

Draft National Care Standards

**for Independent Medical Consultant and
General Practitioner Services**

Draft
National
Care
Standards

**for Independent Medical Consultant and
General Practitioner Services**

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Introduction

The Regulation of Care (Scotland) Act 2001 (“the Act”) established the Scottish Commission for the Regulation of Care (“the Care Commission”) and set out the care services that it will regulate. These services include independent healthcare services, one of which is “**independent clinics**”.

The term “independent clinics” is defined in section 77(1) of the Regulation of Care (Scotland) Act 2001 and primarily covers clinics¹ in or from which, **a doctor or dentist**² provides **private services** (that is, not under the NHS) on a day care basis. **This includes where the doctor or dentist supervises the provision of such services by someone else, for example a nurse.** The term “services” includes consultations, investigations and treatments.

There is more than one set of national care standards for independent clinics. Each set covers specific aspects of the range of services that can be provided by independent clinics.

This set of national care standards covers privately-provided general practitioner and medical consultant services. The private services include those provided in clinics or practices that only provide private services and in those that provide both NHS and private services (“mixed” provision). The standards cover care and treatment in and from practice/clinic premises, including home visits. At this time, the size and exact nature of the sector covered by these standards is not known and is a difficult one to measure.

There are a further two sets of national care standards for **independent clinics**. One set, covering independent specialist clinics (clinics that specifically provide cosmetic treatment and surgery; weight management; and treatment using lasers), was published in March 2004. The other set, which covers private dental services, is being developed in partnership with NHS Quality Improvement Scotland (NHS QIS) as a common set of standards for NHS and private dental services. In addition, a set of national care standards for independent hospitals have already been issued. These cover **all services** provided in, or by, an independent hospital, including out-patient clinics.

These draft national care standards for independent medical consultant and general practitioner services include specific standards for people attending for mental healthcare (standard 16) and services for children and young people (standard 17). Standards 1 to 15 apply to **all services**, including mental health services and children and young people’s services. Standards 16 and 17 are additional and specific for the services they refer to.

National Care Standards Committee

Scottish Ministers set up the National Care Standards Committee (NCSC) to develop national care standards. The NCSC carries out this work with the help of a number of working groups. These groups have representation from providers, including clinicians and managers, people who use services, professional bodies such as the Royal College of Nursing, and registration and inspection staff. In addition, in the standards developed to date, many others were involved in the consultation process. As a result, the standards have been developed from the point of view of the person using the service. They describe what the individual person can expect from the service provider.

The membership of the group that developed these draft standards, given at Annex C, had wide representation from stakeholder groups. Further user input was achieved by a small group of users of services being sent a copy of the draft standards and asked to complete a short questionnaire for each standard. The answers were collated and reviewed by the group for inclusion in the draft standards.

¹ Clinic: usually at fixed premises although the term can cover mobile units.

² Doctor or dentist means a registered medical practitioner (which includes physicians and surgeons) or registered dental practitioner.

Using the national care standards

In common with all the national care standards already issued, these draft standards have been written from the point of view of the user of the service. Their format follows the user's route or pathway through the service. For example, they cover:

- your safety;
- qualifications of the people treating you;
- what happens if something goes wrong; and
- financial safeguards

and follow the service user from making an appointment through to discharge.

All providers must provide a statement of function and purpose when applying to register their service. On the basis of this statement, the Care Commission will determine which national care standards will apply to the service that the provider is offering.

If you are thinking about using the services of an independent medical consultant and general practitioner, you will want to refer to the standards to help you decide. If things go wrong, you can refer to the standards to help you raise concerns or make a complaint. (See "Expressing your views", standard 14.)

Providers will use the standards to find out what is expected of them in offering services. The standards make it clear that everything about the service should lead to you enjoying a good quality of life. They should guide the owner or manager over whom to employ and how they should manage the service.

Useful questions to ask

Many questions you have about the services provided (including consultations, investigations and treatments) and their costs, will be answered by the service, perhaps when you are making enquiries, maybe during a consultation or in specially prepared leaflets and pamphlets. Many people will be considering buying services from a private medical service for the first time and knowing what questions to ask can be difficult. Below are some questions you may consider using to help you make an informed decision.

The clinicians

- Who will I have the consultation with?
- What are their qualifications and experience?
- What are their qualifications or experience in dealing with my problem(s)?
- Do they have professional indemnity insurance?

The cost

- What will be the cost of the consultation and what does this cover?
- What other costs (e.g. investigations) might be involved in the consultation?
- What will be the cost of the treatment and any associated medicines?
- Is the cost of any treatment follow-up included in its cost and, if so, how much follow-up?
- If there are any complications will I have to pay to have them treated?
- What are the arrangements for payment?

The consultation, investigation and treatment

- How quickly will I get an appointment?
- How much time is allocated for consultations?
- How quickly will any investigation or treatment be carried out?
- How long will any investigation or treatment take?
- Can I speak to anyone else who has had the same treatment?
- Are there any risks involved with my treatment or investigation and what are they?
- Can I bring someone with me if I want?

After the consultation, investigation or treatment

- What type of care will I need after my treatment or investigation?
- Who will be available to see me in the period after, if required?
- Who do I contact if I think something has gone wrong?
- What will happen if I am unhappy with any aspects of the consultation, investigation or treatment?

The record of the consultation, investigation and treatment

- What kind of record will you keep of my consultation, investigation or treatment?
- Will my records be shown to anyone else for any reason?
- Will I be able to get copies of my records and results if I want them?
- If I want to see my records what are the arrangements for this?
- Will you keep my consultation and treatment private from my GP if this is what I want?

