

P-05-812 Implement the NICE guidelines for Borderline Personality Disorder, Correspondence – Petitioner to Committee, 13.01.21

I would like to thank the committee for their ongoing interest in this area and repeatedly bringing this matter to the attention of the Health Secretary.

I think the conflict that the health secretary and have in this area is that while I believe that a group who are universally recognised as being stigmatised in healthcare are stigmatised in Wales, the Health Secretary believes that the answers are the agencies and organisations that have traditionally excluded these people. My significant concern is that without specific guidance and instruction from the Welsh Government, what has happened in the past will continue to happen in future.

I find myself wondering if there is some conflict between the Health Secretary's assertion in his letter that "NICE clinical guidelines are purely guidelines and as such are not mandatory for implementation by NHS organisations in Wales." and "All NICE guidelines and quality standards apply to Wales and are subject to Welsh legislation" (<https://gov.wales/national-institute-health-and-care-excellence-nice-guidelines>)

I wish that I could give detailed statistics that illustrate the extent of the difficulties faced by people who are given this diagnosis. The difficulty is that in Wales, they traditionally have not been thought about. While Ireland, Scotland and England have all put together papers on how to respond to the needs of those diagnosed with personality disorder, Wales has not. It could be argued that we haven't given this population much thought because it is not an issue in Wales, however it could equally be argued that the lack of a document addressing the needs of these people reflects our attitude towards them.

I would remind the health minister and petitions committee of the PD Cymru conference in Cardiff in 2016 where people talked of "the privatisation of PD" - the sense that people with this diagnosis were exported to the private sector.

This news story highlights the extent to which patients from Wales are placed in private units, often in England <https://www.bbc.co.uk/news/uk-wales-48599970>

The story states: "The Welsh Government said the number was decreasing with only "very specialist centres in England" used". Since this story was published the Welsh Government has had to publicly stated it is no longer using one major provider due to concerns about the poor quality of what was provided. This was reflected in the units 'inadequate' CQC rating.

This piece below was published in the Lancet last year by myself and other authors based in Wales. We argue that, like the unit the Welsh Government has stopped using, providers that claim to be 'specialist' in this area have little basis to make these claims.

<https://secure.jbs.elsevierhealth.com/action/getSharedSiteSession?redirect=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2Flanpsy%2Farticle%2FPIS2215-0366%2820%2930148-6%2Ffulltext&rc=0>

While I have attempted to discover how many people Wales is paying £250k a year for who either have a personality disorder diagnosis or issues with self harm and suicidality, I was told we do not hold this information. My experience of outsourced mental health care is that this patient group will make up a significant chunk of the 50-60 million it is estimated we spend on private mental health care. Care we argue in that paper, that is significantly worse than what could be provided in the community.

Doing what we usually do has not worked for this client group. England, Ireland and Scotland have need the need to draw special attention to the plight of those who receive this diagnosis. While there is no direction to do something different, those who have been marginalised will stay marginalised.

While there is no direction to do something different, organisations who choose to export complex cases to private facilities in England will continue to do so.

While there is no direction to do something different the Welsh health budget will continue to be transferred to private providers in England. We will never provide effective community services in Wales while we spend millions funding inadequate care in another country.

The Health Secretary has previously stated that part of his role is to hold health boards to account. I urge him to do so.

Again, many thanks for your ongoing pursuit of this issue,