

Project Overview	
Project Name	Productivity Data Collaborative
Senior User	John Burns
Project Manager	Mel Giarchi
Author(s)	[redacted]
Date	30/08/2024
Version	0.1
Status	Draft
Aims and Objectives	
<p>To provide analytical support to the development of an 18 month planned care productivity improvement delivery plan by providing metrics for measurement of productivity gains over the delivery period (see Appendices A & B for an initial list of draft metrics) . It is intended that the analytical outputs will be presented in a dashboard format ultimately.</p> <p>Alongside the metrics we will develop a discrete event simulation model which can be used to show the potential impact of productivity gains based on improving current processes. (see Appendix C for a high level process map being used to develop the model)</p> <p>In addition to the above we will provide information on detailed maps for specialities¹ which articulate at a high level of granularity how patients move through the system and which provide assurance regarding standardisation of activity across Scotland (see Appendix D for an example of such a specialty map)</p> <p>Please note that productivity is conventionally measured as a ratio of outputs (e.g. hospital activity) to inputs (e.g. staffing), with growth in productivity understood as a comparison of “growth in outputs produced by the NHS to the growth in inputs used to produce them”². Within the context of this project, no new inputs (e.g. additional staffing/resource) is within scope and therefore productivity gains will be focussed on maximising appropriate productive outputs and minimising inefficiencies in the system.</p>	
Project Scope	
<p>Develop a dashboard of productivity metrics and simulation modelling for planned care focused on ophthalmology and orthopedics to begin with. Other specialties may be included within scope during subsequent phases of the project. The project outputs will be used for management information purposes. At this point in time there is no plan to publish the work.</p>	
Project approach	
<p>Undertake a review of current metrics, and use this to determine a subset of metrics to measure productivity gains and present these on a monthly basis in a dashboard.</p> <p>The work is not intending to produce a system wide NHS Productivity statistic.</p> <p>Alongside this develop a discrete event simulation model based on processes using simulation software (Simul8) to identify productivity gains at Scotland level. This will build on the existing improvement work being undertaken within these specialities, available data sources and collectively agreed assumptions.</p> <p>CfSD will also work to provide detailed specialty maps and available implementation measurables for these specialities in Scotland to provide assurance regarding following of best practice and</p>	

¹ Specialty maps are detailed maps of service provision normally set out alongside guidelines developed by relevant governing bodies

² (CHERP185_NHS_update2019_2020.pdf (york.ac.uk)).

reduction in variation across areas.

Outputs from this project will need to align with the Delivery Plan once developed and therefore may be subject to iterative development.

Deliverables

- Agreed list of monthly productivity metrics for Planned Care Orthopaedics and Ophthalmology by Board – see appendices for initial outputs
- Dashboard / reporting presenting agreed metrics
- Discrete Event Simulations of specialities
- Scottish level detailed specialty maps for Planned Care Orthopaedics and Ophthalmology and implementation metrics where available
- Case studies for productivity gains for Planned Care Orthopaedics and Ophthalmology

Sign off/Acceptance criteria

Sign off via John Burns Chief Operating Officer NHS Scotland.

QA via three SROs of Data for Insights

Planned Care Transformation Board.

Business Justification

The Minister for Public Sector Reform has asked for an 18 month project on NHS Productivity this analytical project will support this by tracking productivity metrics and progress based on modelling and case studies.

Project Organisation and Governance

Collaborative will run between CfSD, PHS and SG (with support from NSS) as part of the Features Pillar of Data for Insights. SRO is Mel Giarchi for this Pillar.

John Burns is the relevant Director at SG with Policy DD as Douglas McLaren.

Outputs will feed into a 2 weekly ministerial meetings schedule with the Minister for Public Service Reform and with the Cabinet Secretary for Health and Social Care.

Timescales & Milestones

This analytical project will run for 18 months alongside policy developing a productivity plan.

It will aim to provide monthly metrics, DES modelling and case study updates.

Task	Timeline	Owner	Other resource
Stage 1:			
Undertake a review of productivity metrics for two specialities	By 6 September	[redacted] (PHS)	[redacted] (PHS), [redacted] (CfSD) [redacted] (SG)
Provide Scottish Process Maps for two specialties based on English process maps for 2 specialities/ blueprints	By W/C 23 September	[redacted] (CfSD)	[redacted] (CfSD)

Provide cases study plan for productivity gains for 2 specialities	By W/C 23 September	[redacted] (CfSD)	[redacted] (CfSD)
Provide initial Discrete Event Simulation (DES) model for two specialities	By W/C 23 September	Mel Giarchi (SG)	[redacted] (SG)
Stage 2:			
Determine subset of productivity indicators to be monitored every month in consultation with NHS leads, Director/ DD and Ministers aligned to Delivery Plan	October 2024	All	
Run DES for two specialities to look at scenarios for productivity based on the agreed metrics and case studies	October 2024	Mel Giarchi (SG)	[redacted] (SG)
Stage 3:			
Provide a dashboard with productivity indicators monthly	Late 2024/early 2025	[redacted] (PHS)	[redacted] (PHS)
Resources required			
<ul style="list-style-type: none"> • Staff across CfSD, PHS and SG with support from NSS and other organisations and policy specialities. • NHS territorial Board resources working with CfSD on improvement. 			
Stakeholders & Communications			
<ul style="list-style-type: none"> ○ This PID will be shared with the senior stakeholders for signoff. ○ Dashboard / reporting will be provided on a monthly basis to stakeholders ○ A slide pack will be provided initially on a 2 weekly bases for ministerial meetings. 			
Risks & mitigation			
	Risk	Mitigation	
	Timescale	Reprioritise work as required to meet this request	
	Resource constraint	Work collaboratively across the organisations to maximise use of available resource	

	Data limitations	Use techniques to provide assumptions Fill critical data gaps?	

Definitions

Planned care is where patients treatment is planned rather than emergency

DES is discrete event simulation a type of modelling which can be used to visually model a process flow or other queue etc.

Process maps are how a service is provided and can be divided into its different elements in sequence from arrivals to completion, in this case patients needing planned rather than emergency care and how this care is provided in terms of waiting lists, hospital visits and discharge.

Specialty maps is used to refer to detailed maps of service provision normally set out alongside guidelines developed by relevant governing bodies

Case studies are qualitative ways to describe what happened when something was attempted, in this case attempts to provide planned care productivity gains in a local site or board.

Appendix A: Draft Metrics

	Data Source	Data Quality	Frequency	Level of Data (Board, Site)
Waiting Times/Lists (New Outpatient and Inpatient/Day case)				
Patients seen/completed	Discovery/Waiting Times	Quarterly snapshot used for routine national publication; Monthly	Quarterly update (by month) or Monthly	by Board
Number of additions/removals (can include ROTT)	Discovery/Waiting Times	Quarterly snapshot used for routine national publication; Monthly	Quarterly update (by month) or Monthly	by Board
ACRT (proportion of pts sent back to GP with advice or on Opt-in pathway)	CfSD	Developmental Data, variation by Board on how this is captured	Monthly	by Board
WL Validation	CfSD		Variable based on validation campaigns	by board
Outpatient Activity (New and Return)				
Number of booked appointments/attendances (consultant, nurse-led, AHP clinics)	Discovery	Will be variation across Boards with regard to data completeness	Monthly	by Board/site
DNA rates (new and return)	Discovery		Monthly	by Board/site
Return to New ratio	Discovery		Monthly	by Board
PIR	CfSD	Developmental Data, variation by Board on how this is captured	Monthly	by Board
Inpatient and Day Case Activity				
Average length of stay (mean/median) (by specific procedure)	Discovery	Need to agree definitions for specific procedures/activity to be captured	Monthly	by Board/site
As above for specific procedures (cataracts, hips, knees, etc.)	Discovery	Need to agree definitions for specific procedures/activity to be captured	Monthly	by Board/site
Cancelled Planned Operations				
Number of cancelled planned operations	Discovery/Waiting Times		Monthly	by Board/site
Reason for cancellation	Discovery/Waiting Times		Monthly	by Board/site
Theatres				
Number of cases (Arthroplasty & Cataracts)	NTIG	May be some occasional data quality issues	Monthly	by Board/site
Throughput - Average cases per hour/session, Average/median operating time	NTIG	May be some occasional data quality issues	Monthly	by Board/site
% Unproductive time (Late starts/Early finish/Under runs/Gaps)	NTIG	May be some occasional data quality issues	Monthly	by Board/site
% Cancelled sessions	NTIG	May be some occasional data quality issues	Monthly	by Board/site
Other considerations:				
What metrics support improvement in waste from cancelled appointments operations at the last minute and DNAs				
What metric support improvements in scheduling patients within clinics / theatre sessions				
What metrics support improvements in ensuring the right amount of clinics / theatre sessions are delivered				
Follow theatre sessions				
Procedures delivered in OP / Treatment Room (SMR00 OP procedures to be recorded)				
Procedures delivered by non-medical workforce				

