ANNEX 1(D)

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do these draft Regulations include the right groups of people?

   Yes ☐

   No ☒ X

2. If no, what other groups should be included within the draft Regulations?

Standard list of consultees

Although the list of people to be consulted includes 'health professionals' the BMA does not believe that this is sufficiently specific and despite commitments made by Ministers and Government officials, could exclude doctors from the consultation process. The BMA believes that "registered medical practitioners" should be explicitly listed as a prescribed group on the standard list of consultees. As mentioned in our response to Set 1 Regulations, the BMA believes that doctors from both primary and secondary care should be actively involved in the consultation process. There are statutory bodies, such as Area Medical Committees that could nominate representative medical professionals.

The BMA acknowledges that all groups of health professionals each have their own role to play in integration of health and social care. However as the professional representative body for the medical profession, the BMA would argue that the reason for explicit inclusion of doctors (primary and secondary care) in the regulations is that doctors in hospitals, communities and GP surgeries lead multidisciplinary healthcare teams and are therefore well placed to represent the considered opinion of those teams and have a significant role and influence over health and social care provided to patients. The Scottish Government's "footprint" document on the integrated resource framework calculates that GP clinical decisions are responsible or a considerable portion of NHS spending. This does not include the resource implications of referrals to social care or third sector services, nor does it include any similar calculation for secondary care doctors who would also be responsible for referring patients to community health and social care services.

Whilst the BMA would argue that it is vital that doctors from both primary and secondary care have a role in influencing the planning and decision making processes of integration authorities, GPs in particular have a unique role in following the patient through each stage of their care from hospital referral, community general practice and onwards through social care.

The BMA believes there are particular reasons for the specific inclusion of GPs in the lit of standard consultees:

The term "health professionals" does not reflect the commitment set out in the narrative that supports this legislation to have GPs at the centre of these new integration arrangements. It is widely accepted that GP engagement is vital to the success of new integration arrangements.

In the Regulations/Orders that follow, additional groups to be consulted are limited to those professionals employed by the NHS, which excludes GPs (who are independent contractors).

It could be argued that the inclusion of GPs within the standard list of consultees supports measures agreed in the 2014/15 GMS Contract negotiations where both the Scottish Government and Scottish General Practitioners Committee agreed to identify a 'link person' in every GP practice in Scotland who would provide a point of contact for new integration authorities. This creates a network for distributing information and engaging with practices and would be a practical way to consult with all local practices in the integration authority area.

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

Integration schemes

The regulations set out additional groups, other than the standard list of consultees, who should be consulted. This includes "Staff of the Health Board likely to be affected by the Integration Scheme". The BMA would welcome clarification of whether this is all staff working in services to be affected by the integration scheme or narrower consultation with only those working in a management role. The BMA believes that there is a role for statutory bodies such as the Area Medical Committee to provide representative views of the medical profession. As before, the BMA believes it is important that doctors are explicitly defined within the group of "health board staff".

The use of the term "staff of the health board" explicitly excludes GPs as independent contractors and, if not listed as a group of standard consultees, the BMA believes they should be explicitly listed here.

Strategic plans

The suggestion in this regulation is that the Integration Authority would consult on the second draft of a strategic plan with those groups on the standard list of consultees and 'anyone else the IA considers appropriate'. Again, the BMA is not reassured that this would necessarily include representative medical opinion. How will the Integration Authority determine who is appropriate?

Strategic plans cont'd

In our response to the Set 1 Regulations the BMA highlighted the importance of representative medical input (from doctors in primary and secondary care services) to the development of the strategic plan through medical advice to the IJB. We will comment on the membership of the strategic planning group later in this submission. However with reference to the consultation process for the strategic plan, the BMA believes it is essential that, in order to maintain the person–centred (or from a medical perspective, patient) focus as described in the narrative that supports this legislation, strategic planning (with regards to health services) must be clinically focused. Integration Authorities should be required to consult with senior doctors, as multidisciplinary team leaders, in those specialties and services that will be part of the integration scheme (both primary and secondary care services). This should be the approach from the outset, not just for feedback on a second draft of the strategic plan. The BMA therefore suggests that it would be appropriate to require consultation with the statutory representative structures e.g. AMC, GP Sub and LMCs, but consideration should also be given to consulting with the wider GP community and doctors working in those secondary care services affected by integration.

The GMS contractual arrangements agreed between SGPC and the Scottish Government for 2014/15 included the creation of a 'link' person in each general practice to provide a point of contact for integration. This network provides an practical mechanism for consultation with practices in the area of the integration authority.

Locality planning

These regulations set out a requirement to consult on decisions that could affect the provision of services in a locality. As well as those groups included in the standard list of consultees, it includes "staff of the health board". The BMA would make the same points as before that this does not necessarily mean medical representation in the consultation process, and specifically excludes general medical practitioners as independent contractors.

