

CONSULTATION LOCAL HEALTHCARE BILL

- ① DO NOT THINK PUBLISHED WIDELY ENOUGH
i.e. HOW MANY LAY PEOPLE INVOLVED
- ② BY BEING MORE PRO-ACTIVE WITH PUBLIC
- ③ YES - AGAIN BY PUBLISHING LOCALLY e.g.
LOCAL RADIO, LOCAL PAPERS etc. BEARING IN
MIND THAT NOT EVERYONE IS COMPUTER
LITERATE.
- ④ NO - DO NOT AGREE LOCAL AUTHORITIES
SHOULD BE INVOLVED ANY MORE THAN
AT PRESENT.
- ⑤ YES, PERHAPS BUT AGAIN KEEP IT LOCAL
OTHERWISE NO BENEFIT WILL OCCUR.
- ⑥ ONLY IF PUBLIC ARE MADE AWARE OF HOW
THEY CAN BE INVOLVED AND ENCOURAGED
TO DO SO.
- ⑦ MAKE PEOPLE AWARE THAT THEY CAN TAKE
PART AND INFLUENCE DECISION MAKING.
- ⑧ BETTER LOCAL PUBLICITY AND ENCOURAGEMENT
GIVEN TO LOCAL COMMUNITIES TO TAKE PART
e.g. VIA LIBRARIES, COMMUNITY CENTRES etc.
- ⑨ TO BE ELIGIBLE, MUST AT LEAST BE A
LOCAL RESIDENT. OTHER QUALIFICATIONS
COULD BE DEPENDENT ON WHICH PARTICULAR
AREA/NEED IS REQUIRED BY THE VACANCY

PURG (2)

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- (10) MAKING SURE THERE ARE SUFFICIENT SKILLS AND EXPERIENCE ACROSS THE BOARD
NB NOT ALL PROFESSIONAL
- (11) YES
- (12) YES - POLITICS SHOULD NOT BE A PRIME FACTOR
- (13) PERHAPS IF IN A HIGHLY REPRESENTATIVE POST
eg DIRECTOR OF A DRUG COMPANY OR EQUIVALENT
IN MANUFACTURING OR EQUIPMENT.
- (14) DELEGATES FROM OTHER BOARDS BUT ALSO
A PANEL FROM PUBLIC SHOULD BE CHOSEN
- YES - UNDER CERTAIN CRITERIA.
- (15) COULD BE HELD EVERY 4 YEARS BUT NOT
SAME YEAR AS LOCAL AUTHORITY ELECTIONS.
NB NOT ALL POSTS SHOULD BE UP FOR
ELECTION AT SAME TIME - SAY 50%
- (16) I WOULD SUGGEST 33 $\frac{1}{3}$ %
- (17) YES, AT PRESENT
- (18) EVERY MEMBER SHOULD HAVE AN EQUAL ROLE
EITHER ELECTED OR NOT
- (19) YES IF BOARD AREA IS LARGE eg GLASGOW
- (20) THIS COULD HAPPEN AS ALREADY DEMONSTRATED
RECENTLY - BY PUBLIC OPINION.
- (21) YES - BUT GREAT CARE MUST BE TAKEN TO
BE FAIR TO ALL. SAFEGUARDS COULD INCLUDE EITHER
A SECRET BALLOT OR AN OUTSIDE IMPARTIAL
CONSULTANCY COULD WEIGH UP AND PASS JUDGMENT

(22) PROPORTIONAL OR PART PROPORTIONAL

(23) VOTERS CHOICE - POSTAL / POLLING

(24) YES AND AT SAME RATE OTHERWISE NOT AN EQUAL PLAYING FIELD

(25) YES TO SEE WHAT WORKS

(26) AT LEAST 3

(27) EITHER (1) GEOGRAPHIC (2) POPULATION (3) NHS BOARDS

(28) 2 OR 3 YEARS IN TOTAL FOR A FAIR DECISION

(29) EQUALITY / DIVERSITY / INDEPENDENT VIEWS SHOULD BE TAKEN INTO ACCOUNT OVER ALL AREAS CHOSEN

(30) BOTH

(31) ADVANTAGE - ALL NHS BOARDS ACROSS SCOTLAND WOULD ACT IN SAME WAY.

DISADVANTAGE - DOES NOT TAKE INTO ACCOUNT LOCAL DIFFICULTY / PRESSURE GROUP AND COULD NOT ACT ACCORDINGLY.

(32) YES - BUT ONLY IN EXTREME CIRCUMSTANCES
eg IF IT WAS PROVED THAT MEMBER WAS ACTING EITHER (1) SOLELY ON OWN INTEREST OR (2) AGAINST INTERESTS OF LOCAL COMMUNITY

(33) YES - AS ELECTIONS ARE DIRECTLY FOR NHS BOARDS.

£3m to £5m - MONEY COULD BE SET ASIDE ON AN ANNUAL BASIS TO COVER THIS
ALTERNATIVE - FUNDED DIRECTLY FROM THE SCOTTISH GOVERNMENT.