Links to the NHS Quality Improvement Scotland³

The Care Commission is responsible for regulating the independent healthcare sector (including independent medical consultant and general practitioner services), taking account of the national care standards developed and issued by Scottish Ministers for this sector.

NHS Quality Improvement Scotland (NHS QIS) sets standards and monitors performance in the NHS to improve the quality of healthcare in Scotland.

People using services should be able to expect that standards set by NHS QIS will apply, where appropriate, in both the NHS and independent healthcare sectors. These standards include a standard (12.5) to help make sure this happens in independent medical consultant and general practitioner services.

The Care Commission, in making sure these shared standards are met by independent medical consultant and GP services, will liaise with NHS QIS. A written agreement (or “memorandum of understanding”) will cover the working relationship between the Care Commission and NHS QIS.

³ On 1 January 2003 NHS Quality Improvement Scotland took over the functions of the Clinical Standards Board for Scotland.

The principles behind the standards

The standards are based on a set of principles. The principles themselves are not standards but reflect the recognised rights which you enjoy as a citizen. These principles are the result of all the contributions made by the NCSC, its working groups and everyone else who responded to the consultations on the standards as they were being written. They recognise that services must be accessible and suitable for everyone who needs them, including people from ethnic minority communities. They reflect the strong agreement that your experience of receiving services is very important and should be positive, and that you have rights.

The main principles

The principles are dignity, privacy, choice, safety, realising potential and equality and diversity.

Dignity

Your right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships.

Privacy

Your right to:

- have your privacy and property respected, and to receive the time, the space and the facilities you need and want; and
- be free from intrusion as long as it is safe for you and everyone else.

Choice

Your right to:

- make informed choices, while recognising the rights of other people to do the same;
- know about the range of choices; and
- get help to fully understand all the options and choose the one that is right for you.

Safety

Your right to:

- feel safe and secure in all aspects of life, including health and wellbeing;
- enjoy safety but not be over-protected; and
- be free from exploitation and abuse.

Realising potential

Your right to have the opportunity to:

- achieve all you can;
- make full use of the resources that are available to you; and
- make the most of your life.

Equality and diversity

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment;
- be valued for your background, language, culture, and faith;
- be treated equally and to live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

The Scottish Commission for the Regulation of Care

The Act set up the Care Commission, which registers and inspects all the services regulated under the Act, taking account of the national care standards issued by Scottish Ministers. The Care Commission has its headquarters in Dundee, with regional offices across the country. It will assess applications from people who want to provide private medical services. It will inspect the services to make sure that they are meeting the regulations and, in doing so, will take account of the national care standards.

How standards and regulations work together

The Act gives Scottish Ministers the power to publish standards which the Care Commission must take into account when making its decisions. It also gives Scottish Ministers the power to make regulations imposing requirements in relation to independent medical consultant and general practitioner services.

The standards will be taken into account by the Care Commission in making any decision about applications for registration (including varying or removing a condition that may have been imposed on the registration of the service). All providers must provide a statement of function and purpose when they are applying to register their service. On the basis of that statement, the Care Commission will determine which standards will apply to the service that the provider is offering.

The standards will be used to monitor the quality of services and their compliance with the Act and the regulations. If the Care Commission has concerns about the service, for example as a result of an inspection or a complaint investigation, it will take the standards into account in any decision on whether to take enforcement action and what action to take.

If the standards were not being fully met, the Care Commission would note this on the inspection report and require the service manager to address this. The Care Commission could impose an additional condition on the service's registration if the provider persistently, substantially or seriously failed to meet the standards or breached a regulation. If the provider does not then meet the condition, the Care Commission could issue an improvement notice detailing the required improvement to be made and the timescale for this. The Care Commission would move to cancel the registration of any service if the improvement notice does not achieve the desired result. In extreme cases (i.e. where there is serious risk to a person's life, health or wellbeing) the Care Commission could take immediate steps to cancel the registration of any service without issuing an improvement notice.

Regulations are mandatory. In some cases not meeting a regulation will be an offence. This means a provider may be subject to prosecution. Not meeting or breaching any regulation is a serious matter.

You can get information on what these regulations are from the Regulation of Care (Scotland) Act 2001, which is available from the Stationery Office Bookshop. You can also see the Act on-line (see Annex B, "Useful reference material" for the address).

You can also see the Scottish Statutory Instruments for the Regulation of Care Regulations 2002 on-line (see Annex B, "Useful reference material" for the address).

Decisions by the Care Commission on what to do when standards or regulations are not met will take into account all the relevant circumstances and be proportionate.

Before using the service (standards 1 to 5)

- 1 Information about the service
- 2 Guidelines and legislation
- 3 Your environment
- 4 Information held about you
- 5 Staff

Information about the service

Standard 1

You have comprehensive and clear information from the service that enables you to choose the service that best meets your needs.

- 1 You can get information that is accurate, clear and easy to understand. The information is in plain English or in a language or format that you can easily understand.
- 2 If your first language is not English, or if you have any other communication needs, you will have help to access any interpreting services, adaptations and equipment for communication.
- 3 You know that your use of the service will not be compromised by any physical, language, cultural or other barriers.
- 4 You, and any doctor referring you, receive sufficient information to allow you to choose the service most suited to your care and treatment needs.
- 5 You receive a contact number at the service for any questions about its services and facilities.
- 6 You can get information from the service which includes:
 - the service location;
 - directions on how to get there, including car parking and public transport;
 - details of how to contact the service;
 - times that the service is open or available
 - a guide to the charges you can expect to pay for the services provided, including consultation, treatment investigations and prescriptions, and whether there are any charges (and the amount) for cancelling or failing to attend an appointment;
 - the range of services available and who provides them;
 - the arrangements in place for the service to provide 24-hour cover or out-of-hours cover and the alternatives that are available;
 - whether home visits are available;
 - details of any disabled access or facilities;
 - the smoking policy for the service premises; and
 - whether the service and its staff have public liability and professional indemnity insurance.
- 7 You can receive from the service its latest inspection report from the Care Commission, if you want to see it.

