



## SCOTTISH EXECUTIVE

Health Department

1<sup>st</sup> April 2005

Dear Colleague

### **PATIENT FOCUS AND PUBLIC INVOLVEMENT: ESTABLISHMENT OF THE SCOTTISH HEALTH COUNCIL**

#### **Purpose**

1. This letter provides an update on the arrangements being put in place in preparation for the dissolution of Local Health Councils and the establishment of the Scottish Health Council on 1 April 2005. It reflects discussions held with NHS Boards' Designated Directors for Patient Focus and Public Involvement and Local Health Councils during transition planning meetings last year.

#### **Action**

2. Chief Executives of NHS Boards and Special Health Boards should ensure that arrangements are put in place to ensure that the Scottish Health Council receives the cooperation and support in needs to carry out its functions. This should include the arrangements outlined in paragraph 16 of Annex 1 and in Annex 2 of this letter.

Yours sincerely,

PAUL MARTIN  
Chief Nursing Officer and  
Director of Patient Focus and Public Involvement

#### **Addressees:**

##### For action

Chief Executives, NHS Boards  
Chief Executives, Special Health  
Boards

##### For information

Chairs, NHS Boards  
Chairs, Special Health Boards  
Chief Executives, Local Authorities  
Presidents, Royal Colleges  
Local Health Councils  
Scottish Association of Health  
Councils  
Commission for Racial Equality  
Disability Rights Commission  
Equal Opportunities Commission  
Health Voluntary Organisations  
Patient Focus and Public Involvement  
'Designated Directors'  
Directors, Scottish Executive Health  
Department  
Heads of Division and Chief  
Professional Officers, Scottish  
Executive Health Department

#### **Comments and enquiries to:**

Miss Lucy White  
Ground East Rear  
St Andrew's House  
EDINBURGH EH1 3DG

Tel: 0131-244 2454  
Fax: 0131-244 2989  
[lucy.white@scotland.gsi.gov.uk](mailto:lucy.white@scotland.gsi.gov.uk)



## ARRANGEMENTS FOR THE ESTABLISHMENT OF THE SCOTTISH HEALTH COUNCIL

### Background

#### Patient Focus and Public Involvement

1. *Our National Health: A plan for action, a plan for change*<sup>1</sup> set out a plan to improve the health of the people in Scotland, deliver high-quality health and social care services, and address inequalities in health more effectively. It recognised that to achieve these aims required a culture change both in the way NHSScotland interacts with the people it serves and in the way its services are delivered. It is no longer good enough to simply do things *to* people; a modern healthcare service must do things *with* the people it serves.

2. The *Patient Focus and Public Involvement*<sup>2</sup> (PFPI) framework set out how this change in culture could be made a reality. It emphasised that NHSScotland must be responsive to patients' needs and focused on action to meet those needs. Its vision was a health service:

- where people are respected, treated as individuals and involved in their own care;
- where individuals<sup>3</sup>, groups and communities are involved in improving the quality of care, in influencing priorities and in planning services; and
- designed for and involving users.

3. It saw creating a patient-focused NHS as an important part of the quality improvement agenda and defined a 'patient-focused NHS' as a service that exists *for* the patient and which is designed to meet the needs and wishes of the individual receiving care and treatment. It sought to embed patient focus into the culture of NHSScotland and make sure that 'listening, understanding and acting on the views of local communities, patients and carers is given the same priority as clinical standards and financial performance'<sup>4</sup>.

4. It defined a patient-focused NHS, as a service which:

- maintains good communications, including listening and talking to patients, public and communities;
- knows about those using the service and understands their needs;
- keeps users of the service informed and involved;
- has clear, explicit standards of service;
- maintains politeness and mutual respect;
- has the ability to respond flexibly to an individual's specific needs; and
- ensures effective action is taken to improve services

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<sup>1</sup> <http://www.scotland.gov.uk/library3/health/onh-00.asp>

<sup>2</sup> <http://www.scotland.gov.uk/library3/health/pfpi-00.asp>

<sup>3</sup> the word individuals should be seen in its broadest sense and can refer to health service users, patients, members of the public, carers, volunteers etc.

