Health and Sport Committee

NHS Governance – Corporate Governance

Submission from Chris Bridgeford, Founder, affasair

We refer to the Health Committee’s request for views on how well NHS boards adhere to the key principles of good corporate governance as outlined by the UK Code of Corporate Governance (leadership, effectiveness, accountability, relations with stakeholders) and make the following submission.

Q. Do you trust NHS Boards to make decisions that are in the best interests of the public?
Unfortunately, we do not. We think there is a culture among boards to brush aside any issues the public has and instead give priority to decisions which make sure their own prestige is increased. This also happens with Boards beyond my own board of NHS Grampian.

New pain patients at NHS Grampian now wait forty weeks for a first appointment; despite numerous complaints by patients and members of our Group as waiting times grew. You will be aware that the maximum time is supposed to be 18 weeks from Referral to Treatment.

(We enclose a confirmatory email of January 2018 from a lead pain clinician to our Founder as a patient). In Scotland, there is scandalous side-lining of long-term conditions, despite it being the biggest issue the NHS faces in numbers. There are long waiting times for chronic pain patients in most of Scotland, disregarded by Boards as you will see from statistics produced by the Information Services Division. NHS Grampian has, like others, let these waiting times build up over years, this is not a “winter emergency” excuse. The Board has not provided the proper resources or staffing levels required to ensure these stricken people are treated timeously. This is not the fault of the clinics and staff who strive to bring care to their patients.

It is not in the public interest to allow people, driven desperate by continuous excruciating pain to reach a state of suicidal thoughts. These patients have been referred by GPs because they need NHS pain specialist help to survive at all. So why does a Board not act? Is it because long term conditions are pushed aside to give priority to headline hitting emergencies or diseases where they would get a lot of bad publicity? Where does the money given from the public purse go?

Our group has complained about the fate of uncounted return patients who contact us – some are over a year beyond treatment renewal required at least once in six months. First time patients are prioritized and counted. But we now learn that even these are set to wait 40 weeks.
Q. Are NHS board decisions open and transparent?

- There is no sign of this. Boards appear as fiefdoms, aloof from the public and the majority of NHS staff. There is no comparison between the care and warmth shown by NHS staff in the frontline and the chilly corporate attitude of boards. Boards have too many management people both from their own staff and external appointees – where are the strong voices from patient groups and from the general public? With Grampian, at a point of crisis over 40 week waiting times, I cannot see mention in any recent NHS Grampian agendas – if it was, it was not identifiable as such to the public. Even minutes aren’t easy to locate and are not timely.

How accountable do you feel NHS boards are?

- They are not accountable to the public in any meaningful way. They do not appear to worry about accountability to the Scottish Government, which itself needs to be much more active as elected representatives of the people. This leads us to think that the root of the problem is that the Boards are aware the Scottish Government is unlikely to bother them. Example here: our patient group, despairing of action in Grampian, sought a meeting with the public health minister Aileen Campbell. After much delay, that took place on November 2, 2017. Patients appealed to her over NHS Grampian and spelled out the plight of patients present, then suffering a year’s delay for return treatment. She promised to enquire – delays for first time patients had long been bad by the time of that meeting. But a few months after that meeting they have reached 40 weeks for new patients. Numbers for Return Patients, which aren’t counted, are likely to be even worse than previously. We have had no reply from Ms Campbell about Grampian on this or on any of the questions we put to her. This despite her promising that we would have these answers before our next Affa Sair group meeting in December!

The problem lies also with attitudes in the Scottish Government’s health department in Edinburgh. Our experience is that Boards also don’t need to bother about them.

In September, it was revealed publicly that the official we had to deal with, Colin Urquhart, had privately sought omission of some key information on pain waiting times in Scotland and he also emailed ISD objecting to them collecting statistics on return patients, Scotland wide. This interference was proved under FOI and later overruled after an inquiry by the UK Statistics Regulator, Mr Ed Humpherson. Mr Urquhart is Team Leader on Chronic Pain and also is Team Leader on Neurological Conditions so his department deals with almost all long-term conditions, from pain to epilepsy, MS, Parkinson’s, Huntington’s disease.

The way our members were treated by this department showed an attitude we found disturbing and grossly insulting. We urgently need chronic pain to be removed from this uncaring department to one which is more concerned with people. If this is how “head office” behaves, then it is no wonder Boards feel free to do as they please.