From the policy memorandum and narrative supporting the legislation on integration, it is clear that the intention is that localities will have the levers of influence to shape local services to meet the specific needs of their community. The BMA has highlighted the importance of these bodies being professionally driven by those providing the services and those GPs and doctors working in relevant secondary care services would be closely involved in locality planning processes.

It is appropriate to consult on proposals, however if we were to adopt an optimistic outlook towards the delivery of integration, many of the decisions that affect the provision of services in a locality should have arisen from recommendations from that locality.

ANNEX 2(D)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes	X
No	

2. If you answered 'yes', please list those you feel should be included:

Under these proposals there is no guarantee that a "Registered health professional employed and nominated by the health board" will be a medical professional. For all the reasons outlined Annex 1, the BMA believes that there is justified reasons why medical professionals should be explicitly included as non-voting members of the IJB.

As currently described, the wording also explicitly excludes general medical practitioners as independent contractors, not employees of the NHS Board.

The BMA believes that there should be specific provision in the regulations for a non-voting seat for a primary and secondary care representative of the Area Medical Committee on the Integration Joint Board.

3. Are there any other areas related to the operation of the Integration Joint Board that should also covered by this draft Order?

N/A

4. Are there any further comments you would like to offer on this draft Order?

ANNEX 3(D)

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Consultation Questions

1. Do you agree with the proposed minimum membership of the integration joint monitoring committee, as set out in the draft Order?

Yes ☐

No ☒

2. If you answered 'no', please list those you feel should be included:

As described in our response to Annex 2, there is no guarantee that a "Registered health professional employed and nominated by the health board" will be a medical professional. For all the reasons outlined Annexes 1 and 2, the BMA believes that there is justified reasons why medical professionals should be explicitly included as non-voting members of the IJMC.

As currently described, the wording also explicitly excludes general practitioners as independent contractors, not employees of the NHS Board.

The BMA believes that there should be medical representation from both primary and secondary care as non-voting members of the IJMC.

3. Are there any other areas related to the operation of the integration joint monitoring committee that should also covered by the draft Order?

4. Are there any further comments you would like to offer on this draft Order?

Expenses
It has been acknowledged during the primary legislative process that it will be necessary to meet the costs of providing GP locum cover to enable them to attend meetings relating to integration and engage in the design and delivery of local services.

It is important that Integration Authorities understand the realities of general practice and the consequences of GPs leaving their surgeries to participate in integration. Whilst the provision of funding to cover locum costs is welcome it should be noted that although a locum can provide immediate and direct clinical care on behalf of the absent GP, there is still a requirement for GPs to undertake a range of administrative duties that a locum is unable to provide.

It is also becoming increasingly difficult, across all NHS Boards, to find locums to provide cover for GPs to leave their practices.

For secondary care doctors, it is vital that for those with a role in services affected by integration that this is taken into account in their job planning processes to enable them to engage in the development of strategic planning and service delivery.

ANNEX 4(D)

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?

Yes ☐

No ☒

2. If no, what changes would you propose?

The consultation document states that "The Act requires the Integration Authority to prepare a strategic plan for the area of the Local Authority. As part of the strategic planning process, Integration Authorities will be required to:

- Embed patients/clients and carers into the decision making process
- Treat the third and independent sector as key partners
- Involve GPs, other clinicians and social care professionals in all stages of the planning work, from the initial stages to the final draft."

Whilst the regulations list "health professionals who operate within the local authority area" this does not necessarily mean that the representative will be a medical professional. The BMA would argue that given the explicit reference to GPs as central to the planning process, it is essential that they are represented on the strategic planning group and that a representative GP from either the GP sub or the LMC, for example, should also have a seat on the group.

It is also not clear whether the 'health professionals' will be given more than one seat. Does this mean that, for example, that there will be no explicit representation of a senior doctor who leads a team within a service that is to be part of the integration scheme?

Representative medical members of the Area Medical Committee (and additionally, where not represented on the AMC, representatives from services to be included in the Integration Scheme) must be fully involved in the strategic planning Process and have full membership on the Strategic Planning Group.

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

ANNEX 5(D)

PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS 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 performance report?

Yes [X]

No [ ]

2. If no, please explain why:

3. Are there any additional matters you think should be prescribed in the performance report?

Yes [X]

No [ ]

4. If yes, please tell us which additional matters should be prescribed and why:

The annual performance report should include a requirement for the integration authority to demonstrate, as part of the accountability process, their engagement of representative GPs and doctors in secondary care in the development of their strategic planning process and at locality level. The Annual Report also provides an opportunity to share good practice from localities and build on success.

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

Yes [X]

No [ ]

6. If you answered yes, what form should Scottish Ministers prescribe?

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