

# **PATIENT RIGHTS (SCOTLAND) BILL**

---

## **EXPLANATORY NOTES**

### **(AND OTHER ACCOMPANYING DOCUMENTS)**

#### **CONTENTS**

1. As required under Rule 9.3 of the Parliament's Standing Orders, the following documents are published to accompany the Bill introduced in the Scottish Parliament on 17 March 2010:

- Explanatory Notes;
- a Financial Memorandum;
- an Executive Statement on legislative competence; and
- the Presiding Officer's Statement on legislative competence.

A Policy Memorandum is printed separately as SP Bill 42–PM.

## **EXPLANATORY NOTES**

### **INTRODUCTION**

2. These Explanatory Notes have been prepared by the Scottish Government in order to assist the reader of the Bill and to help inform debate on it. They do not form part of the Bill and have not been endorsed by the Parliament.

3. The Notes should be read in conjunction with the Bill. They are not, and are not meant to be, a comprehensive description of the Bill. So where a section or schedule, or a part of a section or schedule, does not seem to require any explanation or comment, none is given.

### **SUMMARY OF THE BILL**

4. The Patient Rights (Scotland) Bill provides that it is the right of every patient that the health care received is patient-focused, which means that the provision of health care takes into account the patient's needs. The Bill also provides that the health care received has regard to the importance of providing the optimum benefit to the patient's health and wellbeing, allows for patient participation in decisions about their healthcare and provides appropriate information and support to allow them to do so.

5. The Bill introduces a guarantee (to be known as the treatment time guarantee) that eligible patients will start to receive treatment within 12 weeks of the treatment being agreed.

6. The Bill also provides for the right of every patient to make complaints and provide feedback and to have access to support to do so. The Bill provides for the Common Services Agency of the NHS in Scotland to secure the provision of a patient advice and support service, and for there to be Patient Rights Officers.

### **COMMENTARY ON SECTIONS**

#### **Section 1: Patient rights**

7. Subsection (1) sets out the right for every patient that the health care they receive is to be provided in a certain way, as described in subsection (2).

8. Subsection (2) describes the way in which that health care should be provided. It should be patient focused, which means regard must be had to the patient's needs, to the importance of providing the optimum benefit to the patient's health and wellbeing and the patient should be encouraged to play an active part in decisions relating to their treatment and health care, and they should be provided with appropriate information and support to be able to participate in such decisions. In practice, this might mean:

- A healthcare professional listening to a patient's experience of coping with a long-term condition, and taking this into account when considering the best treatment options.

*These documents relate to the Patient Rights (Scotland) Bill (SP Bill 42) as introduced in the Scottish Parliament on 17 March 2010*

- A patient being encouraged to take their medication regularly or to become more active in order to lose weight and improve their health.
- A deaf patient being provided with a British Sign Language interpreter so that they can discuss their illness and treatment with their doctor, and make an informed decision as to their preferred treatment.

9. Subsection (4) enables Scottish Ministers to modify subsection (2), following appropriate consultation. For example, bodies that might be consulted could include Health Boards, healthcare workers professional bodies, and members of the public.

## **Section 2: Patient rights: further provision**

10. This section provides that meeting the rights of an individual patient should be balanced with the effect on the rights of other patients in receiving healthcare and should take into account the resources available and should be subject to the exercise of clinical judgement and the effective and efficient use of health service organisation and resources.

## **Section 3: Duty to have regard to certain rights and principles**

11. Subsection (1)(a) places a duty on the bodies specified in subsection (2), (which are Health Boards, Special Health Boards and the Common Services Agency for the Scottish Health Service) to have regard to the health care principles set out in the schedule when providing health care, and where those principles are relevant to the service being provided. For example, it might be relevant for a hospital consultant to have regard to all of the principles in the schedule when discussing with a patient their diagnosis and treatment. Or, it might be relevant for a healthcare practitioner to check back with a patient that the patient has understood how to keep a dressing dry.

12. Subsection (1)(b) means that bodies specified in the subsection must also have regard to the health care principles which enables the Bill to be relevant to, for example, cleaning and catering services in hospitals where they have patient contact and to services provided at a primary care level, such as GP practices that are contracted by Health Boards. For example, it might be relevant for a member of catering staff to treat patients with dignity and respect when serving them food. However, ensuring that health care is based on current clinical guidance would not be relevant to a member of catering staff as they would not provide health care.

## **Section 5: Health care principles: guidance and directions**

13. Subsection (1) provides that any body with a duty under section 3 must have regard to any guidance issued by Scottish Ministers about the practical application of the health care principles. Subsection (2) provides that Scottish Ministers must consult relevant people or organisations before giving that guidance. For example, Scottish Ministers may provide guidance about practical ways to implement Health Care Principle 5 “Support necessary to receive or access health care is available”, which might include ensuring patients are aware that they can have a third party with them to support them, such as a friend, relative or partner etc, or ensuring that patients are aware of translation, interpreting and communication support services and how to access them.

14. Subsection (3) provides that Scottish Ministers may give the bodies directions on how the health care principles should be applied in practice.

### **Section 6: Treatment time guarantee**

15. Section 6(1) and (2) establishes a maximum waiting time for eligible patients, known as the treatment time guarantee. The maximum waiting time is set out in section 10. Eligible patients should start to receive that treatment within 12 weeks of the treatment being agreed between the patient and the Health Board.

16. Subsection (3) provides that Health Boards must take all reasonably practicable steps in order to comply with the treatment time guarantee and subsection (4) gives examples of actions a Health Board must take to deliver the treatment time guarantee for its eligible patients. Health Boards must monitor the guarantee, make arrangements for the agreed treatment to start within its area or if it is unable to treat the patient in its own area, make arrangements either with another Health Board, with the National Waiting Times Centre Board or with another suitable provider such as the NHS in England or a private healthcare provider.

### **Section 7: Treatment time guarantee: further provisions**

17. Subsection (3) gives Scottish Ministers power to make regulations providing for other matters relating to the treatment time guarantee, including the treatments and services and categories of treatments and services in relation to which the guarantee will not apply.

18. Subsection (4) allows Scottish Ministers to change the length of the treatment time guarantee by order. For example, this could be to make the maximum waiting time shorter, as services become more efficient. Different periods could be specified for different treatments, for example if some treatments should be delivered within a shorter time.

### **Section 8: Breach of the treatment time guarantee**

19. This section sets out what will happen if a Health Board does not deliver the treatment time guarantee. Subsections 8(2)(a) and subsection (3)(a) mean that the Health Board will be required to offer the patient treatment in a way that will ensure the patient is admitted quickly for treatment but will not distort the clinical priority of patients whose condition requires more urgent treatment. Subsections 3(b) and (c) provide that the patient's availability and anything else that is relevant should also be taken into account when making arrangements for the patient to be treated at the next available opportunity.

