Detailed Summary of Responses

General

The consultation asked for views on a proposed Bill to allow members of the public to directly elect members to NHS Boards. The consultation document consisted of an explanation of the reasons why, in the member’s view, this is necessary and how the proposed legislation would work. Respondents were then invited to offer responses to 16 set questions, 14 of which were of the ‘tick box’ type. Respondents were also given the choice to give extra detail to their responses to 9 of these questions.

In total 160 parties responded to the consultation. Overall responses to the proposed Bill were positive and the level of support can be seen below in the analysis of question 1.

The following table shows the make up of the 160 responses:

Table 1

<table>
<thead>
<tr>
<th>Organisation type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not given</td>
<td>51</td>
</tr>
<tr>
<td>Individual</td>
<td>44</td>
</tr>
<tr>
<td>Political</td>
<td>23</td>
</tr>
<tr>
<td>Local authority</td>
<td>16</td>
</tr>
<tr>
<td>Health</td>
<td>14</td>
</tr>
<tr>
<td>Community councils / groups</td>
<td>4</td>
</tr>
<tr>
<td>Forum</td>
<td>3</td>
</tr>
<tr>
<td>Union</td>
<td>3</td>
</tr>
<tr>
<td>Academic</td>
<td>1</td>
</tr>
<tr>
<td>Religious</td>
<td>1</td>
</tr>
</tbody>
</table>

The majority of respondents engaged with the consultation directly therefore giving little information other than indicating their preference to questions by ticking the appropriate box. These responses, being quantifiable, will be displayed mostly in graph form. Many respondents also ticked more than one box when not directed to do so and some respondents omitted some questions from their response therefore figures in this analysis will not always total according to the total number of responses.

1 One response contained views from 13 of its members. This would make the total number of responses 173
2 These respondents did not give any name. It is assumed that these responses came from ‘anonymous individuals’
3 Including responses from individual councillors
Some respondents, particularly from the area of health, did not answer the questions directly and care has been taken to extract the main points from these responses.

This summary will address each question from the consultation document.

Question 1
Do you support the principle of direct public elections to appoint NHS board members?

Respondents were invited to indicate their support by choosing one of three options: ‘yes’, ‘no’ or ‘unsure/don’t know’. Respondents were also given the opportunity to detail any further comments. The following graph shows this level of support.

Chart 1

Support ‘in principle’

- Yes
- No
- Unsure / don’t know

The majority of respondents who indicated support for the proposed Bill came from individuals and political groups/individuals. It should be noted, however, that 11 (6%) respondents who answered ‘yes’ to this question did so on the basis that certain conditions are met/considered before any legislation is approved. Those respondents who disagreed with the proposed Bill came mostly from the main health organisations in Scotland and local authorities.

A number of respondents, particularly those opposing the proposal, gave further comments and these are detailed below.

Positive comments

Twelve respondents, consisting of MSPs and individuals, stated explicitly that directly elected board members would lead to better accountability of the health boards to the communities that elected them.

Other suggested positive effects of the proposed Bill were as follows:
Direct Elections to National Health Service Boards

- Elected boards mean greater trust and confidence;
- Proposed Bill would allow for a much more democratic selection and wider range of candidates;
- Support the proposed Bill as too many decisions are taken behind closed doors at present;
- Support the proposed Bill as the current NHS consultation process is flawed;
- Health should be a local authority matter in the same way that education is;
- The more the general public are involved with statutory bodies the better the service will be.

Conditional support

The STUC indicated support for the proposed Bill and called for the ‘composition’ of Scottish health boards to be ‘overhauled’. They stated that health boards should be composed of a combination of directly elected community representatives (who should constitute a majority) and representatives of local authorities, NHS staff, the STUC and community organisations appointed by the Scottish Parliament.

Unison indicated support for health boards made up of 1/3rd directly elected public membership, 1/3rd specific NHSiS expertise and 1/3rd made up of local councillors from the local authorities in the board area and staff from local partnership forums.

West Dunbartonshire Council requested that direct elections to NHS Boards ‘add to’ rather than undermine ‘the element of democratic mandate which is currently provided by the system of local authority representation’. In their view all positions on NHS Boards should be decided by direct election however they also, possibly contradictory to this, argued the following:

“The current arrangements for local authority representation should stay in place, but should be augmented by arrangements for direct elections for the remaining Board places.”