Guidelines and legislation

Standard 2

You can be confident that when using the service your legal and human rights are protected and that the service is managed in line with all applicable legal requirements.

- 1 All aspects of your care are delivered within the law and take account of best practice guidelines, where they exist.
- 2 Your safety is maintained by the service having risk assessment and management systems in place. These take account of all relevant legislation and current best practice.
- 3 You know the service has comprehensive written policies and procedures which reflect current relevant legislation and best practice guidelines, and that it monitors their performance and regularly reviews them. These include:
 - fire, including evacuation procedures;
 - security, including the protection of vulnerable adults;
 - environmental health, including food safety;
 - security of belongings and valuables that you bring into the service; and
 - consent to treatment.
- 4 You know that staff will report any accident or incident that happens and that it will be investigated and, where needed, action taken to prevent such an incident or accident happening again. The service will keep, and regularly review, records of all the reports, investigations and findings.
- 5 You know that staff work in line with the provisions of any mental health legislation which affects your rights and care.

Your environment

Standard 3

You can be confident that the design, layout and facilities of the service will support the safe and effective delivery of your treatment and care, and recognise your privacy and dignity.

- 1 You know that the service's treatment and care environment will be suitable for your care and treatment needs, and will offer you privacy and ensure your comfort.
- 2 You will be able to find your way easily about the service's accommodation.
- 3 You know that the service makes sure that its buildings, services and any grounds are set up, maintained and reviewed in line with health and safety legislation, best practice guidance and any other relevant laws and regulations.
- 4 You know that the service makes sure that all equipment used for your care and treatment is installed, checked and serviced according to the manufacturer's instructions, best practice guidelines and legal requirements.
- 5 You know that any food and drink available in the service is prepared and served in line with current food and hygiene legislation and guidelines.⁴
- 6 You know that the service has arrangements for ensuring your personal safety which include:
 - a system for monitoring people who may need access to the premises and its facilities; and
 - security checks on the premises.
- 7 You will have facilities available, if required, for the safekeeping of your valuables whilst in the service.
- 8 You can be confident that the environment in which you are treated will be clean.
- 9 You know that the service has comprehensive policy and procedures for the prevention and control of infection, reflecting current relevant legislation and professional guidance.

⁴ The Food Safety (General Food Hygiene) Regulations 1995 and the Food Safety (General Food Hygiene) Amendment Regulations 1999.

Information held about you

Standard 4

You can be confident that the service will keep an accurate, up-to-date and comprehensive patient care record⁵ and that all verbal and written communication and information about you is dealt with in a way to ensure your confidentiality and safety.

- 1 You know that all personal information is stored securely.
- 2 You know that the service and all its staff work within current legal requirements and good practice guidelines in how it deals with the information it holds about you.
- 3 You know that you and only those involved in your healthcare team,⁶ or agreed by you, have access to any information held about you, including your patient care record.
- 4 You know that the service ensures that staff are aware of the need for confidentiality and that they do not disclose your personal information inappropriately.
- 5 If the service ceases to operate, you know that contingency arrangements are prepared and planned for the safe and secure transfer, storage and retrieval of patient care records.
- 6 You know that if any statistical information is to be collected about your condition and treatment (including information that identifies you as the patient) you will be informed and your consent sought. Such information will be collected and used according to good practice and in line with current legislation.
- 7 You know that the service makes sure that all verbal and written communication about your care is clear and that you can understand it.

⁵ Patient care record: a record of all aspects of your care and treatment by medical, nursing and allied health professionals in the service. The record includes your medication and all contacts that you have with the service (for example, visits to or from the service and telephone calls about your care).

⁶ The healthcare team comprises the people providing clinical services for each patient and the administrative staff who directly support these services.

Standard 5

Staff

Your care and treatment by the service will be provided safely and effectively to professional standards by staff with the knowledge and skills to do so and in line with current legislation and guidance.

- 1 You know that the service has and follows required procedures for recruiting all staff. These include checking any required qualifications, their skills and training, and all necessary records, including appropriate Disclosure Scotland checks, before they start work.
- 2 You know that the service's staff recruitment and selection follow a clear, written policy that complies with all relevant legislation.
- 3 You receive care and treatment from staff who, where appropriate, are currently registered with their professional body. The service has systems in place to check this.
- 4 All staff providing the service, including temporary staff, receive appropriate induction and other training that meets their needs and the requirements of the services they provide to you.
- 5 All staff providing the service have a personal development plan.⁷ For members of the service's healthcare team, this includes a personal professional development plan.⁸ All development plans are regularly reviewed.
- 6 You receive care and treatment from staff who are able and supported to raise concerns (in confidence) about any aspect of service delivery that they feel may harm your care and the care of others or the quality of the service. The service keeps a confidential record of all staff concerns and the action taken in response.
- 7 Your service (or clinic/practice) has effective team-working, including communication between consultant specialists, doctors, nurses and allied health and social care professionals.
- 8 The service recognises that staff may need personal support and help in providing your care and treatment and makes sure that this is provided, including access to occupational health services.

7 Personal development plan: a plan that sets out a person's occupational development and training needs and how they are met now and will be met in the future.

8 Personal professional development plan: a framework for continuing professional development that reflects the standards set by a profession's regulatory body.