### **Section 9: Treatment time guarantee: guidance and directions**

20. Section 9(1) provides that that Health Boards must have regard to any guidance issued by Scottish Ministers in terms of the treatment time guarantee.

21. Section 9(2) provides that Scottish Ministers may direct a Health Board to take action specified in the directions in relation to the guarantee.

22. Section 9(3) allows Scottish Ministers by direction to suspend the treatment time guarantee in exceptional circumstances. For example, an exceptional circumstance could be a public health emergency that required the treatment time guarantee to be suspended for a short period, to allow Health Boards to respond to the situation and concentrate all resources on dealing with the emergency, such as in the case of a severe outbreak of pandemic flu.

### **Section 10: Treatment time guarantee: key terms**

23. This section defines the key terms referred to in sections 6 to 9 including specifying that the maximum waiting time for eligible patients for an agreed treatment is 12 weeks. The period of 12 weeks runs from the date on which the patient agrees the treatment to the date on which the treatment begins.

### **Section 11: Complaints**

24. Subsection (1) provides that Scottish Ministers must ensure that each Health Board, Special Health Board and the Common Services Agency for the Scottish Health Service has: a suitable complaints process; publicises this process; tells the complainant about the advice and support available to patients; publicises the advice and support available; and monitors complaints.

25. Subsection (2) provides that those bodies must also ensure that anyone providing a health service on its behalf (such as GPs) must have suitable complaints processes in place to identify any areas of concern.

26. Subsection (3) sets out the matters which these complaints processes must deal with.

27. Subsection (4) gives Scottish Ministers power to give directions to NHS bodies and make regulations about the complaints processes which must be in place, including a specific process arising from a complaint. This enables Scottish Ministers to direct a Health Board to take appropriate actions. For example, if a particular Health Board had not been publicising its complaints process adequately, Scottish Ministers could direct the Health Board to publicise the complaints process via a series of posters and leaflets situated in hospitals and health centres.

28. Subsection (5) sets out what is meant by a “service provider”. For example, a “service provider” could be a GP practice.

29. Subsection (7) provides that nothing done in terms of section 11 relating to the complaints processes excludes the Scottish Public Services Ombudsman’s (SPSO) right to carry out investigations, and the right of complainants to go to the Ombudsman. A complainant will normally still have had to exhaust (or at least invoke) the complaints mechanism provided before seeking a SPSO investigation.

## **Section 12: Patient feedback**

30. This section provides for Health Boards, Special Health Boards and the Common Services Agency for the Scottish Health Service to encourage patients to raise concerns or give feedback on healthcare, and that patients can give feedback to a Patient Rights Officer, or to the relevant body. This section is also intended to ensure that when feedback is given to a Patient Rights Officer (PRO) that the PRO must make sure that the feedback is passed back to the relevant body. For example, if a patient felt more comfortable about giving feedback about their health care to a person who sits outwith the Health Board, there is a way for them to do this (via the PRO) and for Health Boards to be informed of that feedback.

31. Subsection (3) establishes that feedback should only be provided to the relevant body with the patient's consent.

32. Subsection (4) means that NHS bodies must consider all complaints and feedback to see how they could improve the delivery of their services.

## **Section 13: Repeal of the Hospital Complaints Procedure Act 1985**

33. This section repeals the Hospital Complaints Procedure Act 1985 in full. The provisions of this Act are replaced by the measures around complaints and feedback outlined in the Bill.

## **Section 14: Patient advice and support service: establishment and funding**

34. Section 14 amends the National Health Service (Scotland) Act 1978 by inserting a new section 10ZA. The functions of the Common Services Agency for the Scottish Health Service are extended to its new functions under section 10ZA. This, read with section 10(7) of the National Health Service (Scotland) Act 1978, means that there is a specific provision which states that in carrying out its functions the Agency shall act subject to, and in accordance with, such directions as may be given by the Scottish Ministers.

35. Section 10ZA requires the Common Services Agency for the Scottish Health Service to secure the provision of a patient advice and support service in relation to each Health Board, and any other body that Scottish Ministers specify in an order. In order to do this, the Agency will procure the service from a provider or providers. The service may be supplied by more than one provider, but not by a Health Board, a Special Health Board or the Agency itself.

## **Section 15: Patient advice and support service**

36. Section 15 outlines the services that the patient advice and support service will provide to patients and members of the public and provides that the people who deliver that service will be called Patient Rights Officers.

37. Subsection (2)(a) and (b) place a duty on the patient advice and support service to promote awareness and understanding of the rights and responsibilities of patients and to advise people who want to complain about healthcare. In practice, this might mean, for example, advising a patient who wanted to complain about their GP how to do so, and providing guidance

to the patient as to whether the complaint is a matter for the GP practice complaints system, or whether it is a regulatory matter that should be referred to the regulatory body.

38. Subsection (2)(c) and (d) provides that the patient advice and support service may also provide other information and advice on subjects that might be of interest to people using the health service.

39. Subsection (5) sets out the patient responsibilities of which the patient advice and support service is to raise awareness and understanding. An example of such a patient responsibility might be to attend an agreed appointment or to cancel if necessary, well in advance, so that an appointment can be offered to another patient.

### **Section 16: Patient Rights Officers**

40. Paragraphs (a), (b), (c) and (d) set out the types of activities that a Patient Rights Officers may carry out. These include explaining the services provided by the patient advice and support service; explaining the services, organisation and processes of the health service; helping and supporting people to make complaints or provide feedback. It also includes explaining the options available and advising people of any other sources of help and advice, including services providing advocacy or representation or, for example, other forms of support, such as translation, interpreting and communication support services.

41. Paragraph (e) provides that Patient Rights Officers must also publicise the patient advice and support service in a way that ensures that patients and others are aware of the services and how to access them. For example, this might include distributing leaflets in GP surgeries, or producing information in alternative formats such as easy read, so that all patients are aware of the services provided.

### **Section 17: Duties to share information**

42. Section 17 subsection (1) places a duty on relevant bodies (such as Health Boards) to share information with the patient advice and support service, and allows the patient advice and support service to ask for any other information that it would find helpful. For example, the patient advice and support service might seek clarification on procedures or services offered in a particular area.

43. Subsection (2) means that the patient advice and support service must give information on its services to the relevant bodies. It also means that these bodies can request information from the patient advice and support service. An example might be a Health Board asking its local patient advice and support service for statistical information on the numbers of women and men using the service because it wanted to compare that with the gender profiles of patients in the Health Board area.

