

Contact: Anne Williams, 23 Bute Street, Gourock, PA19 1SX
Tel: 01475 633334 e-mail: anne_williams1@btinternet.com

The Scottish Federation of University Women (SFUW) is a voluntary organisation which has five local associations in Scotland located in Aberdeenshire, Dundee, Edinburgh, Glasgow and Inverclyde. SFUW is affiliated to the International Federation of University Women and is member of the University Women of Europe which works in partnership with the Council of Europe.

RESPONSE TO THE CONSULTATION DOCUMENT - LOCAL HEALTHCARE BILL

Due to the experience, diversity and geography of our locations in relation to Local Healthcare it has been decided on this occasion to record our responses on an individual basis.

DUNDEE: This response felt that many of the questions posed in the document were repetitive and choose to give a view directly. This view indicated a basic opposition to direct election to local health boards for the following reasons -

*** Given the apathy toward elections at Westminster, the Scottish Government and Local Authorities the turnout to vote would largely consist of pressure groups. This of course would not be representative of local communities and could result in even more uneven distribution of resources than experienced currently.

*** There is already a large number of lay members on local health boards many of whom are also local councillors.

*** The Scottish Health Council is already in existence with the remit of taking care of the needs of local communities and patient rights. There is no mention in the paper of the abolition of this body - shall they remain?

*** Elections to health boards would cause unnecessary expense.

*** This response indicated that public consultation in the past had been more of a public relations exercise with decisions about service change already made with local community opinions largely ignored.

*** The Dundee Association thought the answer to these issues is to ensure that The Scottish Health Council is made more accessible and effective.

EDINBURGH:

- (1) The current proposals do help achieve the aim of better engagement and involving local communities.
- (2) No need for additional guidance - existing guidelines adequate.
- (3) The appointment of lay members to specifically represent patients/groups could run the risk of sectional interests putting pressure on such appointed lay members. These members must be independent and free to follow what they judge to be in the best interests of the community served by the Health Board.
- (4) Do not think that local authorities should be involved in such scrutiny but add that they are not familiar with Community Engagement Standards.
- (5) Not necessary, at the moment, to give additional responsibilities to the Scottish Health Council - keep under review.
- (6)&(7) As noted in (4) not familiar with these bodies.
- (8) The measures in place should be more efficient and effective with dissemination of information the priority. New measures would appear to create too many layers of administration.
- (9) Candidates for election to NHS Boards should live within the Board area. Minimum age of candidates should be the same as for Parliamentary candidates.
- (10) Find it difficult to decide how these could be promoted but stress that gender balance should be crucial as healthcare issues for men and women can be very different.
- (11) Yes - candidates should submit such profile statements; it is important that membership of political parties and pressure groups should be declared. This does not mean that they should be excluded but it is vital that voters should be aware of the situation.
- (12) Health Board elections should not become a political battlefield and therefore we favour the exclusion of candidates standing as representatives of a political party.
- (13) Candidates who have a criminal record of any sort should be banned from standing.
- (14) Those who are qualified to vote in local authority elections should be qualified to vote in NHS Board elections. The same rules should apply.
- (15) Every four years. If held at the same time there could be considerable savings but clear instructions must be given.

- (16) No they should not form a majority.
- (17) Yes.
- (18) Surely the role of elected lay members and local authority councillors is different and we do not, therefore, see any need for the role of councillors to change.
- (19) No.
- (20) Yes. Lobbying by pressure groups/political parties/commercial interests could create problems for health professionals and have adverse effects on public health. Any commercial interest should be banned and it is vital that the Chair of an NHS Board should be strong and independent-minded.
- (21) Yes. It is difficult to decide what form such safeguards should take as individuals may not appear to have any overt affiliations but may still have a personal bias towards a group or political party.
- (22) We favour a "first past the post" system.
- (23) Similar to local authority elections, ie, vote by post or polling station.
- (24) There should be no discrimination in the case of elected members and they should therefore be remunerated at the same level as existing members.
- (25 - 29) Firmly opposed to the concept of "pilots".
- (30) Although there may be some limited opportunity for elected NHS Boards to exercise local discretion and flexibility, in general we believe that national policies and priorities should be followed and there should be provision for consistent levels of performance across Scotland.
- (31) Guidelines on governance, priorities and performance standards should remain, but we do not believe that these should be legally binding.
- (32) We would not be happy if support involved large amounts of NHS resources which, we feel, could be better used for patient care. If elections were run in tandem with local authority elections we assume this would reduce costs. However, we find it impossible without more detailed information to decide on a reasonable figure for election expenditure.

