PEOPLE LIVING NEAR BORDERS RISK HEALTHCARE SERVICE POVERTY

I am one of a shrinking band of people who have met Nye Bevan personally. As a teenager, I attended several of his many meetings. One in Cwm, near Ebbw Vale, has been famously reported. One elderly man complained to Mr Bevan (we always called him Mr) that his neighbour had been sent to the hospital in Nant y Glo, and not to the usual hospital in Ebbw Vale.

Mr Bevan knew what the problem was. Anthony Eden's new Government was trying to cash limit healthcare spending and managers were giving priority to budgets over patients' care. Nevertheless, Mr Bevan asked why this was and was told "there is a shortage of nurses and we live on the wrong side of the border".

"Well," said Nye, pausing as he did with his voice mannerisms, "I wanted hospitals to be managed by citizens' committees, but Mr Attlee insisted that they be run by bureaucrats as bureaucrats will run it at less cost". "Where you have bureaucrats, they will draw borders and where there are borders, there will be challenges and bias!", Mr Bevan predicted.

More than 70 years later, Mr Bevan's prediction has been confirmed in many countries. In Europe the E.U. MARQuIS study of people living near borders was based on the European Court of Justice 1991 decision that defined healthcare as a service which should provide equity of access to all. The study's conclusions included ""border-adjacent areas often experience measurable differences in healthcare access, organization, and outcomes compared with interior populations".

Several studies on healthcare quality discrimination in rural areas have been conducted in Australia concluding "there is often unclear responsibility for funding/support when patients live near boundaries". A Deloitte report in the USA covering the rural health "divide" observes "unwarranted healthcare service variations in various border localities".

As financial constraints tighten on the NHS, more and more financial cuts affecting the healthcare services are applied to services to people who live near to a border. Residents consider it bias. In England this is true of ICB borders, and in Wales to health board borders. Special bias issues arise for communities near the England/Wales border and to those UK communities that are near a sea border.

SEA BORDER UNWARRANTED HEALTHCARE SERVICE POVERTY

An early area suffering sea border deprivation was Wells next the Sea in Norfolk. It lost inpatient beds in 2004 despite residents facing very long journeys to any alternative. A sound business case to maintain an inpatient provision was made in 2007, supported by the CHA, but was rejected by the local bureaucrats. Today Wells next the Sea "Old Cottage Hospital" operates, with charity support, as a five day week well-being centre with limited services. This part of North Norfolk was reduced to healthcare poverty through an "unwarranted healthcare service variation".

Another sea border healthcare service that was threatened with "border service cuts" is Rye Memorial Hospital. Fortunately Sir Paul and Linda McCartney, who lived nearby, came the rescue. After a major community campaign, the Rye Winchelsea and District Memorial Hospital charity was established and the hospital developed a true community services with a wide range of services provided by the NHS.

The unexplained bureaucrats' desire to remove well loved and well used hospital services from sea side locations continues unabated. A hospital that I know, the Zachary Merton Hospital in Rustington, Sussex was closed "temporarily", due to "estates issues that affected the condition and safety of the building".

The building had been abused by lack of bureaucrat care and maintenance for some years until the prospective maintenance bill became significant and the attraction of a capital receipt from a site disposal became too great. Permanent closure was announced. The local area has a growing, elderly population that needs nearby health services to reduce admission and readmission to Sussex acute hospitals. Older people in particular are now suffering an "unwarranted healthcare service variation".

