

Consultation Document

Local Healthcare Bill

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CONSULTATION DOCUMENT

LOCAL HEALTHCARE BILL

1. Introduction

1. The Scottish Government wants to encourage greater public and patient involvement in the planning and delivery of local NHS services in Scotland. The Government believes that direct elections to NHS Boards in Scotland can help to secure this. Subject to consultation on the issue, we intend to introduce legislation in a Local Healthcare Bill to provide for direct elections. Direct elections would mean a significant change to the way the NHS is run, and the Government therefore wants to consult on the proposals before reaching decisions. The aim of this consultation paper is to gather views and comments on whether a Local Healthcare Bill should include provision for direct elections to NHS Boards, and if so what form these might take. The Government wants your comments on the options available.

2. How the NHS works

2.1 NHS services in Scotland are planned and delivered by 14 territorial NHS Boards, plus seven Special Health Boards (such as the Scottish Ambulance Service Board) that provide cross-Scotland services. NHS Boards are statutory bodies, set up to ensure provision of health care in their area. This includes accident and emergency services, hospitals, primary medical services, and dental, ophthalmic and pharmaceutical services. Each Board is responsible for planning and delivery of these services in their area, and also for planning regional services between Board areas.

2.2 Boards are corporate bodies and consist of a chairman and other members appointed by Scottish Ministers. Annex A explains more about the make-up of the members of NHS Boards including how they are selected and appointed.

2.3 The NHS in Scotland is funded almost entirely from taxation, and costs around £10 billion a year in Scotland – about £2000 for every person in the country. Most of this budget is given out to NHS Boards to enable them to provide health care and related services in their area. Boards' budgets enable them to employ staff, pay contractors such as GPs, buy drugs and equipment and run hospitals so that healthcare can be provided, free, to everyone that needs it. Boards are responsible for how they spend this money, and are free to set local priorities. But they must act within any legislation made by the Government and are expected to operate within national policies and priorities set by the Government. The Boards are accountable to the Government for their performance and how they use the money, and through the Government to the Scottish Parliament and the people of Scotland.

2.4 The Government's policy is that healthcare services should be delivered as locally as possible, so that they are convenient and responsive to patients' needs. NHS Boards are responsible for delivering this policy. Some recent decisions to change the way NHS services in Scotland are delivered have raised strong feeling in local communities and many people believe that some NHS Boards have not taken sufficient account of the views of local people. The Government understands that difficult decisions about NHS services have to be made. It also believes, however, that local people must always be at the heart of the process, and that the service change process should be rigorous, evidence-based, and open to scrutiny. The Government has recently begun a consultation on how best to arrange independent scrutiny of proposals to change NHS services. The Government believe that elections to NHS Boards can provide a further, complementary, approach to ensuring that the voice of local people and communities is heard when major decisions are being made.

2.5 Our commitment to encouraging greater public and community involvement lies within the broader context of promoting effective governance across the public services, including the NHS. Key features of good governance in the NHS should ensure:

- a focus on quality services for patients;
- effective service delivery supported by clearly defined roles and responsibilities;
- promotion of the recognised values of the NHS in Scotland as a public service;
- that Boards make decisions in an informed and transparent manner;
- development of Boards so they are efficient and effective bodies; and
- that Boards engage with stakeholders and are properly accountable to Ministers and the Scottish Parliament.

2.6 It is important that in encouraging public/community involvement and proposing some form of direct elections to Health Boards, the good governance features set out above are reinforced and not undermined.

2.7 Good governance also encompasses effective scrutiny of the NHS. At present NHS Quality Improvement Scotland ("NHS QIS") largely fulfils this role. For the future, Professor Lorne Crerar has recently published his Independent Review of Regulation, Audit, Inspection and Complaints Handling of Public Services in Scotland. The broad principles and vision of this Review have been welcomed by the Scottish Government and are under consideration. Clearly, there is a relationship between any arrangements for external scrutiny and the additional internal scrutiny that may be achieved by introducing direct elections to NHS Boards. It will be important to ensure that the approaches add value and do not overlap.

