

## **Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

### **HSC PSS 101**

**Ymateb gan: | Response from: Undeb Amddiffyn Meddygol a Deintyddol yr Alban | Medical and Dental Defence Union of Scotland**

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## **Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

### **C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?**

**Q1. Which of the issues listed above do you think should be a priority, and why?**

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The health and social care workforce: wellbeing

Health professionals have worked tirelessly during the Covid-19 crisis, going above and beyond to provide high quality care to their patients, and will continue to face unprecedented pressure as they work to clear the backlog of delayed clinical work.

We are keenly aware that as a result of these pressures, the NHS workforce is now suffering from high levels of burnout and increased stress and anxiety.

A survey of MDDUS members taken at the height of the pandemic found that:



- More than four out of 10 (45%) of health professionals are more stressed now than they were during the first wave of the pandemic
- Four out of 10 (42%) are more anxious
- More than half (51%) are considering quitting their profession or retiring early
- Nearly half (48%) are now more concerned about the potential for legal and regulatory action than in the first wave, and
- Almost four in 10 (37%) GPs are finding remote consultations with patients very or extremely challenging

These results show clearly that the impact of the pandemic on healthcare professionals is significant and with lasting consequences on staff wellbeing and retention in the NHS.

Over the past 18 months, we have been working to support members and their mental health, including recently launching a mental health and wellbeing service which is specifically tailored to our members' needs. The service is made up of experienced healthcare professionals and offers free and confidential advice and support to members 24 hours a day.

There is a clear and urgent need to tackle the wellbeing crisis in the NHS, which we hope the committee will prioritise in its workplan.

## **Blaenoriaethau allweddol ar gyfer y Chweched Senedd**

### **Key priorities for the Sixth Senedd**

**C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:**

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

**Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:**

- a) health services;**
  - b) social care and carers;**
  - c) COVID recovery?**
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### **Adfer yn dilyn COVID**

#### **COVID recovery**

##### **Clearing the backlog**

If we are to successfully clear the backlog of health and care services over the next few years, the government must be realistic about the extent of the backlog and the time and funding it will need to clear.

Ensuring that the NHS can tackle the huge workload that faces them will also only be possible if the staff are given the time, training, and support they need to recover from the impact of the pandemic.

The true extent of the backlog of delayed work will not be revealed for many months. We believe the committee should look realistically at the scale of the problem and the resources that will be needed to address it.

##### **Claims, complaints, and regulatory issues caused by the pandemic**

Throughout the pandemic, we have been calling for an independent, expert advisory report with recommendations and guidance to ministers, the judiciary, regulators, NHS employers and Ombudsmen on:

- The claims, complaints and regulatory issues likely to be raised by the COVID-19 pandemic, both directly and indirectly
- The processes by which these can be tackled fairly, reflecting the exceptional and unique circumstances in which clinical professionals have been working
- Any specific changes to normal procedures and sanctions necessary to produce expeditious outcomes, and so reduce to the minimum the stress and uncertainty of investigations relating to actions taken during COVID-19

We believe that it is important that the exceptional circumstances of dealing with the COVID-19 pandemic are not forgotten when using hindsight to judge medical decisions or actions. This will ensure that all those who work in healthcare will be treated fairly in the case of a claim, complaint or regulatory process in the immediate aftermath of Covid-19

To that end we would ask the committee to support the retention of that memory and ensure that retrospective decisions are balanced and properly bench-marked, thereby minimising the mental stress and impact upon health professionals both now and in the future

## Unrhyw faterion eraill

### Any other issues

#### **C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?**

#### **Q3. Are there any other issues you wish to draw to the Committee's attention?**

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##### Dentistry

The priorities for work identified by the Committee fails to make any specific reference to dentistry in Wales.

Given the impact of Covid-19 across the whole of the healthcare system, we believe it is important for the committee to also look at the issues facing dentists, many of which are unique to the profession.

The ongoing issues for dentistry include:

- Standing Operating Procedures (SOPs) have failed to progress despite the success of the vaccination programme and low risk in dental surgeries
- Workforce shortages particularly dentists and dental nurses
- Addressing the significant backlog of care caused by the pandemic
- Chronic underinvestment in NHS services

##### Regulatory reform

As you will be aware, earlier this year the UK government launched its consultation 'Regulating healthcare professionals, protecting the public', which made proposals for regulatory reform that would apply to the health workforce across all four nations.

We wish to bring to your attention two proposals that of serious concern to our members and could threaten the fairness of investigations carried out by the UK healthcare professional regulators:

1. To remove Health as grounds for action and replace it with the general ground of lack of competence
2. To remove the GMC 'five year rule'

Firstly, removing health issues as a reason for an investigation by the professional regulator, into a doctor or dentist's fitness to practise, would mean they would be denied a defence on reasons related to health.

It is not appropriate for health to be placed into the same ground as competency and is extremely problematic in terms of the way in which sensitive health issues are viewed, especially in the immediate aftermath of lockdown and the peak of Covid-19.

Fitness to practise investigations are particularly stressful for registrants, particularly when mental health issues are involved, and health cases should be dealt with sensitively, rather than suggesting incompetence.

Secondly, the proposal to remove GMC policies on investigating allegations over five years old is of grave concern to healthcare professionals across the UK and runs the risk of a dramatic increase in fitness to practise proceedings against doctors for historic complaints. Under existing rules, the GMC is already able to exercise flexibility in this area when required, and we believe that their current approach achieves the right balance.

We have called for these proposals to be abandoned to ensure that investigations carried out by the UK healthcare professional regulators continue to be fair and transparent.