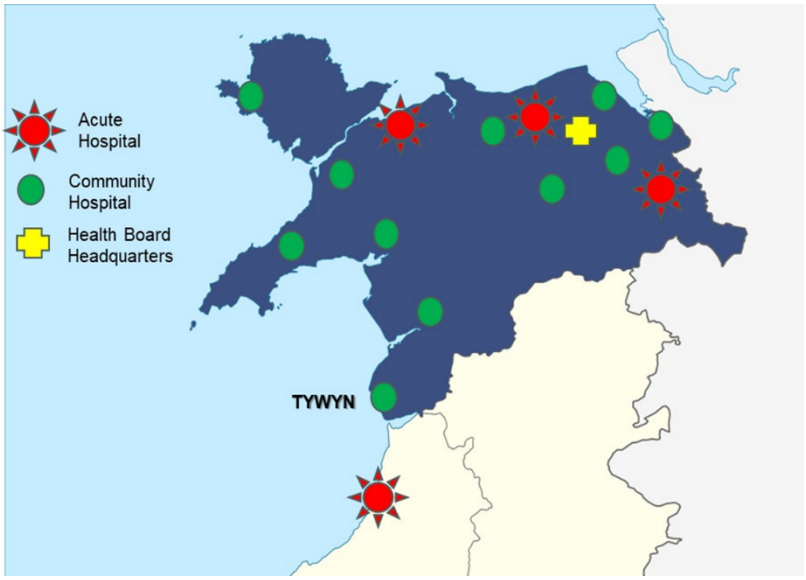
The BBC reported in December 2025 that consultants in Sussex had raised the alarm about an "impending crisis" during an internal meeting, where some end-of-life patients were receiving care on A&E corridor trolleys due to the lack of available beds. Yet there are many spare beds in Zachary Merton Hospital in the Sussex area that are unused. Utilising them for step-up and step-down patients eases the pressure on acute hospital beds. Community hospital beds reduce the need for A&E trolley care.

Older people suffer when they cannot receive appropriate care in a local community hospital. What bureaucrats often refuse to accept is that older people are discriminated against by the withdrawal of step-up, stepdown and rehabilitation services close to their, homes, families and friends. Older people, living in communities near borders, in particular, suffer when bureaucrats discriminate against THEIR communities by withdrawing services. The residents in the Littlehampton/Rustington area suffer from receiving “unwarranted healthcare service variations”.

UNWARRANTED HEALTHCARE SERVICE VARIATIONS IN TYWYN, GWYNEDD

It is not only in England that residents near sea borders suffer from receiving “unwarranted healthcare service variations”. Residents in Tywyn in Gwynedd in Wales are suffering from failures in management competence. Their community healthcare service moved from being an under-resourced outlier to a brief period of improvement, then back into healthcare service poverty following management failures at Betsi Cadwaladr University Health Board (BCUHB).

TYWYN IS AN OUTLIER



Betsi Cadwaladr healthcare covering North Wales, has a reputation as being the least competently run health authority in the UK. For nearly 8 of the last 10 years, it has been imposed in “special Measures” by the Welsh Government, but that has made little difference. Many, many patients are unhappy!

When Betsi Cadwaladr Health Board was formed, Tywyn was an outlier. Tywyn was over 50 miles from any Betsi acute hospital, so Tywyn residents were allowed to be referred to the hospital in Aberystwyth, their traditional hospital base. A few consultants from Aberystwyth even held clinics in Tywyn.

Over time, coastal and border localities like Tywyn often experience service degradation relative to other rural areas. In 2014, when the Welsh Government ordered a study into healthcare provision in rural mid Wales, the Tywyn community provision was exposed as poor. The bias against the remote sea border locality was confirmed.

THE MID WALES HEALTHCARE STUDY AND A POSITIVE RESPONSE

Published in 2014, Prof Marcus Longley’s Welsh Government Mid Wales Healthcare Study found Tywyn’s community provision to be an unwarranted healthcare service variation compared with other rural hospitals in Mid Wales and with Scottish rural hospitals he used as a comparator. There was clear bias. Dolgellau and the other community hospitals in Gwynedd were found to be resourced equitably comparably to the

Scottish examples. Tywyn, by contrast, was markedly inferior in facilities and staffing and therefore identified as experiencing an unwarranted variation in practice.

Prof Longley in his report highlighted the importance of inpatient bed services. His eight core functions of community hospitals included: step down recovery care; GP delivered inpatient step up care; palliative and end of life support; and a base for joint health and social care planning.

Tywyn had very limited capacity at that time with only 8 inpatient beds and with no on-site arranged medical cover. The facilities available were few, limiting its patient intake to just a few care pathways.

To its credit the Betsi Cadwaladr Board at the time rose to the challenge, advanced its plans to modernise the Tywyn hospital estate and increase inpatient bed numbers. By 2017, Tywyn hospital and its Dyfi Ward had received a commendable review by Health Inspectorate Wales. Tywyn was contributing to reducing the use of care on trolleys in North Wales acute hospitals.

These additional beds in Tywyn provided valuable flexibility to Betsi Cadwaladr during the Covid crisis. The statistics show that each month Tywyn was on a par in the numbers of inpatients" with Dolgellau hospital up to April 2023.

