

	Welsh NHS Confederation response on the Legislative Consent Memorandum for the Health and Care Bill.
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Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond as part of the Health and Social Care Committee scrutiny of the Legislative Consent Memorandum for the Health and Care Bill.
2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts, Digital Health and Care Wales and Health Education and Improvement Wales (HEIW). We also host NHS Wales Employers.
3. The NHS Confederation in England have engaged significantly with Members in England to respond to the Bill and have kept NHS organisations in England informed of developments. The NHS Confederation developed a [Parliamentary briefing](#) ahead of the second reading of the Bill, highlighting support for the reforms and the proposals within the Bill to enable collaboration and partnership working at a local level through putting integrated care systems (ICSs) on a statutory footing.

Clause 75 (Tidying up etc provisions about accounts of certain NHS bodies)

4. The clause applies to Special Health Authorities and NHS Trusts, with only two of these (NHS Business Services Authority and Blood and Transplant Authority) affecting NHS Wales, due to this there was no comment from our Members.

Clause 85 (Medicines information systems)

5. 7A (1) refers to the Health and Social Care Information Centre (the Information Centre) - setting up one or more information systems relating to:
 - The safety, quality and efficacy of human medicines (e.g. a database looking for the incidence of adverse effect Y associated with drug X or the effects of antidepressants).
 - The improvement of clinical decision-making in relation to human medicines (e.g. developing AI systems to calculate the risks and benefits of starting novel oral anticoagulants (NOACs) in non-valvular Atrial Fibrillation).
6. Whilst these seem reasonable provisions, the exception is Regulation 7A(2)(b). Under Regulation 7A (2)(b) healthcare organisations providing information that the Government decides is required could include information provided to the Information Centre for the purposes of its functions under the Regulations. The Health and Social Care Information Centre is already in existence (mainly in NHS England) where previously there has been concerns raised about data being



collected from GPs in England, anonymised and then sold on. Patients can opt out (if they are aware of it).

7. The systems could be very useful for research into adverse drug reactions (ADRs) and improving prescribing, but potentially drug companies could be interested in access to such a large database. Therefore, Welsh Government should be given the power to make a decision on the use of its population data and to ensure that there are adequate safeguards in place. In addition, NHS Wales should have the ability to benefit from access to the data.

Clause 120 (International healthcare arrangements)

8. This amendment will give the UK Government greater freedom to amend and repeal existing arrangements for reciprocal arrangements with other countries.
9. To date, EU legislation has limited this flexibility because of data sharing arrangements. This could therefore result in changes in the scope of data being shared, or data being shared with new countries.
10. The scope of reciprocal arrangements could also be amended, so that it could include or exclude areas, such as emergency stays, planned care, mental health, maternal care, specialist care and others.
11. It is currently assumed that the financial impact of any new reciprocal arrangements for NHS organisations in Wales will be mitigated by the UK and Welsh Government.

Clause 123 (Regulation of health care and associated provisions)

12. This would allow the UK Government to decide that a profession could be deregulated if they deem that there is no public safety risk.
13. In Pharmacy, this could result in the abolishment of the General Pharmaceutical Council in Wales, meaning that the title of pharmacist or pharmacy technician would no longer be protected. This would seriously undermine any profession and potentially could be used by pharmacy multiples to train staff to their own standards to perform the basic profitable dispensing function and increase the profit margin for the business and reduce Government costs as they do not have to pay professional rates. De-regulation in any of these health professions could increase risks to patient safety.

Potential financial implications

14. Members are not aware of any specific material resource implications for NHS organisations in Wales. However this will need to be clarified with Welsh Government, especially following the agreement of any new reciprocal health arrangements and the funds which would flow accordingly.