

AG/LSM/613

1<sup>st</sup> May 2000

Uriel Jamieson  
Scottish Executive Health Department  
Health Care Policy Division  
2E (North)  
St Andrews House  
Regent Road  
EDINBURGH  
EH1 3DG

Dear Uriel Jamieson

**REGULATING PRIVATE AND VOLUNTARY HEALTHCARE  
A CONSULTATION PAPER**

I have been passed a copy of the above document by the Scottish Council for Voluntary Organisations (SCVO).

CCPS, the association of voluntary sector organisations providing care in Scottish communities, has been involved in all the various consultation initiatives relating to *Aiming for Excellence* for some considerable time; we have representatives on the National Care Standards Committee, its associated working groups, and the Reference Group established by the Deputy Minister, Iain Gray. It is therefore a matter of concern to us that this document was received at second hand.

We would like to offer the following brief comments on the document.

- We are assuming that, as predominantly social care providers, our own membership is not included within the scope of this document. Yet many service users will receive health care whilst resident in the establishments operated by our members, although the professionals administering such health care will not be in their employ. What is therefore proposed, then, appears to be a concentration on the regulation of establishments rather than on the quality of care provided; this appears to run counter to the thrust of the proposals contained in *Aiming for Excellence*.
- The document states that it 'does not include issues relating to the regulation of health care professions or staff'. Again, *Aiming for Excellence* makes a great deal of the importance of interaction between the proposed Scottish Commission for the Regulation of Care (which is to regulate social care services) and the Scottish Social Services Council (which is to regulate social care staff); interaction which the present document appears to consider inappropriate.

- The document states that a ‘seamless approach to regulation’ (para 4.3, p.11) will be achieved if the Commission includes private and voluntary healthcare premises in its remit. We understand this to mean that because such premises are covered by the nursing homes legislation currently, they ought in future to remain within the same regulatory system as other premises currently covered by that legislation. Another view might be that private and voluntary healthcare ought to come under the same regulatory system as that applied to statutory healthcare: once again, in *Aiming for Excellence* this independent, fair-handed approach between sectors is considered extremely important.
- We note that the document proposes an annual inspection, but stops short of proposing the process of self-evaluation set out in *Aiming for Excellence*. We are not sure why this should be; CCPS believes that this process has the potential to raise standards and encourage development to a far greater extent than a combination of inspection visits and sanctions.
- Finally, the document, and the accompanying letter from Miss Teale, states that the establishment of a separate regulatory body from the Scottish Commission for the Regulation of Care might not be available as an option, since it would be ‘difficult to run such a body entirely on the proceeds of registration and inspection fees’. CCPS is among many organisations which have grave doubts about the possibility of funding the Commission on the same basis; we fear that whichever option is selected, provider fees are likely to rise significantly. This is a particular concern for voluntary sector providers which, as you will be aware, operate entirely on a not-for-profit basis.

Yours sincerely

**ANNIE GUNNER**  
Development Co-ordinator

cc. Roddy Macdonald, Community Care Division, Scottish Executive Health Department