<sup>4</sup> Our National Health: A plan for action a plan for change p50

and indicated that these characteristics must be kept at the forefront of delivering change in the NHS.

### Partnership for Care

5. These principles were developed further by the White Paper, *Partnership for Care*<sup>5</sup>, and underpinned by the National Health Service Reform (Scotland) Act 2004<sup>6</sup>. That Act (amongst other matters) introduced two new statutory duties into the National Health Service (Scotland) Act 1978 on NHS Boards, Special Health Boards and NHS National Services Scotland to encourage public involvement<sup>7</sup> and to discharge their functions in a manner that encourages equal opportunities and in particular the observance of the equal opportunity requirements as defined in Section L.2 of Schedule 5 to the Scotland Act 1998<sup>8</sup>.

### Public involvement

6. *Partnership for Care* also requires NHS Boards to involve the public in discussions about the changing pattern of healthcare services with decisions taken in an open, honest and informed way. The public's views must be sought from the earliest stages, the issues must be defined clearly, with possible options explored, and examined in an open way with good evidence. A range of methods of communication and involvement must be used to ensure that the widest range of individuals and communities affected by changes are reached. Those consulted must also receive feedback that demonstrates that their views have been listened to, understood and, where appropriate, acted upon.

### Patient Focus

7. *Partnership for Care* further refined the patient-focused approach by requiring NHSScotland to adopt an approach which allowed it to 'recognise and respond sensitively to the individual needs, background and circumstances of people's lives' so that, irrespective of their 'age, gender, ethnicity, disability, religion, sexual orientation, mental health, economic or other circumstances, they have access to the right health services for their needs'.

### A New Public Involvement Structure

8. *Partnership for Care* was also clear that achieving its vision would require strong, independent, external scrutiny of local health systems to ensure that Boards delivered their patient focus and public involvement responsibilities. Proposals for a new public involvement structure with this broad role had already been set out in the consultation document *A New Public Involvement Structure for NHSScotland*<sup>9</sup>. *Partnership for Care* therefore indicated that a Scottish Health Council would be established to provide leadership in securing greater public involvement and to ensure that quality improvement is driven by the needs of patients and service users. The Scottish Health Council will monitor the performance and effectiveness of NHS Boards delivery of its patient focus and public involvement responsibilities and report regularly on the results.

<sup>5</sup> <http://www.scotland.gov.uk/library5/health/pfcs-00.asp>

<sup>6</sup> <http://www.scotland-legislation.hmsso.gov.uk/legislation/scotland/acts2004/20040007.htm>

<sup>7</sup> Now section 2B of the 1978 Act. Guidance on *Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services* will issue shortly setting out the approach NHS Boards are expected to take in implementing this new duty.

<sup>8</sup> Now section 2D of the 1978 Act. "Equal opportunities" is defined as meaning "the prevention, elimination or regulation of discrimination between persons on grounds of sex or marital status, on racial grounds, or on grounds of disability, age, sexual orientation, language or social origin, or of other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions". "Equal opportunity requirements" is defined as meaning "the requirements of the law for the time being relating to equal opportunities". Guidance to Health Boards is contained in the *Equality and Diversity Impact Assessment Toolkit* <http://www.scotland.gov.uk/library5/health/eqdiat-00.asp>

<sup>9</sup> <http://www.scotland.gov.uk/library5/health/npis-03.asp>

9. *Partnership for Care* indicated that the Scottish Health Council would be set up as part of NHS Quality Improvement Scotland (NHS QIS) to reflect the close links that need to exist between the quality improvement and public involvement agendas. By so doing, it recognised that NHS QIS's Clinical Governance Standards have done much to turn into reality the principles set out in *Patient Focus and Public Involvement*.

