

Alexandra Hospital Emergency Medicine Consultants Resignation

We feel that it is important the real reasons for our departures from the Alexandra Hospital Emergency Department team are recorded and our opinions known.

We have spent many years developing a quality Emergency Department at the Alexandra Hospital and working collaboratively with our A&E colleagues across the county. We have built a unit which is recognised for good patient care and excellent training. We have developed a strong committed team and worked to reduce the time to see the doctor or Emergency Nurse Practitioner, and reduce patient complaints. We have had the pleasure of encouraging a passion for Emergency Medicine in many trainees over the years who are now consultants all over the country.

We would like to thank all of our A&E staff who have given us their unfailing support and loyalty over the years and helped us to build a quality service. All of them should be justly proud of their achievements which we and the patients have benefited from. We would also like to thank the many trainees, staff and patients who have made such kind comments over the last few difficult days –we have all been greatly moved.

For the last 3 years we have been directing all our efforts in trying to maintain the existing service in the best interests of patient care. In our opinion, however, successive management decisions have undermined services at the Alexandra Hospital; these in turn have led to the self-fulfilling prophecy of failing and unsustainable services.

Emergency surgery has already been removed from the Alexandra Hospital as a result of an inability to recruit high calibre surgeons to the Alexandra Hospital in this climate. Cross county surgical support to keep the service running through these difficult times has not been forthcoming; instead the direction of travel has been towards removing this vital service. Stroke thrombolysis was removed even though the service provided by the Alexandra A&E Department delivered good safe care. Paediatrics and Obstetrics & Gynaecology are likely to follow. All of these changes adversely affect the Worcestershire Royal Hospital which is already under great pressure.

The reconfiguration process began some years ago and at the very start we voiced grave concerns. The Alexandra Hospital serves patients from 2 counties; Worcestershire and Warwickshire, as well as parts of South Birmingham. The remit of the reconfiguration was to address only the needs of Worcestershire patients. Key stakeholders and patients who should have been given a voice were excluded.

Throughout this process the direction has been towards a downgrading of the Alexandra Hospital with most decision making occurring within committees heavily weighted to the Worcester side of the discussion. Alexandra A&E representation was excluded altogether from the Task and Finish group which was responsible for the development and writing of modified option 1. Plans were finally presented late in the discussion period allowing little, if any, time for dissemination or challenge. Nevertheless, we have done our best to stand up for our patients. Despite us and others repeatedly challenging and opposing on safety, sustainability and training grounds, modified option 1 has nonetheless been relentlessly pursued and presented to the public and external organisations as fully supported by clinicians which is not universally the case.

When the external organisations involved have discovered there is not universal agreement for the plans as portrayed by the Trust, the Trust has been more interested in finding out how they found out rather than addressing the issues of why.

In our collective opinion modified option 1 does not secure an A&E Department for the people of Redditch and its environs. Modified option 1 provides a minor injuries and GP service with a very limited adults only emergency centre. There will be little or no on-site support for surgical emergencies, trauma services, paediatrics or pregnant women. Fitting children, frail elderly patients with suspected broken hips, sports enthusiasts with anything other than a minor fracture or sprain, most victims of road traffic collisions, those who injure themselves falling off ladders/horses/bicycles or any patient with abdominal pain will all need to be redirected to services elsewhere. This in our opinion is neither an A&E service nor a safe service.

As A&E consultants we would be required to shoulder all of the risk associated with these developments on behalf of the Trust. This issue has also been identified by visiting external A&E experts.

Junior and senior doctor training posts would need to be removed as the unit would not be providing the full breadth of A&E practice, which would reduce the available clinical cover for the service to what we consider an unacceptable level. Due to the national shortage of A&E doctors it would be difficult to recruit to such a unit and therefore in our opinion the long term future of the service would be placed in jeopardy.

Involvement of A&E speciality experts and Health Education West Midlands (HEWM) leads has been sought by the Trust. However, even when these experts have suggested that this model poses staffing, sustainability and safety concerns, the Trust's response has suggested that these experts are misguided. It has reached the point that any disagreement is viewed by the Trust as an outlying view.