2.8 The intention is that the proposed Local Healthcare Bill should further address concerns about the role patients and the public play in decisions about how local health services are designed and delivered. The consultation asks for your views on how this might best be done. There are a number of options. These range from strengthening existing policies, to ensure that the needs of local communities are heard more effectively, through to introducing new legislation that will require elections to be held to NHS Boards, thus placing locally elected members on Boards and (depending on the arrangements made) potentially giving them control over Boards' policies and priorities.

3. Consultation on Options for Change

3.1 Scotland benefits from a universal and comprehensive system of healthcare, available to all and free at the point of need. This approach continues to be supported by the great majority of people in Scotland, who value the fact that it provides services based on clinical need and not ability to pay. The Government is committed to maintaining these principles that underpin the NHS. Nothing in this consultation will change that. The challenge is how to maintain these principles while helping the NHS in Scotland to be more responsive to local communities' needs and priorities – and indeed to individual patients' priorities and choices.

3.2 This consultation paper sets out possible options under 2 headings: Section 1 asks questions about strengthening existing policies to ensure that the needs of local communities are heard more effectively, within the current framework of appointed NHS Boards. Section 2 asks your views on introducing new legislation to require elections to be held to NHS Boards to place locally elected members on Boards. Both options preserve 100% funding of NHS services from general taxation and maintain accountability of NHS Boards to the Scottish Government.

3.3 Different countries in the World organise and oversee healthcare services in different ways. For example, in New Zealand, the Government is responsible for health policy and strategy, with the delivery of health services through local, directly-elected Health Boards. These Boards remain fully accountable to the Minister for Health. In Sweden, the Government provides the legislative framework and also supervises and evaluates health services, while elected county councils are responsible for hospitals, the planning and delivery of acute and primary care services (as well as other public services).

3.4 We are inviting responses by 1 April 2008 on the issues raised in this consultation. Details of how you can respond are in Annex B at the back of the consultation paper.

3.5 The following sections contain a series of questions that we would like you to think about when considering how best to encourage greater public and patient involvement in the planning and delivery of local NHS services in Scotland. You should not feel restricted simply to answering these questions, however. If there are other issues you wish to raise relating to this set of topics, please feel free to do so.

Section 1

Making things better - this section seeks your views on how the role of patients and communities in deciding how NHS services in Scotland are planned and provided could be strengthened through augmenting existing policies, within the current framework of appointed NHS Boards .

1.1 When planning changes to services, NHS Boards are legally required to encourage public involvement. Health services deliver better care if they listen to and engage with patients and the communities they serve.

1.2 The Scottish Health Council has an important role in helping to ensure that patient and public involvement is effective in the NHS. The Council is a committee of NHS QIS and is under a duty to support, ensure and monitor the discharge by NHS Boards of their responsibility to encourage public involvement. Among its tasks, the Council works with NHS Boards to promote and provide:

- national standards for a patient-focused NHS that involves the public in health services;
- an external approach to checking that NHS Boards are delivering a patient-focused NHS;
- consistent information about how well NHS Boards are involving people in decisions about health services and what difference this is making;
- a national source of information and advice on best practice in involving the public in health services and ensuring a patient-focused NHS;
- effective ways of providing and obtaining feedback on people's experiences of health services.

1.3 As well as introducing a statutory duty to encourage public involvement and establishing the Scottish Health Council, a number of other actions have been taken to improve public engagement with the NHS in Scotland:

- a requirement has been set that Boards should achieve year-on-year improvements in patient focus and public involvement as demonstrated by the annual reports of the Council;
- the principles and practice in Communities Scotland's *National Standards for Community Engagement* have been endorsed as a guide to the NHS in Scotland in supporting everyday involvement of patients, carers and the public;
- national guidance has been developed on informing, engaging and consulting" the public in the development of proposals for major service change;

- Public Partnership Forums have been developed as a vehicle for proactively involving the public in the work of the Community Health Partnerships and their parent NHS Boards;
- the role of local authority representatives appointed to Health Boards has been supported, to help ensure local accountability and improve joint working arrangements where services are jointly managed by NHS Boards and local authorities;
- the Annual Review process between Boards and Ministers meeting has been opened up to local people and organisations so they can discuss and question Boards' stewardship and performance;
- the Scottish Government's Patient Experience Programme is being implemented to help develop and enhance how the views of patients and the public can be used to deliver improvements to patient experience across Scotland.

