

P-04-564 Restoration of Inpatient Beds, Minor Injuries Cover and X-Ray Unit to the Ffestiniog Memorial Hospital – Correspondence from the Petitioner to the Committee, 28.09.14

SUMMARY

The Letter From Professor Drakeford

We would respectfully suggest that the Committee should consider Prof Drakeford's comments from two perspectives. First that his letter was sent over two months ago in July before he could have been aware of the subsequent developments that we outline below. Second that it is the duty of the Assembly members to hold the Ministerial team to account and we consider that this duty extends to the Petitions Committee equally with other Assembly committees.

Below we have laid out the evidence to demonstrate that what was predicted by GPs, when the plans to withdraw services from Ffestiniog were first proposed in the Spring of 2012, has now happened: Very shortly the residents of the Welsh Uplands will be virtually without healthcare services. Prof Drakeford could not have known this when he wrote to you and no doubt his officials still believed when they sent the letter that Betsi Cadwaladr University Health Board would find some way to 'save the situation'. However, the new Chief Executive of Betsi Cadwaladr University Health Board (BCUHB) publically informed his Board on September 2nd that the strategy for primary and community care introduced by the predecessor Board is unsatisfactory and he is to bring a "modern new plan for primary and community care" to the January 2015 meeting of the BCUHB Board. This also could not have been known by Prof Drakeford when he wrote to you.

We also lay out argument below that we would ask you to consider as part of your scrutiny role. The Minister commissioned an external team, led by a noted expert Prof Longley, to examine the provision of healthcare services in rural Mid & West Wales and make recommendations on their improvement. It would not be professional of either the Minister or his advisors if he were to authorise BCUHB to approve the business case for Ffestiniog Memorial Hospital and consequently for BCUHB to contract thereafter for the demolition of estate, and for the permanent withdrawal of healthcare services, when Prof Longley's recommendations might identify a preferred alternative strategy.

Letter From Prof Trevor Purt

Prof Purt took up his post at BCUHB as recently as July of this year. His personal knowledge of the situation in Ffestiniog and the Welsh Uplands is therefore limited. We lay out argument to challenge some of the information that his staff appear to have conveyed to him and which he has repeated and make the case that his objectives would be best served by awaiting Prof Longley's report.

Request

At risk is the potential of the waste of a substantial amount of public money, and more importantly a prolonged period of inadequate healthcare for the rural uplands population.

Hence we ask you to support the petition and ask the Minister to put the Business Case for the Memorial Hospital to be converted into a Memorial Centre on hold until he has received Prof Longley's advice and his officials have had the opportunity to consider the business case in the light of the up to date situation and Prof Longley's advice.

AN UPDATE ON PRIMARY AND COMMUNITY CARE IN FFESTINIOG AND THE WELSH UPLANDS

In mid 2012, BCUHB commenced consultation on a new strategy for healthcare services in North Wales called Healthcare in North Wales is Changing (HiNWiC). Central to this consultation was a proposal to downgrade NHS services in rural centres, including that based in Ffestiniog. GPs issued formal warnings to the BCUHB Board regarding the impact on the ability to deliver healthcare that would follow if the proposals were adopted.

The North Wales GPs Local Management Committee sent a strong letter of objection to the Board regarding HiNWiC and ensured that each Board member received a personal copy of it. It included:

“We reject any of the current proposals that involve closure of Community Hospital beds in North Wales, without prior thought regarding the impact of such change. There has been no convincing argument put forward that such closures will improve patient care, it seems to be being proposed as purely a cost cutting exercise. This area needs vision and strategy for the whole of North Wales on how best to site community hospitals dependent on patient need and rurality”.

The compendium of submissions in response to HiNWiC assembled by ORS for the Board included a summary of the response of the local Ffestiniog GP practice. A letter from the four local GPs commenting on the profile and options for the Memorial Hospital was submitted. It was summarised by ORS as,

“BLAENAU FFESTINIOG MEMORIAL HOSPITAL – Meddygon y Blaenau are opposed to closure of Blaenau Ffestiniog Memorial Hospital. The X-Ray Department is critical to practice good medicine in the Community. Distance and poor transport links to Ysbyty Gwynedd makes the hospital closure unacceptable. The proposals will/already are having detrimental effect on the practice.”

The BC_ CHC in its submission to BCUHB of 9th January 2013 stated in relation to Ffestiniog:

“ We remain concerned about the co-ordination of care between the health board and general practice staff. We understand that the enhanced care service will be provided under contract. We are concerned, however, that

without the active support of general practitioners for your proposals, services to local people may break down”.

All of these submission were rejected by BCUHB without any explanation being given. Subsequently, in June 2013, several of the senior BCUHB Board management and members who promoted the unwise decision to withdraw healthcare services from Ffestiniog and the Welsh Uplands were publically criticised when their lack of governance was exposed in the HIW/NAO report. That report states:

“Most significantly we have concerns that the Health Board’s governance arrangements and organisational structure are compromising its ability to adequately identify problems that may arise with the quality and safety of patient care.”