BIAS RETURNS: THE 2022-23 BETSI CADWALADR CRISES AND COLLAPSE

During 2022, Betsi Cadwaladr suffered "a Board and executive collapse". There were reports from Audit Wales of financial irregularities and many unacceptable healthcare performance reports surfaced. The Chief Executive left in December 2022; her interim successor went on sick leave within six weeks; the Finance Director took long term sick leave and did not return.

In early 2023 the Welsh Government required every Board member to resign.

The Welsh Government's direction to the residue management after the Board collapsed was swift. They were required to "include consideration of the financial implication in everything you do". The patient's need for quality of care, had to be tempered by the financial considerations. As a result, the older people in another "border community" were about to suffer.

An interim Chair was appointed in February 2023 and he apparently was alone at senior scrutiny level during the next few weeks when the bias returned and a decision to "temporarily" close the inpatients ward in Tywyn was announced.

One senior manager, the "Integrated Health West Area Director", announced the closure of the inpatient beds in Tywyn hospital and described the plans to relocate the 10 patients from the ward to other places. She said that there were not enough nurses to provide safe staffing across both Tywyn and Dolgellau. There was no apology for the lack of management competence which had allowed the situation to develop. She said that they had to close one ward and consolidate staff at the other.

The "Integrated Health West Area Director" announced that Tywyn, the hospital near the border, would close its ward, not the hospital in Dolgellau. There was no reason given for the choice. The Tywyn ward had been as busy as the Dolgellau ward, regularly accommodating 10 patient each. Both wards had spare capacity for treating extra patients. The decision of the health board management to close Tywyn rather than Dolgellau, was viewed as bias and discrimination against those living in the most remote border area.

The health board sought to reassure the public*. "We would like to stress this is a temporary measure and we are doing all we can to recruit to the nursing posts required to reopen the ward*."

Even the Welsh Health & Social Care Secretary wrote: "The health board has assured me it is working with its partners….. with the shared aim to restore the service that has been temporarily withdrawn at the hospital."

Tywyn residents were unconvinced.

FROM LACK OF COMPETENCE TO DISINGENUITY

In May 2023 the Tywyn public submitted a petition with over 5,000 signatures to the Welsh Senedd seeking help. The Senedd Petitions Committee intervened repeatedly—seven times—asking BCUHB to

explain recruitment failures. In October 2023 the Board Chief Executive wrote "*I am pleased to report that some progress in recruitment has been made……The health board fully intends to reopen once recruitment is complete*."

However research has shown how limited the progress in recruitment had actually been and that how basic and primitive was the recruitment effort that had been made.

The Board is constrained by the Welsh Government "special measures" instructions whose first instruction is:

> *"Demonstrate improvement and evidence of robust financial governance and a robust financial control environment. Develop an Annual Plan, with Board approval, demonstrating a substantial financial improvement trajectory."*

On December 23rd 2024, BCUHB , "as a Christmas present", after being disingenuous with the public for 20 months, it announced that the Board was considering withdrawing inpatient services in Tywyn permanently.

The Chief Executive wrote to the Senedd Petitions Committee: *There is a need to work with the local community and its representatives, to consider what is the best model of service delivery for this locality moving forward."*

The community knew what service delivery model it needed. Prof Longley had investigated thoroughly and concluded an inpatient's ward was what was needed in 2014. Little had changed. The need was still there. Older people were reporting their suffering to the media. All that had changed was a management demonstrating bias.

A new campaign sprang up in North Wales; the "BEDS end corridor care campaign", like in Sussex clinician led. It demonstrated that closed beds in Tywyn contributed to corridor care on trolleys in North Wales acute hospital as in Sussex. Unfortunately, the Betsi Cadwaladr health board is labelled by the Welsh Government as less than competent and remains in special measures.

When local bureaucrats are less than competent, and in nearly 8 of the last 10 years, the Welsh Government had labelled the Betsi Cadwaladr management as less than competent, older people living near borders have limited prospects of receiving the healthcare service they deserved. Too often bureaucrats decide to "make cash savings" at older people's expense. Exactly as Mr Bevan predicted "Where you have bureaucrats, they will draw borders and where there are borders, there will be bias!".

Mr Bevan had a number of speech mannerisms. He would say of Winston Churchill's remarks that "Fine words butter no parsnips", a Court favourite saying since the 17th century. Today Mr Bevan might also have said that "closed beds empty no trolleys"! The curse of "cash limit healthcare spending" persists.

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Tom Brooks

CHA Associate Committee Member