

P-04-466 Medical Emergency - Preventing the introduction of a poorer Health Service for North Wales – Correspondence from the petitioner to the Clerking team, 12.09.2013

12/9/2013

F.A.O. Sian Giddins

Committee Service

National Assembly of Wales

Dear Sian,

Thank you for providing me with a copy of BCUHB's acting CEO's Mr G Lang's response to Mr William Powell AM/AC. I would wish to comment as follows:

At the outset AM's must not and cannot ignore the recent train of events that have befallen the Betsy Cadwalader University Health Board (BCUHB) and the damning report(s) delivered by the Auditor General Huw Vaughan Thomas, in relation to the services being delivered (or not) and indeed the abject failure of joined up thinking within the higher echelons of the organisation, which has now imploded - and to date, seen the resignation of the CEO, the Chairman and Vice Chairman.

Prior to the publication of the Auditor General's report, the CEO of the BCUHB CHC along with the all Wales Director of CHC's in Wales, both retired, both presumably with generous conditions attached to their departures. The public at large will no doubt, draw their own conclusions in relation to the actual and coincidental timing of these two departures.

I am very aware that being so frustrated in this matter, one can easily slide into a diatribe and rant of "I told you so" - but a major contribution to this haemorrhaging of executive staff - has in my view, been partly due to their inability to listen and importantly take in what the public, the staff and GP's were saying to them. As a result I take no pleasure in saying that we now have a situation where confidence and morale amongst staff, doctors and the public is probably at an all time low.

Transparency has never been a strong element of the BCUHB as perceived by the staff or the public - so perhaps the new Chair Dr Peter Higson will address this matter for concern in the future - I wish him well in his new appointment as he has a huge task in front of him. The debacle of the BCUHB and its problems is something I certainly would not want on my CV and most of those complicit in the present mess, should depart as soon as practicable and we should have a predominantly new Board appointed - if confidence is to return. Please seriously consider that few Board members if any - flagged up the grave internal difficulties that were so obvious to the Auditor General and others.

In my personal view, the woes befalling the BCUHB emanate from it being physically, geographically and corporately a leviathan - and subsequently, not fit for purpose. Historically and significantly, our problems in the north-west, both financially and practically were triggered by the formation of the new Trust and the demise of our old one. What works in Wrexham and Prestatyn cannot be rolled out in south Merionethshire and the Llyn Peninsula and this message has failed to permeate through into the present Board's thinking. One of the crucial elements, which really are a constant in terms of continual consideration, is distance and travel times. Mr Lang's letter refers 1/2hr travel time from Pwllheli to Alltwen - which by default, automatically disenfranchises everyone to the west of Pwllheli - with somewhere like Aberdaron or Uwchmynydd being a further 45 + minutes

away, giving a travel time to Allt Wen of some 1 1/4 hrs plus - potentially only to be told that you are in dire need of the acute hospital, some further 40min plus away! So much for the “golden hour” that we hear so much about! Please give thought to the fact that timely intervention within this “golden hour” in conditions like strokes/heart attacks/asthma etc, has tremendous end- benefits in terms of clinical and physical outcomes and that the financial burdens are also considerably reduced for the support services.

The relationship with the local CHC also now leaves a lot to be desired and has lost the confidence of the masses. Theoretically an organisation designed to protect patients - it seems to have sunk into a talking shop that has not distanced itself appropriately and sufficiently from BCUHB. The resignations and departing comments from members of many years standing, attests to this fact. The new CHC CEO needs to do a lot of bridge building if the CHC is to regain status and credibility amongst the public - and WAG would do well to reflect on the past activities of the CHC ,which is no longer seen as a natural port of call.

X- RAY – a case in question

One of the recurring themes within the BCUHB and typified in the X- ray service, is the lack of a joined up approach to providing services.

Despite being historically one of the most efficient hubs in terms of throughput and efficiency - nevertheless, the service at Bryn Beryl X-ray unit has suffered cut-backs, in the pedantic name of cutbacks as opposed to logic - whilst other low output units remain unscathed. The opposite would have been more appropriate.

