

# **HEALTH AND COMMUNITY CARE COMMITTEE**

Tuesday 28 September 1999  
(*Afternoon*)

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### **HEALTH AND COMMUNITY CARE COMMITTEE** **6<sup>th</sup> Meeting**

**CONVENER :**

\*Mrs Margaret Smith (Edinburgh West) (LD)

**COMMITTEE MEMBERS :**

\*Malcolm Chisholm (Edinburgh North and Leith) (Lab)

\*Dorothy-Grace Elder (Glasgow) (SNP)

\*Mr Duncan Hamilton (Highlands and Islands) (SNP)

\*Hugh Henry (Paisley South) (Lab)

Margaret Jamieson (Kilmarnock and Loudoun) (Lab)

\*Ms Irene Oldfather (Cunninghame South) (Lab)

\*Mary Scanlon (Highlands and Islands) (Con)

\*Dr Richard Simpson (Ochil) (Lab)

Kay Ullrich (West of Scotland) (SNP)

\*Ben Wallace (North-East Scotland) (Con)

\*attended

**COMMITTEE CLERK:**

Lynn Tullis

**ASSISTANT CLERK:**

Irene Fleming



## Scottish Parliament

### Health and Community Care Committee

*Tuesday 28 September 1999*

*(Afternoon)*

[THE CONVENER *opened the meeting at 12:40*]

### Arbuthnott Report

**The Convener (Mrs Margaret Smith):** Although we have been in private session for a considerable time, I now bring this meeting of the Health and Community Care Committee to order. We have received formal apologies from Kay Ullrich and Margaret Jamieson.

Earlier today, we considered the Arbuthnott report, "Fair Shares for All", the national review of resource allocation for the national health service in Scotland. It is a fundamental report and it is important that we all ensure that the available resources are spent wisely, fairly and equitably throughout Scotland.

In this, the formal part of our meeting, I want to put on record our thanks to Sir John Arbuthnott and other members of his committee and expert team for coming here to share their insight into the thinking behind the national review. The committee intends to examine elements of that review in greater detail during the next few weeks and, in time, to make a submission of our views to the Executive within the consultation period, which will take us into mid-November.

As a committee, we must examine certain elements of the report and decide what we will do about our inquiry into the Arbuthnott report.

First, we must consider and discuss the terms of reference of our inquiry. I have a list of suggestions that is based on our discussions earlier this morning and I hope that it will be acceptable to members. We must consider the methodology of the review; its on-going monitoring and updating, including its flexibility and the responsibility for the monitoring process; the quality and availability of data, both for the review and in general, and how that quality can be improved in future; further work in a number of areas; and some of the effects of the proposals and the way in which they interface and link with other parts of "Designed to Care: Renewing the National Health Service in Scotland", with special reference to the acute services review.

Do members agree to that list of terms of reference for undertaking our review of the work of

the Arbuthnott committee?

**Members indicated agreement.**

**The Convener:** That is excellent.

The second question on which we must decide is the proposed timetable for reporting on the Arbuthnott report. As discussed earlier, the only possible change to that timetable is the date on which we are due to hear evidence from the Minister for Health and Community Care. That date is not finalised; we may see Susan Deacon on 6 October, but that is subject to change at my discretion. If there is a change, I will inform committee members as soon as I can.

Is the timetable acceptable to the committee?

**Members indicated agreement.**

**The Convener:** The third matter is the list of witnesses from whom we may want to gather evidence. Such a wide-ranging review as this impinges on a range of key players in the health service. I suggest that we ask a series of people and organisations to submit written evidence. Members of the committee will then decide from whom we would like to hear evidence in public.

I suggest that we hear from the chief medical officer, the chief scientific officer and Professor Sir John Arbuthnott, whom we should ask to comment on the methodology of his report and specifically on those areas in which data collection could have been improved. We should also ask Professor Arthur Midwinter to give us further written submissions, as well as Dr Alastair Leyland of the University of Glasgow's public health research unit, Richard Copland, director of information and statistics at the Common Services Agency, and Dr Helen Zealley in her capacity as chairperson of the Directors of Public Health Group.