One individual stated that their ‘yes’ is conditional in that safeguards should be implemented to avoid the negative effects of a low election turnout and to make the public well informed of the candidates up for election to NHS Health Boards.

North Lanarkshire Council were unclear on their support and felt that it would have been useful, before finalising their response, to know the outcomes of the direct elections to Police Authorities in England and Wales.

---

4 West Dunbartonshire Council (ID number 17)
Negative comments

Those respondents against the proposal gave detailed information instead of using the tick box options on the consultation document. The main negative arguments are as follows.

Current system

Forth Valley NHS Board described the current selection of lay members as involving an open, transparent and competitive process. This process ensures candidates are chosen against a number of ‘published criteria that are classed as essential and/or desirable’. They also commented that at present all Health Boards ‘contain elected representatives of the local authorities involved in the particular health board area’. They argued that this establishes a ‘link with the democratic process without in any way politicising the Boards themselves’.

The Health Education Board for Scotland also stated that the current system already allows for directly elected representatives on health boards through locally elected councillors who, in their opinion, are ‘very able to represent views on their constituencies’. One Non-Executive member of Tayside NHS Board argued the present system of appointing Non-Executive members to health boards via the public appointments process as ‘rigorous, open, inclusive, honest and fair’.

South Lanarkshire Council stated they were sympathetic with the aims of the proposed Bill and recognised the need for and value of locally elected representation on health boards. They are unconvinced that ‘another specific set’ of local area elections are required for this and suggested that it would be best to, perhaps, use already elected local members through individual local authority nominations within any given health board area.

Forth Valley NHS Board, British Medical Association (BMA), Royal College of Nursing (RCN) Scotland and NHS Grampian commented on the adequacy of the level of accountability in the current system. These respondents were unclear as to how the proposed Bill could improve on this as at present NHS Boards are accountable to the Health Minister who is accountable to the Scottish Parliament which in turn is accountable to the public.

Unsatisfied with consultation document

One individual described the consultation document as flawed. This individual argued that health boards may not be perfect but are ‘far removed from the negative image that is portrayed of them’. This individual commented that the consultation document did not reflect the ‘pros and cons’ of the current system, giving the following factors as examples:

- ‘Any member of the public may apply to become a non-Executive member of the board’;
Direct Elections to National Health Service Boards

- ‘A number of positions on the board are elected, for example local authority representation from the authority concerned with that area, employee Directors and Clinical Professional representation’

Both COSLA and East Ayrshire Council felt that the consultation document did not provide a ‘satisfactory evidence base’ to support the changes outlined in the proposed Bill. COSLA although unsupportive of the proposal contended that the consultation document:

“...gave rise to a wider debate about the role of local government in overseeing and contributing to the delivery of NHS services.”

Politicising the NHS

Some respondents felt the proposed Bill would lead to the politicisation of the NHS and a reduction in its transparency as a result. There was concern that candidates would seek election and push narrow interests to further their own political careers. The BMA, Greater Glasgow Health Board and RCN Scotland made comment on this issue. The Scottish NHS Confederation expressed their concern in the following way:

“[There is a] real concern that elections to boards will be based on populist, often media-driven issues, rather than on the experiences of service users, and their [the service users] voices and needs will be obscured as a result.”

Low election turnouts and cost of elections

Six health organisations commented on how voter turnout for Scottish local elections is usually very low and very costly financially. This, as argued by these respondents, could lead to single issue candidates being elected by minority pressure groups.

Health Reform Act

Five health organisations felt the proposed Bill to be premature as very little time has been allowed for the changes set by the National Health Service Reform Act to be given a chance to work. Greater Glasgow Health Board expressed this concern in the following way:

“...it would, given that the Scottish Parliament has only in recent months required NHS Boards to engage in this way with the public, seem rather precipitate to not give NHS boards a chance to deliver on this agenda.”

