ANNEX 1(D)

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

   Yes [X]

   No [ ]

2. If no, please explain why:

   [ ]

3. Are there any additional matters that should be included within the regulations?

   Yes [X]

   No [ ]

4. If yes, please suggest:

Local governance arrangements:
Whilst non-executive directors of a health board would form the voting members of the IJB and participate in the IJMC there is no clear specification for medical representation within these structures (either in a voting or an advisory capacity). The regulations currently specify that one person who is "an associate medical director or a clinical director of the Health Board" would be a member of the IJB. Whilst this would not necessarily facilitate primary and secondary care medical representation, it does ensure a degree of medical involvement in the decision making process. We understand that there is currently a suggestion that this be amended to "registered health professional" and although this would facilitate participation from other health professions, the BMA is concerned that this could be at the expense of medical involvement.

The BMA would much rather see specific medical representation (of non manager doctors) on the integration joint boards, from both primary and secondary care. These doctors should be representative and accountable to their medical colleagues.

4 continued...

There is a case for specific medical representation on integration authorities. Doctors working in both primary and secondary care lead multidisciplinary healthcare teams and are therefore well placed to represent the considered opinion of those teams (and in the case of GP partners, manage and deliver contracts of services on behalf of the NHS) and have a significant role and influence over health and social care provided to patients. The Scottish Government's work on the integrated resource framework calculates that GP clinical decisions are responsible for 50% of NHS spending. This does not include referrals to social care or third sector services, nor does it include any similar calculation for secondary care doctors. Doctors, in particular GPs, are fully involved in the patient journey, from referral to specialist services in hospitals and communities, referral to community care and social care services and ongoing management of the patient's care journey.

More generally, this section specifically relates to "local governance arrangements" but focuses on membership of the integration authorities and content of the integration scheme. There is no clarity over the accountability and governance structures supporting the development of integration schemes. Greater detail on governance and accountability would be welcome for example, what in these regulations would ensure quality and safety for patient care? We believe that regulations around governance should be prescribed in greater detail and that the outcomes reflect systematic processes that are in place to assure the public of quality and safety.

Performance targets relating to integration functions:
These regulations set out how existing targets, measures and arrangements for integrated services to be transferred to the integration boards. The regulations do not preclude the creation of new targets in the future. The BMA has consistently expressed serious concern over the range of targets, indicators and other measures that health organisations have to achieve, many of which deliver little or no clinical benefit to patients. The BMA is concerned that the IJB could become target driven both in terms of finances and outcomes and miss the clinical and social care needs of the patient and family. Targets must be reviewed and be evidence based. The BMA would welcome guarantees that any new targets to be created within the integration schemes would be evidence based and focused on improving the outcomes for patients. There are also concerns over the role of politically elected local authority representatives having a role in setting targets for aspects of healthcare.

It would be important to ensure that professionals from both health and social care services involved in providing direct care to people would be fully consulted and involved in establishing any new measures or targets for integrated functions. All targets should reflect on the principles of integration which is to improve quality and safety of care with the patient at the centre.

It is vital that those responsible for taking decisions on targets understand not just the role of GPs, but their contractual and funding arrangements.

Performance targets relating to non-integrated functions:
Where services in health and social care are the responsibility of the IJB/Lead agency, but not integrated, the BMA believes that any targets transferred from the Health Board/Local Authority should be fully supported by both parties.

4 continued...

Clinical and care governance of services:
The role, remit and powers of 'professional advisers' requires much greater clarity including information on how they would be appointed and their relationship with independent contractor such as GPs. We would welcome more detail on how medical 'representatives' from both secondary care and general practice would be involved or engaged in this process. The BMA believes that those serving in an advisory capacity should be representative of the medical professionals for whom they are acting and have experience in the range of clinical services under the responsibility of the integration body. In the case of specialist secondary care services, this may require a number of medical professional advisers reflecting the full range of services to be delegated to the integration authority.

The professional clinical governance role within health boards is an effective model and it is important that integration of services does not undermine or dilute the clinical and professional approach.

In the case of secondary care services, this may require full engagement with medical professionals from a range of specialties, from for example, adult psychiatry, emergency medicine, medicine for the elderly etc. The BMA would welcome further discussions with officials to determine the most appropriate way to appoint such advisors. We would also welcome more detail in guidance around the meaning of 'consultation' in this section and how it would be applied in practice. We will comment in more detail on the issue of consultation in our response to the Set 2 of the regulations.

Payments to the Integration Joint Board

The budgets of the IJB will be determined via the strategic plan and the BMA will comment further on this in the response to Set 2 of the regulations.

As mentioned by the BMA and other organisations on previous occasions, there is a significant concern that the current financial pressures facing health and social care services make it difficult to facilitate any adjustment to funding levels in either hospital, community or social care environments and the lack of new resources into the system will make it difficult for the IJB to 'shift' spending without significant impact on the sustainability of existing services. In the initial years, there is unlikely to be sufficient flexibility in the system to build up any reserves and therefore it will be difficult to support the shift of resource between health and social care without an adverse impact on care.

Among those services listed that **must** be transferred to the IJB is "General Medical Services". Under the terms of the negotiated agreement between the Scottish Government and the BMA's Scottish General Practitioners Committee, much of the funding streams associated with the GP contract are paid directly from the Scottish Government to GP practices. Historically CHPs (via NHS Boards) have responsibility for agreeing spending on the Local Enhanced Services funding element of the GP contract. However, NHS Boards took responsibility for negotiating and agreeing LES with LMCs or individual practices as the capacity and skills did not exist within CHP structures.

