

Pwyllgor Amddiffyn Ysbyty Coffa Ffestiniog

Mr Mike Hedges AM
Chair, Petitions Committee
Welsh Assembly

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February 6th, 2017

Dear Mr Hedges

RE: Petition P-04-564 Restoration of Inpatient Beds, Minor Injuries Cover and X-Ray Unit to the Ffestiniog Memorial Hospital. – Re BCUHB Letter

May we thank you and your Committee for obtaining responses from both Healthcare Inspectorate Wales and Betsi Cadwaladr University Health Board (BCUHB) to your enquiries regarding our petition. Both letters to you require a response from us since neither is satisfactory. This letter relates entirely to the letter to you from Mr Gary Doherty of Betsi Cadwaladr University Local Health Board (BCUHB) and its appendices.

[Overview](#)

The essence of our petition is quite straightforward. In 2013, the now discredited Betsi Cadwaladr Board, under the leadership of the subsequently dismissed Chief Executive Mary Burrows, and in defiance of professional advice from the North Wales Local Medical Committee, discriminated against the residents of the rural Welsh Uplands and withdrew basic healthcare services. The subsequent impact on patients in the area has been such that a complaint has been lodged that treatment received amounts to institutional elder abuse.

The current management team, struggling under budgetary and staffing constraints, has proved ineffective in rectifying the situation with the Welsh Uplands healthcare service being said to be one of the most primitive in the UK, based on international measures. The present Board, underperforming itself, and in special measures, have declined through their Chief Executive to commission an independent enquiry into the primitive healthcare service now provided in the Welsh Uplands, despite a request from the MP of the area to commission one.

The Assembly in 2014 approved the “Social Services and Well-being (Wales) Act 2014” which “requires persons exercising functions under this Act to seek to promote the wellbeing of people who need care and support and carers who need support”. Gwynedd Council has defined four “wellbeing areas” under the Act one of which covers Ffestiniog and adjoining Welsh Uplands. We contend that BCUHB is not promoting the wellbeing of residents of the Welsh Uplands and we provide more evidence of this later in our letter.

We agree with our Member of Parliament that an independent enquiry is needed to provide BCUHB with appropriate guidance. We ask you to consider referring this petition to the Assembly’s Health, Social Care and Sport Committee for them to evaluate if sponsoring or conducting such an inquiry would be beneficial to their work programme. We have already met with the Chair and several other members of that committee and expressed our wish that they intervene.

[Introduction](#)

The information provided to you in the letter from Mr Doherty is disingenuous, inaccurate, selective and incomplete and appears in places to be designed to mislead the reader. In Appendix 1 to his letter he is relying upon the statement of a Dr Bill Whitehead, the same official who was prominent in supporting the advice to the Betsi Cadwaladr Board in 2012-13 to withdraw services from the Welsh Uplands in defiance of other clinical opinion.

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In mitigation of Mr Doherty, it perhaps relevant to point out that he has been in post for just 9 months, and hence appears to possess personally only a limited knowledge of the service reductions that have affected the Welsh Uplands.

You will be aware of the report in 2013 by the Healthcare Inspectorate Wales and the Wales Audit Office said that leadership at the Board was "fundamentally compromised". It was this 'leadership' under Mrs Mary Burrows (a predecessor of Mr Doherty) as Chief Executive, which created many of the problems that North Wales faces in its healthcare system, and which 'leadership' made the obtuse decision to withdraw fundamental healthcare services from the Welsh Uplands.

Mrs Burrows' 'leadership' led to the establishment of a sub-standard management team which has resulted in BCUHB being subjected to 'formal special measures' from which recovery may be very slow. The on-going 'scandal' in mental health services in North Wales, the excessive waiting lists for many surgical procedures, the departure of many General Practitioners from the NHS and the fragility of the Out of Hours service is indicative that the current management team, despite being partly refreshed, is finding it very difficult to recover from the errors of the Mrs Burrows era.

Patients across North Wales are suffering an unsatisfactory service as local AMs continually point out, and those from the Welsh Uplands, are particularly suffering a primitive healthcare service which has caused much suffering and to which, in a substantial number of cases, we consider that the World Health Organisation definition of 'Elder Abuse' applies.

Betsi Cadwaladr UHB is able to review all of the cases that we have published as potentially Elder Abuse. All of them have been reported to BCUHB as various levels of complaint or concern by the families involved, or the family has made the complaint to the Community Health Council which has taken the issue up with BCUHB, or the details have appeared in the local press. BCUHB DOES NOT CONTEST THAT THIS LEVEL OF MALTREATMENT TO PATIENTS HAS ARISEN. We can confirm that cases are still being brought to our attention at regular intervals as they will continue to do unless basic community healthcare services are restored in the Welsh Uplands.

