**AGENDA**

**TAGRA – 28th MEETING – 5TH June 2018**

**12:30 – 14:30, Room 4ER, St Andrew's House, Edinburgh**

1. Welcome and apologies
2. Minutes of last meeting and updates on actions
3. Future role of TAGRA – **TAGRA(2018)01**
4. Finance update and use of 3-year perspective
5. Revising the COTE excess cost adjustment – **TAGRA(2018)02**
6. Update on 2021/22 formula run
7. Potential maintenance work during 2018/19 – **TAGRA(2018)03**
8. Publication of HSCP shares – **TAGRA(2018)04**
9. Forward look: regionalisation/integration
10. A.O.B. and date of next meeting

**Core Criteria**

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| Equity | The primary consideration should be to achieve the greatest possible accuracy in capturing the cost implications of variations in need between population groups andacross the country, in order to develop a formula that delivers the greatest possible equity of access to health services. |
| Practicality | Use should be made of good-quality, routinely-collected data, in order to produce an administratively feasible formula that can be readily updated. |
| Transparency | The rationale informing the formula’s methodology should be explicable and any judgements should be made explicit, although this should not lead to over-simplification of details which might add precision to the methods. |
| Objectivity | The formula should as far as possible be evidence-based, using as necessary the full range of available robust data. |
| Avoiding perverse incentives | The formula should guard against perverse incentives and any negative consequences which might threaten the integrity of the data. |
| Relevance | There is a need to avoid the dangers of extrapolation and to make explicit where hard information is being used about one aspect of a service to make some assumption about an area where information is less good or absent. |
| Stability | There should be a reasonable degree of year-to-year stability in the data sources feeding in to the formula. |
| Responsiveness | The formula should result in shifts in the allocation of resources in response to changes in the need for healthcare services. |
| Face validity | The outcome of any changes to the formula should be subjected to a 'common-sense' check. |

**Agenda Annex – Parliamentary Questions, Committee transcripts and other interest in the NRAC formula**

**Parliamentary Questions:**

***April 2018:***

Miles Briggs, MSP: (S5W-16158) To ask the Scottish Government what its response is to reports that, based on the NHS Resource Allocation Committee (NRAC) formula, NHS Lothian is predicting a £31 million shortfall in funding; what contingency measures the board is considering to meet this, and whether ministers plan to review the NRAC formula.

***January 2018:***

Mike Rumbles, MSP: (S5O-01710) To ask the Scottish Government, further to the answer to question S5W-13241 by Shona Robison on 9 January 2018, whether it will provide a breakdown of all of the recommendations made by the MLC Mental Health and Learning Difficulties care programme’s June 2011 to December 2012 review.

***December 2017:***

Tom Mason, MSP (S5W-13224) To ask the Scottish Government what factors are considered in the calculation of the NRAC formula’s Morbidity and Life Circumstances (MLC) Index in relation to (a) Care of the Elderly and (b) Mental Health & Learning Difficulties.

Tom Mason, MSP (S5W-13228) To ask the Scottish Government whether using the NRAC formula’s definition of deprivation is negatively affecting NHS Grampian’s performance.

Tom Mason, MSP (S5W-13229) To ask the Scottish Government what its position is on whether the NRAC formula is working, in light of NHS Grampian’s poor performance in meeting key healthcare delivery targets.

Tom Mason, MSP (S5W-13231) To ask the Scottish Government what its position is on whether an alternative to the NRAC formula, which currently reduces NHS Grampian’s funding due to factors such as the board’s mortality rate of under 75s, would reduce the number of planned operations that are cancelled as a result of non-clinical and capacity reasons.

Tom Mason, MSP (S5W-13236) To ask the Scottish Government what its position is on whether the NRAC formula’s weighting of non-population factors when allocating funding has contributed to the fall in the workforce of NHS Grampian in the last year.

Tom Mason, MSP (S5W-13240) To ask the Scottish Government what its position is on whether the NRAC formula’s weighting of non-population factors when allocating funding has contributed to the poor performance in referral to treatment times in NHS Grampian in the quarter ending September 2017.

Tom Mason, MSP (S5W-13241) To ask the Scottish Government for what reason NHS Grampian receives lower funding per head than other NHS boards as a result of the Mental Health & Learning Difficulties aspect of the Morbidity and Life Circumstances (MLC) Index, in light of it ranking among the worst performing for mental health and psychological therapy patient referral to treatment times.

***November 2017:***

Tom Mason, MSP (S5W-12672) To ask the Scottish Government what its position is on using mortality rates of people under the age of 75 as a benchmark for deprivation when calculating funding per head in (a) NHS Grampian and (b) other territorial NHS boards.

Tom Mason, MSP (S5W-12669) To ask the Scottish Government for what reason NHS Greater Glasgow and Clyde's funding per head reportedly increased by twice as much as NHS Grampian's from 2015-16 to 2016-17.

Tom Mason, MSP (S5W-12670) To ask the Scottish Government to what extent it considers the results of the NHS Scotland Resource Allocation Committee formula when deciding annual NHS board funding.

Tom Mason, MSP (S5W-12673) To ask the Scottish Government what action it is taking to ensure that NHS Grampian does not receive lower funding per head than other territorial NHS boards.

***October 2017:***

Alison Johnstone, MSP (S5W-1175) To ask the Scottish Government when the Technical Advisory Group on Resource Allocation (a) last met and (b) will next meet, and when the meeting papers will be published.

Jeremy Balfour, MSP (S5W-11744) To ask the Scottish Government whether NHS Lothian receives less funding than it should expect under the NRAC allocation formula and, if so, for what reason.

**MSPs’ Letters to the Cabinet Secretary:**

***January 2018:***

Gillian Martin, MSP in support of Patient Action Co-ordinating Team (PACT):

I am writing to you on behalf of the above group, members of which met with me this month to discuss their concerns regarding the funding of NHS Grampian. I have enclosed a copy of a document provided by the group for your attention.

Members of PACT expressed their view that Grampian has 11 percent of the population of Scotland but that NHS Grampian receives just over 9% of the total funding provided to the NHS by the Scottish Government.

I would appreciate it if you advise how the level of funding afforded to NHS Grampian by the Scottish Government is arrived at, what factors are considered in determining the funding provided, whether the costs associated with provision of services in rural areas are accounted for, and whether, over the last decade, funding has reached, or is getting closer to, parity by population.

***August 2017:***

Findlay Carson, MSP



**Health and Sport Committee: Draft Budget Scrutiny 2018-19**

***January 2018:***

Emma Harper (South Scotland) (SNP): Good morning. I am interested in NHS Scotland resource allocation committee allocations. I am aware that the national resource allocation committee calculates funding based on age, geography, deprivation and rurality—which is important for me as a South Scotland MSP. The NRAC funding is often not decided until other allocations have been made. Is the Scottish Government committed to the NRAC? Is it still considered to be the best way to allocate?