44. Subsection (3) requires that when sharing information, patient confidentiality must be respected.

## **Section 18: Protections and limitations**

45. Subsection (1) provides that the Bill does not prejudice the exercise of clinical judgement; the effective and efficient use of the health service organisation or resources or any relevant legislation or rule of law.

46. Subsection (2)(a) provides that the rights set out in the Bill are not of a nature that will impose any liability on any person to pay damages. This means that a patient could not claim damages from a Health Board for an alleged failure to deliver health care in the manner set out in the Bill.

47. Subsection 2(b), (c) and (d) provide that no person could enforce the rights set out in the Bill by an action for specific implement, interdict or suspension. This does not, however, alter or affect a person's rights under any other law, for example a right to claim damages in the case of medical negligence, because of the provisions of section 18(1)(c).

## **Section 19: Interpretation**

48. This section provides legal definitions for key terms that have been referred to in the Bill.

## **Section 20: Ancillary provision**

49. This section gives Scottish Ministers the power to make consequential, supplemental, incidental, transitional or saving provisions by order for the purpose of giving full effect to the Bill.

## **Section 21: Orders, regulations and directions**

50. Section 21(1) provides that all regulations and orders under the Bill are to be made in the form of a statutory instrument and that regulations and orders may make different provisions for different purposes.

51. Section 21(2) provides that orders made under sections 1(4), relating to changes in how healthcare is delivered, or 4(2) relating to changes in the healthcare principles and any order made under section 20 amending primary legislation, are to be subject to affirmative procedure.

52. Section 21(3) provides that any other statutory instrument made under the Bill (apart from under section 22(3), relating to the date that the provisions come into force) is to be subject to negative procedure.

53. Section 21(4) and (5) make provision for the way in which Scottish Ministers can exercise their powers of direction under the Bill.

## **Section 22: Short title and commencement**

54. Subsection (2) means that that sections 20, 21 and 22 will come into force on the date of Royal Assent. The remaining provisions will come into force on a date or dates appointed by Scottish Ministers.

**Schedule: Health care principles**

55. The schedule sets out the health care principles. Section 3 places a duty on Health Boards to take into account these principles when delivering healthcare. The principles should ensure that health services are provided in a way that places the patient and their needs and experiences at the centre of an interaction with health services, and which also ensures that patients are encouraged and provided with support to participate in decisions about their treatment and health care.

## FINANCIAL MEMORANDUM

### INTRODUCTION

56. The Patient Rights (Scotland) Bill provides that the healthcare which patients receive should meet certain criteria. It also establishes a right to make a complaint, legislates for a patient advice and support service and Patient Rights Officers and establishes a 12-week treatment time guarantee.

57. The financial impacts of the Bill have been summarised in the following table. All figures are given in full and references are provided in the first column to the relevant paragraphs of this Memorandum, where more information and a breakdown of particular aspects can be found. A table at Annex A shows the information broken down on a recurring and non-recurring basis, what the funding is for and whether the funding is new or redirected.

Area (and paragraph references)	2010-11		2011-12		2012-13	
	Recurring costs	Non-recurring costs	Recurring costs	Non-recurring costs	Recurring Costs	Non-recurring costs
Principles in provision of services (para 59)	-	112,000	-	860,000	-	810,000
The treatment time guarantee (para 80)	*	*	*	*	*	*
Support and recourse (paras 104 and 119)	-	750,000	2,581,000	250,000	2,581,000	250,000
<b>Total £</b>	-	<b>862,000</b>	<b>2,581,000</b>	<b>1,110,000</b>	<b>2,581,000</b>	<b>1,060,000</b>

\* The treatment time guarantee will be delivered by NHS bodies as part of the 18 weeks referral to treatment target (RTT) which is the whole patient journey maximum waiting time from general practitioner referral to commencement of treatment. Overall funding for the 18 weeks RTT is a cost outwith the Patient Rights (Scotland) Bill (see paras 80 to 91 below).

58. The figures in the table include funding currently spent in this area which is being redirected from the Scottish Government and the NHS in Scotland to this work. The new money being allocated to this area is £784,000 in 2010-11, £2,666,000 in 2011-12 and £2,666,000 in 2012-13.

**FOR HEALTH CARE TO BE RECEIVED IN A PARTICULAR MANNER AND THE PRINCIPLES TO WHICH PROVIDERS OF SERVICES HAVE TO HAVE REGARD**

59. The financial impacts of this area are summarised below. Costs on the Scottish Administration are subdivided into two lines relating to staff education and development materials (paragraph 64) and public awareness raising (paragraph 69).

Principles to which providers of services have to have regard	2010-11		2011-12		2012-13	
	Recurring costs	Non-recurring costs	Recurring costs	Non-recurring costs	Recurring costs	Non-recurring costs
Scottish Administration	-	94,000	-	800,000	-	800,000
		18,000		60,000		10,000
NHS	-	-	-	-	-	-
Local authorities	-	-	-	-	-	-
Other bodies	-	-	-	-	-	-
<b>Total £</b>	-	<b>112,000</b>	-	<b>860,000</b>	-	<b>810,000</b>

60. The Bill establishes that it is the right of every patient that the health care they receive is patient-focused, has regard to the importance of providing the optimum benefit to the health and wellbeing of the patient, allows for patient participation as fully as possible, allows for information and support and allows for concerns or complaints to be raised. This is underpinned by a schedule of health care principles to which health care bodies should have regard.

*Costs on the Scottish Administration*

61. The principles that are being made explicit through the Bill are embedded in good practice and in current policy and strategies, for example through staff governance, statutory UK professional standards, national (Scotland) standards for healthcare support staff, online development programmes for new graduate Nurses, Midwives and Allied Health Professionals, and the forthcoming NHSScotland Quality Strategy. As these programmes of work are already established and underway they have no additional cost. As part of the support mechanisms, which will also help underpin the principles on support, participation and communication, additional funding is being made available; this is covered at paragraphs 119-134.

62. The Scottish Government intends to support the Bill with the development of training and education materials, integrated into existing programmes of staff training, and an awareness raising of patient rights. These materials will form the basis of a workforce educational development plan, developed by NHS Education for Scotland (NES) that will be linked to other priorities, such as educational strategies to improve patient safety and clinical skills.

63. It is envisioned that a curriculum adopting an iterative approach, starting from induction and building through Continuous Professional Development (CPD), will be developed in

partnership with key stakeholders. There may also be opportunities to integrate learning into existing resources and courses, as well as developing new educational resources.