[The Warning Ignored](#)

On 15 January 2013, before BCUHB made the decision to withdraw services from the Welsh Uplands, the Executive of the Local Medical Committee of North Wales, the statutory body representing the voice of General Practice across North Wales, wrote to each member of the Board individually.

"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.

We feel that the overall number of beds in the system is too small to deliver the service that the population is encouraged to expect, from a National Health Service, by their political leaders.

We do not accept that Minor Injury units, their associated X-ray or Out Patient departments **can be closed in our more rural communities without significant hardship being inflicted on those communities.** The nurses running these units also have other roles, as they are senior members of staff who run outlying specialist clinics.

This service review process has taken thousands of manpower hours to come to its conclusions. The conclusions of this process are not supported by Primary Care and we urge you to reject its conclusions"

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Subsequent events in the affected areas such as the Welsh Uplands have confirmed the accuracy of the North Wales GPs' professional warning.

Mr Doherty's Involvement

Since his appointment, Mr Doherty has held just one meeting with the residents' representatives which included the Member of Parliament for the constituency, Mrs Liz Saville-Roberts. Understandably, Mr Doherty's grasp of the background was limited. Of concern was the fact that when asked by Mrs Saville-Roberts to initiate a formal enquiry into the state of the healthcare service in the Welsh Uplands, Mr Doherty refused as "he did not want to reopen previous decisions, however dis-satisfied residents were with them".

A formal request to Mr Doherty for an external review of the healthcare services in the Welsh Uplands followed. A month later Mr Doherty replied that "I want my team to design a process whereby we can identify improvements. I want to prioritise this rather than to commission an external review". His team has made little subsequent effort to address the needs of the population with improvements and the situation continues to deteriorate.

Mr Doherty struggled with finance in his last post in Blackpool where the budgetary overspend doubled. Understandably, in his new role in North Wales he will be concerned about budget overruns and financial constraint. But we feel sure that any such concerns should not over-ride measures to address the Elder Abuse and other healthcare deficiencies that would be confirmed by an independent enquiry.

Your committee might wish to explore with Mr Doherty the financial implications for the Trust of reopening beds, X-ray and MIU in the new building in Blaenau Ffestiniog so that a healthcare service can again be provided to the Welsh Uplands residents.

Mr Doherty failed to mention in his letter to you that the principal 'values statement' adopted by BCUHB is "Put patients first" and that the Board's 'purpose' is declared as "to improve health and deliver excellent care". The treatment of the residents of the Welsh Uplands makes these BCUHB statements of intent sound rather hypocritical!

In-Patient Service Comments

Mr Doherty refers to an "earlier decision" to close beds by North West Wales Trust and a "Chris Jones" report. This demonstrates his lack of knowledge of the background and his failure to enquire carefully into the historical facts. In 2008, Gwynedd Local Health Board Director of Development, Clare Jones, made a proposal to close the beds in the Ffestiniog Memorial Hospital, Gwynedd LHB having already closed one ward in the hospital a year earlier.

The Minister appointed Mr Michael Williams to review the situation. He found that the closure of beds in Gwynedd over the previous few years had already caused bed blocking at Ysbyty Gwynedd. The Gwynedd Local Health Board proposal was in conflict with the Gwynedd Community Services Plan which included the priority to "Develop and enhance services outside the district general hospitals". Following his report to the then Minister, Mrs Edwina Hart ordered the suspension of any more bed closures until at least more beds could be brought on line in Gwynedd.

Betsi Cadwaladr ULHB came into effect on October 1st 2009. The Ffestiniog Memorial Hospital continued to provide a valued inpatient bed service until 2013.

Ffestiniog Memorial Hospital Hub served the villages of North Meirionnydd centred upon Blaenau Ffestiniog, Llan Ffestiniog, and Trawsfynydd, and the neighbouring Uplands areas at the extreme south of the Conwy Valley. The map below illustrates the area that the Memorial Hospital Hub served so well.

