

LOMOND PATIENTS GROUP

Rosebank
150 West Princes Street
Helensburgh G84 8BH
March 26 2008

Claire Ferguson
Scottish Government
Directorate General Health and Wellbeing
Area 2E(N)
St Andrews House
EDINBURGH EH1 3DG

Dear Claire Ferguson,

Local Healthcare Bill – Consultation.

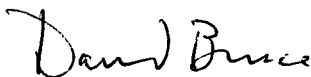
On behalf of the Patients Group, I herewith submit our response.

The Group wish me to say that although they have no difficulty in accepting the general thrust of the proposed Bill in relation to lay membership of NHS Health Boards, they feel that as a means of ensuring the behaviour and accountability of Boards, this approach has its limitations.

They see problems in ensuring that appointments through elections deliver the best possible quality of board membership, but their main concern is that even with suitable people in place they may not be able to influence adequately how boards operate. We have currently the example of Greater Glasgow and Clyde Health Board which has seemed impervious to any public influence, however expressed or justified, and we wonder if the presence of elected lay members would have made any difference to their actions.

This brings me to what the Group believes is the potentially much more effective means of ensuring boards' behaviour and accountability, namely, the use of Independent Scrutiny Panels. We believe that the recent examples of how such panels can operate give a great deal of encouragement to the public and we would welcome any opportunity to address in detail how such panels might be deployed in future.

Yours sincerely,



David Bruce.
Convenor.

Tel 01436 675220 Fax 677991 email David.Bruce@ufcnet.net

LOCAL HEALTHCARE BILL

Response to the Consultation Document

Consultation Questions: Our Responses

1. Do you think the current proposals for independent scrutiny of service change proposals help achieve the aim of better engaging and involving local communities?
Yes
2. How could additional guidance to NHS Boards on making public consultation as effective as possible help achieve this aim? **By establishing mandatory rules for all public consultations.**
3. Would the appointment of more lay members to NHS Boards - perhaps to directly represent patients or other groups - help achieve the aim? **Yes.** How might this be achieved? **By a quota system.**
4. In particular, would adding more local authority councillors (one councillor from each local authority whose area a Board serves is currently appointed to that Board) help achieve the aim? Could local authorities have a role in scrutinising public and community engagement? **No to both**
5. Should we develop further the role of the Scottish Health Council to bring about more effective engagement and involvement? If so, what additional responsibilities could the Council take on and what would the benefits be? **No. We believe that SHC in its present form is of very limited use and would question the need for it at all.**
6. How could the Public Partnership Forums associated with Community Health Partnerships encourage greater public engagement? **We believe there is scope for such encouragement but that PPFs need to be stronger to be effective.**
7. How could local Community Planning Partnerships best ensure improved public engagement with NHS planning? **There are issues of balance and engagement, not to mention resources, that have to be addressed separately.**
8. What other measures could be introduced to increase effective engagement and involvement of the public with the NHS in Scotland? **See 7 above.**
9. what eligibility criteria should candidates meet (e.g., should they be resident in the Board area? Should there be any other qualifications?) **Not necessarily resident – see the Lomond anomaly where the provider of all non-primary care is different from the geographical board which has their duty of care. One disqualification: no former board members should be eligible to be lay members.**
10. how could equality and diversity of candidates be promoted? **Only by proscription, which might well limit potential candidates.**

11. should candidates have to submit profile statements and declare any interests and/or relevant qualifications / skills / experience, for example membership of a political party or a pressure group? **Yes.**
12. is there a case for excluding candidates standing as a representative of a political party? **Yes.**
13. in what circumstances might someone be disqualified from seeking election? **Ex Board members.**
14. who should be allowed to vote in the election? Should the same rules as apply to local authority elections be followed? **Yes.**
15. how often should elections be held, and when? Local authority elections are held every 4 years. Should elections to NHS Boards follow the same pattern? **Yes.**
16. should directly elected members form a majority of the members on a Board? **Yes.**
17. should the existing categories of appointed Board members (lay members, stakeholder members and executive members) remain in place? **Yes. However, the total number of members must be kept as before or if possible reduced.**
18. Among the appointed "stakeholder" members on NHS Boards are local authority Councillors. What should their role be if directly elected members sit on Boards? **As before.**
19. Should NHS Board areas be divided up into electoral wards? **No. Too complex.**
20. Would the emergence of groups or individuals with particular views be a difficulty or a potential threat to good governance and direction of the NHS in Scotland? **Yes.**
21. should safeguards be introduced to prevent unrepresentative / disproportionate representation of a political party or special interest group on a Board, and if so what form might such safeguards take? **Yes. No group should be more than a third of the total membership.**
22. Would you favour a simple "first past the post" voting system, a proportional representation approach or another type of system? **First past post.**
23. how should voters be allowed to cast their votes? By postal ballot or at a polling station? Or either, depending on the voter's choice? **Either.**
24. should directly elected Board members be remunerated? If so, at what rate - the same as appointed members currently receive? **Only loss of earnings and expenses should be paid, otherwise no remuneration.**
25. Are pilots a good idea? **No, generally, other than clinical.**
26. how many pilots should there be?

27. how should pilot areas be selected?

28. how long should pilots run for?

29. what criteria should be used to assess and evaluate the pilots?

30. should NHS Boards continue to provide generally consistent levels of performance across Scotland and follow national policies and priorities? **Yes.** Or should elected NHS Boards have the freedom to exercise local discretion and flexibility? **Yes, as long as they are satisfying national policies.**

31. should current guidance e.g. on governance, priorities and performance standards be set out in future in legally-binding form, to ensure that elected Boards comply with them? What would be the advantages and disadvantages of this? **No need.**

32. Ministers currently have powers to remove members. Should they be able to remove elected members? **Yes.** What sort of reasons might justify such a power being used? **Failure to attend, to be accountable, etc.**

33. should NHS resources be used to support direct elections? What do you think would be a reasonable amount to spend on elections? **Elections should be funded by government as economically as possible without impinging on NHS money.**

