Appendix 1

Ms M Burrows
Chief Executive
Betsi Cadwaladr University Health Board
Ysbyty Gwynedd
Penrhosgarnedd
Bangor
Gwynedd LL57 2PW

27 September 2010

Dear Ms Burrows,

Betsi Cadwaladr University Health Board Changes in Denbighshire

With regret, we are writing to clearly express our grave concerns regarding a number of recent BCUHB initiatives, proposals and suggestions which we fear will result in BCUHB proceeding along a path which will cause significant harm to the healthcare within our locality in the short, medium and longer term.

Since the recent inception of BCUHB there have already been a considerable number of changes, consultations and proposals. We believe that these have the potential to misdirect BCUHB into making precipitous changes at a time when the new organisation is in its early stages and as such does not yet have sufficient organisational maturity to be fully able to appreciate the implications. There are a number of key clinical posts which have only recently been appointed to, or which remain unfilled, and to proceed on an extensive process of change in such an environment is a highly dangerous venture.

We recognise the financial constraints placed upon BCUHB as well as Wales and the UK in general during present times, but we do not believe that these constraints justify the current direction of BCUHB. Insufficient time has been spent considering other alternatives to working which have the potential to save large amounts of money but without the same degree of changes to patient services that currently appear to be being considered.

We feel that BCUHB is currently pursuing a programme of change which is impossible to implement successfully with what we believe to be a lack of balanced representation around the decision making table, and the organisational infancy. It has the potential of becoming an out-of-control rollercoaster which we feel needs to stop, focus upon representing the needs of all patients and NHS employee's within North Wales, and then carefully prioritise the projects it wishes to pursue, allowing time to engage carefully and methodically.

Under-representation of Primary Care
Many GPs were sceptical about the amalgamation of several LHB and hospital trusts into BCUHB, but showed goodwill in working towards developing an over-arching organisation which therefore had the potential to improve the interface between different providers of NHS healthcare within North Wales, previously answering to different organisations. Unfortunately, the current structure and direction of

BCUHB provides us with no confidence. The organisation is dominated by the secondary care components which joined Primary Care within the new organisation and we feel this can only result in a jaundiced viewpoint when orchestrating the future direction of the NHS in North Wales. Engagement with Primary Care has been somewhat patchy; at times, it appears that decisions have already been reached when consultations are announced; at times, it appears that Primary Care has been an afterthought. Whilst some may wonder if this is deliberate, it may of course be due to an organisation which has a structure which under-represents the role of Primary Care in its decision making or it may simply be because new relationships with Primary Care within a young organisation are still being forged. In practice the reasons are academic since the result remains the same – that there is a real risk of unbalanced decisions being made in ignorance.

Primary Care has a huge contribution to make, and a failure to appreciate the subtle differences in opinion which result from healthcare professionals representing patients within a community setting would be catastrophic. We are all aware of the increasing sub-specialisation within the hospital environment; indeed Chris Jones draws attention to the dilemmas in the recent 'Setting the Direction' document and it is a pertinent factor contributing to the current debate about the provision of emergency surgery across North Wales. With increasing sub-specialisation, the role of Primary Care as a generalist bedrock to healthcare provision becomes even more important. Primary Care healthcare is based upon holistic, multi-factorial care, with a strong consideration of the importance of psychological health.

Healthcare delivery is not a 'science', but rather an 'art' based upon 'scientific' facts. The current environment which is focused upon financial costs of services and quantifiable 'quality of care' indicators is at risk of doing so at the expense of the psychological costs to patients, and the value that they individually place upon the holistic delivery of their care. Ask many patients and they will tell you that they would rather wait a little longer to have their care delivered locally than have to travel to Wrexham or Bangor. Furthermore, we wonder if many would also choose local care before distant care even if this came at a higher cost to the taxpayer at a time of national hardship. This public debate needs to occur before the deconstruction of local services. The reason for this is of course because of the value that patients place upon local services, and the hidden costs of attending hospitals further afield such as time off work, travel and the convenience for visiting relatives etc.

