



The Scottish Parliament
Pàrlamaid na h-Alba

Jill Young
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Health and Sport Committee

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Dear Jill,

Thank you for your attendance at our meeting on 9 May and for the information you supplied. You offered follow up information in a couple of areas and I would, on behalf of the committee, also like to probe further in relation to some of the information you provided.

References in the following questions are all to the official report of the meeting which is available [here](#).

Costs

Your answer to comparative cost questions are from column 32 onwards. You note your work as being “complex” which I can understand in relation to certain aspects, however, as much of your work is of a more routine nature, the Committee is interested in understanding how you compare in this regard. Are you for example receiving a higher volume of complex cases in these areas and if so can you elaborate on how the costings for these to health boards are calculated.

In relation to orthopaedics you explained the higher costs included implants at up to £2000, costs not incurred in dealing with fractures. Stripping that cost from the ISD figures still shows your costs at say £3672 around 30% higher than the Scottish teaching hospital average. Can you provide further detail in explanation of your higher costs?

Equally you referred to the additional costs incurred by sending your ophthalmology team to the Highlands and other places. However later (column 39) you referred to the efficiency of these visits in seeing at least 100 out patients. Coupled with the statement that each of these patients then become your patients it is unclear why this aspect should inflate as opposed to reduce your average cost per patient. Perhaps you could elaborate in this area.

Ivan McKee requested your data showing you are cheaper than other boards when doing similar processes (column 33), can this material be sent direct to our clerks.

Occupancy rates

In an exchange with Ivan McKee (column 33) you suggested your reported occupancy rate referred only to some wards. I would welcome further elaboration on occupancy rates across the hospital.

Cancellations

There were various exchanges (around columns 34-35) in relation to your 3% rate. You observe the difference caused by other boards counting failures at first appointments in their figures, which in most cases do not apply to you. It seems to me that would tend to make your figure more favourable in making any comparison and perhaps you would further explain the point being made here.

In response to Donald Cameron you referred to cancellations in the cardiac field as a result of urgent transplant cases arriving. Given the relative low number of heart transplants undertaken again I would welcome further elaboration of this point.

You also make the point that an equipment failure in orthopaedics and endoscopy could affect up to 14 patients per day. Given the large number of such patients you are therefore treating, the actual number of patients affected by a 3% cancellation rate for capacity and non-clinical reasons would therefore be correspondingly large suggesting a need to redouble efforts to reduce such failures. Perhaps you could also elaborate on your position in this regard not least given the suggestion in column 36 the 3% is not in fact a great number. We are conscious these numbers translate to individuals being disappointed and delayed.

Referrals from Boards

On the matter of health board referrals to the hospital, you very helpfully explained the background to the problems with ophthalmic referrals from NHS Highland. However, the Committee is aware of reports¹ of other boards not referring certain patients to the hospital, namely, NHS Greater Glasgow and Clyde and NHS Grampian. I would be very grateful if you could confirm the current position with regards to referrals from these Boards.

Savings

Ivan McKee (column 35) requested analysis of the savings that would accrue if everybody followed your model of care planning. Again can you provide this information direct to the clerks?

Communication with patients

You helpfully set out your processes and procedures around communicating with patients, both pre and post admission involving telephone and other contacts. Could you indicate the extent to which you utilise e-mail and other social media methods in this regard?

¹ NHS Grampian - [Scottish Parliament Official Report – 26 January 2017](#)
NHS Greater Glasgow and Clyde - [Scottish Parliament Official report – 3 May 2017 \(Col 6\)](#)

It would be helpful if you could respond and also supply the requested information by 25 May.

Kind regards,

Neil Findlay MSP
Convener