

QE 07

Ymchwiliad i Fil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru)

Inquiry into the Health and Social Care (Quality and Engagement) (Wales) Bill

Ymateb gan Goleg Brenhinol yr Ymarferwyr Cyffredinol

Response from Royal College of General Practitioners



16 September 2019

Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales

Dear Dr Lloyd,

Health and Social Care (Quality and Engagement) (Wales) Bill

Thank you for inviting the views of the Royal College of General Practitioners (RCGP) Wales with regard to the Committee's scrutiny of the Health and Social Care (Quality and Engagement) (Wales) Bill. RCGP Wales represents a network of around 2,000 GPs, aiming to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

The College believes the principles set out in the Bill to be reasonable. Where there is a concern it relates to the definitions of 'quality' and 'effectiveness' and how these would be monitored in general practice. Aspects of the work of general practitioners would not necessarily be easily assessed in terms of effectiveness because in primary care many conditions are extremely uncommon. Large numbers of patients would require treatment for a small number of them to benefit from preventative treatments. For example, the majority of patients taking statins to reduce the risk of cardiovascular events or anticoagulation treatment to prevent stroke will not benefit as they would not have had the event anyway. We cannot predict who will benefit but we can estimate those who are at greatest risk. This is not to dismiss the principle of an assessment on quality or effectiveness being made but noting that there must be strong emphasis on informed choice so that we share that estimate of risk and the potential benefit (and harms) of any treatment.

There has been a great deal of work on shared decision making and the College believes that informed choice by patients must be a consideration rather than simply measuring the uptake of 'effective' treatments as the desired outcome. This is particularly important for older patients and those with multiple conditions where combinations of many medications can increase risk of adverse events. The bill should clearly incorporate the principle of patient choice.

Royal College of General Practitioners Wales 4th Floor Cambrian Buildings Mount Stuart Square Cardiff Bay Cardiff CF10 5FL
Tel: 020 3188 7755 Fax: 020 3188 7756 email: welshc@rcgp.org.uk web: www.rcgp.org.uk/wales

Coleg Brenhinol Meddygon Teulu Cymru 4ydd Llawr Adeiladau Cambrian Sgwâr Mount Stuart Bae Caerdydd Caerdydd CF10 5FL
Ffôn: 020 3188 7760 e-bost: welshc@rcgp.org.uk web: www.rcgp.org.uk/wales

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The monitoring of health outcomes requires resource to carry out the work efficiently and effectively. At present GPs are short of resources to see all their patients within a reasonable timeframe without further potentially onerous data collection requirements made of them. The principle is welcome, but the resources must be provided to help maintain sustainable primary care.


There is increasing debate about some screening programmes and it must be ensured that the focus is on clear and impartial information rather than uptake levels.

The duty of candour is welcome, but it is important to ensure that appropriate training is provided along with support for all clinicians to ensure that this is done well for all involved. It will be essential that the definition of candour also allows for proportionality for it to be effective.

The College understands both the purposes of the proposed change to a Citizen Voice Body and acknowledges the concerns which have been raised regarding how this body would operate. At this stage our only comment on this aspect would be to ensure that the new body is suitably independent and able to carry out its work with due rigor.

Should you or the Committee wish to discuss any points raised in this response further, please do not hesitate to let us know.

Best wishes,

The image shows two handwritten signatures in black ink. The signature on the left is 'M Hopkin' and the signature on the right is 'Peter Saul'. There is a small dot between the two signatures.

Dr Mair Hopkin
Joint Chair
RCGP Wales

Dr Peter Saul
Joint Chair
RCGP Wales