Placing such concepts into consultation exercises with just importance is notoriously difficult and we do not believe this has yet occurred within our locality. We recognise that some of this debate is political, and outside of the direct control of BCUHB, but to dismantle local services without the debate would be highly dangerous.

When considering the increased ambulance expenses, and hidden financial expense to patients and families from travelling further and time away from work, the case for removing local core services becomes more doubtful.

We also believe that a more meaningful engagement with primary care, resulting in a true understanding of what we do (and its importance to patients) offers numerous opportunities for significant financial savings across North Wales. There has been insufficient progress in realising the opportunities for improving the primary-secondary care interface within a single North Wales Health Board yet, and this must occur before further dismantling services.

Under-representation of Central North Wales

In addition to the risk facing BCUHB as a result to the under-representation of Primary Care we are also particularly concerned at what appears to be an under-representation of Health Professionals in the Central Region of North Wales. Of the Board Members, Heads of CPGs and other senior staff, there appears to be a significant over-representation of previous employees of the North East Wales (Wrexham) and North West Wales (Bangor) regions, at the expense of professionals previously working at Glan Clwyd and within its traditional catchment area. At a time when BCUHB is looking at rationalising services between the three sites the consequence of this imbalance is that many doctors, nurses and other healthcare professionals within Central North Wales feel impotent and are concerned that the service changes which are being contemplated will result in the voice of patients within Central North Wales being disproportionately heard, and as a result the patients disadvantaged.

As well as reaching this conclusion through personal observation we are concerned by the number of BCUHB employees we are seeing professionally as patients and colleagues who in large numbers are reporting a deteriorating working environment. There seems to be a broadly held fear that they are powerless to stop adverse changes to their workplaces which they feel adversely affect not only their working lives but also the service they provide to patients. Of concern is the fact that many believe they have been discouraged from discussing this with others. This disquiet is clearly of concern, and obstructs genuine debate. We firmly believe that BCUHB should stop, build solid relationships across the historic boundaries which have existed between staff before then moving on to consider major service remodelling. Ill informed changes with a disillusioned workforce will result in precipitous changes unlikely to result in sustained service improvements.

A number of recent developments and consultations merit specific mention:

Royal Alexandra Hospital and Glan Traeth Ward

As you are aware the RAH has closed to inpatients, and we are told by the staff at Glan Traeth that they have been told they will be closing too. The loss of inpatient facilities within Rhyl is damaging to many patients, predominantly the elderly. They require sometimes lengthy community inpatient stays to recover and a failure to provide local community provision means they become further segregated from their social circles. Such circles are of paramount importance in delivering the quality of psychological health care which is required for recovery; this is perhaps a good example of healthcare delivery being an art – there is a real risk of overlooking the importance of this because it is difficult to quantify in the same way that bed days, and infection rates etc are.

We have engaged with HECS from the first stages of planning and continue to do so; we believe it is a useful way of delivering care but it does not, and will not fully replace the role of local community beds; rather a careful consideration of the benefits and disadvantages of HECS after its pilot will allow BCUHB to identify ways in which greater joined up collaboration between Primary and Secondary care could result in increased efficiency and quality of care for residents and at lower financial cost. Certainly, Primary Care has a potential role to play within the delivery of ‘Setting the Direction’ by pulling patients from secondary care into primary care. This can only be achieved by mature engagement, which needs to be built upon a bedrock of trust, and by a comprehensive consideration of how Primary Care and Secondary Care adversely influence each others workloads, and how such obstacles can be minimised. This process will take time and cannot realistically occur at the same time as other major changes which will distract Primary and Secondary care.