And from RCN Scotland:

---

5 COSLA (response ID 34)  
6 Scottish NHS Confederation (response ID 160)  
7 Greater Glasgow Health Board (response ID 42)
“...the new Scottish Health Council needs time to bed in and develop the way in which the public is involved in decisions on health services before making further potentially disruptive and costly moves towards elected NHS boards.”8

General concerns

North Lanarkshire Council stressed that ‘professional input’ is important to the functioning of health boards. In their view membership to boards would still require to include ‘health professionals’ and ‘administrators’ therefore ‘limiting’ the number of board members ‘selectable by direct election’.

One anonymous individual felt the proposed Bill would result in the distortion of existing relationships between health boards and other stakeholders. This response did not expand further on this issue.

The Scottish NHS Confederation argued that there are many changes affecting the NHS and that decisions often have to be made quickly. In their view even if the proposed Bill was enacted hard and unpopular decisions would still need to be made. They also stated the following:

“The public appointments system allows Ministers and individual boards to ensure that board members have the right balance of skills that...the NHS requires, and a broad range of backgrounds to reflect the diversity of patients and communities.” 9

Question 2
What proportion of seats on NHS boards should be decided by direct public election?

Respondents were given four options to choose from regarding the proportion of seats on NHS boards to be decided by direct public election and these were: ≥ 70%, ≥ 50%, 50%, ≤ 50% or ≤ 30%. The following chart shows the results of this section.

---

8 RCN Scotland (response ID 44)
9 Scottish NHS Confederation (response ID 160)
In terms of this consultation these results indicate a preference that the proportion of seats decided by direct election be a minimum of 50%.

The other, main, options and comments given by respondents were as follows:

The Scottish NHS Confederation gave the following statement on the presumption that these elections ‘would only apply to lay members of the board’. In their words, if this were to be the case then a proportion of seats at 50%+1 would ‘completely alter the balance of elections’ and either create boards which have such a large number of members as to be unwieldy, or lead to a considerable reduction in clinical and staff input into the board.

RCN Scotland voiced concern that if the majority of seats are elected then there is the potential for ‘short term decision making, single issues dominating the agenda and an increasing divergence from central policy objectives’.

Three respondents agreed specifically with the proposal of having 50%+1 as stated in the consultation document. Six respondents specifically suggested the proportion be 100%.

**Question 3**

Should elected health board members be elected to represent ‘the whole health board area’ or ‘smaller areas or districts within the health board area’?

Respondents were invited to indicate a preference to either ‘the whole health board area’ or ‘smaller areas or districts within the health board area’. The following chart shows the results from this section:
The above results indicate that there was no majority view on this issue although ‘smaller areas or districts’ received 10 more responses than the ‘whole area’.

The other, main, options and comments given by respondents were as follows:

One individual commented that both these options have ‘pros and cons’ but expressed concern that if elections were to a whole board area then some local health issues may get lost in the bigger picture. This respondent contended that smaller areas would ‘enable direct focus on local issues’.

RCN Scotland also supported this view as they felt it would be too difficult to have large area representation on an ‘equitable basis’. RCN felt that having whole health board area representation could lead to smaller communities being left out as larger population centres vote for candidates supporting their local services.

Conversely one MSP felt that candidates should represent the whole of the health board’s geographical area to be ‘better placed to deal with those who advocate the candidate’s local neighbourhood or community’.

One individual felt that elections should be on a ‘ward basis to ensure local involvement’ and stressed that ‘suitable recognition to the needs of the wider health board area be considered by all elected members’.

North Lanarkshire Council stated that the nature of ‘health provision’ is such that the needs of a wide area require to be considered. They explained that Lanarkshire has three major hospitals serving the ‘majority of the population’
therefore decisions by NHS boards will need to reflect the needs of the board area as a whole rather than smaller parts (in isolation).

**Question 4**

Which electoral system should be used to elect board members?

Respondents were invited to indicate their preference of two choices on which electoral system could be used to elect members. Respondents could choose ‘Single Transferable Vote (STV)’ or ‘First Past the Post (FPTP)’. The following graph shows the results from this section:

**Graph 3**

The above results suggest that ‘First Past the Post’ and ‘Single Transferable Vote’ are both popular choices in terms of this consultation.

There were very few additional comments given to this section apart from two individuals suggesting that either system would be fair, one individual describing FPTP as a ‘clear and simple’ method with a clear result and one councillor recommending that all positions be elected by STV, based on the whole area of the board.

