

**Y Pwyllgor Iechyd, Lles a
Llywodraeth Leol**

**Health, Wellbeing and Local
Government Committee**

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Edwina Hart AM
Minister for Health and Social Services
Welsh Assembly Government
Tŷ Hywel
Cardiff Bay
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10 March 2011

Dear Minister,

**Committee Inquiry on NHS Reviews and Government Guidance on Engagement
and Consultation on Changes to Health Services**

You will be aware that the Health, Wellbeing and Local Government Committee undertook a short inquiry into the way in which NHS reviews are conducted and, as part of that, considered Welsh Government guidance on engagement and consultation on changes to health services.

The inquiry began and ended with evidence from Betsi Cadwaladr University Health Board (BCUHB), as a number of issues had been raised with us in relation to service reviews in North Wales, including a perception of: poor communication with medical practitioners; selective presentation of information at stakeholder events; unbalanced representation at stakeholder events; unrealistic timescales for service reviews; a lack of openness and transparency; and a failure to provide sufficient information to enable stakeholders to make informed decisions.

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By the end of the inquiry, it became clear that BCUHB had recognised these concerns and had responded positively and quickly to reassure stakeholders and extend their engagement. However, we feel that BCUHB and other LHBs need to take account of the points raised below when undertaking reviews, consultations and engagement.

The following are the Committee's views based on the evidence received during the course of the inquiry on the process of consultation.

Continuous Engagement

- Continuous engagement is an excellent principle, but it is vital that stakeholders and the public understand what they are participating in. It was clear from the evidence that there was a lack of understanding of the purpose and process of continuous engagement. It was also clear that managing expectations, of stakeholders and the public, is important for the success of the process.
- BCUHB told the Committee that there is a difficult balance to be struck between ensuring clinical buy-in and enabling stakeholder involvement at the outset of discussion. The Chair of the North Wales Local Medical Committee also told us of the difficulty of allowing all stakeholders' voices to be heard while also ensuring that there is a rational discussion about the possibilities for taking certain ideas forward.
- BCUHB also told the Committee that there is a need to help the public understand the difference between engagement and consultation.
- The BMA expressed concern that the draft guidance made no mention of the need to consult with Local Medical Committees or the primary care sector.

Substantial Change

The Government's draft guidance provides for a two-stage process where substantial change is needed.

- As a result of concerns expressed in evidence, we feel that the Government should consider issuing guidance on what constitutes 'substantial change'.
- There is also an issue of who decides what constitutes 'substantial change' and confusion regarding the current role of the Community Health Council in making such decisions. The Committee was told that the guidance needs to be firmed up in this respect.
- It was suggested that the Government should consider recommending in guidance that an independent arbiter be appointed to make these decisions.

Formal Consultation

- We also heard that it not clear when a formal consultation is required. Concern was raised in evidence that options may be chosen by a Health Board on the basis of safety and sustainability in order to avoid a public consultation, even if major service changes are proposed.

- Concern was also expressed about LHBs devising their own protocols for deciding whether such consultations should take place, as this would lead to inconsistency across LHB areas.

In conclusion, the Committee fully endorses the Minister's approach in the draft guidance and the principle of continuous engagement. However, we recognise that wide, continuous engagement will be challenging for Health Boards, and careful consideration needs to be given to how the many and varied expectations of all stakeholders, practitioners and citizens can best be managed in this engagement process.

A copy of this letter will be sent to Betsi Cadwaladr University Health Board and will also be published on the Committee's web pages.

Yours sincerely



Jonathan Morgan
Chair