

17388	Yes
	Yes and also impact.
	Yes
	Yes, but only just.
	Not sure about this. It may be better to have the two processes running separately to reduce possible bias in interpretation of public engagement consultation outcomes.
	No
	Expert Panel is my preferred choice.
17389	I AGREE THAT THE EXPERT PANEL IS THE MOST EFFECTIVE WAY FORWARD IF THEY ARE ALLOWED TO CONDUCT THIS WITHOUT OUTSIDE INTERFERENCE.
	THERE SHOULD BE NO LIMIT TO THEIR REMIT ALL ASPECTS OF NHS SERVICES SHOULD BE OPEN TO THEM.
	I BELIEVE THAT THE CHAIR SHOULD BE APPOINTED INDEPENDENTLY OF THE SCOTTISH MINISTER, AS WHATEVER DECISIONS WERE REACHED WOULD BE TREATED SUSPICIOUSLY IF IT WAS THOUGHT THAT BY APPOINTING THE CHAIR THERE WAS SOME COLLUSION TO INFLUENCE THE FINDINGS.
	YES
	TO A CERTAIN DEGREE. IT IS USUALLY FOUND THAT IN PUBLIC CONSULTATIONS AS A WHOLE THAT OPINIONS CAN VARY GREATLY, AND THIS HAS A TENDENCY TO CLOUD ISSUES AND CAN SOMETIMES DELAY THE FINDINGS.
	WHEN CONSULTATIONS TAKE PLACE WITH THE PUBLIC IT SHOULD BE, AS FAR AS POSSIBLE, DIVIDED INTO INDIVIDUAL HEALTH BOARDS. YOU WILL FIND THAT EVERY AREA COVERED HAS INDIVIDUAL PROBLEMS. WHAT EFFECTS THE HIGHLANDS VARIES GREATLY WITH THAT OF A MORE URBAN SETTING LIKE THE CITIES.
	AS A FORMER MEMBER OF THE HEALTH SERVICES AND THE HUSBAND OF MEMBER OF THE MATERNITY SERVICES OF 30 YEARS STANDING. WE BOTH BELIEVE IN A STRONG, VIBRANT HEALTH SERVICE IN SCOTLAND.TO ME THIS INDEPENDENT SCRUTINY IS LONG OVERDUE.
17391	yes
	yes
	yes
	yes
	yes
	no
	no
17392	Yes.
	Yes.
	Yes.

	YES.
	Yes.
	No.
	No.
17395	Yes
	Yes
	Yes
	Yes
	Yes, but only if it does not inhibit public contribution, or influence it.
	No
	No
17396	YES
	YES
	NO, NOT JUST ANY LAY PERSON, BUT A NON-CLINICAL PERSON WHO HAS THE SKILLS AND EXPERIENCE TO CHAIR A SCRUTINY PROCESS. THIS PERSON SHOULD BE APPOINTED BY SCOTTISH MINISTERS BUT WITHOUT THE INVOLVEMENT OF THE HEALTH MINISTER.
	YES
	YES. BUT THE COMMENTARY SHOULD ALSO BE MADE AVAILABLE TO THE PUBLIC AT THE START OF THE CONSULTATION. THIS SHOULD BE DONE BY MAKING IT AVAILABLE IN ALL THE MEDIA AND LANGUAGES USUALLY USED TO PROMULGATE SCOTTISH PARLIAMENTARY INFORMATION. THE FACT THAT THIS COMMENTARY IS AVAILABLE AND HOW IT MAY BE OBTAINED SHOULD BE CLEARLY SET OUT IN THE FIRST PUBLIC NOTICES OF THE START OF THE CONSULTATION PROCEDURE.
	NOT AT THE MOMENT, BUT I WOULD WELCOME THE CHANCE TO COMMENT ON THIS SCRUTINY PANEL IN THE FUTURE.
	NO
17397	I agree that an expert panel is probably the best way to provide independent scrutiny.
	I agree that the panel should assess these criteria. Where no evidence-base exists then the panel should advise on ways in which evidence of effectiveness can be obtained.
	I agree that the chair should be appointed by Scottish Ministers. I do not think it necessary to stipulate that the chair is a lay person. It may be more appropriate to draw on the expertise of public health doctors for this role. Public health doctors are seen to have a foot in both camps, that is they are seen as professionals who are concerned with the wider interests of the public whilst being aware of the issues that pertain to social services and health professionals.
	I do not agree that a lay majority is necessary. I believe that the group should have approximately one third lay members, one third public health doctors and one third stakeholding professionals with expertise on the matter under scrutiny.
	The panel should be allowed to reach conclusions and make recommendations to the Scottish Government. A public consultation process would then follow on from this if policy changes were required.
	No
	No

17399	Of the three available options I feel this is the most effective of the proposals
	No. I agree they should have the power to assess the safety and evidence base taking into consideration public opinion. however I don't feel they should have the ability to comment on sustainability or value for money as that is the remit of the NHS boards. Boards have the overarching information about service needs and it would be inappropriate for this panel to comment on only one aspect not being aware of how that could affect service provision in another area.
	No. I feel that this re-inforces the political agenda of the process. the chair requires to be independent and be seen by the public to be so. If it ministers who appoint the chair, the perception will be that there is a political agenda behind every decision made. It could also make any changes the panel agree on difficult to implement if the local constituents political leanings were not that of the Government.
	No. As stated the issues are sometimes complex and difficult to translate to meaningfully to service users. Very often lay members only feel or react strongly to things that are meaningful to them and what they have experience of, this would concern me when these experiences can be negative in nature, influencing positive changes negatively.
	Yes. This way we will be addressing any public concerns and returning accurate public comment/concern to boards and ministers
	the main flaw with public consultation is either overzealousness or apathy. If it doesn't concern an area directly they are unlikely to engage. If it does and they are happy with the decision they are unlikely to engage. If it does and they are unhappy with the decision they are very vocal and whether that is for the best interest for a community as a whole or not.
	The process's offered appear to over politicise the whole process. Why scrutiny first then consultation. To have true public partnership it should be consultation/scrutiny then final consultation
17400	I do not agree with Option One in the Public Consultation Document as a proposal useful in all consultations, however it may be effective in future consultations on an individual basis.
	Option Two clearly has merits. I agree with the Government that Local Authorities may not be the best placed to assess the service changes. However, I feel the Government should consider the position of the Scottish Health Council or NHS Quality Improvement Scotland, and examine whether these two bodies, independent of NHS Boards, could be utilised in much the same way as Local Authorities. In the circumstances, Option Two may be the best option.
	However, Option Three may be the best option were the Government wishing to adhere to the proposals for Option Two (Local Authorities) outlined in the Consultation.
	Yes.
	Yes. It is important in my view, that the Chair should be an OCPAS Regulated Appointment, and subject to all necessary examination by them.
	Yes.
	Yes. However, care should be taken to ensure that the work of the Panel does not unreasonably duplicate work done by Boards.