Visiting the independent medical consultant and GP service (standards 6 to 14)

- 6 Before your appointment
- 7 Your appointment
- 8 Deciding on your treatment and giving consent
- 9 Your care and treatment
- 10 Investigations
- 11 Your medicines
- 12 Quality of care and treatment
- 13 Medical and other emergencies
- 14 Expressing your views

Before your appointment

Standard 6

You have all the information you need to help you attend your appointment.

- 1 Your appointment time is arranged and agreed with you for a time which suits you.
- 2 Before your appointment, you receive adequate information about it, including:
 - the appointment time, who it is with, and how long it is likely to last;
 - any special instructions, including an interpreter if you need one;
 - what you may need to bring with you (for example, any medication you are taking);
and
 - contact details, in case of cancellation.

Your appointment

Standard 7

Throughout your visits, all staff treat you with dignity and respect. You are kept fully informed and involved and leave with an understanding of what will happen next.

- 1 You are addressed in the manner that you prefer and the names of the clinic staff are made known to you.
- 2 You are asked by staff to confirm that all your personal details and (where appropriate) details of your family doctor are correct, in a manner that is sensitive to your privacy and dignity.
- 3 You receive an apology and explanation if you have to wait beyond your specified appointment time, and alternative options are offered and agreed with you. Similarly, if you are late for your appointment it may be necessary to make a new appointment for you.
- 4 Your consultation is conducted in a room with furniture and equipment that meet the requirements of the consultation.
- 5 You are fully involved in all aspects of the assessment of all your healthcare needs and this takes account of your preferences.
- 6 You have time, and feel able, to ask staff questions and receive information from them. The information is given in a way you can understand.
- 7 You receive a full and clear explanation, in a manner or format that you can understand, of any examination or investigation before it is carried out. You have help to get an interpreter, if you need one.
- 8 You are offered (where appropriate) a chaperone or invited to have a relative or friend present.⁹
- 9 You are given an indication of all likely costs, what these include and your payment choices, before agreeing any treatment or investigations. This will be discussed sensitively.
- 10 You receive details before you leave of how and who to contact for any further information or discussion about your consultation or future visits or treatments.
- 11 If you have to return for an investigation, you receive all the information that you need for this.
- 12 Your carer, if you have one, is given information by the service of their right to an assessment by their local authority of any care needs they may have.
- 13 You can choose to have someone such as a relative, friend, carer or advocate¹⁰ to act on your behalf and represent your views when using the service.

⁹ General Medical Council Guidance on intimate examinations, December 2001.

¹⁰ Advocate is someone who intercedes on behalf of another.

Deciding on your treatment and giving consent

Standard 8

You are fully involved in the assessment of your healthcare needs and are fully informed about any investigation and treatment before deciding whether or not to go ahead.

- 1 Any investigation or treatment will only be proposed after a full assessment of you and your healthcare needs.
- 2 Your healthcare professional gives you information about the range of treatments available that are relevant to your needs and preferences and what they involve. This includes an explanation of the advantages and disadvantages, telling you about the risks of any treatment, as well as what may happen if you choose not to proceed.
- 3 You are given the opportunity and are encouraged to ask questions or receive further advice from your healthcare professional or from another appropriate member of staff (or both). You can have someone you choose (for example, a member of your family or carer) to help you understand what is being said about your care and treatment and to ask questions on your behalf.
- 4 You have time to consider your choice of treatment or investigation.
- 5 Your consent to any planned investigation or treatment is sought and obtained only after you have had the opportunity to consider the information provided and have made your decision to proceed.
- 6 Your signed consent is obtained and given in line with current best practice guidance and legislation¹¹ and a copy is given to you if you wish.
- 7 Any living will or advance statement you may have made, including whether or not you wish to be resuscitated, is respected by the service in line with best practice guidance.¹²
- 8 If you need emergency treatment and you are able to give consent, you will be asked to do so, having received an explanation.
- 9 If you need emergency treatment and you are **unable** to give consent (for example, collapsed or unconscious), treatment will be given in line with current legislation and best practice.

¹¹ General Medical Council. Seeking patients' consent: the ethical considerations (1998).

¹² Joint statement on decisions relating to cardiopulmonary resuscitation from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (January 2002).

Your care and treatment

Standard 9

Your care and treatment from the service is carried out safely, to professional standards, when you expect it and in a manner designed to put you at your ease.

- 1 Your care and treatment needs and preferences and how these are to be met are recorded in your patient care record, and you have access to it on request.
- 2 You receive an explanation of any treatment or investigation you are to have and your consent is confirmed.
- 3 You are told what to bring before having any treatment or investigation carried out at the service, how long it is likely to take and, if appropriate, what transport arrangements you will need to make for your return home. You are advised of any support arrangements you may have to make at home on your return.
- 4 You are introduced to the member of staff who is to carry out the treatment or investigation.
- 5 Any treatment or investigation you have is carried out in line with current best practice guidelines and relevant professional standards.
- 6 If there is a dedicated treatment area, you are accompanied to and from this area by an appropriately qualified member of the healthcare team.
- 7 Sufficient staff who are suitably qualified stay with you throughout your treatment or investigation.
- 8 Your condition is closely monitored by appropriately qualified staff and the information about your treatment, your recovery and any instructions for your care is communicated to the relevant members of your healthcare team.
- 9 You are given advice and offered treatment by the service for any pain or discomfort you may have following your treatment or investigation.

Investigations

Standard 10

Any investigation you have will only be carried out when appropriate for your care and treatment and will be done safely.

