

ANNEX A

Document 1

From: [REDACTED]@gov.scot>

Sent: 12 October 2022 17:48

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

Subject: RE: significant numbers of overseas cosmetic surgery problems in NHSS

Thanks [REDACTED]

Yes – the tally this week is [REDACTED] breast cases, [REDACTED] abdominoplasties & [REDACTED] face & neck lift. [REDACTED] of the cases profoundly septic & required ITU review, others are requiring repeated trips to theatre for wound issues. This represents a significant impact on NHS Scotland resources (and particularly [REDACTED] unit to which all 7 cases have been admitted).

Short term – would a press release be possible? Something to the effect of “we have seen seven patients admitted to hospital in one week with complications of cosmetic surgery performed overseas. As well as highlighting the risk to those individuals this places a significant burden on the NHS in Scotland at a time when we are still trying to recover from the effects of the pandemic. Please think carefully before embarking on cosmetic surgery overseas”.

Long term – would it be possible to require the companies who put these packages together to take out insurance that would cover the NHS treatment costs? [REDACTED Section 30(b)(ii)]

BW

[REDACTED]

Ps – I will be out of office (clinical) all day tomorrow. Can be contacted via [REDACTED] if needed.

From: [REDACTED]@gov.scot>

Sent: 12 October 2022 17:15

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

Subject: significant numbers of overseas cosmetic surgery problems in NHSS

Dear [REDACTED] and [REDACTED],

[REDACTED] phoned to say there has been 7 cases in one week of patients with cosmetic surgery problems where the operation was done overseas but the patients came back to need NHSS care. [REDACTED] patient was seriously unwell but all needed NHS time and treatment in hospital. We were wondering whether some public information could be put out about this – a press release alerting people to the rise of complications taking up scarce NHSS resource at this time of such limited capacity? Could we think on what to do? I'll be in the office Monday next week if you around to discuss if not before then? Best wishes, [REDACTED]

[REDACTED]

[REDACTED]

Directorate of Healthcare Quality & Improvement

Health & Social Care, The Scottish Government, Room [REDACTED]

St Andrew's House, Regent Road, Edinburgh, EH1 3DG

BB [REDACTED]

Mobile [REDACTED]

Document 2

From: [REDACTED]@gov.scot>

Sent: 13 October 2022 16:18

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

Subject: FW: Cosmetic Tourism

Sensitivity: Confidential

Dear all, further info from the plastic surgeon who got in touch with [REDACTED] last night.

Now has 8 cases this week on call, usually has one case a week on call.

Said it's a UK and Ireland issue, noticed the increase at beginning of lockdown but now going nuts. Worried about volume, impact on services and what he can do for this group of vulnerable patients.

I've been in touch today with :

- Health protection [REDACTED] – not getting involved (yet)
- PHS – see attached from [REDACTED] – a head of part of PHS – happy to involve anyone else in the call next week ?
- I've asked for any further info from [REDACTED] and also the chair of the intensive care consultants to see if we can get any data
- [REDACTED] will ask his plastic surgery colleagues about numbers and geographical spread – Turkey comes up a lot but not the only place for cases this week.

Given [REDACTED]'s comments about it being a UK issue, will be interesting to see [REDACTED]'s response to [REDACTED].

Should we chat again and decide when to flag to [REDACTED]?

Best wishes, [REDACTED].scot.nhs.uk

From: [REDACTED]@[scot.nhs.uk](mailto:[REDACTED].scot.nhs.uk)>

Sent: 13 October 2022 12:42

To: [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)>

Subject: Cosmetic Tourism

Hi [REDACTED]

Great to speak to you earlier and thank you for getting involved.

As discussed, cosmetic tourism has been a huge problem for the past few years. Patients are travelling to places mostly within Europe for operations which are not offered on the NHS and would cost them significantly more in the private sector here. These operations are

often sold as part of a "package" including flights and hotel accommodation almost like a holiday. The entire pre-operative assessment lacks with many patients meeting their surgeon on the morning of surgery and some choosing which operations they are going to have on the day with various incentives or procedural add-ons provided at "discount rates". The GMC or indemnity providers would never condone such a consent process here. I am sure there are many good surgeons in these other countries but the entire follow-up care is extremely lacking as patients fly back to the UK and their complications end up in the NHS and their foreign providers just abandon them. Many of these patients would never be considered in the UK for some of the cosmetic surgeries they are having abroad due to pre-operative factors such as morbid obesity, smoking status or co-morbidities as they would be deemed huge risk of post-operative complications.

On average in Plastic Surgery at [REDACTED] we get about one cosmetic tourism complication referred per week to our acute trauma service. There was a spike during the pandemic and lock-down when the cosmetic providers were closed here. Even apparently when the airports were closed patients were still managing to travel abroad for cosmetic surgery.

During my week on-call so far I have had not 1 but 8 patients with major surgical complications secondary to cosmetic tourism. Several of these have required emergency surgery. [REDACTED] was in fulminant sepsis and has also required multiple blood transfusions. I am sure patients will die if they haven't already from such poor surgical care abroad. Abdominoplasty carries the highest rate of death for any cosmetic procedure secondary to DVT/PE yet I've had an [REDACTED] patient with known history of [REDACTED] admitted this week with major complications who stopped [REDACTED] to fly to turkey get and abdominoplasty then fly back. I cannot imagine any surgeon in the UK who would have felt this was a good surgical patient.

It is incredibly rare for patients treated in the UK private institutions to be transferred for emergency NHS care as these providers manage their own complications and frankly the pre-operative surgical assessment and patients selection is obviously superior.

