

## QUESTIONS

1. Do you agree that an expert panel is the most effective way to provide independent scrutiny? If not, what would be your preferred choice?

As all the following questions refer to the Expert Panel, the decision about which of the three options is to be chosen appears already to have been made. On the whole this does seem to be the most sensible form for such a body, but for those who might disagree provision for them to express their views should have been made.

I would like to see a definition of the word "Expert". Are these going to be Management Consultants paid by the Government, or clinicians who are actually involved in the problems of running the NHS and caring for patients? How are these "Experts" going to be selected?

It is the business of the Government to provide and run the infrastructure that allows the real experts to get on with their job.

2. Do you agree that the role of the panel should be to assess the safety, sustainability, evidence-base and value for money of proposals for major changes to local NHS services?

One of the principle dimensions governing the structuring of the NHS is that it should be "patient centred", see in this case Section 19 of Annex 3. Remarkably this appears to have been dropped as a requirement from the role of the panel.

3. Do you agree that the chair should be a lay person appointed by Scottish Ministers?

It should certainly be a lay person. It seems doubtful whether any method of selection that will not be influenced by the Government's desired outcome, or that of any other interested party, is possible.

4. Do you agree that the panel should have a lay majority among its members?

Yes.

5. Do you agree that the panel should assess the evidence and options during the process of public engagement prior to consultation, and provide a commentary on these that would be available to the Board and to Ministers in reaching decisions?

Yes provided it does not then exclude public involvement in the final consultation.

6. Do you have any other comments on how independent scrutiny should be carried out, or on the guidance on "Informing, engaging and consulting the public in developing health and community care services" at Annex 3?

How are this Independent Scrutiny and the subsequent Public Enquiry going to be funded? Is this coming out of NHS funds? If it is this would be better spent on patient care and the funding of staff where there is a shortfall.

7. Do you have any other comments on either the consultation process or your preferred choice?

Section 12 of the Consultation Paper includes the following statement "There can be no illusions that independent scrutiny will avoid difficult choices having to be made. But it has the potential to improve the quality of evidence, debate and decision-making, and to make this process more transparent and understandable to the public."

This apparently means that the views of the public on proposed choices will have no influence but that the reasons for ignoring them will be made “transparent”. This being the case, why have even one public consultation let alone two?

Part 1 of the Consultation Paper states, rather oddly “A suitable panel, composed of people with no direct interest or involvement in local NHS services, would be set up to examine each proposal for major service change brought forward by NHS Boards.”

I do wonder where you are going to find anyone with “no direct interest or involvement in local NHS services”. We *all* finance them and use them throughout our lives. I presume by this it is meant, no one employed by or gaining financially from, the NHS?

There is considerable emphasis on “changing local services” and the unpopularity of such proposals. This is hardly surprising since services in remote areas are often unsurpassed in their standards of patient care and the quality of the medical staff. The suggestion that posts in rural areas cannot be filled has been proved, time and again to be erroneous.

It seems to me that the whole purpose of the Independent Scrutiny is deal with, and de-fuse, public objections to service changes that are going to degrade the care offered to patients. The aim being to get them out of the way with the least fuss possible before the main consultation takes place.