10. *Partnership for Care* saw the Scottish Health Council having three main functions:

- **assessment** –independently assessing the performance of NHS Boards in delivering patient-focused services and ensuring public involvement
- **development** – supporting the development of good practice in patient focus and public involvement
- **providing feedback** – ensuring that patients, carers and the public are able to make their views on health services known.

### The Scottish Health Council

11. On 1 April 2005 the existing structure of local Health Councils will be dissolved and the Scottish Health Council established within NHS QIS with its own distinct identity. Ministers have appointed the Council's Chairperson, Mr Brian Beacom, to be a member of the NHS QIS Board to ensure that the views and experiences of patients are placed at the heart of the quality improvement agenda.

12. NHS QIS have also set up a Project Team to oversee the arrangements for establishing the new organisation. The recently-appointed Scottish Health Council Director, Mr Richard Norris, is working closely with the Project Team, who issue *Project Update* as a means of regular communication with NHS Board Designated Directors and other key stakeholders. An interim website is also available at [www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org).

### Transition arrangements

13. Local Health Councils were required as a condition of their central funding for 2004/05 to develop and implement a transition plan with their parent Board and the Scottish Health Council Project Team. The Department held transition planning meetings with Boards and their Health Council during 2004 and the issues discussed are set out in Annex 2.

14. A key element of these discussions was local arrangements for complaints support: support of this type was never part of the core activities of Health Councils – although a small number of Boards provided funding to their Health Council to provide such a service. It is NHS Boards who are responsible for providing advice to patients and the public about the local services provided on their behalf. This is equally true when things go wrong: Board's should therefore ensure that individuals who have a concern about the quality of care provided to them have access to assistance to understand and use the NHS Complaints Procedure. Paragraphs 8 to 13 of Annex 2 explain work underway to support Boards develop local independent advice and support services.

15. NHS Boards are currently required to formally notify their Health Council of some developments in relation to services which they provide or secure. For example Schedule 3 of the Pharmaceutical Services Regulations requires NHS Boards to give the Health Council notice of any application for inclusion in the Pharmaceutical List. From 1 April, such obligations will fall. Boards, however, will of course require to observe and perform their new public involvement

functions under section 2B of the National Health Service (Scotland) Act 1978. Boards should therefore ensure that affected members of the public are involved and consulted on the planning and development and decisions to be made by the Board significantly affecting the operation of those services.

## Working with the Scottish Health Council

16. NHS Boards and the new Scottish Health Council will require to work co-operatively if *Partnership for Care's* vision of an NHS which routinely involves patients and the public in the development and monitoring of high quality patient-focused services is to be achieved. Chief Executives of NHS Boards and Special Health Boards should ensure that arrangements are put in place to ensure that the Scottish Health Council receives the co-operation and support it needs to carry out its functions. This should include:

- providing such information to the Scottish Health Council as it may reasonably require about the planning, operation and outcomes of the health services provided or secured;
- consulting the Scottish Health Council as far as reasonably practical about the preparation of strategies or plans for the provision of services or any substantial development or variation in respect of them; and
- providing comments on reports submitted by the Scottish Health Council, including indicating any steps taken or planned as a consequence of proposals or recommendations made by the Council.

Scottish Executive Health Department  
March 2005

## TRANSITION ARRANGEMENTS FOR THE ESTABLISHMENT OF THE SCOTTISH HEALTH COUNCIL

### Staffing Issues

1. Local Health Council (LHC) staff are employees of their parent Board. As the consultation paper<sup>10</sup> stated that there would be no redundancies as a result of the establishment of the new structure, current local Health Council staff have been offered the opportunity to pursue employment with the Scottish Health Council without affecting their rights under their employing Board's Organisational Change Policy. The Scottish Health Council Project Team are liaising with Boards' Directors of Human Resources, as the staffs' current employers, on this.

### Assets

2. As local Health Councils have no separate legal identity, they have already been asked to ensure that all assets used by them are recorded on an asset register and shown as an asset (or liability) of their parent Board. Any property, monies, liabilities, work in progress etc, which may in error have been held by the LHC in its own name should transfer to their parent Board on 1 April 2005.

