

Cabinet Secretary for Health and Sport

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Scottish Parliament
Edinburgh
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Via email: healthandsport@parliament.scot

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Dear Lewis

Resuming National Health Services

In the Parliamentary debate on the above on 2 June I set out my plans for the remobilisation of the NHS in Scotland. I am writing to update the Committee on the progress made to date.

I know the Committee will understand that a careful balance needs to be achieved in managing our healthcare capacity as we move into the next phase of our response to the COVID-19 emergency. Understanding what we need to keep in reserve to deal with the existing priorities of COVID-19, urgent, emergency and maternity care is paramount; as well as providing appropriate support to care homes, in establishing what capacity there is to safely and incrementally restore paused services.

On 31 May, I published *Re-mobilise, Recover, Re-design: The Framework for NHS Scotland* (<https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/>).

The Framework, as informed by engagement with key stakeholders including Royal Colleges, Academies, unions and others, sets out the guiding principles that will underpin the approach to the next phase for the NHS; and how we will make critical decisions guided by clinical prioritisation. The document sets out the broad direction for re-mobilising and recovering the NHS; recognising that there have been some very positive innovations (e.g. how patients can access more services digitally) that we want to retain. The aim is to set out a clear and evidence-based methodology that promotes robust and informed decision making, recognising that we will not be able to safely resume all paused services at the same time. The Framework is clear that local circumstances will be a key determinant for how and when services can be resumed, alongside clinical prioritisation.

I fully recognise that the NHS does not exist in isolation. The ongoing, iterative development of local plans need to be founded on a whole health and care system approach, involving active engagement with external partners, service delivery partners and service users.

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This is why I previously announced plans to establish the Mobilisation Recovery Group (MRG). The Group, which I will chair, will ensure that key stakeholders have an important role in informing our decisions around the safe and effective resumption of services; and that our approach to the recovery of health and social care services continues to be as robust as possible. I have now written out to a wide range of some 30 stakeholders and partners to ask if they will join me on the MRG. It is currently planned that the Group will have its first meeting on 29 June. Details of the invited members of the group are attached in the annex to this letter. I will be happy to share the MRG's terms of reference with the Committee, once the Group has formally approved these.

I also wanted to update the Committee on progress being made by NHS Boards in safely resuming those services paused in the initial response to the COVID-19 emergency. NHS Boards have continued to protect key services throughout the pandemic and are now gradually resuming services across key specialties including cardiology, urology, trauma and orthopaedics, as well as endoscopies and other diagnostic services. Patients will be seen on the basis of clinical need, and anyone who has been offered an outpatient or diagnostics appointment or a date for surgery should attend in order to ensure that they receive the treatment and care that they require.

As Scotland moves into Phase 2 of the route map, I am pleased to report that NHS Boards are making good progress in planning the safe resumption of paused services. Boards are continuing to review how services are delivered so that treatment can be effectively provided whilst ensuring that staff and patients are safe. This work will take time and, in some cases, will mean that how patients access services will look and feel different.

A summary on services which are likely to be resumed, by territorial Board area prior to the end of July, was published on 19 June (<https://www.gov.scot/publications/coronavirus-covid-19-mobilisation-of-key-clinical-services/>). There remains further work to be done to resume elective treatments which will inevitably mean some patients waiting longer than normal to access these. Please be assured that I am fully aware of the regrettable anxiety this may cause; and that we are working with NHS Boards to resume services as soon as possible, including examining all resources, such as the Golden Jubilee National Hospital and NHS Louisa Jordan.

Whilst we have moved to Phase 2, we should not forget that NHS Scotland is still on an emergency footing. Health Boards and their planning partners will continue to work on safely resuming services whilst protecting COVID-19 capacity, as informed by the evidence, clinical priorities and associated national frameworks and guidance.

I hope that the Committee finds this helpful. I will continue to keep the Committee updated on progress with the safe and effective resumption of paused services. In the meantime, if there are any questions, my officials or I remain happy to assist.

JEANE FREEMAN

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PROPOSED EXTERNAL MEMBERSHIP OF MOBILISATION RECOVERY GROUP

Stuart Currie	Health & Social Care Spokesperson, COSLA
Sir Lewis Ritchie	Mackenzie Professor of General Practice
Theresa Fyffe	Director, Royal College of Nursing
Lewis Morrison	Chair of Scottish Council, British Medical Association
Carey Lunan	Chair, Royal College of General Practitioners
David Chung	Chair, Royal College of Emergency Medicine
Miles Mack	Chair, Academy of Medical Royal Colleges and Faculties
Sandra Campbell	Convenor, Scottish Social Services Council
Joanna MacDonald	Chair, Adult Social Care Standing Committee
George Crooks	Chief Executive, Digital Health & Care Institute
David Garbutt	NHS Board Chairs' Group
Pauline Howie	NHS National Boards' Group
John Burns	NHS Board Chief Executives' Group
Peter Murray	Chair, IJB Chairs & Vice Chairs Group
Kieron Green	Vice Chair, IJB Chairs & Vice Chairs Group
Eddie Fraser	Chief Officers' Group
Andrew Kerr	Health and Social Care Spokesperson, SOLACE
Annie Gunner Logan	Coalition of Care and Support Providers
Andrew Buist	Chair, British Medical Association GP Committee
Harry McQuillan	Chair, Community Pharmacy
David Quigley	Chair, Optometry Scotland
Philip Grigor	Scotland Director, British Dental Association
Donald MacAskill	Chief Executive, Scottish Care
Ian Welsh	Healthcare & Social Care, Alliance Scotland
Peter Macleod	Chief Executive, Care Inspectorate
Carole Wilkinson	Chair, Healthcare Improvement Scotland

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