Appendix B: Draft Metrics by Pathway Stage



1. Additions to WL
2. Removals other than Treatment
3. ACRT
4. WL Validation

5. N & R Activity by clinician
6. DNA Rates
7. Return to New Ratio
8. PIR

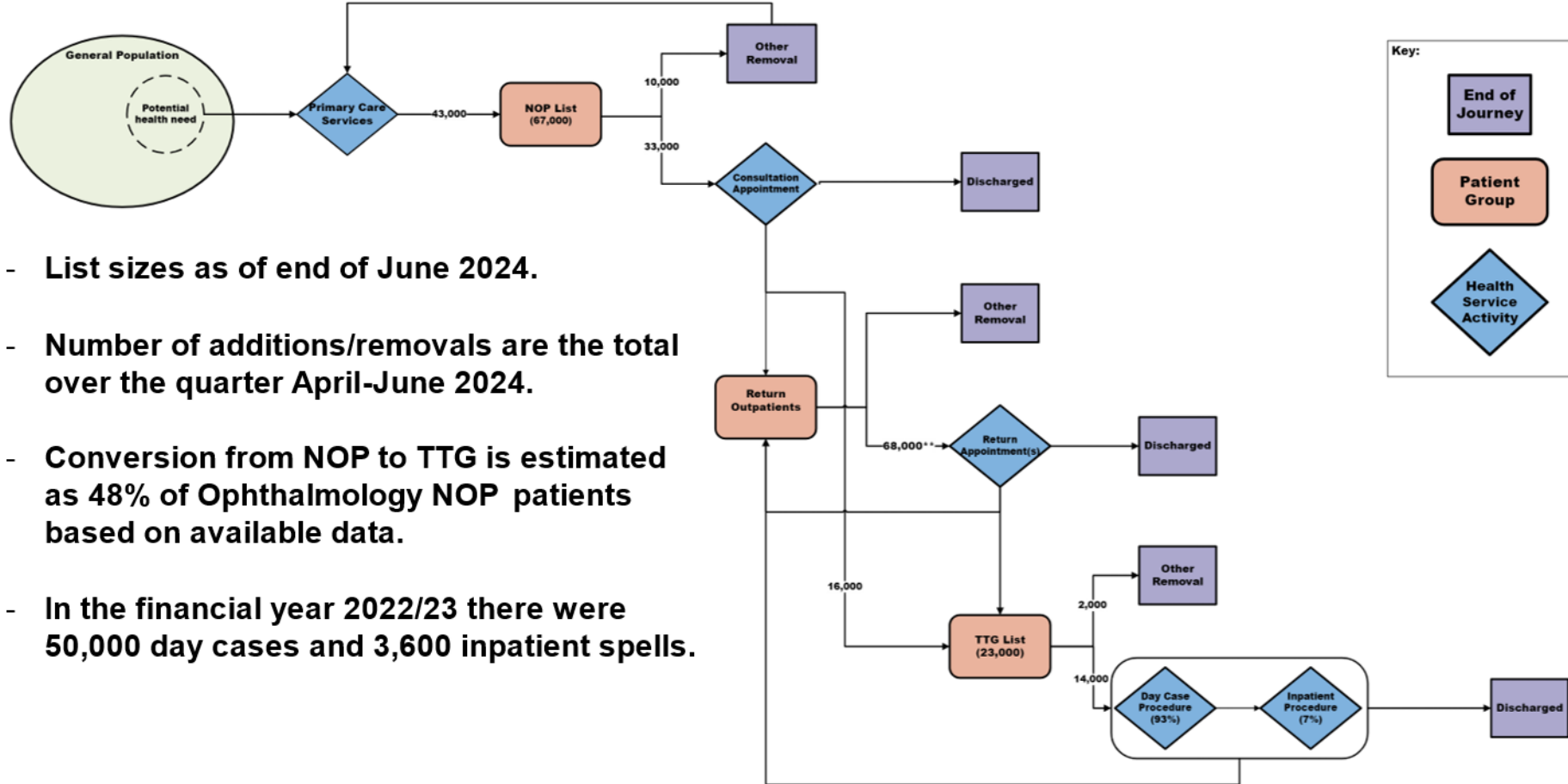
9. DC & IP Activity (TTG only, no diagnostics)
10. Number of cases
11. Theatre throughput (Cataracts, Joints)
12. % Unproductive Time
13. % Cancelled Sessions
14. Number of Cancelled Planned Operations
15. Reasons for cancellation

16. ALOS (mean/median) by procedures (hips, knees)
17. % discharged by Day 1, 2, 3 etc

Draft Metrics by Pathway Stage

Ophthalmology Process Map

WHOLE SYSTEMS INTELLIGENCE ANALYSIS



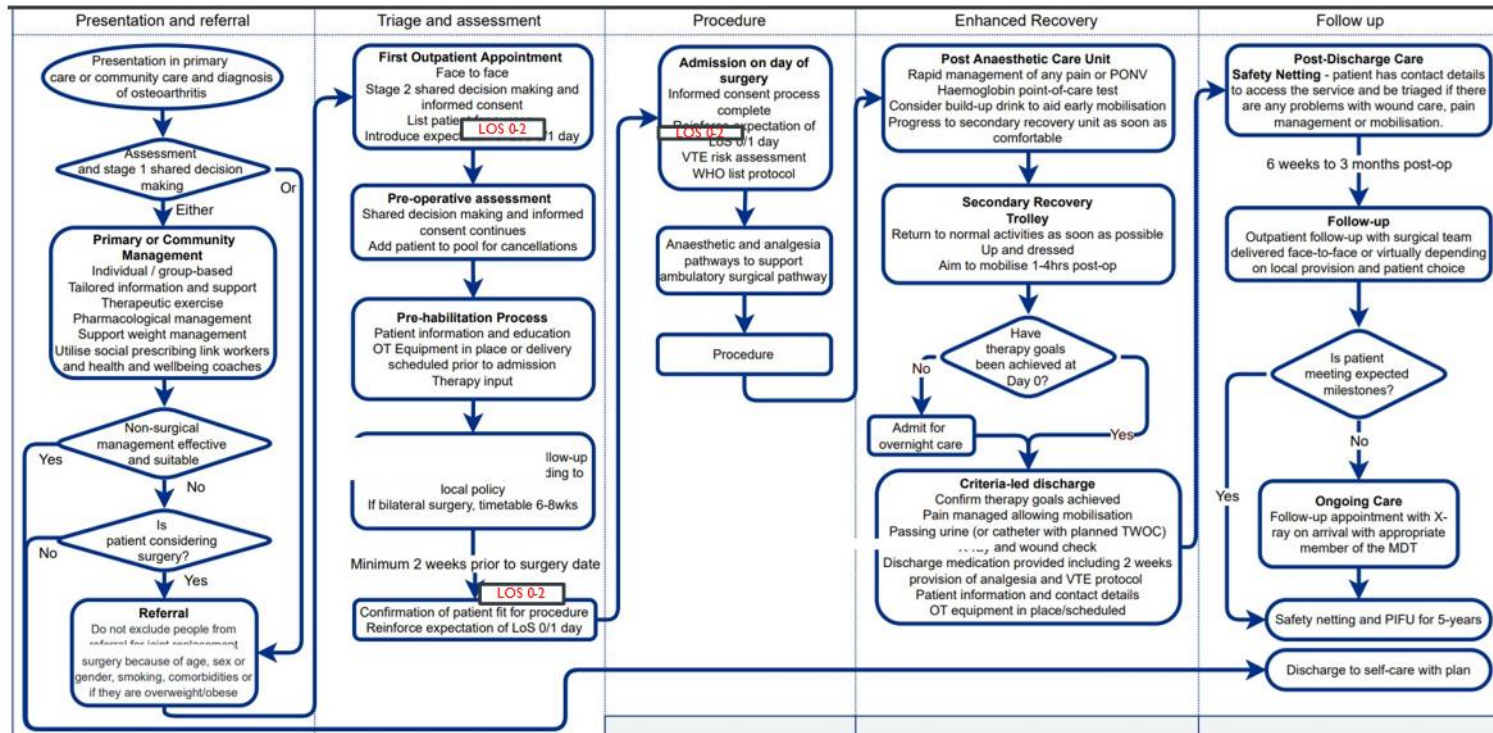
- List sizes as of end of June 2024.
- Number of additions/removals are the total over the quarter April-June 2024.
- Conversion from NOP to TTG is estimated as 48% of Ophthalmology NOP patients based on available data.
- In the financial year 2022/23 there were 50,000 day cases and 3,600 inpatient spells.

