

**Edinburgh Association of University Women****Scottish Government Consultation: Local Healthcare Bill**

1. The current proposals probably do help achieve the aim of better engaging and involving local communities.
2. There is no need for additional guidance: it should be possible to achieve effective consultation within the existing guidelines.
3. The appointment of lay members specifically to represent patients or other groups appears to us to run the risk of sectional interests putting pressure on such appointed lay members. These members must be independent and free to follow what they judge to be in the best interests of the community served by the Health Board.
4. We do not think that local authorities should be involved in such scrutiny. But would welcome clarification of what is meant by "engagement" in this context.
5. It is not necessary, at the present time, to give additional responsibilities to the Scottish Health Council, but this should be kept under review.
6. We are unsure about the composition and purpose of these bodies and would appreciate more information.
7. Again, more information about these Partnerships would enable the public to make better judgements.
8. The measures in place should be more efficient and effective and we feel that dissemination of information should be the priority. Introducing additional new measures would appear to create too many layers of administration.
9. Candidates for election to NHS Boards should live within the Board area. One other qualification should be that the minimum age of candidates should be the same as for Parliamentary candidates.
10. We find it difficult to decide how these could be promoted but do feel that there should be a gender balance as healthcare issues for men and women can be very different.
11. Candidates should have to submit such profile statements; it is particularly important that membership of political parties and pressure groups should be declared. This does not mean that candidates making such declarations should be excluded but it is vital that voters should be aware of the situation.
12. Health Board elections should not become a political battlefield and we therefore favour the exclusion of candidates standing as representatives of a political party.
13. Candidates who have a criminal record of any sort should be banned from standing
14. Those who are qualified to vote in local authority elections, should be qualified to vote in NHS Board elections. The rules which apply to local authority elections should be followed.
15. Elections to NHS Boards should be held, like local authority elections, every four years. If held

**Edinburgh Association of University Women**

at the same time, there could be considerable savings but absolutely clear instructions must be given.

16. No.
17. Yes.
18. Surely the role of elected lay members and local authority councillors is different and we do not, therefore, see any need for the role of councillors to change.
19. No.
20. Yes. Lobbying by pressure groups, political parties and commercial interests could create problems for health professionals and have adverse effects on public health. Any commercial lobbying should be banned and it is of the utmost importance that the Chairman of an NHS Board should be strong and independent-minded.
21. Yes. It is difficult to decide what form such safeguards should take as individuals may not appear to have any overt affiliations but may still have a personal bias towards a group or political party.
22. We favour a "first past the post" system
23. Since in local authority elections, voters can vote by post or at a polling station, we see no reason why this should not also be the case for NHS Board elections.
24. There should be no discrimination in the case of elected members and they should therefore be remunerated at the same level as existing members.
25. We are firmly opposed to the concept of "pilots". It follows, therefore, that we have no comments to make on 26 - 29 inclusive.
26. No comment
27. No comment
28. No comment
29. No comment
30. Although there may be some limited opportunity for elected NHS Boards to exercise local discretion and flexibility, in general we believe that national policies and priorities should be followed and there should be provision of consistent levels of performance across Scotland.
31. Guidelines on governance, priorities and performance standards should remain, but we do not believe that these should be legally binding.
32. Ministers should have the power to remove elected lay members on the advice of the Board Chairman and after thorough investigation of the reasons for doing so.
33. We would not be happy if support involved large amounts of NHS resources which, we feel, could be better used for patient care. If the elections were run in tandem with local authority elections, we assume that this would reduce costs. However, we find it impossible, without more detailed information, to decide on a reasonable figure for election expenditure.