

## North Edinburgh Public Partnership Forum

### Response to consultation questions on the Local Healthcare Bill

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All correspondence to be addressed to

Lesley Baxter  
Patient Involvement Worker  
Blackford Pavilion  
Astley Ainslie Hospital  
133 Grange Loan  
Edinburgh  
EH9 2HL

0131 537 9290

[lesley.baxter@nhslothian.scot.nhs.uk](mailto:lesley.baxter@nhslothian.scot.nhs.uk)

No.	Question	Answer
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?	Independent scrutiny must include representation from PPF. Scrutiny panel should be lead by people on the ground who serve local communities. Must be active links between Board and PPF
2.	How could additional guidance to NHS Boards on making public consultation as effective as possible help achieve this aim?	Publish all scrutiny reports and outcomes widely in press and through reporting systems and links.
3.	Would the appointment of more lay members to NHS Boards - perhaps to directly represent patients or other groups - help achieve the aim? How might this be achieved?	No need for more lay members but an expectation that current lay members must communicate and liaise with established consultation mechanisms such as PPF to engage as many people as possible.
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 more local authority councillors should be added. Not independent, so councillors should have no role in scrutinising public and community engagement.
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?	SHC should play a greater role in scrutiny and monitoring of the health service.

6.	How could the Public Partnership Forums associated with Community Health Partnerships encourage greater public engagement?	Fund and resource PPFs to promote and publicise to generate more active public engagement
7.	How could local Community Planning Partnerships best ensure improved public engagement with NHS planning?	Neighbourhood Partnerships are a future route as well as the PPFs and established Organisations. Again needs resourcing.
8.	What other measures could be introduced to increase effective engagement and involvement of the public with the NHS in Scotland?	Fund and resource PPFs to lead on engagement and involvement. Spend 'direct elections' funds on giving PPFs proper resources. More patient involvement at GP Practice / Primary Care level to engage patients at point of initial contact.
9.	What eligibility criteria should candidates meet (e.g., should they be resident in the Board area? Should there be any other qualifications?)	No more candidates but the ones already there must link with PPF/NP/SHC and other links. At least two of the lay members/candidates must be active members of the PPF and nominated by the PPF.
10.	How could equality and diversity of candidates be promoted?	Work towards this by empowering the PPF to increase in diversity.
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. Public should know skills and interests of lay members.
12.	Is there a case for excluding candidates standing as a representative of a political party?	Yes. Who are they representing first and foremost? How do they represent the general public? If one party is represented then all must be.
13.	In what circumstances might someone be disqualified from seeking election?	Not excluding individuals but excluding party political representatives.
14.	Who should be allowed to vote in the election? Should the same rules as apply to local authority elections be followed?	Do not agree with direct elections. PPF's were established to develop and produce meaningful public involvement and engagement and once this is achieved will ensure democratic creditability.
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?	No to elections in principle! But 4 years is too long, 3 seems more workable. PPF has not had resources to support the public to be fully informed prior to elections. Lay members should be appointed via PPF.

16.	Should directly elected members form a majority of the members on a Board?	No.
17.	Should the existing categories of appointed Board members (lay members, stakeholder members and executive members) remain in place?	Yes.
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?	Non-political. Independent service to the NHS.
19.	Should NHS Board areas be divided up into electoral wards?	No.
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. We want diversity not groups with fixed agenda or individual agendas.
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. Strong communication links between all partners and PPFs. Must be a two way process.
22.	Would you favour a simple "first past the post" voting system, a proportional representation approach or another type of system?	NA. Directly elected people will be expensive to elect, unlikely to be able to show democratic credibility and potentially undermine the position of the PPF, local councillors and voluntary sector groups.
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?	Money would be better spent resourcing the PPFs. There is no time to genuinely inform public on this new voting system and what it means for them.
24.	Should directly elected Board members be remunerated? If so, at what rate - the same as appointed members currently receive?	All should be the same.
25.	Are pilots a good idea?	No. Improve and build on current situation and set up. No need for expensive pilots which may not be like for like and therefore not comparable.
26.	How many pilots should there be?	None
27.	How should pilot areas be selected?	NA
28.	How long should pilots run for?	NA

29.	What criteria should be used to assess and evaluate the pilots?	NA
30.	Should NHS Boards continue to provide generally consistent levels of performance across Scotland and follow national policies and priorities? Or should elected NHS Boards have the freedom to exercise local discretion and flexibility?	Should do both as they are not mutually exclusive. Local discretion and flexibility is vital in delivering responsive local services.
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?	Yes. Secure compliance (advantage) Current guidance should be subject to review and monitoring, annual review by independent scrutiny panel. Current guidance must be accessible and available to all.
32.	Ministers currently have powers to remove members. Should they be able to remove elected members? What sort of reasons might justify such a power being used?	Yes.
33.	Should NHS resources be used to support direct elections? What do you think would be a reasonable amount to spend on elections?	<b>No</b> <b>None!</b>