

PE1404/FF

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Anne Peat, Clerk to the Public Petitions Committee

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Dear Ms Peat,

Public Petition PE01404

Thank you for your letter of 9 October 2013 to Charlotte Hart about Petition, PE1404, lodged by Stephen Fyfe on behalf of Diabetes UK Scotland.

It is clear from the discussions at the recent Public Petitions Committee meeting on the 1 October 2013, that while Committee members welcome NHS Boards progress on increasing insulin pump provision, members also continue to have concerns regarding the ability of some NHS Boards to meet our ambitious commitment.

In relation to your request to the Scottish Government I would like to offer the following comments:

Given previous slippage, how confident is the Scottish Government that the targets and deadlines set will be met and why? What assurances have been given by Health Boards that the targets will be met?

We have made it clear that we expect all Health Boards to meet our commitment in a safe manner in as short a timescale as possible.

Each NHS Board has appointed executive level leads to take ownership of this work and ensure that their Board remains on track to meet the commitment.

What mechanisms are now in place to monitor and support Health Boards in meeting their targets? What further improvements could be made to these mechanisms to ensure prompt identification of issues to ensure any required interventions can be made?

NHS Boards now provide monthly reports to the Scottish Government to allow effective monitoring of their progress. This enables us to promptly identify when boards' are not meeting agreed trajectories and facilitates mitigating/supportive measures. We have an Insulin Pump Improvement Team in place that are able to support Boards in addressing any challenges as quickly and effectively as possible.

We have requested that Boards include our insulin pump commitment in their Local Development Plans, which are submitted to the Scottish Government for consideration and progress against this is discussed as part of NHS boards' annual reviews.

To ensure our reporting mechanisms are as transparent as possible, the Scottish Diabetes Group, including the petitioner Diabetes UK Scotland, receive regular reports on Boards' progress toward the commitment. The Minister for Public Health has also committed to providing the Public Petitions Committee with regular insulin pump updates.

When a child has gone through the initial transition on to a pump, what assurances are being given to parents that there will be accessible and ongoing support?

As the Committee is aware, type 1 diabetes is complex long term condition requiring regular on-going support from a wide range of health services.

We expect all NHS Boards to have safe and sustainable diabetes services in place to ensure that children and their families are fully supported during their transition onto an insulin pump. However it is the responsibility of individual Boards to ensure services are in place to support children and their parents with this transition and the ongoing clinical support.

NHS Highland and NHS Lanarkshire are under specific performance support arrangements. What are the issues for those health Boards that mean they are unable to progress at the same pace as other Health Boards?

It is important to note that different Boards have started from different baselines on insulin pump provision. Some Boards had an established service in place in helping to support their paediatric service and in providing insulin pumps. Other Boards, such as NHS Highland and NHS Lanarkshire, did not have a paediatric insulin pump service in place, and they had to establish such a service from scratch. This is reflected in their extended trajectories.

Are penalties imposed when Health Boards repeatedly fail to meet targets set? If not, will the Scottish Government consider what penalties could be imposed in such circumstances?

Both the Scottish Government and NHS Boards take the delivery and maintenance of national performance targets and standards very seriously.

Where performance issues arise, the Government works constructively with the Board to help identify the causes and address them, as soon as possible. This all takes place within an established framework of support and intervention which, ultimately, can offer recourse to Ministerial powers of intervention.

There are no arbitrary penalties for Health Boards missing targets and the introduction of such (e.g. financial penalties) would likely further disadvantage local people and patients. Both Boards and the Scottish Government have rigorous

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performance management processes in place and NHS Boards remain accountable to Ministers. As such, repeated local failure to meet a national performance target or standard is also likely to feature prominently during a Health Board's Mid-Year Review and Annual Review; the latter held (in part) in public.

I hope the Committee provides the information contained in this letter helpful.

Yours sincerely,

HELEN STEVENS