Consultation on the Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014 (Set 1 of 2)

Edinburgh Health & Social Care Partnership – Professional Advisory Committee Consultation Response

Membership of the Board

We are concerned that the membership of the Board is poorly represented by Clinicians. While the Professional Advisory Committee allows some input into the overarching body (be it Body Corporate or Lead Agency); there is no substitute for "seats round the table" and we would support anything that increases the clinical input at Board level. It is noted that primary care is not specifically mentioned despite the clear intent of the Government to drive the NHS with clinical leadership. We appreciate the concerns about not getting both Primary AND Secondary representation, however, that should be the aspiration.

Governance

Section 1 is very light on actual governance measures.

There is a real risk that existing targets (and new ones), could move further from clinical relevance to political expediency. It is crucial that any change or new development is evidence based.

Strategic Planning

We must ensure that the Strategic Plan **is** developed with local professionals and communities. There are concerns that GMS may be vulnerable in the SC overspend situation particularly as Council budgets appear to be under heavier pressure generally, in Home Care situations particularly. It is VITAL that both primary and secondary professionals are central to the Strategic Planning process.

Health & Wellbeing Outcomes

No particular concerns were noted.

Functions to be Delegated

Full engagement is mandatory; verbal agreement on GMS and Contract is not enough.
We are concerned about the suggestion that A&E and unplanned inpatients are delegated. This addition would add a complexity which would be very challenging in the first year of integration.

Information & Data

Information & Data must support rather than hinder. Any data to be gathered must not further compromise the limited time resources GPs have, either in gathering or subsequent use. With regard to the Data Integration Paper, we need care if GP data is to be extracted as Practice Caldicot guardians remain responsible. We also need to consider who has access to what and in what depth. GPs only want important issues to be flagged (and easily accessible) without wading through a lot of irrelevant information. A reduction in the number of screen logins would be helpful.