**Question 5**

How should elections to NHS boards be determined?

Respondents were asked whether they supported either a ‘secret ballot cast in person’, ‘postal ballot’ or ‘combination of votes cast in person and postal ballot’. The following graph shows the results from this section:
It should be clear that the most popular choices, from those who responded to this question, were 'postal ballot' and 'combination of votes cast in person and postal ballot'.

Other options and comments were as follows:

Cove & Kilcreggan Community Council and one individual suggested the use of electronic voting over the internet.

One MSP felt all three methods could be used and conducted over a 'long period to encourage participation'.

One individual suggested postal ballot papers be collected direct from homes and another individual suggested that postal ballot papers have a short return date so that 'papers are not put aside and lost'. North Lanarkshire Council gave the following comment regarding postal ballots:

“Having regard to the full national review of postal ballot sit would not be appropriate to conduct health board elections by all postal ballot.”

One respondent, responding as an individual but also declaring they sit on various committees, argued that an independent scrutiniser should be established to ensure transparency in elections.

**Question 6**

Should all elected posts on a National Health Service Board be put up for election in the same cycle or do we want a system that staggers changes to the membership of the board?

---

10 North Lanarkshire Council (response ID 76)
Respondents were asked whether they supported either ‘all posts elected in the same cycle’ or ‘staggered changes to the elected posts on NHS boards’. The following graph shows the results from this section:

**Graph 5**

The above results suggest that respondents to this consultation preferred ‘staggered changes to the elected posts on NHS boards’.

Other options and comments were as follows:

Forth Valley Local Health Council suggested that initially all posts be put up for election in the same cycle and then ‘depending on the total number of elected posts staggering may be more beneficial than the ‘all change scenario’.

West Dunbartonshire Council dismissed the staggered option as meaning more elections and more ‘expense to the public purse’ whereas one individual described staggering as an opportunity to create continuity within boards.

**Question 7**
**How often should elections to NHS boards take place?**

Respondents were asked whether they supported elections to take place either every ‘2 years’, ‘every 3 years’, ‘every 4 years’, ‘every 5 years’ or ‘every 6 years’. The following graph shows the results from this section:
Direct Elections to National Health Service Boards

**Graph 6**

The above chart shows that ‘every 3 years’ and ‘every 4 years’ were the two most popular choices with 52 responses each. The least popular option was ‘every 6 years’ gaining only 1 response.

West Dunbartonshire cautioned that the 1st stage in deciding the frequency of elections should be to carefully consider the election timetable to avoid clashes with other elections. They suggested that if elections are to be facilitated by postal ballot then elections could be held at the latter end of the year to avoid the ‘traditional election months of May and June’.

Four respondents, including Unison, felt that elections should be held at the same time as local authority elections and follow the same timescale.

RCN Scotland expressed concern on a possible shift towards ‘short term decision making’ if elections to boards are held ‘only every 4 years’ and elected members are concerned with their ‘own re-election proposals’.

**Question 8**

**What term should the elected members serve?**

Respondents were asked whether they supported whether the term elected members serve should be either ‘3 years’, ‘4 years’ or ‘5 years’. The following graph shows the results from this section:
Direct Elections to National Health Service Boards

**Graph 7**

The two most popular choices, as can be seen above, were 3 year terms and 4 year terms with 57 and 55 responses respectively.

There were some other suggested options and these are as follows:

One individual recommended a mechanism be put in place for the replacement of elected members during tenure if ‘for any reason a member ceases to be a member’.

West Dunbartonshire Council stated simply that the term of members should ‘match the term of the board’. South Lanarkshire Council were unsupportive of the proposed Bill but believed the tenure should coincide with that of local authorities.

Two individuals suggested a term of 3 years and another two individuals suggested a term of 6 years. One MSP agreed with a 3 year term however stressed this should be on a ‘staggered basis’ to ‘maintain some continuity’. One individual suggested that if elections are conducted on a ‘staggered basis’ then the term should be 2 years. Two other individuals suggested a 3 year term with a provision allowing for re-election.