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Appendix D: Example Specialty Map for Orthopaedics – Hip Replacement

WHOLE SYSTEMS INTELLIGENCE ANALYSIS

DRAFT – NHS SCOTLAND ORTHOPAEDICS – HIP REPLACEMENT



1. Introduction & Background

This paper sets out what is currently known regarding productivity across the NHS in Scotland. The ability to measure productivity is important for a range of reasons, including that the health sector in Scotland represents a significant part of the economy, as well as in the context of ensuring fiscal sustainability and value for money.

2. Defining Productivity

Measuring productivity in health settings is acknowledged to be complex and is reliant on the availability of high quality data.

NHS productivity is defined by the University of York as growth 'measured by comparing the growth in outputs produced by the NHS to the growth in inputs used to produce them'¹. If output growth exceeds growth of inputs then productivity increases however if inputs exceed outputs then productivity decreases.

In this context outputs includes activity measures (e.g. inpatient/outpatient appointments, procedures, daycases etc). Outputs are cost-weighted in recognition of the fact that some forms of activity are more expensive than others, e.g. delivering a hip replacement will have a greater impact on output growth than delivering an outpatient consultation.

Importantly, it is widely recognised that in order to arrive at an accurate measure of productivity, adjustments have to be made to the outputs side of the equation to account for changes in the quality of care provided to patients. Examples of such quality adjustments (which are dependent on the sector of the service being looked at) include, in-hospital survival rates, waiting times & estimated changes in health outcomes.

Inputs include the number of staff providing care, equipment and clinical supplies used and the facilities and premises where care is provided. With regards to inputs it is also necessary to apply 'deflators' in order to account for changes in expenditure resulting from changes in prices (i.e. inflation). Because inflation rates can vary for different types of spending it is important to apply relevant and disaggregated deflationary measures where these are available.

Whilst the details noted above provide an overview of how traditional productivity measures are derived for the healthcare sector, it is worth noting that such approaches rarely factor in other types of activity designed to reduce activity such as admission avoidance policies. For example a number of approaches have been implemented in the NHS in Scotland which would add complexity to our capacity to holistically measure productivity, including policies such as Flow Navigation Centres, SDEC and Hospital at Home. Without adjusting for the impact of such preventative measures it is possible that traditional measures would suggest decreases in productivity which mask successful implementation of admissions avoidance policies. This is demonstrated for example in a comparison study of productivity

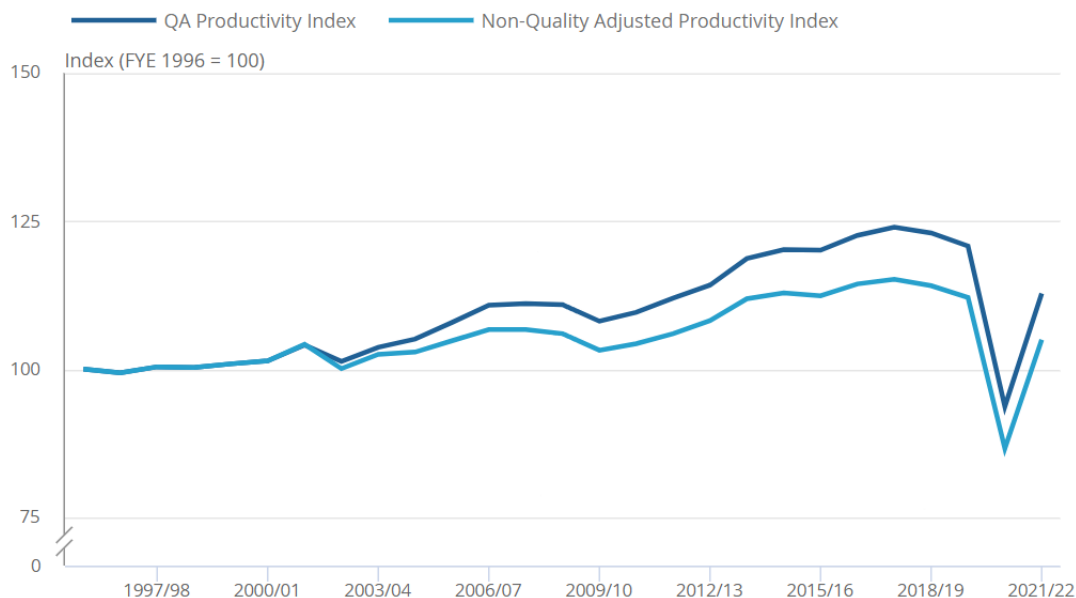
¹ (CHERP185_NHS_update2019_2020.pdf (york.ac.uk)).

levels between England and Italy, where the former sought to boost productivity by increasing activity whilst the latter focussed on cost containment and shifting care away from inpatient activity².

3. Published statistics on NHS England productivity

The ONS publish annual measures of productivity for NHS England³.

Public service healthcare quality and quantity productivity indices, England, financial year ending (FYE) 1996 to FYE 2022



Source: Public service productivity, healthcare, England - Office for National Statistics (ons.gov.uk)

The latest published data, covering years 1996 to 2022, suggests that productivity in NHS England was severely impacted by the effects of the pandemic but has however demonstrated a significant amount of 'bounce-back'. Namely, productivity increased by 20.3% in financial year ending 2022, following a 22.4% fall in year ending 2021.

It is also notable that, prior to the pandemic, data in the chart above suggests that productivity was beginning to decrease from 2017/18 until the onset of the pandemic in 2020. ONS analysis suggests that this was due to input growth of 2.9% exceeding output growth of 0.9% in year ending 2020, with hospital and community healthcare services output (the largest segment of activity), showing the slowest growth within the time series. This was determined to reflect decreasing activity in outpatient activity in particular.

² See "How health policy shapes healthcare sector productivity? Evidence from Italy and UK - ScienceDirect" for more information on how different policy approaches impact measures of productivity

³ Public service productivity, healthcare, England - Office for National Statistics (ons.gov.uk)

4. Available statistics on NHS Scotland productivity

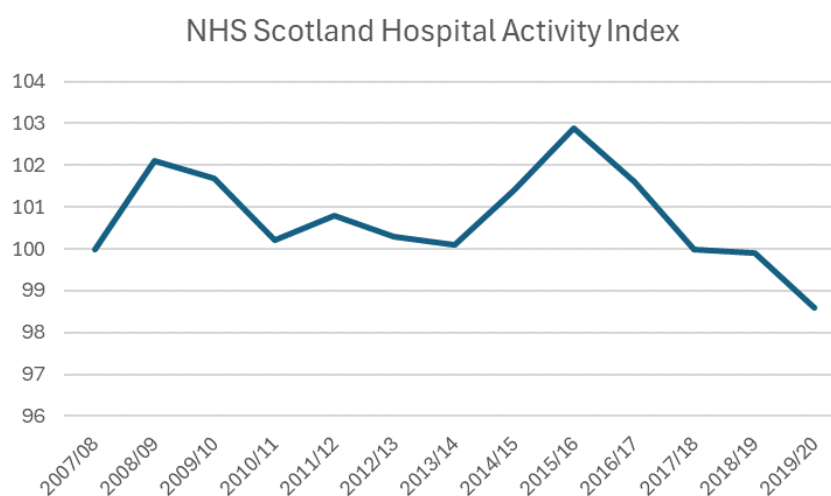
An overall published measure of productivity for NHS Scotland, comparable to measures for NHS England, is not available and has never been produced in the past.

Factors affecting our capacity to develop a comparable measure to that produced for NHS England include, but may not be limited to, a lack of:

- Sufficient data on community and primary care activity
- An adequate measure covering capital input
- Appropriate deflators
- Measures for adequate quality adjustments

The use of a payment by results mechanism, and associated granular data collection, in NHS England is an important enabling factor for their capacity to report on productivity.

However, for the NHS in Scotland, a partial measure of cost-weighted output has been developed for internal purposes only, which is detailed below. Whilst this does not factor in a number of important data points, including inputs, quality adjustment or deflators, it provides a sense of how outputs have changed over time, using 2007/08 as a benchmark.



