



ORAL EVIDENCE SESSION

DATE: Friday, 3 May 2013

LOCATION: Commission Office, Cardiff

COMMISSIONERS PRESENT:

Paul Silk (Chair)

Nick Bourne

Rob Humphreys

Trefor Jones

THE FOLLOWING GAVE EVIDENCE:

Peter Meredith-Smith, Associate Director (Employment Relations), Welsh Royal College of Nursing

Martin Semple, Associate Director (Professional Practice), Welsh Royal College of Nursing

Dr Richard Lewis, Welsh Secretary, British Medical Association Welsh Council

Dr Philip Banfield, Chair, British Medical Association Welsh Council

Colin Ferguson, Director, Royal College of Surgeons Professional Affairs Board in Wales

This note, prepared by the Secretariat and agreed with the witnesses, captures the key points of the discussion.

1. The panel considered the devolution of health in Wales and broadly agreed with the direction that the National Assembly for Wales and the Welsh Government had taken in regards to healthcare policy. They noted that the National Assembly for Wales and the Welsh Government had brought a sensitivity to Welsh issues in regards to healthcare. The panel agreed that there was an ambiguity in the detail within the current devolution settlement in Wales which could create potential problems in the future and highlighted the Human Transplantation (Wales) Bill as an example of the current confusion surrounding the devolution boundary. A reserved powers model might help to address this. They added that a number of areas within health such as the regulation of health professionals and health and safety matters would need to be maintained on a UK wide basis regardless of whether it was a reserved or conferred devolution settlement in Wales.



2. Asked about the benefits that Welsh patients had seen from the devolution of health, the panel acknowledged that it was too early to tell as policies had yet to be fully delivered. They noted that the public saw the introduction of free prescriptions and free parking at hospitals as beneficial and that the delivery of services was generally well received especially during a time of austerity. The panel added that there was far more collaboration between healthcare bodies in Wales when compared to the rest of the UK and that it should be continued to ensure that the needs of the public was met and to influence the next generation of medical professionals.
3. The Panel discussed the issue of cross-border care and noted that the border between Wales and England will always be permeable so any arrangement should result in the best for patient care and not be a hindrance. They acknowledged that increasing policy divergence between health services in Wales and England was a challenge, especially in regards to cross-border services. The panel added that there was a need to strengthen commissioning arrangements to improve current delays for processing individual cases and suggested the relevance of adopting the principles outlined in EU legislation on cross border treatment. They highlighted that a Welsh Government group had been set up to review the current cross-border arrangements between Wales and England but was unaware of any input from the UK Government towards the review. The two Governments had published an updated protocol in April 2013. It was also agreed that it made sense for some specialist facilities to be shared by both England and Wales; and to work together to deliver economies of scale and efficiency savings.
4. On the issue of the UK Government's Health and Social Care Bill, the panel acknowledged that the introduction of different payment arrangements in England could de-stabilise health service professionals in Wales and introduce an element of competition through a market-led system.
5. Asked about improvements to the recording of health statistics across the UK, the panel noted the difficulties with interpreting data gathered and that there was a need to improve the coding process and introduce common definitions for primary and secondary care. They acknowledged that England was ahead in its ability to collect data and that there had been insufficient investment in data collection in Wales. The panel, however, added that there would have to be patient confidence with any IT system used for data collection to ensure that the statistics produced were accurate.
6. Finally, the panel discussed intergovernmental relations and noted that best practice procedures should be shared within Wales first and that there had been work towards creating all Wales measures on health matters; however, it had been a slow process. They stated that assessing how health in Wales and elsewhere in the UK is improving should be a common priority across the UK and there was a benefit to identifying and sharing best practice in health policy areas.



The panel agreed that the health system in Wales was not unique and consideration should be given to utilising international examples such as the health system in New Zealand, or reviewing the performance of Wales against other EU countries. It was also agreed that a common approach made sense in some areas, for example, health pay under the UK pay review bodies.