

Health Scrutiny Support Programme
'Essential Health Scrutiny'
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Effective Questioning in Health Scrutiny



Introduction

This briefing was written by Alyson Morley, Policy Officer at the Democratic Health Network, as part of the DHN's support to the CfPS Expert Advisory Team.

Anecdotal evidence from health overview and scrutiny committee (OSC) members and support officers suggests that asking questions is a cause for apprehension amongst many councillors. Equally, witnesses - whether they are from the NHS, the voluntary and community sector, local authorities or patients and the public - may be worried about the prospect of being questioned by OSCs. This briefing considers how to maximise the effectiveness of questioning witnesses as part of the health scrutiny process.

Why are members of OSCs concerned about questioning?

This anxiety could be caused by:

- not knowing what questions to ask about technical or clinical issues;
- not understanding the information given by witnesses;
- fear of appearing ignorant in front of local people and the local media;
- concerns about what to do if questions are unanswered;
- fear of being sidetracked or diverted from the main issues;
- concern that robust questioning or criticism of NHS bodies may damage good relations and hinder future partnership working.

Members of health OSCs are not expected to be health experts; neither are they expected to know in detail the workings of NHS organisations. Their strength is their link with local communities and their ability to see health from the point of view of patients and the public. OSC members know from their own experience that employment (or the lack of it), housing, transport, education and opportunities to access many aspects of social, community and economic life can have a huge impact on people's overall health and well-being. Questions which focus on the linkages between health services and other public and community services, or which look at services from a wider perspective can assist health and local authority managers to develop a more holistic view of health.

Why are witnesses concerned about being questioned?

Executive councillors and Chief Officers from local authorities and senior managers from the NHS may be concerned that they will be asked inappropriate questions or ones for which they do not have the necessary information to answer. Patients and the public may not be used to the way in which OSCs work and may find the formality of the language and proceedings of some OSCs intimidating. Local authority officers may be concerned that the local authority will be reflected in a bad light and thus weaken their reputation with external agencies and with local people.

To mitigate against these perceptions, OSCs may wish to adopt innovative and diverse ways of meeting with witnesses in order to gain their views. Although there is always a place for the formal, town hall based select committee style process, meeting people on their own territory may make witnesses more relaxed about the process and it gives councillors opportunities to get a feel for

Is questioning the most effective way of getting information?

Questioning is not about demonstrating the interrogative talents of the questioner or creating a public spectacle: it is to elicit information or clarification that cannot be gained from other sources or by other means. Witness questioning sessions should come after initial evidence gathering, when councillors have had the opportunity to discuss the available information and decide what else they need to know. It will take time and effort for witnesses to prepare for the session and attend it and OSC members need to consider the best use of this time. There is no point in using valuable time in asking questions when the information is readily available elsewhere. Equally, it is important that the witnesses called are the ones that can give the OSC the information they need. Information on health services or health needs of the local population can be gleaned from many different sources.

- **Local plans** including reports, plans and strategies that relate to local services and local people. This should include information on the health needs of the local population from Directors of Public Health, Public Health Observatories (via Community Health Profiles), PCT Local Delivery Plans and various other plans and strategies which relate to the subject of the review. Reports of inspections of NHS bodies which are relevant to the review will be available locally and on the Healthcare Commission's website at www.healthcare-commission.org.uk.
- **Other local data** including the annual reports of Patient Advice and Liaison Services, Patient and Public Involvement Forums and service user groups on the quality of and access to services.
- **National data** including reports, strategies and data, which relate to the review topic will give useful context to the local information.

The main problem may be not that there is too little information about the subject of the review but there is too much for councillors to be able to read and digest. It is unrealistic to expect OSCs to do this. Officers supporting the OSC need to provide councillors with summaries of relevant written information and evidence. Councillors need to be able to understand the information and to agree what more they need to find out. One way of overcoming the 'paper problem' is to ask witnesses to summarise their evidence on one or two sheets of A4 or provide a powerpoint presentation that contains the main points in bullet form.

OSCs may wish to use advisers on a one-off basis to provide technical expertise on the subject of the scrutiny review. In some cases advisers from professional bodies, academic institutions or national and regional centres of excellence may charge for giving advice and OSCs need to consider whether this is best use of resources. Representatives of local voluntary, community and service users' groups may be more willing to provide free advice. They can assist OSCs in making sense of the information, how the local needs or services compare to national

benchmarks and where more information is required. Within the health scrutiny support programme, health OSCs can access free support from the Expert Advisory Team.

Preparing for questioning

Many concerns can be allayed by adequate preparation by the OSC and by witnesses. Support officers and OSC Chairs will play a major role in ensuring that witness sessions are used to best effect.

Preparing the OSC

OSCs need to ensure that:

- The terms of reference of the review are clearly understood - what are they attempting to find out? OSC members may need to narrow the focus of a review if they are not clear what questions witnesses need to address. In the case of consultations by the NHS on substantial variations or developments to NHS services, OSCs will not set the terms of reference. In such cases, they still need to be clear about the remit of the consultation and their contribution to it.
- They are in possession of all relevant written information - does the OSC understand the information? Are there any discrepancies in written information from different sources? Are there any other issues that arise from these discrepancies?
- What more do they need to find out in order to address the central issues of the review? Who can provide them with this information? What is the best way of getting this information? If you require more information from service users you need to consider whether a committee setting is appropriate. Many health scrutiny committees have visited service users in settings where they feel comfortable and simply asked them to give their experiences and what would improve things for them. Using small task groups of councillors to gather evidence in an informal way, bringing their findings back to whole OSC for validation, is becoming a popular way of covering topics in an efficient and effective way.
- How will all members of the OSC be involved in the questioning session? OSCs may wish to have a pre-meeting in which it is agreed that each member of the committee will focus on a particular area of questioning.

