



The Scottish Parliament  
Pàrlamaid na h-Alba

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Dear Jeff,

Thank you for the evidence NHS Dumfries and Galloway gave to the Health and Sport Committee on Tuesday 30 October. We were impressed with the quality of the evidence provided. We were particularly pleased to hear how successful the board had been in delivering the new hospital.

As has become the normal approach following such sessions the Committee wishes further information on evidence heard during the session and to raise questions there was insufficient time to ask.

The Official Report of the meeting is available [here](#) and for ease of reference I will refer to passages from it by reference to the relevant column numbers.

### **Rising drug costs**

In relation to rising drug costs you advised concerns about the growth in prescribing, noting it had shifted from general prescribing to acute prescribing. You noted acute prescribing over the past four to six years has been beyond your predictions (Column 4). Can you advise what work is being undertaken to address this rise and improve your forecasting.

Dr Donaldson described some of the work being undertaken as part of the realistic medicine agenda (Column 4) and suggested there was a requirement for public engagement and education. Can you elaborate on what work is being undertaken by NHS Dumfries and Galloway in relation to this?

### **Staffing levels/ recruitment**

You note the scale of additional staffing for the new hospital was not sufficiently appreciated with additional staff having to be recruited. Issues which were testing traditional staffing methods were noted as being “the footprint of the hospital, new ways of working around the frailty at the front door project and single rooms” (Column 10).

Can you advise what work was undertaken to calculate the staffing compliment, including how issues such as single occupancy rooms were taken into account? What discussions did you have with other health boards who have moved to similar set ups (such as NHS Greater Glasgow and Clyde) to look at issues such as best practice and the reality of staffing in such circumstances?

In relation to increased agency costs a need to reinvigorate your approach to recruitment was noted with an expanded focus to include AHPs and nurses and not just medics (Column 15). Can you advise what work is being done to take this forward and how you are working to reduce agency costs.

You mentioned the West of Scotland regional work and how the travelling distance between Glasgow and Dumfries and Galloway make joint working inherently inefficient (Column 16). We are aware of work NHS Orkney undertakes with mainland boards so that consultants spend two weeks on island and two weeks off. Can you advise if you have had any discussions with other boards to see how they deal with such recruitment issues and share best practice? Are there any opportunities to increase the use of technology being explored?

We welcome confirmation that you, and other mainland boards, are about to issue a staff survey to obtain precise numbers of staff who are from the EU or on tier 2 visas (Column 16). Can you advise why this is only just happening now?

### **Strategic leadership and accountability**

During the session you were asked about the move towards regional planning and how the responsibilities of boards will work within the region. We welcome the information provided but would be grateful if you could advise your thinking on:

- The extent to which NHS boards should be held accountable for services that are planned and delivered on a regional basis, for example cancer services. How will any such accountability issues be resolved?
- How the NHS contribution to the IJB budget is determined and where, if at all, accountability is considered to rest in respect of NHS services delivered on behalf of an IJB, for example, who is responsible for any overspends in these areas.

### **Clostridium Difficile Infections**

We note NHS Dumfries and Galloway was one of the health boards with the highest rates of Clostridium Difficile (C. Diff) in the last year. The Performance Management Quarterly Report notes the infection rate for C. Diff was 31.3 cases per 100,000 occupied bed days for the quarter ending 31 March 2018. This is above the rate for Scotland of 10.9 cases per 100,000 occupied bed days.

Can you advise how you are working to reduce infection rates?

## **CAMHS**

During the evidence session you advised you would provide details of the number of people waiting for tier 4 services. I would be grateful if this could be included in your response.

We welcome the introduction of a mental health worker for urgent referrals and the development of additional primary mental health workers in general practice (Column 18). Can you advise how many primary mental health workers you are looking to recruit and the expected timescale for them to be in post?

It was also noted NHS Dumfries and Galloway were experiencing recruitment issues for nursing in specialist areas such as CAMHS which is affecting the performance target (Column 18). What work is being undertaken to try and encourage people into these roles and how long do you expect it to take until you are meeting the 90% target?

## **Prevention**

Julie White spoke about the importance of the prevention agenda to your long-term projections on efficiency (Column 3 and 22). Within this we heard about the rapid response service for Nithsdale and the short-term assessment and reablement service (STAR). In our recent report, [Preventative Action and Public Action](#), we noted the need for more primary prevention (preventing people becoming ill with preventable diseases). Can you advise of any primary prevention work NHS Dumfries and Galloway is undertaking?

## **Winter planning**

We note an extremely high level of emergency department and GP referrals put significant pressure on resources at the new Dumfries and Galloway hospital earlier this year and as a result it was placed on 'Red Status' on 3 January 2018. To ensure a more effective use of bed space and resources outpatient clinics were suspended and some elective surgeries were postponed.

The Performance Management Quarterly Report notes emergency admissions continue to be above the desired trajectory (1,400) with a rolling monthly average of 1,480 a month at March 2018.

We would be grateful if you could advise:

- What impact the level of emergency admissions, above the desired trajectory, has on the boards capacity to respond to additional winter pressures.
- Whether you anticipate any significant problems meeting demand during winter 2018/19.
- What steps the board has taken to address potential challenges over this coming period.

## **Prison healthcare**

NHS Dumfries and Galloway is responsible for the healthcare of prisoners at HMP Dumfries. We would welcome details on how prison healthcare is managed.

During our inquiry into [Healthcare in Prisons](#) in 2016 NHS Dumfries and Galloway made a [written submission](#) which noted “one key gap in service provision (not only for D&G) is the lack of resource available for clinical psychology”. Two years on from this submission can you advise:

- If there are still issues around this resource?
- The steps taken to improve prisoner access to mental health services.

It would be appreciated if your response to these questions could be received by 5 December.

Yours sincerely



Lewis Macdonald  
Convener  
Health and Sport Committee