1.4 This work has helped to engage and involve communities in the development of local services. But there are still concerns that NHS Boards are not giving enough weight to local views. This has been recognised in setting up independent scrutiny panels to review proposals for major service change in Greater Glasgow Health Board's area and also to scrutinise proposals from NHS Lanarkshire and NHS Ayrshire and Arran for maintaining Accident and Emergency services at Monklands and Ayr Hospitals.

1.5 The Government wants to take the concept of independent scrutiny further by embedding this approach when considering all major service changes. As noted earlier in this paper, a separate consultation is currently under way on options for independent scrutiny of major service change proposals in the NHS in Scotland services.

1.6 The questions which follow, in this section of our consultation, are intended to open up discussion on how best to encourage and enhance public engagement with the NHS. However you should not feel restricted to answering these questions alone. If there are other issues and options which you think would encourage public engagement in the work of NHS Boards, then please let us know.

Consultation Questions

1. Do you think the current proposals for independent scrutiny of service change proposals help achieve the aim of better engaging and involving local communities?
2. How could additional guidance to NHS Boards on making public consultation as effective as possible help achieve this aim?
3. Would the appointment of more lay members to NHS Boards – perhaps to directly represent patients or other groups – help achieve the aim? How might this be achieved?

4. In particular, would adding more local authority councillors (one councillor from each local authority whose area a Board serves is currently appointed to that Board) help achieve the aim? Could local authorities have a role in scrutinising public and community engagement?
5. Should we develop further the role of the Scottish Health Council to bring about more effective engagement and involvement? If so, what additional responsibilities could the Council take on and what would the benefits be?
6. How could the Public Partnership Forums associated with Community Health Partnerships encourage greater public engagement?
7. How could local Community Planning Partnerships best ensure improved public engagement with NHS planning?
8. What other measures could be introduced to increase effective engagement and involvement of the public with the NHS in Scotland?

Section 2

A new approach - this section asks for your views on changing the current framework so that NHS Boards have directly elected members with the aim of bringing about greater patient and community involvement in planning and delivering local health services.

2.1 The proposed Local Healthcare Bill could provide for direct elections to territorial NHS Boards (the present proposals do not extend to Special Health Boards, which cover the whole of Scotland - it is proposed that they would continue to have only appointed members). Direct elections raise a number of important issues, set out below, on which the Scottish Government wants to hear your views. In particular, we need to know what you think about:

- a. electoral processes;
- b. the idea of piloting elections to NHS Boards in some areas; and
- c. accountability and control of NHS Boards that would need to be addressed to maintain consistency across Scotland.

2.2 Before reading through the questions that follow, it will help to look at Annex A at the end of this document. Annex A describes how NHS Board members are selected and appointed at present. It also sets out the 3 categories of Board member - lay people appointed after a competitive process; "stakeholder" members who are appointed following nominations from specific organisations like local authorities and staff representative bodies; and executive members who are appointed because of the job they hold in the Board (for example, the Board Medical Director).

2.3. Electoral Process, Procedures and Systems

2.3.1. Members elected directly to an NHS Board would be responsible for a significant budget and for overseeing a vital public service. So people standing for election should be required to follow a formal process. The box below asks for your views on the electoral process, covering eligibility of people standing for election, eligibility to vote, and frequency of elections:

- | |
|---|
| <ol style="list-style-type: none">9. what eligibility criteria should candidates meet (e.g., should they be resident in the Board area? Should there be any other qualifications?)10. how could equality and diversity of candidates be promoted?11. should candidates have to submit profile statements and declare any interests and/or relevant qualifications / skills / experience, for example membership of a political party or a pressure group? |
|---|

12. is there a case for excluding candidates standing as a representative of a political party?
13. in what circumstances might someone be disqualified from seeking election?
14. who should be allowed to vote in the election? Should the same rules as apply to local authority elections be followed?
15. how often should elections be held, and when? Local authority elections are held every 4 years. Should elections to NHS Boards follow the same pattern?

2.3.2 The proposed Local Healthcare Bill could provide for any proportion of NHS Board members to be elected – all of them; a majority of them, or fewer than half (a minority). The Bill could also provide for some or all of the existing categories of appointed NHS Board members to remain (see Annex A). The box below seeks your views on what proportion of the members should be elected, and what existing categories of appointed members, if any, should be retained:

16. should directly elected members form a majority of the members on a Board?
17. should the existing categories of appointed Board members (lay members, stakeholder members and executive members) remain in place?
18. Among the appointed “stakeholder” members on NHS Boards are local authority Councillors. What should their role be if directly elected members sit on Boards?