This is a vulnerable patient group who are not well informed and often think they are combining a holiday with bargain surgery. Unfortunately, secondary to things like social media and influencers these cosmetic tourism "holidays" are aggressively marketed. Some of these complications will leave patients with lifelong deformity or disability.

This problem is not isolated to Scotland and all the 4 Nations are experiencing it. I was actually part of a specialist group discussing these issues. Here in [REDACTED] we even ran a small project to look at some of the odd microbiology results the patients were having as its completely different to what we experience here in the UK.

The problem is not just restrained to cosmetic surgical procedures. I know the Dental industry has the same issues but Dentists in the UK just refuse to see these complications as they are usually not considered life threatening. I have also heard from General Surgery colleagues that there are also major issues with Bariatric patients travelling abroad to have

discounted weight loss procedures (banding etc) without appropriate pre-operative workup or post-operative care requiring emergency admission and care to the NHS here.

The NHS is not set up to handle this volume of complications and is extremely costly. There is a mandate that we are only able to offer these patients emergency care such as removing infected breast implants etc but the management of patients with massive open dehiscent wounds requiring weeks of specialist dressings care is a bit of a grey area.

BAAPS carried out a bit of a campaign on this [Cosmetic Tourism | The British Association of Aesthetic Plastic Surgeons \(baaps.org.uk\)](https://www.baaps.org.uk/cosmetic-tourism) and there are multiple peer-reviewed publications on the topic including NHS cost analyses.

I think patient education needs to be the key. Please let me know if I can provide any additional information.

Kind Regards

[REDACTED]

[REDACTED]

Consultant Plastic Surgeon

[REDACTED]

[REDACTED]

[REDACTED]

Document 3

From: [REDACTED]@dhsc.gov.uk>
Sent: 14 October 2022 06:56
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED]@dhsc.gov.uk>; [REDACTED]@dhsc.gov.uk>
Subject: RE: Complications following overseas cosmetic surgery

Hi [REDACTED]

We had a PQ on this very issue a couple of days ago

It's something that has been raised before but, for fear of stating the obvious, it's not something we can tackle from a regulatory point of view as the regulatory bodies are unable to take action for procedures carried out overseas. We did draft some lines for NHS.UK which we often refer to:
<https://www.nhs.uk/conditions/cosmetic-procedures/cosmetic-surgery-abroad/>

PQ response here:

The Government is committed to improving the safety of cosmetic procedures through clear information so that people can make informed decisions about their care.

The Government urges anyone seeking a cosmetic procedure to take the time to find a reputable, safe, and competent practitioner who is subject to statutory regulation, or on an accredited voluntary register overseen by the Professional Standards Authority. Using a registered practitioner provides assurance that they are appropriately qualified, registered and insured.

Those considering a cosmetic procedure abroad are urged to do research into the standards and qualifications that apply in the country they are travelling to. They should ensure that adequate insurance arrangements are in place and that they have access to appropriate aftercare back in the UK in the event of any complications.

NHS.UK has published guidance for people thinking about travelling abroad for cosmetic surgery, as well as general safety advice and information about individual procedures. The Royal College of Surgeons and the British Association of Plastic and Reconstructive Surgeons also provide information online.

We don't have any further info or data on this but I know that BAAPs capture some info as part of their regular audits as below:

<https://baaps.org.uk/media/press-releases/1859/baaps-call-for-action-as-audit-reveals-44-rise-in-botched-cosmetic-surgery-from-abroad>

Hope helpful

[REDACTED]



[REDACTED]

[REDACTED]

NHS Policy & Performance Group

Department of Health and Social Care | Quarry House | Leeds LS2 7UE

E: [\[REDACTED\]@dhsc.gov.uk](mailto:[REDACTED]@dhsc.gov.uk)

T: [REDACTED]

M: [REDACTED]

From: [\[REDACTED\]@gov.scot](#) <[\[REDACTED\]@gov.scot](#)>
Sent: 13 October 2022 11:51
To: [\[REDACTED\]@dhsc.gov.uk](#)>
Cc: [\[REDACTED\]@gov.scot](#); [\[REDACTED\]@gov.scot](#)
Subject: Complications following overseas cosmetic surgery

Hi [REDACTED].

We have been notified that one of our NHS Hospitals is experiencing an increase in cases of patients presenting to A&E as a result of complications caused by cosmetic surgery performed overseas (e.g. cosmetic surgery tourism). The hospital had 7 cases in one week, which understandably causes a significant impact on NHS resources.

We are trying to gather further information and data to consider options to respond to these concerns. I'm not sure whether complications following overseas cosmetic surgery is something that sits in your team so please let me know if I need to contact another of your colleagues. It would be helpful to know if this issue has been raised with you or your colleagues; whether there is any information or data that you are able to share with us; and any actions (including any communications) that you have undertaken or hope to take as a result of these concerns.

Let me know if you think this is something I should approach [REDACTED] for his thoughts.

Any advice would be much appreciated. If you need any further information, please let me know.

Kind regards,

[REDACTED]

[REDACTED]

Healthcare Quality and Improvement Directorate | The Scottish Government

Document 4

From: [REDACTED]@gov.scot>

Sent: 14 October 2022 12:06

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

Subject: FW: Cosmetic Tourism

Dear all

Please find below email from [REDACTED], who is a bariatric surgeon based in [REDACTED]. He identifies a steady stream of 3-4 cases / month presenting to NHS services with a variety of issues.

I have also circulated the other 3 plastic surgery units in Scotland to see if they have similar issues & will report back with answers.

