HEALTH AND SPORT COMMITTEE

AGENDA

1st Meeting, 2017 (Session 5)

Tuesday 17 January 2017

The Committee will meet at 9.30 am in the James Clerk Maxwell Room (CR4).

1. **Obesity (in private):** The Committee will consider a draft letter on obesity.

2. **Palliative and End of Life Care (in private):** The Committee will consider a draft follow up letter on palliative and end of life care.

3. **Social and Community Care Workforce (in private):** The Committee will consider a draft follow up letter on the social and community care workforce.

4. **Primary Care in Scotland (in private):** The Committee will consider a draft follow up letter on primary care in Scotland.

   *Not before 10.00 am*

5. **Subordinate legislation:** The Committee will consider the following negative instruments—

   The Regulation of Care (Prescribed Registers) (Scotland) Amendment Order 2016 (SSI 2016/413)
   The Caseins and Caseinates (Scotland) (No. 2) Regulations 2016 (SSI 2016/422)

6. **Scottish Public Services Ombudsman:** The Committee will take evidence from—

   Jim Martin, Ombudsman, Niki Maclean, Director, and John Stevenson, Head of Complaints Standards, Scottish Public Services Ombudsman.

7. **Care Inspectorate:** The Committee will take evidence from—

   Karen Reid, Chief Executive, and Paul Edie, Chair, Care Inspectorate.
8. **Health Service Medical Supplies (Costs) Bill (UK Parliament legislation)**
   The Committee will take evidence on the legislative consent memorandum from—

   Shona Robison, Cabinet Secretary for Health and Sport, Rose Marie Parr, Chief Pharmaceutical Officer, and Martin Moffat, Policy Adviser, Pharmacy and Medicines Division, Scottish Government.

9. **Health Service Medical Supplies (Costs) Bill (UK Parliament legislation) (in private):** The Committee will consider the legislative consent memorandum.

David Cullum
Clerk to the Health and Sport Committee
Room T3.60
The Scottish Parliament
Edinburgh
Tel: 0131 348 5210
Email: david.cullum@parliament.scot
The papers for this meeting are as follows—

**Agenda item 1**
PRIVATE PAPER  
HS/S5/17/1/1 (P)

**Agenda item 2**
PRIVATE PAPER  
HS/S5/17/1/2 (P)
PRIVATE PAPER  
HS/S5/17/1/3 (P)

**Agenda item 3**
PRIVATE PAPER  
HS/S5/17/1/4 (P)

**Agenda item 4**
PRIVATE PAPER  
HS/S5/17/1/5 (P)

**Agenda item 5**
Note by the clerk  
HS/S5/17/1/6

**Agenda item 6**
SPSO Submission  
HS/S5/17/1/7
PRIVATE PAPER  
HS/S5/17/1/8 (P)

**Agenda item 7**
Care Inspectorate submission  
HS/S5/17/1/9
PRIVATE PAPER  
HS/S5/17/1/10 (P)

**Agenda item 8**
PRIVATE PAPER  
HS/S5/17/1/11 (P)
Health Services Medical Supplies LCM Submissions  
HS/S5/17/1/12
Overview of instrument
1. There are two instruments for consideration at today’s meeting:

- The Regulation of Care (Prescribed Registers) (Scotland) Amendment Order 2016 (SSI 2016/413)
- The Caseins and Caseinates (Scotland) (No. 2) Regulations 2016 (SSI 2016/422)

The Regulation of Care (Prescribed Registers) (Scotland) Amendment Order 2016 (SSI 2016/413)

Background
2. Under section 44(1) of the Act, the Scottish Social Services Council (the Council) is required to maintain a register of (i) social workers, (ii) such social service workers as have been prescribed by Scottish Ministers and (iii) persons participating in a course or employed in a position probationary to becoming either a social worker or social service worker of a qualified description. The Policy note from the instrument is attached at Annexe A.


4. There has been no motion to annul this instrument.

5. The Committee needs to report by 30 January 2017

Delegated Powers and Law Reform Committee consideration
6. The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 20 December 2016. The Committee determined that it did not need to draw the attention of the Parliament to this instrument on any grounds within its remit.

The Caseins and Caseinates (Scotland) (No. 2) Regulations 2016 (SSI 2016/422)

Background
7. The main purpose of The Caseins and Caseinates (Scotland) (No2) Regulations 2016 is to revoke The Caseins and Caseinates (Scotland) Regulations 2016 and remake them in order to transpose Directive (EU) 2015/2203 relating to caseins and caseinates intended for human consumption and to provide enforcement powers. The Policy note from the instrument is attached at Annexe B.
8. An electronic copy of the instrument is available at: 

9. There has been no motion to annul this instrument.

10. The Committee needs to report by 6 February 2017

Delegated Powers and Law Reform Committee consideration

11. The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 20 December 2016. The Committee draws the Regulations to the attention of the Parliament on reporting ground (j). The instrument fails to comply with the requirements of section 28(2) of the Interpretation and Legislative Reform (Scotland) Act 2010 (although this does not affect the validity of the instrument).

12. The Regulations were laid before the Parliament on 15th December, and come into force on 21st and 22nd December 2016. They do not respect the requirement that at least 28 days should elapse between the laying of an instrument which is subject to the negative procedure and the coming into force of that instrument.

13. As regards its interest in the Scottish Government's decision to proceed in this manner, the Committee finds the failure to comply with section 28 to be acceptable in the circumstances.
POLICY NOTE

THE REGULATION OF CARE (PRESCRIBED REGISTERS) (SCOTLAND) AMENDMENT ORDER 2016 (SSI 2016/413)

The above order is made in exercise of powers conferred by section 52(2)(b) of the Regulation of Care (Scotland) Act 2001 (“the Act”). The Order is subject to negative resolution procedure.

Policy Objectives

Under section 44(1) of the Act, the Scottish Social Services Council (the Council) is required to maintain a register of (i) social workers, (ii) such social service workers as have been prescribed by Scottish Ministers and (iii) persons participating in a course or employed in a position probationary to becoming either a social worker or social service worker of a qualified description.

The Regulation of Care (Scotland) Act 2001 (Commencement No. 6) Order 2005 (S.S.I. 432/2005) brought section 52(1) (a) and (2) of the Act into force on 1st September 2005. Section 52(1) (a) provides that any person who, with intent to deceive, while not registered in any relevant register as a social worker, takes or uses the title of social worker, or purports in any other way to be a social worker shall be guilty of an offence and liable on summary conviction to a fine not exceeding level 5 on the standard scale (currently £5,000).

