Response to the consultation on ‘Services Fit for the Future’

About the Patients Association
The Patients Association exists to listen to patients and speak up for change. For over fifty years we have campaigned for health and social care services that provide safe, high quality care. We want to see a culture where transparency thrives, where patients and their carers are valued as expert partners, and where patients, their families, carers and staff are empowered to raise concerns. We believe that the NHS and social care services should be accountable, and act on feedback in order to learn and improve.

In our work we advise people on aspects of health and social care that matter to them, often when things have gone wrong and they need to seek redress. We also work with NHS organisations and others to develop new ways to implement improved patient care.

This document contains our responses to selected questions in the Welsh Government’s consultation on its ‘Services Fit for the Future’ proposals, as entered into the online proforma on the consultation website.

General comments
We welcome the strong commitment to co-production set out in paragraphs three and four of the white paper.

Board membership
We support the proposals.

We would additionally welcome proposals to ensure that at least a portion of the public members are unambiguously patient representatives – we feel that strong patient representation is the intention of the proposals, but that clinicians and other health service stakeholders could easily end up dominating these positions.

Board secretary
We support the proposals.

Duty of Quality for the population of Wales
We support the proposals.
Duty of Candour
We support this proposal.

Common Standards
We support this proposal.

Joint Complaints
We support this proposal.

Citizen Representation
While we recognise the problems with Community Health Councils (CHCs) as outlined, we are not convinced that the current proposals offer an effective solution to them.

We can see two potential problems with the proposed citizen voice arrangement. Firstly, it could readily replicate some of the problems with CHCs, such as a lack of representative membership. Secondly, and more importantly, we are concerned that as currently proposed it will not reach into communities effectively. In trying to represent everyone, as a national body, it could well end up representing no-one. Its functions, such as supporting future (unfunded, non-statutory) local networks and promoting co-design of services, seem weak, and we can readily envisage it appearing toothless – quite possibly for good reason. We cannot see any way in which this body would actually secure co-production of healthcare.

We would suggest having local or regional bodies sitting underneath the national structure and feeding up into it – however, this is very close to the current structure of CHCs. Reforming CHCs to address the specific flaws identified, including re-naming them and overhauling their scope, might therefore prove a better way forward. The current proposals risk abolishing the current bodies and then, effectively, not replacing them with anything.

Service Change
We welcome the commitment to co-production, and revision of relevant guidance, in paragraph 95. We feel that this push for greater co-production should be seriously attempted before changes to CHCs are made. Alternatively, the changes to CHCs should be made in such a way as to drive co-production: these engagement mechanisms should be built into service design processes, not inspection processes as proposed in the following section.
As the proposals stand, we are concerned that the aim is to resolve tension between national and local agendas – which we accept can be a serious barrier to improvement – by simply silencing the local voice. The role of patients in the processes outlined in paragraphs 100 and 101 is in danger of being minimal, particularly if the proposed national citizen voice body is not effective in representing the patients who will be affected by any given set of proposals.

**Inspection and Regulation and single body**

We support the proposals to align the inspection and regulation of healthcare and social care, and agree that the current role of CHCs probably does overlap confusingly with the role of regulators. However, as observed above, we believe that the patient voice should be integrated first and foremost into processes for designing and implementing services, not just (or even primarily) into processes for regulating and inspecting them after they have been established.

**For more information**

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