British Medical Association  
bma.org.uk/wales  
Fifth Floor, 2 Caspian Point, Caspian Way, Cardiff Bay, Cardiff, CF10 4DQ

British Medical Association Cymru / Wales  
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**INTRODUCTION**

BMA Cymru Wales is pleased to provide evidence to Welsh Government Consultation: Patients’ Voice for Wales - Proposals following the Review of Community Health Councils.

The British Medical Association represents doctors from all branches of medicine all over the UK. It has a total membership of almost 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, who speak for doctors at home and abroad. It is also an independent trade union. BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

**Proposals following the Review of Community Health Councils**

**Do you agree with the Welsh Government’s proposed actions in response to the recommendations? If not, what alternatives would you propose?**

General Points:

BMA Wales Cymru is supportive of the unique and independent role that Community Health Councils play in the functioning of the health service in Wales and in supporting service users. We value the important part they have to play in scrutinising and planning local health services, representing communities and providing a voice for patients.

We believe that improvements could be made to the current structure and operation of CHCs and that appropriate arrangements should be put in place, improving on the 2010 regulations, to enable CHCs to perform these functions effectively.

In the current economic climate and with the necessary drive for efficiency, Community Health Councils have an important contribution to make in securing value for money and ensuring that patients receive relevant and effective care.

To this end, it is vital that CHCs, as independent bodies, are at the centre of the development, and consultation on, of all current (and any future) plans for reconfiguration in Wales (whether local or national). We are concerned that the current practice may only pay ‘lip-service’ to this role and that it is not undertaken to any great extent. We are further concerned that the information which is provided to CHCs by Health Boards on their plans is not itself robust, balanced or made available in a timely way – and that CHCs do not have the capacity to validate such information before drawing their conclusions. As such CHCs may not have ‘independent’ or reliable information on which to consult their populations, neither can they therefore represent the patient voice effectively. This situation has the potential to undermine the justification for many reconfiguration plans, and is of huge concern.

By promoting care in the community, Community Health Councils help to ensure that those patients who can be better treated at home or more locally have the option to be. CHC can also help to improve services in secondary care to ensure timely and appropriate services are available to patients in Wales.
Cross border scrutiny procedures – for example where Welsh patients are registered with an English GP – and existing arrangements for this should be looked at. Scrutiny and advocacy roles must extend to those healthcare organisations outside Wales which provide services to Welsh patients.

BMA Cymru Wales believes that the consultation provides an ideal opportunity to put in place a robust system of data collection which would assist health care organisations to identify areas for improvement. Current arrangements in relation to this are wholly insufficient. Data collection must be in detail; it must be able to be broken down to the lowest denominator: for example it must detail not only the number of complaints received (as is the current practice) but also the reason, nature and severity of the complaint and exactly who or what it was made against.

It is disappointing that no assessment is offered about what any changes will mean for patients or in fact what patients want from their CHCs.

It is essential that Welsh citizens have their voice reflected by a statutory body which will ensure effective and relevant scrutiny of the Welsh health service.

We find it concerning that the roles and structures of CHCs in Wales appear to be under constant review by Government – this cannot be helpful to the exercise of their functions and the extent to which they feel they can ‘speak out’ or ‘speak up’.

Response to recommendations and proposed actions:

RECOMMENDATION 1 - The Role of the Community Health Council Board should be re-affirmed and endorsed by the Community Health Councils (CHC).

We agree that establishing an efficient relationship between the national (Board) and local (CHC) is fundamental to the effective fulfilment of the independent statutory roles of CHCs. We also agree this relationship should be based on the principles of cooperation; balanced by effective leadership and direction at Board level and operational autonomy at the local level.

As such local CHCs, whilst independent must be willing to accept national direction from the Board and to contribute to closer working e.g. through the sharing of best practice. Each CHC must retain its autonomous working arrangements for local implementation so that they are operationally effective within their environments. Whist the Board should be able to intervene in the conduct of individual CHCs in specified circumstances.

In their current form, CHCs are a little over two years old and may still require time to ‘bed-in’ to the changed NHS environment, and to operating within their own newly formed structures. It is apparent that the 2010 regulations were not sufficiently clear or robust enough to secure such a relationship between the national and local levels or to ensure that the Board and the Director have the necessary powers to achieve what is expected of them.

We agree that the Board should have the ability to direct individual Community Health Councils to take appropriate action as part of their existing function of advising, assisting and monitoring the conduct of Community Health Councils.

RECOMMENDATION 2 - Clarify the role of CHCs

A single agreed definition of the role of CHCs – including how they differ from other patient / patient engagement groups - would be very useful for CHC members, service users and stakeholders. A definition of the ‘critical friend’ model would be helpful.

