



Clarence Medical Centre

West Kinnel Street ▪ Rhyl ▪ Denbighshire ▪ LL18 1DA

Phone: 01745 350680 Fax: 01745 333648

Email: admin@clarencemedicalcentre.co.uk

4 November 2010

Sarita Marshall
Deputy Committee Clerk
Health, Wellbeing and Local Government Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA

Also sent by email

Dear Committee

INQUIRY INTO NORTH WALES HEALTH SERVICE REVIEWS

We are providing this written submission for consideration within the Inquiry into North Wales Health Service Reviews. We are a large GP Practice, serving 16,500 patients, within Rhyl. The Practice has expressed significant concerns into the way in which reviews are undertaken, and we continue to have concern.

On 27 September 2010, the Practice wrote to Mary Burrows, Chief Executive of Betsi Cadwaladr University Health Board to express serious concerns about the direction of the Health Board, and raised concern about the way in which engagement is undertaken, specifically mentioning the recent Maternity & Child Health Review. That letter was lengthy, being eight pages long, but since the entire letter is relevant to the broader concerns expressed regarding engagement we have attached the full letter, as Appendix 1, for submission as evidence.

The Health Board stated to us that they had attempted to engage with General Practice regarding the reviews. We were unable to identify any correspondence relating to the Maternity & Child Health Review. Many other GP's have since stated that they were unaware of the review.

Once we had become aware of the Maternity and Child Health Review, two partners, Dr Simon Dobson and Dr Chris Stockport requested to attend the stakeholder event which was scheduled for the following week (on 5 October 2010). This was the second stakeholder meeting within the review, and will be discussed below. At that stage no further stakeholder meetings were planned, and the review board had publicly expressed their intention to submit proposals to the Health Board in November 2010. Additionally Dr Stockport was then invited to join the Maternity and Child Health Review Project Board.

Prior to the second stakeholder meeting, four options had been short-listed by the Project Board to consider further.

- A. Maternity – Retaining a 3 unit model delivering obstetric care but reconfiguring services. It was not stated what ‘reconfiguring services’ meant.
Neonatology – 3 units providing High Dependency, with one unit providing Intensive Care.
Paediatrics – Inpatient services delivered from existing 3 sites.

- B. Maternity – Obstetric care from 2 sites (Ysbyty Gwynedd and Ysbyty Glan Clwyd), with the third providing Midwife Led Care for suitable patients.
Neonatology – High dependency at the two sites delivering obstetric care, with one also delivering Intensive Care.
Paediatrics – 24 hour inpatient paediatrics at Ysbyty Gwynedd and Ysbyty Glan Clwyd. 13 hour assessment and short stay unit at Ysbyty Maelor.

- C. Similar to option B, but with Ysbyty Glan Clwyd and Ysbyty Maelor swapped.

- D. Considered Paediatrics only – with a change to one inpatient centre for North Wales.

Both Dr Dobson and Dr Stockport had serious concerns regarding the Stakeholder meeting held on 5 October 2010 for the following reasons:

- **Stakeholder Representation.**

Dr Dobson and Dr Stockport were the only GP’s present at the 2nd stakeholder meeting. Apparently no GP’s were present at the first stakeholder meeting.

- **The keynote presentations, undertaken prior to the group-work were not representative.**

The presentations given to stakeholders, did not appear to be balanced. It is unclear, at this juncture, whether that was accidental or deliberate but regardless of the reason it seriously undermined confidence that stakeholders were engaging in an open and transparent process.

The first presentation, regarding the financial situation of the Women and Childrens CPG, was not appropriate. The tabling of this presentation made it clear that costs were an important consideration, and having it as the first presentation led a number of stakeholders to believe it was the paramount consideration. As a result of this presentation, attendees would understandably have concluded that two centre options were preferable to a three centre model as they would be less expensive. Several attendees implied this to be their interpretation to Dr Dobson and Dr Stockport during the group discussions. This is concerning since several clinical colleagues have suggested that a three centre model could be delivered safely within a similar financial envelope to the others. This misperception was promulgated due to the structure of the remaining agenda.

Despite this, insufficient financial data was provided for stakeholders to know whether any of the four options being considered within this event were non-viable financially. The Health Board has since accepted criticism regarding the absence of this data, leading to the later agreement that a third stakeholder meeting will now occur.