I am concerned with the proposal for Panel Members to be appointed from certain organisations. What will be the criteris for deciding which organisations to allow to appoint members of the Panel? Will there be, for example, OCPAS scrutiny of Panel members?

I find it very important that members of the public are represented on the Panel as well as the experts the Government is proposing. However, this does not appear to be mentioned in the Document.

This seems to ignore the current networks of trained lay assessors of NHS Boards we currently have in Local Advisory Council Members of the Scottish Health Council, with a wealth of experience in significant service change. NHS Quality Improvement Scotland deploy their Public Partners to areas outside their own Board area to assess the NHS in a particular area. I see no reason why can this not be done in this case.

Were any of the Options to require legislation, could I suggest that the Bill provide for placing the Scottish Health Council, NHS Quality Improvement Scotland and Public Partnership Forums on a statutory footing as well?

Such a system would, I feel, enhance scrutiny of NHS Boards on behalf of the public, in addition to examination of Board work at time of major change in NHSScotland services. It would also put the bodies on the same level in terms of the law as the Healthcare Commission and LINKs (Local Involvement Networks) in England, both of which appear to be working well.

17401

I do. But they should be from a wide range of pertinent and independent experts drawn from a wide range of life choices/ages etc., including NHS experienced personnel to be used only in an advisory capacity.

The range of (non-advisory NHS experts) should include those experienced in administration, finance, business management and, most importantly patients (current or former), carers, counsellors etc., The latter should preferably have some expert knowledge of his/her medical condition/treatment in order that they may add to any debate on subjects.

(Many patients are content to accept whatever medical treatment or advise is given to them without question).

'Safety' to include 'best treatment'? Sustainability must take into account the vast number of treatment choices coming out more frequently, these demanding new methods/machines/expert staff to not only sustain them but to improve on them as they develop.

The evidence-base must be done nationally with much better communication between NHS experts, medical and otherwise. Local Hospitals in Ayrshire can fail to recognise a successful diagnosis made independent of each other. Value for money is a must, especially in such a large organisation with an ever increasing demand for more!

Yes, appointed via the Scottish Governments Public Appointments scheme, but only in an advisory capacity and to be totally independent of local and national

government.

Taking the meaning of the word 'lay' to mean 'not professionally qualified' do you mean a lay majority of non medical professionals? If so I agree but there should be experts (professional) people from other businesses/trades etc., representative of the general public (at least those of the general public that are interested in a better health service!).

I hesitate to say that the majority should be non-medical as consideration of any major change would benefit from those with the most inside experience of the 'hands-on'(life saving) aspects of the NHS.

Yes. There should also be a 'feed-back' to the panel on all matters put forward by them. Negative or Positive. To often we have attended NHS panels etc., given our opinions but have seldom received any response from the effort put in.

If the panel finds itself unqualified to discuss or come to an agreement about an item of change they should be empowered to seek information from anyone either within or outside the NHS who may assist. This may include access to any documentation, so allowed within the law of course.

The work of the panel should be advertised so that it will attract opinions re any suggested change.

From the three options given (1. Decision Conference 2. A Scrutiny Body and 3. An Expert Panel. From these I find myself favouring either the first or last. The first makes no specific mention of medical persons being included and the last states that the majority would be non-clinical? I appreciate that, following any advice from the panel, the government can then consult medical professionals and that any panel should be truly independent, but some medical knowledge would surely assist the panel in coming to a helpful conclusion into any major change in the Service?

17402

Yes

Yes

Not sure, should be lay but I would prefer a strong local authority input in selecting chair and panel as strong local government involvement in the NHS is important to improve local accountability for decisions

Yes, should also include elected local representatives and also community based health / social care 'coal face' staff

Yes

No

No

17403

Probably, but only time will tell. As there will presumably be no parallel alternative to test it against it even time may not prove its effectiveness?

I am not being negative about this - I think it is well worth trying.

Yes, in so far as a mainly lay panel can.

It may be that the panel would have to have the power to ask for studies of effectiveness to be done to help them make recommendations. For example routine screening for conditions like diabetes might offer value for money and help improve the health and life expectancy of individuals who do not yet know

	they have it. At the moment the health professionals do not know but no one is trying to find out.
	Yes.  I know Sir Garth Morrison, a previous chairman of Lothian Health Board, and Dr Charles Winstanley, the new chairman, and have a very high regard for both of them. People like these are ideal chairmen for a body like this.
	Yes. I sit on one group with a large majority of health professionals and some of them have difficulty adjusting to the opinions of patients.
	Yes, I think so, if I understand the question.
	As far as I can tell from the paper this should work but may require considerable skilled staff input to support the panel. I hope this is affordable and available.
	No, thank you. I think it has to be tried to see how it works and show whether it is cost effective.
17405	yes
	yes
	yes
	yes
	yes
	no
	no
17410	To provide scrutiny independent of Health Boards, possibly. But such a process effectively reduces the role of Health Boards to an administrative function and adds another tier of bureaucracy. If SG approves the membership of Boards as technically and representationally competent it needs to support their decision making. Accountability Reviews of Boards could include overall assessment of the quality of their decision making and recommendations for improvement.
	Don't really support the need for another tier of bureaucracy. If this is seen as necessary, then the implication is that Boards could largely be reduced to administrative agencies with much of the technical and political competence reallocated centrally (Not something I'd favour, but would be the logic)
	Would seem most appropriate method
	Ambivalent
	Would seem logical but overlaps with role of Health Council. Recommendation that admin support for panel be from Health Council begs question of why not merge roles of Health Council and Scrutiny Panels?
	"Public" in this context more often means "pressure groups". The reference to Community Planning partners is very relevant. If we are serious about Community Planning then let's make that the common (and only) vehicle for consultation / planning advice etc. Dealing with PPFs, pressure groups, community planning partners etc simply results in a mass of (understandably) conflicting opinions. I've seen the notion of public involvement and community planning work in rural Africa - where a chief / elder will listen to community views in one forum - but then reach a decision which everyone abides by.

