

Quarterly Update from National Services Division



MAY
2020

Part One

National Specialist Services & Networks

The **National Specialist Services Committee (NSSC)** was unable to meet in person as planned on 19 March 2020. Committee members were instead sent an electronic summary paper for the four applications which would have been presented at the meeting and asked to return decisions and comments by email so that these could ideally continue to be progressed. However, it remains likely due to the other urgent commitments of members that some of these applications may be delayed.

1.1 New Designations

There are no new designations in this period.

1.2 New National Risk Share proposals

Ultra-Orphan Medicines

At the January 2020 meeting, the Board Chief Executives group approved the NSSC business case which included provision for a new risk share arrangement for the new Ultra-Orphan drug pathway. At the April 2020 meeting, the drugs to be included in this risk share and the principles for funding at the end of the initial three year period were agreed as follows:

Nusinersen for SMA Type One and *Inotersen* and *Patisiran*, for the treatment of stage one or stage two polyneuropathy in adult patients with hereditary transthyretin amyloidosis (hATTR), were approved for inclusion in the risk share.

Following the final SMC reassessment (three years post initial assessment):

- If the medicine is accepted for routine use, national risk share funding will continue for all eligible patients

If the medicine is **not** recommended:

- National funding would continue for existing patients where the prescribing clinician determines there is an ongoing clinical need and where the benefit of treatment is likely to outweigh risk of harm.
- The funding of any new patients would continue to be responsibility of NSD but would only be funded subject to local HB scrutiny via IPTR/PACS.

1.3. Current services updates – COVID-19

Pause in Non-Urgent Cross Border Referrals to NHS England Providers

NHS England have paused elective non-urgent out-patient and in-patient activity. Private providers contracted by NHS England (on our behalf) to deliver elements of gender confirmation surgery have also stopped routine activity with efforts directed in support of the delivery of surgery required to save life or reduce risk of disease progression. NSD has taken the decision to pause acceptance of funding requests for the delivery of non-urgent care to reduce the burden on NHS England contracted providers until their recovery plans for resumption of services are in place. Policy relating to accepting funding requests for time-critical care is unchanged and is most likely to focus on the investigation, diagnosis and treatment of conditions such as cancer, respiratory or cardiac disease.

Assessment of and support to nationally commissioned specialist services

NSD has been in frequent contact with all nationally commissioned services throughout the evolution of the COVID-19 pandemic. As the scope of services we commission is very broad and some contain both ‘acute/critical’ and more ‘elective’ elements, some services have been more affected by COVID-19 than others. We have:

- reviewed territorial **NHS Board mobilisation plans** to ensure we are sighted on planning affecting national specialist services, particularly those judged as either ‘critical’ or ‘high priority’
- undertaken **recurring ‘temperature’ checks of services**, to ascertain at regular intervals which services/elements of services have been restricted or paused as a result of COVID-19. This enables us to assess impact on patient care and offer support to those services which will be temporarily restricted but will need to plan for expansion again in the near future
- recognised the need for flexibility in our current Service Agreements and have informed services that we are not expecting them to complete and return **Annual Reports** by the usual deadline of 31st May. Instead we will work towards another date for these once the current crisis has abated. In the meantime, we will align with Scottish Government advice in relation to financial reporting as it emerges
- written to all services to offer our help in due course to support their **planned recovery** back to normal service provision, hopefully towards May/June of this year
- continued to liaise with **NHS-England Specialised Commissioning**, and our other devolved administration national commissioning colleagues, to plan and support mutual aid and pan-UK specialist service planning where appropriate

Over the next few weeks we will work with commissioned services to develop recovery plans to restore services in line with Scottish Government and host Board requirements.

Particular service highlights:

Identification of ‘highly vulnerable’ patient cohorts for COVID-19 shielding

We have worked with a number of our specialised services and national networks (e.g. Cystic Fibrosis, Transplants, Haemoglobinopathies network) to assist Scottish Government in identifying those individuals within groups of patients who are deemed ‘highly vulnerable’ in terms of COVID-19, so that they can be individually contacted and given advice and support with ‘shielding’.

Transplant services

Solid organ transplant recipients are deemed ‘highly vulnerable’ in terms of COVID-19 disease in view of their associated immunosuppression treatment. Across the UK, renal, pancreas and islet cell transplants have halted, and can be delayed to a time when the risk-benefit ratio is more favourable. In addition, the availability of donated organs has also been affected by COVID-19 and stricter donation criteria.

