

The Consulting Rooms

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Claire Ferguson
Scottish Government
Directorate General Health & Wellbeing
Area 2E(N)
St Andrew's House
Edinburgh
EH1 3DG

Dear Claire,

Re: Consultation on Direct Election to health boards as an aid to public involvement in health care planning

1. We do not believe that spending £5 million or more on direct election to NHS boards would produce any benefit, but would divert funds from clinical care.
2. In order for lay people to receive and assimilate enough relevant information to elect candidates they would have to undergo a very lengthy and onerous training programme, placing a considerable burden on their time and travel expenses etc. It is not equitable to expect people to voluntarily undertake such training without due reimbursement.
3. You are asking people to judge candidates without the necessary background information. The interest of people in the NHS is a very personal subjective experience, not a hypothetical interest, so they may not see the relevance of voting for candidates.
4. If a topic is practical and relevant to the patient experience then people are often interested enough to take part in saying how they believe the patient journey can be improved. Direct election is not such a scenario.
5. Current regulation and scrutiny is stifling and expensive, so adding in direct elections looks like tokenism rather than a scientifically evaluated approach to change.
6. A lay person is overwhelmed by the complexity of formal meetings and may not feel empowered to speak out, nor can they speak for others as there is no such thing as a patient representative with a universal view.
7. Any lay candidates that come forward will usually be from special interest groups, often retired from work and do not span the range of diversity required in order for such a process to have any validity.

8. The process of dividing into electoral wards for planning and meeting purposes is too complex and causes enormous delays and wasted effort.
9. There could never be enough safeguards in place to ensure that a particular special interest group did not get their own personal agenda favoured and approved above all the competing priorities for funding.
10. If the purpose is genuinely to improve patient and public involvement in health care planning then you need to speak to experts first for advice such as Shirley McIver at the University of Birmingham Health Care Management Centre. The issues that concern and engage the public are those that are personal to them, involve real choices and hard decisions about priorities, and are local in nature.

Example of Functional Scenario:

A small amount of development money is available to be spend over 2 years that can either be used to: integrate dietetics into a one stop clinic for diabetes, to speed up the provision of hearing aids or to improve wheelchair ramps at 2 hospitals. There is not enough money to do all three things. The public and patient involvement meetings need to discuss how many people would benefit from the 3 different projects, how much they would each improve care and then when fully informed they could vote on which one would produce the most benefit to the area.

Because the problem is practical and involves an element of real choice then it can be properly debated and discussed unless a special interest group is present that is only concerned with satisfying their particular agenda.

Example of Dysfunctional Scenario:

People are encouraged at huge expense to vote and elect HB candidates. Unless they know the people involved they have no interest in the process. £5 million + is wasted because this scenario has no relevance to individuals.

Surely all such proposed projects need to be evidence based rather than political gimmicks based on sound bites?

Yours sincerely,



Polly Parkinson
MSc (University of Birmingham)
For
Drs Buchanan, Downie, Davidson, Leighton & Boag