64. NES will undertake this work including the recruitment of staff where necessary, commissioning activity, developing educational materials and delivering training in a wide range of settings. The financial impacts below are firm projections based on NES's experience of undertaking similar national programmes of work, for example in patient safety, and are as follows:

Staff Education and Development materials (para 61)	2010-11		2011-12		2012 - 13	
	Activity	Costs	Activity	Costs	Activity	Costs
		-	Commissioning and development of educational resources	800,000	Completion, implementation and evaluation of educational resources	800,000
	Scoping study	34,000		-		-
	Communications and awareness raising	60,000		-		-
<b>Total £</b>		<b>94,000</b>		<b>800,000</b>		<b>800,000</b>

65. Initial planning work required to develop a specification to undertake an NHSScotland staff scoping study that will inform this 3 year programme of work is already underway and includes development of the tendering specification, risk assessment, equality impact assessment and identification of relevant partners. This is costing around £25,000 in 2009-10 and is being met from existing NES funding (not shown in the table above). The scoping study will survey a range of staff groups in a representative sample of Health Boards.

66. NES will develop and deliver a communications and awareness raising plan for staff. To ensure alignment of messages and to support the development of learning materials, NES will work with key partners.

67. Communications and awareness raising will include face-to-face awareness raising with Health Boards as part of the ongoing delivery of their Patient Focus Public Involvement work, which aims to ensure that patients and the wider public are able to fully participate in how local services are developed and delivered. NES will develop and pilot awareness raising materials for NHSScotland staff in preparation for enactment of the Bill. These materials will be developed in parallel with the public facing information being developed by Health Rights Information Scotland (see below), but will be targeted specifically at the needs of different staff groups.

Materials will include communications for NHSScotland newsletters, NHSScotland staff handbooks, posters and leaflets.

68. Consultation with patients, stakeholder organisations and the public will lead to the production of a Patient Rights information package. The Scottish Government aims to make draft examples of some of the information that might be in such a package available during Stage 1 consideration of the Bill.

69. Health Rights Information Scotland, part of Consumer Focus Scotland, currently receives Scottish Government funding to provide public information on health rights. In recognition of the need to raise awareness of the rights contained in the Patient Rights (Scotland) Bill, and to bring clarity to the full range of patient rights, Health Rights Information Scotland's workplan will focus on this new work as a priority. The Scottish Government has estimated the cost of the work for the development and dissemination of public facing material. The cost for 2010-11 will be afforded within the current funding package. The future of the project has not yet been decided and other methods of obtaining this service or providing public information on health rights will be considered and appropriate funding provided. Nevertheless, indicative costs for 2011-12 and 2012-13 are provided in the next table. It is anticipated that these costs can be afforded within current budgets. These are firm projections from Health Rights Information Scotland based on experience of similar activity.

<b>Public Awareness Raising (paras 66 to 73)</b>	<b>2010-11</b>		<b>2011-12</b>		<b>2012 - 13</b>	
	<b>Activity</b>	<b>Costs</b>	<b>Activity</b>	<b>Costs</b>	<b>Activity</b>	<b>Costs</b>
	Consultation with stakeholder organisations	2,500	Production and dissemination of public information	60,000	Dissemination of public information and review of information	10,000
	Draft and test public information and design	15,500		-		-
<b>Total £</b>		<b>18,000</b>		<b>60,000</b>		<b>10,000</b>

70. £2,500 will allow for 6 days consultation work from Health Rights Information Scotland staff with stakeholder organisations. The Scottish Government anticipates that the drafting and testing of public information would occur late in the 2010-11 financial year and is likely to cost around £15,000. This figure is based on 7 days work from Health Rights Information Scotland staff and commissioned work on user testing. In addition, an estimated £500 would be spent on commissioning initial design ideas.

71. The subsequent figures for 2011-12 and 2012-13 are indicative. Around £30,000 for 2011-12 for production and dissemination is based on design costs, Plain English checking, translation costs and £30,000 for printing and dissemination of the material – posters, leaflets,

*These documents relate to the Patient Rights (Scotland) Bill (SP Bill 42) as introduced in the Scottish Parliament on 17 March 2010*

factsheets – and to provide it online. Around £3,000 for 2012-13 will allow for a review of the information, further consultation with stakeholders, any revisions necessary and around £7,000 for further dissemination of the material. The printing and dissemination figures could be amended upwards or downwards depending on the quantity of material required. These figures are currently under 10% of the funding provided to Health Rights Information Scotland and, as noted above, this can be afforded within current budgets.

72. Also supporting public awareness raising of patient rights is NHS Inform - the new national health information and support service being led for NHSScotland by NHS 24. In addition, the Scottish Government is developing a national communications campaign which will include patient rights as part of a broader package of promotion on quality, patient experience and patient information. Costs for these are outwith the Patient Rights (Scotland) Bill.

73. Patient Rights Officers will promote and encourage awareness and support for patient rights across Health Board areas, amongst other tasks. Costs for Patient Rights Officers are covered in the support and recourse section at paragraph 104.

*Costs on the NHS in Scotland*

74. The Scottish Government does not anticipate any additional direct costs arising from these rights and associated principles for the NHS in Scotland. Funding that will also help to underpin the principles of support, participation and communication is covered in the support and recourse section.

75. The Scottish Government anticipates that there will be indirect costs in raising staff awareness of patient rights and training. As noted above (at paragraph 67) staff awareness raising will be delivered through a variety of mechanisms including being incorporated into team meetings, messages to staff, e.g. newsletters, and a range of supporting information materials. The intention to incorporate information on patient rights into other training development and training delivery, especially into induction, means that this will be absorbed as part of the professional development of staff. Our discussions indicate that there is not a standard cost for releasing staff and managers are expected to incorporate training in their budgets. NHS Education for Scotland will build this into their business plan for 2010-11 and the Scottish Government will then agree milestones for measuring performance.

*Costs on local authorities*

76. The Scottish Government does not anticipate any additional costs arising for local authorities as a result of this legislation, as this Bill applies to NHS in Scotland services.

*Costs on other bodies, individuals and businesses*

77. The Scottish Government intends to support patient and public awareness through Scottish Government funding for Health Rights Information Scotland (see above at paragraph 69) and through NHS Inform. These costs, where relevant, are covered under costs to the Scottish Administration at paragraph 72.

78. It is noted that it is common for independent acute hospitals to attempt to meet the same standards as NHSScotland; no funding is available for this.

#### *Savings*

79. The Scottish Government does not anticipate any direct savings as a result of having regard to the health care principles.

### **THE TREATMENT TIME GUARANTEE**

80. The Scottish Government does not anticipate direct financial impacts in this area. This is explained in the following paragraphs.