Lung transplants (in England) are being considered on a case by case basis at this time.

Cardiac and liver transplants for urgent patients should ideally continue, within COVID-19 'clean' environments for both surgery and follow up. We are working closely with Scottish Government and our specialist transplant teams to determine the best configuration for these services in Scotland. Demand modelling and availability of supporting services (including appropriately skilled and COVID-separate ICU facilities) support the continuation of cardiac transplants at the GJNH and liver transplants at the Royal Infirmary of Edinburgh at the current time. NSD participate in daily transplant discussion calls with NHSBT to respond to the rapidly changing transplant landscape on a UK-wide basis.

Laboratory Medicine

The nationally commissioned Public Health laboratory services were critical to the initial development of COVID-19 testing capacity. We have worked closely with Health Protection Scotland and Public Health England to secure a rapid increase in testing facilities. As these tests are now expanding to other laboratories and sites across Scotland, the nationally commissioned genetic laboratories are reducing their activity in relation to Clinical Genetics and instead supporting the expansion effort. Genetics will continue to prioritise ante-natal and molecular pathology tests to support continuing Cancer diagnosis, prognosis and treatment pathways. The National Laboratory for diagnosing Lyme Disease in Inverness has been setup to provide Serology testing for confirmation and identification of antibodies in patients who may have had COVID -19.

Paediatric Intensive Care Units (PICU) & Paediatric Surgery

While cases of children with COVID-19 are low, there has been significant indirect impact on children's services with reduced elective impacting on PICU activity. NSD has worked with both Scottish PICUs and ScotSTAR to undertake a rapid capacity-demand modelling piece, to determine the minimum likely PICU demand for essential paediatric treatment/surgery in order to protect this, whilst also potentially releasing some ICU capacity to provide additional support for adult patients. This is being fed directly into the critical care planning process at Scottish Government and in NHS England. The planned expansion of PICU usual capacity will be recommenced post COVID.

Adult CF Services

We have worked with Boards and Service providers to agree supply of spirometers to all adult patients that require them in order that their lung capacity can be monitored remotely in order to avoid unnecessary and potentially risky hospital visits.

Adult ECMO

Working with NHS Grampian we have supported the increase in ECMO capacity, through purchase of additional consoles to provide care to an increased number of patients within agreed UK criteria during the COVID-19 management. The service can manage up to six patients and has to date managed five concurrently. Also liaising with the Paediatric ECLS, NHS Greater Glasgow and Clyde have loaned a couple of consoles to NHS Grampian in order for them to be able to retain mobile retrieval.

1.4 Proposals under consideration

Stage Three

Complex MESH Removal Service

Scottish Government asked National Services Division (NSD) to establish a national designated service for *Complex Mesh Removal* for the small group of women who require specialist surgery to mitigate complications of their surgery. The service, located in NHS Greater Glasgow and Clyde, would be provided by a multi-disciplinary team (MDT) who have significant experience in delivering the treatment for women. It would offer complex vaginal mesh removal surgery for women over the age of 16 who have mesh complications from mesh insertion (vaginally or abdominally) for urinary incontinence and prolapse.

Whilst this proposal was circulated virtually and was taken to Board Chief Executives capacity issues in terms of expertise to carry out the surgery is likely to result in an inability to comply with TTG. In conjunction with SAMD, Accountable Officers and patient groups, a clear prioritisation policy is to be developed to ensure those in greatest clinical need are dealt with as a priority.

Left Atrial Appendage Occlusion (LAAO)

A Stage three application from NHS Lothian is anticipated to be received later in 2020/21. Date to be confirmed once COVID recovery plans are understood.

Stage Two

Primary Ciliary Dyskinesia (PCD)

NPPPRG have supported the progression of this service to a Stage Three. This will be reviewed and reactivated later in the year.

Stage One

Thyroid Cancer Network

A Stage One application is being developed to build on the achievements and continue the work of a short life working group.

Chest Masculinisation Surgery

NPPPRG have supported the progression of this service to a Stage Two. This will be reviewed and reactivated later in the year.

National Paediatric Gastrointestinal Motility Service

NPPPRG have supported the progression of this service to a Stage Three. This will be reviewed and reactivated later in the year.