Maternity Services

We are concerned at the rumours circulating which suggest that maternity services may be downgraded within Central North Wales, perhaps to midwifery-led services only, with emergency Obstetrician support from Wrexham and Bangor. We acknowledge that this is merely hearsay at present and that the BCUHB process of consultation is ongoing. We also recognise the value of midwifery led intra-partum care. However we strongly challenge any attempt to downgrade midwifery services in Central North Wales. We estimate, based upon national data, that approximately 300 Emergency Caesarian sections per year occur within the Glan Clwyd catchment area. When such occasions arise the availability of an obstetrician and theatre 30 to 40 miles away will be inadequate, and we firmly believe that eventually an avoidable tragedy would result.

SCBU and Paediatrics

SCBU provision is closely related to the undertaking of emergency caesarean section work; the unit at Ysbyty Glan Clwyd is well established and very well run. It is also well respected and is affected by any decisions regarding midwifery services.

Were SCBU to be lost at Glan Clwyd Hospital it would have adverse effects upon Paediatric Training within the area. It is worth reflecting upon the fact that a large cohort of Consultants (including but not limited to Paediatrics) and GP's were junior doctors within North Wales and chose to apply for substantive posts here because of the quality of training and working environment. North Wales is much richer for this, and it seems no coincidence to us that recruitment to senior posts within North Wales in recent years has become increasingly challenging, since this follows a similar difficulty recruiting to junior posts. Some of this relates to a reluctance of juniors to come to Wales in general, and North Wales in particular where historic links with Manchester and Liverpool were much stronger, but some also relates to the general atmosphere within the healthcare community in North Wales in recent years. BCUHB has the opportunity to consider improving this. Of course these principles do not only apply to doctors but also to the many other healthcare professionals within North Wales.

Emergency Surgery

Preliminary documents inviting involvement in the review of Emergency Surgery in North Wales seem to suggest that Emergency Surgery on three sites across North Wales is unlikely to be maintained. Various explanations, including the subspecialist roles of surgeons, poor recruitment, EWTD, and Royal College pressure for training rotas are used. We do not believe that the general public within our area fully appreciate the implications to them, should they require emergency surgery and urge you to ensure that they are adequately consulted in a nonpartisan way.

Abergele and HM Stanley

We are aware of difficulties presented by Abergele Hospital and HM Stanley Hospital. Both hospitals have served Conwy and Denbighshire well, and we wish to ensure that any changes to services do not result in added inconvenience to local patients. With limited capacity at Glan Clwyd it seems difficult to envisage how inpatient services from Abergele, HM Stanley, Royal Alexandra Hospital etc are to be housed there without the reduction of some of the existing services. Whilst Abergele Hospital, HM Stanley, Royal Alexandra Hospital and Glan Clwyd Hospital all present estates issues, it may be that the tolerance of these issues in the short to middle term whilst investing in the healthcare relationships discussed above (and then waiting for them to successfully mature) is the most appropriate way to protect the future healthcare of North Wales.

Alternative Strategies yet to be considered

Above we have alluded to some of the yet broadly un-tapped opportunities that pivot around the Primary-Secondary care interface. The creation of a single Health Board across North Wales offers greater chances to address this but to do so will require a patient engagement and a demonstrable willingness to listen to different points of view and reflect upon them. This process cannot be rushed, nor is it likely to be successful if undertaken at the same time as several other major consultation processes. Recent reports within Welsh Politics regarding the comments of McKinsey in their consultancy work with NHS Wales allege that there are too many priorities being addressed at any one time to allow any to be fully successful. We are fearful that BCUHB is at risk of this. For the avoidance of doubt, we strongly believe that the establishment of firm relationships between Primary and Secondary care, between different North Wales sites, and between BCUHB and the general public are fundamental to success, have not yet been adequately realised, and should be pursued as the first priority for change.

