Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Flaenoriaethau'r Chweched Senedd

This response was submitted to the Health and Social Care Committee consultation on Sixth Senedd Priorities

HSC PSS 04

Ymateb gan: | Response from: Unigolyn | An Individual

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor
Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?
Q1. Which of the issues listed above do you think should be a priority, and why?

I would prioritise the issues in this order:

1. The health and social care workforce, including organisational culture and staff wellbeing
2. Access to services for long-term chronic conditions, including musculoskeletal conditions
3. Access to mental health services
4. Evidence based innovation in health and social care
5. Support and services for unpaid carers
6. Access to COVID and non-COVID rehabilitation services
7. Public health and prevention

Blaenoriaethau allweddol ar gyfer y Chweched Senedd
Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

a) gwasanaethau iechyd;

b) gofal cymdeithasol a gofalwyr;

c) adfer yn dilyn COVID?

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

a) health services;

b) social care and carers;

c) COVID recovery?

Gwasanaethau iechyd
Health services

1. Hospital-acquired Covid

How might the Committee address the issue?

The Committee needs to look into why such a large proportion of Covid deaths in Wales have been as a result of hospital-acquired infection, and why the Welsh Government seems to have no data on hospital-acquired Covid.
Without the data, it seems that the Government has not been alerted to the parlous state of infection control measures in Welsh hospitals.
I hope you can investigate hospital infection control standards further and put pressure on the Welsh government to answer these questions:

· Is there any investigation being carried out to establish why Welsh hospital patients have been – and may still be – overly exposed to Covid infections?

· What steps are being taken to better safeguard hospital patients now and in the future? For example, hospitals need to adapt by improving ventilation and reducing the mixed inpatient/outpatient use of spaces.

· What independent inspections and assessments are being made of hospitals' Covid precautions and infection control standards?

The praise heaped on Welsh NHS staff and management hasn't been universally merited when there has been poor infection control.
It came as no surprise to me that a large proportion of Covid infections in Wales have been acquired in hospital.

I fully appreciate (I worked for well over 20 years in the NHS) that PPE, even used properly, cannot always prevent the transmission of infection,
However, I have witnessed blatant disregard for the most basic infection prevention during the pandemic in both the Royal Gwent, Newport, and the University Hospital of Wales, Cardiff.

Some of it was poor practice by numerous individual staff, failing to use any mask at all or, when unmasked, failing to socially distance.

Some was poor organisation – for example, conducting outpatient examinations on an inpatient ward when ward visiting should have been restricted.

Crowded waiting areas, zero ventilation, failure to use a face shield in close proximity, and the use of an overly-used, stained face mask are further examples.

It seems to me that an extra tranche of hospital-acquired Covid may as yet be missing from the figures – that is the Covid infections acquired from visiting hospital as an outpatient, not just inpatient-acquired Covid.

What could be achieved?

Not only could the Committee shine a light on the reasons why large numbers of inpatients acquired Covid in hospital, they could also raise awareness of the likelihood that outpatients ALSO acquired Covid as a result of being seen in hospital. Moreover, the whole issue of the lack of cleanliness and poor hygiene practice in Welsh hospitals could be brought higher up the government agenda.
This is not about dust under the beds – that sort of criticism was frustrating to my NHS colleagues and myself while I was still working in the NHS in England. This is about really poor standards of maintenance, cleaning and hygiene practice. For example, it is unacceptably poor practice to fail to wipe down eye-testing equipment between patients.

When should any Committee work take place?

Covid safety in our hospitals is a current issue and needs to be addressed urgently, before any new surge in cases in the autumn after schools go back and the weather changes. Means of ventilation in particular will be an issue within hospital buildings in the colder weather.

Are there any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Who is responsible for inspecting maintenance, cleaning and infection control in Welsh hospitals?
What do the managers of these services say about the difficulties they face in keeping up standards?
What anecdotal evidence is there that patients believe they were exposed to Covid in hospital? Have hospitals received complaints?

2. The dismal state of the Welsh NHS

Overall, I have a sense of there being a lack of pride or any aspiration for high standards, and instead there seems to be a general acceptance that the Welsh NHS is, and always will be, second-rate.

Perhaps NHS staff are too worn down to care, perhaps the Welsh NHS fails to attract the best staff, perhaps the facilities are so poor that staff have given up and feel no pride. Since living in Wales, I have also detected this kind of malaise across the community – a shrug of the shoulders about anything that needs challenging or improving, an acceptance that things will always be less than satisfactory. Devolution does not seem to have helped the population to feel empowered.
I would like to see the gauntlet thrown down for the Welsh NHS to eradicate its obvious wastage, repeat handling, and sloppy working, and to aspire to rival and exceed the English NHS performance and quality standards. Don't get me wrong, I can list problems in the English NHS too, but the culture is altogether different there and more positive. The Welsh NHS may be starved of resources (free prescriptions may be a drain on it), but there are also resources being thrown away which could be put to better use.
I am not talking about the old chestnut of "efficiency savings across the board" which just means everyone striving to do more for less, mostly with more unpaid hours. Instead, I mean making simple, small, practical, commonsense improvements to prevent resources "leaking" away – improvements that will also benefit patients. For example, having a checking system in place so that the correct prescription items are handed out – safer for the patient, less inconvenient for the patient, and saving medicines from being thrown away.

