

## **NHS Scotland Consultation Document on Local Healthcare Bill**

### **Response from the Community and District Nursing Association (CDNA)**

**Prepared by David Miller**

**28<sup>th</sup> March 2008**

The CDNA responses to the Local Healthcare Bill Consultation are as follows (using the question numbering from the Consultation Document):-

1. The current proposals are comprehensive and should improve local engagement. Two groups are crucial: elected Councillors and specific organisations such as PP Forums. Both of these are addressed in the proposals.
2. There are 2 key issues: which service changes require public consultation and at which stage of their development. Additional guidance on these is important.
3. Most of the work of NHS Boards is not about service change e.g. Finance, HR. Appointing lay members to NHS Boards to input to service change on behalf of patient groups is not efficient use of time and their input on other issues may not be helpful. A better approach is as in point 1 above.
4. Local authorities certainly have a role either by being on Boards or as a Scrutiny Committee. But see points 1 and 3 above.
5. Service changes should be developed locally by clinicians with input from local interest groups, not imposed centrally
6. The development of specific focus groups should be considered. Although these groups may have a particular interest e.g. cancer, strokes, their views on general topics could be sought.
7. See point 1 above.
8. The set up in England and Wales of Foundation Trust should be considered. Members with elected Governors ensure local input to key decisions. Wider membership could be encouraged by offering members some benefits enjoyed by NHS staff at no cost e.g. discounts in local shops
9. Candidates should be local and should be upstanding citizens. They should be able to demonstrate an interest in Health

10. The timing of meetings is important to allow younger candidates to be elected i.e. not all OAP's.
11. Candidates should submit a full profile, in particular covering areas of specific interest e.g. political party membership
12. Yes. The elected candidate should solely represent local views, not party policies.
13. The usual criteria for say MP's should be used e.g. no criminal record
14. Yes. The same rules as for local elections
15. A 3 year rolling programme should be used to ensure continuity i.e. a third of elected members should stand for election every year.
16. No. See point 3 above. Managing a Health Board is a complex business needing a spread of commercial skills.
17. Yes but see point 18 below.
18. Directly elected members and local authority councillors are not both required.
19. Yes to ensure real local interest.
20. Yes if these groups became too powerful. See points 11 and 16 above.
21. Candidates should be required to admit any such special or political interest when they stand as a candidate. Thereafter it should be a democratic process.
22. First past the post is the only system which will work given point 12 above.
23. Any system of voting should be allowed if it can be controlled. In practice, postal voting will be the simplest and should suffice
24. As the responsibility is the same, the remuneration should be the same.
25. Yes as long as it does not greatly elongate the whole process.
26. There should be 1 pilot for each type of constituency e.g. rural, urban
27. See 26 above plus possibly an area undergoing significant service change.

28. 1 to 2 years

29. The appointed Board members should be asked to comment on the contribution of the elected members. In addition, an independent panel should review how service changes have been managed.

30. Local Boards must have some discretionary freedom to allow it to reflect local issues. However, some centrally driven priorities should also be followed.

31. No. A legally binding form would be too complicated for lay members to understand.

32. Ministers should retain this power to cover situations where Boards become unrepresentative.

33. Yes. The election should be as cost-effective as possible. The cost depends on the size of the constituency.

## **Respondent Information Form**

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1. Responding on behalf of an organisation (see above)
2. N/A
3. YES – the response can be made available
4. YES – the CDNA is content to be contacted