Source: HSCA analysis

Output Measure	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18	'18/19	'19/20	Mean
Hospital activity growth	N/A	2.1%	-0.5%	-1.4%	0.6%	-0.5%	-0.3%	1.3%	1.5%	-1.3%	-1.6%	-0.1%	-1.3%	-0.1%
Hospital activity index	100	102.1	101.7	100.2	100.8	100.3	100.1	101.4	102.9	101.6	100	99.9	98.6	N/A

- The table and chart above provide a partial measure of output for NHS Scotland, produced for internal purposes only.
- The measure only covers hospital and ambulance services with around 5,000 lines of activity across Acute Elective and Non-elective Inpatients, Day Cases, Day Patients, Non-Acute Inpatients, Allied Health Professionals, Outpatient clinics and Hospital Dental Services
- The detailed acute activity lines are defined by Healthcare Resource Groups (HRG) and other categories are defined by speciality or discipline.
- The measure is cost-weighted, with activity lines aggregated using unit costs (calculated by PHS by apportioning Costs Book Speciality costs to HRG using relative costs per HRG in the England Reference Costs dataset)
- The hospital activity measure is indexed against 2007/08 as a baseline and indicates that while there has been year-on-year fluctuations it appears that there was a downward trend from a high in 2015/16 (102.9) to a record low in 2019/20 (98.6).
- Data covering the pandemic period is unavailable as the key source for cost data, the Costs Book, was not published for 2020/21 and 2021/221 however a figure for 2022/23 and should be available later this year.

5. What factors might be impacting on traditional productivity metrics

5.1. Physical estate

- Audit Scotland report that the maintenance backlog across the NHS estate has been steadily increasing since 2014/15, and now exceeds £1.1 billion.
- PHS statistics show that NHS Scotland was operating as an increasingly lean system. The number of staffed acute surgical beds reduced from 4,452 in 2013/14 to 3,964 in 2019/20. This was a result of improvement work to reduce surgical lengths of stay reduced and increase same day surgery rates.
- The vast majority of Scottish hospitals provide both emergency and planned care, with joint dependence on some core hospital services.
- NTC expansion programme commenced pre-pandemic in order to address the growing demographic challenges, particularly associated with orthopaedics and ophthalmology.

5.2. Workforce size continues to increase; but turnover, sickness absence, and supplementary staffing higher post pandemic

- Turnover rates peaked in 2021/22 and 2022/23 at around 10%, by 2023/24 they had almost returned to pre-pandemic levels of around 7%.
- Sickness absence stood at 6.2% in 2022/23, compared to 5.4% in 2018/19. Annual statistics for 2023/24 available September.
- Nursing & midwifery supplementary staffing, in terms of bank and agency, increased from around 5,000 WTE in 2018/19 to 8,700 WTE in 2023/24.

5.3. NHS services reconfigured during the Pandemic

- Emergency measures were introduced due to COVID-19.
- Significant increase in ICU capacity during the pandemic.
- Reduced level of emergency and planned admissions during the pandemic.

5.4. Demand is growing

- The population in Scotland is continuing to age, the additional pressure resulting from an ageing population is crudely estimated to result in a need for around an additional 230 beds per annum over next 20 years.
- Total length of stay in bed days, for emergency inpatient stays in quarter ending December 2023 was 2.0% higher than the equivalent quarter in 2019.
- Cancer statistics for quarter end March 2024 show an increase in patients treated on the 62 day pathway of 15.3% from the quarter end Dec 2019.
- The system is continuing to deal with COVID morbidity. PHS annual statistics show 12,610 inpatient stays in 2022/23 with COVID as a main diagnosis condition being treated/managed during the hospital stay. These stays equate to around 180,000 bed days, which is around 500-600 acute beds depending on assumptions associated with occupancy levels. Overall this represents an additional disease burden on the population and health systems.
- Planned care backlogs have built up, before, during and after the pandemic. At 31 March 2024, there were 534,178 patient waits that were still ongoing, more than double the pre-pandemic figure. There are 156,108 waits for treatment that were still ongoing = Mar 2024, double the pre-pandemic figure.
- Following the introduction of emergency measures due to COVID-19 on 17 March 2020, there was a sharp decrease in both outpatient additions and removals. During the pandemic, the number of both additions and removals increased as services were able to resume, with progress in some months interrupted by the impact of new waves of COVID-19. The number of additions has mostly outpaced the number of removals and so this has driven an increase in the total number of ongoing waits.

5.5. Bottlenecks in the urgent and emergency care pathway impacting the 'whole system'

- The use of beds has changed since the pandemic. Increasing numbers of acute bed days are being consumed by patients with longer lengths of stay, and fewer bed days are being consumed by patients with shorter stays.

- The number of acute staffed beds has increased from 13,270 in quarter ending December 2019 to 13,792 in quarter ending December 2023.
- Patients who are delayed discharge are at record levels, with AWI delays up from 203 in May 2019 to 416 in May 2024, while standard delays increased from 1,179 to 1,409 over the same period. It should be noted that the increases are not uniform across all geographies.
- A national care of the elderly (COTE) Day of Care Audit was undertaken by CfSD on 22 April 2024 which 10 health boards took part in. Data from this exercise suggested that 56% of COTE inpatient caseload did not meet criteria to reside and of those the most commonly cited reasons included those pertaining to AHP pathways, Social Work Pathways, Care Home Pathways & Legal and Financial reasons.
- Local management information suggests that boarding of medical patients in to surgical wards continues to be a challenge.

6. Numbers of planned care interactions generally lower compared to relatively high 2019 levels, but selected measures showing improved efficiency

- The Scottish Government's **full funded planned care improvement plan to increase activity levels was up and running during 2019.**
- Provisional acute activity statistics show overall number of **outpatients reduced by 7%** when comparing Oct-Dec 2023 to the same quarter of 2019 (pre-pandemic). However, levels have generally been recovering from July 2020 onwards. Number of outpatient has increased by 2% when comparing Oct-Dec 2023 to the same quarter last year. But note significant improvement activity to reduce unnecessary outpatient attendances through ACRT and PIR by approx. 2% (100,000) annum.
- The number of **day cases reduced by 7%** when comparing Oct-Dec 2023 to the same quarter of 2019. However, levels have generally been recovering from July 2020 onwards. Number of day cases increased by 2% when comparing Oct-Dec 2023 to the same quarter last year. Recording of outpatient procedures is of poor quality. We do not know whether procedures formerly carried out as day case is now being carried out as outpatient.
- The number of **elective inpatients reduced by 24%** when comparing Oct-Dec 2023 to the same quarter of 2019 (pre-pandemic). However, levels have generally been stable from July 2020 onwards. Number of elective inpatient has decreased by 2% when comparing Oct-Dec 2023 to the same quarter last year. Pre-pandemic there was a long term trend of reducing numbers of elective inpatients, due to shifts to same day surgery. Elective inpatient episodes carried out by non-NHS providers reduced by 1,787 (60%) between 2019/20 and 2022/23, this represents 1.5% of 2019/20 elective inpatient episodes.

- For TTG weekend activity we know from management information that whilst in 2019 18,436 day cases and inpatients took place on weekends this had reduced to 6,532 by 2023. Overall 2023 TTG day cases and admissions are at 84% of 2019 levels and there has been a **65% reduction in weekend TTG admissions between 2019 and 2023.**
- In September 2023, the Scottish **Arthroplasty Project reported that mean length of stay continued to reduce** for primary hip, knee and shoulder arthroplasty.
- PHS Discovery management information shows that **Same Day Surgery rates are similar to pre-pandemic** rates.
- PHS Discovery management information shows the **average number of cataracts performed per 3.5 hr session is gradually increasing**; and is approaching 6 per hour.
- PHS Discovery management information shows the percentage of planned theatre sessions with 4 or more primary (joints) per session has been increasing gradually since February 2023.

7. Numbers of urgent and unscheduled care interactions generally up compared to 2019 levels, with new activity streams in reformed system

- The number of **emergency inpatients reduced by 10%** when comparing Oct-Dec 2023 to the same quarter of 2019 (pre-pandemic). However, levels have generally been fluctuating from July 2020 onwards. Emergency inpatients have increased by 2% when comparing Oct-Dec 2023 to the same quarter last year. These **emergency inpatients are consuming more bed days** than pre-pandemic. New front door services will be treating patients that would have previously been emergency admissions.
- Published statistics show the number of Out of Hour Consultations has been on a general upward trend since pre-pandemic. From May **2019 Out of Hours Consultations up almost 15%**, (to approx 81,400 in May 2024).
- Management information shows **no change in number of SAS Ambulance incidents** compared to pre-pandemic levels. Emergency incidents attendances have been higher at the start of 2024 compared to last year.
- Management information shows **no change in NHS24 call volume** compared to pre-pandemic. Volume has fallen compared to last year.
- Weekly management information shows that for the first quarter of 2024, **slightly fewer attendances at Core EDs and all A&E sites** (-1.6% down) when compared to pre-pandemic (when including planned attendances). If planned attendances are excluded, attendances are, on average, 5% lower for Core EDs and 6% lower for all sites.

