The National Health Service Reform (Scotland) Bill [SP Bill 6] was introduced in the Parliament on 26 June 2003. Stage 1 began on 2 December 2003, with the Health Committee as the lead committee. The Stage 1 debate took place on 3 March 2004, and the Bill was passed following the Stage 3 parliamentary debate on 6 May 2004.

Purpose and objectives of the Bill

The primary aim of the Bill is to reform the organisation and management of the NHS in Scotland in a bid to achieve a decentralised, integrated health care service. The Bill seeks to do this through changes to the system’s structure and organisation, devolving decision-making and resources to front-line staff, increasing public involvement in NHS decision-making and developing regional planning and services. These reforms were announced in the white paper Partnership for Care.

Provisions of the Bill

The Bill makes the following provisions:

- it removes the statutory powers of NHS Trusts;
- it requires NHS Boards to establish Community Health Partnerships;
- it places a duty on NHS Boards to co-operate with other NHS bodies in the planning and delivery of services;
- it gives Ministers greater powers to intervene where a health body is deemed to be failing;
- it places a duty on Ministers and NHS Boards to promote health improvement;
- it places a duty on NHS Boards to involve the public more closely in planning, developing and operating the NHS;
- it places a requirement on NHS Boards to ensure staff are well informed, appropriately trained, fairly treated and involved in the decisions that affect them; and
- It requires NHS Boards to encourage equal opportunities when discharging their duties.

**Parliamentary consideration**

The Health Committee’s deliberations centred on whether the structural changes proposed would achieve the policy objectives of the Bill. The committee felt that these changes would need to be accompanied by a cultural change in the NHS. Much debate also centred on the need to dissolve local health councils and the perceived independence of the new national health council within NHS Quality Improvement Scotland.

The Health Committee also shared the concerns of the Finance Committee over some aspects of the Financial Memorandum, especially the cost estimates resulting from any interventions in failing services and who would foot the bill, the duty to involve the public, the reorganisation of existing structures, and the creation of the Scottish Health Council following the dissolution of the local health councils.

The main changes to the Bill in its passage through Parliament came from the inclusion of two Executive amendments, which place a duty on NHS Boards in relation to staff governance and also require them to consider equal opportunities when carrying out their functions.