- 1 Any investigation you have (for example, blood test, x-ray, scan or tissue specimen) is only carried out to provide information to aid your diagnosis and treatment.
- 2 Any investigation you have (for example, x-ray, ultrasound examination or blood test) is carried out in line with best practice guidance.
- 3 You are told why any investigation is necessary and what to expect during it. You receive help if you need it.
- 4 You receive any help you may need during the investigation.
- 5 You are told when to expect a result and are informed of it as quickly as possible after it is available.
- 6 You know and agree how your result will be communicated to you and any other healthcare professional outside the service.
- 7 Your x-ray or scan result is interpreted by a registered specialist in clinical radiology or by another doctor with a specialist registration¹³ relevant to your investigation.
- 8 Any test you have that involves using a laboratory service is carried out by a service which takes part in a recognised quality assurance programme and works in line with current best practice guidance and legislation.
- 9 Your test or specimen is correctly identified at all times and the service makes sure that it and the laboratories it uses have policies and procedures to ensure this.
- 10 Your investigation result is given to your clinician (or your NHS GP, if you want, or both) as soon as possible after they are available. If any treatment is needed, this is quickly followed up.
- 11 Any equipment used in examining or testing your specimen in the service is checked and serviced according to the manufacturer's guidelines and current legislation.

¹³ Specialist registration – entered in the Specialist Register of the General Medical Council. This means the doctor has completed training recognised by the Specialist Training Authority in a speciality, e.g. cardiology; neurosurgery; and has been awarded a certificate of completion of specialist training.

Your medicines

Standard 11

If you are taking medication or medication is part of your treatment, it will be managed during your visit and at discharge to maximise the benefit and minimise the risk of harm from medicines.

- 1 Your medicines are managed within a policy for the prescribing, dispensing, use, storage and administration of medicines for you during your visit to the service. The policy is based on current legislation and relevant up-to-date guidance.¹⁴
- 2 If you bring medicines into the service that you need during your visit, you know that they are stored safely and used, if necessary, only for your treatment. Your medicines are always available to you at the prescribed times.
- 3 You can discuss your medication, its benefits and side-effects with your doctor or nurse.
- 4 If you have specialist pharmaceutical treatment, it is provided by staff with specialist training.
- 5 You will be given an initial dose of your drug therapy on site, if your condition requires immediate treatment. If this is unavailable, the service will make sure that, before you leave the premises, you or your representative will be able to get hold of this drug treatment (or its equivalent) in a timely and reasonable manner without jeopardising your condition.
- 6 Before you leave the service, you know that you or someone you choose (for example, one of your family or a carer) will receive information from staff about any medication that they have prescribed for you. The information includes an explanation of:
 - how your medication will work;
 - the reasons for taking the medication;
 - any side-effects likely to be experienced and what to do about them;
 - where or how you can access your prescribed treatment;
 - how quickly the treatment should be started; and
 - the arrangements, where relevant, for repeat prescriptions.
- 7 If you feel you may be unsure about any aspect of taking your medicines after leaving, the information may be shared with a representative of your choice.
- 8 If you are capable of giving consent to medication and then refuse it and understand the consequences of refusal, staff must respect this.
- 9 If you are not capable of understanding that you need to take medication and that it is necessary for your health and welfare, there are legal powers that allow other people to give permission for you to receive treatment.¹⁵

¹⁴ Medicines Act 1968, Misuse of Drugs Act 1971.

¹⁵ Adults with Incapacity (Scotland) Act 2000; Mental Health (Scotland) Act 1984.

Quality of care and treatment

Standard 12

You receive high quality, safe and effective care and treatment which reflects up-to-date knowledge and practice.

- 1 Your care and treatment, and its quality, benefit from the regular review of available evidence and best practice guidance. The service measures and reviews its performance of treatment and care.
- 2 The service uses the results of the reviews to help it decide on any changes needed to improve the standards of treatment and care that you receive.
- 3 All healthcare staff are involved in the reviews and the development of improvements to the service.
- 4 You can ask for and get information about the review process.
- 5 The care and treatment you receive from the service reflect relevant NHS Quality Improvement Scotland standards where these exist.
- 6 You know that the service has a quality assurance and risk programme to ensure good care and your safety.

Medical and other emergencies

Standard 13

You can be confident that the service staff know what to do in an emergency, including resuscitation.¹⁶

- 1 Your service has policies and procedures for managing emergencies and reviews these regularly.
- 2 Your service makes sure that all its staff are up to date and able to put any emergency procedures into service at any time.
- 3 Your service's healthcare staff involved in medical emergency care have their resuscitation and emergency care skills updated annually.
- 4 You can be confident that any equipment that is needed for treating medical emergencies is available and in working order.

¹⁶ Resuscitation Council (UK) Resuscitation Guidelines (2000).

Expressing your views

Standard 14

You know how to express any comments, concerns or complaints about the service, feel comfortable about doing so, and are confident that they will be dealt with courteously and in a positive manner.

- 1 Your service will actively seek and welcome your views on all its professional and support services, so that it can continuously aim to improve its quality of care.
- 2 You and your carer or representative (where you have one) are supported and encouraged in a safe and confidential manner to make your views known.
- 3 You have easy access to the service's written complaints policy and procedure¹⁷ and to advice (if you need it) on how to get help to use it.
- 4 You can find out from the service how to make complaints directly to the Care Commission or other relevant regulatory bodies (for example, General Medical Council).

¹⁷ The Regulation of Care (Scotland) Act 2001.

Aftercare, ongoing care and discharge (standard 15)

15 Aftercare, ongoing care and discharge

Aftercare, ongoing care and discharge

Standard 15

Any ongoing care you need following your consultation, investigation or treatment, will be planned and agreed with you, taking account of your preferences. The service will make the necessary arrangements to have it provided.