81. The Bill establishes a treatment time guarantee of 12 weeks for eligible patients. It is intended that this apply to elective or planned treatment where the patient receives that treatment on an inpatient or day case basis. The treatment time guarantee sits within the overall 18 weeks referral to treatment target, which is the whole patient journey maximum waiting time from general practitioner referral to commencement of treatment. This wait includes any outpatient consultations, diagnostic tests and treatment. The referral to treatment target will have a tolerance and will not therefore apply to all eligible patients. Some services/treatment not covered by the 18 weeks will be covered by the treatment time guarantee. The treatment time guarantee will apply to eligible patients once the treatment has been agreed between the patient and the clinician.

82. There will be no right to financial compensation for a treatment time guarantee that is not met.

#### *Costs on the Scottish Administration*

83. Taking forward the treatment time guarantee for inpatient and day case treatment is part of overall ongoing work on waiting times standards and targets and the monitoring of these. There are no additional costs to the Scottish Government.

#### *Costs on the NHS in Scotland*

84. Funding was given to Health Boards to deliver on the 18 weeks referral to treatment target. As the 12 weeks treatment time guarantee sits within that, it is to be delivered within that funding allocation. The initial Spending Review 2007 allocation for delivery of the 18 weeks referral to treatment target was £270,000,000, covering a period of 3 years (£90,000,000 for 2008-09, 2009-10, 2010-11). To reflect the reductions in funding across public sector services this was reduced by £20,000,000 in 2009-10 - the revised recent allocation is £70,000,000 for 2009-10 and £70,000,000 for 2010-11. There is no additional funding to Health Boards for the treatment time guarantee arising from the Bill.

85. The current waiting times performance is measured at census points on the last day of each month. On 31 December 2009 (latest data) showed that 101 patients had waited more than 12 weeks for inpatients and day case treatment. However, as the treatment time guarantee relates to the individual, it will have to be met by Health Boards on a continuous daily basis, not just at

the end of the month. The Scottish Government does not foresee any additional costs to the NHS in Scotland in the delivery of the treatment time guarantee.

86. Where a patient is treated outwith their own Health Board area and/or outwith local service agreements and there are transport and accommodation requirements that would otherwise not have been incurred for the patient and his/her clinically necessary escort or carer, the Health Board with the primary responsibility for the patient must resource that transport and accommodation. It must be ensured that costs for accommodation and transport for patients in this situation have been necessarily and reasonably incurred. The Health Board is not required to resource transport and/or accommodation if the patient has requested to be treated elsewhere for personal reasons (e.g. a relative living nearby). Patients treated at the National Waiting Times Centre are already covered in this way, so this measure means that other patients who are treated outwith their 'home' Health Board or outwith local service agreements are on the same footing. The National Waiting Times Centre operates the Golden Jubilee National Hospital and the Beardmore Hotel. The hospital consists of the West of Scotland Heart and Lung Centre and on providing activity to ensure Health Boards deliver waiting time standards. The waiting time activity target for 2009-10 is 22,268 procedures - which consists of inpatient and day case surgery and diagnostic imaging and scopes.

87. Any additional costs incurred in covering necessary and reasonable expenses for the minority of patients who are treated outwith their home Health Board or outwith local service level agreements are expected to be absorbed by the individual Health Boards. This should already be happening, as the *New Ways of defining and measuring waiting times*<sup>1</sup> guidance states that any travel arrangements for patients, and carers if necessary, should be resourced by the patient's Health Board. On accommodation, this will depend on distance and again should already be happening. The cross boundary flow between Health Boards in Scotland and elsewhere in the UK was around 14% for 2008-09, a figure similar to previous years. This equates to around 78,000 patients being treated outwith their Health Board area. The Scottish Government does not hold figures on the amounts currently spent by Health Boards in this area. Since the treatment time guarantee should have very little impact on the movement of patients, the Scottish Government does not anticipate additional costs, as a result of the Bill, to those currently incurred.

88. As Health Boards should be keeping patients informed of their waits under the 18 weeks referral treatment time, the Scottish Government expects that any costs should be minimal in explaining any failure to meet the treatment time guarantee, apologising, alerting patients to the patient advice and support service (see below) and scheduling appointments.

#### *Costs on local authorities*

89. The Scottish Government does not expect local authorities to incur any additional costs as a result of the introduction of a treatment time guarantee.

#### *Costs on other bodies, individuals and businesses*

90. The Scottish Government does not expect any other bodies, individuals or businesses to incur any additional costs as a result of the treatment time guarantee.

---

<sup>1</sup> *New ways of defining and measuring waiting times*: <http://www.isdscotland.org/isd/4536.html>

### *Savings*

91. It is not anticipated that there will be any direct savings as a result of the treatment time guarantee. However, as explored in paragraphs 37 – 39 and Annex A of the Regulatory Impact Assessment to the Patient Rights (Scotland) Bill, benefits to patients can accrue through earlier treatment.

## **SUPPORT AND RECOURSE**

### **Complaints**

92. The Bill establishes a right to make a complaint, revokes the existing hospital complaints process legislation and brings it within the Patient Rights (Scotland) Bill.

93. It is not anticipated that there will be any direct financial impacts in this area. This is explained in the following paragraphs.

### *Costs on the Scottish Administration*

94. There may be an initial increase in enquiries to the Scottish Government about the NHS in Scotland's complaints process as a result of ensuring that the provisions of the Bill are made known. It is expected that the majority of such enquiries will be dealt with through providing written information and signposting people to the independent patient advice and support service and methods of feedback, such as Health Boards' complaints processes, where appropriate. It is intended that this will be absorbed as part of ongoing Scottish Government work on patient rights, and that policy staff time involved in the Bill development will be turned towards its subsequent implementation, where appropriate.

95. The Scottish Government intends that the right to make complaints will be included as part of the overall package for raising awareness of patient rights and patient information. Costs for this are given at paragraph 69.

96. Methods of formal feedback of patients' experience and associated costs are covered at paragraph 135 below, under evaluation and monitoring. The Scottish Government will be working on methods of informal feedback following the *Making It Better*<sup>2</sup> report. The Scottish Health Council (SHC) has undertaken a scoping exercise to identify the range of current approaches undertaken by Health Boards to offer patients and the public opportunities to feedback their experiences of their services informally.

97. New approaches and evaluation of existing approaches to informal feedback will be developed by the Scottish Health Council. This will be done in partnership with NHSScotland Patient Focus Public Involvement (PFPI) staff, hospital complaints officers and the *Better Together* Patient Experience Programme, which gathers information on patients' experiences of the NHS in Scotland and supports Health Boards to use this information to design and deliver high quality care and services. Costs for the evaluation of new and existing approaches to informal feedback is outwith the Patient Rights (Scotland) Bill. Further information about PFPI is provided at paragraph 67.