Section 52(2)(b) provides that for the purposes of section 52(1) of the Act, a register is a “relevant register” if being a register maintained under a provision of the law of England and Wales or of Northern Ireland, it is prescribed as such by the Scottish Ministers on the basis that it appears to the Scottish Ministers to correspond to section 44(1) of the Act. The Regulation of Care (Prescribed Registers) (Scotland) Order 2005 (“the 2005 Order”) prescribes the register maintained by the Care Council for Wales (Cyngor Gofal Cymru) under section 80(1) of the Care Standards Act 2000.

Under section 67 of the Regulation and Inspection of Social Care (Wales) Act 2016, the Care Council for Wales (Cyngor Gofal Cymru) is to be renamed Social Care Wales. Section 80 of the 2016 Welsh Act requires Social Care Wales to maintain a register of certain social care workers. This Order, therefore, serves to amend the reference to “Care Council for Wales or Cyngor Gofal Cymru” in the 2005 Order to Social Care Wales so that, from 3rd April 2017, the register maintained by Social Care Wales under section 80 of the 2016 Act is prescribed for the purpose of section 52(b) of the Regulation of Care (Scotland) Act 2001.

Consultation

Section 44(4) of the Act requires the Scottish Ministers to consult the Council and other persons whom they consider appropriate before making an Order. The
Scottish Ministers consulted the Council and the Welsh Government in relation to this Order.

Financial Effects

This Order has no financial impact. This is a technical amendment to amend a reference only.

Scottish Government
December 2016
POLICY NOTE

THE CASEINS AND CASEINATES (SCOTLAND) (No2) REGULATIONS 2016
SSI 2016 No. 422

1. Description

The above instrument is made by the Scottish Ministers in exercise of the powers conferred by sections 6(4), 16(1), 17(1), 26(1) and (3), 31(1) and 48(1) of the Food Safety Act 1990, section 2(2) of, and paragraph 1A of Schedule 2 to, the European Communities Act 1972 and all other powers enabling them to do so. This instrument is subject to the negative procedure.

2. Policy Objective

The main purpose of The Caseins and Caseinates (Scotland) (No2) Regulations 2016 is to revoke The Caseins and Caseinates (Scotland) Regulations 2016 and remake them in order to transpose Directive (EU) 2015/2203 relating to caseins and caseinates intended for human consumption and to provide enforcement powers.

3. Policy Background

The Caseins and Caseinates (Scotland) Regulations 2016 were laid in Parliament on 23 November 2016. An issue with version control meant that this SSI had errors and most importantly, an unintended consequence of making it an offence not to enforce the regulations. Scottish Government Legal Directorate made a commitment to the Delegated Powers and Law Reform Committee to remake and relay the instrument by 16th December 2016. The Caseins and Caseinates (Scotland) (No2) Regulations 2016 delivers that commitment.

4. Consultation

No consultation has been carried out as is normally required by Article 9 of regulation (EC) No 178/2002 of the European Parliament and of the Council as this instrument makes technical amendments and does not change the intent or the substance of the original regulations (which it revokes) which were consulted on.

5. Other Administrations

These Regulations apply in relation to Scotland only.

6. Guidance

Guidance notes for the new Regulation will be prepared in due course.

7. Impact Assessment
No additional impact on business is anticipated as a result of the technical changes being introduced in this instrument. Therefore, no Business and Regulatory Impact Assessment has been prepared.

8. **Regulating small businesses**

This Regulation will apply to all businesses with responsibility for manufacturing and labelling caseins and caseinates.

9. **Monitoring**

Food Standards Scotland will work with Enforcement Authorities where problems or suspected infringements of the legislation arise. The effectiveness of this instrument will be monitored via general feedback from industry and Enforcement Authorities.

**SCOTTISH GOVERNMENT**
Dear Convener,

Thank you for your invitation to speak to the Committee. The timing feels particularly appropriate with significant changes to the NHS complaints process due to be implemented by 1 April 2017.

As the Committee is aware, the Government asked us to lead the development of a more standardised, person-centred complaints process following a Scottish Health Council report published in April 2014 which suggested that changes were required. We worked in partnership with representatives from across NHS Scotland including the Government, NHS providers and organisations directly representing patients and advocates to develop the new model complaints handling procedure. The procedure will make it easier for patients and their families to raise issues and to receive timely and appropriate responses to their concerns. It will also make it possible for Boards, the Government and this Committee to better scrutinise the performance of complaints handling in the NHS.

In terms of our own service, health complaints form an increasing proportion of our workload. In 2015-16 health complaints represented 33% of all cases received and 58% of all cases investigated. In 2010-11, those figures were 22% and 38% respectively.

Last year we investigated over 500 health complaints and reports of the vast majority of these are published on our website to enable learning and improvement including by sharing the good practice we see. We also provide annual letters to each Board, detailing the complaints we have received about their services, and the subjects and outcomes of the complaints. Our NHS sounding board helps us communicate our messages to the health sector and helps us understand the pressures on the NHS and its staff. The annual letters and sounding board minutes are also available on our website.

In the attached note, I set out a brief overview of health complaints and highlight where I think our ongoing and future work aligns with the Committee’s tests in your strategic plan and vision. I look forward to meeting with you to discuss our role, the impact we have, and the challenges we face.

Yours sincerely

Jim Martin
Ombudsman
Note for the Committee

1. Overview of health complaints 2015-16

As the Committee will be aware, we have seen a long-term rise in the number of health complaints we receive - in 2015-16 we received 1,512 health complaints, compared with 859 in my first year in office in 2009-10. We saw a 9% increase in the number of health complaints that we could investigate in 2015-16 compared with the previous year and 38 of the 41 most significant investigations, which we lay in full before Parliament, were about the NHS in 2015-16.

The rate of premature complaints (complaints that come to us before they have completed the complaints process) for health complaints was 23.5%, one of the lowest rates we see for any sector. The average is 31.2%. The percentage of complaints we upheld in health complaints was 56% which is currently the highest of any of our sectors (the rate across all sectors in 2015-16 was 54%).

The top subjects and areas of health complaint are set out in the tables below. There is little variation in these from year to year.