Unfortunately, our individualistic society doesn't support such a community based culture and we have no similar leadership system - in their absence relatively unstructured "public consultation" simply fuels unconstructive debate and political opportunism.

Finally, the reference to taking note of possible impact of a decision on other areas is interesting and commendable. But it needs to include possible positive impacts on another area - eg reallocation of resource from a relatively overprovided to a less well provided area when additional resources are not available.

The consultation process unfortunately excludes other options for ensuring more effective and timely decision making. More coherent support and monitoring for existing structures (Health Boards and Community Planning in particular) and a reduction in the number of other layers of decision making would be a better way forward. I'm pretty left wing and very conscious of the need to hear the views of the public (which however, inevitably lean heavily towards individual and very local perspectives). However, given the need to "modernise" the NHS, I'm increasingly concerned about the incredible time it now takes to make the necessary decisions to enact change. Much of this is due to processes beyond health boards - but Boards then get the flak for "indecision" and change is dangerously slow.

17412 Yes providing panel is truly independent with a clear remit.

Yes. The panel must have a clear remit with no scope for ambiguity and robust mechanisms for making recommendations and options.

A lay chair would be an appropriate appointment with no direct link to NHS at either local or national level.

Yes. This will allow for truly independent decisions/recommendations.

No further comments.

No further comments.

17413 I agree that a Expert Panel would be a good idea but the mix of the panel would be crucial.

yes

what would you term a lay person surly not some one who has worked for or has been a member of the NHS

Yes most definitely

yes

Use where ever possible local communities forums and or organizations not in places or timescales that local people can not make local councils do not seem to have the ability to reach base line people yet.

I think if you can get the public behind this the cost saving would be worth it

17414 There seems to be a similar role played by the Scottish Health Council.

An Expert panel that worked on from them would be good as there seems to be a possibility of duplication when looking at who should be involved or informed and the info locally that each SHC would have. Plus where thee have been disagreements, they have investigated complaints of non-involvement or procedures followed. The panel could then pick up what is or should already be there instead of starting from scratch each time and costing more money.

	As long as they are then not left to take over that role, they should be there like the SHC to be that assessor role and not be used as a trouble shooter just because of lack of time scale or resource on original set up.
	It would have to be a lay person with considerable skills so does that take them out of the 'lay' bracket. It's an important job which if the person is not skilled enough or with enough systems knowledge in both NHS and LA and volun group care supports, then they could be scapegoated.
	I think it is okay for the group to have mostly lay members as long as there is an experienced head.
	This is where the SHC should be heavily involved and ready to hand over. Yes ministers should always know what happens at every level, it's the small bits of knowledge that aids implementation on the ground to fill patient gaps.
	Locally all paid for groups i.e forums funded via NHS or LA or SG should use the same tools, i.e E+D Toolkits, Ethics proformas and Evaluation Proforma ( the last one, it appears does not exist in NHS yet bad need for it if we are continually asked to evaluate one project against another, yet there are no set key questions ... job for SIGN/QIS?)
17415	yes
	yes
	yes
	yes
	yes
	It will be essential to ensure the criteria developed by the Scottish Health Council is widely acceptable
17416	YES, AGREE
	YES. HOWEVER, IT IS ALSO VERY IMPORTANT THAT LOCAL THE ENVIROMENT (E.G. RURALITY, AGEING POPULATIONS)ARE FULLY TAKEN INTO ACCOUNT. FOR THIS REASON ALL THE STAKEHOLDERS MUCH BE INVOLVED AT THE EARLIEST STAGE AND THEN THROUGHOUT THE ASSESSMENT PROCESS
	YES, AS LONG AS THAT PERSON IS SEEN TO BE WHOLLY INDEPENDENT
	THIS MAY DEPEND UPON THE PARTICULAR ASPECT OF SERVICES UNDER SCRUTINY. HOWEVER, LAY PEOPLE SHOULD BE STRONGLY REPRESENTED. IN PARTICULAR, TIME AND EFFORT MUST BE DEDICATED TO BUILDING THE CAPACITY OF THE PANEL TO WORK TOGETHER TOWARDS ITS GOAL
	YES, THIS IS CRUCIAL (SEE Q2 ABOVE)
	NO
	NO
17387	Yes
	Yes
	No. There should be a number of possible options for the Chair person that should be voted on by the public
	No. I think there should be a 50/50 split between lay and health. However the panel should also include members of the workforce at the coal face and not rely on those very senior managers/executives although they should also be an important part of the panel
	Yes, but also to ensure that the evidence is relevant and unbiased

	It must be done in an open, honest and transparent way
	The length of time for ALL consultations should be made a minimum of 6 weeks especially during/over holiday periods otherwise decisions and/or comments will be made in haste.
17422	Of the three options presented NHS Dumfries and Galloway would agree that an expert panel is the most effective way to provide independent scrutiny.
	NHS Dumfries and Galloway agree that the role of the panel should be to assess the safety, sustainability, evidence base and value for money of proposals. In addition we would wish to see a reference made to clinical benefits of change and affordability. We would expect each element to carry a different weighting.
	NHS Dumfries and Galloway does not disagree with the proposal that the chair could be a lay person. However, it is more important that the chair has the necessary skills and qualities to conduct this challenging work irrespective of their background.
	Public confidence in the panel's ability to be independent will require that lay members are in the majority. However, it will be important to have an appropriate mix of skills to consider clinical and financial evidence to support informed discussion.
	Experience within Dumfries and Galloway suggests that the informing and engaging process with the public is about understanding public perspectives, sharing and discussing change drivers and then developing an option appraisal for consultation. It would seem appropriate that the panel should assess the evidence at the point after informing and engaging and before consultation. This would allow the panel to have a debate with the Board that would be based on the evidence for change and how the Board has taken account of public opinion. The Scottish Health Council will address the process of informing and engaging. It is possible that Boards and Ministers would have commentary on the consultation options from the panel and on the process of public engagement from the Scottish Health Council.
	Building on Question 5 it is important that the roles of the Scottish Health Council and the Scrutiny Panel are distinct and clear. Annex 2 and Annex 3 offer the distinction and this must be maintained.
17427	Yes
	Yes
	The Chairperson should be a lay person.
	Yes
	Any proposals should be widely circulated to professional bodies, Local Authorities and lay persons who should be allowed to comment on them.
17428	Yes, but there should be some continuity of Panel membership such as suggested for the "Scrutiny Body", but not as a "second stage" after Local Authority. The English Reconfiguration Panel may be a model worth exploring.
	Yes, but also include assessment of the financial foundations for the proposals - this is different from value for money, and shouldn't be eclipsed by the other elements of sustainability.
	NO - there seems to be no good reason to exclude impartial persons with a clinical background. The public, and Health Boards, may feel that an independent, respected, clinician would bring appropriate leadership to the Panel. Benefits include credibility and validity - the person would have experienced, at first hand, the value of evidence-based processes, and, very probably, the

consequences of flimsy planning and ill-conceived change.

