



Response of the Association for Perioperative Practice to the Independent Scrutiny, the independent examination of proposals for major change in NHS Services

This response is submitted by the Association for Perioperative Practice (AfPP). The Association aims to promote and provide perioperative education with quality assurance that promotes best practice and patient safety at all times. AfPP has members from all disciplines of staff employed by the NHS and the Independent Sector within the four countries of the United Kingdom. All staff in operating theatres and associated environments where surgical interventions and procedures are conducted and those involved in support services are eligible for membership. The Association has a current membership of 7,800 from all of the above areas.

The purpose and vision of the Association are as follows:

Our Purpose

AfPP exists to improve patient care by:

- Determining standards and promoting best practice
- Facilitating education and development
- Providing professional support services
- Shaping healthcare policy
- Providing a forum for partnership with industry

Our Vision

"To enhance patient perioperative experience by promoting best practice"

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?

AfPP agree that the use of an independent expert panel as outlined in option 3 is an effective option to provide independent scrutiny of significant proposed changes to local NHS services. It is agreed that option 2 is similar to the system currently utilised in England, but AfPP are aware of the existing closer integration of public services at local level and support the view expressed in this consultation that such a process may not demonstrate sufficient improvements of openness and transparency in the scrutiny of proposals within option 2. It is suggested that option 3 will clearly demonstrate openness and transparency in the process of decision making that will directly impact on the proposed service changes of NHS services in local areas. AfPP suggest that such an approach could reassure the public that use of such an independent scrutiny panel would have established the rationale for proposed changes and established that the proposed service changes will improve the provision of services overall within both the local Health Board area and also nationally within Scotland. In addition, AfPP consider that this option demonstrates clearly that the recommendations of the Kerr Report, Building A Health Service fit for the Future of ensuring that local services are designed with people and not for people are achieved.

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 Boards proposals for major changes to local NHS services?

AfPP consider it to be essential that proposed changes should primarily consider improvements to or the maintenance of patient safety as a paramount concern. It is acknowledged that in many instances proposed changes are resisted by local communities if a service is withdrawn and that some of these objections may stem from a lack of understanding that the existing service is not as safe as the proposed changes. In addition, it is often the case that a local population is unaware that the existing service is of a poorer quality than the revised service options will offer. AfPP consider that all healthcare should be evidence based wherever possible, particularly as Operating Department Practitioners and Registered Nurses as well as other health professionals are required to provide evidence based care wherever possible, by their regulatory body. The sustainability of existing services could potentially be demonstrated as evidence to support the proposed service changes, although AfPP acknowledge that there must be a mechanism of comparison to the sustainability of the proposed services in order to provide openness and transparency in this process. AfPP considers that sustainability is closely linked to

value for money, an essential component of ensuring that publicly funded services do provide the best value for money. In many ways, Scottish healthcare has particular challenges in the provision of remote and rural services, such as the needs of Island populations and the potential for significant patient numbers from industry such as offshore oil installations or large trawlers and factory ships of the fishing industry. Therefore, in conclusion, AfPP support the view that the role of the Independent Scrutiny Panel will be to consider these issues in depth when considering changes to NHS service provision

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

AfPP agree that the Chair of an Independent Scrutiny Panel should be a lay person appointed by Scottish Ministers in line with the current Public Appointment processes and should be accountable to government ministers. In addition, AfPP would suggest that such a person should ideally have some credibility and respect from members of the public which in turn may increase public confidence in the process.

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

AfPP have received mixed opinion from members on the proportion of lay members that should be involved in any Independent Scrutiny panel. Some members are of the opinion that whilst the panel should have lay members, this group should not be the majority group so that issues of patient safety and standards of service can be clearly identified and discussed with authority by those who are familiar/expert on these issues. These members also expressed concerns that some lay members may not fully appreciate rationale for proposed changes, particularly in respect of concerns in relation to quality of care. Other members were concerned about the total number of panel members that would be deemed necessary and whether, if this was a significant number, would this in turn impact on the overall efficiency of the process as well as the cost implications of the process.

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 Ministers in reaching decisions?

AfPP would expect that the Independent Scrutiny Panel would assess these elements as part of their remit, and that their commentary/conclusions should be available to all relevant individuals and organisations. However, AfPP would also seek assurance that the Independent Scrutiny Panel concerned had produced a balanced and fair appraisal which would then form the basis of these reports.

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?

It is acknowledged that the process of Informing, Engaging and Consulting with the public as outlined in Annex 3 of this document is indeed a robust process, and gives the public an opportunity to be involved in developing local healthcare services that are fit for purpose within their local area. In addition, it is noted that the process of review and subsequent service redesign is a key element of service improvements in healthcare aimed at benefitting all service users. AfPP seek assurance that ongoing audit and monitoring of Independent Scrutiny Panels and other aspects of NHS reform are audited regularly to provide evidence of their continuing contribution to the standards of Scottish healthcare provision and services.

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

AfPP welcomes the proposals within this paper as a means of ensuring that all options for major service change in NHS facilities and services are subject to objective scrutiny as well as public consultation. Whilst it is noted that the intention is to have a panel of neutral individuals that have no direct involvement in the locality or services under review, AfPP would wish to suggest that consideration is given to individuals with experience of primary and secondary care settings as well as knowledge of social care issues. It is suggested that there may be some proposals that may require such knowledge from a panel member in order to ensure full understanding of all issues and subsequent discussion by the Independent Scrutiny Panel so that a fully informed decision may be achieved.

This response is submitted on behalf of AfPP.