We support the proposed action (that the Board of Community Health Councils should produce a paper setting out the roles, responsibilities and functions of Community Health Councils) although it is not clear what the success criteria for this will be / how it will be monitored.
RECOMMENDATION 3 · The CHC Board should adopt a more transparent and outcome-focused approach to the performance management of individual CHCs, using SMART metrics and an effective process to ensure that performance is acceptable.

We find it absurd that there is no effective and transparent process for ensuring that CHCs are delivering an acceptable and value for money service to the citizens they serve. We therefore agree that performance management of Community Health Councils is an area which needs to be addressed – concentrating on outcomes rather than process and including more significant accountability to local communities.

If an intention is to increase the diversity of CHC membership any new performance measurement must not be unnecessarily burdensome on individuals or bureaucratic, but should make sure that they are representative of the local community and local issues.

Engagement with the local community (including stakeholders such as the medical profession) is an area which needs to be developed and improved.

RECOMMENDATION 4 · The CHC Board should be more proactive in identifying and sharing good practice between CHCs, and in facilitating learning amongst staff and Members

Sharing of good and bad practice and lessons learnt is vitally important, we therefore support this recommendation. Although, it is unclear what the six-monthly reports from the Board will achieve on this front.

RECOMMENDATION 5 The CHC Board should ensure that CHCs use their business planning processes to identify and prioritise themes and issues to be explored proactively, on both a local and national basis, so that a higher proportion of their total workload is determined in such a fashion

We support measures to facilitate greater strategic working by Community Health Councils and the Board – it is unclear at this stage as to how this will be achieved. CHCs could potentially be very useful in providing an all-Wales picture / data on many issues, this would require a certain level of cooperation.

RECOMMENDATION 6 The Complaints Advocacy function within CHCs should be further strengthened and developed

This is a key area which needs strengthening, we would welcome the development of an appropriate and efficient means of data collection – see comments above. Adequate finance might be an issue here.

RECOMMENDATION 7 The Board of CHCs should resolve the position regarding visiting Nursing Homes, and CHCs start such visits as a matter of urgency

The Welsh Government should lead on resolving this issue. We would support a role for Community Health Councils in inspecting and monitoring nursing homes.

RECOMMENDATION 8 The agency arrangement for financial, HR and other support, and the division of administrative responsibilities for CHC, should be reviewed

We are not best placed to respond to this question, but would emphasise the need to guarantee the independent status of CHCs.
RECOMMENDATION 9 CHCs should make much greater use of electronic communications technology

We agree with this recommendation and proposed action.

RECOMMENDATION 10 Appoint the Chair and non-executive members of the Board of CHCs

We are not best placed to respond to this question, but would generally welcome the creation of a Patients Commissioner, we would welcome further details on this (including whether this appointment would be on the same basis and terms and conditions as other ‘Commissioners’ – such as the Welsh Language Commissioner, the Children’s Commissioner etc) alongwith any measures which would work to improve democratic accountability and overall awareness.

RECOMMENDATION 11 Improve the diversity of CHC Membership

We agree that a lack of diversity in the Membership of CHCs across Wales is a significant weakness, as is difficulty in removing / dismissing existing members.

RECOMMENDATION 12 The CHC Board should review the overall balance of CHC activity

We agree with this recommendation and the problem it seeks to address.

RECOMMENDATION 13 Establish Powys as a unified CHC

We support amendment of the 2010 Regulations to allow this change, which given the historical cross-border affinities seems appropriate.

RECOMMENDATION 14 Minimise the bureaucratic burdens of separate Local Committees

We are not best placed to provide a response to this question. We would welcome measures to reduce bureaucracy and remove duplications or inefficiencies.

RECOMMENDATION 15 Review CHC financial allocations and budgetary management arrangements

We are not best placed to provide a response to this question, although we would assume that the basis of ‘resources following need’ would be a guiding principle for resource allocation here. Perhaps an independent audit is required.

RECOMMENDATION 16 Consider changing CHCs’ names

We agree the profile of Community Health Councils needs to be raised, it might take more than a name change to achieve this but nevertheless this recommendation is to be welcomed. We would agree that it is confusing for many people to distinguish that a CHC is independent of the LHB, Local Authority and Welsh Government.

We welcome the overall focus on encouraging CHC’s to engage in a proactive manner with the NHS rather than simply react to complaints and consultations.
RECOMMENDATION 17 Undertake an inclusive process of deliberation to define what would constitute ‘world-class’ in this context (our ‘aspiration’), and then to bring forward specific organisational recommendations to help bring it about.

Other stakeholders with whom CHCs come into contact with (GP Surgeries, Patient Groups etc) should also be consulted as part of this action. We would have thought this task more appropriate for Welsh Government to lead on.