BW

[REDACTED]

From: [REDACTED]@doctors.org.uk>

Sent: 13 October 2022 23:27

To: [REDACTED]@.scot.nhs.uk>

Cc: [REDACTED]@gov.scot>

Subject: Re: Cosmetic Tourism

We are seeing the same perhaps not the same numbers as you acutely but 3 or 4 a month in [REDACTED] that require admission and some form of intervention.

Our other problem is they come back with little or no follow and are being told the NHS will do it. Our patients require nutritional monitoring to prevent long term deficiencies which can lead to osteoporosis, night blindness, demyelination and even dementia. Unfortunately nobody in primary or secondary care is funded for this and patients aren't even adequately counselled about what they need to do post-op.

We've had a [REDACTED] surgeon turn up to hold free Consultations in [REDACTED] even though [REDACTED] was not GMC registered. We reported [REDACTED] but GMC said they couldn't do anything as did police Scotland. The only note of interest was from trading standards.

It's impacting healthcare and provision across all health boards and although we've raised the issue nothing has happened.

[REDACTED Section 30(b)(ii)]

On 13 Oct 2022, at 10:45, [REDACTED]@.scot.nhs.uk> wrote:

Thanks [REDACTED]

Make that 8 just had another admitted and soon likely to [REDACTED]...and I still have 22 hours to go

[REDACTED] is an expert bariatric surgeon from [REDACTED] and I know he had previously mentioned his own concerns with cosmetic tourism and effects on their service. He may be able to provide more information so I have copied him in

Kind Regards

[REDACTED]

[REDACTED]

Consultant Plastic Surgeon

[REDACTED]

[REDACTED]

[REDACTED]

From: [\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot) <[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>

Sent: 12 October 2022 20:03

To: [REDACTED]@scot.nhs.uk>

Subject: RE: Cosmetic Tourism

Hi [REDACTED]

Thank you for raising this.

That is certainly a significant spike in numbers, & more so with the additional cases you have told me of today.

I have raised this with the appropriate policy team & will let you know how things progress.

You refer to the problems bariatric surgeons are having - do you have any idea of specifics or of a suitable point of contact? This might add weight to the argument.

I agree your concept of insurance is good - although [REDACTED Section 30(b)(ii)]

You do of course have another day left in your on call week.....

BW

[REDACTED]

-----Original Message-----

From: [REDACTED]@scot.nhs.uk>

Sent: 11 October 2022 20:43

To: [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)>

Subject: Cosmetic Tourism

Hi [REDACTED]

Figured you might be the man to ask. Do you know if the subject of cosmetic tourism has been raised at Scottish government level?

It's becoming endemic, [REDACTED] patients have been admitted on my on call week this week (all disasters from turkey). [REDACTED] of the patients came in in profound sepsis and required it review x2. All the patients have been admitted for many days, some requiring multiple trips to theatre and are costing the nhs in Scotland a fortune. I know it's the same elsewhere in the U.K.

I understand we have a duty of care to patients but if they are choosing to have substandard care and follow up abroad for cheap holiday deals then they should be made to take out insurance or something to cover their NHS treatments. Plastic surgery isn't the only affected and I know bariatric surgeons are seeing horrendous things coming back. Patients will die from this.

Kind regards

[REDACTED]

Document 5

From: [REDACTED]@gov.scot>
Sent: 18 October 2022 14:57
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: RE: Cosmetic Tourism - advice re other governments

Hi [REDACTED]

This is interesting timing as we in the team were discussing 'Turkey teeth' the other day and the anecdotal evidence that our own dentists are having to deal with the long-term aftermath of the frankly odd decision some people are making to have their teeth modified abroad.

Anyway we have a counterpart team in DHSC and I'll ask them for a contact for you. I'm sure they must have a policy lead for this. I'll be back in touch in due course.

Regards

[REDACTED]

[REDACTED]
[REDACTED] | Health Workforce Directorate | Scottish Government
T: [REDACTED]
E: [\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)

From: [REDACTED]@gov.scot>
Sent: 18 October 2022 14:32
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: Cosmetic Tourism - advice re other governments

Hi [REDACTED],

Last week, we were notified by clinicians in NHS [REDACTED] and [REDACTED] of a significant increase in the number cases of patients presenting to A&E as a result of complications caused by cosmetic surgery performed overseas (cosmetic tourism). The [REDACTED] hospital had 8 cases in one week when they usually have about 1 case per week. NHS [REDACTED] have about 3 or 4 cases a month that require admission and some form of intervention following overseas bariatric surgery

This issue has also been raised with the Department of Health and Social Care at Whitehall, most recently a PQ about Cosmetic Tourism to Turkey. Searching the internet, it is clear that cosmetic tourism has been going on for many years however, the clinicians are concerned about the spike in cases and their impact on NHS services.

We are currently gathering further evidence from the clinicians as well as speaking to Public Health Scotland about options for coding these cases that present to NHS hospitals so we have better data in the future.

Part of the research by [REDACTED], has revealed that the attached certificate is displayed on all the websites he has accessed (four) offering cosmetic surgery in Turkey. It appears to originate from the Ministry of Health, so he asks if there is maybe some scope for opening dialogues between governments.

Clinicians have asked if communications could go out and we have been in touch with our Comms colleagues who are keen to put messaging out warning about the dangers of going abroad for cosmetic work and the cost to the NHS in dealing with complications however, apart from more data, they ask is there anything we are doing to crack down on it? Are we preventing it / speaking to foreign governments? Are you able to advise us on where this sits and who we should to talk to?

We are not looking for nor expect an instant solution but we do want to explore the options suggested by clinicians and Comms.

