



Epilepsy Scotland Consultation Response

Local Healthcare Bill

Submitted March 2008

This Consultation focuses on the Government's commitment to introduce a Local Healthcare Bill to provide direct elections to Scotland's fourteen health boards. Members of health boards are currently appointed by Scottish Ministers.

The Government intends that the Local Healthcare Bill should address concerns about the role patients and the public play in decisions about how NHS board service are planned and delivered.

Epilepsy Scotland see that the current system of appointed boards creates a gap between the health boards and the public which is increasingly being filled by local campaigns of protest. We believe that public preferences need to be embedded in health board decision taking from the start.

Epilepsy Scotland appreciates that the proportion of health board budget allocated to the voluntary sector remains small despite a recent growth of rhetoric in support of the sector's role in health provision and recognition of its potential to increase its contribution. We support direct elections to health boards on democratic grounds. But we also hope that opening up health boards to new representatives directly from the community will improve the chances of the voluntary sector's role and potential being better appreciated and supported.

Making things better: the role of patients and communities in deciding how NHS services in Scotland are planned and provided

Question 1

Epilepsy Scotland support the objectives of the consultation document in encouraging greater public involvement in the planning and delivery of NHS Services and believes that the proposals for independent scrutiny of service change proposals will enable better engagement and involvement of local communities.

Question 2

The proposed actions to improve public engagement will result in a significant improvement in the way the public are involved.

Question 3

Epilepsy Scotland support the idea of appointing additional lay members through direct elections to the board.

Question 4

Additional local authority elected representatives could assist the Board in representing the views of local communities on proposals for service planning and delivery issues.

Question 5

No comment

Question 6

The effectiveness of CHPs and their Partnership Forums remains to be tested as they are fairly new groups. One option would be to introduce direct election of community members to the Forums alongside the stakeholder representation which in almost all cases now includes the voluntary sector.

Question 7

Closer co-operation and public engagement could be included as outcomes contained in the Single Outcome Agreements being developed by Community Planning Partners. However it is important to bear in mind that the Community Planning Partners are dominated by public sector organisations and may not fully represent the needs of the community.

Question 8

No comment

A new approach: changing the current framework so that NHS boards have directly elected members with the aim of bringing about greater patient and community involvement in planning and delivering local health policies

Question 9

Candidates should live within health board area and be aged over 18 years.

Question 10

The promotion of equality and diversity is important in the run up to the election, but this should be endemic across all Government. Promotion of the elections should seek to ensure that all members of the community can participate in the election if they want to.

Question 11

Perhaps a short statement should be provided outlining the candidate's hopes and aspirations. Other than that their political preferences are not relevant.

Question 12

Candidates should not be excluded if they are also standing for a political party.

Question 13

Those who have criminal convictions or who have been made bankrupt (as with local government elections) should be disqualified from seeking election.

Question 14

All UK citizens registered to vote in the locality.

Question 15

To ensure maximum effectiveness directly elected members should be elected every four years.

Question 16, 17 and 18

No Comment

Question 19

It makes sense for NHS Board areas to be divided into electoral wards.

Question 20

The emergence of groups or individuals with particular views may be problematic and could lead to a focus on the short term with less focus on the wider governance of the NHS in a Board Area.

Question 21

If there are direct elections, it would be difficult to justify introducing measures to prevent unrepresentative/disproportionate representation of a political party or special interest group.

Question 22

The most appropriate form of voting system would be the Single Transferable Vote. This would allow individual voters the power to limit political party domination of the system and encourage non-party affiliated local health champions to put themselves forward for election.

Question 23

No comment

Question 24

Elected board members should be remunerated at the same rate that current appointed board members receive (£7500).

Question 25 – 29

No comment

Question 30

Each Board should have to provide consistent levels of performance across Scotland. However, there should be a balance between following national policies and priorities and enabling the Board to have the freedom to exercise some local discretion and flexibility.

Question 31 – 33

No Comment

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