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Medical Directors of NHS Boards &
Directors of Public Health of NHS Boards

Cc: NHS Board Chief Executives

10 May 2019

Dear Colleagues

We launched the [Scottish Atlas of Healthcare Variation](#) in September, and so far, we've published 18 maps relating to a range of conditions, treatments and procedures across Scotland. A call for proposals for the next set of maps will be issued soon. Priority will be given to maps that will support delivery of the Cabinet Secretary's priorities including reducing waiting times, mental health and integration of health and social care.

These maps can help us to ensure the prevention of harm and waste from overuse and overtreatment. By doing so, we can free up resources currently used with little or no clinical benefit and redirect this wasted resource to address the under-provision of clinically appropriate care elsewhere. They may also identify clinical pathways or processes that could be strengthened and allow consensus to be reached about what optimal approaches and outcomes might be.

The Atlas is already beginning to identify opportunities to deliver better value. For example, the maps on elective tonsillectomies released in February 2019, highlight that some areas have very low day case surgery rates for this procedure in 2017/18. For all of Scotland, only 44% were same day procedures. This is despite the British Association of Day Case Surgery (BADCS) recommending that 90% of tonsillectomies should be day cases. If the aspirational goal of 90% had been met, approximately £1m could have been saved from this single procedure in that year alone.

The Atlas data has also enabled debate between clinicians about how we release resources from lesser value care for re-investment in higher-value care. The ENT surgical community in Scotland has reached a consensus that the provision of surgical tonsillectomy for patients presenting with tonsil stones alone, is not good use of NHS resources. ENT Scotland concluded that this procedure should not be offered on the NHS in Scotland. Stopping this particular tonsillectomy procedure could produce potential annual savings of £100000 and free up clinical time & theatre slots for an additional 50 ENT procedures. This is an excellent example of proactive clinicians using Atlas data to seek out and tackle unwarranted variation, and, through the review of evidence, stop delivery of lesser value care.

For the Atlas to have the greatest impact possible, it is important that NHS Boards establish a process that will allow for local dissemination, examination, discussion and reporting of Atlas data. Some Boards may already have internal processes in place to support sharing and use of Atlas data. Where a process has not yet been established, Medical Directors are ideally placed to oversee development and agree with Directors of Public Health how Atlas data might best be discussed, used and reported on within their NHS Boards. This, of course, need not be about putting in place wholly new systems, but articulating clearly how the work to identify unwarranted variation, causing harm and waste, can be integrated into your existing clinical assurance and improvement systems.

Board Chief Executives considered the matter on 8 May, and have supported my request. They noted the good progress made on developing the Atlas and its more significant potential to reduce harm and waste, and deliver better value care.

I ask that you now work together to ensure that local processes are in place to enable Atlas maps to be shared, analysed, discussed, and where unwarranted variation is determined, acted upon.

I would be grateful if you will confirm your Board's process, and that it is in place, by replying to sue.payne@gov.scot by 7 June 2019. You should also provide the necessary contact details to enable the Realistic Medicine team to request updates on the use of the Atlas in your NHS Board.

Yours sincerely,



Catherine Calderwood
Chief Medical Officer