Kind regards,

[REDACTED]

[REDACTED]

Healthcare Quality and Improvement Directorate | The Scottish Government

Document 6

From: [REDACTED]@gov.scot>

Sent: 19 October 2022 17:06

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

Subject: Cosmetic Tourism - again

Dear All

[REDACTED] has had another [REDACTED] cases since Friday of complications following surgery (all in Turkey) all of which require in patient care & theatre time. In addition there have been [REDACTED] further routine referrals of patients unhappy with outcomes after surgery overseas, with one of the patients 'demanding NHS care as it's their right'.

I think this demonstrates the need for a clear message to go out to the public outlining that surgery anywhere has risks, that surgery overseas comes with additional risk as there is nobody to look after surgical complications, and that the NHS – already overstretched & trying desperately to catch up after Covid – will look after acute complications, but anything requiring revision or further review will be a matter between the patient and the clinic where they were treated. This last point in particular I think needs to be made so that those considering surgery overseas realise they will not receive secondary treatment from NHS Scotland. Do we have any progress?

Thanks

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)

Document 7

From: [REDACTED].scot.nhs.uk

Sent: 27 October 2022 15:27

To: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED]@phs.scot>; [REDACTED]@phs.scot>

Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>

Subject: RE: cosmetic tourism figures

[REDACTED]

I have some information covers last approx. 4 years and from memory of clinicians – not a search of data sources such as Wardwatcher . L2 is HDU and L3 is intensive care

West of Scotland – [REDACTED] L3 – [REDACTED] recently, [REDACTED] L2

East of Scotland – [REDACTED] L3, [REDACTED] L2

North of Scotland – [REDACTED] L2

So overall not a big impact and no indication of impact in [REDACTED] from bariatric cases with complications from overseas but nevertheless resource heavy cases when they require critical care.

Hope this is of some help and let me know if you would want me to connect you in with SICSAG if something more definitive was sought as they may be able to help as part of PHS now.

KR

[REDACTED]

From: [REDACTED]@gov.scot>

Sent: 24 October 2022 10:09

To: [REDACTED]@gov.scot>; [REDACTED].@scot.nhs.uk; [REDACTED]@phs.scot>; [REDACTED]@phs.scot>

Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>

Subject: RE: cosmetic tourism figures

Hi [REDACTED]

[REDACTED] have had the peak which prompted this discussion – eventually 11 cases over 10 days.

This is quite exceptional. The other three plastic surgery units report no current peak.

All four plastic surgery units across Scotland report a 'steady trickle' of around [REDACTED] case per month on average. Most of these require surgical management, some requiring multiple theatre episodes, others a single episode. I have had a single reply from bariatric surgeons, [REDACTED]. They report a 'steady stream' of 3-4 patients / month requiring surgical or medical intervention. I will chase the other three Boards circulated for further information.

I have heard that BAAPS are commencing a prospective database on patients returning from overseas with surgical complications – I will investigate further & come back to you with any detail.

I see our colleagues in Wales are also having issues! [Surgery: Women regret overseas cut-price weight loss ops - BBC News](#)

BW
[REDACTED]

From: [REDACTED]@gov.scot>

Sent: 24 October 2022 09:58

To: [REDACTED]@gov.scot>; [REDACTED].@scot.nhs.uk; [REDACTED]@phs.scot>;
[REDACTED]@phs.scot>

Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>

Subject: cosmetic tourism figures

Dear [REDACTED] and [REDACTED]

Thank you for asking your colleagues for any information on people who return to Scotland following overseas cosmetic operations and needing NHS care. As soon as we have a more visible picture, plus the SBAR from our colleagues in Public Health Scotland (copied in), we can build a picture and decide on the necessary communications. Could I ask if you could let me know this week when you think you will have the necessary information ? Best wishes, [REDACTED]

[REDACTED]

[REDACTED]

Planning and Quality, Directorate of Healthcare Quality & Improvement

Health & Social Care, The Scottish Government, Room [REDACTED]

St Andrew's House, Regent Road, Edinburgh, EH1 3DG

BB [REDACTED]

Mobile [REDACTED]

Document 8

From: [REDACTED]@gov.scot>

Sent: 26 October 2022 14:02

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

Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED]@gov.scot>

Subject: RE: Overseas Cosmetic Procedure Complications

Dear [REDACTED],

Unfortunately, there have been some cases of 'Turkey Teeth' that have caused such severe complications that patients have ended up in our secondary care system. Fortunately none have been life threatening, so far, but we do worry about infection and sepsis.

Either myself or one of my [REDACTED] colleagues will be happy to attend any meetings depending on which day they fall on.

Please forward me the links for the meetings and I'll make sure a member of the [REDACTED] team is in attendance.

Kind regards,

[REDACTED]

[REDACTED]

Directorate of Primary Care | Scottish Government | St Andrews House | Regent Road |
Edinburgh | EH1 3DG |

Tel: [REDACTED] | [\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)



From: [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)>

Sent: 18 October 2022 12:04

To: [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)>

Cc: [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)>; [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)>

Subject: FW: Overseas Cosmetic Procedure Complications

Dear [REDACTED], sorry to bother you and apologies for not including you in the email below.

As you know cosmetic tourism and its impact on the NHSS remains an issue. We understood from our plastic surgery colleagues that the dental complications are not often seen as life or limb threatening so not treated on the NHSS. However the breast cases, abdominoplasties, face & neck lifts & bariatric surgery tend to require infection and wound management and are admitted. The bariatric surgery problems also tend to be more long term very poor nutritional status. Many of these patients would not be seen in Scotland due to other co-morbid issues. We have no idea of the denominator and how many people have successful treatment and management.