1.5 Horizon Scanning

A range of proposals have been highlighted to NSD for possible national designation. These will be presented to NSSC for further detailed consideration if they gain appropriate support. However, as Health Boards continue to manage the COVID-19 pandemic and develop plans to recover and restore current services, it is likely that these applications may not be considered until much later in the year

- **Scottish National Neuro MRI-guided Focused Ultrasound Centre** – discussions ongoing between NHS Tayside and NSD Clinical team. It may be possible for NHS Scotland to join in planned commissioning by NHS England for this new technology.
- **Scottish National Hilar Cholangiocarcinoma Surgery Service** – the National Planning Executive Leads Group have agreed that this should go forward for a stage one application for national designation
- **Scottish Interventional Pulmonology Service, NHS Lothian** - proposers have requested a postponement in meetings due to other priorities and will resume progress later in the year.
- **Osseointegration Surgery Service, NHS Greater Glasgow and Clyde** - meeting with team has been postponed however will be discussed in late 2020.

Previously notified – current work

- **Mortuary Standards Network** - awaiting pre-proposal template completion to progress through existing the Scottish Pathology Network (SPAN).

- **Amyloidosis Service/Network** - NSD working with National Amyloidosis Centre, London, clinicians in Scotland and NHS England to explore the establishment of a short life working group to progress proposal. Patient charity has recently been in contact and keen to support and contribute to development. Discussions ongoing
- **Scleroderma Network** - NHS Greater Glasgow and Clyde and Golden Jubilee Foundation Hospital - Stage One proposal in development however other priorities within respiratory medicine are constraining capacity of proposer to take forward
- **Lymphoedema/Lymhpoedema surgery** - NHS Tayside – currently paused due to other priorities, for exploration later in year
- **Infectious Disease Network** - having met with proposer they have been asked to develop Stage One proposal however current COVID-19 work in HPS taking priority
- **Paroxysmal Nocturnal Haematuria** – NHS Lanarkshire, work ongoing
- **Paediatric Radiotherapy** – correspondence from Children and Young Peoples Cancer MSN supporting ongoing work was received, however other priorities within Greater Glasgow and Clyde reduces capacity to work up until later in year
- **Facial Reanimation** – NHS Greater Glasgow and Clyde and NHS Lothian – discussion currently paused due to other priorities for exploration later in year
- **National Plasma Products Expert Advisory Group (NPPEAG)** - potential development to a network, discussions ongoing.
- **Lung Transplant** - Golden Jubilee; awaiting re-submission
- **Home/Long term Ventilation Network** - National Advisory Group for Respiratory Disorder; work ongoing and seeking Clinical Fellow or PH Trainee to undertake needs assessment.

1.6 National Service and Network Reviews

All NSD services and Networks are reviewed on a three to five yearly cycle. NPPPRG approved the review of the Adult Renal Transplantation Service. This will be considered by NSSC at the next meeting along with any other reviews completed.

1.7 New Service Implementation

The following services have been designated as National Specialist Services. Start dates are expected as follows:

- **National Scottish Paediatric & Young People Craniofacial Surgery Service** - hosted by NHS Greater Glasgow and Clyde, full development of this service is likely to be delayed, although urgent patients may continue to be seen.
 - **Adult Respiratory ECMO service** – April 2020, hosted by NHS Grampian
 - **Scottish Veterans Healthcare Network** – start date TBC post COVID
 - **Scottish Fertility Network** – start date TBC post COVID
 - **Scottish Maternity Network** – started with some work including COVID
- } Some initial work ongoing

New Service/Network updates

Scottish Molecular Radiotherapy Treatment Centre (SMaRT) - commencement of the service delayed due to environmental issues at the Queen Elizabeth Hospital in Glasgow and further delayed due to COVID-19 outbreak.

Secure Care Adolescent Mental Health services – the full business case is currently being developed and will be completed by June 2020 with the anticipation that construction will begin soon after. These dates for submission have been revised and this has impacted on the proposed start date of the service of July 2021. NHS Lothian is working up capital plan for LD CAMHS facility in line with the development of the Royal Edinburgh site. Tentative completion dates for facility 2022/23, therefore funding prioritisation will be considered in due course.

Commenced April 2019

Haematology & Transfusion Medicine Network (HaTS)– good progress has been made in delivering year one objectives. However, a significant proportion of network activity has been suspended because clinical staff have either been deployed to other areas or no longer have capacity to contribute. The network has undertaken a COVID-19 Impact Assessment and identified a number of projects for progression, including annual data benchmarking. Potential for HaTS to support virology services and COVID-19 testing is being explored.