- **Hospital at Home services have expanded** to the equivalent of 455 older people acute adult beds by December 2023.
- The OPAT clinical network reported in August 2022, that on average **250 people received OPAT per week**; and an average of 1,453 hospital admission days were being avoided per week.
- **Same Day Emergency Care services are expanding** across Scotland, but data on activity carried out in these services is limited.
- Management information from Systemwatch, shows that NHS24 are referring around **300 patients a day to Flow Navigation Centres**.
- Over **1.8m COVID vaccinations** in the Spring and Winter 2023 Boosters.

8. UK Comparisons

- The institute for Fiscal Studies report that apparent fall in hospital productivity in Scotland is similar in magnitude to that observed in the English NHS. But England has increased staff by more than Scotland, so the recovery in hospital activity has been much greater.
- The IFS also report that the Scottish Government's health and social care workforce plan only aims to increase NHS staffing by 1% over the five years from 2022. The English NHS workforce plan implies a 20–21% growth in NHS staff in England over the same period. IFS suggests that Scotland is likely to need to either increase staffing numbers and spending by more than planned increases, find ways to boost productivity significantly faster than is being planned in England, or live with a relative deterioration in NHS service quality.
- The ONS Opinions and Lifestyle Survey (OPN) which shows significantly more people in Wales (29%) reported they were waiting for a hospital appointment, test or treatment from the NHS, than in England (25%) or Scotland (22%). The difference between the estimates for England and Scotland are not statistically significant.
- Scotland's core A&Es continue to perform well relative to the rest of the UK.

9. Potential Approaches to Improving Productivity

A recent report from the Health Foundation⁴ attempts to synthesize findings from a number of areas to highlight areas of focus to improve productivity in the NHS. Whilst not necessarily comprehensive these provide a useful summary of potential areas to target, including:

⁴ NHS productivity: from diagnosis to action - The Health Foundation

A. Investing in infrastructure and equipment

- Acknowledges that historically there has been underinvestment in physical infrastructure and equipment including buildings, beds, diagnostic equipment, IT systems etc
- Such underinvestment results in 'productivity drag'
- As noted above the scale of this challenge in Scotland is substantial with more than £1.1 billion needed just to maintain existing estate according to the Audit Scotland report.

B. Optimising use of AI and digital technology

- A recent survey of clinical staff across the UK conducted by the Health Foundation suggests that electronic health records and tools to facilitate virtual communication between professionals ranked highest with regards to existing technologies which are saving staff time at present and have further potential for development
- With regards to forward looking technologies, clinical documentation tools and software which supports analysis of images and tests using AI were identified as being potentially significant focal points for development over coming years
- Within NHS Scotland it should be noted that an emphasis has also been placed on the use of telehealthcare approaches. A recent internally available report on the use of Near Me services⁵ suggests that more than 100,000 consultations took place using the platform across the top three specialities between October 2022 and September 2023.
- However for cancer services at least it was noted that there was large variation in the use of such digital technologies between health boards suggesting potential for additional usage and optimisation

C. Improving operational processes and management for better flow

- Effective approaches to improving patient flow, including in relation to theatre usage and hospital discharge for example was noted as a key area of focus
- Alongside this it was acknowledged that effective management and oversight is vital to the success of such improvement activity

D. Addressing workforce issues (such as skills gaps and staff morale)

- Maintaining staff morale and ensuring adequate skill mix is deployed across teams was identified as a key area of focus
- Challenges facing NHS Scotland as well as potential areas of focus which align with the above have been identified and provided in a separate paper by workforce colleagues

E. Reforming incentives and targets, to guide productive use of resources

- Lack of coherence in prioritisation and associated target setting was identified as a significant risk to driving improvements and potentially risks compounding pre-existing issues around productivity by creating competing incentives for different elements of the system

⁵ User of Near Me within Cancer Services, 2024

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<https://ihub.scot/media/10453/h-h-progress-update-jan-2024.pdf>

[opat-update-on-progress-in-scotland-august-2022.pdf \(sapg.scot\)](#)

<https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-22567>

<https://www.opendata.nhs.scot/dataset/flu-covid-vaccinations>

<https://publichealthscotland.scot/publications/scottish-arthroplasty-project/scottish-arthroplasty-project-12-september-2023/dashboard/>

<https://viz.seer.scot.nhs.uk/#/site/Discovery/views/NationalTheatresEfficiencyDashboard-Throughput/Theatres-CataractThroughput?iid=1>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/nhsplannedcarewaitingtimesacrosstheuk/2024-06-18>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/accidentandemergencywaittimesacrosstheuk/2024-02-28>

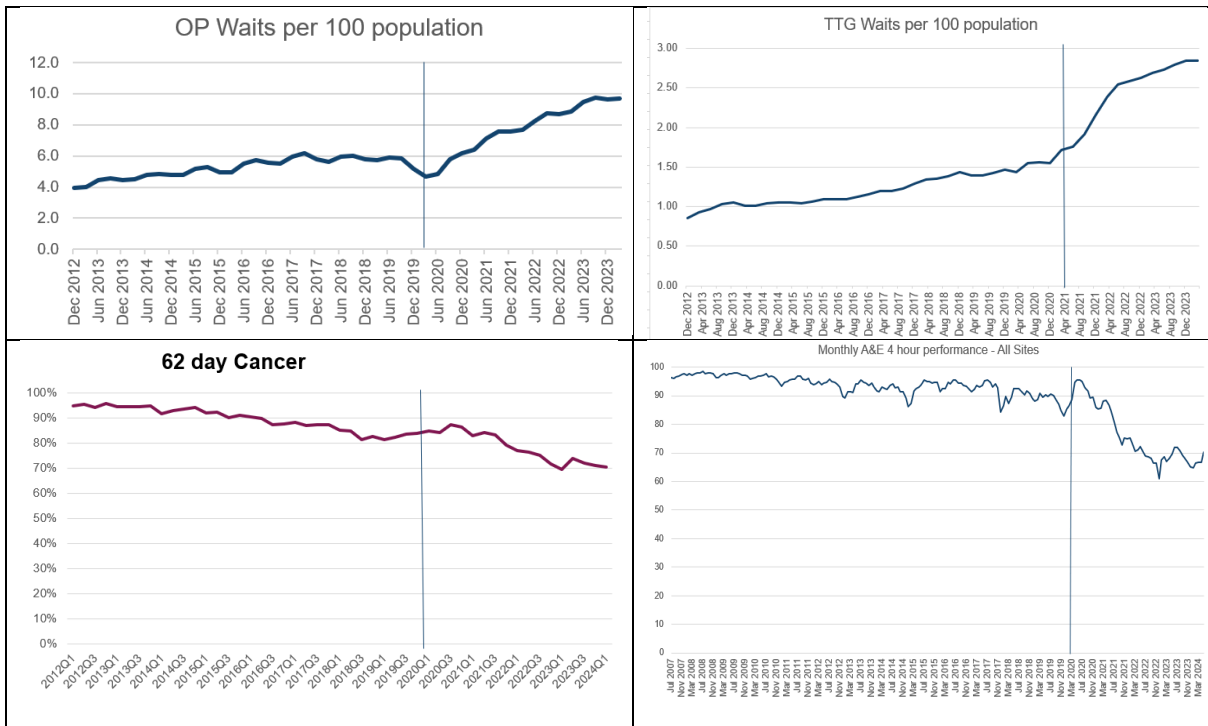
NHS productivity: from diagnosis to action - The Health Foundation
CHERP185_NHS_update2019_2020.pdf (york.ac.uk)

health found value 9 AB2.indd

Public service productivity, UK - Office for National Statistics (ons.gov.uk)

Which technologies offer the biggest opportunities to save time in the NHS? - The Health Foundation

Annex: Long term trends for selected performance metrics, with performance stabilizing for some metrics in 2018 and 2019



1. Document 1

From: [Redacted: Section 38(1)(b)]<[Redacted: Section 38(1)(b)]@gov.scot> **On Behalf Of**
Cabinet Secretary for Health & Social Care 2024

Sent: 20 June 2024 12:46

To: First Minister <FirstMinister@gov.scot>

Cc: John Burns <John.Burns@gov.scot>; Douglas McLaren <Douglas.McLaren@gov.scot>;
[Redacted: Section 38(1)(b)]<[Redacted: Section 38(1)(b)]@gov.scot>; Angie Wood
<Angie.Wood@gov.scot>; Tim Mcdonnell <Tim.Mcdonnell@gov.scot>; [Redacted: Section
38(1)(b)]<[Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]<[Redacted:
Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]<[Redacted: Section
38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]<[Redacted: Section 38(1)(b)]@gov.scot>;
[Redacted: Section 38(1)(b)]<[Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section
38(1)(b)]<[Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]<[Redacted:
Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]<[Redacted: Section
38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]<[Redacted: Section 38(1)(b)]@gov.scot>;
Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Subject: Route Maps - Urgent Unscheduled Care and Planned Care - Note from Mr Gray to
FM

PS/FM

Please find below a note from Mr Gray to FM:

[Redacted: Section 29(1)(b)]

[Redacted: Section 38(1)(b)]Deputy Private Secretary to the Cabinet Secretary for Health
and Social Care – Neil Gray MSP

Scottish Government | St Andrew's House, Regent Road, Edinburgh EH1 3DG | Mob:

[Redacted: Section 38(1)(b)] | Email: CabSecHSC@gov.scot

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behalf of a Minister relating to a decision, request or comment made by a Minister, or a
note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices
do not keep official records of such e-mails or attachments.