:

GLASGOW:

- (1) Not very specific and it is not very clear what the present set-up is.
- (3) Appointment of lay members might mean that the service was in less capable hands than at present.
- (4-8) We had not heard of Public Partnership Forums and would have liked the document to define these.
- (9/11) Certainly candidates standing for election should be resident in the Board area and (13) should have done so for a defined period before they qualified to stand. The area should be their main residence. Nevertheless we considered that a election process was too expensive and we were not in favour overall.
- (16) Directly elected members should not be in the majority.
- (17) Yes.
- (18) Although we were not in favour of directly elected members in the way suggested, there should be an induction period for new members.
- (19-24) We rejected as being impossible to manage in a fair and satisfactory way. With cross boundary flow of patients especially for specialist treatment the electoral wards would be impossible to define. Voting statistics in local and parliamentary elections show increasing apathy among the general public and we fear that it would be even more so in this instance. Candidates would undoubtedly have single or narrow interests and not be representative of the population as a whole.
- (25) Pilot schemes should be decided on when the results of this consultation are known and set up on that basis.
- (33) NHS resources should certainly not be used to fund direct elections to Health Boards.

ADDITIONAL COMMENTS: The Glasgow Association regret the demise of the Local Health Council (LHC) and would like it to be reinstated. LHC were representative of the local area, members acted on a voluntary basis so costs were minimal, local Councillors were also members. If reinstated they would be an appropriate source of nominees to Health Boards. Some members of the Glasgow Association had served on the LHC in the past and felt that the work was well worthwhile.

The Glasgow members of SFUW stated that they were not impressed with the document itself and commented on the various spelling and grammatical mistakes. In addition they would have liked to have had more detail of the current situation, and a map of Scotland showing the Health Board areas and the population. Other statistics including flow charts would have been useful - more factual information!

This is brief report from the Glasgow Association of SFUW as they intend to submit a fuller report in their own right.

INVERCLYDE:

(1) Already many routes and mechanisms in place for public comment with many of our members actively involved over a number of years. However, local experience suggests that these mechanisms do not work and that local concern and comment have been ignored with Health Boards taking decisions and then going for public consultation. Therefore "independent scrutiny of services change proposals" is welcome and overdue.

(2) Various members are familiar with Public Partnership Forums, the Scottish Health Council and National Standards for Community Engagement and agree that they could assist the Health Boards on making public consultation as effective as possible from a grass roots level. More public awareness of these agencies and the role of the community within them should be considered.

(3) Yes - the appointment of more lay members to NHS Boards could help to achieve the aim of greater involvement of local communities. New lay members should have local knowledge, free from party politics, interest or pressure groups. They should be well known in their communities and appropriately qualified. They should be in place for four years and have a valid and equal voice at Board meetings and decisions.

(4) Additional LA Councillors could be a way of adding the voice of the community as they have already been duly elected by them. To avoid the drawback of party politics they should undertake to take a neutral and independent stance in putting forward the interest of the patients and the community they are meant to serve free from the party whip.

(5) The role of the Scottish Health Council should be enhanced with representatives elected by the local population. In tandem with the agencies mentioned in (2) they should be made better known by a programme of education and media exposure in delivering a positive message of responsibility and engagement in the management of their own health.

(6) As above.

(7) Local Community Partnerships could help ensure improved local engagement in NHS planning by creating a local focal point/person(s) to whom suggestions/complaints/ideas could be directly addressed. Meetings and agendas should be placed in all locations where people come together.