<table>
<thead>
<tr>
<th>Top subjects of health complaints received 2015-16</th>
<th>Top areas of health complaints received 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical treatment / Diagnosis</td>
<td>Hospitals</td>
</tr>
<tr>
<td>Communication / staff attitude / dignity / confidentiality</td>
<td>GP &amp; GP Practices</td>
</tr>
<tr>
<td>Appointments / Admissions (delay / cancellation / waiting lists)</td>
<td>Prison Health Care</td>
</tr>
<tr>
<td>Policy/administration</td>
<td>Dentists and Dental Practices</td>
</tr>
<tr>
<td>Complaints handling</td>
<td>Community Nursing &amp; Support Services</td>
</tr>
<tr>
<td>Nurses / nursing care</td>
<td>Ambulance</td>
</tr>
<tr>
<td>Record Keeping</td>
<td>Out of Hours Services &amp; NHS 24</td>
</tr>
<tr>
<td>Admission / discharge / transfer procedures</td>
<td>NHS Boards and Authorities</td>
</tr>
<tr>
<td>Lists (incl difficulty registering and removal from lists)</td>
<td>Pharmacy Services</td>
</tr>
<tr>
<td>Continuing care</td>
<td>Opticians</td>
</tr>
</tbody>
</table>

Obtaining clinical advice

Health complaints tend to be more complex and require more resources to investigate than complaints about other public sector areas. One of the reasons for this is that we often need to obtain independent advice on health complaints (we do this in other sectors too where we require specialist knowledge, such as water and planning complaints, but the vast majority of professional advice we require is about health matters).
We have, to date, been able to access advice from a central point used by all UK public services ombudsman schemes through the UK Parliamentary and Health Services Ombudsman (PHSO). The PHSO’s service will cease from 1 April 2017 and we are currently developing a replacement panel of advisers.

For many years we have obtained the services of some Scotland-based independent advisers in areas commonly complained about such as GP services, mental health and nursing. The benefits of using advisers based in Scotland is that they are fully aware of the Scottish context which can be different from that elsewhere in the UK and also that it allows us to access advice more directly and quickly. We are pleased to now have the opportunity to develop a larger pool of Scottish clinical advisers, which will allow us to quality assure a broader range of the advice we receive and to facilitate the sharing of knowledge about SPSO more widely in the NHS in Scotland. While there are benefits to this move, it comes at a time when we are taking on additional roles (in social work complaints in particular). It also entails additional costs as we take on the administration and quality assurance services previously provided by PHSO. We have discussed the change in detail with the SPCB and, while we are taking the opportunity to both improve the independent advice service and keep costs as low as possible, we have been compelled to seek a modest increase in our budget to deal with this unexpected, increased cost.

**SPSO activities and the Committee’s Strategic Plan and Vision**

2. The extent to which it has a prevention focus

2.1 Supporting the learning from complaints

One of the main aims of people who use the SPSO is to prevent a problem happening to someone else. Complaints can identify when systems and processes need to change and should be integral to helping improve services. Two thirds of our recommendations are about service improvement, and these will usually have relevance for other, similar organisations. Lessons learnt across a sector, and sometimes from other sectors, can lead to even greater benefits and we see one of our key roles as sharing the findings from people’s complaints and promoting good practice. One of the ways we do this is though our monthly e-newsletter, which highlights significant investigation reports and recommendations. We encourage authorities to take note of our findings and ask themselves whether what happened in one Board, for example, could happen to them, and if it could, to take preventative action. Our latest monthly e-newsletter is at the end of this note.

We encourage learning in other ways too – for example, we held a cross sectoral conference last year to share learning and good practice about complaints handling. We are particularly pleased that, with our support, the NHS has made learning from complaints the key performance indicator of the new complaints process that will be implemented from 1 April. It is no exaggeration to say that in the context of the NHS, systemic learning saves lives, and in other areas of the public sector too it can save enormous amounts of time, frustration and resources.
We were the first Ombudsman in the UK to put almost all of our investigations in the public domain to help share learning\(^1\). As well as providing opportunities for learning and prevention, openness and transparency encourages people to make complaints or provide other feedback and can reduce the ‘fear factor’ that the Scottish Health Council report identified.

2.2 NHS complaints procedure

The new NHS model CHP which comes into effect on 1 April makes a significant shift of focus towards quick, responsive and non-defensive complaints handling. It emphasises the importance of empowering all staff, especially those on the front line, to respond to and fix problems that arise while services are being delivered rather than pass complaints on to others. In this way issues can be picked up and resolved quickly, helping prevent problems worsening or being repeated, and helping to ensure services better reflect the needs of users.

We are particularly keen that primary care providers are made fully aware of the new procedure, as in our experience there is wide variation in the quality of complaints handling by GP and dental practices under the current complaints process. We have worked closely with NHS Education for Scotland (NES) to develop free e-learning modules for all NHS staff to help them respond to and investigate complaints better. Over 19,000 staff have already accessed this resource and work is ongoing with NES to update these e-learning modules to reflect the new procedure and to provide additional support for training resources relating to the changes that will come with the new process.

2.3 Learning and Improvement Unit (LIU)

A key new strand of our preventative role is our Learning and Improvement Unit, which we introduced this year with the support of stakeholders and dedicated one-year resource from the SPCB. As part of this work, we will shortly publish our first thematic report, which brings together evidence of repeated problems we have found around medical consent. The report not only highlights the recurring issues we see, but explores the context and reasons for this and suggests ways in which health organisations can address the problem. These are driven by our understanding from the complaints we see that the people who are having the care should be empowered to make the key decisions about that care.

The LIU is also developing the way we make recommendations to make them even more targeted and effective. It is building up a bank of guidance and tools to support authorities in embedding their learning and improvement activity in 2017-18. It is also looking at ways to strengthen links with key scrutiny and improvement bodies such as Healthcare Improvement Scotland to identify ways in which they can support improvement from complaints. Finally, it is providing targeted support to a small number of organisations to help them improve the quality of their complaints handling and enhance the learning from their and our investigations.

\(^1\)www.spso.org.uk/our-findings
There are some legislative barriers to sharing learning more fully than we already do. We laid out in some detail in our recent evidence\(^2\) to the Local Government and Communities Committee the benefits we believe would flow from our legislation changing slightly to allow us to share information we find in an investigation for the purpose of helping other organisations learn and improve, and to share information more easily with regulators and scrutiny organisations.

**Long term cost effectiveness and efficiency**

### 3.1 Reducing costs and delivering benefits

Preventing complaints from escalating ultimately reduces costs. Costs can also be reduced by using complaints and the data from them to identify areas where services are being inefficient or not fully effective.