2.3.3. NHS Boards cover large geographic areas – for example, the area covered by NHS Highland stretches from Wick to Campbeltown. Clearly it may be necessary, in arranging elections to Boards, to divide the areas up into some form of “electoral wards”. This would also help to avoid candidates from a single area (for example, a large town in a rural Board area) dominating the election.

2.3.4. As well as the potential for candidates from particular geographic areas to dominate elections, there is a possibility that particular special interest group or groups (for example, those with a particular health condition or a particular position on an issue), or political parties, might field a large number of candidates to try to secure a dominant position on a Board with a view to securing Board decisions that favoured their “single issue”. The box below seeks your views on these issues.

19. Should NHS Board areas be divided up into electoral wards?
20. Would the emergence of groups or individuals with particular views be a difficulty or a potential threat to good governance and direction of the NHS in Scotland?
21. should safeguards be introduced to prevent unrepresentative / disproportionate representation of a political party or special interest group on a Board, and if so what form might such safeguards take?

2.3.5. There are options for voting systems - for example, a simple “first past the post system”, or a proportional representation system. Local authority elections and elections to the Scottish Parliament are based on types of proportional representation systems. Elections to the Westminster Parliament use “first past the post”. There are many options around the type of voting system and options for how votes are to be cast. The box below seeks your views on the various options:

22. Would you favour a simple “first past the post” voting system, a proportional representation approach or another type of system?
23. how should voters be allowed to cast their votes? By postal ballot or at a polling station? Or either, depending on the voter’s choice?

2.3.6. Appointed Board members currently receive payment of around £7,500 a year (members of NHS Boards responsible for Western Isles, Orkney and Shetland receive just over £5,000). This reflects the expectation that members will contribute around 4 days a month on average to Board business. Elected members on local authorities are paid around £15,000 a year.

24. should directly elected Board members be remunerated? If so, at what rate - the same as appointed members currently receive?

2.4 Piloting the idea of Elections to NHS Boards

2.4.1. Piloting elections to NHS Boards would make it possible to compare and assess approaches to see what worked best in practice. For example, pilots could assess the outcome of electing a majority of members in one area, compared with electing a minority in another area. Different voting systems could also be tried out in pilots. It would be important for any pilot Board areas to reflect as far as possible the geographic and economic/social diversity of Scotland. An assessment of the pilots would

be carried out and published in each pilot area before final decisions were made about introducing elections to Boards across Scotland.

2.4.2 The box below poses questions on the idea of pilots:

- | |
|---|
| 25. Are pilots a good idea? |
| 26. how many pilots should there be? |
| 27. how should pilot areas be selected? |
| 28. how long should pilots run for? |
| 29. what criteria should be used to assess and evaluate the pilots? |

2.5. Accountability of NHS Boards

2.5.1 The aim of direct elections is to achieve greater patient and community involvement in planning and delivering local health services. However Boards with elected members will have governance responsibilities not only for major service changes but also for the full range of planning and delivering safe, effective, sustainable, efficient and good quality NHS services in their areas. The governance responsibilities of NHS Board members are substantial. At present, Board members discharge these responsibilities within a framework of guidance, which Health Boards must follow but is not legally binding, and legislation. All NHS Board members are appointed by Scottish Ministers and their terms of appointment can be varied or withdrawn.

2.5.2 It is also possible that elected members could (by acting together) seek to bring about changes in the priorities or performance standards pursued by a particular NHS Board. Because performance standards and priorities are set out in guidance and are not legally binding at present, this would mean that one Board might follow priorities that varied from another, or that varied from the priorities and policies set out by Scottish Ministers. At present, people expect the NHS to be a national service with similar priorities and approaches across Scotland.