---

<sup>2</sup> *Making It Better: Complaints and Feedback from Patients and Carers about NHS services in Scotland*: published July 2009, based on research commissioned by the Scottish Health Council (SHC)

*Costs on the NHS in Scotland*

98. As noted above, there may be an initial increase in enquiries about the complaints process and possibly an increase in complaints through raised awareness as a result of the Bill; staff of the patient advice and support service and Health Boards' complaints officers will be the main recipients of this increase in enquiries and complaints. Any additional costs incurred as a result will be met from within existing budgets.

99. Health Boards and Primary Care Services contractors (such as GPs) should have systems in place to deal with complaints. The Scottish Government anticipates that the introduction of the patient advice and support service and Patient Rights Officers will assist people making enquiries about complaints to use other more appropriate and accessible routes to offer feedback or to find a resolution to their issue and it is therefore expected that the enhanced patient advice and support service will absorb much of the initial increase in enquiries about complaints.

100. It is expected that there will be minimal additional pressures on family health services (primary care) complaints officers. For example, there are approximately 1,025 GP practices and 2,740 "high street" dentists in Scotland. In 2008-09, 3,175 family health service complaints were received in total across medical (2,621), dental (526) and family health administration (28) services. It is, therefore, evident that the average number of complaints received per GP practice or dentist on an annual basis is low and it could be speculated that any additional pressure on the NHS complaints procedure, through increased awareness as a result of the Bill, is likely to have a minimal impact on the ability of family health services to respond to such complaints.

*Costs on local authorities*

101. It is not anticipated that there will be any costs on local authorities as a result of establishing a right to make complaints in the NHS in Scotland.

*Costs on other bodies, individuals and businesses*

102. The Scottish Government does not expect any other bodies, individuals or businesses to incur any additional costs as a result of the right to make complaints.

*Savings*

103. The Scottish Government does not anticipate any savings in this area.

**Patient Rights Officers and the patient advice and support service**

104. The financial impacts of this are based on current funding for the Independent Advice and Support Service, an Health Board funded advice service which helps people raise concerns or complaints about their healthcare. Redirected funding and new money, and are as follows:

Patient Rights Officers and the Patient Advice and Support Service	2010-11		2011-12		2012-13	
	Recurring costs	Non-recurring costs	Recurring costs	Non-recurring costs	Recurring costs	Non-recurring costs
Scottish Administration	-	-	134,000* 1,116,000	-	134,000* 1,116,000	-
NHS in Scotland	-	-	831,000**	-	831,000**	-
Local authorities	-	-	-	-	-	-
Other bodies	-	-	-	-	-	-
<b>Total £</b>	-	-	<b>2,081,000</b>	-	<b>2,081,000</b>	-

\* These are re-directed funds.

\*\* This is the estimated total spend (i.e. all Health Boards) during 2009–10 on the independent advice and support service (see below) which is funded through the Health Boards' general allocations. This is expected to continue.

105. The Bill provides for the establishment of a patient advice and support service which will replace and enhance the current Independent Advice and Support Service (IASS), which is funded by local Health Boards and delivered by the Citizens advice bureaux across Scotland. It aims to support patients, their carers and relatives in their dealings with the NHS in Scotland and in other matters affecting their health. It is intended that the NHS in Scotland's Common Services Agency (CSA) will be required to secure a package of patient advice and support services, to enable greater consistency in the provision across Scotland.

106. The new patient advice and support service will build on the assistance, information, advice and support functions of the IASS. It will also promote an awareness and understanding of patient rights and responsibilities, provide advice and support in relation to local resolution, signpost people to advocacy and other sources of advice and support, and report annually to Health Boards.

107. There will be at least one Patient Rights Officer (PRO) per Health Board (although these may not be full time), based on an assessment of needs undertaken by individual Health Boards. The PRO will not be limited to supporting patients only from their own geographical Health Board but should also support patients in their dealings with Special Health Boards or Health Boards outwith their own region, where treatment has taken place in another Health Board area or where the patient finds it easier to meet with a PRO in another Health Board area. It is intended that the PROs will be employed by the patient advice and support service.

#### *Costs on the Scottish Administration*

108. In introducing the Independent Advice and Support Service, the Scottish Government agreed to fund Citizens Advice Scotland to provide a central support function to the Citizens Advice Bureaux consortia that currently provide the service for Health Boards. The Scottish Government intends from 2011-12 to redirect the £134,000 per annum for this to Health Boards to support PROs and the patient advice and support service.

*These documents relate to the Patient Rights (Scotland) Bill (SP Bill 42) as introduced in the Scottish Parliament on 17 March 2010*

109. The Scottish Government also intends from 2011-12 to dedicate £116,000 from within its Healthcare Policy and Strategy Directorate budget towards funding for PROs and the patient advice and support service.

110. In addition, in order to support the new emphasis on patient rights and responsibilities, £1,000,000 of new recurring funding from 2011-12 will be provided for PROs and the patient advice and support service. This is in addition to the core budget that Health Boards receive and from which they presently are expected to fund the current Independent Advice and Support Service. The timing of the contracting and specification process for the PROs and for the patient advice and support service will mean that no additional funds for the enhanced service will be required in 2010-11.

111. Here, the Scottish Government estimates that the additional funding package of £1,250,000 (made up of £134,000 from paragraph 108, £116,000 from paragraph 109 and £1,000,000 from paragraph 110) will provide for around 40-50 new full-time equivalent Patient Rights Officers, based on the current salary of an Independent Advice and Support Service specialist/caseworker of between £20,000-26,000 plus £5,000 on-costs. Alternatively, the patient advice and support service may consider that it wants to provide a central support function and that would mean a small reduction in the number of officers, of perhaps around 5.

*Costs on the NHS in Scotland*

112. The Independent Advice and Support Service is currently commissioned, in line with guidance issued in 2006 (HDL (2006-13)), by each of the 14 territorial Health Boards, through the Citizens Advice Bureaux (CABx) network. The current contracts run until March 2011. The level of service is based on an assessment of local need and is funded through the Health Boards' general allocations. The estimated total spend (i.e. all Health Boards) during 2009-10 is expected to be around £831,000. The Scottish Government expects Health Boards to continue this level of funding in relation to the new patient advice and support service. Additional central funding (as outlined at paragraph 111 above) will be provided to support the appointment of PROs and the enhanced service provision proposed under patient advice and support service.