We should invite submissions from Pat Frost, acting director of the NHS Confederation in Scotland, from Jim Divine of Unison and from representatives of the Royal College of Nursing and the Scottish Council for Voluntary Organisations—whose member organisations should also be asked to make submissions. We hope to hear from members of the management executive of the NHS, but that will happen alongside the meeting with the minister.

Patients' views will obviously be paramount at all times, so we will therefore want to hear from Pat Dawson of the Scottish Association of Health Councils. We hope to hear the trust view from Mr Jim Currie, chairman of the Trusts Chief Executives Group, and the view of general practitioners from Dr Colin Hunter of the Royal College of General Practitioners.

We would also like to receive written evidence from all 15 health boards. The evidence will be

limited to four pages from each health board and will deal with certain spheres, rather than being a free-for-all. We will ask them to give us their views on the impact that the review could have on plans and services and on the interface with the acute services review. We will ask them to give us their opinions on the possibility of improving data collection and the information strategy and development aspect of the health service, particularly focusing on communities. We want them to comment on the methodology that is used in the review. There will be an option for them to include any other comments but we would like that section to be brief.

Does anyone have any comments on that?

12:45

**Hugh Henry (Paisley South) (Lab):** I suggest that everyone who gives evidence should be restricted to four pages.

**The Convener:** Is that the view of the committee?

**Members indicated agreement.**

**The Convener:** Okay, we will ask everybody to limit themselves to four pages. That will give us enough information to decide if we want to hear from them again.

It was mentioned earlier today that the review is in-depth and technical. I am sure that we all appreciate that. It would help the committee if we had a special adviser to help us, particularly on the statistical aspects and the methodology behind the inquiry. I suggest that we ask Dr John Forbes from public health sciences at the University of Edinburgh, whom we met earlier today, to come back and assist us. I will have to make a formal request to the Parliamentary Bureau as there are implications in terms of cost.

We will make a notification in the press that we are instigating an inquiry. The clerks and I will put together a press release, which will be made available to all of you for your comments. It will cover the points that we have discussed in the public part of our meeting today and will take note of the fact that the work that we are to do is important and is the committee's first substantial piece of work. Over the next week, I will endeavour to talk to members of the committee about what questions we will put to the minister.

**Mary Scanlon (Highlands and Islands) (Con):** I would like to be more prepared than I have been for our meetings.

**The Convener:** You are not at fault, Mary.

**Mary Scanlon:** I realise that, but a bundle of statutory instruments arrived on my desk this morning. The accompanying information says that

guidance to the committee on how to deal with them will follow once it has been finalised. I would appreciate some guidance soon.

**The Convener:** I will ask for that guidance to be delivered as soon as possible. We also require a general briefing on Scottish statutory instruments. We have requested that before and I will raise the matter again at the conveners committee this afternoon.

**Ben Wallace (North-East Scotland) (Con):** The dates on the SSIs are already out of sync. I asked the clerk last week if any were in the system and she said that the Executive had told her that there were not. However, these SSIs were laid before the Parliament on 10 September. Either the Executive is fudging the date or we are not getting the SSIs through the system in time for us to consider them. A lot of them are detailed and are not effective and a lot of them pertain to Westminster legislation but this committee deserves the time to be able to consider them properly.

**The Convener:** I will raise that at the meeting of the conveners committee this afternoon as well as the question of the resourcing of committees that we talked about last week. I take Ben Wallace's point that, if we had been scanning our papers some weeks ago, we would have seen that these SSIs were on their way. It does not take a brain surgeon to work out that the National Health Service (General Dental Services) (Scotland) Amendment (No.2) Regulations 1999 (SSI 1999/51) will have to come before the Health and Community Care Committee.

We are not being given enough notice that the SSIs are coming to us, although they might have been around for several weeks. It would be good if we were notified of instruments that might come before us when they are lodged. I am sure that some of the other conveners will have had similar problems, so I will raise the matter in the conveners committee.

**Mary Scanlon:** We need to know which instruments have to be seriously scrutinised and which should simply be passed. I cannot make that distinction and I do not have the time to read through all of the instruments.

**The Convener:** Leave the matter with me. I will try to get guidance to you as quickly as possible and will make the point that we are not able to scrutinise documents properly if we get them at the last minute. However, at least this time we have the documents several days early—last time I was given a document 15 minutes before a committee.

Thank you for your attendance.

*Meeting closed at 12:53.*

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