

## Local Healthcare Bill – Consultation Response.

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Deafblind Scotland is a membership charity with the aim of helping deafblind people to live as rightful members of their own communities and to encourage and support contact between deafblind people and sighted hearing people. We liaise with health and social services providers to make appropriate assistance available to deafblind people in Scotland, and we work in partnership with statutory and other agencies to improve the quality of life for deafblind people.

This consultation response has been completed as a general reply to the consultation questions in the Local Healthcare Bill Consultation Document.

The Scottish Government's desire to encourage greater public and patient involvement in planning and delivery of local NHS services, allied with their policy of health services being delivered as locally as possible requires that robust consultative media are in place to ensure that local services are responsive to local circumstances. Deafblind Scotland welcomes the opportunity to respond to this Consultation.

As an organisation promoting the well-being and involvement of deafblind people in all aspects of the life of their communities, the opportunity for deafblind health service users to have their voices heard would be very positive.

Question 5. It is clear that the majority of local people will not be in a position to seek election to NHS Boards. However, for a NHS Board to be fully aware of the views of its population, the role of the Scottish Health Council is key. Positive initiatives such as SHC's partnership with Citizen's Advice Bureau are welcome as an avenue where people can input to the NHS, and its planning. We believe that such community routes for influencing, or complaining about, NHS services are vital both for the process of genuine community involvement and to enable potentially excluded groups to contribute to this exercise. This is particularly true for deafblind people, as deafblindness is a low incidence disability and their needs are often unacknowledged, or unknown, and their voices not heard. To ensure equal access to community planning and elections to NHS Boards, it is fundamental that special arrangements are made to elicit deafblind peoples' views. We trust that this will be a feature of the final process.

Question 7. The role of Community Planning Partnerships is vital both for the development of the Scottish Government/local government concordat, and as a planning forum for local NHS services. It is crucial that appropriate support is available to enable all local people to contribute. In particular, for Deafblind Scotland's members, this means that information must be available in an accessible medium, and that deafblind people have the opportunity to be

accompanied by a Guide/Communicator, and this support must be funded appropriately.

With regard to the suggested direct elections of Board members, we would make the following points:

1. Deafblind Scotland has at least 60% of its Board made up of deafblind people. If deafblind people are to be able to seek election to NHS Boards, as members of their communities, then appropriate special arrangements require to be in place, in terms of support and accessible materials, to enable them to do so.
2. It is clear that equality and diversity of candidates must be a fundamental consideration of a Board make-up to avoid the situation where new elected members are drawn from the same homogenised pool of middle-aged, middle class, white, non-disabled professionals, and ex-professionals, that comprise many charity boards. Special provision should be made to encourage candidates from a wide diversity of background and culture, including disability, to apply.
3. Any agreed election process must be as simple and “user-friendly”, flexible and inclusive as possible. The process of voting should therefore employ a variety of media, including electronic voting and postal voting. This range of voting media may go some way to ensuring that people wishing to vote are not effectively “disenfranchised” by the complexity of the voting process. This is above all relevant for older people, disabled people, those with a sensory impairment, and particularly those with a dual sensory impairment. In addition to the variety of voting options, candidate and voting information must be available in a range of media to ensure that all community groups can take part in the democratic process.

In terms of accountability of the Boards it is clear that the Scottish Government’s focus on outcomes should be reflected in the performance of NHS Boards and NHS services. It is also a key principle, in a national health service, that there is a general performance expectation across all Health Boards. This is necessary to obviate situations, for example where a deafblind person could receive guide/communicator support for medical consultations in one NHS area but not in another – despite the guidance noted in MEL 1998 (4) – *“All Health Boards and NHS Trusts should be aware of their responsibilities in this area (recognising the deafblind people are the most disadvantaged of its user groups) and have appropriate arrangements in place to ensure that all deafblind people are afforded the services of a Guide/Communicator when they attend hospital or GP surgery”*.

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