We are gathering evidence and also speaking to Public Health Scotland about coding so we can at least in the future gather better evidence. [REDACTED] and [REDACTED], cc'd above, are the policy leads and linked to DHSC who also have had PQs on the topic.

Our Comms colleagues are very keen to do something and we will meet with them once we have reports from other clinicians (plastic surgery / general surgery and ITU leads) and the advice from PHS.

Would any of your teams be interested in attending any meetings we have on how to manage this area ?

Best wishes, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED], Directorate of Healthcare Quality & Improvement
Health & Social Care, The Scottish Government, Room [REDACTED]
St Andrew's House, Regent Road, Edinburgh, EH1 3DG
BB [REDACTED]
Mobile [REDACTED]

From: [REDACTED]<[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>

Sent: 14 October 2022 13:00

To: Leitch J (Jason) <Jason.Leitch@gov.scot>; Chief Medical Officer <CMO@gov.scot>; Chief Nursing Officer <CNO@gov.scot>

Cc: [REDACTED]<[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>; Harden J (John) <John.Harden@gov>; Pollock LA (Linda)

<Linda.Pollock@gov.scot>; [REDACTED]<[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>; [REDACTED]<[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>;

[REDACTED]<[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>; Nicol L (Lynne) <Lynne.Nicol@gov.scot>; [REDACTED]<[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>

Subject: Overseas Cosmetic Procedure Complications

Dear All,

We have been made aware that there has been a spike in complications from cosmetic procedures performed overseas that required urgent care in the NHS.

This was raised as there was 8 cases within one hospital. [REDACTED] of the cases was profoundly septic & required ITU review, the others were requiring repeated trips to theatre for wound issues.

[REDACTED] is in contact with the relevant clinicians and PHS gathering data and information on the detail and scale of the issue.

We have also reached out to Comms for guidance on how we can potentially raise awareness of this issue, including the impact on the NHS.

We will update you all again as soon as we have more detail.

Best Wishes
[REDACTED]

[REDACTED]
[REDACTED]
Directorate for Healthcare Quality and Improvement
The Scottish Government | St Andrews House

Document 9

From: [REDACTED]@[phs.scot](mailto:[REDACTED]@phs.scot)>
Sent: 31 October 2022 09:49
To: [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)>
Cc: [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)>
Subject: RE: cosmetic tourism

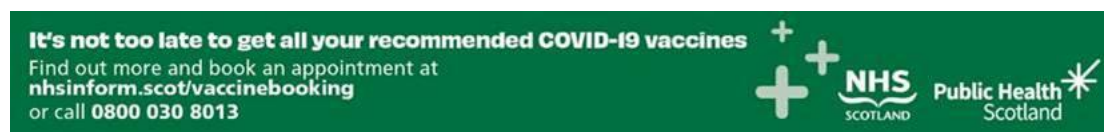
Hi both,

Here is a draft SBAR. Would welcome any, and all, edits, comments and feedback. Have not expanded much on how to progress options 1-3 but can do if felt needed here.

Best wishes,
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
Public Health Scotland and NHS Tayside

Email: [\[REDACTED\]@phs.scot](mailto:[REDACTED]@phs.scot)
Web: www.hps.scot.nhs.uk
Mobile: [REDACTED]



From: [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)>
Sent: 26 October 2022 12:17
To: [REDACTED]@[phs.scot](mailto:[REDACTED]@phs.scot)>
Cc: [REDACTED]@[gov.scot](mailto:[REDACTED]@gov.scot)
Subject: RE: cosmetic tourism

Absolutely fantastic [REDACTED] and we think the surgeon who first raised this might also have a registrar to do some work so a joint project could really run. Look forward to hearing more and copying in [REDACTED] as I'm out of the office from tonight, back a bit next week and happy to look over anything in the meantime. Cheers, [REDACTED]

From: [REDACTED]@phs.scot>
Sent: 26 October 2022 12:13
To: [REDACTED]@gov.scot>
Subject: RE: cosmetic tourism

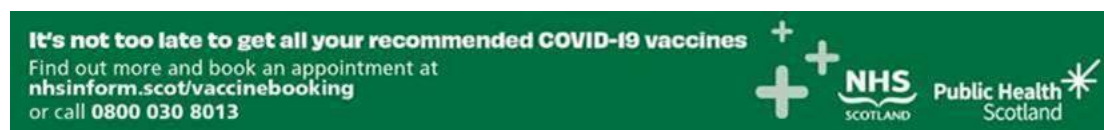
Hi [REDACTED].

To update: I will have an SBAR and draft proposal to you before then, which it would be good to get your thoughts on and then can use it for discussion at the meeting. I've also potentially identified a registrar who can help but we can discuss.

Thanks,
[REDACTED]

[REDACTED]
[REDACTED] (Health Care Public Health – secondary care/acute)
[REDACTED]
Public Health Scotland and NHS Tayside

Email: [REDACTED]@phs.scot
Web: www.hps.scot.nhs.uk
Mobile: [REDACTED]



-----Original Appointment-----

From: [REDACTED]@gov.scot>
Sent: 26 October 2022 12:08
To: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@phs.scot>; [REDACTED]; [REDACTED]
Cc: [REDACTED]@gov.
Subject: cosmetic tourism
When: 07 November 2022 15:30-16:30 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.
Where: Microsoft Teams Meeting

Dear colleagues, the policy team in Scottish Government would like to invite you to a meeting to discuss the data available, plans for analysis and future actions on cosmetic tourism. Please bring or forward any data you have before the meeting to [REDACTED] as well as myself as I'll be out of the office a bit in the next 10 days. If there are other colleagues to invite, please let us know.