2.5.3 NHS Boards are clearly accountable to the Scottish Ministers and to the Scottish Parliament. This consultation does not propose that the Bill will change that accountability. Current legislation gives the Scottish Ministers power to direct and regulate NHS Boards and such legislation is legally binding on Boards. However as explained above most of the framework of governance, priorities and performance standards within which NHS Boards operate at present is not legally binding. The box below seeks views on these issues, and whether safeguards should be provided to retain national priorities and standards:

30. should NHS Boards continue to provide generally consistent levels of performance across Scotland and follow national policies and priorities? Or should elected NHS Boards have the freedom to exercise local discretion and flexibility?
31. should current guidance e.g. on governance, priorities and performance standards be set out in future in legally-binding form, to ensure that elected Boards comply with them? What would be the advantages and disadvantages of this?
32. Ministers currently have powers to remove members. Should they be able to remove elected members? What sort of reasons might justify such a power being used?

2.6. Costs of Direct Elections

2.6.1 Direct elections to NHS Boards would cost money. Based on recent studies by the Electoral Commission, the cost of initial elections across the 14 NHS Boards would be around £5m (the cost would depend on the scope of the elections and the voting methods used). Thereafter, additional costs, if any, would depend on whether elected Board members were remunerated, at what rate, and whether all, some or no appointed members remained. The box below seeks comments:

33. should NHS resources be used to support direct elections? What do you think would be a reasonable amount to spend on elections?

COMPOSITION OF A TYPICAL HEALTH BOARD

Membership of NHS Boards

1. Members of NHS Boards are appointed to one of 3 categories: non-executive lay members (including the Board Chair); non-executive “stakeholder” members; and executive members. Boards have between 5 and 9 non-executive lay members. The Chair, who is appointed directly by Ministers (not elected by Board members) is always a non-executive lay person. The non-executive stakeholder members comprise:

- a senior elected Councillor nominated by each of the Local Authorities in whose area the Board provides services;
- an Employee Director - normally the Chair of the Area Partnership Forum nominated by the relevant NHS staff representative body;
- the Chair of the Area Clinical Forum - a senior healthcare professional nominated by local clinicians;
- where the Board is a teaching Health Board (Lothian, Greater Glasgow, Tayside and Grampian are the 4 teaching Boards in Scotland) a University Medical School member - nominated by the local teaching hospital.

2. Executive members are appointed to the NHS Board because of the jobs they do in the Board. Normally the Board Chief Executive, the Director of Public Health, the Director of Finance, the Nurse Director, and the Medical Director are appointed. In some instances the Director of Human Resources is also a member.

Appointments Process

3. All NHS Board members are appointed by Scottish Ministers. They are accountable to Ministers and through them to the Scottish Parliament. Guidance provided to members makes clear that as Board members they are not there to represent a particular body or group; and they must abide by the principles of collective responsibility and bring impartial assessment to bear on the business of the Board.

4. Appointments of non-executive lay members are overseen by the Office of the Commissioner for Public Appointments in Scotland (OCPAS), through the application of a Code of Practice that is based on 7 principles recommended by the Nolan Committee on Standards in Public Life. The consistent theme running through these principles is a “fair to all” approach. All Chair/non-executive appointments are based on merit, through the application of a rigorous, independent and open assessment in accordance with the OCPAS Code of Practice. Appointments are normally for 4 years.

5. Public appointments to stakeholder positions are made following a nomination process.

6. Public appointments of executive members are made on the basis of the role undertaken by the respective executive Director. Executive appointments remain current as long as the post holder continues in their particular role/area of expertise.

Overall Size of Boards

7. NHS Boards need to be big enough to ensure that there are enough lay members to carry out the important functions required of them. This includes scrutinising and reviewing the activities of the local NHS system, for example by providing chairs and members for important scrutiny committees such as Audit, Clinical Governance and Staff Governance. However it is also desirable for Boards not to be so big that meetings become unmanageable or members feel themselves remote from the business of considering evidence and making decisions. There is currently no upper limit set for the number of Board members and the overall size and balance varies in different areas. NHS Greater Glasgow and Clyde is the largest NHS Board with 32 members. The 3 Island Boards have around 13-15 members each.

CONSULTATION ARRANGEMENTS

Please send your response to:

Claire Ferguson
Scottish Government
Directorate General Health and Wellbeing
Area 2E(N)
St Andrew's House
EDINBURGH
EH1 3DG

Or by e-mail to:

localhealthcarebill@scotland.gsi.gov.uk

If you have any queries please contact Claire Ferguson on 0131 244 2033.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at <http://www.scotland.gov.uk/consultations>. You can telephone free phone 0800 77 1234 to find out where your nearest public internet access point is.