113. The caseworker functions of current IASS specialists/case workers will be replaced by PROs. As the letting of any contract for the provision of the advice and support service will prescribe the refocused functions, it is not anticipated that there will be any additional costs as a result of this refocusing and expected salary levels would be similar.

114. The *total* funding for the patient advice and support service is expected to provide for around 65-80 full-time equivalent PROs.

115. The NHS in Scotland's Common Services Agency will incur costs in procurement of the PASS. This type of procurement is part of the function of the CSA. This contract is included in their workplan, however, funding of £60,000 was provided in 2009-10 to secure dedicated resource to work on the contract.

*Costs on local authorities*

116. It is not anticipated that there will be any costs on local authorities as a result of establishing PROs or the patient advice and support service in the NHS in Scotland.

*Costs on other bodies, individuals and businesses*

117. The contractor that provides the PASS and PROs will be expected to provide the service within the terms of the contract and thus will not incur costs higher than the funding provided. The individual Citizens Advice Bureaux that are contracted by individual Health Boards to provide the Health Board's existing Independent Advice and Support Service, and Citizens Advice Scotland, who currently provide a central support function to the Bureaux that provide the advice and support services, were contracted on a fixed time basis, with contracts due to end in March 2011. Any implications of the ending of these contracts in relation to staff terms and conditions and any costs involved will be covered in the negotiation of the new contract and are outwith the Patient Rights (Scotland) Bill.

*Savings*

118. The Scottish Government does not anticipate any substantial savings as a result of legislating for the patient advice and support service. The removal of the current administrative burden on Health Boards to negotiate individually with Citizens Advice Bureaux in their area through contracting centrally through the CSA may release some small savings, although the Scottish Government does not hold information on administrative costs of individual negotiations.

**Advocacy**

119. The Bill will place a duty on the PRO to direct people to other sources of advice and support or persons providing representation or advocacy services, where appropriate. In light of the potential impact of this, the Scottish Government is providing additional funding for advocacy provision. See the table below:

Advocacy	2010-11		2011-12		2012-13	
	Recurring costs	Non-recurring costs	Recurring costs	Non-recurring costs	Recurring costs	Non-recurring costs
Scottish Administration	230,000*	500,000	500,000	230,000*	500,000	230,000*
NHS in Scotland	-	-	-	-	-	-
Local authorities	-	-	-	-	-	-
Other bodies	-	-	-	-	-	-
<b>Total £</b>	-	<b>500,000</b>	<b>500,000</b>		<b>500,000</b>	-

\* The Scottish Government currently provides funding for the Scottish Independent Advocacy Alliance (SIAA) and this is likely to continue, although the amount may vary according to the work plan. The purpose of the SIAA is to promote, support and defend independent advocacy in Scotland. It has an overall aim of ensuring that independent advocacy is available to any person in Scotland who needs it.

*Costs on the Scottish Administration*

120. As this directing provision could result in increased demand for advocacy services, and as a result of consideration of the potential impact of the Patient Rights (Scotland) Bill across a range of equality groups, the Scottish Government will provide a non-recurring £500,000 in 2010-11 to allow Health Boards to fully assess the needs and provision in their area, building on

the Scottish Independent Advocacy Alliance advocacy map and Health Boards' advocacy plans. The Scottish Independent Advocacy Alliance is currently updating the Map of Advocacy across Scotland. This will provide an updated picture of the advocacy provision across Scotland and this work will help the NHS in Scotland identify any potential gaps in provision.

121. The Scottish Government will then provide £500,000 per annum of recurring new money from 2011-12 to support advocacy services to help those who need assistance in exercising their rights to access appropriate support. This will be provided through an uplift to Health Board allocations based on the National Resource Allocation formula (which is used to calculate the share appropriate for each Health Board) and will provide around a 10% increase in advocacy provision across NHSScotland. The Scottish Government Health Directorates currently provide core funding to the Scottish Independent Advocacy Alliance to provide central support to the advocacy movement, which is also shown in the table above. This was £230,000 in 2009-10.

#### *Costs on the NHS in Scotland*

122. Health Boards currently commission and fund advocacy services jointly with local authorities. Health Boards also commission advocacy for other service users who need this to support them in their dealings with the NHS in Scotland. The Scottish Government anticipates that the majority of those who would be directed to advocacy services might already be covered by the provision in the Mental Health (Scotland) Act 2003 but are making available additional funds to cover the proposed provision in the Patient Rights (Scotland) Bill; see above at costs to the Scottish Administration.

#### *Costs on local authorities*

123. The duty in the Patient Rights (Scotland) Bill with regard to advocacy relates to the patient advice and support service and is not being placed on local authorities so local authorities should not incur additional costs.

124. It is expected that the patient advice and support service would monitor the level of referrals onto advocacy services, although the lack of definitive baseline information prior to the Patient Rights (Scotland) Bill on this aspect of the (current) advice and support service makes it difficult to assess current impact on advocacy services and difficult to monitor additional costs, if any. The level of spend by local authorities on advocacy services is also not held centrally.

#### *Costs on other bodies, individuals and businesses*

125. The Scottish Government anticipates that there may be additional demands on advocacy services through legislating for signposting to advocacy, even though NHSScotland and the current advice and support service already uses advocacy services. Additional funding is being made available to Health Boards (see above at costs to the Scottish Administration) to invest in the provision of additional independent advocacy services.

#### *Savings*

126. The Scottish Government does not anticipate any direct savings through investing in advocacy services.

## **Translation, Interpreting and Communication Support (TICS)**

127. The Bill will place a duty on PROs to direct patients to relevant support services where appropriate; there is also a principle on availability of support necessary to receive or access health care. It is likely that one of the main services to which patients will be directed is to Translation, Interpreting and Communication Support (TICS). It is proposed that additional funding would be provided to NHS Health Scotland to support the development of TICS.

128. The financial impacts are as follows:

TICS	2010-11		2011-12		2012-13	
	Recurring costs	Non-recurring costs	Recurring costs	Non-recurring costs	Recurring costs	Non-recurring costs
Scottish Administration	-	250,000	-	250,000	-	250,000
NHS in Scotland	-	-	-	-	-	-
Local authorities	-	-	-	-	-	-
Other bodies	-	-	-	-	-	-
<b>Total £</b>	-	<b>250,000</b>	-	<b>250,000</b>	-	<b>250,000</b>

129. The NHS in Scotland publicly commits to arrange TICS where it is possible and reasonable to do so. This currently costs Health Boards in the region of £3.5 million per annum. NHS Health Scotland is leading a programme of development work in partnership with a range of NHS and non-statutory organisations, guided by a NHS TICS strategy and action plan. The Scottish Government anticipates that this will offer scope for a more uniform approach in the provision of TICS. Costs, and any savings, are covered outwith the Patient Rights (Scotland) Bill.