National Lutathera Therapy Service for Neuroendocrine Tumours – NSD is continuing to receive monthly activity reports as a matter of course. Demand has exceeded initial projections however the service is working to identify strategies to deliver efficiency in capacity increase.

Retro-peritoneal Lymph Node Dissection – service progressing with the agreement of KPIs

Paediatric End of Life Care Network (PELiCaN) – focused on engaging stakeholders, collecting baseline data and establishing the network structure, year one has progressed well. The network has undertaken a COVID-19 Impact Assessment and identified a number of projects which can be progressed with reduced stakeholder input. PELiCaN has worked with Scottish Government to produce tailored COVID-19 guidance about children and families with palliative, end of life and bereavement care needs.

Hearing Impairment Network for Children and Young People (HINCYP) - a modified stakeholder engagement/strategic planning event was held in March 2020 which has enabled the network to progress work to develop its structure and detailed workplan. The network has undertaken a COVID-19 Impact Assessment; projects that require clinical input are largely suspended due to lack of capacity of clinicians to contribute. However, other work will continue.

Systemic Vasculitis Network - good progress has been made towards year one objectives. The network has undertaken a COVID-19 Impact Assessment; all network meetings have been postponed, revised or cancelled and timescales and scope of a number of objectives amended. The network is developing an instance of the Clinical Audit System (CAS) to support the collection of COVID-19 data in line with NHS England.

National Neonatal Network – operating for nine months, the national neonatal network sits alongside the national maternity network under the governance of the Strategic Perinatal Network. Decisions are still running on whether the network will be aligning its work programme with the Best Start.

Perinatal and Infant Mental Health Programme Board – Following the initial set up of the Programme Board and delivery of year one priorities, a new, reduced model of programme support has been agreed with SGHSCD. Close links to a range of nationally commissioned networks and services will be maintained.

Part Two

National Screening Programmes

National screening programmes across Scotland have been temporarily paused due to the rapidly changing situation with COVID-19.

The announcement made by Scottish Government on 30 March 2020, was based upon clinical advice and supported by National Services Division as the body responsible for the co-ordination of the screening programmes across Scotland.

The paused programmes are as follows:

- Breast Screening
- Cervical Screening
- Bowel Screening
- Abdominal Aortic Aneurysm (AAA) Screening
- Diabetic Retinopathy (Eye) Screening.

Pregnancy and Newborn Screening Programmes, including tests offered during pregnancy and just after birth, continues where logistically practical.

With the health service under significant pressure as cases of Coronavirus rise, the pause in screening programmes allows redeployment of staff to work in other areas and join the effort to tackle the effects of COVID-19. It also reduces the risk of travel and contact between well members of the population and maintains the call and recall programmes.

Information relating to the screening programme changes is available on [NHS Inform](#) and the [National Services Division website](#).

Programme Boards for each of the paused programmes met to

- Identify and resolve issues arising from the pause
- Agree principles for re-starting of the programme
- Begin the complicated task of restarting – modelling some options for assessment & approval. These will be brought to the Directors of Public Health, Board Chief Executives and SG in due course.

Now that all adult screening has been paused in Scotland it is important that the planning for restarting all programmes begins immediately. Here are some of the things we are doing to support:

- Recognising that different screening programmes may have varying start times and approaches, we have developed a suite of universal guiding principles to support boards as they resume screening services, covering Safety, Quality Assurance, Equity, Person-Centeredness, Efficiency, Quality Improvement, Engagement & Involvement and Communication & Transparency.
- We have submitted a proposal to Scottish Government detailing an overall approach to the governance, involvement of Public Health Scotland and the process by which recommendations will be made on how best to restart the screening programmes.
- We have supported the programme boards to meet virtually to oversee the restart planning in collaboration with a wide ranging membership of the screening community. All boards have already held their first meetings and papers are being developed which will outline a preferred option for restarting for each of the screening programmes.

In the meantime, the new **Hr-HPV Primary test was successfully implemented** at the end of March – this means any remaining smear tests and all new ones when the cervical programme restarts, will use the more sensitive and effective HPV test.

HPV has been identified in the majority of cervical cancers and the new test replaces cervical cytology with Hr-HPV testing and the use of cytology-based tests as the triage for women who test positive for Hr-HPV. The introduction of this new test will help ensure the early signs of cervical cancer are identified and treated earlier. Scotland's cytology laboratory service has also been reconfigured, with NHS Lanarkshire and NHS Greater Glasgow and Clyde being nationally commissioned to deliver both HPV and cytology testing.