Preparing the witnesses

Witnesses need to be adequately prepared so that they feel they are able to make a positive contribution to the scrutiny process. They need:

- an understanding of the purpose of scrutiny and how it can contribute to service improvements and improvements in health
- the terms of reference of the particular review they are being asked to give evidence to
- a copy of the scoping report of the review (or a summary version if the original is complex or technical)

- a clear idea of the areas on which they will be questioned
- adequate time to prepare for the session
- a list of OSC members
- a list of other people who will be present at the session and a list of other people that have been asked to give evidence at previous or future sessions
- a named contact, preferably the officer supporting the OSC, from whom they can get additional information about the date, time and venue for the session
- the principles governing the conduct of witness sessions (see below for details)

Many OSCs send a standard letter to witnesses that includes all of the above information. In others, the support officer will contact witnesses by phone to talk through the how the session will run and what they can expect.

Principles of conduct for members of OSCs

The principles outlined below are designed for the benefit of OSC members, officers and witnesses in order to get the best out of any questioning session:

Listen - Councillors may be so concerned with asking the right questions that they do not listen to the answers. Ensure that the witness sessions are accurately recorded and do not rely on memory to draw on what you think you have heard. Give witnesses a copy of the evidence so that they have the opportunity to correct any inaccuracies. Witnesses need to listen to the questions (and make sure that they fully understand them) and address them rather than simply read out pre-prepared statements.

Be clear - OSC members need to be clear about the information they need and how it relates to the focus of the review. They also need to know who is best able to give them information. Witnesses need to be clear about the purpose of the questions they are asked. They also need to ensure that what they say is relevant to the review. Both OSC members and witnesses should avoid the use of jargon and acronyms, and use clear and concise language.

Ask for evidence - all answers should be supported by evidence, whether the person being questioned is the Chief Executive of a PCT or NHS Trust or a representative of service users. The supporting evidence could be drawn from national research, local monitoring or even the experiences of local people but councillors still need to be assured that there is a sound basis for the views expressed by witnesses.

Be constructive - Simply highlighting shortcomings of existing plans or services will not, in itself lead to improvements. The focus needs to be on what all agencies can do to improve health. Ask witnesses:

- what is working well?
- what needs to be improved?
- what evidence they have to support their views?

- what action needs to be taken to affect improvements?

Further advice and information about questioning can be found in the CfPS '10 questions to ask' guides.

Be respectful - Councillors should treat all witnesses with respect and give them the opportunity to answer the questions that they have been asked. Witnesses - especially chief officers and senior managers of health services - should not dismiss councillors because they do not have clinical or medical expertise. They may be more in touch with the needs and concerns of local people than health professionals.

Be honest - If OSC members believe that a witness is not answering a question, be insistent without becoming aggressive. If the answer is still not forthcoming, request that the witness gives the response in writing and follow this up with a formal written request. If witnesses believe that the OSC is wrong or is not focussing on the most important issues, then tell them - this will help the OSC be aware of everyone's perspectives.

Don't be defensive - The scrutiny process may be uncomfortable for both witnesses and members of the OSC. It is important for witnesses to keep in mind that the purpose of the scrutiny process is to improve local health and that there is always room for improvement in all services and plans. Equally, OSC members need to acknowledge that Councils can significantly impact on health and well-being and that local authority plans and services can also be improved.

Responding to NHS consultations

NHS bodies have a statutory duty to consult relevant health OSCs for areas that will be affected by proposals for substantial variations or developments in health services. OSCs may wish to call witnesses in gathering evidence for their response to NHS proposals. OSCs will need to know the answers to the following questions:

- Why are the changes being proposed?
- What are the alternatives, and why have they been rejected?
- What benefits will the proposals bring?
- What costs will there be? What are the financial implications for the NHS and for other public services?
- How will the changes affect the local population?
- Will it affect all members of the community equally? Are there any sections of the community who will be disadvantaged by the proposals? For example, will there be changes in access to services, waiting times, integration with other NHS and public services? Will different population groups be affected differently? For example, older people, people from black and minority ethnic communities, homeless people, asylum seekers and refugees.
- What is the clinical, financial, management case for proposing the changes?
- Do local people, patients and staff support the proposals (what evidence is there of effective work under Section 11)?

- How do the proposed changes compare to recognised good practice, national service frameworks etc? Do they reflect current knowledge of best practice?

More advice can be found in the CfPS guide to substantial variations and developments that was published in December 2005.

Managing questioning sessions

OSCs can make the most of questioning sessions by:

- ensuring that all members and witnesses understand the purpose of the session
- allowing adequate time for witnesses to give their views and for all OSC members to contribute
- displaying strong chairing skills which ensure that both OSC members and witnesses abide by the principles and that the focus is maintained
- being inclusive and ensuring that all witnesses are encouraged and assisted in making a constructive contribution to the proceedings
- summarising what has been learnt and what information is still needed.

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(briefing written by the Democratic Health Network)