The Medical Director has stated that if we do not support modified option 1 the Alexandra Hospital would "wither on the vine".

Confusion abounds with talk of new A&E consultant posts to support the reconfiguration. The Trust management cannot agree how many posts are required, let alone where they will work or what level of cover will be provided for the departments. Rotas have been written by us but then posts are pulled at the last minute by the Trust and the goalposts moved.

Meetings were held so that the Trust can say it has had engagement but in the meetings it was very obvious to us all that we were being heard but not listened to. This is despite us raising serious safety concerns about the Trust's plans and the inevitable knock-on effect it would have on the existing severe overcrowding at Worcestershire Royal Hospital.

The Trust appears to tolerate massive overcrowding in the county's A&E Departments. This is a disgrace and a patient safety issue which causes serious harm to many patients and intolerable stress on all A&E staff.

Key aspects of the action plan raised following a HEWM quality visit to Worcester A&E last June have not been adequately addressed. The surgical division has not fully dealt with requests to address the issue of orthopaedic clerking by the A&E team. The Trust management are aware there is an issue and yet have again not adequately addressed the division's lack of ownership of this problem.

The final straw for us came on Day 4 of the West Midlands Clinical Senate. This day was put in place to explore concerns raised by the majority of the countywide A&E team concerning modified option 1. Prior to the meeting we were presented with an agenda for the day stating the expected outcome was for A&E Consultants to support the proposed model, rescind concerns for patient safety and determine the implementation status of the model.

Furthermore, we discovered the Trust had written additional plans to reduce the already proposed skeletal surgical service in modified option 1 to the point where all surgical in-patient services at the Alexandra Hospital would be removed in April of this year without any public consultation. The plan was officially circulated to us at the West Midlands Clinical Senate meeting and presented as having clinical support. This plan had been agreed without the knowledge of key stakeholders at the Alexandra Hospital, ourselves included. Medicine and Urology Consultants saw the surgical plan only 3 days before the senate meeting following a leak and raised serious written objections to both the Trust and Clinical Senate. Trust management seemed more interested in finding out how the Clinical Senate had obtained copies of their letters of concern rather than addressing the serious concerns raised. It is still unclear whether this last minute submission was within the remit of the reconfiguration or whether it was in effect the Trust expressing its intention to downgrade the Alexandra Hospital irrespective of the West Midlands Clinical Senate outcome.

Our intended departure should not have come as a surprise to the Trust; the Medical Director was warned about the high level of discontent amongst us on the 8th October 2014 and again on December 19th. He was warned twice that he could lose up to 50% of his county A&E consultants.

All of the above has made our positions untenable. Our resignations were accepted by the Trust with no effort made to convince us to stay.

Throughout this difficult period we have endeavoured to protect our clinical teams from the pressures of working in this environment. The situation has taken a heavy toll on our personal and family lives; the stress has been unbearable at times. We are battle-weary and exhausted by the continuous pressure that we have been under. We can no longer see a way forward to secure safe and sustainable A&E services at the Alexandra Hospital especially whilst the current senior management and senior clinical leadership remains in place.

When the opportunity at Warwick Hospital arose it gave us the opportunity to move to a Trust who are investing in their services and value their staff.

We of course do not want to see our unit destroyed and can only hope that common sense prevails. We regret we have not been able to secure reliable and sustainable services for our A&E staff and for our patients. We are aware that we may be handing the Trust the outcome they desire but feel that we have no other option.

With wholesale change in the senior clinical and non-clinical management we hope that sensible discussions around emergency provision may take place and the people served by the Alexandra Hospital may yet achieve their aim to secure local, high quality health services.

We are happy for this letter to be released in its entirety (not selected extracts) to the media and any interested parties, and feel that in light of the public concern that it should be released immediately. For the avoidance of doubt it may be released under an FOI request.

Yours faithfully

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