Yes - assuming that "lay" means non-clinical, and depending upon the size of the Panel.

Yes, but timing is important. Assessment should start at a point when all the evidence is available, but be given sufficient time in which to assess before the start of consultation.

Yes - see 7

I believe the crucial properties to be:

1. Impartiality
2. Experience of critical appraisal, including a basic understanding of health economics.
3. Made up of members with national standing.
4. Relatively small, with access to second-line external expert advice/support - e.g. HERU/HSRU Aberdeen.

Continuity of membership would be desirable in order to benefit from experience of the process and to avoid exhaustion of the nomination channels (such as Royal Colleges, etc) - Scotland has a limited number of eligible experts and there are many public activities calling on this small pool.

One recognises that one of the risks of a semi-permanent body is lack of flexibility in relation to geographical interests, but perhaps 3 bodies: West, East and North/North East would be a good compromise.

The Scottish Government will want to develop the following issues when working up the detail of the process:

1. The right balance between the work required of the Panel /Secretariat, and that of the Board. Use of the Panels time can be optimised by having a data set guide for Boards to avoid the Panel repeatedly requesting and searching for information.
2. Guidance on the preferred methodology for option appraisal - Treasury guidance or what?
3. Who "closes the loops" for this form of audit - who evaluates the extent to which the Board has responded to the Panel comments, as reflected in the consultation process, and at what stage does a Panel disengage from what may be a protracted dialogue between the Board and the Scottish Government?
4. Explicit terms of reference for the Panel with regard to independence - for example responsibility and accountability solely to Ministers.
5. More thought to the time requirements of Panel members, and more especially, the chairman.
6. Provision of adequate and guaranteed meeting space and occasional office/desk space.

17430

No. We would prefer the existing process for consultation to be strengthened and improved, especially through the greater involvement of the Scottish Health Council. The establishment of expert panels will merely add another tier to a local bureaucracy that will be unnecessary, costly, lacking sufficient resources, and creating inefficient and counter-productive duplication. this proposal will do little to resolve the obvious conflict of interest between members of the public wishing to retain a long standing local service and an NHS Board seeking to

	maintain the quality and safety of all clinical services. That conflict can only be adequately resolved at Ministerial level.
	N/A
	N/A
	N/A
	N/A
	The Scottish Council should have greater access to the information and detailed work that has led to the Board's recommendations. It should also have resources and powers to facilitate the dialogue with the local community and, if necessary, to submit a separate report, direct to the Cabinet Secretary, on the issues that are still contentious and remain unresolved.
	The establishment of scrutiny panels has already been shown to be defective. Seeking a number of options where such options are clinically unsafe is nonsense. Boards have to face up to some very difficult decisions about the location and spread of services - and about their ability to live within budget - and they already comprise a number of local (elected) representatives to assist them in making those decisions and balancing conflicting interests. The introduction of independent scrutiny does nothing to resolve the inherent conflict in the NHS between providing communities with access to a range of quality services and ensuring that these services can be maintained within a restricted climate of funding and labour supply. That judgement is essentially a political one to make and should not be handed over to panels that are insufficiently equipped and resourced, and have insufficient expertise, to handle that decision safely.
17431	Yes.
	Yes
	Yes
	Yes
	Yes.
	The crucial issue is how genuinely independent such panels can be. Experience suggests that however laudable the initial intentions and practices of independent scrutineers are, in any field, there is a tendency for them eventually to be drawn into the system through increasing familiarity with the scrutinees. Therefore, it is essential that there should be regular turn-over, refreshment of all personnel on Scrutiny panels.
	One further comment: in this context, the role of the Scottish Health Council must surely be re-examined. Their current effectiveness and independence from Health Boards is surely a matter of concern.
17432	Inverclyde Council does not agree that an expert panel is the most effective way to provide independent scrutiny. The preferred choice is to use elected members who are democratically elected by local communities. They have experience of monitoring and of evaluation of local authority activity and could easily translate that scrutiny to NHS.
	It is agreed that the role of any panel should be to assess value for money of NHS Boards. However, it is contended that there should be a further level of scrutiny which is concerned with democratic accountability, especially in relation to proposals for major changes. If the attitude of democratic accountability could be put in place then matters such as safety, sustainability and evidence base would be realised.

It is fundamental that the chair of any scrutiny body should be a lay person. Whether this person should be appointed by Scottish Ministers or again subject to local democratic procedures is debatable.

It is fundamental that the panel should have a lay majority among its members.

Public engagement on options is welcomed. However, it is unclear about the difference between public engagement prior to consultation and consultation itself. Consultation should, by its very nature, include a process of public engagement. The contention would be that if the boards were more democratically accountable there would be commentaries provided to ministers before decisions are reached.

Inverclyde Council would re-emphasise the role of elected members in this process.

17433

The main aims of independent scrutiny are:

- to ensure a balance between clinical, financial and public opinion in considering proposals for major service change.
- to ensure all possible options for change have been evaluated and considered and public opinion taken into account.

Three options for the delivery of this have been presented in the consultation paper:

#### **Option One: Decision Conference**

A decision conference approach, with independent moderator, allowing a widely based representative group of local people to hear the financial, clinical and patient evidence for and implications of the Boards proposals.

An example given is the conference held in Inverurie in July 2006 as part of the Aberdeenshire consultation on Diagnostic and Treatment Services, Older Peoples Services and Maternity Services. The Inverurie event brought together equal numbers of representatives from the public with clinical, financial and managerial staff. It aimed to discuss a package of measures and balance opinions on different aspects of the proposals. People were asked to register their opinions in advance of the event and again after the event to see if opinions had changed in any way.