What could be achieved?

The Committee could consider how best to put some pride back into the Welsh NHS and how to support this by identifying where resources are leaking away and where they could then be re-directed to make day-to-day working less frustrating for NHS staff (such as IT systems that don't work or can only be accessed in a few areas).
I would suggest that there is a two-pronged attack. From the top, by attracting and appointing chief executives who can talk up pride and improve the working culture, and from below by smoothing out the day-to-day frustrations of staff (and by so doing also improve efficiency).
More emphasis could be put on the value of feedback from patients so that they feel it is worthwhile and acceptable to raise issues.

Adfer yn dilyn COVID
COVID recovery

Prescription medicines: should be more accessible for patients who need to shield.

Welsh policy regarding the supply of regular prescription medicines needs to be reviewed before we have another lockdown or period of shielding. Apparently, it is Welsh policy NOT to allow medicines to be supplied through the mail, even postage paid by the patient, whereas this is standard practice in England.

This meant that patients in Wales who were shielding had to rely on the kindness of friends, neighbours or volunteers to access their medicines. This has proved difficult and unreliable, with extra errors, and has added to the stress of being in poor health and also shielding.

Unrhyw faterion eraill
Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?
Q3. Are there any other issues you wish to draw to the Committee's attention?

Other issues:

I want to take the opportunity to raise some wide-ranging concerns about the Welsh NHS. Having worked in the NHS in England until I moved to Wales about 10 years ago, I have been shocked and dismayed time and time again with the general malaise throughout the Welsh NHS system. Here are a few examples:

1. Prescription medicines: dispensing errors. These are not occasional, human errors. More often than not, regular repeat prescription items are dispensed incorrectly. This is not a problem confined to a single pharmacy. Our experiences cover three different pharmacies/dispensaries. We and our relatives are amazed if we ever receive the correct items – it is a standing joke. Errors include: supplying medicines with someone else's name on; repeatedly including unrequested items; not being able to issue regular items, and not keeping track of "owed items". These kinds of errors not only breach patient confidentiality but end up wasting NHS resources as unwanted items can't be taken back and then go unused. It also means that dispensed stock does not match what has been authorised on prescriptions.

2. Retinopathy (eye screening for diabetic patients): unwarranted delays. As you will know, retinopathy screening should take place on an annual basis and is vital so that potential blindness can be averted. Understandably, the pandemic made this difficult and screening may also have been postponed by patients themselves while still shielding. However, after an interval of 18 months, when the screener has failed to submit an adequate standard of retinal photograph and the screening needs to be repeated, it is poor practice for the booking service NOT to re-book the appointment at the earliest opportunity – the next clinic or the very first cancellation. Instead, the default was to let it drift for, we were told, "normally three months".

3. Inconsistent sharing of patient information. It is inexplicable that a patient's records are shared – without the patient's consent or knowledge – between hospitals, but sharing between departments within the same hospital is woeful – to the extent that diagnostic procedures have to be repeated instead of the results being shared.

4. Muddled IT systems. When a GP refers a patient to be seen at a hospital, the expectation is that the hospital will write to that same GP to inform them of the outcome. However, the IT systems (Welsh NHS and intra-hospital) seem to be incapable of recognising this – and the hospital doctor is mis-led by what's incorrectly "on the system" instead of reading the GP address on the referral letter! That means that letters about patients are being sent to the wrong general practice, and important follow-up is being missed. An example of this was only discovered because the patient had requested to be copied in on the correspondence from the hospital and saw that the wrong practice had been written to.

5. Over-reliance on online usage by patients. There is too much reliance on patients being able to, and wanting to, use the internet for ordering repeat prescriptions or for finding out the latest on

Covid testing etc. Not everyone is comfortable with using the internet for something as personal as healthcare – and the state of the Welsh NHS IT doesn't lend confidence to do so. Additionally, many Welsh residents still have very poor connectivity, or do not use IT. It is discriminatory to rely heavily on the Internet.

And if patients do use the Internet, they find it hard to navigate their way through the cumbersome and largely uninformative Welsh NHS websites. It would be far easier if each hospital had its own website, rather than having to plough through the layers of a health board's site.

6. Unnecessary repeat appointments. It should not take several appointments, most of them a 70-mile round trip, to acquire a set of compression socks – that were in the end the same prescription as the patient was already receiving. This was prompted by an inflexible approved product list – and the seeming impossibility of posting a trial item to the patient. Each time a new item was to be tried, it had to be collected in person – at an appointment, not just picked up - and then another appointment made for it to be reviewed. Madness. And an unnecessary burden in time and travel on the patient.