- 1 You receive a clear and thorough explanation of your condition, including any changes and difficulties that may occur.
- 2 If any changes need to be made to what has been planned for you, the service will discuss and agree these with you beforehand and will record the changes.
- 3 You are clear about what ongoing care will be provided and who will provide it.
- 4 You are informed and agree that relevant information about you and your condition will be shared, and why, with other healthcare professionals involved in your ongoing care (for example, a physiotherapist or hospital doctor). If you do not want the information to be shared, the implications of this for your ongoing care are explained to you.
- 5 You are clear about what your own responsibilities are in the ongoing management of your condition.
- 6 If you have been referred to the service by your GP or another doctor, you know and agree that he or she will receive information about your consultation and its outcome.¹⁸ If you do not agree, the staff will respect this and explain to you any implications for your care.
- 7 You receive a written summary of your treatment and information about your ongoing care after a treatment, or when you are discharged from the service.

¹⁸ GMC Confidentiality; Protecting and Providing Information Sept. 2000.

Mental health services (standard 16)

16 People attending for mental healthcare

People attending for mental healthcare

Standard 16

You can be confident that whatever your needs for psychological, mental health or psychiatric care, the service and its staff will look after you safely and in a manner that recognises and meets best practice guidelines for this type of care.

- 1 If you are unable or have limited ability to take part in your care, for example because of what is wrong with you, staff will be aware of this and, with your agreement, will make arrangements to help you, in line with current best practice guidelines and legislation.
- 2 The service and its staff know about your legal right to advocacy,¹⁹ are aware of its role and can provide information and assistance to you to access such a service.
- 3 If, at any time, the care you need is outwith the types of care and treatment in which the service's staff are competent, you will be referred, with your agreement, to someone who can provide the care.
- 4 The service is aware of any recognised changes, and any associated risks, to your condition that can happen as a result of your care/treatment and makes arrangements to deal with these.

When the protection of the mental health legislation²⁰ is needed for you

- 5 You know that the service will discuss with you the need for any arrangements required to protect you or others. Staff will explain this to you, give you the reasons, and explain how it will be done.
- 6 The service will give you information on your detention, your current legal position and the role of the Mental Welfare Commission.
- 7 You know the service has written policies and procedures on the use of restraint, including when and how to apply it. Staff are aware of these policies and procedures and can put them into practice.

¹⁹ Mental Health (Care And Treatment) (Scotland) Act 2003.

²⁰ Mental Health (Scotland) Act 1984; AWI (Scotland) Act 2000.

Children's and young people's services (standard 17)

17 Care of children and young people

Care of children and young people

Standard 17

All aspects of the care and treatment that children and young people receive from the service will be undertaken by appropriately trained staff in a safe and child-friendly atmosphere and environment.

- 1 You know that all practitioners looking after children and young people in the service are regularly involved and are appropriately skilled and qualified in the care and treatment they are providing to them.
- 2 The service staff are fully aware of the law²¹ of consent regarding the treatment of children and young people.
- 3 You know that a parent, guardian, or person legally responsible for a child or young person will be encouraged to stay with them at all times during their treatment, if they agree.
- 4 You know that children's and young people's privacy will be respected.
- 5 You can be confident that all service staff who have access to children and young people will have had an enhanced Disclosure Scotland check before being employed.
- 6 You know that child protection awareness and procedures are mandatory in the service's training for staff looking after children and young people. This training takes place at least once a year.
- 7 You can be confident that the service staff are aware of and promote children's and young people's rights. They are sensitive to any signs which may indicate possible neglect or abuse. They make sure that any concerns are quickly dealt with.
- 8 You know that a healthcare professional with experience in childhood diseases will be present when children and young people receive treatment.

²¹ Age of Legal Capacity (Scotland) Act 1991c.50 Section 2(4). This Act identifies the circumstances in which children can act in a way that is legally competent. The Act states that a person under the age of 16 years has the legal capacity to consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment; Children (Scotland) Act 1995 – Section 6 Part 1.

Annex A

Glossary

Advance statement

Also called “advance directive” or “living will”. A statement made when a person is competent (has capacity), detailing how they wish to be treated if, in time, they become unable to express this for any reason. Advance statements are not legally binding but are taken into account by all members of the healthcare team.

Allied health professionals

Currently this includes: Art Therapists, Dieticians, Occupational Therapists, Orthoptics, Orthotists/Prosthetists, Physiotherapists, Podiatrists, Radiographers, Speech and Language Therapists.

Carer

A person who looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide may be unpaid.

Chaperone

Someone who goes with an individual to make sure that nothing inappropriate takes place during an examination or treatment.

Clinical assessment

Assessments based on an individual’s clinical need (for example, by nurse, physiotherapist, occupational therapist, etc.).

Clinician

A health professional (for example, physician, psychiatrist, nurse or medical scientist) engaged in the care of patients, as distinct from one working in other areas, such as research.

Disclosure Scotland

A new Disclosure Bureau has been established within the Scottish Criminal Record Office for the purposes of issuing certificates under Part V of the Police Act 1977. This new service is known as Disclosure Scotland and will be responsible for issuing three levels of certificates to be known as Basic disclosures, Standard disclosures and Enhanced disclosures. The aim of the new Disclosure Scotland service is to enhance public safety and to help employers and voluntary organisations in Scotland to make safer recruitment decisions.

GMC

General Medical Council. The main aim of the GMC is to protect patients by:

- promoting high standards of medical education, including continuing education;
- fostering good medical practice, including issuing guidance on this and other issues (for example, ethics); and
- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

The GMC also maintains up-to-date registers of all qualified doctors.

Website – www.gmc-uk.org

Medication

A substance administered for treatment purposes.

Patient care record

An integrated, multi-disciplinary record of all care assessment and treatment, including the medical component.

Pharmaceutical

Relating to drugs or medicines.