### *Costs on the Scottish Administration*

130. A range of development activity will be undertaken to support NHSScotland to meet the potentially increased demands of translation, interpreting and communication support services as a result of the Bill. In light of this, the Scottish Government will provide £250,000 per annum of new non-recurring money from 2010-11 through to 2012-13 to support TICS. This will be provided to NHS Health Scotland to provide support resource and guidance materials, research on needs, procurement and service standard work, community engagement and marketing, communication events and extended partnership work.

### *Costs on the NHS in Scotland*

131. As noted above, Health Boards currently fund TICS from within their allocation. The Scottish Government are making additional funds available to cover the further development of the services (see above at costs to the Scottish Administration).

### *Costs on local authorities*

132. It is not anticipated that there will be any costs on local authorities as a result of increasing support for TICS within the NHS in Scotland.

*Costs on other bodies, individuals and businesses*

133. The Scottish Government anticipates that there may be additional demands from the NHS in Scotland on translation, interpreting and communication support services through a better understanding of the needs of individuals. The NHS in Scotland will continue to fund those services it procures.

*Savings*

134. The Scottish Government does not anticipate any direct savings through investing in TICS. Nevertheless, in the longer term, better engagement of NHSScotland patients who most require these services may have a positive impact on health outcomes and service design which could generate indirect savings, but these would be problematic to quantify and ascribe solely to increased TICS provision.

## **EVALUATION AND MONITORING**

135. The Scottish Government is considering how compliance with patient rights legislation might be monitored where hard targets are not being set on specific aspects. It is anticipated that the Scottish Government will be able to extrapolate data from other sources to assess compliance, and will also be able to reflect on measures developed to support the implementation of the Quality Strategy<sup>3</sup> to assess compliance and progress with the aims of the Bill.

136. *Better Together*: Scotland's Patient Experience Programme will provide a measure of progress against the delivery of patient focussed services by Health Boards, which reflect the principles raised in the Bill. Results from the patient experience surveys will be published by different equality strands where it is statistically valid to do so. Also, the effects of the Bill will be monitored through the "Participation Standard", which is the new tool that will be used from 1 April 2010 by the Scottish Health Council to measure how Health Boards in Scotland are involving patients and the public in developing local services.

*Costs on the Scottish Administration*

137. As the Scottish Government intends to monitor the effects of the Bill through programmes of work that are already in place, no additional costs are anticipated in terms of monitoring and evaluation.

*Costs on the NHS in Scotland*

138. Monitoring arrangements for compliance with Patient Rights could be through either the Staff Governance Standard monitoring arrangements or through the Annual Review process. Implementation of the Staff Governance Standard is monitored through the annual Self Assessment Audit Tool (SAAT) returns from Health Boards and the results from the NHSScotland staff survey which is held every two years. This information is then used to inform the workforce reports which are prepared and fed into the Annual Review process for each NHSScotland Board. The Scottish Government does not anticipate any cost impact.

---

<sup>3</sup> The Quality Strategy aspires to create high quality person-centred, clinically effective and safe healthcare service that is world-leading in approach. It will be published in 2010.

*These documents relate to the Patient Rights (Scotland) Bill (SP Bill 42) as introduced in the Scottish Parliament on 17 March 2010*

*Costs on local authorities*

139. It is not anticipated that there will be any costs on local authorities as a result of monitoring and evaluating patient rights in the NHS in Scotland.

*Costs on other bodies, individuals and businesses*

140. The Scottish Government does not expect any other bodies, individuals or businesses to incur any additional costs as a result of monitoring and evaluation of the Patient Rights (Scotland) Bill.

*Savings*

141. The Scottish Government does not anticipate any savings in this area.

**ANNEX A: PATIENT RIGHTS (SCOTLAND) BILL: FINANCIAL SUMMARY**

	2010-11				2011-12				2012-13				2013 onwards	
	redirected		new money		redirected		new money		redirected		new money			
	non-recurring	recurring	non-recurring	recurring	non-recurring	recurring	non-recurring	recurring	non-recurring	recurring	non-recurring	recurring	non-recurring	recurring
Education			34,000				800,000				800,000			
	60,000													
Public Awareness														
	2,500				60,000				10,000					
	15,500													
TICS			250,000				250,000				250,000			
Advocacy			500,000				500,000				500,000		500,000	
PASS						134,000			134,000					134,000
						831,000			831,000					831,000
							116,000				116,000			116,000
							1,000,000				1,000,000			1,000,000
Total	78,000	0	784,000	0	60,000	965,000	1,050,000	1,616,000	10,000	965,000	1,050,000	1,616,000	0	2,581,000
Total redirected	78,000				1,025,000				975,000					
Total new money			784,000				2,666,000				2,666,000			
Total non-recurring	862,000				1,110,000				1,060,000				0	
Total recurring		0				2,581,000				2,581,000				2,581,000

*These documents relate to the Patient Rights (Scotland) Bill (SP Bill 42) as introduced in the Scottish Parliament on 17 March 2010*

## **EXECUTIVE STATEMENT ON LEGISLATIVE COMPETENCE**

142. On 17 March 2010, the Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon MSP) made the following statement:

“In my view, the provisions of the Patient Rights (Scotland) Bill would be within the legislative competence of the Scottish Parliament.”

## **PRESIDING OFFICER’S STATEMENT ON LEGISLATIVE COMPETENCE**

143. On 16 March 2010, the Presiding Officer (Alex Fergusson MSP) made the following statement:

“In my view, the provisions of the Patient Rights (Scotland) Bill would be within the legislative competence of the Scottish Parliament.”

*These documents relate to the Patient Rights (Scotland) Bill (SP Bill 42) as introduced in the Scottish Parliament on 17 March 2010*

# **PATIENT RIGHTS (SCOTLAND) BILL**

## **EXPLANATORY NOTES**

### **(AND OTHER ACCOMPANYING DOCUMENTS)**

© Parliamentary copyright. Scottish Parliamentary Corporate Body 2010.

Applications for reproduction should be made in writing to: Information Policy, Office of the Queen's Printer for Scotland (OQPS), St Clements House, 2-16 Colegate, Norwich NR3 1BQ, or by e-mail to [licensing@oqps.gov.uk](mailto:licensing@oqps.gov.uk). OQPS administers the copyright on behalf of the Scottish Parliamentary Corporate Body.

Produced and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by RR Donnelley.

ISBN 978-1-4061-6203-5



9 781406 162035