Handling complaints well reduces direct costs to organisations and to the public sector as a whole. Research shows that complaints dealt with at the front line can cost 40 times less than those dealt with at later stages of the process.\(^3\) There are also a host of other benefits in terms of savings to the public purse, since, as detailed above, genuine learning from complaints will prevent mistakes from happening again and will improve how public bodies deliver services.

There are also intangible benefits. Research shows that complaints dealt with well lead to greater trust between customers and organisations. Staff morale is also improved when frontline staff are empowered by good complaints handling procedures and supported by a culture of ‘valuing’ complaints.

### 3.2 Simplification and joined-up complaints processes

Another way to reduce the cost of complaints handling – and, crucially, the experience of the complainant - is to keep the processes simple. Since 2010, our Complaints Standards Authority has been developing simplified and standardised public sector complaints processes. Currently, different timescales, processes and standards operate in the field of health, social work and local authorities complaints. The new NHS complaints process will help to bring these in to alignment, as will the new social work complaints procedure which we developed and which will also come into force on 1 April 2017. As well as reducing the cost for local authorities who currently run two schemes (one for non-social work and one for social work complaints), the alignment of these complaints processes means organisations could move to a single recording system across health and social care if they wish and will also allow for single responses when complaints cut across services. This will also help to support integration of services.

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3.3 Understanding complaints handling performance

The new complaints procedure brings the NHS into line with other public service sectors. This includes the requirement to assess complaints handling performance against a suite of key complaints indicators to fully understand how the organisation performs against the requirements of the procedure. This assessment will also help to facilitate continuous improvement and to assist in benchmarking performance between NHS service providers. Additionally, this will greatly improve the quantity and quality of data available to regulators, scrutiny organisations and others, including this Committee, about the complaints made, how they are being responded to and what learning organisations are taking from them. Boards will be able to benchmark their performance more effectively and our experience in other sectors is that this leads to a focus on improvement and will increase the effectiveness of the complaints process.

4 The impact it has on health inequality

One of the factors that drives health inequality is accessibility and this applies to the complaints process too. The new complaints procedure, which has been developed with input from patients representatives and Healthcare Improvement Scotland public partners, will make it easier for people to be heard, particularly those with limited literacy or chaotic lifestyles. It is notable that the recent health inequalities impact assessment of the new NHS complaints process regarded support and training for staff dealing directly with patients, their families and friends as critical to the success of the new process in reducing inequality. We will be supporting the work of NES and Boards themselves as they put this support and training in place.

5 The implications of the UK’s EU exit

This is something of which we are currently mindful but we are not yet clear what the impact may mean for the direct delivery of services. We will be monitoring this carefully.

6 Extract from SPSO’s monthly e-newsletter, issued on 21 December 2016

Monthly news from the Scottish Public Services Ombudsman

Today we are laying 56 reports before the Scottish Parliament, including two full investigation reports about the NHS. This overview contains:

- ensuring learning from complaints
- ‘Making the most of complaints’, our forthcoming conference
- Complaints Standards Authority news including the new social work CHP
Ombudsman’s Overview

Ensuring learning from complaints

Today’s two public interest reports underscore how vital it is that boards ensure that their complaints investigations lead to learning. As is regularly the case, significant organisational learning leading to change and improvement should have taken place when the authorities concerned first handled the complaint.

In each set of events described in today’s reports, the patients’ treatment put them at increased risk and resulted in prolonged distress and suffering for them and their families. In the first case (201507831), a child’s brain tumour was not diagnosed when it should have been, leaving them requiring additional treatment with significant risks and with neurological defects. In the second case (201508264), the board initially failed to provide a correct diagnosis for a man’s head injuries. He was subsequently found to have suffered a brain haemorrhage and underwent emergency surgery.

Our role in such cases is to provide individual redress, as far as possible, and to make recommendations to boards to prevent future failings. For individuals, the investigations provide the patients and their relatives, who often have questions after such traumatic events, with explanations as to what went wrong, as well as a recommendation that appropriate apologies are made.

On organisational learning, our recommendations in these two cases are typical in that we ask each board to ensure that health professionals are aware of the correct relevant guidance and follow it. In the second report, I criticise the board’s investigation and make a number of other recommendations. As the report states, I would have expected them to identify the failures to follow national and hospital guidelines and to suggest suitable steps to address these mistakes. I also consider that the repeated failures by multiple staff to follow the procedures in place, or sufficiently document the care and treatment provided, constitute a systemic failure. I therefore ask the board to carry out an audit of a sample of recent cases of this kind, to ensure they are being dealt with appropriately; and carry out a root cause analysis to identify why the medical and nursing staff on duty did not follow the systems in place.

One of the aims of our new Learning and Improvement Unit is to work with individual public authorities to support them in doing this better, and to provide further guidance and tools for authorities more generally. We already provide every organisation with a complaints
handling self-assessment reflective learning form, which they are required to fill out at the start of SPSO's enquiries to them about a complaint. We have been pleased with the positive response to this. We are in the process of further developing our Complaints Improvement Framework, which helps authorities self-assess the effectiveness of their overall complaints handling arrangements at a strategic level across six areas of good practice. Read about the Complaints Improvement Framework. We are also developing other tools to support specific improvements in quality, learning and root cause analysis.

To enable learning and improvement, we publish reports of investigations on our website. You can search these by authority, date, subject etc by visiting our website: www.spso.org.uk/our-findings.

SPSO Learning Event Conference

Making the most of complaints: Using learning to improve public services

15 March 2017, Central Hall, Edinburgh

This event will use a mixture of presentations, hands-on workshops and good practice examples from public authorities that use learning from complaints effectively to make their services better. It will provide ideas and tools to help increase the positive benefits of complaints to enable authorities to prevent repeat failings more effectively and bring about change by making the most of the learning. We will focus on three key themes:

1. Using complaints to drive improvements

   - How do you use complaints data and other sources of management information to identify themes and trends?
   
   - How are networks used to benchmark, as sounding boards and to proactively prevent complaints?

2. Impactful outcomes

   - Risk assessing – how likely is the mistake to recur?
   
   - What level of intervention is required?
   
   - How do you measure the success of the action taken?
3. Improve your complaint handling

- How do you use quality assurance and self-reflective learning forms and how do you develop a standard and work to it?
- How do you use a complaints investigation as a ‘critical friend’ and develop independence of mind?
- How do you know that you have investigated ‘enough’?