You are welcome to come to St Andrew's House, Edinburgh to meet face to face as some of us will be in the office as well as meeting on Teams. We will need to know if

anyone is coming outside SG so we can inform security and photographic identification is required.

Best wishes, [REDACTED]

Document 10

From: [REDACTED]@phs.scot>

Sent: 06 November 2022 17:44

To: [REDACTED]@gov.scot>; [REDACTED]@phs.scot>; [REDACTED]@phs.scot>;

[REDACTED]@phs.scot>; [REDACTED]@phs.scot>; [REDACTED]@gov.scot>; [REDACTED]@gov.scot>;

[REDACTED]@gov.scot>; [REDACTED]@.scot.nhs.uk>

Subject: cosmetic tourism SBAR with appendix

Dear all,

Apologies for the very short notice in receiving this on Monday morning. Please find attached an SBAR/brief describing the context, assessment and options ahead of our meeting later today (7th Nov) at 3.30pm. It also proposes some recommendations for discussion.

Look forward to seeing you and discussing then.

Best wishes,

[REDACTED]

[REDACTED]

[REDACTED] (Health Care Public Health – secondary care/acute)

[REDACTED]

Public Health Scotland and NHS Tayside

Email: [\[REDACTED\]@phs.scot](mailto:[REDACTED]@phs.scot)

Web: www.hps.scot.nhs.uk

Mobile: [REDACTED]



It's not too late to get all your recommended COVID-19 vaccines

Find out more and book an appointment at
nhsinform.scot/vaccinebooking
or call 0800 030 8013



Document 11

From: [REDACTED]@gov.scot>
Sent: 07 November 2022 11:04
To: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: FW: Unwell

Dear [REDACTED] and [REDACTED], [REDACTED] can't make today but if we could send the invite onto him for tomorrow [REDACTED], he might make that one ? There is also a lot of correspondence from primary care and I note out [REDACTED] is involved so will let her know about the meeting. Cheers, [REDACTED]

From: [REDACTED]@gov.scot>
Sent: 07 November 2022 10:51
To: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: Unwell

Hi chaps
Full of something viral & hoping to spend the day under a blanket asleep!
Please forgive me if I don't sign into meetings later.

For the NHSD / registry discussion, I noted that our POSA between NSS & England is with NHSD – so I assume this will be changed by NHSD / EI to the appropriate entity once they have worked out who they are? I have attached what I believe to be the most recent version.

For the cosmetic tourism discussions – you have [REDACTED] attending & I have already sent you responses from other units. The only thing to add is that I had a meeting with [REDACTED] on Friday afternoon where she discussed the concerns primary care have about the numbers (unfortunately unable to quantify) of patients turning up in primary care demanding follow up after bariatric surgery overseas. I am attaching some documents she shared with me which demonstrate the issue but not the numbers. Although these refer to the private sector, [REDACTED] was clear that these largely relate to overseas providers not UK ones (who tend to include post-operative care in their treatment bundle). She also raised the issue of the numbers of patients attending dental with 'Turkey teeth' issues after attending dental clinics for both cosmetic & restorative dentistry abroad. I emailed CDO office late on Friday to ask if they have any feel for numbers but nothing back yet. Hopefully catch up later in the week.

BW

[REDACTED]

[Doctors warning about weight loss surgery overseas - BBC News](#)
[Turkey teeth: Are cut-price reality TV teeth worth it? - BBC News](#)

[REDACTED]

[REDACTED]
[REDACTED]

[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)

Document 12

Attachment to previous email dated 7 November

From: [REDACTED]@ggc.scot.nhs.uk>
Sent: 04 November 2022 17:23
To: [REDACTED]@gov.scot>
Subject: Fw: GP Subcommittee

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
Mobile: [REDACTED]

Admin support: [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

From

[REDACTED]
NHS Greater Glasgow and Clyde | JB Russell House | Gartnavel Royal Hospital | 1055 Great Western Road | Glasgow | G12 0XH
t: [REDACTED] | **e:** [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

From: [REDACTED]
Sent: 14 March 2022 16:04
To: [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)>
Subject: FW: GP Subcommittee

HI [REDACTED]

Please see below from the GP Subcommittee.

Thank you
[REDACTED]
[REDACTED]
NHS Greater Glasgow and Clyde | JB Russell House | Gartnavel Royal Hospital | 1055 Great Western Road | Glasgow | G12 0XH
t: [REDACTED] | **e:** [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

From: [REDACTED]>
Sent: 14 March 2022 15:44
To: [REDACTED]@ggc.scot.nhs.uk>
Subject: GP Subcommittee

Dear [REDACTED],

Please see below a message for the chief executive from the GP Subcommittee.

Kind regards,
[REDACTED]

Dear [REDACTED],

We have raised on a number of occasions the issue of post private bariatric surgery care.

However, this issue is continuing to prove a concern for our member practices.

We are aware of the guidance issued in 2009 regarding the interaction between public and private healthcare ([https://www.sehd.scot.nhs.uk/cmo/CMO\(2009\)private.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2009)private.pdf)). However, we continue to receive enquiries from practices regarding the protocols following patients receiving bariatric surgery in the private sector and the post operation care required. Whilst patients may be advised to use the private sector for this treatment, a large proportion of the enquiries we have received pertain to surgery that has taken place abroad and there may also be patients who may be unable to financially arrange this.

We are clear that these patients require care from a specialist service and that this should not be left to general practice, and that this is an issue of patient care.

