

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-one would disagree that, with the exception of certain specialist cancer services, there should be a presumption against centralisation. Similarly uncontroversial are the principles that the evidence for service change must be rigorously and robustly examined; and that the full range of options are identified and genuinely considered.

Any system which helps make these aspirations a reality should be welcomed.

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

As has been found with previous failed service re-organisation plans, for example those put forward by the now-disbanded NHS Argyll and Clyde, these are all key factors which must be scrutinised and to which poorly conceived plans have insufficient regard.

However, I would submit that the additional criteria of closing the health gap / promoting health equalities and access to services should be given equal prominence in the process.

In achieving this, the panel should have the power to commission external research or opinion on particular questions or options, should it so wish.

Question 3: Do you agree that the chair should be a lay person appointed by Scottish Ministers?

The public appointments process should be sufficiently robust to allow the appointment of the correct candidate.

Question 4: Do you agree that the panel should have a lay majority among its members?

Where the balance of power lies is important and it is vital to draw the distinction between expert opinion and vested interest.

It is sensible that the panel be “composed of people with no direct interest or involvement in local NHS services”, but there are also other professional interests which the panels cannot be used to promote.

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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?

Any underlying assumptions must be tested and potential flaws highlighted at as early a stage as possible.

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?

Rather than disbanding when any service change plans reach the consultation stage, it could be argued that panels should employ their expertise investigating how previous reorganisations have operated in practice and whether they have produced the promised outcomes. A prime example for such examination would be the centralisation of consultant-led maternity services at Paisley's Royal Alexandra Hospital and the establishment of a Community Midwife Unit at Inverclyde Royal Hospital.

The panel could then recommend further changes, including a complete or partial revisiting of the decision.

Question 7: Do you have any other comments on either the consultation process or your preferred choice?

However it is decided to proceed, the overall effect must be that plans are not presented for public consultation on a "take it or leave it" basis.