Read further information about the event and download a booking form

Complaints Standards Authority (CSA)

Social work complaints procedure

The Social Work Model Complaints Handling Procedure (CHP) was published on 15 December 2016. It brings social work complaints handling in line with the new NHS model CHP that will be introduced from 1 April 2017 and sets out how complaints about social work services must be handled from 1 April 2017. It will apply to all organisations that deliver social work functions, including both local authorities and health and social care partnerships. We formally notified the chief executives of Scotland’s local authorities and health boards, in addition to the chief officers of all health and social care partnerships, of the publication of the new CHP.

The new procedure was developed by a working group that included representatives from local authorities, health and social care partnerships, the Scottish Government and the third sector, together with other key partners from the public sector including the Care Inspectorate and the Scottish Social Services Council. We would like to thank all those involved for their invaluable help in producing the new CHP and associated documents, which are available on the Valuing Complaints website.

Read about the forthcoming changes to social work complaints processes

NHS complaints procedure

We are continuing to work closely with NHS Education for Scotland to update the existing NHS feedback and complaints e-learning modules to reflect the changes in the new procedure. We are also working to develop a programme of education and awareness sessions and will provide further information in future updates.
Briefing for the Health and Sport Committee

Introduction

The Care Inspectorate is the independent non-departmental public body responsible for inspecting and improving the quality of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards and help them improve if needed. We also carry out joint inspections with other scrutiny bodies to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards. Across all our work, we provide independent assurance and protection for people who use services, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of care, and reducing health and social inequalities, in Scotland.

About the Care Inspectorate

The Care Inspectorate has sought, in recent years, to move from a compliance-based approach to regulation to a more collaborative approach. The Chair is Paul Edie and the Chief Executive is Karen Reid. The Care Inspectorate employs 600 staff across Scotland and operated a budget in 2015/16 of £34m. The organisation’s corporate plan is directed at four strategic objectives of providing public assurance about the quality of care, informing local and national policy about care, ensuring the voice of people using care is heard, and performing effectively and efficiently as a scrutiny body which supports improvement.

The Care Inspectorate’s business improvement plan is centred around four key areas: consolidating excellence in all its activities, building a confident and competent workforce, supporting cultural change, and supporting collaboration with a wide range of other bodies.

Regulated care services

Care services in Scotland are not allowed to operate unless they are registered by the Care Inspectorate. As well as registering care services, we inspect and grade them. As at 30 November 2016, there were 13678 care services registered in the following categories:
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childminders</td>
<td>5666</td>
</tr>
<tr>
<td>Daycare of Children (Nurseries, playgroups etc)</td>
<td>3739</td>
</tr>
<tr>
<td>Support Services (Care at home and day care of adults)</td>
<td>1463</td>
</tr>
<tr>
<td>Care Homes (For older people, adults and children)</td>
<td>1430</td>
</tr>
<tr>
<td>Housing Support</td>
<td>1075</td>
</tr>
<tr>
<td>Nurse Agencies</td>
<td>69</td>
</tr>
<tr>
<td>School Care Accommodation</td>
<td>66</td>
</tr>
<tr>
<td>Fostering Services</td>
<td>59</td>
</tr>
<tr>
<td>Adult Placement Services</td>
<td>39</td>
</tr>
<tr>
<td>Adoption Services</td>
<td>38</td>
</tr>
<tr>
<td>Childcare Agencies</td>
<td>24</td>
</tr>
<tr>
<td>Offender Accommodation Services</td>
<td>5</td>
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<td>Secure Accommodation Services</td>
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**Inspection**

Our inspections of regulated care services are risk-based, mostly unannounced and take place against a frequency criteria agreed with the Scottish Government. Care home inspections are always unannounced. Last year the Care Inspectorate carried out some 7,000 inspections. Inspectors look at four quality themes:

- Quality of Care and Support
- Quality of Environment
- Quality of Staffing
- Quality of Management and Leadership

Services are graded using a simple six point grading scale: unsatisfactory, weak, adequate, good, very good, or excellent. Currently, over 85% of services are evaluated to be good, very good or excellent, but with significant variations by sector and service type. Grades are recorded in the service’s inspection report and on the Care Inspectorate website, where all inspection reports are published in full.

**Complaints and when services don’t improve**

One of the most important ways for us to make sure care services improve is by dealing with complaints. A complaints investigation can result in recommendations and requirements, and occasionally in enforcement action. Complaints also help us build an intelligence profile of what is happening in care services and where we need to target resources. Last year we investigated some 2,000 complaints. The majority were upheld.
When a service is not operating at the standard we expect, we seek to try and support improvement. Where this does not happen we have extensive enforcement powers. We can impose extra conditions of registration; serve formal improvement notices requiring changes within a required timescale and cancel registration if it is not complied with, subject to appeal to the sheriff. We can make an application to the sheriff for emergency cancellation of registration based on a “serious risk to life, health or wellbeing”, or impose an emergency condition of registration which remains in place until removed. Closing a care service is rare and a last resort given the impact this may have on people who experience care, and the broader local community. We always seek to support improvement wherever possible.

**Scrutiny of local partnerships**

In addition to regulated care inspections, the Care Inspectorate carries out joint inspections with other organisations to review the quality of provision across local areas and integrated joint boards. These inspections cover a community planning partnership / integrated joint board area and evaluate outcomes for people living in the area, the quality of the planning, how needs are assessed and met, and the quality of management and leadership of partnerships. In addition to inspection activity, the Care Inspectorate’s team of link inspectors support partnerships following and outwith inspection period.

A joint approach is used by the Care Inspectorate and Healthcare Improvement Scotland to examine the effectiveness of collaborative working between health, social work and social care services for older people and their carers. The future model and methodology for scrutiny and improvement will focus on the new joint statutory arrangements for the Care Inspectorate and Healthcare Improvement Scotland to inspect the quality of strategic commissioning in integrated joint boards from April 2017. In addition, the Care Inspectorate is developing new programmes of work to examine the quality of, and support improvements in, adult support and protection and in self-directed support. It is important to note, however, that not all social care services will fall under the remit of integrated joint boards. Additional programmes of activity ensure that appropriate scrutiny is applied in these areas, both at a care service and strategic level.

The Care Inspectorate leads on joint inspections of services for children and young people across Scotland. Working against a framework of quality indicators, inspections look at the difference services within a community planning partnership area are making to the lives of children, young people and families. They provide public assurance about the quality of services aimed at giving children and young people the best start in life, making recommendations about what needs to improve.