**Question 9**
**Should candidates standing for posts on NHS boards require to gather nominations?**

Respondents were asked simply to state whether they agreed or disagreed with the above questions by ticking either the ‘yes’ or ‘no’ box. The following graph shows the results from this section:
As can be seen from the above graph a large number of respondents, 92 (53%) agreed that candidates be required to gather nominations.

There were some additional comments and these are as follows:

One individual felt there should be no requirement to gather nominations adding that the requirements of members to health boards should be the same as MSPs and councillors.

North Lanarkshire Council expressed the following concern:

“The requirement for nomination is, increasingly, departed from with regard to elections to other bodies and it is not clear that there are specific considerations which would require the insertion of this provision in direct elections to health boards.”

Question 10
If yes to question 9, please state from whom nominations should be received?

Respondents were invited to suggest where nominations should come from if they answered 'yes' to question 9. The following graph shows the most popular choices from those respondents who engaged with this section.

---

11 North Lanarkshire Council (response ID 76)
Direct Elections to National Health Service Boards

Graph 9

Suggested nomination groups

It can be seen that an important issue for a number of responses was that nominations should be received from people in the area that the candidate wishes to serve. Some respondents stated how many nominations should be received from members of the public. These suggestions ranged from 4 to 100 members of the public residing in the health board area.

West Dunbartonshire Council stressed that any new system should address the concern that elected NHS board members could 'stand on platforms which promote essentially moral judgements' for example drug rehabilitation or abortion. This could have implications on clinicians 'duty of care' or 'equity of provision across partnership areas'. They recommended a structure for the direct election of members to boards from bodies 'which can provide a clear mandate for their representatives', for example community care forums.

There were several other suggestions and the following is a bullet point summary of these suggestions:

- Requirements should be the same as those for local authority candidates;
- From the business community;
- Voluntary organisations;
- Political parties;
- Religious organisations;
- Prominent members of society / respectable members of the community;
- Local government and public related bodies;
- Tenants groups / residents associations;
- Health boards and health groups.
Question 11
Should any of the following factors be taken into account in disqualifying individuals from standing as candidates for National Health Service Boards?

Respondents, to this question, were given the choice of three options: ‘Criminal record’, ‘Declaration of bankruptcy’ and ‘Individuals with a recognised conflict of interest’. Respondents could tick more than one box and could also offer any alternative suggestions. The following graph shows the results of the three given options:

**Graph 10**

Most respondents to this question ticked more than one option and that is reflected in the total number of response exhibited in the above graph. It should be evident that ‘criminal record’ and ‘individuals with a recognised conflict of interest’ were the two most popular choices. It should be noted that 5 respondents felt minor offences and childhood offences should be discounted from being included in a ‘criminal record’.

Other suggested reasons can be summarised as follows:

- Fraud;
- Paid health board employees as there is the possibility of these candidates being ‘yes men and women’ pursuing their own career and pension prospects;
- Having relations with key members of NHS staff
- Members of special interest groups, for example MMR support groups;
- Party political membership;
- Poor health;
• Same factors that disqualify candidates standing for local authority elections should apply.

**Question 12**
**Should the number of times an individual is allowed to stand be limited?**

Respondents were invited to indicate their preference to one of three options to the above question: ‘one term’, ‘two terms’ or ‘No limit on terms’. The following graph shows the results of this section.

**Graph 11**

The above graph suggests, in terms of this consultation, that the ‘1 term’ option may not be desirable. Both the ‘2 term’ and ‘No limit’ options received an almost equal amount of support.

Other suggestions were as follows:

Two individuals suggested 3 terms and another two individuals recommended 2 terms with ‘a natural break of 1 term to allow candidates to stand for re-election’.

Three respondents felt there should be ‘no limit’ if the candidate is found to be diligent in their work.

**Question 13**
**At what age should individuals be allowed to vote in elections to National Health Service Boards?**

Respondents were asked at what age individuals should be allowed to vote in the direct elections. The options were either ‘16 years’, ‘18 years’ or 21
years’, there was also the opportunity to suggest an alternative option. The following graph shows the results of this section.

**Graph 12**

There were no other suggestions to this section other than one individual who suggested the minimum age to be eligible to vote be set at 21 years and the maximum at 70 years. It is possible that this response was intended for inclusion with question 14, as setting a maximum age limit for voting can be construed as discriminatory.

