ANNEX 3(D)

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of functions (Schedule 1) that may be delegated?

No

If no, please explain why:

I think the way you use 'delegation' and 'integration' is confusing, similarly 'functions' and 'services'. Are they interchangeable or distinct?

Does delegation mean planning, management , delivery or some combination? How, in reality, are some parts of hospital sector provision to be delegated and not others when the same clinical service will be providing delegated and non-delegated functions. Do they have 2 managers for the different bits- doesn't sound like a recipe for success.

Creating mandatory barriers does not seem consistent with the stated aim of providing seamless, joined up healthcare, nor of facilitating whole system redesign.

I think it is fine to specify what should have integrated planning but not to mandate delegation to a given body

2.Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

No [x]

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

I don't think that imposing a requirement for delegation allows local flexibility or innovation.

I don't think it is reasonable to expect an integration authority that does not manage hospitals to be responsible for managing care delivered in hospitals

I don't understand how you expect this to work at an operational level with staff in a hospital ward receiving direction from the hospital management structure and the Integration authority structure.

If the key aim is that functions should be integrated from the point of view of the user, why is it necessary to mandate who does what?

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

No [x]

If not, we would welcome your feedback below to ensure we can provide the best description possible of these services, where they may not be applied consistently in practice.

Women's health services is an imprecise term and no satisfactory clarification is given in the Schedule. Boards need clarity about what is being intended as womens health is listed in schedule 2 page 55 as an item separate from sexual health and contraception services.

The definition in annex 3A's table on page 49 is vague, out of date, not consistent with what is said on page 55 and to my mind discriminatory. What is meant by women's health services - all services used by women? How is this different from men's health services? Does it include gynaecology and maternity services- seemingly not if column 2 (page 49) only talks about "well woman and family planning", and the next column doesn't include midwives, although they regularly provide contraceptive advice and are a separate profession i.e. not all midwives are nurses.(N.B. The omission of midwives suggests current joined-up work has gone unrecognised, and the government has forgotten it's CEL on Health Promoting Health Services).

Why is women's health singled out ? What about "men's health"? Does this not matter? Men use contraception too, and have sexual health needs. In may ways their sexual health is worse than womens'. Does their exclusion not contravene the equalities act and enshrine inequality in regulation?

Well woman services no longer exist in the traditional sense of the term. The evidence showed that a lot of it was a waste of time. Current terminology for what used to be called "family planning and well woman" services would be sexual and reproductive health (SRH) services, the lead body being the faculty of sexual and reproductive healthcare.

In Scotland, in line with government strategy there has been integration of these services with Genitourinary Medicine (GUM), (or at the time of the 1978 NHS Act, venereology), with services referred to in Scotland as Sexual Health (In England sexual health often just refers to GUM, and other SRH services as contraception and sexual health , CASH).

If the intention is that sexual health should be included in integration, then I suggest the term 'sexual health' is used as in the Government's Sexual Health strategy and it's Sexual Health and Blood Borne Virus framework which covers sexual health in men and women. You should be explicit as to whether gynaecology and maternity services are included or excluded

4. Are there any further comments you would like to offer on these draft regulations?

As a clinician I read these and was utterly confused about what is meant to happen at an operational level

I think you need greater clarity in what is meant by delegation. I do not see how e.g. the all the medical care of older people can be managed operationally by an integration authority that does not operate the hospital, yet this is my understanding of schedule 2.

I do not see how in practice hospital service provision can be delegated to an integrated body. If a gynaecologist or urologist is managed through a hospital, what does it mean to have the part of their work that is contraception delegated to an integrated body?

When you say functions have to be delegated , does that mean a service has to be delegated i.e. managed in the Integration Authority, or can it be planned for in the integration authority and operationally managed in the another structure?