To date we have published the findings of 25 joint inspections of services for children and young people, as well as four progress reviews where we have returned to areas that received weak evaluations. Any remaining inspection activity is due to be concluded as part of the national programme by December 2017. In August 2016, we published a review of the findings of joint
inspections of services for children and young people carried out between June 2014 and June 2016. The Scottish Government has recently asked the Care Inspectorate to design and lead a new programme of inspections for children, which will help strengthen scrutiny of child protection arrangements in Scotland.

**Scrutiny of serious incidents**

The Care Inspectorate also reviews significant case reviews where serious harm has occurred, to ensure they have been conducted appropriately and that appropriate learning has happened. We also review the deaths of looked after children in Scotland.

**Criminal justice social work and community justice**

The Care Inspectorate continues to have a role in providing independent scrutiny of, and furthering improvement in, criminal justice social work across Scotland. A team of link inspectors work with each social department, including criminal justice, in the 32 local authorities to help them evaluate their own practice and promote constructive challenge to help improvement. Criminal justice serious incident reviews are reported to us by local authorities to ensure the right action has been taken and the right learning undertaken. In recent years we have also undertaken a national Joint Thematic Review of Multi-Agency Public Protection Arrangements (MAPPA) with HMICS and a supported self-evaluation of case management arrangements.

We are developing a positive relationship with Community Justice Scotland as the new model of community justice, introduced through the Community Justice (Scotland) Act 2016, is implemented. The Scottish Government commissioned the Care Inspectorate to develop a guide to self-evaluation that could be used by partners to help in their efforts to strive for continuous improvement and excellence in services. A guide to self-evaluation for community justice in Scotland was published in December 2016 and provides a range of quality indicators to support self-evaluation that leads to improvement in community justice.

**National Care and Health Standards**

Scotland’s first National Care Standards were introduced in 2002 and applied only to registered social care services, such as care homes and nurseries, and independent health care, such as hospices and private hospitals. The Care Inspectorate co-chairs, with Healthcare Improvement Scotland, the national working group reviewing and developing the new standards which will apply to all health, care and support services in Scotland. The principles of these standards were agreed by the Cabinet Secretary in April 2016 after extensive involvement with people who use care. The draft standards are available for consultation until January 2017. The new Standards will be a critical development in allowing the Care Inspectorate to develop a new inspection methodology which is outcome-based, supports improvement, and provides public protection and assurance.
The new standards will have a far wider impact across the NHS, social work and social care and will apply to many more people’s experiences of care. The standards streamline the 23 separate previous sets of standards for registered care settings and now also cover the planning, commissioning, assessment and delivery of care. With the new standards affecting more than just registered services, it makes sense to develop one set of standards that express the common needs and wishes of people whatever the type of care service or part of the care system they happen to be using at any one time. People will move from one service to another and can often use more than one service at a time. The needs and wishes of a frail older person, for example, are the same whether they live in a care home, have treatment in hospital, receive care at home or visit a doctor. And whatever our age and ability, we all have similar needs and wishes for warm, compassionate and effective care and support. Therefore, one set of standards for everyone will apply across all care provision.

The new Standards have the potential to radically transform how we plan and deliver care, embedding a person-centred approach which shifts power away from professionals and to people using care. We're changing the focus of care standards, moving away from the traditional approach of minimum and technical provider inputs in favour of individual outcomes, so the assessment of quality will be about what a person using care experiences. By articulating what human rights look like for individuals across the care system, we are adopting a radical and progressive approach to support improvement and innovation. The Standards will play a major role in reducing health and social inequalities, which is central to the Programme for Government. The Standards represent a pivotal moment in integrating health and social care. First, the quality of the journey of care will be assessed in the same way across early learning and childcare, healthcare, and social care and social work. Second, the Standards will not just apply to individual regulated services, but to how services are planned and commissioned by Integrated Joint Boards. That gives us the chance to plan and commission for outcomes and quality.

**Informing policy**

The Care Inspectorate supports and informs national policy development in a number of ways, providing Scottish Ministers, the Scottish Parliament and other stakeholders with independent, evidence-based findings and advice. For example, we are regularly represented on a wide range of national working groups and in 2015/16 we responded to around 50 consultations. We also produce statistical information and report publicly on emerging themes or trends in relation to the quality of care being delivered across Scotland, highlighting good practice and making recommendations for improvement. In autumn 2016, we published the latest in our series of early learning and childcare statistics. This shows where and to whom early learning and childcare is provided, and the quality of it.
**Involvement**

The Public Service Reform (Scotland) Act 2010 requires us to put people who use services and their carers at the heart of our work. We are committed to involving people who use care services and carers as we believe they have a right to be involved in matters which affect their lives.

In 2015 we published our Involvement Strategy and accompanying Action Plan for 2015 -18 to ensure we continue to develop and grow our involvement activities. *Working Together, Improving Together* outlines our intentions to build upon, strengthen and improve our previous involvement activity, setting out six clear outcomes as measurements for success. The strategy also continues our commitment to the Charter for Involvement.

In all our work, we are advised by our lay Involving People Group, who discuss our policies, approaches, and take part in our scrutiny activities as inspection volunteers. Inspection volunteers – people who have experience of care themselves – play an important role on our inspections. They accompany the inspector, speak to people using care, and provide a lay perspective on the quality of care. This is a powerful tool for ensuring that care remains person-centred. We have recently started a trial of involving inspection volunteers who themselves have a diagnosis of dementia, and have also involved inspection volunteers in investigating complaints about the quality of care.

**Supporting improvement**

The Care Inspectorate is a scrutiny body that supports improvement. We have a specific duty under section 44(1) (b) of the Public Service Reform (Scotland) Act 2010 of furthering improvement in the quality of social care services. Significant activity is undertaken by inspectors, daily, to support local improvement in care services and partnerships. Where scrutiny activity identifies that the quality of care is insufficiently good, inspectors support staff to adopt effective approaches which will lead to better outcomes for people. This ensures that improvement activities are targeting where improvement is needed.

Inspectors also play an important role in signposting effective practice and sharing this. We also work in partnership with a wide range of scrutiny and improvement partners, the sector, and people who use services and their carers to improve the quality of care.

Recent improvement projects include:

- **Arts in Care** - The Care Inspectorate partnered Creative Scotland and Luminate, Scotland’s creative ageing festival, to promote the importance of creativity by developing a resource to support care staff to plan and run creative arts sessions and also to work with professional artists. The ‘Arts in Care’ resource pack contains a DVD which looks at examples of care home residents participating in the arts, ‘recipe cards’ for five different arts forms created by artists for care
staff, and a card with guidance on working with artists in the form of hints and tips.