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of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

2. Document 2

From: [Redacted: Section 38(1)(b)]<[Redacted: Section 38(1)(b)]@gov.scot>

Sent: 21 June 2024 14:47

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: DG Health & Social Care <DGHSC@gov.scot>; Director of Health Workforce
<Directorofhealthworkforce@gov.scot>; Deputy Director of Health Workforce Pay, Practice
and Partnership <Deputydirectorhwppp@gov.scot>; [Redacted: Section 38(1)(b)]<

[Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>
Subject: Note - meeting with CSH and NHS Employers 19 June 2024.

PO

Please find a note to the above meeting.

Meeting between Cabinet Secretary Health and Social Care and NHS Scotland Pay Negotiation Leads.

Scottish Government

Cabinet Secretary for Health and Social Care
Gillian Russell, Director of Health Workforce
Jane Hamilton, Deputy Director Oay, Practice and Partnership
[Redacted: Section 38(1)(b)], Head of NHS Pay.

NHS Scotland Employers

Karen Reid, Chief Executive, NHS Education for Scotland
Caroline Hiscox, Chief Executive, NHS Tayside
Elaine Watson, Director of Workforce, NHS Tayside

[Redacted: Section 30(b)(ii)]

[Redacted: Section 38(1)(b)]Head of NHS Pay
Pay, Practice and Partnership Division
Directorate of Health Workforce
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Tel: [Redacted: Section 38(1)(b)]

3. Document 3

From: [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot> **On Behalf Of**
Cabinet Secretary for Health & Social Care 2024

Sent: 10 July 2024 16:54

To: Deputy First Minister and Cabinet Secretary for Economy & Gaelic
<DFMCSEG@gov.scot>; Cabinet Secretary for Finance & Local Government
<CabSecFLG@gov.scot>; Minister for Public Finance <MinisterPF@gov.scot>; Minister for
Parliamentary Business 2024 <MinisterPB@gov.scot>

Cc: Cabinet Secretary for Rural Affairs, Land Reform & Islands 2024 <CabSecforRALRI@gov.scot>; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; Minister for Public Health and Women's Health <MinisterforPHWH@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>
Subject: Note from Cabinet Secretary for Health and Social Care - Proposed FSS Reforms - 100724

Good afternoon,

Please see note attached from Mr Gray and Ms Minto [Redacted: Section 29(1)(b)]
Regards,

[Redacted: Section 38(1)(b)]Deputy Private Secretary to Cabinet Secretary for Health and Social Care - Neil Gray MSP
Scottish Government
E: cabsechsc@gov.scot
M: [Redacted: Section 38(1)(b)]

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4. Document 3a

Withheld: Section 29(1)(b)

5. Document 4

From: [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot> **On Behalf Of** Cabinet Secretary for Health & Social Care 2024

Sent: 17 July 2024 21:35

To: Cabinet Secretary for Finance & Local Government <CabSecFLG@gov.scot>

Cc: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; Shiree Donnelly <Shiree.Donnelly@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Richard McCallum <Richard.McCallum@gov.scot>; Alan Gray <Alan.Gray2@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>

Subject: PTB Bilateral - Financial Update from Mr Gray

[Redacted: Section 29(1)(b)].

[Redacted: Section 38(1)(b)]Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP
Scottish Government | St Andrew’s House, Regent Road, Edinburgh EH1 3DG | Mob: [Redacted: Section 38(1)(b)] Email: CabSecHSC@gov.scot
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6. Document 4a

Withheld: Section 29(1)(b)

7. Document 5

From: [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot> **On Behalf Of** Cabinet Secretary for Health & Social Care 2024

Sent: 26 July 2024 09:33

To: [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>

Cc: Richard McCallum <Richard.McCallum@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; Alan Morrison <Alan.Morrison@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Subject: RE: NZET: Correspondence from the Convener on Budget 25/26

Morning [Redacted: Section 38(1)(b)]

Mr Gray was content with the letter to the Convener as drafted – the signed version of the letter that issued is attached for records.

Many thanks

[Redacted: Section 38(1)(b)]Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

Scottish Government | St Andrew's House, Regent Road, Edinburgh EH1 3DG | Mob:
[Redacted: Section 38(1)(b)] Email: CabSecHSC@gov.scot

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8. Document 5a

Withheld: Section 29(1)(b)

9. Document 6

Withheld: Section 30(b)(ii)

10. Document 7

From: [Redacted: Section 38(1)(b)] <[Redacted: Section 38(1)(b)]@gov.scot> **On Behalf Of**
Cabinet Secretary for Health & Social Care 2024

Sent: 23 August 2024 10:09

To: craig.spalding@sightscotland.org.uk; [Redacted: Section 38(1)(b)]@sightscotland.org.uk

Cc: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Subject: Letter from the Cabinet Secretary for Health and Social Care - Sight Scotland - 23 August 2024

Good morning,

Please see attached letter from the Cabinet Secretary for Health and Social Care.

Thanks,

[Redacted: Section 38(1)(b)]

[Redacted: Section 38(1)(b)] Private Secretary to the Cabinet Secretary for Health and Social
Care – Neil Gray MSP
Scottish Government

St Andrew's House | Regent Road | Edinburgh | EH1 3DG
CabSecHSC@gov.scot



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note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

11. Document 7a

Craig Spalding
Chief Executive
Sight Scotland and Sight Scotland Veterans
craig.spalding@sightscotland.org.uk
Cc: [Redacted: Section 38(1)(b)]

23 August 2024

Dear Craig,

During our recent meeting of 7 August 2024 at St Andrew's House, I committed to follow-up in

writing a couple of points that I was not able to fully clarify at the time.

You asked whether NHS Lothian is continuing to undertake preparatory work on a replacement

for the Princess Alexander Eye Pavilion. As discussed during the meeting, I do not underestimate the direct impact a new facility will have on the wellbeing of staff and patients,

both within the facility itself and across local systems. However, the UK Government's decision

to make a 8.7% real-terms cut to the Scottish Government's capital funding has significantly impeded our ability to fund capital projects over the next two years.

We have instructed all NHS Boards to prepare and submit to the Scottish Government, a deliverable, whole-system service and infrastructure change plan for the next 20-30 years.

The first planning phase will aim to mitigate against inherent risks associated with existing infrastructure, meet environmental sustainability standards, and provide the necessary accommodation for service delivery needs. All services delivered from the Princess

Alexandra

Eye Pavilion are covered by this requirement and NHS Lothian will need to complete this exercise by January 2025. After that, they will move to the next phase which covers a longerterm service-informed infrastructure investment strategy and this will include consideration of

what new facilities are required.

I also committed to providing some detail on what else the Scottish Government is doing to support services for those with sight loss or sight threatening conditions. In addition to the almost £2 million funding recently allocated to Health Boards to treat long-waiting cataract patients, in 2024/25, we continue to provide funding for the implementation of the Once for Scotland Electronic Patient Record (EPR) across hospital eye care services.