Physiotherapist

A healthcare professional who is qualified in and concerned with human function and movement and maximising potential. He or she uses physical approaches (for example, electricity, heat, cold, sound, acupuncture and light), as well as physical activity, exercise and massage to promote, maintain and restore physical, psychological and social wellbeing, taking account of variations in health.

Professional indemnity insurance

Insurance against loss or damage as a consequence of a professional's work.

Public liability insurance

Insurance against loss or damage suffered by the public as a consequence of negligence or inappropriate action.

Radiology

The science of radiation referring to its use in the diagnosis and treatment of disease.

Resuscitation

Restoration to life or consciousness of one who has collapsed or stopped breathing.

Restraint

Control to prevent a person from harming themselves or other people by the use of:

- physical means (actual or threatened laying on of hands on a person to stop them carrying out a particular action);
- mechanical means (for example, wrapping someone in a sleeping bag or strapping them to a chair);
- environmental means (for example, using cot sides to prevent someone from getting out of bed); or
- medication (using sedative or tranquillising drugs for the symptomatic treatment of restlessness or agitated behaviour).

Therapy

A treatment for disorder or disease.

Ultrasound examination

The use of ultrasonic waves for diagnostic purposes, specifically to image an internal body structure or monitor a developing foetus.

Annex B

Useful reference material

LEGAL

The Adults with Incapacity (Scotland) Act 2000

Under this Act anything that is done on behalf of an adult with incapacity will have to:

- benefit her or him;
- take account of the person's wishes and those of her or his nearest relative, carer, guardian or attorney; and
- achieve the desired purpose without unduly limiting the person's freedom.

The Children (Scotland) Act 1995

The Act puts children first. Each child has the right to:

- be treated as an individual;
- form and express views on matters affecting her or him; and
- be protected from all forms of abuse, neglect or exploitation.

Parents and local authorities have rights and responsibilities in achieving the balance of care.

The Age of Legal Capacity (Scotland) Act 1991

This Act identifies the circumstances in which children can act in a way that is legally competent. The Act defines when children and young people can consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment.

The Data Protection Act 1998

The Act covers how information about living, identifiable people is used. All organisations that hold or process personal data must comply.

The Disability Discrimination Act 1995

This wide-ranging Act, which came into force in 1996, makes it illegal to discriminate against disabled people in employment, access to goods, services, transport and education.

The Health and Safety at Work etc Act 1974

The Act is the basic piece of health and safety law that covers everyone who is affected by work activity. It places the burden of legal responsibility for health and safety at work with the employer.

The Human Rights Act 2000

The Act incorporates the European Convention on Human Rights into Scots and English law in relation to the acts of public bodies. Its purpose is to protect human rights and to maintain and promote the ideals and values of a democratic society. The Articles of Convention include:

- freedom of thought, conscience and religion;
- freedom of expression;
- freedom of assembly and association;
- the right to have respect for private and family life; and
- the right to marry.

The Mental Health (Scotland) Act 1984

Currently under review, the Act provides for the compulsory detention and treatment of people with a mental disorder.

The Mental Health (Care and Treatment) (Scotland) Act 2003

This Act forms one part of a framework of policy, legislation, guidance and initiatives that inform how we care for people with a mental disorder. In broad terms, the provisions in the Act are primarily concerned with the care, protection and treatment of all service users with a mental disorder. It is designed to complement existing legislation and guidance to offer a broad framework to protect and improve the mental health and well being and daily lives of those with a mental illness/disorder and give regard to their carers.

The Misuse of Drugs Act 1971

The Act is the main law for drugs control in the UK. It prohibits the possession, supply and manufacture of medicinal and other products except where these have been made legal by the Misuse of Drugs Regulations 1985. The legislation is concerned with controlled drugs and puts these into five separate schedules. Anyone who is responsible for storing or administering controlled drugs should be aware of the content of the Misuse of Drugs Regulations 1985 and the Misuse of Drugs (Safe Custody) Regulations 1973.

The Police Act 1997

Part V of the Police Act 1997 was brought into force in April 2002. This provides for the Scottish Criminal Record Office to issue criminal record information certificates to individuals and organisations.

The Public Interest Disclosure Act 1998

The Act protects workers who “blow the whistle” about wrongdoing. It mainly takes the form of amendments to the Employment Rights Act 1996, and makes provision about the kinds of disclosures which may be protected; the circumstances in which such disclosures are protected; and the persons who may be protected.

The Race Relations Act 1976

The Act makes racial discrimination illegal in employment, service delivery, training and other areas.

The Race Relations (Amendment) Act 2000

The Act makes racial discrimination illegal in public activities that were not previously covered. It puts a general duty on public organisations to promote race equality.

The Regulation of Care (Scotland) Act 2001

The Act establishes a new system of care regulation covering the registration and inspection of care services against a set of national care standards. The Act also creates two new national, independent bodies, the Scottish Commission for the Regulation of Care, to regulate care services, and the Scottish Social Services Council, to regulate the social service workforce and to promote and regulate its education and training.

Regulation of Care (Scotland) Act 2001: website to view the Act and regulations
www.scotland.gov.uk/health/standardsandsponsorship

The Rehabilitation of Offenders Act 1974

The Act enables some criminal convictions to become “spent” or ignored, after a rehabilitation period. The rehabilitation period is a set length of time from the date of conviction.

The Sex Discrimination Act 1975

The Sex Discrimination Act 1975 makes it unlawful to discriminate on grounds of sex or marital status in recruitment, promotion and training. The Act also covers education, the provision of housing, goods and services and advertising.

POLICY

Aiming for Excellence: Modernising Social Work Services in Scotland 1999

The White Paper sets out the proposals to strengthen the protection of children and vulnerable adults and to make sure high quality services are provided. The Scottish Commission for the Regulation of Care is an independent regulator set up for this purpose.