The GP Subcommittee would be grateful for your thoughts on how GPs can appropriately refer these patients, as we are aware of cases which have been rejected by the service owing to their patients having undergone surgery via the private sector.

Regards,

[REDACTED]

[REDACTED]

[REDACTED]

GP Subcommittee

[REDACTED]

[REDACTED]

Email: [\[REDACTED\]](#)

[REDACTED]

Tel No: [REDACTED]

Fax No: [REDACTED]

Document 13

2nd Attachment to previous email dated 7 November

From: [REDACTED]@ggc.scot.nhs.uk>
Sent: 04 November 2022 17:22
To: [REDACTED]@gov.scot>
Subject: Fw: private treatments

email trail from primary Care leads

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

Admin support: [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

From: [REDACTED]@lanarkshire.scot.nhs.uk>
Sent: 09 March 2022 14:53
To: [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>
Cc: [REDACTED]@borders.scot.nhs.uk>; [REDACTED]@nhs.scot>; [REDACTED]@gov.scot>;
[REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>;
[REDACTED]@nhslothian.scot.nhs.uk>; [REDACTED]@nhs.scot>; [REDACTED]@aapct.scot.nhs.uk>;
[REDACTED]@ggc.scot.nhs.uk>; [REDACTED]@nhs24.scot.nhs.uk>; [REDACTED]@gov.scot
<[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>; [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: RE: private treatments

Same issues here

Hope you are OK [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
South Lanarkshire Health and Social Care Partnership, Council Office
Almalda Street
Hamilton
ML3 0AA
Tel [REDACTED]

[REDACTED]



Stopping the spread
starts with all of us.

www.NHSinform.scot/Covid-19

From: [REDACTED]@nhs.scot>
Sent: 09 March 2022 14:38
To: [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>
Cc: [REDACTED]@borders.scot.nhs.uk>; [REDACTED]@nhs.scot>; [REDACTED]@gov.scot>;
[REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>;
[REDACTED]@nhslothian.scot.nhs.uk>; [REDACTED]@nhs.scot>;<[REDACTED]@aapct.scot.nhs.uk>;
[REDACTED]@ggc.scot.nhs.uk>; [REDACTED]@nhs24.scot.nhs.uk>;
[REDACTED]@lanarkshire.scot.nhs.uk>; [REDACTED]@gov.scot>; [REDACTED]@gov.scot>;
[REDACTED]@gov.scot>
Subject: Re: private treatments

Similar issues here, some escalating to MSP and MP enquiries / complaints.

Main sources are post bariatric surgery monitoring, ADHD prescribing and monitoring, and transgender prescribing / blood monitoring.

However, there is not only the discussion about when and where the NHS picks up this work but also WHO within the NHS. There are others in the NHS with more expertise and knowledge in this area that would be better placed to pick up this work - if agreed and resourced, e.g. dietetics for post bariatric surgery monitoring.

wishing you all the best from my covid isolation ...

cheers

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

PA [REDACTED], [REDACTED]
[\[REDACTED\]@nhs.scot](mailto:[REDACTED]@nhs.scot)

Note change in email address to [\[REDACTED\]@nhs.scot](mailto:[REDACTED]@nhs.scot)

From: [REDACTED]@nhs.scot>
Sent: 09 March 2022 11:32
To: [REDACTED]@nhs.scot>
Cc: [REDACTED]@borders.scot.nhs.uk>; [REDACTED]@nhs.scot>; [REDACTED]@gov.scot>;

[REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>;
[REDACTED]@nhslothian.scot.nhs.uk>; [REDACTED]@nhs.scot>; [REDACTED]@aapct.scot.nhs.uk>;
[REDACTED]@ggc.scot.nhs.uk>; [REDACTED]@nhs24.scot.nhs.uk>;
[REDACTED]@lanarkshire.scot.nhs.uk>; [REDACTED]@nhs.scot>; [REDACTED]@gov.scot
<[REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED]@gov.scot>

Subject: Re: private treatments

Hi all

Like [REDACTED] we have had [REDACTED] patients in our practice who had weight loss surgery in Turkey and came back with a long list of tests and follow up they had been led to expect. Completely inconsistent with what would be expected locally for the same procedure on NHs or private.

Has led to real challenges with doctor patient relationship and indeed with secondary care.

The usual escalation to local elected members and subsequent expenditure of time on dealing with the fall out.

An updated and widely promoted national approach would be very welcome

Thanks

[REDACTED]

Sent from my iPhone

On 9 Mar 2022, at 11:09, [REDACTED]@nhs.scot> wrote:

Issue in [REDACTED]- I'm aware in my own practice with regard to issues with breast implant surgery and with gastric sleeves/bypass.

It appears that General practice is expected to pick up monitoring and management of post private procedure complications, but not secondary care.

It seems inconsistent that we have guidance on the ability of patients to opt in and out of private care for treatment for a condition, which appears inconsistent with the guidance of follow up of complications or monitoring after a procedure.

Sent from my iPhone

On 9 Mar 2022, at 11:04, [REDACTED]@borders.scot.nhs.uk> wrote:

Same here.

Have had an identical issue as described by [REDACTED].

The other one that is creating complaints here is patients accessing private opinions on ADHD diagnosis and then expecting practices to prescribe and monitor drug therapy.