The option of a decision conference is not sufficiently explained or explored in the consultation paper to be assessed as a realistic option for external scrutiny. In Grampian we have the benefit of having organised a consultation conference so are able to comment with some certainty.

We are of the view that a decision conference works best when it brings together all interested parties, including NHS clinical and managerial staff and public representatives. There is also a need to ensure that people who take part are well informed about the issues beforehand and therefore a period of pre-briefing or information giving is required to ensure that everyone is well-informed and able to contribute on the day.

We would not support using this approach for independent scrutiny, but a

decision conference could be useful as part of the development and appraisal of options for service change and as such could be recommended as part of the pre-consultation and option appraisal work prior to full public consultation.

### **Option Two: A Scrutiny Body**

An independent body, such as a local authority could potentially be asked to scrutinise the evidence and the merits of proposals for service change. Local Authorities could be given a statutory right to be informed when an NHS Board was planning a major service change, and to be provided with the necessary information to enable them to decide if the proposed change was in the best interests of the local population.

We agree that there is merit in introducing a local perspective into the independent scrutiny proposals and some debate is required as to how best to achieve this. The suggestion of a local organisation, such as a Local Authority, providing independent scrutiny could pose certain problems in practice. For example we already work closely with Local Authorities and indeed Local Authority representatives will be part of decision making processes at CHP and Board level. It would be unreasonable to expect individual Local Authority members or the corporate body to adopt an independent role. Our experience with the Aberdeenshire public consultation illustrated this. Local Councillors who were also NHS Board members were placed in a challenging situation, representing their local communities as well as the interests of the wider Grampian public.

### **Option Three: An Expert Panel**

The NHS has used the approach of an independent, expert panel a number of times in the past. It could involve a panel led by a nonclinical person with the skills and experience to chair a scrutiny process. In order to ensure their independence and expertise, the chair would be selected through the public appointments process, and would be accountable to Ministers.

We agree that an expert panel is likely to be the most effective way of ensuring independent scrutiny of proposals, but more work is required on the detail of how such an expert panel would operate in practice. We would suggest that expert panels do not necessarily need to be made up solely of people who have no association with the local area. Bringing in panel members with local knowledge and experience could be useful in helping to assess and understand the local complexities of any proposals. This would help to bridge the gap identified in Option Two by bringing in a strong locally-based element to the scrutiny process.

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We agree that the expert panels role should be to examine and provide commentary on the following aspects of service change proposals:

Safety  
Sustainability  
Evidence-base  
Value for money.

We also agree that the panel should have a role in encouraging people to suggest alternative options and to make comments or suggestions about options that have been put forward. For this reason, public groups and organisations would need to be able to make direct approaches and representations to the panel. This should be reflected in the secretarial/support arrangements.

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We agree that the chair should be a lay person. However, it is important that the NHS Board and the local public has full confidence in the people appointed to a panel, both the Lay Chair and the panel members. The appointment process should be through the Scottish Public Appointments Commission.

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It is not considered essential for the panel to have a lay majority amongst its members, as long as the panel members have the necessary mix of skills to assess and comment on the proposals. For this reason the panels should be comprised of people with relevant clinical, managerial and financial skills as well as lay members. People with managerial and financial accounting experience from outside the NHS could be drawn from the private sector and this could help to bring an external perspective to the assessment of proposals.

No suggestions are given in the consultation paper about the proposed size or membership of a panel. The panels currently in place in Clyde and Ayrshire comprise three or four members.

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We agree in principle that the work of an expert panel should begin very early in the development of options for major service change, but we have some concerns about the viability of sustaining a panel for what could be an extended period of time while the process of developing and appraising options takes place.

The timing of an independent scrutiny panels involvement is particularly important in cases where external consultants are involved in assisting Boards to shape their development plans. The timing should not negate any costs incurred by Boards where external consultants are involved before the outline business case stage is completed.

The proposals as set out about the early involvement of the Scottish Health Council in assessing and agreeing the public communication and involvement plans for major service change will be very useful in helping Boards agree a programme and format for public communication and engagement at the stage of developing and agreeing options, as well as at the full public consultation stage.

It is essential that NHS Boards also consult with staff groups and partner organisations who might potentially be affected by major changes to services. A stakeholder analysis undertaken at an early stage in the development of a communication and involvement plan, including consideration of staff and partner

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organisations/voluntary sector representatives will be helpful in ensuring all stakeholders are engaged and consulted.

A twin-track approach, with the Scottish Health Council assessing public involvement and an independent expert panel assessing the evidence to support various options has been suggested. Although an expert panel will not be commenting on the public involvement aspects of service change, it will be important that the panel is fully appraised of the public engagement processes and works closely with the NHS Boards and the Scottish Health Council in ensuring the public has the opportunity to suggest or put forward alternative proposals.

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Comments on how independent scrutiny should be carried out. We agree that a pool of Panel Chairs should be appointed through the Public Appointments Process and that the appointed Chair for a panel should be involved in recruiting and appointing panel members. Panel members would need some remuneration for their time spent working on a panel, and we agree that the centrally set rate for tribunal members would be fair so as not to compromise the independence of the expert panel.

Panel members would need secretariat support and the suggestion has been that this could be provided through the Scottish Health Council, with staff appointed to fulfil this role independently of the SHC. This is one potential approach, but could place the Scottish Health Council in a difficult position especially the public perception of their own independence. We feel alternative arrangements for providing secretarial support should be considered.

NHS Boards should be responsible for compiling and providing all the necessary and relevant information and presenting this in a format acceptable to the panel members.

The timescale for service change through the generation of options, ideas and appraisal of options, could take many months. There is some concern as to the viability of being able to recruit, retain and support panel members who may need to be available for an extended period to completely fulfil the remit of a panel. Comments on informing, engaging and consulting guidance There have been several versions of the IEC guidance over the past few years and some lack of clarity as to which piece of guidance NHS Boards should be working to when undertaking consultation and involvement on major service changes.

If the guidance is to be the official guidance for public consultation in major service change, then it must be issued in a format and a way that makes it clear that this is the definitive guidance which must be followed in all situations of major service change. Previously the definitive guidance has been that there should be a period of pre-consultation work followed by a formal public consultation period of three months.

