



**ROYAL COLLEGE OF PSYCHIATRISTS, SCOTTISH DIVISION  
RESPONSE TO THE SCOTTISH GOVERNMENT CONSULTATION : LOCAL  
HEALTHCARE BILL  
MARCH 2008**

The Scottish Division welcomes the opportunity to comment on this proposed Local Healthcare Bill which we circulated to all our Executive Committee members. The following comments were made by members:

It would be helpful to present some evidence from other areas that involving lay people who represent local needs usefully influences service developments. We fully accept the principle of patients' representatives being on Boards. From our own experience of involving service users and carers in the Royal College Of Psychiatrists we have encountered difficulties with the "representativeness" of these individuals. In mental health the situation has recently been improved with the advent of an umbrella organization known as VOX (Voices of Experience). This has allowed us to find people who are more genuinely representative to do this work. There are dangers if any one group of patients' representatives is allowed to dominate this agenda.

There is a real need to avoid tokenism, for example, consulting people when decisions have already made.

We would support augmenting current policies rather than introducing an unwieldy and potentially very expensive new option - resources for elections coming out of the NHS we would strongly oppose. It would also make more work for civil servants, again we do not believe it is worth the cost.

## Section 1

It would be helpful to have more details on the concerns that NHS boards are not giving enough weight to local views' - who is expressing these concerns and what is their nature.

Some of the questions on p5 are difficult to generalize about as, for example, there are sometimes good and legitimate reasons why different boards work differently.

We accept that it is helpful to have Scottish Health Council representatives on each Health Board.

## **Section 2.**

It's not made that clear how lay people are currently appointed so can't compare the old approach with the proposed new one.

q9 - obviously the elected candidates would need to know what they were doing but we are not clear how this will be translated into practice.

q11 - most definitely yes - candidates should submit profile statements and declare any interests.

q20 and 21 - yes.

We would favour a PR vote and think all members should be remunerated in the same way.

When carrying out piloting, it needs to be understood that because of a variety of differences between Boards results from piloting in one Board may not always be widely applicable.

The information on p10 and 11 has worrying implications if boards are currently not legally bound to follow rulings set by Parliament especially if a radical change in how boards are run is being proposed and we would agree with a change in legislation to ensure that boards should provide a consistent level of performance.

Consultation Q30

It is hard to permit flexibility while keeping equity of service provision. Who decides which services are run/financed centrally e.g. the State Hospital

**Scottish Division March 19<sup>th</sup> 2008**