A presentation was made suggesting that patients were willing to travel for good quality expert care. This was later repeated in the BCU Press Statement and in media articles. However, the data provided to support such a conclusion was woefully inadequate, having been based upon the comments made by 30 to 40 parents specifically interviewed by Health Board managers. The numbers of parents interviewed were too small, the objectivity of the interviewer was not clear, and it is unclear whether parents had been truly informed of the context behind the information request. Over 4000 paediatric admissions occur at each of the three District General Hospitals in North Wales each year. The selected feedback from 30 to 40 parents pales into insignificance against this. Had somebody interviewed 30 to 40 parents, asking the question “would you prefer to have paediatric inpatient services at your local hospital or would you prefer to travel a further 40 miles” an equally jaundiced outcome, but with opposite views being expressed would probably have been received. However this data was presented to firmly support the viability of the two centre models.

Two further presentations then occurred, and both presented an argument that when considering two centre models, the model based around Ysbyty Gwynedd and Ysbyty Maelor had advantages over the Ysbyty Gwynedd and Ysbyty Glan Clwyd model. In fact, one of the speakers, an obstetrician from Wrexham, explicitly stated that that was his opinion.

The result of these presentations was that the stakeholders present had been given presentations supporting the acceptance of two centre models, and in particular the Ysbyty Gwynedd and Ysbyty Maelor model, whilst no advantages of the remaining two options were given presentation time. Understandably, again, many present interpreted this to mean that the two options not promoted by the presenters were fatally flawed.

We believe this seriously undermined the independent decision making of stakeholders.

- **Concern that a public consultation may not occur.**

Until recent public and political interest, it was unclear whether the Health Board intended to undertake public consultation. It had been suggested that if safety was an issue a Public Consultation would not necessarily be required. Later on, it was suggested that the Health Board would discuss the format of consultation with the Community Health Council if significant change was proposed. This exacerbated concern since it is disingenuous to imply that significant change might not occur – maintaining the status quo was not on the short-list and was not being considered by the Project Board.

- **Paucity of data required to undertake the task**

It was the clearly stated intention of the Maternity and Child Health Project Board to use the 2nd stakeholder event on 5 October 2010 to reduce the options down to one or two, which would be taken forward to the Health Board as recommendations in time for the November Board meeting.

The depth of data presented to support the options being considered was wholly inadequate. No financial data was presented for any of the options (although as stated above many stakeholders believed after the initial presentations that the two centre models had to be supported as they would save money). Despite the fact that the downgrading of services at Ysbyty Glan Clwyd or Ysbyty Maelor would affect some of the most deprived wards within Wales, no data was presented regarding transport difficulties that would ensue or how this could be overcome.

Of greatest concern, no data was presented on clinical safety. Concerns are rife that the reduction of Paediatric and Obstetric services at one DGH (which would occur if a two centre model is adopted) would result in safety concerns due to ill children, and labouring women with complex pregnancies being transported 30 to 40 miles away to the next nearest hospital. Despite this no data at all has so far been presented to support or refute these concerns.

▪ **Involvement of the Public**

Opportunities have been missed to include the public at a timely stage within the review process. BCU Press releases state 170 people representing parents, doctors, staff, partner organisations and voluntary groups were present at stakeholder events. It is unclear to us how many stakeholders were invited as 'parents', and to contribute purely from a parent perspective. The two GP's from the Practice were unable to identify any stakeholders at the second meeting that were present specifically as parents, suggesting that they were a small minority.

We have no doubts that public engagement was required at an early stage in each of the reviews being undertaken. It seems that this engagement has rarely occurred; certainly in the Maternity and Child Health review it does not seem to have (formally) occurred, despite the magnitude of the implications that some of the options being considered will have. We firmly believe that a solid investment in communicating with patients early in these processes results in a far greater understanding and consequently a greater likelihood of a successful outcome.

Public involvement at an early stage is essential, and has been consistently lacking in the approaches taken by BCU Health Board in their reviews. In recent weeks, since criticism has been voiced, the Health Board has presented an argument that they are engaged in Engagement at present, and not Consultation. In support of this they have suggested that Interim guidance from the Assembly and recent draft guidance regarding consultation backs this distinction. We do not accept this. It seems to us that to compare and contrast 'Engagement' with 'Consultation' served no useful purpose and that a more pragmatic attempt to involve the Public would have resulted in a better understanding of the patient perspective.

