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Sian Wilkins,
Committee Clerk
Legislation Office,
National Assembly for Wales
Cardiff Bay
Cardiff
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12th September 2007.

Dear Ms. Wilkins

Consultation: Proposed NHS Redress (Wales) Measure Committee.

This Consultation has been brought to the attention of all Community Health Councils (CHCs) in Wales and you may have already received responses directly from individual CHCs. Community Health Councils are “the patients’ voice” within the NHS in Wales and, as such, our main concern is that patients, whatever their age, receive a timely, safe, effective and equitable service. Please find below the response to the consultation on behalf of the Board of Community Health Councils in Wales.

Please find below the Board’s response to the some of the questions posed.

Question	
1	<p>Why is a Redress Scheme required?</p> <ul style="list-style-type: none"> - There have been increasing concerns regarding the high level of legal fees attached to complaints and how much of the final figure is actually paid out in compensation. - The Complaint process in Wales is extremely complicated with complainants having to negotiate the hurdles and steps to get to a local resolution and even more obstacles to proceed to the litigation process. - The time frame for resolution of complaints is excessive. When there is a position of liability in tort it is more appropriate to tackle small claims directly and the Board would welcome this. However, there are a number of areas where the CHCs would hope to see both a level of independence within the litigation process and increased support for complainants. It is also essential that such support is seen and recognized by the complainant to be independent of the NHS. - It is essential that patients and the public have confidence in the support and advice they are given, again this can only come from a process that is recognized as independent from the NHS.

Director: Mr. P Johns
Chairman: Mr. Jack Evershed.

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	<ul style="list-style-type: none"> - There needs to be clear understanding of patients rights in the process, with patients/complainants being given full information on their rights and options with regard to the complaints process. - CHCs want to see a more structured, consistent, open and transparent approach to complaints. Patients and complainants expect the investigations undertaken by the NHS to be a fact finding exercise that informs the ultimate response to the complaint, yet the level and range of investigations vary between NHS organisations and the process is far from transparent. In the view of many complainants, the process is seen as a means drawing together a response, where the NHS try to reconcile differing views between clinicians and staff to enable the organisation to respond to the questions, rather than a transparent and open fact finding process that can be shared with the complainant to support the conclusions in a response. CHCs want to see a more consistent approach to complaint investigations and a transparent process where the findings of an investigation are open to scrutiny.
2	Does the proposed Measure achieve the policy objective? No comment
3	What are the views of stakeholders who will have to work with a redress system? See response to question 1.
4	What will be the practicalities of making the system work and does the proposed Measure make provision for these? The scheme appears workable but should come with a health warning that patients will only utilise this mechanism if they have confidence in the process. Such confidence will only be gained through independent support and advice for the complainant.
5	Is it appropriate that so much be done by regulations, i.e. the details of any scheme or schemes will be decided by Welsh Ministers? Regulations are necessary to enable all NHS organisations to have a single goal, provide a standardised, consistent approach and ensure equity for all. It has to be seen as a fair, standard practice that has been adopted across the NHS.
6	The Measure relates to redress in relation to liability in tort – would it be better for the Assembly to seek the power from Westminster to introduce a “no-fault scheme”? The Board would support a “no fault scheme” however, patients, the public and complainants need confidence in the approach and need to perceive independence.

Finally, the Board wishes to stress that CHCs in Wales would welcome greater involvement in the scheme once it is determined, however, in order to service the scheme CHCs would need to be assured of an appropriately resourced Advocacy Service.

Yours sincerely,

Andrea Matthews.
Consultation & Liaison Officer.

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Chairman: Mr. Jack Evershed.

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