [REDACTED]
 [REDACTED]

My working pattern is Monday to Thursday

Email chain 4

From: [REDACTED]
Sent: 28 April 2022 17:10
To: [REDACTED]
Subject: NSD - long COVID funding requests from Boards (A37688878)

Hi [REDACTED], nice to see you on the call today.

Sharing link below to the plans and funding requests from NHS Boards for your information, as many have an AHP component or focus. Links to all of the individual plans can be found on the left hand side of the table.

Click on the link to open 'NSD - long COVID funding requests from Boards'
- <https://erdm.scotland.gov.uk:8443/documents/A37688878/details>

Best wishes

[REDACTED]