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Fellowship Support Unit

Our Ref: JSAC/lhl

NHS Independent Scrutiny Consultation
FREEPOST NATN452
Healthcare Policy and Strategy Directorate
St Andrew's House
EDINBURGH
EH1 0DR

25 January 2008

Dear Sir

**INDEPENDENT SCRUTINY: THE INDEPENDENT EXAMINATION OF PROPOSALS
FOR MAJOR CHANGE IN NHS SERVICES**

I refer to the Scottish Government's request for comments on the consultation on *Independent Scrutiny: The Independent Examination of Proposals for Major Change in NHS Services*. I am pleased to enclose the comments of the Royal College of Physicians of Edinburgh.

Please note that these comments have already been sent to you by e-mail.

Yours sincerely

John S A Collins MD FRCP Edin
Secretary

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.)

General comment:

Independent scrutiny is an essential element of any option appraisal and public consultation on significant changes proposed for local health services. It will help address perceptions of politicisation of key decisions and criticisms of tokenism.

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?

The College has sought the views of a number of Fellows working in Scotland along with several members of our lay advisory group. There is general agreement that, of the 3 options presented, the expert panel offers the best way forward, providing there is broad and relevant representation on the panel. The title is something of a misnomer, as it could imply vested interests through the "expertise" of its members – "independent expert panels" may be a preferable term - it is important that "experts" are seen to be non-aligned whether medical, managerial or lay.

The Decision Conference (option 1) is likely to be too superficial and highly dependent on the skills of the moderator, although it could be a useful tool for assessing early local opinion and form part of the evidence considered by the panel.

The Scrutiny Body (option 2) may be implicated politically and not seen as independent.

The definition of "major change" is unclear, and there is some nervousness that a panel would be required for any change to the provision of local services – most of which will attract an element of criticism from some sections of any local community. It would be important to ensure an element of proportionality in the criteria for convening such a panel and only present options for scrutiny when there are real choices available.

There is concern about the value for money aspect of (independent) expert panels, and it is only fair to point out that the delay argument against option 2 could also apply to the Scottish Government's preferred option of an expert panel.

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 NHS Board proposals for major change to local services?

In addition to the roles listed, the panel must have a responsibility for commenting on the clinical risk and suitability of the proposals, and whether options have been developed jointly with the local community as advocated in the Kerr Report.

Sustainability should be interpreted broadly to include the impact of proposals on other services for local communities ie the effect of increased travel on climate change or time away from the workplace. However, this would require a panel to have appropriate expertise and access to relevant information.

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

It is more important for the chair to be seen to be independent by the local community and to have experience of chairing in such circumstances. Appointment to the role of chair of a panel under the public appointments system involves the preferences of the Cabinet Secretary, and may add to a local feeling of unease over the outcome. It is important that real and difficult choices over the provision of healthcare in Scotland are protected from party politics. It will also introduce a significant time delay, as the membership of a panel will depend on the outcome of the appointment process to the chair.

Given the close medical/health community in Scotland, a lay chair may be more commonly appointed but this need not be a requirement. The definition of "lay" should exclude healthcare managers in addition to clinicians (of all disciplines).

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

It is extremely important that membership of the panel is relevant, independent and experienced and it is therefore likely that many members will be "lay" and not directly involved in the provision of local services. The precise shape of the panel should reflect the nature of the proposed change and not be restricted by rigid regulation.

Panel members could be selected from a wide range of nominees or perhaps a standing group of panellists who could benefit from training for their specific role and who have agreed to take on this type of role. It would be important to avoid the bias that can be introduced through lobby groups - chairs and panellists should be selected for their individual skills and experience rather than their perceived or actual allegiance to any particular group.

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?

Agreed, and their full report should be in the public domain and easily accessible by the community well before the formal consultation ends. If this proves difficult, then the consultation period should be extended.

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?

The panel should have access to professional expertise to complement their own analysis eg health economics advice or professional librarian support to screen the existing evidence base. A budget should be available to fund such support.

It is important that the panels assess each option early to assure local communities that no viable options have been screened out by the local Health Board or Scottish Government. It may be helpful to require Boards to present their proposals in the form of an evidence-based option appraisal.

The College hopes that detailed evidence will be taken from members of the most recent expert panels now that their initial reports into A&E in Ayrshire and Monklands and the proposed changes in the Clyde area are in the public domain.

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

It is crucially important that panels are – and are seen to remain – independent of Government, Health Boards and any other vested interests. The activities of panels should be transparent and completely open to public scrutiny, including the evidence used in reaching conclusions.

It is important that the introduction of this approach is tempered with realism. An independent expert panel will support the veracity of the evidence but will not necessarily avoid controversy or disagreement within the local community.

The policy imperatives of local consultation and equity across Scotland may, on occasions, clash where local communities take a different view to national policy makers. The extent of any opportunity for local variation should be made clear before the panel consider options and the local community is asked for comments.

It is important that NHS employers are signed up to this initiative and will facilitate their experts' contributions towards panels in other regions by allowing time away from the workplace.

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