The guidance is helpful in that it confirms the current thinking about involvement in service change being part of an ongoing communication process with the

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public and that proposals for service change should emerge naturally as a progression from this work.

Whilst we agree the guidance should not be too prescriptive so as to restrict open processes, it would be helpful if some detail was more definitive. For example, the suggestion in paragraph 25, is that public consultation would normally be 3 months. In our experience NHS Boards usually welcome comments on proposals outside a 3 month deadline but in practice it might be helpful to set a minimum timescale so we suggest the guidance is amended accordingly:

allow sufficient time, a minimum of 10/12 weeks, for those consulted to consider and respond to the proposal

The main issue facing NHS Boards is reconciling the need for public consultation in all service change developments and knowing when a service change is considered significant and therefore where Ministerial approval will be needed and a formal public consultation necessary.

The significance of a service change may not be apparent at the outset of consideration of options for service developments, but may become significant or major when new information, ideas or proposals are put forward. Research work currently underway, but not adopted as national policy, has generated the table on page 6 to assess whether a service change is major/significant.

There is potential for serious delay in proceeding with service change if guidance requires to be sought from Ministers as to whether or not a proposed service change is considered major or not. Although efforts are being made to develop criteria for assessing the significance of service change, it would be helpful if NHS Boards knew that when proposals are submitted for consideration that a decision will be taken within an agreed timescale to avoid any prolonged delays while guidance is being sought.

The processes which NHS Boards are required to follow in consulting the public on major service change place heavy reliance on the capacity of the Scottish Health Council local offices.

The relationship with the Scottish Health Council in the Grampian area has been very productive and supportive, but there are current concerns about staffing levels within the SHC Local Office and about the low numbers of Local Advisory Council members to support the local offices in their work.

Local SHC staff are involved in ongoing assessment of the full range of our public engagement and consultation work across NHS Grampian and we therefore have some reservations about the capacity within the SHC to adequately support and monitor Boards public consultation work especially to the level required if a major service change proposal is under review.

17434

I agree that experts, particularly Health Economists and senior clinicians are required in the make-up of such an expert panel, but essentially there should be user in-put.

Safety, efficacy, economy, sustainability all based on published peer reviewed evidence and with consideration to the impact on the environment.

Availability of public transport and consideration of the transport requirements of those unable to use public transport, without the over use of ambulances needs to be discussed. Patient support groups may be able to assist with this as might local charities.

Yes, but there is always a concern about political bias.

Yes, particularly people with experience of using the services. Representatives of patient groups are ideally placed to be well informed of the experiences of patients, both good and bad. They are motivated to assist improvements and can debate issues at their group meetings giving a consensus of opinion to the panel.

Yes. The evidence called for should be publicized via local newspapers/radio and television. If people have had an opportunity to comment and weigh up the pros and cons, prior to decisions being taken, the decisions are less likely to be rejected and become political hot potatoes.

But there is a lot of apathy.

I was unaware of this consultation, I came upon it by chance while researching another matter. Has this need for public input been widely advertised?

We cannot have centres of excellence on every doorstep, but we need centres where patients can be stabilized and moved on if necessary in emergencies.

It is essential to address the general public fear of infection risk and I suspect that some of that may be due to poor planning and design and also over utilization of some resources. This should be part of the consultation process on overall provision. Currently seriously ill patients are having - for instance - chemotherapy as out-patients, this leaves a very heavy burden on carers. Particularly where specialist services are working on minimal staff at weekends and beds are unavailable to allow patients who develop serious problems to be admitted to the specialist unit. I agree patients should be in-patients at specialist units for the shortest possible time but secondary units are required as back up. Along a hub and spoke line, with "spokes" being available more locally.

17436

A panel which is independent is the most likely of the proposed options to provide effective scrutiny. Independence, and an appropriate range of expertise, should be the key characteristics of the panel.

There is a need for a clearer definition of what constitutes significant service change, and greater clarity on when and how the process will be invoked. Paragraph 10 of the consultation paper states that the final decision on [when independent scrutiny is needed] will be a matter for Ministers but it does not make clear who would / could trigger the process, particularly as this would happen at a pre-consultation stage.

The safety, sustainability, evidence-base and value for money of proposals are key factors in their assessment. We advocate strongly, however, that not only these but all of the six dimensions of quality are considered by the panel. This would provide a credible set of external criteria, and includes patient-centredness, a particularly important factor for consideration. It would also be

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consistent with the approach set out in Better Health, Better Care.

The key role of the panel should be to assess whether there is bias in the evidence and options put forward and whether they are complete. The consultation paper states that, the panel would also encourage the submission of alternative evidence-based perspectives from community and patient groups. Clarification is required on how a panel would encourage alternative perspectives, given that it does not have a responsibility to consult with the public. It is important also that, in the case of alternative perspectives being presented, the role of the panel remains one of scrutiny of the evidence provided, and does not become one of assessing the relative merits of the proposals themselves.

We also emphasise that, in tandem with the development of independent scrutiny, it is essential to encourage effective scrutiny by non-executives within the Boards developing proposals. The result of introducing scrutiny panels should not be to absolve non-executives of responsibility to scrutinize proposals coming from their executive colleagues. Strengthening effective scrutiny within Boards should ultimately result in a reduced need for scrutiny panels.

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We have chosen to address questions three and four together.

In considering the consultation paper, the definition of first needs to be made clear. We would challenge the interpretation of lay as non-medical or non-clinical. We do support the proposal that the Chair, and the majority of the panel, should not currently be employed by the NHS. The key factor in appointment of the Chair and panel members should be that they bring a range of competencies to the process and that they are recognised as independent and without any conflicts of interest (i.e. not from the local Board area and declaring any connections to the area).

It is also essential that all members of the panel are provided with training and support to ensure consistency and credibility in the quality of their input. Panels must also have access to expert advice, clinical, economic or otherwise. For some specialist services (and for true independence) that advice may need to come from outside Scotland.

We advise the establishment of a single pool of core panel members (as opposed to a single fixed panel), which would provide a consistent approach and an element of mentorship and support between members, and would also bring some flexibility in terms of creating panels with an understanding of relevant local factors. A single pool may also increase the potential for learning opportunities to come out of the scrutiny process. Extra members can be added as needed.

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Please see answer to question 3, above.

