ANNEX 1(C)

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

Royal College of Physicians of Edinburgh

Title **Mr** ☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** √ **Please tick as appropriate**

Surname

Dwarakanath

Forename

A. D.

2. Postal Address

Secretary		
Royal College of Physicians of Edinburgh		
9 Queen Street		
Edinburgh		
Postcode EH2 1JQ	**Phone** 0131-247 3608	**Email** l.lockhart@rcpe.ac.uk

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	***Please tick as appropriate***	√

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate
☐ **Yes** ☐ **No**

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate
√ **Yes** ☐ **No**

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate √ **Yes** ☐ **No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	

12. Representative group for carers		
13. Patient / service user		
14. Carer		
15. Other – please specify	Medical Royal College	

ANNEX 1(D)

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

   Yes [X]

   No [ ]

2. If no, please explain why:

   n/a

3. Are there any additional matters that should be included within the regulations?

   Yes [ ]

   No [X]

4. If yes, please suggest:

   n/a

5. Are there any further comments you would like to offer on these draft Regulations?

Integration scheme

The College would welcome clarification if guidance is anticipated to help ensure there is parity, given the four possible models under different sections of the Act.

Local governance arrangements

The minimum non-voting advisory membership is only one registered health professional which given the extent of health services which may be included in the remit of the integration board could be a cause for concern, depending on the local arrangements for obtaining professional clinical advice including input from academic doctors.

Performance targets, improvement measures and reporting arrangements

Targets and improvement measures will be both those set nationally, and those locally. Whilst local target setting clearly will allow the local context to be embraced with appropriate priorities implemented, there is a danger that wide differences in local target setting may result in inequity of care and provision across the country. Some national indicators will be required, and this will require careful monitoring.

Finance

Financial governance with clear accountability is crucial, and arrangements are unclear. The actual budget transferred from both the local authority and health board is key, and how this is agreed does not seem well defined. In some areas, local authority services are under substantial financial pressure with a significant deficit. Transfer of such a deficit to the combined budget risks putting huge pressure on healthcare services to the detriment of patients. In other areas, a similar picture may occur in reverse. It is important that any budget transfer arrangement, particularly in relation to changes in the delivery of healthcare, do not proceed without the establishment of effective new services.

Information sharing and data handling

The development of an information sharing accord will be crucial to whether the integration of health and social care impacts on patients. There is no specific guidance on the extent of this accord in the regulations and recognition of the need for this to be seamlessly integrated should be made. The absence of clear data sharing arrangement will hinder effective integration and limit the impact of the Act.

ANNEX 3(D)

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of functions (Schedule 1) that may be delegated?

Yes [X]

No [ ]

If no, please explain why:

n/a

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

Yes [ ]

No [X]

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

This legislation will mean that all physicians involved in acute care specialties will potentially be impacted by integration, leaving part of their services to be planned and funded by the integration board and the remainder by the health board. This is potentially a problem for the growing area of ambulatory care. The importance and potential impact on clinical governance systems and professional leadership of this split is not discussed. To attempt to introduce such a clear line of demarcation between planned and unplanned services currently provided by 'acute' health service providers is counter-intuitive; if most of hospital medicine is delegated then perhaps all of hospital medicine should be. However, although the effects may benefit patient flow, how and to what extent is as yet unclear.

The impact of this split potentially increases competition for resources (time, funds and priorities) between planned and unplanned care – the published evidence suggests such competition may be detrimental to best practice and negates the benefits of whole system care. The College would appreciate clarification around which services are being delegated where planned and unplanned episodes are delivered by the same team: for example, unplanned admissions to ITU are delegated, but would this be true of planned admissions post operatively?

It should also to be noted that most Directors of Health and Social Care Integration have a Social Work background, rather than health service management background and this may prove problematic if the integration boards have limited direct input from doctors (see responses to other sections of the consultation).

Points specific to Care of Older People

The College notes that services marked for inclusion are incomplete and do not cover all recognised geriatric syndromes or essential services eg dietetics; podiatry; optometry etc are not. All of these are important in the wellbeing of older patients, as deficiencies in these areas are often the precipitants to a hospital admission and contribute to instability and falls.

Falls services are an integral part of medicine of the elderly and have an anticipatory care role in identifying vulnerable individuals at an early stage before they decompensate to such a degree that they require hospital admission. Falls services should be included within the remit of the integration boards.

The role of Community Hospitals is mentioned briefly in a step-up and step-down context, but these facilities can provide much more for frail older patients near to their homes such as IV fluids, short stay admissions, antibiotics, blood transfusions, and in some cases cancer chemotherapy.

The College would also suggest the inclusion of Hospital at Home (H@H) schemes which are developing across Scotland and sit between Hospital and the Community and should be part of the delegated services.

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes [X]

No

If not, we would welcome your feedback below to ensure we can provide the best description possible of these services, where they may not be applied consistently in practice.

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4. Are there any further comments you would like to offer on these draft regulations?

Specifically with regard to services provided under the term care of Older People, the majority of such services provided are not in fact related to age but to function.

The boundary between adult medicine and medicine for the older adult is very blurred indeed, and any attempt to create an inflexible distinction between the two has the potential to do great disservice to individual patients and introduce inequity of service and access.

ANNEX 4(D)

PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?

Yes [X]

No [ ]

If no, please explain why:

The value of the outcomes approach will be in ensuring integration bodies work towards a consistent and agreed future.

2. Do you agree that they cover the right areas?

Yes [ ]

No [X]

3. If not, which additional areas do you think should be covered by the Outcomes?

Outcome 9 & Outcome 1
Services provided include those for children although integration boards are not obliged to include all children's services within the delegated services ("may" rather than "must"). Therefore either the importance of prevention in the early years and the particular needs of adolescents needs to be emphasised, including supporting vulnerable families in the key years of brain development, where spend is highly cost effective in terms of prevention, or children need to be dealt with separately. Little thought has been given to any aspect of children's services or health in the document, therefore the value of including children's health professionals in integration is unclear.

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes	☐
No	X

5. If not , why not?

The outcomes are aspirational and delivering appropriate indicators to measure and monitor delivery will be challenging.

6. Are there any further comments you would like to offer on these draft Regulations?

Outcome 5
Health inequalities arise from disability. Those with learning disability have life expectancy of 16 years less than those without, and this is contributed to by a number of remediable factors including quality of support and health care, see CIPOLD (Confidential Inquiry into Premature death of People with Learning Disability) report. This should have more emphasis within this outcome.

Outcome 6
This is very important and supports reducing health inequalities for carers in addition to those they care for.

Outcome 9
The phrase 'without waste' is difficult as much as medical treatment is recommended based on a balance of benefit and harm. The thresholds for agreeing pharmaceutical treatments being available on the NHS are based on cost per QALY, and the balancing of pharmaceutical benefits and social care benefits from a patient's perspective will be challenging due to the wider economic interests in pharmaceutical and biotechnology solutions.

The reference to 'well woman' services presumably refers to integrated sexual health services comprising reproductive health and genito-urinary medicine.

ANNEX 5(D)

PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?

Yes [X]

No [ ]

2. If you answered 'no', please explain why:

-

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?

Yes [X]

No [ ]

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

n/a

5. Are there any further comments you would like to offer on these draft Regulations?

n/a