

Independent scrutiny of NHS Boards proposals for major changes in local NHS services

Please write your response here (please continue on a separate sheet of paper, if necessary.)

Question 1: Do you agree that an expert panel is the most effective way to provide independent scrutiny? If not, what would be your preferred choice?

No. The expert panel not necessary but rather an expert appointed by the Minister, reporting to the Minister with recommendations as in Planning Enquiries (Reports) or in advice events. Save money; for frontline services

The buck stops with the Minister. It should not be sidelined to a Panel when it is an unwelcome report from constituents point of view

Question 2: Do you agree that the role of the ^(expert individual) panel should be to assess the safety, sustainability, evidence-base and value for money of NHS Boards proposals for major changes to local NHS services?

The expert/individual should also report/assess the Board's consultation process. Public engagement followed by public consultation is a nonsensical idea. It sets at the moment and is the source of numerous acrimonious public debates about individual Board proposals

By the time the public are consulted the public perception is that the decision has already been taken. What is the point of participating or responding. Only when motivated by Nodklunds do public participate. The consultation process should

replace engagement to define the acceptable options which may not be the Management option but is neither clinically unsafe or less value for money. The expert should see convinced public participation, involvement, consultation or engagement has taken place to determine the public's perceived options.

Question 3:

Do you agree that the ^{expert} chair should be a lay person appointed by Scottish Ministers?

No. The expert should be technically qualified to deal with the material relevant to the proposal even in cases of a highly technical nature in order to assess the appropriateness, accuracy and relevance to the situation under review, which has formed the basis of the Board's evidence.

The person should be appointed by the Minister to whom they will submit their recommendation and the decision of the Minister published with reasons. It should be the Minister who takes the decision and carries the responsibility for a popular or unpopular decision.

Question 4:

Do you agree that the ^{expert} panel should have a lay majority among its members?

I prefer an independent 'Reporter' rather than panel. They should scrutinise the Board's processes and should be required to validate the evidence of "public consultation" by the Board by calling witnesses if necessary and hearing evidence if necessary from parties to the "engagement" process.

Why have public engagement before declaring chosen options (like in this report) while conducting public consultation after declaring chosen options. Open to ridicule and claims of just going through the motions as is likely in this instance.

Question 5: Do you agree that the panel should assess the evidence and options during the process of public engagement prior to consultation, and provide a commentary on these that would be available to the Board and to Ministers in reaching decisions?

Why have two stabs at public consultation. Board should be required to consult the public before selecting option and it should be the Board's responsibility to satisfy the scrutineer(s) whoever they are that all avenues have been properly consulted. The scrutineers should publicly report on their findings, to the Minister.

Question 6. Do you have any other comments on how independent scrutiny should be carried out, or on the guidance on "Informing, engaging and consulting the public in developing health and community care services" at Annex 3?

Annex 3 is a costly, time consuming and probably ineffective value for money process. Boards already have public interface with PPF, and this role should be strengthened since they are required to provide a consultation process for Boards. Many of the public regard 'engagement' and 'consultation' as synonymous and if consulted at 'engagement' process the feeling could well be when the 'consultation' process takes place what is the point in participating - we gave our views earlier and they have been disregarded or taken on board. The SHC will have to employ consultants to assess public consultation as they do at the moment. Just duplication since the 'scrutineer(s)' will have to satisfy themselves that what is being said is in fact accurate. SHC will be open to criticism and be questioned on reasoning for guidance. SHC is currently a waste of space and MONEY. What about the role of BIS in evaluating the case including public consultation?

Question 6. Continued

Why has the Healthcare Policy and Strategy Directorate the final decisions about whether a Minister's decision is required. The definition of a 'major' event should be clearly stated in the guidance so that Boards, the Minister and NHS Scotland cannot hide or circumvent the definition of 'major' to satisfy their own agenda. If a service is to be changed then the public are going to wish that a decision on whether a project is major is unambiguous and clear. Changes to someone directly affected may consider the change major but to the bureaucrat in Edinburgh possibly consider it not worth the hassle.

Question 7

Do you have any other comments on either the consultation process or your preferred choice?

This is another costly and unnecessary body of people. MSPs are elected to take decisions and provide services. Where they require change it is for the Minister to decide having regard to public interest not to hide behind a bureaucratic body of scrutineers and the SAC and NHS Scotland. The Minister would be well served by appointing a person qualified as in Planning Enquiries to provide a recommendation to him.

The money wasted in this bureaucratic mumbo-jumbo would be better spent on frontline services.

The proposal does not put money into frontline services and may turn out to be a costly time-consuming, bureaucratic exercise which will have little value and be scorned by the public as a mechanism by Boards, NHS Scotland and the Scottish Government to carry out changes going through a sham public consultation to carry out pre-determined changes.

There should be only one consultation process desirably before a Board has decided on its options.

There should be an Appeal process from the scrutineering process since the system is only guidance and a statutory instrument.

Thank you for taking the time to participate in this consultation. We will acknowledge receipt of your response.