

PRELIMINARY REMARKS. WE TOOK IT THAT THE PUBLICATION WAS INTENDED FOR EXPERTS AND LAYPERSONS ALIKE. IT WAS A DOCUMENT OF MANY WORDS, BUT WE FELT THAT MAPS ,DIAGRAMS AND A CLEAR EXPLANATION OF THE FUNCTIONS OF THE SCOTTISH HEALTH COUNCIL AND OF THE PUBLIC PARTNERSHIP FORUM WERE NEEDED AS WAS MORE FACTUAL INFORMATION ABOUT THE VERY VARIED CONDITIONS ACROSS SCOTLAND.

QUESTIONS 1 2 . QUESTIONS TOO BROAD IN SCOPE TO MERIT COGENT ANSWERS.

Q3. APPOINTMENT OF LAY MEMBERS COULD RESULT IN MISUNDERSTANDINGS AND THEREAFTER MISMANAGEMENT. LAY MEMBERS WOULD NEED TO DEVOTE TIME TO UNDERSTANDING THE ISSUES AND THE PLANNING. HOW COULD LAY MEMBERS CAPABILITY BE SUITABLY ASSESSED ASSUMING NO PREVIOUS HEALTH EXPERIENCE ?

Q 5,6,7,8. WHATEVER HAPPENED TO LOCAL HEALTH COUNCILS) COULD THEY BE REINSTATED) HOW COULD LOCAL COUNCILLORS / COMMUNITY COUNCIL MEMBERS BECOMEM USEFULLY INVOLVED ?

Q 9,10,11. ELIGIBILITY CRITERIA- RESIDENT LOCALLY ALL YEAR ROUND., IN GOOD HEALTH, MOBILE, ARTICULATE , FORWARD LOOKING. CANDIDATES SHOULD HAVE TO SUBMIT PROFILE STATEMENTS AND BE PREPARED TO BE INTERVIEWED ABOUT THESE.

Q 12,13,14,15. WE ARE NOT HAPPY ABOUT THE ELECTION PROCESS OUTLINED. COUNTRYWIDE ELECTIONS WOULD BE EXPENSIVE TO SET UP, AND COULD WELL BE POORLY SUPPORTED, AS INDEED MOST LOCAL ELECTIONS ARE ALREADY.

Q 16. DIRECTLY ELECTED MEMBERS SHOULD NOT FORM THE MAJORITY OF MEMBERS ON THE PROPOSED BODY.

Q 17. YES.

Q18. ADVISORY ROLE IF ELECTED DIRECT.NEW MEMBERS WOULD CERTAINLY NEED A SUPERVISED ,ASSESSED INDUCTION TO A COMPLEX SITUATION , HIGHLY DEMANING.

Q19,20,21,23,24,22. THIS PROPOSAL FOR DIRECTLY ELECTED MEMBERS WE REJECT AS BEING IMPOSSIBLE TO MANAGE IN A SATISFACTORY WAY. IT WOULD BE VERY DIFFICULT /EVEN IMPOSSIBLE TO DEFINE BETWEEN WARDS RESPONSES ABOUT SPECIALIST TREATMENT ACROSS BOUNDARIES. IT IS MORE THAN LIKELY THAT CANDIDATES ELECTED BY A SMALL PART OF THE WHOLE ELECTORATE WOULD NOT BE REPRESENTATIVE OF THEPOPULATION AS A WHOLE.

Q24. REMUNERATION SHOULD BE AT LEAST £2,500 PER ANNUM FOR SERVING ONE DAY OF A FIVE DAY WEEK.

Q 25,26,27,28,29. PILOT SCHEMES ARE ESSENTIAL. IN CHOOSING EXEMPLARS THE VERY GREAT DIFFERENCES IN AREA, POPULATION, TRANSPORT FACILITIES, HOSPITAL PROVISION AND LOCATION WOULD HAVE TO BE TAKEN INTO ACCOUNT.

Q30. LOCAL FLEXIBILITY SHOULD BE EXERCISED.

Q31. CURRENT GUIDANCE ON PRIORITIES , STANDARDS ETC. TO CONTINUE. LEGAL SYSTEMS /CASES CAN SLOW DOWN OPERATIONS OF THE NHS BOARDS.

Q32. ULTIMATE REMOVAL OF MEMBERS IF NECESSARY.

Q33. NHS RESOURCES SHOULD NOT BE USED IN THE EVENT OF DIRECT LOCAL ELECTIONS BEING HELD. TOO COSTLY.

SENDER . MRS. SHEILA CALDWELL . CONVENOR , PUBLIC AFFAIRS GROUP
SCOTTISH FEDERATION OF UNIVERSITY WOMEN. GLASGOW ASSOCN.

ADDRESS: 27 OXFORD ROAD , RENFREW. PA4 0SJ. 0141 886 2296.