

Web link to the consultation paper -

<http://www.wales.nhs.uk/sites3/Documents/212/Consultation%20Document%20%28CHCS%29%20-%20E.pdf>

ANNEX E - CONSULTATION RESPONSE FORM

Consultation Document on Proposals on the future of Community Health Councils in Wales

Deadline for responses: 24th April 2009

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Response to Consultation Document on Proposals on the future of Community Health Councils in Wales

Introduction

Action against Medical Accidents (AvMA) is an independent charity working across the whole of the UK, specifically focussing on the promotion of patient safety and the support of people who have been affected by medical accidents (or 'patient safety incidents'). AvMA is widely recognised as the leading UK-wide consumer voice on patient safety and clinical disputes including complaints and clinical negligence. AvMA's policy is informed by its direct contact with people affected by medical accidents over 25 years (dealing with circa 5,000 enquiries a year) and by working closely with other patients' organisations, Community Health Councils, the NHS and other stakeholders. AvMA is committed to delivering its charitable objectives in Wales. It has worked closely with the Welsh Assembly Government and other stakeholders on the development of the 'Speedy Resolution' Scheme and the work of the 'Putting Things Right' Project Board. AvMA has an ongoing

relationship with Welsh CHC's, specialist clinical negligence solicitors in Wales, and officials of the Welsh Assembly. AvMA made extensive and influential contributions to the development of the NHS Redress Act in England. AvMA is keen to work as closely as possible with CHCs where the matters at issue raise concerns about the standard of clinical care or patient safety issues.

AvMA values the work of CHCs in Wales and recognises that this work was strengthened by the decision of the Welsh Assembly to recruit advocates to support and advise people using the NHS complaints procedures. In particular AvMA believes it is important that the role of helping the public use the complaints process is used as a base from which patient safety issues can be identified early and matters of more general concern, raised by people locally, can be highlighted. It is a strength of the Welsh CHC system that these functions are retained within one organisation and have not been fragmented or diluted.

1. Do you agree that the functions of CHCs should be revised and strengthened along the suggested lines?

AvMA believes the CHCs' role in identifying patient safety issues and raising concerns about them should be set out expressly and that this is recognised as a key role and given greater prominence.

One of the most important roles of CHCs is that of local patient watchdog monitoring services, identifying patient safety issues, and contributing to the planning of services.

Patient safety is fundamental to all healthcare provision and this should therefore be reflected in the role of CHCs. An important way of identifying issues around patient safety which can in turn feed into monitoring and planning, is listening to patients and their relatives. It is essential for the protection of patients to strengthen the link between complaints support and advocacy and the monitoring role of CHCs. Complaints and concerns raised by patients and their families often go straight to the heart of problems in service delivery. For example there might be a cluster of complaints from a maternity unit, or concerns raised about infection control standards, or a single complaint might identify a more widespread failure in breast cancer screening.

Healthcare organisations that are in trouble and failing to provide an acceptable standard of care often lack insight that there is a problem at all. This is acutely illustrated in the recent scandals around hospitals in Staffordshire (failure in Accident and Emergency Services causing up to 1200 deaths) and Kent (failures in infection control causing up to 90 deaths). If CHCs had been maintained in England it is possible these failures would have been highlighted much earlier and the damage caused much reduced. This is where CHCs can play a critical role. They are independent of the NHS and through their work in supporting complainants, are put in a position where they can identify emerging problems whether through a cluster of complaints or sometimes it may only be a single complaint but one that identifies significant failings in healthcare provision. This can feed into both the CHCs' watchdog role as well as allowing for targeted and meaningful monitoring. This direct access to patients and their feedback on services is one of the key strengths of CHCs.

It is noted that "arrangements for children and young people's advocacy will be taken forward through the Children and Young People's Partnerships." AvMA recognises that working with children and young people requires specialist knowledge and experience but would hope that this work is fully integrated with CHC work more generally and that steps are taken to ensure the monitoring role is not separated from the complaints and advocacy work.

2. Do you agree with the proposals for the structure of CHCs?

AvMA assumes the number of CHC offices will be reduced alongside the change in structure. This will raise issues around geographic access that will need to be resolved. CHCs will need adequate resources to address this through providing satellite offices, local surgeries, home visits etc.

If CHCs are to be 'the independent voice of all citizens' they will need the staff and resources to carry out these responsibilities and these should be provided without reducing the resources available to help with individual complaints and concerns.

Generally the restructuring around LHB and local authority boundaries seems to be logical.

3. What are the issues to be overcome so that the new CHCs can successfully build and develop their area associations?

It is proposed that “Area Associations will have a pivotal role in engaging with local communities” and each Area Association “Chair who would have the right to attend and take part in any deliberations, but not vote, at their “parent” CHC meetings.” AvMA is concerned that Area Associations should have a greater say in CHC meetings if they are to be fully engaged in the new structures.

Questions 4 -11

One of the strengths of CHCs is their independence. It will be important that the appointment system and structures for CHCs, the Board of CHCs and Area Associations guarantee this independence is maintained and members feel free to raise concerns about LHBs, NHS trusts and the Welsh Assembly Government as necessary.

AvMA believes it is important that CHCs in Wales are seen to be an independent movement and that the Chair and Vice-Chair of the Board should be elected by Board members rather than directly appointed by the Minister.

Summary

- Improving patient safety should be a priority for CHCs
- Individual complaints and concerns are an important way of identifying patient safety issues at an early stage
- Adequate resources should be provided and the reduction of the number of CHCs should not see a reduction in staffing levels.
- CHCs should maintain their independence

Hugh Williams
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Action against Medical Accidents
24 April 2009