**Question 14**
**At what age should individuals be allowed to stand as candidates for National Health Service Boards?**

Respondents were asked at what age individuals be allowed to stand for election. The options were either ‘16 years’, '18 years' or 21 years’, there was also the opportunity to suggest an alternative option. The following graph shows the results of this section.
Direct Elections to National Health Service Boards

**Graph 13**

The above graph shows that the most popular choice was ‘18 years’ however the number of responses received for this option totalled 54 which equates to 31% of the overall responses to this consultation.

West Dunbartonshire Council felt the age should be set at 21 years but also requested this be reduced to 18 years ‘after’ the Local Governance Act. No further explanation was given on this issue.

The only other suggested alternative came from two individuals who felt that the age be set at 25 years.

**Question 15**

Should any of the following restrictions be placed upon the use of publicity?

Respondents were invited to indicate their preference to one of the following options however it should be noted that some respondents chose more than one option: **(a)** ‘Restricting the description on ballot paper to simply the candidates name & address’, **(b)** ‘Allowing candidates to provide a statement of their views and intentions, to be distributed along with postal ballot papers’, **(c)** ‘Setting a very low limit on election expenses & requiring candidates to submit returns’, **(d)** ‘Do not allow candidates to spend any election expenses’ or **(e)** ‘No restrictions should be placed’. The following graph shows the results of this section.

---

12 This alphabetical index has been used for the purposes of this summary only and were not used in the consultation document itself.
It can be seen from the above graph that the most popular choices from those who responded to this question were ‘allowing candidates to provide a statement of their views and intentions, to be distributed along with postal ballot papers’ and ‘Setting a very low limit on election expenses & requiring candidates to submit returns’, with 86 and 43 responses respectively.

The other comments given to this section centred on setting as low an amount of restrictions as possible and ensuring expenditure is fairly monitored to ensure candidates are placed on an equal footing.

The City of Edinburgh Council argued the following:

“This proposal raises issues relating to possible remuneration and whether the election process would attract individuals with suitable expertise.” 13

North Lanarkshire Council expressed similar concerns in that publicity and election expenditure needs to be addressed in the same way as other elections to avoid elections being influenced by disproportionate expenditure.

Question 16
Please provide any additional comments and information that you feel is pertinent to this consultation

There were some relevant additional comments given in this section and these were as follows:

13 The City of Edinburgh Council (response ID 75)
Direct Elections to National Health Service Boards

General support

Some respondents simply reiterated their support with statements of good will and how the proposed Bill will encourage greater accountability.

Election expenses

One of the main areas that respondents wished to give additional information on was the issue of election expenses. Some respondents felt it important to set expenses at a reasonable level to ensure adequate publicity of candidates whereas other respondents felt allowing expenses would encourage the politicisation of the NHS. One individual suggested that there be proper remuneration of perhaps £20,000 p.a. to attract a wide variety of candidates. Helensburgh & Lomond Community Care Forum stated that expenses should be ‘funded’ by the Scottish Executive and ‘limited and monitored’ to prevent ‘vested interests and cronyism sponsoring of candidates’. Perth & Kinross Council commented that the consultation document did not ask for views on where the responsibility for conducting and funding direct elections would lie, they contended that ‘neither should fall on local authorities’.

Generating interest

One MSP stressed how important it will be to generate enough public interest in elections so that people who may not normally, or automatically, consider standing would do so.

Problems with proposed Bill

One academic doctor attacked the proposed Bill as unnecessary as what is needed to help the NHS is more staff and beds for patients. The Health Education Board for Scotland reiterated their concern that the ‘democracy’ in the proposed Bill would actually mean elected members representing ‘narrow interests of the local area’.

Aberdeenshire Council support the proposed Bill but asked that the Bill not ‘prejudice each council’s right to nominate a member to its NHS board’.

Omissions

One individual commented that, at present, there are too many health boards in Scotland and that this should be reduced to ensure the better overall management of the ability of the NHS to deliver its services.

One MSP asked for further consideration that special health boards such as the Scottish Ambulance Service be included in the proposed Bill as ‘they have a significant impact on the health of Scotland’.