The Board now has a new Chair, Vice Chair, Chief Executive, Finance Director, Medical Director, and Director of Nursing.

As predicted by General Practitioners and others the quality and safety of patient care in Ffestiniog plummeted.

At the end of December there will be no General Practice in Blaenau Ffestiniog as the last 2 GPs have handed in their resignations. (The first outcome of the withdrawal of hospital services was that two GPs left the practice). This means that many of the Board's plans such as Enhanced Care at Home will be impossible to implement as no doctors will be available to oversee this service. In addition 3 or 4 of the local District Nurses (out of a total of 5) are also retiring or resigning. It is well known to the Board that recruitment of replacement doctors and nurses are almost impossible proven by the fact that the current practice GPs have been unable to do so for over a year, in spite of continuous advertisements seeking new partners.

BCUHB intend to run a locum based service from the practice premises but with no hospital backup, no MIU, no Xray, no base for out of hours’ services and no re-establishment of rural branch surgery service.

The CHC is also revisiting some of their decisions in light of the consequences of their acceptance of assurances given by the previous Board for its plans for this area. The CHC has noted the reduction in GP numbers from 4, initially, to 0 as it will be by the end of January 2015; closure of the branch surgery in Llan Ffestiniog and reduction to 1 surgery weekly in Dolwyddelan; loss of inpatient beds and Minor Injuries Unit at the hospital, and closure of our X-ray department. This amounts to

decimation of local health provision and gross discrimination against this deprived locality.

On September 15th, the Gwynedd Local Committee of the CHC discussed for one hour the “crisis” that now faced the NHS in Ffestiniog and the Welsh Uplands. It resolved to ask its Council to discuss the “unacceptable situation” that has been created with the BCUHB Board in its late October joint BCUHB – CHC meeting.

Prof Drakeford could not have been appraised of the serious outcomes that had arisen from the old BCUHB Board’s decisions to remove healthcare services from Ffestiniog when he wrote to you. He now needs to be encouraged to re-evaluate the situation.

ARGUMENT FOR CONSIDERATION DURING YOUR SCRUTINY PROCESS.

In January 2014, the Minister for Health and Social Care, Prof Mark Drakeford, announced that he had commissioned the Welsh Institute for Health and Social Care (WiHSC) to carry out an independent study of the issues and opportunities for providing accessible, high quality, safe and sustainable health services, which are best suited to the specific needs of people living in Mid Wales. After examining the terms of reference for the study, Prof Longley wrote to the Minister on the topic of defining mid Wales in which he included “There were other communities that should be included in the study and which the Terms of Reference should also reflect – for example North Meirionnydd (and in particular the catchment of the Ffestiniog Memorial Hospital and the surrounding Welsh Uplands hinterland)”.

As part of his statement when announcing the WiHSC study, Prof Drakeford said

“I will expect Hywel Dda, Powys and Betsi Cadwaladr Health Boards, which are responsible for meeting the health needs of people living in Mid Wales, to respond to its findings through the refresh of Medium Term Plans undertaken by all Health Boards in the Autumn. The NHS Wales Planning Framework, recently issued, made explicit the requirement for these plans to respond to the needs of local populations and reinforces the specific requirement to take account of delivering health care services to rural communities.”

Given his commissioning of the Prof Longley review and his instructions to health boards to “refresh their medium term plans to take account of delivering health care services to rural communities”, it would reflect poor governance by the Welsh

Government to push ahead with a major decision regarding services to the Welsh Uplands without waiting for the advice from the study which it, itself, had commissioned.

When the Minister states in his letter to you that “I was not asked to consider the Health Board’s proposals” he refers solely to the Community Health Council. He was asked by a wide variety of professional and patient organisations to consider the changed circumstances but chose to refuse all requests to meet with them.

The BCUHB Letter to the Petitions Committee

Considerable latitude must be extended to Prof Purt since he has only been in post since July and we do not believe that he has yet visited Ffestiniog to acquaint himself with the situation. Hence much of the detail in his letter will have been drafted by others.

Prof Purt’s letter makes five points on which we comment below.

1. *The decision to close inpatient beds at Ffestiniog Memorial Hospital and provide this care at Ysbyty Alltwen was not a decision that was taken lightly. The Board nevertheless decided that on balance, the need to ensure that services were consistent and reliable, and able to be sustained into the future, the services needed to change.*

This statement is pure semantics. The Board was never able to publish any reasons why the residents of North Meirionnydd were to be outsourced to an out of ‘Locality’ hospital in a different locality. The action of BCUHB in doing so was pure discrimination against the residents of the Welsh Uplands

2. *Developing the new model for community services within Blaenau Ffestiniog*
Community services in Ffestiniog and the Welsh Uplands have collapsed as a result of the changes made by the former Board. A new model is needed and hopefully will emerge from Prof Purt’s new plan.

