

P-05-812 – We call for the Welsh Government to encourage trusts to implement the NICE guidelines for Borderline Personality Disorder or justify why they do not do so. Correspondence from the Petitioner to the Chair, 06.02.19

Dear David,

Once again can I thank you and the petitions committee for your continued interest in this matter. At the PD Cymru conference in Cardiff in 2016 it was clear that over half of trusts in Wales were not providing what NICE would recognise as a service that would meet the needs of those with a PD diagnosis. 3 years on it is heartening that over half have some kind of service that recognises the needs of this client group.

I note that the response from Betsi is not included in the correspondence but from what I could glean from the summary, it feels its current provision could be improved. I hope that the petitions committee can ensure that the trusts who do not currently meet the needs of this population feel obliged to do so. No Longer A Diagnosis of Exclusion was published 15 years ago and surely providing effective services for those diagnosed with personality disorder is no longer optional.

I note the trusts responses that out of area placements are used as a last resort, but without effective community services that last resort will be reached much earlier. It is noteworthy that one of the trusts put together a specialist team for under £300,000 - around the cost of a year in a private hospital for 2 people. It is this investing to save that I hope the committee can strongly encourage.

Where the summary states that trusts are focusing their resources on DBT as per NICE guidelines, it is important to remember that the NICE guidelines only recommend DBT for people who seeing giving up self harm as a priority. The NICE guidelines also tell us to offer people a choice of intervention. Too often I have seen people living in misery who currently do not see stopping self harm as an option, left with nothing. I applaud trusts in investing in probably the most researched therapy in this area, but specialist services need to offer different levels of help - not DBT or nothing.

I'm aware that when talking of the problems of out of area placements, the scale of the problem is very difficult to quantify. This may be an extension of my original petition but I wonder if it would be possible to ascertain the number of people from Wales compelled to receive treatment in private hospitals? My efforts to do this were scuppered when a freedom of information request responded that trusts didn't keep this level of information about people. It astounded me that trusts could pay £150,000 a year and more for someone to be in a private hospital and not record the reason they had been sent there. If this was to be done I suspect the results would reflect the literature that trusts with less community provision use OOA placements more. Perhaps the size of the expenditure compared to trusts with adequate community provision would be a stronger motivator for

trusts to change the way that they respond to people with this diagnosis than any other factor. Obviously anecdotes are not data, but I have spoken to many commissioners across Wales and have been told that some areas will commission 5 or more placements a month. This isn't far off committing to pay £1,000,000 a year every month. If this is accurate we cannot afford the costs to peoples lives or the public purse.

Many Thanks,

Keir