Throughout 2023/24 the EPR – which has already been rolled out across HES in NHS Greater Glasgow and Clyde and NHS Lanarkshire - enabled a cohort of patients to be managed within

community optometry practices, helping to increase the service capacity required to meet the

current levels of demand. The efficiencies the EPR brings will deliver significant productivity

gains with removal of paper notes, avoiding unnecessary re-referrals. It will facilitate regional working and release consultant capacity for additional patient sessions, subsequently increasing the number of surgical services on a regional and national basis. We expect a significant number of patients to be onboarded to this system this year. The EPR (also known as OpenEyes) will eventually be accessible by both HES clinicians and all community optometrists, and currently supports the Community Glaucoma Service (CGS) which is in the process of being rolled out across Scotland. The CGS supports lower risk glaucoma and treated ocular hypertension patients to be discharged from hospital and registered with accredited community optometrists. When fully rolled out nationally, the CGS will have the capacity to treat an estimated 20,000 patients being discharged from hospital. This will free-up hospital capacity to manage patients on waiting lists with more serious sight threatening conditions. In addition to investing in new sustainable ways of working to support patients to be managed closer to home in the community, the Scottish Government is continuing to protect core existing services such as General Ophthalmic Services (GOS). Scotland remains the only country in the UK to provide free universal NHS-funded eye examinations under GOS arrangements. Finally, I would like to thank you for highlighting the extent to which the ophthalmology waiting list for a New Outpatient appointment has increased since September 2014 within NHS Lothian. My officials have looked at this data closely, and while I unequivocally agree that excessively long waits are unacceptable, it is worth noting that the vast majority of this increase occurred during the COVID-19 pandemic when it was necessary for Health Boards to pause routine appointments and treatments to mitigate the spread of the virus. While we must recognise that our health service has experienced unprecedented pressures over the past few years, I would like to assure you that we are working hard to recover and remobilise services and remain committed to delivering year-on-year reductions in waiting times. Thank you once again for your time at our meeting. I look forward to further engagement with Sight Scotland and Sight Scotland Veterans in the future.

Yours sincerely,
NEIL GRAY

12. Document 8

[Redacted: Section 29(1)(d)]

13. Document 9

From: [Redacted: Section 38(1)(b)] <[Redacted: Section 38(1)(b)]@gov.scot> **On Behalf Of**
Cabinet Secretary for Health & Social Care 2024

Sent: 29 September 2024 16:05

To: Cabinet Secretary for Finance & Local Government <CabSecFLG@gov.scot>; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; Caroline Lamb <Caroline.Lamb@gov.scot>; Alan Gray <Alan.Gray2@gov.scot>; Shiree Donnelly <Shiree.Donnelly@gov.scot>; Fiona Bennett <Fiona.Bennett@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; Alan Morrison <Alan.Morrison@gov.scot>; Richard McCallum <Richard.McCallum@gov.scot>; Jamie MacDougall <Jamie.MacDougall@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; Heather Darling <Heather.Darling@gov.scot>; Margaret Syme <Margaret.Syme@gov.scot>; Kieran Millar <Kieran.Millar@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Health and Social Care Directors <DLHSCPHSCD@gov.scot>; Minister for Public Health and Women's Health <MinisterforPHWH@gov.scot>; Minister for Social Care, Mental Wellbeing and Sport 2024 <MinisterforSCMWS@gov.scot>; Minister for Drugs and Alcohol Policy 2024 <MinisterforDAP2024@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; Alan Gray <Alan.Gray2@gov.scot>; Shiree Donnelly <Shiree.Donnelly@gov.scot>; Fiona Bennett <Fiona.Bennett@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>

Subject: RE: Letter from the Cabinet Secretary for Finance & Local Government | 2025-26 Resource Budget - Deprioritisation and Savings Options | Cabinet Secretary for Health and Social Care

Hi [Redacted: Section 38(1)(b)]

Please find attached a response from Mr Gray to Ms Robison.

[Redacted: Section 38(1)(b)]Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

14. Document 9a

[Redacted: Section 29(1)(b)]

15. Document 10

From: [Redacted: Section 38(1)(b)] <[Redacted: Section 38(1)(b)]@gov.scot> **On Behalf Of**
Cabinet Secretary for Health & Social Care 2024
Sent: 07 October 2024 15:33
To: First Minister <FirstMinister@gov.scot>
Cc: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>
Subject: Note to FM - Delayed Discharge - 071024

FMPO,

[Redacted: Section 29(1)(b)].

Regards,

[Redacted: Section 38(1)(b)] Deputy Private Secretary to Cabinet Secretary for Health and
Social Care - Neil Gray MSP
Scottish Government
E: cabsechsc@gov.scot
M: [Redacted: Section 38(1)(b)]

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16. Document 10a

Withheld: Section 29(1)(b)

17. Document 11

Withheld: Section 29(1)(d)

18. Document 12

Withheld: Section 30(b)(ii)

19. Document 13

From: [Redacted: Section 38(1)(b)] <[Redacted: Section 38(1)(b)]@gov.scot>
Sent: 30 October 2024 19:20
To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>
Subject: RE: Cab Sec Briefing - OFFICIAL - SENSITIVE - Pre-release statistics –
Restricted until 09.30am Tuesday 5th November 2024 - DO NOT FORWARD

Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>; [Redacted: Section 38(1)(b)]< [Redacted: Section 38(1)(b)]@gov.scot>
Subject: Cab Sec Briefing - OFFICIAL - SENSITIVE - Pre-release statistics – Restricted until 09.30am Tuesday 5th November 2024 - DO NOT FORWARD

PS/Cabinet Secretary,

Please see attached submission and SCANCE note in relation the latest Waiting Times statistical publication for period ending 30 September 2024, **restricted until 09.30am Tuesday 5th November 2024.**

Please let me know if we can be of any further assistance.

Best,

[Redacted: Section 38(1)(b)]

[Redacted: Section 38(1)(b)] Senior Assistant Statistician

Whole System Intelligence Analysis | Directorate for Chief Operating Officer,
NHS Scotland | Scottish Government | St Andrews House Regent Road | Edinburgh |
EH1 3DG

[Redacted: Section 38(1)(b)]

From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>
Sent: 17 October 2024 11:11
To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Douglas McLaren <Douglas.McLaren@gov.scot>
Cc: John Burns <John.Burns@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>
Subject: RE: FMQ Follow Up - Waiting Times

PS/Cabinet Secretary

[Redacted - Out of Scope]

[Redacted - Section 30(b)(i) – free and frank provision of advice]

[Redacted - Out of Scope]

Please let me know if you require any further assistance.

Kind regards,

[Section 38(1)(b)]

[Section 38(1)(b)] | Deputy Team Leader - Planned Care Policy & Performance | Directorate for Chief Operating Officer

Ext. 40702 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | she/her



From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot> **On Behalf Of** Cabinet Secretary for Health & Social Care 2024
Sent: Tuesday, October 15, 2024 1:47 PM
To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Douglas McLaren <Douglas.McLaren@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>
Cc: John Burns <John.Burns@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>
Subject: RE: FMQ Follow Up - Waiting Times

Hi [Section 38(1)(b)]

[Redacted - Out of Scope]

[Section 38(1)(b)]

Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

Scottish Government | St Andrew's House, Regent Road, Edinburgh EH1 3DG | Mob: [Section 38(1)(b)] | Email: CabSecHSC@gov.scot

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From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot> **On Behalf Of** Cabinet Secretary for Health & Social Care 2024

Sent: Monday, October 14, 2024 9:31 AM

To: [Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Douglas McLaren <Douglas.McLaren@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>

Cc: John Burns <John.Burns@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Subject: FW: FMQ Follow Up - Waiting Times

Morning All,

[Redacted - Out of Scope]

Thanks,

[Section 38(1)(b)]

Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

The Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | E: CabSecHSC@gov.scot | T: [Section 38(1)(b)]

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From: David Hutchison <David.Hutchison@gov.scot>
Sent: Friday, October 11, 2024 5:43 PM
To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>
Cc: Jennie Gollan <Jennie.Gollan@gov.scot>; Jeanette Campbell <Jeanette.Campbell@gov.scot>
Subject: FW: FMQ Follow Up - Waiting Times

[Redacted - Out of Scope]

D

[Redacted - Out of Scope]

From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>
Sent: Friday, October 11, 2024 12:19 PM
To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Douglas McLaren <Douglas.McLaren@gov.scot>
Cc: Colin McAllister <Colin.McAllister@gov.scot>; David Hutchison <David.Hutchison@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; First Minister <FirstMinister@gov.scot>; John Burns <John.Burns@gov.scot>
Subject: RE: FMQ Follow Up - Waiting Times

PS/Cabinet Secretary

[Redacted - Out of Scope]

Please let me know if I can be of any further assistance.