The formal closure of the Hr-HPV Implementation Project will be deferred until a later date once cervical screening has resumed.

The project within the **Diabetic Retinopathy (Eye) Screening (DRS) Programme** to move to revised interval screening (RIS) and to introduce OCT is still moving ahead but, with a revised start date. The date to introduce RIS and OCT will be two months after the DRS programme is restarted.

The project within the Pregnancy Screening Programme to implement **Non-Invasive Prenatal Testing (NIPT)** and introduce Edward's and Patau's screening has been paused. Work continues to equip the genetics laboratory in Tayside. Discussion and plans for a revised implementation date will be considered by the Project Board and the overarching Pregnancy & Newborn Screening Programme Board and make recommendation to Scottish Government. Boards will be able to input to that discussion through their Screening Co-ordinators and Heads of Midwifery.

Although the Breast Screening Programme across Scotland has been temporarily paused, the **Major Review of the Scottish Breast Screening Programme** is continuing. Recently the review has commissioned in-depth qualitative research with women who do not participate in breast screening to help us to identify barriers and tackle access and inequalities issues in the current breast screening pathway. The results of this work are currently being analysed and will be used to inform all of the areas of work in the scope of the major review. Areas under review include access to breast screening including how the programme calls/recalls (invites) women for screening, the location of screening service delivery, and future demand; technology; workforce; and programme standards and evidence.

Part 3

NHSS National Planning Board

The next NHSS National Planning Board meeting is now scheduled to take place in August 2020: COVID-19 commitments have taken priority and the meeting in May 2020 cancelled. The following is our update on our current work programme for national planning:

3.1 Commissioned Horizon Scans: Cancer, Heart Disease & Stroke

The major horizon scans completed on Cancer, Heart Disease and Stroke were presented to the National Planning Board in February 2020. The overall key factor was that volume demand for NHS care for all three conditions is expected to rise significantly over the next five to ten years. This is linked mainly to the ageing population and the volume of people in these age ranges. In addition, a horizon scan for precision medicine and what NHSS needs to plan for has also been included. Key areas from the 21 February 2020 board relating to the next steps for the horizon scan areas are:

Cancer

- National Cancer groups are in the process of being re-aligned by Scottish Government – following on from recent reflections of group roles and remit; learning from the Tayside independent review for SACT related to unwarranted variation; and learning in the horizon scan.
- Following these reconfigurations, there should be exploration of areas of care that could be improved by audits and/or pathway reviews; and a rolling programme for auditing outcome and survival data on a more regular basis to identify regional/national variation.
- As part of the preparation of the new five year cancer strategy for Scotland in 2021 (on completion of the current final year of existing five year strategy); SG will consider the feasibility of Multi-Disciplinary Centres (MDCs) for people with vague symptoms and for general Rapid Diagnostic Centre's (RDCs).
- Exploration of surgical variation in access and outcomes is to be explored with the regional networks and national planning and SG.
- A planning group will form to review the demand, capacity, impact, costs implications and service provision of Advanced Therapeutic Medicinal Products.

Stroke

- Work has progressed to explore gap analysis and improvements for timely access to Computed Tomography Angiography (CTA) across NHSS Boards and a task and finish group is now forming as a joint piece between TAG/SCIN/SRTP to look at the model for rapid CTA access and result.
- There is a need for improvement in stroke rehabilitation access and approaches – and this must be reviewed in the context of rehabilitation provision for multiple conditions. This is to be considered further with IJB Chief Officers Group prior to commencing a review group.
- Exploration with Scottish Ambulance Service to plan and test advances in decision making tools and digital solutions for early stroke diagnosis and routing of patients to the right centre of care

Heart Disease

- A National Atrial Fibrillation Planning Group has formed bringing together primary and secondary, heart disease and stroke pathways. This group is working with ISD for Spire AF module developments and with colleagues who have tested technological solutions for post stroke AF detection.

- A Cardiac Imaging Planning Group has undertaken an initial gap analysis for timely access to CTCA and other diagnostics for heart disease – and this will progress (with cross over's also to SCIN and SRTP).
- A Review Initiation Document (RID) for a possible review of Cardiac Surgery & Interventions (e.g. percutaneous mechanical interventions) will be prepared for consideration now at the August board – to consider what might be in scope and whether a full review is required or not.