BETSI SERVICES 2012



 24 HOUR HOSPITAL HUB BASED HEALTHCARE

It is unclear in the collection of random jottings that Mr Doherty has reproduced under “In-Patient Services” what case he is trying to make. The facts are that:

- Betsi Cadwaladr in 2013 decided to withdraw inpatient facilities, X-ray and MIU services from the Welsh Uplands and within the North West Wales area, the only community from which services were withdrawn was the Welsh Uplands. This was an act of discrimination against an impoverished, intensely Welsh speaking area and many residents still consider that it included racial discrimination.
- Local censuses taken of residents of the various Welsh Uplands villages in hospital from time to time, have shown that the number of Welsh Uplands residents bed blocking in Ysbyty Gwynedd or occupying beds in other community hospitals, in Dolgellau, in Tremadog, in Bryn Beryl and in Caernarfon has remained consistently between 9 and 12. Mr Doherty confirms the need to cater for this number of patients in care pathways that involve inpatient nursing, by referring to 6 extra beds BCUHB is alleged to have provided in Ysbyty Alltwen, Tremadog and the 3 beds procured by BCUHB in Bryn Blodau residential home, Llan Ffestiniog, i.e. 9 beds in total.

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- However since BCUHB has closed the beds in the Memorial Hospital, it has outsourced patients to whatever 'out of area' community hospital' in Gwynedd temporarily has a spare bed. These are all distant from the Welsh Uplands and patients have been accommodated in beds in Dolgellau, Tremadog, Bryn Beryl and Caernarfon. For elderly couples when one partner is unwell, to have to travel so far to see their partner amounts to cruelty.

The healthcare service provided by BCUHB is NOT meeting the aim of the "Social Services and Well-being (Wales) Act 2014" which "requires persons exercising functions under this Act to seek to promote the wellbeing of people who need care and support **and carers who need support**". Nor is the BCUHB healthcare service in the Welsh Uplands meeting the Welsh Government's declared objective of providing care nearer to home.

Use of Residential Home

The Welsh Uplands residents value the Bryn Blodau residential home in Llan Ffestiniog. It is the only residential home that they have. There is no nursing care home or hospice or any other residential care home in the Welsh Uplands. The demand for residential care from the area exceeds the capacity of Bryn Blodau to satisfy.

Losing three residential care home places for residents who needed such accommodation, because BCUHB had commissioned three beds as a result of the Memorial Hospital being closed, has added to the waiting list for long term admissions. The community, already starved of amenities for older people, does not view three beds taken from it in Bryn Blodau as a substitute for inpatient care in its Memorial Hospital.

Concerns have been expressed about the safety of care provided in Bryn Blodau for patients who are in need of nursing care. There are no resident nurses in Bryn Blodau, the district nursing service calls once or twice a day to deliver services to the 3 NHS patients in an intermediate care unit, to 8 patients in a dementia unit and as scheduled to others of the 31 additional residents. However in May 2016, CCSIW formally issued a non-compliance notice over drug errors by the non-nursing staff at the home.

