



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Dept of Psychiatry  
Hergest Unit

18<sup>th</sup> November 2016

Mr Vaughan Gething  
Minister of Health  
Welsh Assembly Government  
Vaughan.Gething@gov.wales

Dear Vaughan

Many thanks for your response.

I expected the response would not address the issues raised as these were certain to be novel for those in your department entrusted to work on the response. Unless a coin drops at the very top, any response drafted by others is likely to be off the mark.

I've reviewed the documents you noted, and in addition the paper prepared for yesterday's Health Board meeting on Mental Health services. None of them address the problems I have tried to draw to your attention, and the consequences of those problems. All essentially advocate more of the same approach that has landed us in the current mess.

Bewildered by the developing mess, some of my colleagues across medicine, not especially in mental health, entertain fantasies that everything that is happening is down to electoral politics or related considerations. Everyone also figures more money is the answer.

In contrast, I put it to you that most of the evidence you depend on in clinical services that involve the use of drugs is fraudulent. One of the major pharmaceutical companies has been indicted for fraud for the reasons I was alluding to and the same company was later the subject of what was then the largest fine in corporate history for the same reasons. This was not an isolated failing of one company. It is the MO for all companies. The consequences for you are a set of standards of care based on "junk".

I had half thought the use of words like junk and fraud might have had you considering detention under the Mental Health Act but clearly some part of the system must also recognize if I can use these words without being sued or detained, there must be something to what I am saying in which case not taking it into account adds to the puzzle. Perhaps the bit of ice you can see floating ahead of you doesn't seem too problematic.

When the managers of a service try to implement these standards, they get poorer outcomes than before, increased costs, and a mismatch between what the standards extol and clinicians do. This turns managers, who may otherwise be competent and decent, into bullies. It leads to a multiplication of tiers of management and audit trails in doomed efforts to right the system.

You don't need more money and this would be happening regardless of local political considerations.

You mention the Welsh Measure. But efforts to implement this and the risk management approaches linked to it are a magnificent example of how something designed with good intentions can go badly wrong – as I told Sarah Watkins and the Board of BCUHB four years ago. Having a new group of managers, no matter how competent, charge at the problem, from my vantage point, looks like a British Cavalry unit in the Crimea setting off on a Charge.

I used osteoporosis in the last letter to illustrate what is going wrong, but your response provides another instance of what goes wrong. Your department interpreted my letter as calling for less drug treatment and more non drug treatment within mental health. Whoever drew up the response entirely missed the point. More psychotherapy services will cost you money and will lead to more and not less drug treatment. Psychotherapists are among the most prolific referrers to a doctor to initiate antidepressant treatment. The problem is drawing people into services who shouldn't be there. These are people the services are more likely to damage than benefit. They are the people fuelling the rapidly increasing demand for services the BBC tells us nightly at the moment are at the heart of our problems.

These are the people that pharmaceutical company marketing aims at mobilising – but there is not a single person who advises you or likely advises anyone in UK health departments who has any expertise in how this marketing operates. Trying to run a Health Department without this kind of knowledge today is a bit like going into an election knowing nothing about social media.

This is not an anti-drugs pitch as your advisers appear to have assumed. My problems are with the information accompanying medical chemicals, which has become as adulterated as the colours used on sweets and cakes in the 19<sup>th</sup> century, when lead and mercury provided the red and copper the green.

You can recruit any number of excellent managers and they will be stymied in exactly the same way as previous managers unless someone recognises where the difficulties are coming from and gets to grips with that. And it's beyond the pay grade or job description of managers to do that.

Earlier this week the Prime Minister of the United Kingdom in a speech said that we are at a critical moment. Our liberal elites have failed and globalisation is not working for everyone. I think there are few better illustrations of this point than the current difficulties within health care that are affecting both private and public systems equally and globally.

The prime minister said that continuing the way we've been going is not sensible. I agree. Health care in my opinion is the best place for both you and her to look in order to pinpoint what is going wrong more generally and perhaps a place to find answers.

I shouldn't, but the temptation is irresistible, suggest we are rapidly becoming part of a GIG economy in N Wales. This is perhaps most clear in mental health where medical and nursing staff have moved to locum and agency status with greatly reduced oversight on health and safety issues. There are any number of websites opening up offering more completely Uberized medical and pharmacy services even here in N Wales. We already have a

dangerous escalation in real hazards while managers are implementing ever more risk management tick boxes. These latest developments in convenience healthcare will aggravate things further.

Management have called for a meeting on December 12<sup>th</sup> to discuss their proposed Mental Health strategy. My colleagues and I have looked at the papers for the Health Board meeting yesterday. We are not aware that any medical or nursing colleagues here in the West have been consulted up to this point and can see no evidence of our concerns being addressed in the current Health Board papers. This might therefore sound like we should be present on the 12<sup>th</sup> – except this would offer a fig leaf for management and perhaps for you to say we have been consulted. At present few if any of us are likely to attend.

You will have to take these letters from me as some indication of views at this end – at least my views. I can't imagine you would appreciate many more letters from me repeating the points here, laced with strained puns, and so I likely won't continue writing. If at some point a coin drops with someone in your department and you want more input from me I will be happy to provide it.

Yours sincerely

Professor David Healy

cc. G Bebb, C Thorpe.