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We would agree that the panel should assess the information and evidence provided during this process. However, as highlighted under question two, we would have concerns if the panel were to enter into assessment of the options themselves, which may be extending too far into decision-making territory.

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The role of the secretariat in providing support to the panel is vital and its importance should not be underestimated. We would therefore recommend that the secretariat is established on a permanent basis. This is necessary to maintain expertise and ensure a consistent approach. It should also be seen to have a certain degree of independence from and neutrality in relation to the wider NHS.

The nature and content of the evidence relating to clinical practices and quality of service delivery used in the development of proposals for service change, and in their scrutiny, are important. At both stages, a substantial amount of information and expert advice on its interpretation will need to be available.

NHS QIS already has a key role providing evidence-based advice on clinical practices and service standards. NHS QIS is interested in exploring how the fruits of this expertise can best be made available, both to Boards as they are developing proposals for service change and subsequently to scrutiny panels. Such a service could provide a useful bridge linking the stages of the process in individual cases, while building up a core of expertise applicable to future cases.

17438

I would have answered yes to this question had I not seen the ineffective way in which the panel under Professor Mackay went about its business in reviewing the proposals for the Clyde Area of Greater Glasgow and Clyde Health Board. One better method would be for an expert panel to report directly to the members of all the Local Authorities effected by the major changes to satisfy elected representatives of the public that the process has been fair, transparent and robust which was not the case with the Mackay panel. The reporting to LAs should precede the report to the Board and the Cabinet Secretary to facilitate amendments where necessary. This process should be conducted in public as should all the workings of the panel.

The role of the panel must be to assess whether major changes are "patient centred"; and whether they have addressed the issue of population risk/global risk. The population expects that all NHS services will stand the test of safety, sustainability, evidence-base and value for money but major changes must surely be assessed against the overriding principle of, Will it be better for the patient? The total risk to the population in effecting any change must override any other consideration.

No, the old adage of he who pays the piper calls the tune would apply, as it does too often in the NHS at the moment. The Chair should be an elected representative of the public. If we move to elected Health Boards, the Chair should be a member from another area or a councillor from another area not effected by the change. Councillors could indicate their willingness to serve in this capacity and could undergo additional training for the role as appropriate.

Yes, but the panel should have the power, discretion and resources to call upon whatever expertise they need to inform their decision making. This expertise should not have to come solely from other members of the panel.

The process of public engagement is flawed at present and until this issue is resolved then this question is unanswerable. The role of the Scottish Health Council is deeply worrying and it has in fact gone "native" since its role was redefined.

Abolish the Scottish Health Council and establish a meaningful body of people who have experience and expertise in the field of public involvement.

Distance this body from the Health Board so independence can actually mean something.

I am deeply concerned that we do not appear to be getting it right in delivering a health service that people will accept is fit for the 21st century. Throughout Scotland individuals and groups are resisting plans to deliver an inferior service only to be told repeatedly that the Health Board knows best. People do not expect centres of excellence on their doorstep but they do expect services to recognise community and patient needs and to provide these within a local context. The establishment of independent scrutiny panels is not a quick fix for any government as it will leave many of the problems still in existence. However, it may be a starter for ten!

17440

An expert panel is probably suitable since that will prevent public confusion and duplication with the existing set up.

The Panel should ensure that all the information necessary for members of the community affected to assess the safety, sustainability, evidence base and value for money of proposals is available. This should be done in partnership with the NHS Board and officers involved in developing the proposals. Panel and Board should have a shared responsibility for this and the Panel should operate as a critical friend.

The Chair should be a lay person but the person specification must include an ability to work cooperatively with NHS Boards as well as the other members of the Panel.

A lay majority is probably preferable. Some knowledge of the Health Service in Scotland would be highly desirable.

The Panel should be involved as early in the process as possible. Clarity as to exactly how that would be achieved would be required to avoid public confusion as to the respective roles of the Panel/Health Council at the same stage in the process.

The provision of a commentary must be handled carefully as the tone of this must be non confrontational and careful to acknowledge the differences in interpretation of research evidence which is rarely straightforward.

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In principle, an expert and independent panel would appear to be a sensible approach and preferable to options 1 and 2. However, there does need to be a clear definition between the role of this expert panel and that of the Scottish Health Council. The document describes the SHC role as that of commenting on the Boards public involvement rather than the quality of the evidence presented for public involvement.

The composition of an expert panel would need to be thoroughly thought through and it is welcomed that the independent panel would not have the ability to reach a view on the preferred option but would be undertaking a form of quality assurance role in terms of the process prior to public consultation.

The panel does require to be truly independent with fair representation. Whilst

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public views need to be given due consideration this needs to be balanced against clinical views and best value.

Given the complexities of what the panel would be asked to do, it would make sense to have a number of people who could operate as a pool and be called upon as and when a panel needed to be formed and therefore provide a degree of consistency. This pool of experts would build up the relevant skills and have the ability to share knowledge and learning rather than attempting to form a new panel each time.

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If the independent scrutiny panel are to act in a quality assurance role it is arguably not their role to assess the safety sustainability, evidence base and value for money aspects of each of the Boards proposed list of options but they should have a role in determining if the appropriate checks and balances have been taken into account against each of these aspects within each of the proposals put forward. It is unlikely that, if there was a preponderance of lay individuals on the panel that the panel would be qualified to undertake this role.

If they do have the role to assess these issues then they would automatically be moving towards, or could be seen as determining or promoting a preferred option without having publicly consulted and therefore being less than independent.

Furthermore how does the role of the panel in this scenario fit with the mandatory key stage review process which is part of the formal strategy process.

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The Chair should have the capabilities to perform against the task being asked of them. The assumption would be that Scottish Ministers would be in a position to determine this.

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Members of the panel should be drawn from a cross-section of the population who have an interest in health issues and can represent the public's view. Members of the Public Partnership Forums, Public/Patients Panels are examples recognising that the service change would still need to undergo public consultation in any event. Members should be a combination of people with professional skills, experience, knowledge and involvement in all aspects of a local community and be qualified to assess.

The establishment of a panel would need to reflect the complexities of what the panel are being asked to consider and its potential impact on the Board wishing to implement the service change and the public who would be affected by it.

The roles of the PPFs and other already established public panels, the Scottish Health Council and the independent scrutiny panel would need to be explicit.