- **Supporting physical activity** – We recently published a revised edition of our resource *Managing Falls and Fractures in Care Homes for Older People*, a pack to help staff in care homes assess how well falls prevention and management and the prevention of fractures is being addressed in their service. We have also published *Care... about physical activity*, a resource designed to support and stimulate simple solutions and practical approaches to enable everyone in a care home to become physically active. A new commission from Active Scotland to lead a major programme to improve physical activity among older people using residential care and care at home will launch in 2017. This will involve embedding co-ordinators in Integrated Joint Boards to work with scores of separate care services.

- **My World Outdoors** is a Care Inspectorate resource which shares inspiring stories from services showing how much children are benefiting from outdoor play. Mainstream as well as outdoor-based services are featured and it aims to encourage all early learning and childcare services to make the most of the natural environment. This resource is as much for urban as rural services and is for all age ranges of children and different service types.

- **Spotlight on dementia** brings together a range of resources to support improvement in relation to dementia, and accompanies a specific inspection focus on support for people with dementia in care homes during 2016/17. It also highlights the impact of ‘Playlist for Life’, a project which encourages families and people living with dementia to identify music from their past that can evoke memories.

**Conclusion**

We would be delighted to provide further detail or information on any aspect of the subjects raised in this briefing.
Legislative Consent Memorandum (LCM) Health Service Medical Supplies (Costs) Bill

The Committee issued a targeted call for written views on the Legislative Consent Memorandum on the Health Services Medical Supplies (Costs) Bill. The Committee issued the call for views to the following organisations:

- Association of British Healthcare Industries
- Association of the British Pharmaceutical Industry
- British in Vitro Diagnostics Association
- British Medical Association (General Practice Committee)
- Community Pharmacy Scotland
- Healthcare Trades Association
- National Services Scotland
- Royal College of General Practitioners Scotland
- Royal Pharmaceutical Society Scotland
- Scottish Medicines Consortium

To date responses have been received from the following:

- Association of the British Pharmaceutical Industry (page 2)
- British Medical Association (page 5)
- Community Pharmacy Scotland (page 6)
- Health Improvement Scotland (page 7)
- Royal College of General Practitioners Scotland (page 8)
- Royal Pharmaceutical Society Scotland (page 9)
Association of the British Pharmaceutical Industry (ABPI)

Association of the British Pharmaceutical Industry
ABPI Scotland acknowledges the Scottish Government’s conclusion that the information powers in the Bill (to the extent that they relate to devolved matters) are in the best interests of NHSScotland. However, ABPI Scotland is concerned about some provisions contained within Clause 6 of the Bill, which are detailed below. We further agree that a UK-wide application of this Bill is the most pragmatic approach, and will lead to the most streamlined and efficient process.

Clause 6 – Provision and disclosure of information
ABPI Scotland supports clarification of the scope of the legislation, including in Clause 6. Specifically, we would welcome greater clarity from the Department of Health on the additional information that will be required by them as a result of the Bill, in advance of the Bill receiving Royal Assent.

Current proposals
- The UK Government already collects information on sales and purchases of medicines from various parts of the health service medicines supply chain under a range of existing arrangements.
- The Bill will introduce additional requirements on all UK manufacturers, wholesalers, pharmacies and GP practices that dispense medicines, to record and submit the following information:
  - The price charged or paid by the producer for the products;
  - The price charged or paid for the delivery or other services in connection with the manufacturing, distribution or supply of those products;
  - The discounts or rebates or other payments given or received in connection with the manufacturing, distribution or supply of those products;
  - The revenue or profits accrued in connection with manufacturing, distribution or supply of those products;

Concern with current proposals
- ABPI Scotland supports the Department of Health’s intention to bring all information requirements under a statutory footing in order to ensure the reimbursement system is run effectively.
- However we are concerned that the Bill will require information from pharmaceutical companies which is beyond what is required to fulfil this aim.
- UK pharmaceutical companies already provide comprehensive information to the UK Government on profits they make at a company level. The Bill would require companies to allocate profit figures to individual products.
- The proposed information requirements potentially extend to a company’s global business and are therefore not required in order to achieve the UK Government’s policy intention.
- Information on payments made for distribution of individual products is not currently recorded by pharmaceutical companies at a product level. It would be extremely difficult for companies to share information at this level, with any information obtained likely to be estimated. Furthermore such costs typically bear
Association of the British Pharmaceutical Industry (ABPI)

no relation to the cost of medicines to the NHS or reimbursement schemes, and are therefore unnecessary to achieve the aim of the Bill.

- As such, any information collected would be artificial, unreliable and highly complex to provide. Our members indicate that, in many cases, it would not be possible to provide product level data as might be required by the legislation.

Necessary clarification

- The Department of Health has published illustrative regulations alongside the Bill to aid with the legislative scrutiny. Whilst this is welcome, the legislation will still require companies to provide profit information at a product level.
- This lack of clarity is relevant to the proposed Legislative Consent Memorandum, as the Committee and the Scottish Parliament does not know what information, or from whom, will be requested as a result of the Bill.
- For example, Clause 9 of the Information Regulations state that all “English producers” must keep the following information re. all “English health service medicines” and produce it when requested by the Secretary of State:
  - names of buyer and seller
  - sales income actually received or the amount actually paid
  - quantity bought or sold
  - all discounts given or received and the terms on which they were made
- The broad definition of activities and companies (i.e. in connection with any manufacture, distribution or supply) in both this section of the regulations and the wording in the Bill itself, would capture any part of a company’s global supply chain.
- ABPI Scotland would welcome clarification in the regulations that this information power only applies in the case of generic medicines, as per the intention of the Bill.
- Amending the regulations in this way would maintain the requirement that pharmaceutical companies keep company profit information, and remove the requirement to provide profit information at a product level.
- UK pharmaceutical companies already provide comprehensive information to the UK Government on profits they make at a company level. The proposed information powers would seemingly require allocation of profits to individual products, which would be artificial and unreliable as well as onerous and highly complex to provide.
- They would also ensure that data provided is specific to an individual company’s business with the NHS, rather than at an individual product level.
- ABPI Scotland does not believe that such clarifications would deter from achieving the UK Government’s policy intention to introduce a payment mechanism into the statutory scheme.
British Medical Association (BMA)

Thank you for inviting us to comment on the Legislative Consent Memorandum (LCM) on the Health Service Medical Supplies (Costs) Bill. The BMA is happy with the contents of the Bill.