The "Social Services and Well-being (Wales) Act 2014

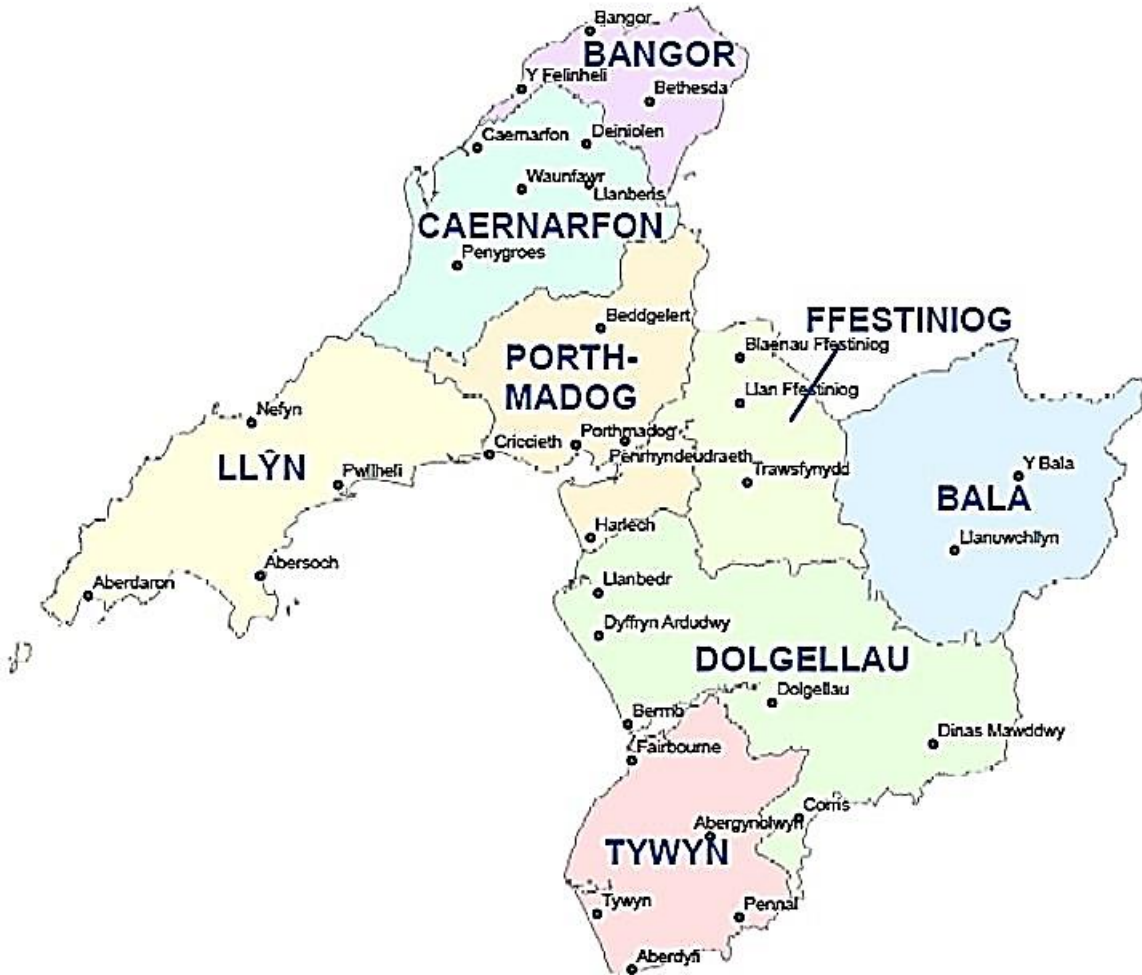
In response to the requirements of the Act and in accordance with consideration of the Act by the Gwynedd and Môn Public Service Board, Gwynedd Council has determined a number of "well-being" areas under the Act as shown in the diagram below.

Two of the defined areas, Ffestiniog and Tywyn particularly bear comparison. Both are similar in geographic size, similar in the size of population at circa 7,000 residents, (2011 Gwynedd census area MSOA *middle layer super output area* 009 equates exactly to Ffestiniog well-being area known also previously as Y Moelwyn and Gwynedd census area MSOA 017 equates to Tywyn well-being area – name unchanged). Until March 2013, both localities possessed a community hospital providing valued service to their respective communities and also into inland rural areas outwith their actual defined area.

In submitting Appendix 1 Mr Doherty is being disingenuous. He refers to statistics from just one GP practice in the Welsh Uplands, and should have been aware that the residents of the area are registered with several different GP practices. His figures are therefore incorrect for any meaningful comparative purpose, but correct in one respect. The life expectancy of the residents of the Welsh Uplands has been and is significantly less than Gwynedd and Meirionnydd as a whole. The multiple co-morbidities suffered by the residents of the Welsh Uplands demand more in locality healthcare services and not the withdrawal of major community hospital facilities.

Mr Doherty's Appendix 1 makes reference to the 'Welsh Health Observatory' (sic) data. Regrettably he fails to inform the Committee that 'Public Health Wales Observatory' small area data is not yet available and is scheduled for release in the summer of 2017. As is typical in a document seeking to be disingenuous, the comparative data area that he purports to use is not specified but kept anonymous.

GWYNEDD WELL-BEING LOCALITIES



Appendix 2 of Mr Doherty's letter gives a list of the current service provision and that planned for the Welsh Uplands centre. Of course such services will be provided in every well-being locality. BUT WHY JUST THESE SERVICES? HOW DOES THIS SERVICE PROFILE COMPARE WITH OTHER WELL-BEING AREAS?

Mr Doherty has not provided any comparative proforma, not even for other well-being areas in Meirionnydd.

However, Prof Marcus Longley in his report "MID WALES HEALTHCARE STUDY" of September 2014 did adopt a proforma for comparison based on international scorecards. He evaluated rural localities in Scotland and Wales using this method. He produced scorecard tables for both Dolgellau and Tywyn localities but for Blaenau Ffestiniog he received no data from BCUHB and hence recorded "The precise pattern of services in this hospital is currently being reviewed".

We have completed the Ffestiniog scorecard in the table below with the current and planned situation.