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The panel cannot take the place of a public consultation so it would make sense that the work of the panel takes place prior to this stage in the process. The panel should fulfil a quality assurance role and if it is to be truly independent it should not be assessing options other than that they meet the relevant requirements in terms of evidence based, best practice etc.

If evidence is challenged, the counter evidence would need to be robust and subject to the same level of scrutiny.

Any commentary should not be used to lead towards a preferred option as this would undermine the independent nature of the panel.

The need for independent scrutiny has been determined as where there will be a major impact on the way services are delivered. How will major impact be determined? It is noted that the final decision will be a Ministerial matter.

The overall impact of instigating an independent panel needs to be offset against the risk of any delay in not being able to proceed with a service change which would need to be clearly quantified.

As previously noted there is clarity required on the role of the Scottish Health Council role, i.e. it is advising on public engagement and the consultation process.

Can more clarity be given about what would require the input and establishment of an independent scrutiny panel? There is a risk that there could be paralysis by analysis.

What would be the role of the Scottish Government Health Department officials in scrutiny and providing advice? There is a presumption that the Medical Director, Finance Director etc are already independent.

Given the increasing approach to partnership working a number of projects could be deemed as potentially falling within the scope of an independent scrutiny panel. How will the independent scrutiny panel proposal dovetail with other processes particularly with Local Authorities but also with service changes proposed within independent contractors and the independent sector?

17443 Each of the options proposed has benefits and challenges.

Option one; a decision conference would allow a high degree of transparency in the scrutiny process, but as noted in the paper, may not be able to provide sufficient rigour or be able to assess and evaluate proposals in depth.

Option two; a Scrutiny Body, such as the local authority would ensure that there is a focus on local issues and would ensure local communities concerns are taken into account in decision making. However, most Health Authorities in Scotland cover more than one local authority area. It is unclear how the competing views of differing local authority areas and their communities would be balanced to arrive at a final decision with regards the merits of various options.

Option three; expert panel would appear to have most merit. It would provide transparency, accountability and a balance view to be taken. However, even with

this option there are issues that would have to be addressed. If the expert panel only met prior to the consultation exercise, then it is unclear how they would ensure their deliberations were informed fully by local communities views.

There would appear to be an alternative option which would be a hybrid of option 2 and 3. This would be an expert panel, which would include representatives from local authorities, lay members and external experts. This model would ensure local issues are taken into account, as well as ensuring the panel has the expertise to scrutinise complex clinical and financial issues.

This would appear to be a comprehensive remit and would provide significant public reassurance that decisions to change services were taken on a balanced basis. It might be useful once options have been scrutinised and put out for consultation, the views resulting from the scrutiny process are made known to the public, including how the conclusions have been arrived at and how the proposed options meet the above criteria. If the hybrid option was agreed then this would also introduce a degree of robustness as Local Authorities will be able to strongly reflect the views of the citizens and will have the necessary skills capacity to contribute to this option

Whilst the Council accepts that the chair will be appointed by Scottish Ministers, any appointment process should be undertaken in an open and transparent manner. This may include an open advert for people wishing to be involved in a Panel. This would ensure a suitable cross-section of people across differing communities both geographically and of interest groups could be recruited. It is important that the Panel should be trained and that they are able to access suitable independent advice when necessary

Whilst the Panel will be recruited for its expertise, it is also important that it is balanced in terms of background and is representative of the wider population, hence the requirement for local authorities to be represented the scrutiny body. If panel had a lay majority then appropriate support and training would be required to ensure they were confident and informed to scrutinise effectively.

It is important that the scrutiny process review options prior to public consultation. This would give the public some confidence that the options had been considered from a range of points of view, and with independence and rigor. The commentary on those options should then inform the consultation exercise and be published alongside the options for change.

It may also be helpful for the Panel Members to participate in the consultation exercise in order that they hear the views of local communities. This may ensure that if there is a significant change in circumstance in the options being considered, or indeed any compelling evidence that was not available when the panel considered the options originally, then they could review their decision.

It might also be useful for the Panel to confirm their opinions at the end of the consultation period. This would ensure there is no ambiguity about the decision to proceed with a particular option, particularly if the consultation has been contentious. This will also ensure the Minister is in no doubt as to the view of the Panel on the various options prior to taking a decision on significant service change.

The guidance is fairly robust but would have to be amended to take account of the role and results of the scrutiny process. It is also suggested that the

guidance be amended to require NHS Boards to consult local authorities at all stages of the process. This would ensure Elected Members are kept fully informed of changes in service delivery and the process of decision making.

Further clarity is needed as to how NHS Boards will reflect on the views of scrutiny bodies and formal consultation and the importance they will attach. Within final decisions, NHS Boards need to clearly evidence where and how the influence of both scrutiny and consultation has impacted and added value.

As noted earlier, it is important that the scrutiny process takes account of local circumstances. To this end a hybrid of options 2 and 3 would be preferred with local authorities and lay members and external experts. The composition of such bodies could be varied to reflect the nature of the issue being considered.

17447

Yes

The panel needs to assess all these things. The fact that the public have been adequately included should remain as it is, the role of the Scottish Health Council.

The Chair needs to be a well informed and able lay person to support the credibility and independence of the panel. It will eliminate the contention that panels are biased in favour of what the Health Boards want, that the consultation process is a sham and 'it has all been decided already.'

A lay majority will give the same credence as stated in the response from Q3.

This needs to be done prior to the consultation as it will provide written evidence that all feasible options are to be discussed in the consultation. It will also provide essential background information when Ministers make their final decision after the consultation.

Public Partnership Forums tend to be dominated by elderly members of the public and very little time is given to maternity services. The local MSLC should be included in local involvement regarding maternity and some linkage should be made with what is being proposed regarding Public Involvement by the Scottish Government Action Group on Maternity Services.

We believe Option 3, an expert panel, is the best way forward. Although it will be more expensive, it will ultimately provide more value for money and minimise the feeling 'The public consultation was an exercise that had to be gone through but the decision had already been made elsewhere and the public had no real say in their local health service.' It provides an external, well informed, independent and evidence based perspective which will lead to greater added value without unnecessarily delaying the process.

Decision conference, as recently used in Grampian, initially left parts of the public, namely mothers, feeling that they had not been heard as others dominated the meeting and they were only allowed to vote for the whole package, not parts of it.

A Scrutiny body, as exists in England, would lead to overdominance by the local authorities, as their representation is already provided for in the Scottish system.