

# Consultation Document: Local Healthcare Bill



Multiple Sclerosis Society  
Scotland

## MS Society Scotland response

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### INTRODUCTION

The Multiple Sclerosis Society Scotland is the largest voluntary organisation for people affected by multiple sclerosis in Scotland, with almost 4,000 members across the country.

An estimated 10,500 people in Scotland have MS, a higher prevalence than anywhere else in the world. MS is also more prevalent amongst women, with the ratio of women to men with MS around 3:1.

The MS Society is committed to bringing high standards of quality health and social care within reach of everyone affected by MS and to encourage and support medical and applied research into its cause and control.

The MS Society Scotland funds research, runs a holiday respite centre in North Berwick, provides grants to individuals and a range of education and training on MS. It also produces numerous publications on MS and runs a freephone specialist telephone information service.

There is also a network of volunteer branches across Scotland that provide advice and support to people affected by MS at a local level.

## **Response**

The Society welcomes the Scottish Government's objective to encourage greater public and patient involvement in the planning and delivery of local NHS services in Scotland and the opportunity to comment on the options for change. The Society is supportive of the general direction of travel on patient and public involvement over the last few years and also believes that direct elections to NHS Boards is a positive way of further encouraging and promoting public participation and involvement in our health service.

## **Questions 1-8**

One potential way of increasing the range of lay member appointments to NHS Boards might be to invite voluntary and community organisations to nominate people for consideration for appointment rather than relying on individuals to self-nominate. This would probably result in a wider pool of people being proposed for membership rather than only the 'great and good' becoming Board members as is currently widely perceived.

The Society sees an important role for local authority councillors on Board's not only in terms of the democratic scrutiny they can bring to the work of Boards but also with the agenda of closer working between Boards and local authorities. The role of local authorities in supporting the scrutiny of local healthcare service provision is also one that we think there is scope for further exploration.

The Scottish Health Council could be given a higher profile, through improved marketing and advertising for example, to help build the public's understanding of its role and enhance their trust in it as a champion of patient and public involvement. Embedding it within an NHS quango was probably not particularly helpful in terms of its status and the public's view of its independence from NHS Boards. Consideration could be given to making it truly independent of NHS Scotland bodies in order to give the public absolute confidence in its independence.

In terms of other measures for increasing effective engagement we would highlight the need for better information and publicity about the current engagement activities as a first step. All too often patients and the public are simply unaware of the ways in which they can become engaged in local healthcare decisions. While this has certainly improved in recent years there is still considerable scope for improvement.

The development of more interactive, web-based consultative mechanisms would also help to facilitate greater participation and feedback. Most board websites are very static and concentrate on providing information rather than encouraging participation and involvement. As people become more used to sharing their views and opinions on a range of subjects via online surveys and web based forums, it seems a natural, inclusive and cost-effective way for the NHS to reach out to service-users and the wider public on an ongoing basis.

## **Questions 9-15**

The Society does not have firm views on most of the process and procedural questions in this section but does believe that it would be important for candidates to live within the Board area. We would also like to see candidates have to submit profile statements and declare interests in order to ensure that the public could feel well informed about who they are voting for.

We do feel that it would be very important to encourage equality and diversity of candidates. We know that women, ethnic minorities and disabled people are generally very under-represented at a national and local level in politics presently and that there would be a considerable danger of this continuing with Board elections.

Additional support and guidance for candidates from under-represented groups might be one way of encouraging a wider diversity of people to consider putting themselves up for election. This might include offering training on public speaking, committee membership or other aspects of the work involved in NHS Board membership in advance of elections.

#### **Questions 16-18**

We believe that there will still be a place for some appointed members on Boards in order to maintain the overall range of skills and expertise that is required at Board level. This would certainly include Executive members for example to ensure some medical and nursing expertise is available on the Board.

#### **Questions 19-24**

We believe that the emergence of groups or individuals with particular views i.e. single issue slates, is certainly a major area for concern in relation to the proposal for directly elected boards. If groups with their own very particular agenda on a specific issue were able to attain a controlling or influential position within a Board it could represent a threat to the national cohesion covered in section 2.5.

A system of proportional representation would probably be more likely to prevent such a development. There might also be some requirement to sign up to certain core principles in relation to national policy or guidance in order to stand as a candidate.

#### **Questions 25-29**

The Society has no particular view on piloting elections to Boards.

#### **Questions 30-33**

We believe that it is very important that Boards should continue to provide generally consistent levels of performance across Scotland and follow national policies and priorities. It particularly important that Boards should continue to abide by national standards and guidance in order to ensure that patients can receive similar levels of care and service provision wherever they live in Scotland.

For example the Society has campaigned for several years for the development of national standards of care for people with MS, which MHS QIS has now begun to work

on. When the final standards are published people affected by MS will expect them to be met by all Boards and to receive a consistent standard of service across Scotland.

A considerable amount of effort and expense has also been made to re-establish NHS Scotland as a national service again after the fragmented era of the internal market. We think it would be unfortunate if a by-product of seeking to increase involvement and accountability within Boards, was that the NHS became a less recognisably national service again.

The cost of direct elections is a concern as although the estimate of £5m for initial elections is undoubtedly a small amount in the overall scheme of NHS expenditure it could provide a considerable boost to specific areas such as neurological care for example. Clearly another factor is that the greater the cost of the elections, the greater is the potential for the public to become frustrated or annoyed by the exercise which in turn could have an impact on electoral turn out or trust in elected Boards. We think that £5m is probably about the limit for cost and believe that all possible ways of holding the cost of elections down should be investigated prior to even beginning to pilot elected Boards.

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For further information about the MS Society Scotland please either visit [www.mssocietyscotland.org.uk/index.html](http://www.mssocietyscotland.org.uk/index.html) or contact Ryan Norton, Communications Manager [ryan.norton@mssocietyscotland.org.uk](mailto:ryan.norton@mssocietyscotland.org.uk) or 0131 335 4058.

MS Society Scotland  
National Office, Ratho Park  
88 Glasgow Road  
Newbridge EH28 8PP

0131 335 4050