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COMPARISON OF CURRENT & PLANNED HEALTHCARE SERVICES IN THREE 'WELL BEING' COMMUNITIES IN MEIRIONNYDD

SERVICES	DOLGELLAU	TYWYN	FFESTINIOG
24 hour on site medical cover	YES	YES (GP - OOH)	NO
24 hour nursing cover	YES	YES	NO
Minor Injuries Unit	YES - 9-5	YES 10-6	NO
Radiography cover	YES - Daily	YES Several days	NO
Beds available	YES - 20	YES - 10 now 16	NONE
Out of Hours treatment service	YES	NO -Dolgellau	NO -Tremadog
Emergencies	YES	YES	NO
Inpatient alcohol detox	YES	NO	NO
Integrated Midwifery service	YES	YES	YES
Diagnostic Ultrasound service	YES	NO	NO
Palliative Care	YES	YES	PLANNED NEW
Terminal Care	YES	YES	NO
Minor Surgery	YES	YES	NO
Podiatry	YES	YES	YES
Physiotherapy	YES	YES	YES
Speech and Language Therapy	YES	YES	YES
Occupational Therapy	YES	YES	NO - Tremadog
24 Hour BP monitoring	YES	YES	YES
Event Monitoring	YES	YES	NO
Community Paediatric Clinic	YES	YES	YES
Community Dental Service	YES	YES	YES
Video Conferencing Facility	YES	YES	NO
Visiting Services			
General Surgery Clinic	YES	YES	NO
Audiology Clinic	YES		
Healthy Hearts Clinic	YES	YES	YES
Continence Promotion Clinic	YES	YES	YES
Eye Clinic	YES	YES	YES
Chest Clinic	YES		PLANNED NEW
Rheumatology Clinic	YES	YES	YES
CKD Nurse Clinic	YES		
Diabetic Retinopathy Clinic	YES		
Tele Medicine Clinic	YES		
Paeds Clinic	YES	YES	YES
Diabetic Nurse Clinic	YES	YES	YES
Orthopaedic Clinic	YES	YES	
Orthoptist Clinic	YES	YES	YES

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The residents of the Welsh Uplands welcome the copy of the list of services in Appendix 2, but stress, supported by the above scorecard, that they are insufficient in themselves to provide more than a service ranked as primitive. The residents accept that the level of services provided in the Tywyn well-being area provides a basis for appropriate community care and would expect equivalent healthcare services to be provided **within** the Welsh Uplands.

One of Mr Doherty's closing paragraphs to his letter states disingenuously, "overall community health service delivery in Blaenau Ffestiniog favours comparably with other small populations in Meirionnydd". He does not identify the "small populations" which he is using to compare with the Welsh Uplands. The proforma table above demonstrates how unfavourable the provision of healthcare services in the Welsh Uplands is compared with the Dolgellau and Tywyn communities.

Healthcare Inspectorate Wales and the Ffestiniog Health Centre

Appendix 3 of the letter from Mr Doherty to you is the action plan requested by HIW of BCUHB after its inspection of the GP practice. HIW have stated that they will monitor progress on their next inspection.

We would point out in addition to the closure of the hospital, two branch surgeries have been subsequently closed, forcing some patients to travel up to 8 miles to the remaining surgery or to register with another practice. A branch surgery of another practice continues to provide a service four mornings a week 9 miles away in Trawsfynydd.

In a letter to HIW, a retired GP from the Ffestiniog practice, Dr O W Evans, has pointed out that a practice based on frequently changing and part time locum GPs can produce very poor continuity of care. We have seen one set patient notes demonstrating that in a little over 6 months the patient was treated by seven different locums. The lack of effective continuity of care led to hospitalisation for which BCUHB subsequently apologised. A letter with apologies after the event is not a substitute for good treatment when the patient needs it.

We hope that HIW will examine more closely on their next visit the impact on patients of a regime of frequently changing and part time locum GPs.

Conclusion

Mr Doherty ends his letter to you by expressing the hope that you have "a comprehensive understanding of how the Betsi Cadwaladr University Health Board has addressed the concerns regarding health care provision raised by the Defence Committee".

We trust you will agree that the BCUHB response has been totally inadequate. BCUHB under Mrs Mary Burrows made a decision which discriminated against the residents of the Welsh Uplands. BCUHB has struggled since then and continues to struggle in special measures. It has proved itself unable to rectify the service to meet the residents' needs. An independent external review to give the Board some guidance on providing an acceptable level of healthcare in the Welsh Uplands is long overdue.

We trust that you conclude that our petition has still not been adequately responded to. The Minister has "washed his hands" of the matter and refers it consistently to BCUHB. You may be able to steer our case into Assembly channels that can arrange for determining an acceptable course of action.

Yours sincerely,

For Ffestiniog Memorial Hospital Defence Committee,

Evan G Williams

Secretary