3. *Delivery of an extended range of community based services, to support people closer to home, and closer working with the whole primary care team. The new enhanced care service, which was put in place following the transfer of inpatient care, is providing care in people’s own homes and avoiding the need for admission to hospital in those cases. Where a person cannot be safely cared for at home then they will of course still be cared for at Ysbyty Alltwen.*

Only a handful of patients from the Welsh Uplands have been treated in the “new enhanced care service”. No systemic review of that service in the Welsh

Uplands has been undertaken. However, the stresses of that service, and of treating those who were not admitted to the “new enhance care service”, has been a contributory factor in both primary care and district nursing services in the Welsh Uplands reaching staffing melt down.

4. *We are not certain of the extent to which the findings will reach beyond the mid Wales area to the Gwynedd heartlands and Blaenau Ffestiniog area*

It is to be hoped that the competence of BCUHB management is not judged from this statement, since BCUHB has no excuse for not being aware of Prof Longley’s brief.

On 15 January 2014 One of the Petitions Committee members, Mrs Joyce Watson AM (for Mid and West Wales, in whose area Meirionnydd sits) raised the issue in plenary that Meirionnydd and the Welsh Uplands be included in Prof Longley’s terms of reference and this was subsequently confirmed. Prof Longley met twice in Aberystwyth with representatives of Ffestiniog. He further visited BCUHB in Bangor on 31st July 2014 in the morning and subsequently, later that same day, had meetings with the Ffestiniog Town Council and with the public of Ffestiniog. Mr Guto Bebb MP chaired the public meeting which was attended by some 140 residents of various villages in the Welsh Uplands.

It beggars belief that BCUHB have doubts as to whether Prof Longley’s study applies to Meirionnydd.

5. *Development was itself supported by the Minister as a priority,*

It surprises us that the Minister would consider an activity to withdraw healthcare services from a rural area “a priority” especially as other members of the Ministerial team have put much effort into rejuvenating the locality with extreme sports and other activities for which healthcare cover is essential.

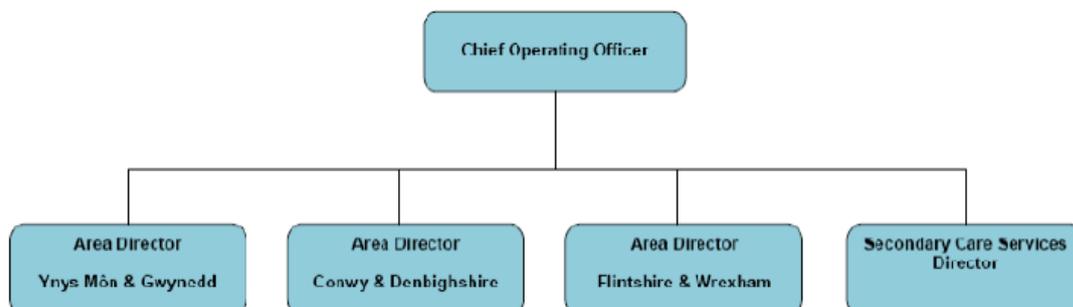
Prof Purt, the new Chief Executive of BCUHB, told the Board on September 2nd that the strategy for primary and community care introduced by the predecessor Board is unsatisfactory and he is to bring a “modern new plan for primary and community care” to January 2015 meeting of the Board. This plan, schematic attached as annex, is a fundamental change of direction for primary and community care in North Wales. It does not make sense to authorise a business case in Ffestiniog which starts with demolishing a perfectly good Xray room to make additional car parking spaces if providing Xray services in Ffestiniog is part of the new ‘modern’ plan.

It should be clear to all that BCUHB is in need of the advice which Prof Longley will undoubtedly include in his report and that BCUHB will need the time to digest and take advantage of that advice. Hence it is important that the current plans to dismantle the existing infrastructure are put on hold.

ANNEX

Prof Trevor Purt has obtained Board approval to restructure primary and community care in BCUHB to rectify its past failings. Extracts from his paper to the Board are below

The four posts of Area Directors and Secondary Care Services Director have no parallels within existing structures. These posts will be advertised UK wide. BCUHB employees will be encouraged to apply.



The Area Teams will be responsible for delivering local community based healthcare. They will do this by enhancing integrated working relationships across the whole care pathway. Starting with prevention and early intervention they will ensure in terms of delivery of care models that local services start in the community, facilitating resilience and self care and accessing local primary care and social services, supported when needed by services across the secondary care setting. Utilising community and partnership assets, they will build on what is already established and seek to improve health and tackle inequalities in health.

