

**North Wales Community Health Council HIW
Mini-Summit Submission
May 2015**

1. 'What's worrying you' - a brief overview of main, evidenced concerns

In the last report North Wales CHC identified listening to service users and partners as an area needing improvement. We were concerned that the new Chief Executive had developed a "siege mentality" at Hywel Dda in relation to public involvement and that this might be carried over to North Wales. In relation to forthcoming service changes we identified some hesitation and lack clarity about whether there will be a formal consultation.

In early February the Board announced that it would be moving Women's Clinical Services at Ysbyty Glan Clwyd due to alleged difficulties in covering Obs & Gynae rotas. They claimed "Urgent" status for this change (*thus avoiding consultation*) despite the problem having been managed for at least two years. The CHC referred the matter to the Minister (*see attached*). The Minister has supported the Board's interpretation of the regulations but the closure is currently subject to a Judicial Review and an injunction.

This same approach is being used (*i.e. alleged problems with rotas and recruitment*) to justify Urgent and unconsulted change for vascular services at Glan Clwyd. It is likely, however, that the Judicial Review may severely curtail this particular tactic in future.

Other Issues of concern for North Wales CHC are currently;

- the major financial challenge the Board faces (*£78m needs to be saved in 2014/15*) and they have set a deficit budget. The financial stringency that this will impose may have many unintended and adverse consequences; for example we hear that the introduction of micro-fibre cloths for cleaning may be delayed. This is a major component of the Infection Control and Prevention work and the CHC believe it to be inappropriate given the events of 2013.
- the forthcoming consultation on major restructuring of acute services across North Wales
- the appointment of a new Chief Executive with a highly controversial approach to NHS restructuring and to public engagement, consultation and openness.
- Very slow progress in implementing the changes promised in Healthcare in North Wales is Changing. A review of progress (*see attached*) shows that in the key area of Enhanced Care at Home (*which was the major enabler for the closure of Community Hospitals*) on 50% of planned schemes are up and running and they have less than 50% of planned activity levels.
- GP recruitment and retention is a major concern. The CHC is receiving high number of applications to close branch surgeries and entire practices. There are now 3 directly managed practices and more in the pipeline.

GP Out of Hours Service – North Wales

North Wales CHC identified issues of concern about the operation of the OOH Service in the Autumn of 2014 when we began to receive increasing numbers of complaints about the services in respect of long waits and concerns about clinical decision making. These complaints were progressed through the NHS Complaints Procedure with the Board's Concerns Team in the usual way. The Concerns Team has a duty to raise thematic concerns Clinical Programme Group managers for their attention.

The CHC notified HIW through the informal mechanisms, discussed the matter with the Chair of the Local Medical Committee, copied complaints correspondence to the Health Minister (*with the permission of the complainant*) and wrote to the Chair and Chief Executive of BCUHB. The matter has also been raised at Services Planning Committee on several occasions, Chair to Chair meetings and Board to Board meetings.

The CHC raised the OOH problems with the Chair of BCUHB and his Director of Primary Care Services at our Public Council Meeting on 27th January 2015 and got the following response (recorded in the publically available minutes);

“The GP Out of Hours Service has faced issues with regard to the recruitment of GPs to support the service. A review of the service is being undertaken, which will consider, amongst other things, how the service can be supported by staff such as Advanced Nurse Practitioners and paramedics.”

The first recommendation made by the external reviewers was that the issue of staffing levels (both GPs and Nurse Practitioners) must be addressed as a matter of urgency. This has been a key element of CHC concerns about the service and this was one of the reasons we successfully lobbied the Minister to amend the Practitioner List regulations to allow GPs from across the border (*currently registered on the English Practitioner List*) to work in Wales without the need for lengthy and unnecessarily bureaucratic applications for registration on the Welsh system.

2. 'What's good' - an overview of positive developments – areas of strength and improvement.

In our last report we said that “the Chairman has brought an ethos of openness and public accountability and he has been willing to engage with stakeholders in a way that has been lacking in recent years”. This is not a task he can manage alone and it would be good to see him receiving support from his Executive Management Team.

3. A brief overview of any pertinent CHC activity that has taken place since the last Summit round.

In response to the Andrews Report, the CHC produced a 9 Point Plan (attached) which refocused its efforts on safeguarding vulnerable people. We achieved and exceeded the 500+ inspections we forecast in the last report to the Summit and two reports setting out the detail of that activity and the outcomes it achieved are attached.

We have further developed our BugWatch infection control & prevention survey, we have consolidated our CareWatch survey (*assessing performance against the Fundamentals of Care*) and we are now piloting our FoodWatch survey which looks at nutrition and hydration. We are working with the North Wales LMC to undertake a GP Work/Life Survey that will look at GP recruitment and retention issues.

In order to give us the capacity to undertake and process this large number of surveys we have developed a Smartphone App. Currently this is being used by CHC members but over the course of the next 12 months we intend to make it public facing and use it to engage with the public directly.

Geoff Ryall-Harvey
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