The Unit should be allocated one full day at the expense of other far less efficient units within the Trust if necessary –purely on the grounds of throughput, that by default would lessen the referrals to and the burden at the acute hospital. To paraphrase Mr Lang “services being delivered within the Trust should be delivered efficiently without waste and duplication, making the best use of funds,” – which is reasonable but should apply equitably wherever the location, not just at Bryn Beryl, which is why their case is such a strong one. For the clinically aware amongst you and as a simple example, Bryn Beryl have staff who can diagnose greenstick fractures, can authorise an X ray and can then bandage /cast the condition - with eventual referral to a fracture clinic - thereby taking out the travel time, trauma and backlog effect on the A&E dept at Bangor. A regular full day(Wed) at Bryn Beryl would also allow GP’s to better plan their service to their communities and indeed their patients ensconced at Bryn Beryl, who otherwise can be subjected to the indignity and trauma of having to go to an alternate facility, thereby tying up ambulances and personnel – which by default is especially damning in the geographical and rural area that we live in. The majority of these patients are frail, elderly and deserve some dignity and consideration. As I have said earlier, the acute hospital and ambulance service would also directly benefit greatly from this extra half day.

Minor Injuries/A&E Services at Bryn Beryl

Another element that requires attention is the A&E service which effectively has two standards of service – a good one in the summer and what’s left for the remainder of the year - so being a local clearly has its disadvantages and dangers! Unscheduled care provision is clearly in crisis and the public are well aware that the time to be ill is not at a weekend and when the OOH service is operating. Furthermore the lack of on-duty (as opposed to on-call) senior practitioners at the acute setting - **clearly escalates the possibility of unnecessary fatalities.**

Mr Lang sadly fails to mention in his communication that the Ambulance Service is failing, that GP's cannot recruit, are seriously undermanned and that the out of hours (OOH) service, also has serious manning problems.

Highlighted by myself recently, the enormous geographical area covered by a **single doctor** based at Allt Wen basically required the OOH GP to travel over an hour plus in two directions, to oversee a potential population in excess of 300,000. This scenario actually happened less than a month ago and it was sheer luck that it did not result in a tragedy. The current status quo means that should the OOH service be unable to provide GP cover or have a much reduced capability - there are no mechanisms presently in place that would flag up this situation to minor injuries centres - thus compromising their operational awareness and their resultant available options.

Minor Injuries A& E provision at Bryn Beryl presently does not provide any overlap –being open from 10-18.00 which means there is duplication with GP services and that there is a gap until the OOH doctor comes on duty. In my personal view, far better for instance that the MI/A&E at Bryn Beryl would be open from 12.00 – 20.00, thus plugging the gap.

To conclude, one of course appreciates that the Health Service is under enormous pressure – we have gone down the road of listening to the alumni and sages within the BCUHB - perhaps we should now start **listening** to the staff, the practitioners and the public. The other route has failed abjectly –particularly because the changes and decisions that were made, were being “sold” under the banner of being a **better and safer service !**

In passing, for your information, the excellent *breast screening service* provided at Bangor, and so ably streamlined by Mr Crawford, is due major reconfiguration. It would be prudent for WAG to enquire and engage with Mr Crawford (who retires at the end of the month) to see if these changes are going to be detrimental – because it is the consensus amongst GP's and patients, that it would be difficult to improve upon this excellent service.

If this was a murder enquiry the Judge would call it **unsafe** - like some of the decisions made, by the now immediate past BCUHB, (matters that are referred to in Mr Lang's letter as confirmed/considered by the Board). I respectfully suggest that due to the Board's implosion and admitted dysfunction, again highlighted in today's Daily Post - that some matters might indeed need to be revisited in the interest of service, safety and economy – thus avoiding the predictions contained in the carefully and specifically worded e-petition. It would be ironic if the concerns of the public were ignored for a second time. Please note that the e-petition is worded generically because sadly the problems and failings we are experiencing are typical and not unique to our community.

Sincerely,

Michael Parry

Cllr Michael Parry