The Scottish Government now has an e-mail alert system for consultations (SEConsult: <http://www.scotland.gov.uk/consultations/seconsult.aspx>). This system allows stakeholder individuals and organisations to register and receive a weekly e-mail containing details of all new consultations (including web links). SEconsult complements, but in no way replaces Scottish Government distribution lists, and is designed to allow stakeholders to keep up to date with all Scottish Government consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Organisations Consulted

This consultation paper is being issued to organisations that may have an interest in the issues covered in the local healthcare bill, as detailed in Annex D. Anyone who has an interest is encouraged to respond. It would be very useful if individuals could indicate in which country they are ordinarily resident when responding to the consultation. This is discretionary and entirely the choice of those who respond.

Alternative Formats

The text of this consultation paper will be made available, on request, in alternative formats. Anyone requiring the document in an alternative format should contact Claire Ferguson at the above address.

Handling Your Response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the **Respondent Information Form** enclosed with this consultation paper as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential and will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next Steps in the Process

Where respondents have given permission for their responses to be made public (see the enclosed Respondent Information Form), these will be made available to the public in the Scottish Government Library and on the Scottish Government consultation web pages. We will check all responses where agreement to publish has been given for any potentially defamatory material before logging them in the library or placing them on the website. You can make arrangements to view responses by contacting the Scottish Government Library on 0131 244 4552. Responses can be copied and sent to you, but a charge may be made for this service.

All responses will be analysed and considered along with any other available evidence to help us to reach a decision. Following the closing date, we aim to issue a report on this consultation process.

Comments and Complaints

If you have any comments about how this consultation exercise has been conducted, please send them to:

Claire Ferguson
Scottish Government
Directorate General Health and Wellbeing
Area 2E(N)
St Andrew's House
EDINBURGH
EH1 3DG

RESPONDENT INFORMATION FORM

Local Healthcare Bill

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name:

Postal Address:

1. Are you responding: (please tick one box):
 - (a) as an individual go to Q2a/b and then Q4
 - (b) on behalf of a group/organisation go to Q3 and then Q4

INDIVIDUALS

2a. Do you agree to your response being made available to the public (in the Scottish Government library and/or on the Scottish Government website)?

Yes (go to 2b below)

No, not at all we will treat your response as confidential

2b. *Where confidentiality is not requested*, we will make your response available to the public on the following basis (**please tick one** of the following boxes):

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

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

ON BEHALF OF GROUPS OR ORGANISATIONS

3. 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 website). Are you also content for your **response** to be made available?

Yes

No We will treat your response as confidential

SHARING RESPONSES/FUTURE ENGAGEMENT

4. 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 the Scottish Government to contact you again in the future in relation to this consultation response?

Yes

No

THE SCOTTISH GOVERNMENT CONSULTATION PROCESS

1. Consultation is an essential and important aspect of Scottish Government working methods. Given the wide-ranging areas of work of the Scottish Government, there are many varied types of consultation. However, in general, Scottish Government consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

2. The Scottish Government encourages consultation that is thorough, effective and appropriate to the issue under consideration and the nature of the target audience. Consultation exercises take account of a wide range of factors, and no 2 exercises are likely to be the same.

3. Typically Scottish Government consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the issue, and they are also placed on the Scottish Government web site enabling a wider audience to access the paper and submit their responses. Consultation exercises may also involve seeking views in a number of different ways, such as through public meetings, focus groups or questionnaire exercises. Copies of all the written responses received to a consultation exercise (except those where the individual or organisation requested confidentiality) are placed in the Scottish Government library at:

K Spur
Saughton House
Broomhouse Drive
EDINBURGH
EH11 3XD

Telephone: 0131 244 4565

4. All Scottish Government consultation papers and related publications (eg, analysis of response reports) can be accessed at: Scottish Government consultations (<http://www.scotland.gov.uk/consultations>).

5. The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review;
- inform the development of a particular policy;
- help decisions to be made between alternative policy proposals;
- be used to finalise legislation before it is implemented.

6. Final decisions on the issues under consideration will also take account of a range of other factors, including other available information and research evidence.

7. While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.



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