Kind regards,

[Section 38(1)(b)]

[Section 38(1)(b)] | Deputy Team Leader - Planned Care Policy & Performance | Directorate for Chief Operating Officer

Ext. 40702 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | she/her



From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot> **On Behalf Of** Cabinet Secretary for Health & Social Care 2024

Sent: Thursday, October 10, 2024 1:04 PM

To: [Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Douglas McLaren <Douglas.McLaren@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>

Cc: Colin McAllister <Colin.McAllister@gov.scot>; David Hutchison <David.Hutchison@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; First Minister <FirstMinister@gov.scot>

Subject: FMQ Follow Up - Waiting Times

Afternoon,

[Redacted - Out of Scope]

Thanks,

[Section 38(1)(b)]

**Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray
MSP**

The Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | E:
CabSecHSC@gov.scot | T: [Section 38(1)(b)]

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[Redacted - Out of Scope]

Thanks,

[Section 38(1)(b)]

[Section 38(1)(b)]

Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

Scottish Government

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

CabSecHSC@gov.scot

[Section 38(1)(b)]



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From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>

Sent: Thursday, June 6, 2024 10:07 AM

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Communications Health and Social Care

<CommunicationsHealthandSocialCare@gov.scot>; [Section 38(1)(b)] <[Section

38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)]

<[Section 38(1)(b)]@gov.scot>; Mairi Macpherson <Mairi.Macpherson@gov.scot>; Douglas

McLaren <Douglas.McLaren@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;

Deputy Director of Health Workforce, Planning and Development

<DeputyDirectorHWPDP@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section

38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;

[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section

38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)]

<[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section

38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;

[Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; [Section 38(1)(b)] <[Section

38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)]

<[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section

38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;
[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section
38(1)(b)]@gov.scot>; Jason Birch <Jason.Birch@gov.scot>; [Section 38(1)(b)] <[Section
38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)]
<[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section
38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;
Angela Davidson <Angela.Davidson@gov.scot>; [Section 38(1)(b)] <[Section
38(1)(b)]3@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)]
<[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section
38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;
[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section
38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)]
<[Section 38(1)(b)]@gov.scot>; Emily Mackintosh <Emily.Mackintosh@gov.scot>; Ross
Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>;
Jennie Gollan <Jennie.Gollan@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>
Subject: FR MINISTER CLEARANCE PLEASE: Media query - Waiting times for planned paediatric
surgery - BBC Radio 4 File on Four

Private Office

[Redacted - Out of Scope]

Best wishes

[Section 38(1)(b)]

Response

A Scottish Government spokesperson said:

[Redacted - Out of Scope]

“We are committed to driving down waiting times for children and continue to target resources to reduce waiting times, particularly for those waiting longest for treatment, through maximising productivity and additional resources.”

[Redacted - Out of Scope]

[Section 38(1)(b)]

The Scottish Government, St Andrew's House, Edinburgh
Mobile: [Section 38(1)(b)] Portfolio Media inquiries: 0300 244 9021

www.gov.scot/news



From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot> **On Behalf Of** Cabinet Secretary for Health & Social Care 2024

Sent: 11 October 2024 15:03

To: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Communications Health and Social Care <CommunicationsHealthandSocialCare@gov.scot>; Alan Gray <Alan.Gray2@gov.scot>; Fiona Bennett <Fiona.Bennett@gov.scot>; Richard McCallum <Richard.McCallum@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; John Burns <John.Burns@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Spads Admin <Spads_Admin@gov.scot>; Colin McAllister <Colin.McAllister@gov.scot>

Subject: RE: Lines to clear: FOI on waiting lists/£300m - Herald

Hi [Section 38(1)(b)],

[Redacted - Out of Scope]

Regards,

[Section 38(1)(b)]

Deputy Private Secretary to Cabinet Secretary for Health and Social Care - Neil Gray MSP

Scottish Government

E: cabsechsc@gov.scot

M: [Section 38(1)(b)]

From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>

Sent: Friday, October 11, 2024 1:51 PM

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Communications Health and Social Care <CommunicationsHealthandSocialCare@gov.scot>; Alan Gray <Alan.Gray2@gov.scot>; Fiona Bennett <Fiona.Bennett@gov.scot>; Richard McCallum <Richard.McCallum@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section

38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; John Burns <John.Burns@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Spads Admin <Spads_Admin@gov.scot>; Colin McAllister <Colin.McAllister@gov.scot>

Subject: Lines to clear: FOI on waiting lists/£300m - Herald

PO,

[Redacted - Out of Scope]

SG Spokesperson said:

[Redacted - Out of Scope]

“We are determined to reduce waiting times and continue to work with all boards to maximise current resources and productivity. [Redacted - Out of Scope]

[Redacted - Out of Scope]

thanks

[Section 38(1)(b)]

[Redacted - Out of Scope]

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From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>

Sent: Saturday, June 15, 2024 1:48 PM

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Mairi Macpherson

<Mairi.Macpherson@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;

[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Douglas McLaren

<Douglas.McLaren@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Deputy

Director of Health Workforce, Planning and Development <DeputyDirectorHWPD@gov.scot>;

[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section

38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)]

<[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section

38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;

[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; >; [Section 38(1)(b)] <[Section

38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; [Section 38(1)(b)]

<[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section

38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;

[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section

38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; >; [Section 38(1)(b)]

<[Section 38(1)(b)]@gov.scot> [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section

38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;

[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Angela Davidson

<Angela.Davidson@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]3@gov.scot>; [Section

38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;

[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section

38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)]

<[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section

38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;

[Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section

38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Jenny Scott

<Jenny.Scott@gov.scot>; Communications Health and Social Care

CommunicationsHealthandSocialCare@gov.scot

Subject: TO CLEAR | Sunday Post - rise in private for children under age of nine

Cab Sec/PO

[Redacted - Out of Scope]

A Scottish Government spokesperson said:

[Redacted - Out of Scope]

“We are committed to driving down waiting times for children and continue to target resources to reduce waiting times, particularly for those waiting longest for treatment, through maximising productivity and additional resources.”

[Redacted - Out of Scope]

[Section 38(1)(b)]

Constitution, External Affairs and Culture Communications

The Scottish Government, St Andrew's House, Edinburgh

Mobile: [Section 38(1)(b)] Portfolio media enquiries: 0300 244 9029

www.gov.scot/news



From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot> **On Behalf Of** Cabinet Secretary for Health & Social Care 2024

Sent: 16 May 2024 18:10

To: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Communications NHS Recovery, Health and Social Care

<CommunicationsNHSRecoveryHealthandSocialCare@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Alan Gray <Alan.Gray2@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Chief Nursing Officer <CNO@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Emily Mackintosh <Emily.Mackintosh@gov.scot>; Spads Admin <Spads_Admin@gov.scot>

Subject: RE: TO CLEAR: Media Query - Increase in private hospital care - PA

Hi [Section 38(1)(b)],

[Redacted - Out of Scope]

[Section 38(1)(b)]

[Section 38(1)(b)]

Private Secretary to Minister for Public Health and Women's Health - Jenni Minto

The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG

MinisterPHWH@gov.scot

From: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>

Sent: Thursday, May 16, 2024 5:28 PM

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Communications NHS Recovery, Health and Social Care

<CommunicationsNHSRecoveryHealthandSocialCare@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; Alan Gray <Alan.Gray2@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section

38(1)(b)] <[Section 38(1)(b)]@gov.scot>; [Section 38(1)(b)] <[Section 38(1)(b)]@gov.scot>;
[Section 38(1)(b)] <[Section 38(1)(b)]2@gov.scot>; DG Health & Social Care
<DGHSC@gov.scot>; Chief Nursing Officer <CNO@gov.scot>; [Section 38(1)(b)] <[Section
38(1)(b)]@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Emily Mackintosh
<Emily.Mackintosh@gov.scot>; Spads Admin <Spads_Admin@gov.scot>

Subject: TO CLEAR: Media Query - Increase in private hospital care - PA

PO/Cab Sec,

[Redacted - Out of Scope]

Best wishes,

[Section 38(1)(b)]

[Redacted - Out of Scope]

QUERY

Nuffield Trust: Patients drift towards paying for hospital care out of their own pocket across all four UK countries

[Redacted - Out of Scope]

The Nuffield Trust data briefing *How has the role of the private sector changed in UK healthcare?* also explores an increase in private care delivery funded by the NHS:

- Despite record levels of staffing and greater levels of funding within the NHS, trusts in England provided fewer hospital admissions in 2022/23 than before the pandemic, illustrating a productivity challenge within the health service.

[Redacted - Out of Scope]

[Section 38(1)(b)]

Communications Health and Social Care

The Scottish Government, St Andrew's House, Edinburgh
Portfolio Media inquiries: 0300 244 9021

www.gov.scot/news

