



The Scottish Parliament
Pàrlamaid na h-Alba

Via email
Mr John Brown CBE
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NHS Greater Glasgow and
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Dear Mr Brown

I refer to the evidence NHS Greater Glasgow and Clyde gave to the Health and Sport Committee on Tuesday 8 May and as has become the normal approach following such sessions the Committee wish further information and elaboration in relation to aspects thereof.

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. As a general comment the Committee thought the members of the panel were competent and polished in the answers they provided.

Opening Statement

From your opening statement there are a number of issues upon which the Committee would like elaboration. You refer to 24 million prescriptions being issued, can you indicate if that is the number of items dispensed or the number of prescriptions issued. Does the board track who is issuing the prescriptions and hold comparative figures by locality. What if any work is undertaken in relation to prescriptions and does the board analyse and utilise the information?

You indicated there are more than 900 clinical research studies delivered, does the board obtain any direct financial benefit from this work?

To what extent can and does the board influence the movement of resources out of acute care to primary and community care when as the committee understand it the IJB is responsible for providing the board with directions in line with their strategic commissioning plans?

Can you indicate how the board is “ensuring that the integrated joint boards are supporting the delivery of the health and social care delivery plan” (column 5)

As a percentage of budget how much efficiency savings have you targeted?

What actions are you taking to “get the public on board” in understanding the benefits of changes (columns 4-5)?

Waiting Times

It was stated you have made significant progress in reviewing and establishing baseline capacity and are now redesigning pathways and doing things differently to get you into a much better position this year. (columns 6-7) What benefits on waiting times do you anticipate this will produce and when do you expect to meet the 23 week guarantee?

In relation to cancer delays Jane Grant indicated (column 18) to “flexing capacity” as required to address diagnostic capacity. Can you explain how that is done and how the consequential impacts on other parts of the system are handled?

Telehealth

An interesting example was given of benefits from holding a videolink clinic to the Western Isles. (column 8) Does the board have any assessment of the projected savings that could accrue from the increased use of technology, both for the board and patients?

Delayed Discharge

Various measures and activities were described designed to address the problem of delayed discharge, all with a view to reducing the number of delayed bed days from 4,300. (Columns 11-15) While recognising that as demand at the front door rises this will work through to discharge what are your delayed discharge targets for the current year?

Health Improvement

Given the potential time lag for improvements to emerge, particularly in life expectancy, how does the Board intend to measure the effectiveness of its work in this area?

Financial Savings

It was confirmed you were carrying £29.6million of unachieved savings into the current year and you were continuing to look at this. Can you explain what an unachieved saving is, how it was possible to achieve financial balance with this level outstanding and whether this is considered to be a liability on your accounts? Can you also indicate what proportion of the boards savings are non-recurring? (column 29)

Detail of the measures which led to the overspend predicted at December 2017 being addressed were provided (column 29). The Committee would like to understand how it was possible for the later “savings” in particular to

materialise only at the last minute? Please also advise why the rebasing was not anticipated in projections and how this aspect is addressed throughout the year in papers to and discussions by the board allowing them to make ongoing budget and financial decisions?

A&E Attendance

There was a lengthy discussion of some of the factors contributing to your higher than average attendance and accident and emergency for unscheduled care needs. These included anticipatory care plans, patient education, front door initiatives and minor injury clinics. (columns 30-31 & 33) Does the board have any action planned in relation to the opening hours of GP surgeries particularly on the back of new contracts? Are you taking any action to identify and address the behaviour of those who attend A&E most frequently?

Access to Records

While discussing an enhanced role for community pharmacists (column 32) issues were indicated around data protection. This is an area the Committee has frequently discussed with the Scottish Government, can you advise what progress you are making to open up access and when you anticipate this being achieved? Please also confirm this access is intended for a range of medical professionals and clinical groups including optometrists?

The Committee would welcome your response to this letter by 28 June.

Yours sincerely



Lewis Macdonald
Convener
Health and Sport Committee