In July 2009, the National Advisory Board published a discussion paper "The Citizen's Experience & Engagement ". We feel this discussion paper has a wealth of useful advice, and is a document well-known to BCU Health Board. Extracts which are particularly relevant to our concerns include:

'Good engagement demonstrates that a number of issues are of regular concern to local people, but these are not always at the top of the NHS agenda, or even on it – communication, environmental issues, transport concerns, access to services, and specific patient care stories.'

'Poor service, bad decisions and secrecy alienate people. There are strong practical and moral arguments for engagement; it should happen, and be done well.'

'Engagement is also a persistent theme when services fail to address the needs of the most vulnerable in society.'

'Current Welsh government guidance to the NHS in this area is based on two linked approaches set out in interim guidance issued to the service earlier this year. The first is constant engagement by NHS bodies with the public to inform, listen and build trust. The second is that any specific proposals for service change must be taken forward in a way that ensures issues are fully explained within an open and transparent process that is managed well but not manipulated.'

Despite their relevance, the suggestions within these extracts conflict with the actions of the Health Board prior to the wider attention which resulted from Political and Media attention. The review process has so far failed to take into account patient concerns not always at the top of the NHS agenda; has resulted in bad decisions and secrecy which has alienated people; has a high risk of failing vulnerable patients, particularly those in largely deprived wards; and has not always been open and transparent.

▪ **Organisational Maturity & Magnitude of the Task**

In our letter to Mary Burrows we stated our concerns regarding the magnitude of adequately undertaking several large reviews all at the same time. The Health Board remains immature in its organisational structure. This is not intended as a slur, but is a statement of fact, since significant numbers of senior posts are yet to be filled, or have only recently been filled. Of the 14 GP Locality Lead posts, 5 are yet to be filled. One senior medical director post has only just been filled; some management posts have only recently been appointed to. It must therefore be almost impossible for such a young organisation to do justice to these reviews.

This is a crucial point. Many of the reviews being undertaken are considering significant service changes; if these changes are ill thought through, the fall-out will remain with the NHS in North Wales for years, perhaps decades. There is therefore the potential of causing massive damage both to individual lives and the healthcare economy if hasty but inadequate reviews are undertaken.

We have been told that the Health Board valued the importance of GP Engagement and that it was crucial in order to ensure that balanced decisions were made. Despite stating this, the review processes have rolled on without any GP input. The minutes of the Project Board for the Maternity and Child Health review clearly state in July 2010 that GP involvement was needed but not yet in place, and yet by September, just 2 months before the review was due to report, this had still not been addressed. In September it was only addressed in response our letter to Mary Burrows.

This submission focuses upon the Maternity and Child Health Review Process because it is the one with which the Practice has most involvement. However other significant reviews are being undertaken. There are significant concerns regarding some of these. The Emergency Surgery review in particular has caused concerns. Firstly, there are secondary care colleagues who state that alternative models which are sustainable and which would allow the retention of emergency surgery on all three sites are not being adequately considered. Secondly, the process was initially intended to occur over a shortened 45 day cycle. As with other reviews there was no meaningful public engagement, nor GP involvement. We are advised this process has now been extended, though this extension has only occurred following criticism of the process.

In light of this, we do not understand why BCU Health Board has been determined to proceed at such a rate of pace in undertaking these reviews. Although it was disputed as a risk when we wrote in September, a number of reviews have now had to be significantly modified due to the timescales set. The Maternity and Child Health Review has been extended due to stakeholders and the public expressing concern at the paucity of data provided to support the decision making process. The Emergency Surgery review, originally planned to occur within 45 days, has now been extended to a 90 day process, in part due to the difficulty in pulling together the required information within such a ridiculously short timescale. Indeed this 45 day cycle which the Health Board originally pursued is in stark contrast to the Press Releases recently released by BCU outlining that review processes usually occur over 90 days, and sometimes 120.

We feel this supports our assertion that the Health Board was insufficiently developed to be able to undertake the reviews in the way they had planned, and are disappointed that it has taken so long for this to be recognised by them.

We hope that the information within this submission is useful, both in terms of the Inquiry and in terms of the improvement of the Review Process within North Wales.

Yours faithfully,

The Partners of Clarence Medical Centre