Regarding the engagement with Primary Care we feel a lot is yet to be done. The appointment of Primary Care clinicians at senior levels within BCUHB does not reflect the proportion of healthcare work done within Primary Care. Additionally, it has fostered a belief within General Practice that BCUHB is not particularly interested in Primary Care. Whilst this is doubtless not your intention, it none the less presents a difficult starting point. The appointment of locality leads for the community is underway, but with some vacancies, and again the post-holders are at risk of being perceived by grass root clinicians as being the 'voice' of BCUHB rather than being the voice of clinicians. We cannot stress enough the value which will be gained for all patients within North Wales if sophisticated primary-secondary care relationships are developed.

At present secondary care often has a poor understanding of what is done in primary care and vice versa. Postgraduate medical training means that whilst all GPs have spent some time working in hospital few hospital consultants have spent any time in Primary Care. Whilst this affords GPs a little more insight into the working practices of hospitals much has moved on in secondary care in recent years. Thus is there are many misperceptions about the working environments and practices on both sides. The unfortunate result of this is that a great many inefficiencies result from this dysfunctional interface. These inefficiencies have considerable cost implications, and many opportunities are present for the genuine improvement of care whilst saving money – a rare occurrence which shouldn't be missed.

We are supportive of the work of Chris Jones, and recognise that we are well placed to pull patients from Secondary care to be provided with equal or better care in a preferable environment and for less money. Whilst we cannot speak on behalf of our GP colleagues elsewhere in North Wales, we suspect this point of view to be widely held, albeit with some trepidation about the unknown and concerns about workload. What is clear is that this cannot and will not be realised without a reduction in the unnecessary work which Primary Care picks up due to a poor understanding within Secondary Care of what we do. Countless examples exist, some more significant than others, but all combine to produce and appreciable workload in Primary Care which is entirely avoidable. Work needs to be done regarding this as a priority since it will be a long and sometimes frustrating process identifying these issues, and forming relationships which can be relied upon at times of stress.

A further example of the role that Primary Care has to play relates to prescribing practices within our healthcare community. Primary care has been a focus of significant prescribing savings in recent years and has, on the whole, engaged with the Local Health Boards to ensure that the lowest cost effective drugs are used in appropriate quantities. Our experience as a Practice, and we have no reason to believe that we are

an exception, is that this process is often confounded by prescription requests being initiated in secondary care which follow different organisational priorities. We believe consideration should be made to how prescription requests are communicated to patients, to their GP's and whether or not a locality wide formulary should be pursued (this is something we have found useful within our Practice). The costs savings which could be realised by joined up prescribing practices are significant.

Public Relations

Finally, we are perplexed at the rumour that BCUHB has secured the services of a Cardiff based PR consultancy firm. Once again this is rumour (and perhaps in a world so dominated by political spin it should not be a surprise) but we would like to provide a well-meant observation, consistent with all of the above. In our combined experience, approaching 150 full time years of consulting and communicating with patients, we have always found that candid and sincere communication, within a safe environment, built upon a solid bedrock of mutual trust, has almost without exception proven to be a successful strategy. Invariably, we have found that patients are more than capable of digesting information and then expressing their preferences within difficult scenarios, if the information is given to them in an appropriate way. Pursuing this strategy would avoid the expense of employing a PR firm.

We have tried to outline our thoughts as clearly as possible. We have also tried to be as constructive as possible, though acknowledging that most of the letter regards our grave concerns.

We feel obliged to act in the way in which we feel best serves the needs of our patients within the Rhyl locality, and the wider Conwy and Denbighshire locality. We are willing to engage in whatever ways prove to be necessary or productive in securing this outcome and with this in mind felt the best initial approach was to express our concerns in writing to yourself, the BCU Board and the local politicians representing our patients. We hope that a useful and focused outcome is achieved.

Yours sincerely,

Dr GP Williams
Partner

Dr MA O'Donnell
Partner

Dr SJ Dobson
Partner

Dr LG Williams
Partner

Dr JC Stockport
Partner

Dr HS Bolina
Partner

Dr H Medagedara
Partner

cc.

BCU Board Members

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Lyndon Miles, BCU Vice-Chair
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Gill Galvani, Nursing Director
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