

**BRIEFING ON AND SUGGESTED RESPONSE TO THE HEALTH PROFESSIONS
WALES PROPOSAL IN THE DRAFT NATIONAL HEALTH SERVICE (NHS)
WALES BILL**

1. Introduction and Context

- 1.1 Under devolved powers the National Assembly for Wales (NAW) is empowered to make its own arrangements for the delivery of health, social, and educational services in Wales. This Bill reflects the development of policy in this area.
- 1.2 Comment is invited until 5 July 2002, and the suggestions set out below are on the Bill and its ancillary documents including a letter dated May 2002 from Mr. David Ravey, the Acting Chief Executive of " Health Professions Wales " (HPW).
- 1.3 HPC has also been invited by the House of Commons Welsh Affairs Committee, to give oral evidence to the Committee on the afternoon of 17 June. The main areas the Committee will be considering are :
- the development of Community Health Councils in Wales,
 - the establishment of the Wales Centre for Health,
 - the establishment of Health Professions Wales.

The Committee is particularly interested in HPC's views on HPW, and this is the area where HPC can offer specific comment and expertise.

HPC has requested, however, that evidence only be submitted after the launch of the consultation.

- 1.4 The proposals for HPW should be seen in a wider context of other parallel initiatives in Wales.
- 1.4.1 In Wales there are two current bodies 'representing' health professionals :- one has membership from the ' therapies ', and the other – the All Wales Scientific Advisory Panel – covers MLSOs, Clinical Scientists and Paramedics. The membership of both is based on NHS employers rather than professional bodies.
- 1.4.2 In the social care sector there is a Care Council for Wales (and a Social Services Inspectorate Department at the NAS). These bodies have liaised closely with the set-up work for HPW, but nonetheless the NHS and Social Care sectors are separate in the HPW proposals.
- 1.4.3 The Higher Education Funding Council for Wales (HEFCW) and the Quality Assurance Agency (QAA) have developed an interim Academic Review process for 2002 (HEFCW circular W01/90HE and QAA publication " Academic Review in Wales 2002 ") which rolls the QAA's subject review process forward for the time being. These arrangements also cover health-funded courses, and HPC inherits from the Boards at CPSM a very sophisticated level of engagement with QAA.

2. **General Analysis**

- 2.1 The main and immediate function of HPW is to act as the successor body to the former Welsh National Board for Nursing, Midwifery and Healthvisiting (WNB). Several specific (and urgent) tasks in nursing are identified in Mr. Ravey's letter. There are only a very few tasks – and none urgent – identified for the Allied Health Professions (AHP) (eg. oversight of appointment process for therapist consultants).
- 2.2 HPW has a remit over support workers, which HPC does not.
- 2.3 It would seem that HPW will be confined to the NHS.
- 2.4 There are a number of general long-term tasks and roles identified for HPW. The specific tasks, however, identified and affecting the AHPs (and hence, directly or indirectly, HPC) include :
 - working with HPC,
 - review the services offered to non-nursing health care professions,
 - co-ordinate workforce planning and hence education commissioning,
 - administration of student bursaries, and
 - oversee appointment to consultant posts.

(A reference in the letter to accrediting all clinical learning environments for all health care professions in fact relates exclusively, at present, to the area of nursing. This may be something that HPC might wish to delegate to HPW at some point, but HPC would need to make it clear that accreditation in respect of initial qualifying training would ultimately be the responsibility of HPC. The issues around accreditation of placement learning are also raised in the HPC consultation).

- 2.5 In addition there is an open-ended discretion for HPW to carry out any of HPC's functions if so requested by HPC.
- 2.6 Prof. A. Hazell has analysed the papers and been involved in the background work for HPW. He advises that this is a beneficial development to be welcomed. Many of his comments have been incorporated in this paper.

3. **Issues and Timescale for Development**

- 3.1 From this background information a number of issues for further exploration and discussion could be developed. These include :–
 - 3.1.1 The role of the AHP professional bodies,
 - 3.1.2 The detail of any proposed interactions between the different health and social care sectors,
 - 3.1.3 The discretion for HPC to delegate some powers to HPW, including in the specific contexts of
 - 3.1.4 HPW's power to accredit CPD and clinical learning environments.

- 3.2 Given HPW's immediate remit and agenda to ensure continuity from WNB, and given that HPC is consulting on how it should discharge its functions, it is likely that detailed discussion with HPW will only be useful and realistic after autumn 2002.