

Lewis MacDonald MSP
Convenor
Health and Sport Committee
Scottish Parliament
Edinburgh
EH99 1SP

16 November 2020

Dear Lewis

As Health and Sport Committee members will be aware, the NHS in Scotland is facing unprecedented challenges caused by the current COVID-19 pandemic. The impact on NHS Boards elective activity has been profound with the elective waiting list currently at their highest level. This presents significant difficulties for NHS Boards especially as we move into the winter months and Boards continue to deal with increasing level of COVID-19 infections.

Whilst we are working to maintain as much non COVID-19 healthcare activity as we safely can, that will inevitably be affected by the degree to which the virus is suppressed. Consequently, given our Strategic Framework approach and the differing levels of virus prevalence we are seeing across the country, we need to give our clinicians and Board flexibility to manage the demands on activity in this continuing emergency situation.

To support NHS Boards through this difficult time, and as outlined in the NHS Winter Preparedness Plan published on 28 October, I am today publishing the Framework for the Clinical Prioritisation of Elective Care which sets out the principles for NHS Boards to follow when considering decisions around the urgency of their elective care waiting lists. This is being announced by way of a Government Inspired Question that will appear in the Official Record today and a copy of the Framework is attached with this letter for members' information and available via <https://www.gov.scot/publications/supporting-elective-care-clinical-prioritisation-framework>

The Framework provides NHS Boards with clear guidance for prioritising elective care ensuring appropriate COVID-19 safety and priority measures are in place.

NHS Boards will follow the Framework to categorise patients into four levels of urgency based on their particular clinical condition. This clinically based prioritisation will determine the timeframe within which patients will be seen and treated, ensuring that patients with the greatest clinical need are treated quickest.

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The Framework sits alongside section 8(3) and 8(4) of the Patient Rights (Scotland) Act 2011 which continues to require NHS Boards to take all reasonably available steps to ensure they are compliant with the treatment time guarantee (TTG). These steps include appropriately prioritising the start of the patient's treatment taking account of their clinical needs, and the clinical needs of other eligible patients, in accordance with the treatment time guarantee.

Implementation of the Framework will ensure patients have a clear and realistic expectation of when they will receive their treatment that is clinically appropriate to their individual circumstances. This is especially important at the current time as the NHS manages the demand pressures of winter, responding to COVID-19 and delivering non COVID-19 healthcare. We will also take steps to ensure that patients receive clear and timely communication on what to expect in relation to their own case.

The Framework has been developed with senior clinical leadership from the Deputy Chief Medical Officer and senior clinical representation from across Scotland.

The Framework will be a valuable tool for NHS Boards and I am very grateful for the work that has gone into developing this.

I trust the Committee find this letter helpful.

JEANE FREEMAN

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