ADVISORY STRUCTURES REVIEW

Chief Medical Officer for Wales

Response from BMA Cymru Wales

31st March 2014

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Review by the Chief Medical Officer of the Health Advisory Structures 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 TO CONSULTATION QUESTIONS

If you could design a new advisory system for the Welsh Government and NHS Wales, what would it look like? Please draw your structure (you can attach a separate file if you wish), describe its form and function, and the reasons it would be an improvement on the current system.

BMA Cymru Wales supports retention of the current statutory advisory structures for health in Wales, albeit there are aspects of the current bodies which could be reviewed in order to enhance the provision and effectiveness of statutory independent medical advice. In addition, we have received numerous comments from our members that the previous structures, which included District Medical Committees, were often more effective than the current ones – indicating to us that there are opportunities for improvement within the current structures.

The underlying principle for the structure of statutory health advisory bodies in Wales has to be the provision of independent medical advice and the enablement of true and effective engagement with clinicians.

With this in mind as both a member of the current advisory structure and as a professional association, BMA Cymru Wales calls for a reaffirmation of Welsh Medical Committee’s remit and function. We would also support an enrichment of the work programme assigned to it by Welsh Government, or indeed the ability for WMC to identify its own areas of work, and to ensure its proper and appropriate statutory responsibilities are discharged by Welsh Government / NHS Wales.

The membership of the Welsh Medical Committee provides adequate representation of both primary care and secondary care. Sufficient support must be provided to allow clinicians to attend meetings – such as backfilling staff and appropriate subsistence arrangements, e.g. refreshments for participants.

The role and effectiveness of the seven Healthcare Professional Fora has been called into question, and we would generally support their review.
Do you think there is overlap or duplication in the existing advisory structure? Please explain your answer.

As above, we have heard reports that a number of the local Healthcare Professional Fora are not functioning effectively and believe that these forums should be the focus of a separate review.

What are the major strengths of the current structure?

The current statutory arrangements are designed to provide independent and credible medical advice to policy makers to ensure that the decisions they take are made on the basis of informed and expert evidence – and through the Local Medical Advisory Groups (LMAGs) are workable and relevant in practice.

Used properly, they should be an asset to the policy development process – and should not be viewed as an obstacle nor used as a tool to ratify or endorse pre-determined policy.

The Welsh Medical Committee (WMC) is an essential component of the statutory advisory structure for health in Wales. It is the only forum to include both primary and secondary care professionals, and therefore should be an invaluable forum for providing advice to the integrated service provision of Health Boards in Wales. Currently there is little opportunity for primary and secondary care collaboration on service design and improvement.

What are the major failings of the current structure?

In our opinion the advisory structures, particularly the Welsh Medical Committee, is not utilised by Welsh Government / NHS Wales effectively, and insufficient support is provided by Welsh Government to ensure it can best discharge its statutory duties.

As far back as August 2006 BMA Cymru Wales sent a letter, co-signed with the RCN and BDA, in response to proposals from the then Welsh Assembly Government to alter the statutory status of Health Professional Advisory Committees in Wales - to quote that response:

“We feel the Assembly Government has not made the best use of the committees. Too often the agendas are filled with presentations about matters that have already been decided on and that the advice given following the presentation is unheeded because the decision is irrevocable. It is essential that there is greater clinical engagement with those that work at the front line of the service, the difficult changes and decisions that must be made to NHS Wales to achieve ‘Designed for Life’ can only be successful if they are supported by the professions working in the service. The Advisory Structures are currently a statutory mechanism to achieve this”

This concern still exists.

The value of any committee is largely measured by the type of work it is tasked with. We believe that the function of Welsh Medical Committees should be reaffirmed and it that it should be adequately supported - in terms of both funding and secretariat. Further we suggest that its work plan be reassessed by policy makers, and meetings more focussed and strategic, in order to best utilise the expertise of its collective membership. This would inevitably lead to cost savings – the Welsh Medical Committee could have reasonably been tasked with undertaking the review of maternity services in North Wales to take just one recent example.

The Local Medical Advisory Groups provide important grassroots fora in which to engage clinicians locally. One important issue we have identified repeatedly with these groups is the difficulty faced by many clinicians in attending meetings – largely because of work pressures and poor backfill support. This is especially the case for General Practitioners and is an area that certainly needs addressing across Wales.
Can you see gaps in the current structure?

As per our response to the previous question – there is inadequate opportunity for primary / secondary care discussions. A more unified approach would be welcome.

How do you think clinicians should engage with the Welsh Government?

Through the statutory mechanisms set up in section 19 the National Health Service Act of 1977, and further consolidated in section 190 of the National Health Service (Wales) Act 2006 – and which can reasonably be traced back to the founding of the National Health Service. Namely, the Welsh Medical Committee.

It is essential that there is two-way dialogue between clinicians and policy makers. And that there is ample opportunity for the more localised clinical issues and knowledge to inform policy making through the Local Medical Advisory Groups feeding into the Welsh Medical Committee - as the principal source of medical advice to the CMO and the Welsh Government (WG) – which should be the forum through which this is achieved. Although as we have said these Committees both need enhancing in terms of both remit and function – this should include a clear process for providing feedback to participants on any issues raised and on the progression of any policies developed.

Despite the lack of detail in the Review papers at this stage we take it as a deliberate attempt to not only dilute the provision of independent statutory medical advice to the Welsh Government and Health Boards but also to reduce the ability of professional representative groups, such as the BMA, to engage in the policy formulation process in Wales and thereby suppressing the voice and expertise of clinicians.

We are aware that the BMAs membership on the WMC has been questioned, in fact it was specifically voted upon when the new constitution was agreed in 2011. BMA Cymru Wales is the sole professional association able to represent all doctors in Wales, from every branch of the medical profession, it is entirely appropriate that BMA Cymru Wales membership continues (we would strongly resist any proposals to the contrary) and that participation at this early stage in policy discussion (rather than at later stages) is preferable for all involved.

Policy makers often affirm their commitment to engaging with clinicians. However, true clinical engagement requires a highly inclusive approach – going beyond consulting with medical and clinical directors for example – and working with and listening to clinicians on the ground and with their elected representatives.

In undertaking this review we believe that there is a need to fully understand and acknowledge the distinction between both Local Negotiating Committees (LNCs) and Local Medical Committees (LMCs) and the medical advisory structures (WMC and LMAGs) - and particularly the nature and purpose of BMA Cymru Wales engagement on these bodies.

Finally, we are concerned to note that the membership of the advisory group for the CMO’s Review of the Advisory Structures for Health has been established from amongst members of the current structures and yet it excludes BMA Cymru Wales representatives – this is a matter which we shall be following up separately.

How do you think clinicians should engage with NHS management and Boards?

The current Local Medical Advisory Groups could be an ideal forum – if the members were given adequate support and opportunity to attend. That is often not possible currently due to work pressures and the unwillingness of employers to provide staff cover.

We do not believe that the seven local Healthcare Professional Fora are providing adequate engagement for clinicians and NHS Management. The resources currently used to sustain these groups might be better used elsewhere – e.g. to provide staff cover to attend Local Medical Advisory Groups.