Minister for Sport, Health Improvement and Mental Health
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The Scottish Government
Riaghaltas na h-Alba

LEGACY 2014

Mr Dave Thomson MSP
The Scottish Parliament
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Dear Dave

Thank you for inviting me to attend the Cross Party Group on Skin and Associated Rheumatic Conditions on 7 October 2015. As I shared with the Group, I have a personal interest in this area, so I found the meeting particularly useful and informative. I was sorry I was unable to stay for Dr Douglas' speech, but I I have now seen the paper he shared with members.

I am writing to follow up on some of the issues that the speakers raised but first, may I confirm that the Scottish Government is committed to ensuring that people in Scotland living with long term conditions such as skin and associated rheumatic conditions are able to access the best possible care and support delivered through health and social care services that are safe, effective and person centred.

Turning to Dr Chouliara's presentation on the psychological aspects of skin conditions and how psychological input can be beneficial was very interesting. Demand for psychological services is increasing significantly. The number of people seen by Child and Adolescent Mental Health services (CAMHS), for example, has risen by 30 per cent in the last year – more than 1,000 extra patients in the quarter ending June 2015. To respond to this we are investing heavily in the workforce. For example, we've seen a 70 per cent increase in the number of CAMHS psychologists working in Scotland's health service since 2009/10. Increasing the skills and qualifications of staff so they can deliver evidence based treatments will help deal with increasing demand and reduce waiting times. More progress is needed and we continue to work with health boards to attract more staff and bring waiting times down. That's one of the reasons why we've committed to invest an extra £100 million in mental health over the next five years. £1 million investment in NHS Education from the additional funding will deliver a three year programme to further support the CAMHS and psychological therapy workforce.

The vital role of primary care was discussed and I would confirm that it is at the heart of our 2020 Vision for healthcare provided at home or in a home-like setting.

We hear GPs when they tell us they feel the pressure of a heavy workload. The population is getting older, health care needs are becoming increasingly complex and patient demand for all parts of the NHS is higher than ever. We hear patients when they say they want to see the right healthcare professional for their needs, in the right place, at the right time.

Transformational change in primary care will be critical to delivering our vision. To that end we are working closely with the BMA on the development of the new GP contract and the Cabinet Secretary has commissioned Sir Lewis Ritchie to review Out of Hours primary care and he is going to report to the Cabinet Secretary soon.

The £20.5m Primary Care Transformation Fund will be allocated over the next three years to GP practices to prototype the new vision for the GP contract, including those wishing to use new ways of working to address current demand. This work will inform the design of primary care in the future.

Dr Hassan mentioned the Quality and Outcomes Framework and the Group may be interested to learn of recent developments in this area. I can confirm that on I October, the Cabinet Secretary for Health and Wellbeing announced at the RCGP Conference, the dismantling of the Quality and Outcomes Framework (QOF) in preparation of the new contract in 2017 by developing a transitional arrangement for quality in 2016/17 in Scotland.

Colleagues within Primary Care Division will be developing proposals for this to discuss and agree with the Scottish General Practitioners Committee (SGPC) of the British Medical Association, and will build on the previous changes in QOF in 2013/14 and 2014/15 where the QOF was reduced by 77 and 259 points respectively.

The process adopted for these changes in 2013/14 and 2014/15 allowed GPs and their staff to focus more time on the patient care as against unnecessary form filling, and allowed the patient care to be determined by the GP and/or Practice Nurse based on clinical decision making reasons in conjunction with the patient, as against QOF determining these interventions.

In order to support this principle the financial value of the QOF points were transferred into the GP Contract core funding associated with the Global Sum, and for the services associated with the QOF points, the services and interventions, including the maintenance and coding of patients within the practice disease registers, were transferred into core services, but will now being driven by clinical decision making.

Given that many of the current QOF services will continue as part of the previous and now proposed changes, and recognising the vital role of practice nurses and other primary health professionals play in the delivery of these services, the expectation is that there will continue to be an enhanced role for practice nurses in this important chronic disease management programme.

Going forward, we are keen to engage with the professions as we begin to scope out the implications for the wider primary health care team for the SGPC vision of the GP as the "Expert Clinical Generalist" in the community, and we anticipate active engagement with the RCN and other colleagues. Primary Care Division will be meeting with the Chief Officers of the emerging Integrated Joint Boards later this month with SGPC, to discuss further the implications of this vision.

Dr Chouliara also raised the topical issue of the current position with refugees. Scotland has a long history of welcoming asylum seekers and refugees from all over the world. Immigration and asylum are matters that are reserved to the UK Government and the Scottish Government has repeatedly urged the UK Government to take more refugees and we are very happy for Scotland to play her role and take a fair share.

The Refugee Taskforce, which brings together Scottish Government Ministers, Scottish and UK Government officials, local government and a range of key stakeholders, is working to coordinate and establish Scotland's capacity in a range of matters such as housing, language support, social services and health services, including psychological support for people arriving from Syria. The Scottish Government is providing leadership in this area and will work over the coming weeks and months to ensure Scotland provides a welcome to a proportionate share of the refugees who come to the UK.

Turning specifically to healthcare needs of refugees, as you may be aware the Local Authorities have lead responsibility for putting in place detailed arrangements for refugees arriving in Scotland. They are working closely with their counterparts in health boards around delivery of healthcare. As Dr Chouliara identified at the cross party group, a number of individuals will have very specific healthcare needs. Under the Syrian refugee relocation scheme these should be identified prior to arrival in Scotland during the health screening process carried out by the International Organisation for Migration (IOM). This will enable the local authority and health board to work together to ensure they have the necessary services in place to meet those needs. This will be supported in the first year by additional funding for healthcare from the UK Government. Scottish Government Officials are discussing with the Home Office funding for subsequent years.

I hope this information is helpful to you Dr Chouliara, Dr Douglas and to Group members.

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