Affa Sair submitted advance questions in May to Colin Urquhart. He took five months to address these questions, with his answers arriving by email on the morning of Nov 2, when we were due to meet with the minister. This was no way to treat patients. He had also asked us to book a meeting room and pay for tea, etc. to be reimbursed later. Many of our members are on benefits – asking patients to pay is surely not usual for the Scottish Government. The minister herself apologised and paid on the day.
How effective are NHS boards at delivering health services and improving the health of their population?

- Boards cannot be effective without openly tackling the truth. Claims by all Boards to listen to the public, to put them first etc., are just empty spin.

Our Group is made up entirely of patients. We have to political axe to grind and merely represent people whose lives have been blighted by the many chronic pain conditions.

We ask that you treat our response seriously and keep us advised of any and all developments in this matter.

We would be obliged if you would also consider including ourselves in any future consultations you may have.

Yours faithfully

Chris Bridgeford
Founder
Email exchange between Chris Bridgeford, Founder, affasair

and

Professor W A Chambers
Consultant in Anaesthesia & Pain Management
Aberdeen Royal Infirmary & University of Aberdeen

From: affasair@gmail.com <affasair@gmail.com>
Sent: 04 January 2018 08:59
To: CHAMBERS, William (NHS GRAMPIAN)
Subject: waiting times

Hi Alastair

It has been quite a time since I have written to you and I wish you a happy and peaceful new year.

I should say I am only writing to you in this regard because I have no other email contact for the service.

Sometime before Christmas I was telephoned by a lady from the Pain Clinic regarding my own referral. Since then much has been happening to me personally, including draining battles with the DWP, a meeting with the Public Health Minister and Paul Cameron, the National Pain Co-ordinator and sadly my wonderful mum-in-law dying; so I am just trying to get my own records in order now.

Whoever telephoned me said the waiting list was now running at 40 weeks. Did I get this right? Is this the figure even for appointments at Elgin Pain Clinic and is it for new referrals, repeat appointments or both?

Sorry to bother you with this but as I have said I have no other email contact nor letter details with the service, so I would be grateful if you could forward my query to the appropriate person.

I should also say that this is not a plea to have my own appointment pushed up the list - that is not the way I work!

Best regards.

Chris

Chris Bridgeford, Founder
Thanks for that - and a happy new year to you.

I am sorry to hear of your problems and also that I am not the bearer of good news about our service waiting times.

You are correct that our waiting time for a NEW routine outpatient appointment is about 40 weeks. There are a number of reasons for this - there has been a steady increase in the number of referrals over recent years without a sufficient concomitant increase in our capacity and this has undoubtedly had some impact. However of more immediate impact, one of our consultants went on maternity leave in December and that reduces our consultant outpatient capacity by about a quarter. Also last year we had a pain fellow come to the end of her two year appointment and although she was replaced, new appointees need training and supervision for a few months before being able to contribute fully to the service. It is particularly disappointing that after working hard to get the waiting time down from about 28 weeks to 16 that it has increased again. I understand that there may be some additional (waiting list initiative) clinics arranged before the end of the financial year and although any decrease in waiting time is welcome it is unlikely to be substantial.

Not surprisingly the increased waiting time has been accompanied by an increased number of requests for patient appointments to be expedited and it is simply not possible to agree to all of these although we do try to prioritise appropriately.

There has also been an increase in our waiting time for pain procedures. As you may have seen in the press, some elective surgical activity is being cancelled to allow the NHS to cope with winter pressures and our procedure lists have been affected by this - all the pain consultants have had some of their lists cancelled - one or two cancellations in a month when we each have only one list a week makes a huge difference but we are no different from any other speciality in that regard.

You mention that you do not have any other contacts for the pain service:

Head of Service/Clinical Lead - Dr Saravana Kanakarajan - s.kanakarajan@nhs.net
Other Consultants - Dr Ravi Nagaraja - ravinagaraja@nhs.net
Dr Naomi Scott (currently on maternity leave) - naomiscott@nhs.net
Lynette Douglas - unit support manager (she deals with complaints) - l.douglas@nhs.net
Christine Leith (who you met with me in Elgin) (service manager) c.leith@nhs.net
Dr Amr Mahdy (clinical director for anaesthesia and related services) - a.mahdy@nhs.net

Once again my apologies for being the bearer of bad news - I can assure you that all the clinical staff are doing as much as they can to utilise the resources we have as effectively as possible and we continue to explore ways of improving this. However quite simply the capacity does not match the demand.

With kind regards