[REDACTED]

From: [REDACTED]@nhs.scot>

Sent: 09 March 2022 10:34

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

[REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>; [REDACTED]@nhslothian.scot.nhs.uk>;
[REDACTED]@nhs.scot>; [REDACTED]@aapct.scot.nhs.uk>; [REDACTED]@ggc.scot.nhs.uk>;
[REDACTED]@nhs24.scot.nhs.uk>; [REDACTED]@lanarkshire.scot.nhs.uk>; [REDACTED]@nhs.scot>;
[REDACTED]@gov.scot>; [REDACTED]@nhs.scot>; [REDACTED]@borders.scot.nhs.uk>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: Re: private treatments

Yes .. definitely an issue and a cause of several complaints and also people keen to recoup costs afterwards because they say they were desperate and had no choice but to go private. Huge increase in asks for private referrals esp Ortho etc due to waiting lists.. so in future follow up for these folk will be a thing! Also post op complications..whose problem are they? We don't have guidance but I think that would be very helpful.

Thanks

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]@gov.scot

Sent: Wednesday, March 9, 2022 9:56:49 AM

To: [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>;
[REDACTED]@nhs.scot>; [REDACTED]@nhslothian.scot.nhs.uk>; [REDACTED]@nhs.scot>;
[REDACTED]@aapct.scot.nhs.uk>; [REDACTED]@ggc.scot.nhs.uk>; [REDACTED]@nhs24.scot.nhs.uk>;
[REDACTED]@lanarkshire.scot.nhs.uk>; [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>;
[REDACTED]@gov.scot <[REDACTED]@gov.scot>; [REDACTED]@nhs.scot>;
[REDACTED]@borders.scot.nhs.uk>

Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>

Subject: private treatments

Morning everyone,

Picking up a growing issue around people accessing private treatment at home/abroad and complaining re follow up expectations, (1y and 2y care). There doesn't seem to be much up to date info – this dates back to 2011

[https://www.sehd.scot.nhs.uk/cmo/CMO\(2009\)private.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2009)private.pdf)

1. is this an issue in your area?

2. do you have any existing local guidance you can share?

Many thanks for considering,

[REDACTED]

[REDACTED]

[REDACTED]

Directorate for primary care

Area 1ER

St Andrew's House

1 Regent Road

Edinburgh
EH1 3DG

Contact Number : [REDACTED]
Mob: [REDACTED]
[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)



Document 14

3rd Attachment to previous email dated 7 November

From: [REDACTED]@ggc.scot.nhs.uk>
Sent: 04 November 2022 17:19
To: [REDACTED]@gov.scot>
Subject: Fw: Late Response - GP Subcommittee

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

Admin support: [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

From: [REDACTED]@ggc.scot.nhs.uk>
Sent: 13 June 2022 14:18
To: [REDACTED]@ggc.scot.nhs.uk>; [REDACTED]@ggc.scot.nhs.uk>; [REDACTED]@ggc.scot.nhs.uk>
Cc: [REDACTED]@ggc.scot.nhs.uk>
Subject: Late Response - GP Subcommittee

Dear All

Further to the below, please can you share any appropriate comments/response for [REDACTED] to the GP subcommittee in relation to treatment post private bariatric surgery.
Many thanks

Kind regards
[REDACTED]

[REDACTED] | NHS Greater Glasgow & Clyde
T: [REDACTED] | Email: [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

From: Public Affairs
Sent: 27 May 2022 14:29
To: [REDACTED]@ggc.scot.nhs.uk>; [REDACTED]@ggc.scot.nhs.uk>; [REDACTED]@ggc.scot.nhs.uk>
Cc: [REDACTED]@ggc.scot.nhs.uk>; [REDACTED]@ggc.scot.nhs.uk>
Subject: FW: GP Subcommittee

Hi all

Please see attached letter from the GP Subcommittee in response to our letter (also attached) that went out recently – could this be looked into and we will prepare a further response?

Kind regards
[REDACTED]

[REDACTED]
[REDACTED] | NHSGG&C
Tel | [REDACTED]
Email | [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

From: [REDACTED]
Sent: 27 May 2022 13:42
To: [REDACTED][@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)>
Subject: FW: GP Subcommittee

Hi

Please see below and attached, I am sending on to public affairs as I understand the last letter was logged and responded to via public affairs.

Thank you
[REDACTED]

[REDACTED] | [REDACTED] |
NHS Greater Glasgow and Clyde | JB Russell House | Gartnavel Royal Hospital | 1055 Great
Western Road | Glasgow | G12 0XH
t: [REDACTED] | e: [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

From: [REDACTED]>
Sent: 26 May 2022 13:12
To: [REDACTED][@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)>
Subject: GP Subcommittee

Hi [REDACTED],
Please find attached a letter for the Chief Executive from the GP Subcommittee.
Kind regards,
[REDACTED]

[REDACTED]
[REDACTED]
Email: [\[REDACTED\]](mailto:[REDACTED])

[REDACTED]
Tel No: [REDACTED]
Fax No: [REDACTED]

Document 15

4th Attachment to previous email dated 7 November

From: [REDACTED]@ggc.scot.nhs.uk>
Sent: 04 November 2022 17:18
To: [REDACTED]@gov.scot>
Subject: Fw: SPSO response

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
Mobile: [REDACTED]

Admin support: [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

From: [REDACTED]
Sent: 04 May 2022 13:39
To: [REDACTED] >
Subject: SPSO response

HI [REDACTED]
I have attached the SPSO response to the patient-the patient is registered with my practice and I wrote the response to the SPSO
It is not yet on the website-I checked this morning

Hope that is helpful

[REDACTED]

[REDACTED]
[REDACTED]
Mobile: [REDACTED]
[REDACTED]

[REDACTED]
NHS Greater Glasgow and Clyde
[REDACTED]

PA: [\[REDACTED\]@ggc.scot.nhs.uk](mailto:[REDACTED]@ggc.scot.nhs.uk)

See further attachment for SPSO response