3. The Project Team have to decide on the assets and equipment required in the Scottish Health Council's local offices and discussions are taking place with Boards on this. In the meantime, NHS Boards should continue to make any current assets used by or within the local Health Council office available to the Scottish Health Council.

### Accommodation, Fixtures, Fittings and Associated Services

4. NHS Boards have historically been required to provide their local Health Council with accommodation and related services, such as maintenance, cleaning etc, at no charge. An early task for the Scottish Health Council will be to develop its own accommodation policy and this will be done in consultation with local NHS Boards who should provide the Council with support and assistance, including accommodation and other facilities, to such an extent as it may reasonably require to enable it to carry out its functions.

5. Wherever possible and practical the local Health Council's present premises should continue to be available to the Scottish Health Council to minimise disruption whilst it is getting established. However, there are one or two situations where a change in location of premises will be required and the Scottish Health Council Project Team are responsible for negotiating alternative arrangements locally with the affected NHS Boards.

### Support Services

6. The relevant Directorate of NHS QIS will provide the majority of support services required by the Scottish Health Council – human resources, finance, communications, IM&T, etc. NHS QIS staff are already working with colleagues in NHS Boards to establish the new arrangements.

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<sup>10</sup> <http://www.scotland.gov.uk/library5/health/npis-03.asp>

## Records

7. The Project Team have issued guidance notes to local Health Councils and Designated Directors which set out the position on the retention and disposal of the various types of paper and electronic files held by local Health Councils.

## Advice and Support Services

8. NHS Boards are responsible for providing advice to patients and the public about the local services provided on their behalf. This is equally true when things go wrong. Boards should therefore support individuals who have a concern about the quality of care provided to them and, where appropriate, provide assistance in understanding and using the NHS Complaints Procedure.

9. Complaints support of this type has never been part of the core activities of local Health Councils – although a small number of Boards have provided funding to their LHC to provide such a service. However, as part of their general responsibility of acting ‘as the voice of patients’ in their area, all Health Councils provide some support to people wishing to complain about the NHS services.

## The Scottish Health Council’s Role

10. The Scottish Health Council will not provide advice and support services – it would conflict with their role of quality assuring the delivery of NHS services to do so – but they will seek to ensure that Boards do have appropriate and effective arrangements in place. NHS Boards should therefore have arrangements in place to:

- ensure patients (or their representatives) have access to information and advice about local healthcare services;
- assist patients to identify and explore options about making a complaint when they are dissatisfied with aspects of the treatment or care provided to them by, or on behalf of, the NHS Board; and
- provide information, advice and support to patients and carers to assist them cope with the direct and indirect effects of illness or disability, helping to reduce anxiety and stress.

## Independent Advice and Support

11. As patients should have access to a complaints support and advice service provided independently of NHS organisations, Boards should develop a strategic partnership with a consortium of their local Citizens Advice Bureaux. To assist this, Citizens Advice Scotland has been funded to work with Boards to support the development of these partnerships. The Scottish Health Council will monitor Board’s support and advice services to ensure that they meet local need. A draft framework for a local advice and support services will issue shortly for final comment.

12. During the period before Boards reach agreement on the strategic partnership, Citizens Advice Scotland will encouraging all Citizens Advice Bureaux, where possible, to provide information, advice and support to any patients, carers or families who have a query about NHS services or wish to raise a concern or complaint about NHS services that they have received.

## **Ongoing Complaints**

13. Local Health Councils have been asked to work with their parent NHS Board to ensure that any individual currently receiving support from it in relation to an ongoing complaint is offered an option for the continuation of that support.

## **Recognising the contribution of Local Health Councils**

14. The volunteer members of local Health Councils, and the staff who serve them, have provided many years of loyal service and, with the dissolution of the Councils, NHS Boards will wish to consider marking this service in an appropriate way.

Scottish Executive Health Department  
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