(8) Dissemination of information must be a priority. Efficient and meaningful surveys of patient and community views should be circulated in clear simple terms and not in unintelligible statistics or political spin.

(9) Should be resident in Board area for 3/5 years, should submit a profile indicating organising experience and the ability to make valuable judgements on the allocation of budgets and service delivery free from personal or political bias. The whole concept would founder if an unsuitable person was elected.

- (10) By positive discrimination to avoid gender, ethnic or age imbalance.
- (11) Yes to all parts of the question.
- (12) Candidates should not be excluded because they are members of a political party but they cannot be allowed to promote the views of that particular party in or out of office.
- (13) Disqualification from seeking election if references are found to be dishonest or misleading or found to have a criminal record.
- (14) Same rules as apply to national or local elections.
- (15) Follow the same pattern as local elections as this would offer the best opportunity of encouraging those willing to come out and vote.
- (16) No consensus reached but majority agreed that directly elected members should form 50% of the Board while the remainder argued for (a) lay members to form the majority and (b) they should form the minority - our most difficult question!
- (17) Existing categories of appointed Board members should stay in place as they represent a specific area of expertise essential to the running of an efficient Health Board. The Board Chair should be an elected role.
- (18) The role of LA Councillors elected to a Board should be to promote the views and concerns of the stockholders and the communities they represent and NOT the views of their political parties. LA Councillors should make their intention to seek a board place clear when standing for a council seat.
- (19) No agreement reached - views given (a) not essential that Boards be divided up into electoral wards but it is essential that all wards are adequately represented to avoid being swamped by population density and (c) perhaps sub groups?
- (20) Could be a potential threat if elected members were not drawn from a wide enough mix if, on the other hand, communities are consulted and given access to the facts, are appropriately represented, then good governance of NHS will prevail.
- (21) Of course safeguards should be in place to prevent disproportionate representations thus initial applications, references and CVs should be closely scrutinised before entering the process.
- (22) First past the post v proportional representation - no agreement!
- (23) The most crucial point is to encourage people to vote therefore should allow choice of postal, on-line or at polling station. If voting was to be held at a different time and location to Local Elections then postal or on-line voting should be encouraged.

(24) No agreement reached even after diverse opinions recorded!! Responses received (a) Directly elected members should be remunerated at the same rate that appointed members currently receive (b) all should be paid basic expenses and loss of wages and (c) executive members with day jobs should receive expenses only, specifically elected board members should be paid basic expenses excluding LA Councillors who are already in receipt of taxpayers money.

(25) No opposition to pilot schemes in general as they can identify early problems and focus on ways with dealing with these issues in order to improve the overall objectives. Care should be taken to ensure that extra funding is not put in place to cure these problems which cannot be available when the scheme is introduced nationally.

(26) In order to be effective pilot schemes have to be established in a variety of situations and locations with different needs and population numbers considered - Inverclyde Association suggest Highland, Island, Rural ,Urban, SIMD and affluent domains.

(27) As above.

(28) Given that LA elections are four yearly a long term view of the pilot schemes should be required so we suggest a four year duration in two cycles.

(29) To assess and evaluate the pilot schemes surveys from patients, relatives, community groups, pressure groups, voluntary groups etc., have to be compared, contrasted and evaluated and the findings honestly reported in order to be beneficial to all. Given these results the public can then make their own decisions.

(30) NHS Boards should provide consistent performance levels throughout Scotland but they should also have the mechanisms to exercise local experience and flexibility.

(31) Current guidance on governance, priorities and performance standards should be in legally binding form but should also provide a caveat to exercise some freedom to tailor make care relevant to local conditions.

(32) Ministers should retain the power to remove members from NHS Boards if they have been proved incompetent in carrying out their duties, ie, not attending meetings, by being involved in corrupt practice or not reflecting the views and concerns of those they represent. An appeal system should be in place.

(33) NHS resources should not be used to fund direct elections to Boards. The task should be Government funded and if carried out in tandem with local elections costs could be kept at the minimum. The ethos of Board members should be of public service rather than personal gain and social status.

Anne Williams, Public Affairs Liaison Officer,
Scottish Federation of University Women.