COMMUNITY HEALTH COUNCILS IN WALES: PROPOSED CHANGES

Consultation by Welsh Government

Response from BMA Cymru Wales

9 January 2015

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Welsh Government’s consultation on proposed changes to Community Health Councils in Wales.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 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, which speaks 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.

RESPONSE

BMA Cymru Wales is concerned that a number of the changes to the operation and governance of Community Health Councils (CHCs) proposed in this consultation appear to be designed to give the Welsh Government greater control over CHCs. Our members are therefore fearful that, should these changes be agreed, this will potentially diminish their role as independent voices able to speak out on behalf of the local communities they represent.

For instance, having the chair of the CHC board appointed through the Public Appointments process rather than through the current system of elections from within the overall membership of Welsh CHCs will give greater control to Welsh Government Ministers in terms of who is appointed to this position.
We are also concerned that various proposals being put forward (such as the greater powers proposed to be given the CHC Board to set standards in various aspects of the operation of CHCs, including powers to monitor and manage the performance of CHCs and their members; the CHC Board being given a new duty to advise Welsh Ministers of inadequate performance of CHCs or members; the ability for the Minister to appoint external co-opted members to individual CHCs for up to two years with full voting rights; and the ability for the Minister to terminate the appointment of a CHC member) all could be seen as amounting to the creation of a “top down” policing system for CHCs.

This will, in our view, increase the extent to which CHCs will be answerable to Ministers and thereby reduce their independence. We feel this will make them more accountable to Welsh Government and less accountable to the public.

We are unclear, however, that a case has in fact been made that CHCs are currently failing in their present roles in order to justify such actions being taken.

In our recent submission to Ruth Marks’ independent review of Healthcare Inspectorate Wales (HIW) ¹, we noted that a growing number of activities within general practice around areas such as inspections, appraisal and revalidation – when taken together – were leading to a real risk of over-inspection and duplication. We went on to call for organisations such as CHCs and HIW to work better together and for their remits to more appropriately complement each other. We feel such an approach could, however, be frustrated by the proposals now being put forward in this consultation by placing tighter control upon CHCs from Welsh Government.

We are further concerned that the proposals to beef up and enlarge the CHC Board, as well as to potentially enlarge individual CHCs, would be counter to the Welsh Government’s commitment to the principle of prudent healthcare ² as such moves would inevitably divert existing resource away from front line service provision within the NHS in Wales.

We would suggest that consideration could be given to providing CHCs with a remit that could better facilitate them in being able to put forward a more balanced view of NHS service provision, by enabling them to also be able to advocate for specific services or service providers rather than just considering an agenda that may simply be driven by patient demand.

Finally, we would report that members from Powys have questioned the suitability of moving to having just one CHC for such a large geographic area. They feel that the current arrangement works well and should therefore be retained.

² http://wales.gov.uk/about/cabinet/cabinetstatements/2014/prudenthealth/?lang=en