Workforce

- For workforce planning for cancer, stroke and heart disease care to meet the volume demand for the five to ten years - an initial exploration meeting with SG, National Planning, Directors of HR representative, NHS NES and Regional Directors will be organised..
- All of the Horizon Scan commissions to be considered by the relevant Advisory groups (e.g. National Advisory Committee for Health Disease).

Precision Medicine

The board recognised the size and complexity in translating research into clinical practice for precision medicine and the planning challenge to lead and undertake this work and agreed:

- National Planning should lead on the development of a plan for precision medicine for NHSS by creation of a NHSS Precision Medicine Steering Group to report to the National Planning Board; with NSS to pursue funding of the required project resources to lead the project.

3.2 Reviews:

Burns Care:

As agreed with Board Chief Executives in January, National Planning will lead on a refreshed review and service planning piece of work (working with Scottish Trauma Network (STN) and Care of Burns in Scotland (COBIS) national managed clinical network). This group has met once and agreed a suite of data to be collected by ISD prior to the next meeting (now June), in order to refresh the current Burns demand across Scotland and to determine the future roadmap.

Robotic Assisted Surgery:

A draft national strategic framework for RAS was presented to the National Planning Board which endorsed the need for a systematic shift to Minimally Invasive Surgery for key types of surgery and the role that RAS will play in this, therefore requiring further RAS systems and models of surgical care.

The Board approved the formation of a RAS Programme Oversight Group, supported by a RAS Clinical Reference Group to develop the framework further for NHS Boards and Regions. It is expected that future expansion of Robotic Assisted Surgery within Boards would be supported by a national framework for development.

Due to COVID-19 commitments the RAS workstream is currently on hold, however National Planning are aiming to agree dates for July/August 2020 for the first Oversight and Clinical Reference groups.

Interventional Radiology:

The National Planning Interventional Radiology Steering Group was formed to co-ordinate the national actions required to ensure a stable IR service for Scotland, and to support regional and inter-regional working for future regional IR service models. The national group will co-ordinate the following elements:

A) *Once for Scotland* – developing IR Standards for Scotland to ensure consistency of approaches around core services, in and out of hours, use of skill mix, position statements of patient risk assessment and patient transfer plans;

B) *National Plan and National Delivery* – for training of workforce: IR, credentialing, advanced practitioner roles and training numbers.

3.3 Service Planning:

Thrombectomy

The Thrombectomy Advisory Group (TAG) continues to work on the project planning to build a service for Scotland with a provisional aim to introduce thrombectomy in the latter part of 2020. The proposed model is three specialist centres providing thrombectomy – RIE, Ninewells and for the West the preferred site being QEUH. Non recurring funds in 2019/20 have been allocated to help prime parts of the system and a full recurring business case is in the process of being written. An update on progress was presented to the National Planning Board on the 21 February 2020.

Significant challenges, including COVID 19 continue to limit progress, with the current main areas to note:

- The North of Scotland future Thrombectomy centre in Ninewells was going to commence in a supervised teaching phase (April 2020) with Interventional Radiologists supervised by an Interventional Neuro Radiologist (INRs). There is now a challenge from the Royal College of Radiologists to this plan which is being explored by the TAG group, SG medical workforce and GMC, this meeting will take place over the next few weeks. In the meantime, implementation plans are getting back on track with a proposed new start date of August for the pilot phase;
- Edinburgh and Glasgow centres are inter-dependant with QEUH and DCN/RHSC building challenges for second biplanar suites to deliver Thrombectomy. Feasibility studies are complete for Glasgow.
- Recruitment of INRs is continuing to make good progress with interviews taking place in Glasgow in June;
- Due to COVID delays, finances for a recurring Thrombectomy service have not yet been agreed. SG have a further £1M non-recurring for 2020/21 to assist with the next planning and pilot phasing.

Women's Forensic Mental Health

The National Planning Team has been contributing to a short life planning group to agree pathways for women's low to medium forensic mental health. This work was paused however as [an independent review of forensic mental health services](#) was commissioned by the Scottish Government (SG) Minister for Mental Health in March 2019.

The work of this SG group was officially suspended on 27 March 2020 due to the COVID-19 pandemic.

For more information or if you would like to contact us on any of the items in this Update, please contact us at: NSS.nsd-enquiries@nhs.net