Dr Peter J Gordon
NHS Governance

I want to very briefly summarise my experience relating to two of the requirements of the NHS Reform (Scotland) Act 2004, which requires all boards to demonstrate that staff are:

(1) involved in decisions;
(2) treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;

I have worked as an NHS doctor in Scotland for 25 years. In 2014 I resigned from NHS Forth Valley after working for 13 years as a Consultant because of my experience that the Board were not complying with the above. I now work for NHS Lothian. I plan to retire early because of my experience when working in NHS Forth Valley.

On my resignation I received this feedback from patients, carers, colleagues and staff in many sectors: https://holeousia.com/about-me/testimonials-for-dr-peter-j-gordon/

I have actively spoken up for patients when I have come across harm (unintentional or otherwise). I spoke up regarding two main areas:

(a) the Timely diagnosis of dementia*
(b) Transparency of competing financial interests in NHS healthcare staff **

*Timely diagnosis has now been adopted right across Europe: http://www.alzheimer-europe.org/Policy-in-Practice2/Glasgow-Declaration-2014/Signatories-Organsations  This approach had no support whatsoever in NHS Forth Valley. In terms of the 2004 Act I was not “treated fairly and consistently, with dignity and respect, in an environment where diversity is valued”

**This was taken forward by me as an individual as a petition to the Scottish Parliament: PE1493: A Sunshine Act for Scotland http://www.parliament.scot/GettingInvolved/Petitions/sunshineact The petition was closed last year after a Public Consultation found the Scottish Public supported my petition. In terms of the 2004 Act I was not “treated fairly and consistently, with dignity and respect, in an environment where diversity is valued” by NHS Forth Valley or other NHS Boards for advocating such transparency.

At the time before and after resigning from NHS Forth Valley I was not “involved in decisions” as required in the 2004 Act. There were communications about me with other NHS Boards such as Healthcare Improvement Scotland and NHS Tayside. I now believe I was “blacklisted” and that my references were influenced negatively by input from senior staff in NHS Forth Valley.

I have long since realised that there is no possibility of individual redress for me regarding my past treatment as an NHS Scotland employee. It is my hope that the committee will be able to encourage a genuine change in culture so that other employees working in NHS Scotland feel empowered to put patients first. It is
essential that this is the case even when that employee finds him/herself in the minority amongst his/her colleagues or indeed challenging government policy.