

RESPONSE OF THE SCOTTISH HEALTH CAMPAIGNS NETWORK
to
LOCAL HEALTHCARE BILL CONSULTATION

General Observations:-

The Scottish Health Campaigns Network welcomes the opportunity to comment on the above document. It echoes the perception that many Health Boards decisions are taken without proper consultation with the public. This view has been vindicated by the recent Independent Scrutiny Panels Reports, which have reversed decisions to close A&E units in Lanarkshire and Ayrshire. It is delighted that the new Scottish Government has raised this topic again.

The Network had the opportunity to give oral evidence to the Health Committee of the previous Parliament when it considered the Health Board (Elections) Bill which supported the democratisation of Health Boards. It recognises that there are many problems in relation to the proposal but is of the opinion that there should be greater public ownership of Health Board decisions which have often been seen as representing the views of the political party in power, rather than for the benefit of the community.

Specific Responses to Questions :-

Q.1:- Supports the view that scrutiny panels should be involved before major decisions are put to Health Boards.

Members are unlikely to challenge decisions made by Executive Officers of Boards since they may feel they do not have sufficient background to challenge these – particularly in relation to medical matters where the “safety card “ is played.

Q.2&3. In Glasgow” Involving People” meetings have had progressively increased attendances. This group might provide a nucleus for potential Health Board Members. The attendees at the Annual Review of Health Boards have also increased. This does not suggest public apathy in relation to health matters.

Q.4-8:- There is already Local Council representation, and rightly so in view of CHP’s. This representation is inevitably political and very variable in quality. Some councillors with the greatest changes in

services in their areas remain silent, meeting after meeting. The Network would not support an increase in local authority representation.

The Scottish Health Council is seen by many as another quango. The Independent Scrutiny Panels saw flaws in its approval of the consultative processes in Lanarkshire and Ayrshire.

The Network does not see much improvement in democratisation by including its representation on Health Boards.

Q.9-18:-

Candidates should be resident in their Area; they should submit a CV, they should not have held offices in political parties. Ex- MP,s ex- MSP's and ex-councillors should be excluded.

Those with potential commercial interests should be excluded eg developers who might benefit from sales of Health Board assets. Elections should take place every 4 years to coincide with local council elections with the same electorate.

The Network supports the view that executive and stakeholders must continue as before, but with the rest of the board membership elected.

The present non executives express an interest in membership and go through a selection process. Why should they not be selected by public ballot?

Q.19-23:-

The varying sizes of Health Boards means that membership might be difficult to equate to electoral wards.

A first past the post method of election is favoured, with same electoral rules as per local elections at present.

Q.24:- There is an argument that to obtain really motivated members the elected members should receive only loss of earnings and expenses. This would be difficult as Councillors receive additional remuneration. Realistically elected members should be equally paid.

Q.25-29:-

Two pilot areas are suggested eg Fife/Forth Valley v. Greater Glasgow and Clyde/Lothian. To run for a four year term.

Suggested assessment by Independent Scrutiny Panels**Q.30-33:-****Q.30;- Both local and national priorities require to be addressed by Health Boards.****Q.31:-Legally binding standards etc. gives no flexibility and is not supported****Q.32:-Present powers appropriate.****Q.33:- The costs should be met from Central Government funds, not the Health Board budget. Costs would be minimised if elections are combined with those for local authorities.****These views are expressed on behalf of the Scottish Health Campaigns Network.****Dr. Robert L.C. Cumming
Chairman**