There must be much greater clarity within these regulations about the extent of funding for GMS that is integrated into the IJB budgets. As written it could extend beyond funding for Enhanced Services. The GP contract is a nationally negotiated and agreed contract and the BMA would welcome further discussions about the possibility that nationally agreed and negotiated funding arrangements for GMS services could be affected by these regulations.

5. Are there any further comments you would like to offer on these draft Regulations?

It should also be noted that even if it is only the budget for LES that is incorporated into the integrated budget, the loss of a service from a GP practice can have serious consequences in destabilising a practice and thereby affecting a range of GP provided services in the community. It is therefore essential that GP representatives are closely involved in the determination of how this funding is applied and that those involved in making decisions about this element of integrated services understand the terms of the GP contract.

Participation and engagement

The BMA will comment in greater detail on the issue of participation and consultation in the response to Set 2 regulations. The BMA believes that there should be specific requirement to consult with the statutory medical bodies that currently exist within NHS Boards e.g. Area Medical Committees etc to ensure that they are engaging effectively with representative medical professionals involved in delivering care to patients in those services affected by integration.

As well as providing clinical advice to the development of the Integration Scheme, the BMA believes that it is important that medical views are a central part of the strategic planning process.

Information sharing and data handling

It is essential that when determining the scope of information sharing and data handling that GPs, as data controllers under the data protection act, are fully involved in any discussions. The BMA accepts the need for sharing of information, but this must not undermine the trust that patients have in their GPs.

The ease with which patient information can now be shared is a positive step towards improving the patient journey and is in tune with the overarching aims of the integration agenda and that is to remove barriers between primary and secondary care, and health and social care. However this also challenges those of us involved in patient care, and responsible for their personal data, to come up with new ways of protecting information they have shared with us. With the growing use of electronic patient records, it is essential that we know who has looked at which records and when, so we can ensure only appropriate access.

A proper identity and access management system must be in place for staff to give proper electronic identities and access. Health and social care professionals should only have access to records of people they are actually looking after and they should be able to see only information they require to carry out their duties for the people in their care.

There will be a need to invest in building a robust IT infrastructure to facilitate this data sharing, which does not currently exist.

Complaints

Under the Patient Rights (Scotland) Act, there is a statutory process for handling complaints for NHS services. This does not exist within local authorities which will make it challenging for the two schemes to be 'merged' under integration authorities. It is vital that a complaints system for integration authorities is streamlined and does not overlap making it more difficult for people to raise concerns, comments and complaints.

ANNEX 2(D)

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of Local Authority functions included here which must be delegated?

Yes ☐

No ☐

2. If no, please explain why:

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

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?

Yes [X]

No [ ]

If no, please explain why:

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

Yes [X]

No [ ]

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

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

Yes	
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.

The regulations/schedules do not provide sufficient detail around the services to be integrated. For example, as stated previously, among those services listed that **must** be transferred to the IJB is "General Medical Services". We have referred to the delegation of budgetary aspects in our response to Annex 1. With regard to delegation of services, it is vital that there is clarity in the regulations about the services, within GMS, which will be included and which may be subject to inclusion in the strategic plan and those which remain under the terms of the nationally negotiated and agreed contractual arrangements. The BMA remains committed to nationally agreed terms and conditions of service and would resist attempts to create locally agreed contracts for GMS.

With regard to both schedules 1 & 2, any extension to the scope of functions and services to be delegated must be discussed with relevant services and staff. For example, if there was a desire to extend integration of functions of the Public Health Act beyond those specified in Schedule 2, then we would expect professionals involved in those services to be included in any consultation.

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

The regulations set out a very comprehensive list of all services that provide adult community care and unscheduled care. Challenges may arise where there is a lack of local services in IJB areas, lack of expertise and manpower to review and manage these locally, therefore medical involvement in the planning process and in an advisory capacity to the IJB/IJMC is vital.

However, whilst the list is comprehensive in its scope, it does not provide sufficient information about what exactly will be subject to integration. For example does integration of unscheduled care include, for example, orthopaedic surgery? The BMA would welcome much greater detail to describe how these services would be integrated in practice.

ANNEX 4(D)

PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?

Yes [X]

No [ ]

If no, please explain why:

2. Do you agree that they cover the right areas?

Yes [X]

No [ ]

3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes	X
No	

5. If not , why not?

6. Are there any further comments you would like to offer on these draft Regulations?

The BMA agrees in principle with the aims and themes of the outcomes. However we look forward to being involved in discussions with Scottish Government about how they will be measured.

ANNEX 5(D)

PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?

Yes [X]

No [ ]

2. If you answered 'no', please explain why:

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?

Yes [ ]

No [ ]

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

N/A

5. Are there any further comments you would like to offer on these draft Regulations?

In this legislation, doctors are described as those included on the register of the GMC which is consistent with other health legislation.

However it should be noted that throughout these regulations (and in Set 2) there is reference to 'health professionals' which can extend to doctors, nurses and the range of allied health professions. Whilst each member of the healthcare team can provide valid and relevant contributions, by failing to specify, for example, medical professionals, the development of the integration scheme, strategic plan etc could be determined by other members of the healthcare team who may not have the breadth of knowledge of the workings of the NHS/Social care or the patient/family.

Although not specifically included in this set of regulations, it is important to note that referring to "health professionals employed in the area" explicitly excludes GPs who are independent contractors but have a vital role to the successful delivery of integration.

ANNEX 6(D)

PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you believe that the draft Regulations will effectively achieve the policy intention of the Act?

Yes ☐

No ☐

2. If not, which part of the draft Regulations do you believe may not effectively achieve the policy intention of the Act, and why?

3. Are there any further comments you would like to offer on these draft Regulations?