A Framework for Maternity Services in Scotland

The framework sets out clearly and explicitly the maternity service that should be offered across Scotland. It will inform and enable local action in response to local conditions and challenges the NHS to provide an essentially community based, midwife managed service.

www.scotland.gov.uk/library3/health/ffms-00.asp

Implementing A Framework for Maternity Services in Scotland – Overview Report

This report is the result of the short-life Expert Working Group on Acute Maternity Services (EGAMS) which examined how the principles of the Framework for Maternity Services should be applied.

www.scotland.gov.uk/library5/health/ifms-00.asp

Regulating the Independent Healthcare Sector

The Scottish Executive Policy Position Paper of November 2000 sets out proposals for modernising regulation of the independent healthcare sector.

Our National Health 2000

The health plan aims to improve Scotland’s health and close the health gap between rich and poor, restoring the NHS as a national service and improving care and standards.

Partnership for Care 2003

The white paper builds on “Our National Health” and moves on to develop certain key issues. The paper sees patients and national standards as key drivers of change in the Health Service. It outlines ways in which the redesign, integration and quality of services can be systematically progressed, and it seeks a step change in approach to health improvement as an essential component.

The UN Convention on the Rights of the Child

The Convention is not a law but a code that the Government signed up to in 1991. It recognises that young people under 18 in Scotland do have rights. These rights must be given fairly, and children and young people must be kept safe and well, and able to take part in society.

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²² UKCC was the United Kingdom Central Council for Nursing, Midwifery and Health Visiting. The responsibilities of this body were taken over by the Nursing and Midwifery Council (NMC) on 1 April 2002.

ANNEX C

Membership of the Independent Medical Consultant and GP Services Working Group

Chair John Wilson	Representative, Royal College of Physicians. Consultant Physician, St John's Hospital, Livingston.
Members Lorraine Briggs	Professional Adviser, Care Standards & Sponsorship Branch, Scottish Executive Health Dept.
Peter Copp	Representing service providers. Medical Director, GP-Plus, Edinburgh.
Lawrie Dewar	Representative, Scottish Consumers Council.
David Grierson	Director of Clinical Services, The Priory Hospital, Glasgow.
Ruth Liddle	Representative, Royal College of General Practitioners.
Kenneth Mackenzie	Representative, BMA Scottish Office. Consultant Anaesthetist.
Sean Doohan	Working Group Secretary, Care Standards & Sponsorship Branch, Scottish Executive Health Dept.
Graham Strang	Representative, Scottish Commission for the Regulation of Care, Commission Officer/General Practitioner.
Hugh Whyte	Senior Medical Officer, Scottish Executive Health Dept.
	Professional psychiatric input was received via David Grierson from Dr Alex Yellowlees, Medical Director at the Priory Hospital.

ANNEX D

Membership of the Independent Healthcare Panel

Chair	
Gordon Masterton	Manager, Albyn Hospital Aberdeen.
Members	
Gavin Kenny	Royal College of Anaesthetists.
Marjory Barquist	Panel Secretary, Care Standards & Sponsorship Branch, Scottish Executive Health Department.
Lorraine Briggs	Professional Advisor, Care Standards & Sponsorship Branch, Scottish Executive Health Department.
Susan Brimelow	Independent Healthcare Division, Care Commission.
Julia Clarke	Scottish Consumer Association.
Pat Dawson	Royal College of Nursing.
George Gray	Consultant Surgeon.
James McDonald	Chair, Dental Services Working Group.
Frances McGeoch	Chair, Independent Specialist Clinics Working Group.
Wendy Nganasurian	Patients Association.
Bill Saunders	Dean of the Dundee Dental School.
Frances Smith	NHS Quality Improvement Scotland.
David Whiteoak	Hospital Manager, Nuffield Hospital, Glasgow.
John Wilson	Chair, Independent Medical Consultant and GP Services Working Group.

ANNEX E

Membership of the National Care Standards Committee

Chair	
Adam Rennie	Head of HD Community Care Division.
Members	
Janie Allen	Chair, Working Group on Childcare Agencies.
Colin Anderson	Representative from ADSW.
Irene Audain	Representative from Out of School Care Network.
Marjory Barquist	Committee Secretary, HD Care Standards & Sponsorship Branch.
Pek Yeong Berry	Representative for Minority Ethnic Issues.
Lorraine Briggs	Professional Advisor to HD Care Standards & Sponsorship Branch.
Doreen Campbell	Representative from HD Chief Medical Officer & Medical Staff.
Chrissie Carmouche	Representative from UNISON.
Val Cox	Head of ED Early Education and Childcare Division.
Margaret Davidson	Representative from Iona's Childcare Agency.
Pat Dawson	Representative from the Royal College of Nursing.
Sally Evans	Representative from Edinburgh Sitters.
Theresa Fyffe	Representative from HD Directorate of Nursing.
Robert Houtman	Representative from National Slimming Centres.
Jacqueline Hughes	Representative from Lasercare Clinics.
Violet Jardine	NCSC Consultant.
Gordon Masterton	Chair, Independent Healthcare Panel.
Mary McCann	Representative from HD Chief Dental Office.
Jim McDonald	Representative from the Royal College of Surgeons.
Roy Patterson	Representative from Scottish Association of Health Councils.
Janis Pelosi	User/Carer Representative from the Care Commission Board.
Jacquie Roberts	Chief Executive, the Care Commission.
John Rogers	Representative from Parent Network Scotland.
Frances Smith	Representative from NHS Quality Improvement Scotland.
Margaret Watt	Representative from Scotland Patients Association.
David Whiteoak	Representative from Independent Hospitals Association.
Carole Wilkinson	Chief Executive, Scottish Social Services Council.



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