



The Scottish Parliament
Pàrlamaid na h-Alba

Via email only

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Dear Jane

Thank you for giving evidence on 15 September to the Committee as part of our budget inquiry. The Committee appreciate the information you provided and have asked that I write on their behalf to seek further information as well as elaboration in a number of areas. References in this letter are for ease of reference to columns in the [Official Report](#) of the session.

Funding and additional costs

There were a number of exchanges during the session in relation to additional costs, cost pressures, savings and budgetary implications. Mark White indicated (col 7 and 18) your first quarter submission was for £60 million for the Board and £59 million for the IJBs. Later (col 18) Mark indicated the submitted figure for the whole year for the IJBs was £144m and for the Board £190m (col18). Adding around £70 million was unachieved savings (col18).

Since then the Scottish Government have confirmed resource allocations to NHS Greater Glasgow & Clyde of £102m and the HSCPs of £67m to support additional COVID pressures in 2020-21. In evidence on 29 September the Cabinet Secretary indicated this was “as a result of the quarter 1 review and our looking ahead to what we anticipate boards’ costs will be”. She did also indicate further substantive funding would be allocated in January.

Can you provide the following information on funding and costs please:

- Do all of the above figures exclude PPE?

- What other costs are excluded as being met directly by the Scottish Government?
- Do your current estimated costs remain at the levels stated above and how much additional funding are you expecting in the January allocation referred to?
- Is all the additional funding required by the HSCPs being routed through the Health Board? If so, at what point are these sums transferred to the HSCP – is the HSCP required to demonstrate expenditure incurred before receiving the funding?
- Are you anticipating the unachieved saving figure of £70 to be included in the allocations from the Scottish Government?
- If not what impact will there be on end year balances?

GP costs

We noted Mark indicating GP costs might not be transparent or clear (col 21). Although later you explained processes are in place to track expenditure of what goes to general practice. You also explained the role of the deputy medical director who is a practising GP in relation to service provision.

The Committee recognise the role of the GP within the community assessment centres and hubs, can you confirm this role was undertaken as part of existing contractual requirements as independent contractors and what if any additional payment was made to them for this.

You also explained monitoring arrangements that are in place and how these linked to the new GMS contract (col 22). To what extent does the Board monitor outcomes from this work to satisfy yourselves in relation to value for money?

Could you also advise on respective workloads of GPs before and since the crisis which I think you indicated were covered by the GMS contract (col 22).

Prioritising missed patients

You explained (col 13) that patients who had treatment delayed were being prioritised on the basis of clinical need by clinicians. Could you elaborate on this please and indicate how this assessment is being taken forward including the input of patients and the extent to which their actual current position is taken into account.

I look forward to receipt of the above information and it would assist our budget scrutiny if this could be received by 22 October.

Yours sincerely

Lewis Macdonald
Convener, Health and Sport Committee