

Have your say

Question 1

The Scottish Government would like to make health and social care services better. We would do this first for older people and then improve services for all adults. Do you think this is a good thing and can you tell us why?

Agree, although many older people in their own homes are very lonely if they are housebound and their only contact with people is when the carers come for short times each day.

Voluntary sector should be harnessed here.

Yes, extend to to all adults over time

Question 2

Have we thought about all the things we need to put the money together for adult health and social care services? Do you have anything you would like to add or change?

There will always be relatives or Carers who will take advantage of vulnerable patients and I can envisage some mis-use of self-directed funding . How can there be accountability for how self-directed funding is used – e.g if relatives undertake to arrange sufficient care but do not do so

Question 3

Councils and Health Boards will need to work together to make things better. We call this outcomes. This is different to how they work. Do you think what we want to do is a good way to make the change?

Yes

Question 4

Should Health Boards and Councils both agree on how they will make things better for adult health and social care?

Yes, but they also need to involve the people who work hands-on with the patients

Question 5

If health and social care services have to report to Ministers and Council leaders, is there the right balance of local and national responsibility?

Yes I think so.

Question 6

Should it be possible to create a new Partnership that covers more than one Council area? For example, a Lothian Regional Partnership?

Yes, this should happen, but may be difficult to achieve in areas such as Ayrshire where there are three local authorities each wanting supremacy in a single-system.

Question 7

Do you agree that it should be senior officials from Health Boards, Councils, elected Council members, professionals (such as doctors) and people from the voluntary sector that form the committee for the local Partnerships?

Yes, they should all have a place, but operational staff need representation too.

Question 8

Do you think the new plan will mean changes can take place quickly if local services are not working properly? What could we do to help?

This will only happen if there is a clear governance structure and monitoring.

Spot-check auditing is needed.

Question 9

Do you think the new Partnerships should be able to include other areas of health and social care, if they want to?

Yes, but only if they can have a productive output

Question 10

If the money is put together, do you think our proposals will allow money to be spent better for the patient or service user?

NHS currently pays VAT on equipment purchases. Under the new scheme there could be vat-exemption which will release large sums for use in equipment purchase.

Question 11

Do you have experience of how easy or difficult it is to access services across both health and social care systems? If you have, would you like to tell us?

I have experience both as a manager of a loan store and as a patient requiring some equipment at home. Services are easy to access from NHS or Local Authority provided the right route is followed, but often people mis-interpret and then say that access was difficult.

In Ayrshire there are currently 4 routes (NHS, and LA in East, North & South). A single access route, clearly signposted, should make things easier. But it does need to be clearly communicated.

Question 12

Should Ministers say in law the parts of the separate health and social care budgets that should be in the joined up budget? Would this allow the outcomes to be met locally?

I think they should, then there is no misunderstanding and no room for inconsistency across the country.

Question 13

Do you think we have given the senior officer the right amount of say in how the money is spent? Do you think it will be difficult for one person to be in control of all this money?

I don't think one single person should be in control of the money. For governance purposes the funding should be controlled by a SMALL group which must be made accountable to an official auditing body.

Question 14

Have the proposals given the senior officer enough authority and responsibility to take control of this money?

Proposals give the senior officer too much control, experience shows that this may not always be appropriate.

Senior Officer must have input and maybe a 'casting vote' but there needs to be a governance structure.

Question 15

Should the Scottish Government tell Partnerships how to plan for local services, or should this be left to local areas to decide?

Government must tell Partnerships, otherwise there will be inconsistency resulting from local freedom to interpret – and nothing will change.

Question 16

We think that local professionals, including General Practitioners, should be asked to help plan local services. Is this a strong suggestion, or should it be stronger?

It is a good suggestion, does not need to be stronger.

Question 17

What practical help should we offer to help health and social care staff get involved with planning services?

Back-up resources to enable operational staff to participate effectively without detriment to patient care.

Question 18

Should we use groups of doctor's surgeries to organise the local planning of services? If not, how could this be done better?

Use GP partners but include community nursing and the ancillary services (Therapists, dietician groups etc)

Question 19

Should the partnerships talk to people in their communities? How might this be done?

Partnerships already have communication routes (disability groups,. Public health practitioners etc). they could also use technology and newspaper facilities to publicise and seek feedback.

Question 20

Do you think we should say how many people need to be involved in the planning of local service? For example, a percentage of the local population?

Yes, essential