The BMA has met with both the Dispensing Doctors Association and the DH to discuss the implications for dispensing GPs and to seek assurances from DH that the process to collect information from them will not be unduly onerous. Our colleagues were happy after these meetings that the Bill would not have negative implications for dispensing GPs.
Community Pharmacy Scotland (CPS)

Community Pharmacy Scotland (CPS) understands the reasons behind the Health Medical Supplies Bill having previously contributed to views on the Statutory Scheme consultation last year at a UK level. The output from that consultation is one of the aspects of the overall Bill.

This Bill has important implications on potential drug/medical supplies costs and value to the NHS. In recent times Audit Scotland has produced information on the increasing drugs costs being borne by NHS Scotland and any Bill that can support value and control costs in a reasonable and proportionate manner is to be welcomed by all who value our NHS.

It makes sense for the four devolved administrations to work collaboratively and CPS agrees that this is a positive development. CPS also agrees that the powers in the Bill are in the best interests of NHS Scotland. This may increase the workload for the devolved administrations in terms of engaging with manufacturers and wholesalers around the new powers that the Bill will bring. I do note however that Scottish Government considers it disproportionate for Scotland to have specific powers across the whole supply chain so any uplift in workload may fall largely in England.

Through our arrangements with the Scottish Government, CPS works in conjunction with the Pharmacy and Medicines Division and the Information Services Division (ISD) to deliver a quarterly drug pricing inquiry survey which then informs the reimbursement arrangements on the purchase of drugs from community pharmacy contractors. This has to be delivered on a devolved basis due to separate contractual and drug tariff arrangements in NHS Scotland. Our understanding after discussions with our civil servant colleagues is that our current methodology is robust and would not require significant change after introduction of this legislation. However CPS is always willing to work collaboratively with the department to ensure the methodology being applied is fair and robust. We would therefore not anticipate the workload for our organisation around this being increased.

CPS understands that not all dispensing contractors are currently required to participate in these inquiry arrangements (e.g. dispensing doctors). This may be something that can be explored to widen the scope of the survey in Scotland. Overall CPS sees the developments as positive and having little material impact on our members from what is currently experienced.
Healthcare Improvement Scotland (HIS)

Thank you for the opportunity to comment on the Legislative Consent Memorandum – Health Service Medical Supplies (Costs) Bill. The Scottish Medicines Consortium is part of Healthcare Improvement Scotland and this response is from the organisation as a whole.

In the context of this consultation Healthcare Improvement Scotland / Scottish Medicines Consortium expertise is in health technology assessment of medicines for use in the NHS in Scotland. Medicines pricing is not our specific area of focus, though we are supportive of any proposals that lead to better controls of the cost of medicines and other supplies to the NHS in Scotland, and that lead to better consistency of medicines pricing across the UK.

We are therefore supportive of the proposals to give powers to the Secretary of State for Health to collect information from all parts of the UK supply chain, particularly manufacturers and wholesalers, and of the amendment to enable disclosure of this information to the Scottish Ministers, Common Services Agency for NHSScotland for use for specific devolved purposes.

In conclusion Healthcare Improvement Scotland agrees that legislative consent covering the information powers in the Bill (to the extent that they relate to devolved matters) is in the best interest of NHSScotland.
The Royal College of General Practitioners (RCGP)

The Royal College of General Practitioners (RCGP) is the academic organisation in the UK for general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the ‘voice’ of general practitioners on education, training and issues around standards of care for patients.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish Health Service. We currently represent over 5100 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

RCGP Scotland generally supports the principles of transparency in regards to health service medicines. We would agree in line with the Royal Pharmaceutical Society that an aim to ensure that prices of medicines are reasonable and proportionate is to be welcomed. We support the approach by Scottish Government to align with that of the Westminster Government. We would also welcome a process that brings consistency across Scotland.

In considering the implications of the LCM, we invited the perspective of one of our Members who is a dispensing GP. With his understanding that the proposed legislative amendments to the Bill aim to tighten up the mismatch between two schemes intended to regulate the prices of NHS branded medicines, one system being voluntary and the other statutory; he noted that concerns have arisen around dramatic costs of some single sourced unbranded generic medications - the costs of multi sourced generics being controlled by competition and an open market.

He noted that his practice buys their medication from a wholesaler and is reimbursed the tariff price once that medicine has been prescribed. He stated: “It does not make good business sense to tie up significant amounts of business capital in expensive ‘perishable’ products, therefore we police the price hikes alluded to by, where possible, amending our prescribing.” He noted that colleagues within the community pharmacies have a much larger turnover and employ buyers to negotiate with manufacturers regarding purchase costs.

He therefore feels that an amendment to the bill is more likely to be of benefit to the NHS in the future as more and more medications come off patent, and also considers that the difficulties with Pregabalin/lyrica might not have arisen had this amendment been in place (Pregabalin has now come off patent and can be bought as Lecaent but this product is not licensed for neuropathic pain. Pfizer retain the patent for neuropathic pain thus the expensive branded version - Lyrica- has to be prescribed for this purpose.

RCGP Scotland considers that within the current climate of a resource deficit in general practice, all processes to minimise expenditure on medicines should be welcomed.
Royal Pharmaceutical Society

We appreciate that the rising cost of healthcare and medicines are of concern and that the Governments of all four countries in the UK require to control the cost of medicines to their respective National Health Services. In this instance, we support the approach being proposed by Scottish Government to align with that of the Westminster Government.

It is our understanding that these changes will enable further transparency around the cost of medicines provided to NHS Scotland and help ensure that prices of medicines are reasonable and proportionate, and are therefore to be welcomed. Furthermore, we understand that the current devolved processes involved in agreeing the cost of medicines to NHS Scotland is robust and these proposals would not involve major change.

We would like to be assured that any changes in practice emerging from the new powers of obtaining information are applied equally to all routes supplying medicines to patients i.e. to both pharmacies and dispensing doctors. Our expectation is that patients have access to the medicines they require in a timely manner. We are mindful of the need to ensure continuity of supply for patients where no suitable alternatives are available.

We are also aware of instances involving a number of products where the price has increased disproportionately when patents have expired and the product has moved from being branded to being generic. The NHS should expect to pay a proportionate maximum price for these medicines when all reasonable factors have been taken into account, and the Department of Health and devolved administrations should have the ability to intervene when necessary in the interests of ensuring a fairer price and continuity of supply. We therefore support the proposed changes.