

HEALTH COMMITTEE

Tuesday 12 April 2005

Session 2

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HEALTH COMMITTEE

10th Meeting 2005, Session 2

CONVENER

*Roseanna Cunningham (Perth) (SNP)

DEPUTY CONVENER

*Janis Hughes (Glasgow Rutherglen) (Lab)

COMMITTEE MEMBERS

*Helen Eadie (Dunfermline East) (Lab)

*Kate Maclean (Dundee West) (Lab)

*Mr Duncan McNeil (Greenock and Inverclyde) (Lab)

*Mrs Nanette Milne (North East Scotland) (Con)

*Shona Robison (Dundee East) (SNP)

*Mike Rumbles (West Aberdeenshire and Kincardine) (LD)

*Dr Jean Turner (Strathkelvin and Bearsden) (Ind)

COMMITTEE SUBSTITUTES

Robert Brown (Glasgow) (LD)

Paul Martin (Glasgow Springburn) (Lab)

Mr Stewart Maxwell (West of Scotland) (SNP)

Mary Scanlon (Highlands and Islands) (Con)

*attended

THE FOLLOWING GAVE EVIDENCE:

Hector MacKenzie (Scottish Executive Health Department)

Andrew MacLeod (Scottish Executive Health Department)

CLERK TO THE COMMITTEE

Simon Watkins

SENIOR ASSISTANT CLERK

Tracey White

ASSISTANT CLERK

Roz Wheeler

LOCATION

Committee Room 4

Scottish Parliament

Health Committee

Tuesday 12 April 2005

[THE CONVENER *opened the meeting at 14:00*]

Item in Private

The Convener: Good afternoon. Item 1 on the agenda is to consider whether to take in private item 4, which is discussion of our draft stage 1 report on the Smoking, Health and Social Care (Scotland) Bill. Does the committee agree to that? It is our normal practice to do so.

Members *indicated agreement.*

Subordinate Legislation

**NHS Quality Improvement Scotland
(Amendment) Order 2005 (SSI 2005/115)**

**NHS Quality Improvement Scotland
(Establishment of the Scottish Health
Council) Regulations 2005 (SSI 2005/120)**

**Dissolution of Local Health Councils
(Scotland) Order 2005 (SSI 2005/122)**

14:01

The Convener: Item 2 on the agenda is consideration of subordinate legislation. We are asked to consider three instruments that are subject to the negative procedure. They relate to the establishment of the Scottish health council, which will replace the local health councils.

I introduce to the committee Andrew MacLeod, head of the health planning and quality division of the Scottish Executive Health Department, and Hector MacKenzie, who is head of the public-patient focus and quality branch of the Scottish Executive Health Department. It has to be said that those are very long titles.

The purpose of the instruments is to establish the Scottish health council as a committee of the NHS Quality Improvement Scotland special health board. Scottish statutory instrument 2005/122 provides for dissolution of the local health councils.

The Subordinate Legislation Committee has commented on SSI 2005/120—the comments are reproduced in a paper that has been circulated—but has made no comment on the other two instruments. I will put several questions to the witnesses, after which other members can pitch in if something occurs to them. I welcome both witnesses to the committee.

I understand that six of the nine members of the Scottish health council have already been appointed by ministers. What arrangements are being made to fill the three current vacancies?

Andrew MacLeod (Scottish Executive Health Department): The intention is that the remaining three posts will be filled from the local advisory councils of the Scottish health council. It is felt that that is important in order to produce clear local representation on the Scottish health council. The posts will be filled once the local advisory councils have been appointed and are in place. That process is on-going.

The Convener: Do you have a timescale for that?

Hector MacKenzie (Scottish Executive Health Department): I am sure that Richard Norris, who

is running that process in the Scottish health council, would be able to give the committee a definitive timescale. The adverts are out and, I think, some interviews have taken place.

The Convener: So it may be a month or two before the three appointments are made.

Andrew MacLeod: Yes.

The Convener: The instruments have, in effect, already established the Scottish health council on 1 April and disbanded the local health councils on the same day. Given the stage that the Scottish health council is at, how are complaints that have been received subsequent to 1 April being dealt with, particularly in connection to the Executive's target of answering within 20 working days? Obviously, the council is at the set-up stage, so I wonder whether processes are working fast enough to meet targets.

Andrew MacLeod: The role of local health councils in relation to complaints varied among areas. The complaints function was not a core function of local health councils, although councils in some areas provided much advice and support to complainants. It has always been NHS boards' responsibility to ensure that an effective complaints process is in place and that people who want to use the process receive the advice and support that they need. That position has continued since 1 April. A variety of voluntary organisations, such as citizens advice bureaux, can also provide advice and support to complainants. We are happy that effective arrangements have been in place and will continue.

The Convener: Have the complaints that local health councils received just prior to 1 April, when the councils were dissolved, been passed on? Will those complaints be dealt with?

Andrew MacLeod: All such matters are being taken care of as part of the transitional arrangements that were discussed with each NHS board and local health council.

The Convener: Finally, the new procedure provides for complaints to be referred to the Scottish Public Services Ombudsman if the complainant is dissatisfied with the conclusions of the Scottish health council. The new procedure in effect removes the independent review stage. What is happening to complaints that are under independent review?

Andrew MacLeod: People will be able to choose to continue with the independent review and can still go to the ombudsman. It has always been possible to ask the ombudsman for a review, but the new procedure brings in the ombudsman at an earlier stage.

The Convener: Will the process of independent review continue for the complaints that are currently in that system?

Hector MacKenzie: From 1 April, people have had the option of continuing with independent review if they want to do so or—as most people seem to be choosing to do—going directly to the ombudsman.

Mrs Nanette Milne (North East Scotland) (Con): Andrew MacLeod said that people from the new local advisory councils will be taken on by the Scottish health council. Has provision been made in the selection process to ensure a reasonable geographical spread of representation?

Andrew MacLeod: The intention is that three members of the SHC will come from regional groups of local advisory councils.

The Convener: If there are no further questions for the witnesses, does the committee agree that it will make no recommendation on the instruments?

Members indicated agreement.

The Convener: The witnesses can be released—that part of the meeting was short and sweet. Thank you.

Community Care (Direct Payments) (Scotland) Amendment Regulations 2005 (SSI 2005/114)

Feeding Stuffs (Establishments and Intermediaries) Amendment (Scotland) Regulations 2005 (SSI 2005/116)

National Health Service (Service Committees and Tribunal) (Scotland) Amendment Regulations 2005 (SSI 2005/118)

National Health Service (General Ophthalmic Services) (Scotland) Amendment Regulations 2005 (SSI 2005/128)

The Convener: The committee is asked to consider four instruments that are subject to the negative procedure. The Subordinate Legislation Committee commented on all four instruments in a paper that has been circulated to members. No member of the Health Committee has commented on the instruments. If no one wants to raise any matter, does the committee agree that it will make no recommendation on the instruments?

Members indicated agreement.

The Convener: That ends our business in public. I am afraid that I must ask members of the public to leave the room.

14:08

Meeting continued in private until 16:30.

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