

## Submission of Mr Bellows received 9<sup>th</sup> December 2019

Submission for Scrutiny

I've been reviewing the new model, and I'm still not 100% sure how it plays out in different circumstances. Consequently, I'd like to suggest several scenarios and would appreciate if you could find out how these might differ (or not) under the new system. They are all based on real life examples I know of but there is nothing identifying in them.

I would very much like to know if these would still require A&E and if not, why not. The reason for a scenario based approach is to put "flesh on the bones" of the strategy. There's a lot of hype about not needing so much of an A&E department with the new model, but a case study approach would certainly give more details for the public.

I have also emailed Health as part of their consultation process but have received no acknowledgement of my email being received.

Many thanks

Tony Bellows

Scenario 1

Scald hand with kettle doing hot water bottle, middle of night. Phoned GP who suggests going to A&E. Doctor at A&E saw patient, gave dressing for burns and noted 2nd degree burns.

Scenario 2

Slipped and fell and severe pain in elbow. Taken to A&E where X-Ray diagnosed fracture to elbow around joint. Given sling and appointment for outpatients reviewing and one more X-ray at that time, healing but still fractured. Outpatients after that for physio.

Scenario 3

Chest and stomach pains, severe. On medication from two doctors at medical practice but increasing pain, and surgery closed. Went to A&E. Check via X-Ray nothing broken (e.g. ribs). Diagnosed with acid reflux (keep on medication pantaprozal) and costochondritis (inflammation of cartilage). Suggest stop medication prescription of diclofenac and use paracetamol instead.

Scenario 4

Very rapid heart rate (tachycardia), called ambulance, went to A&E where treated. Consultant later diagnosed Wolf-Parkinson White syndrome, and on flecanide until RF ablation in UK could be arranged. Continual regular and server tachycardia needing ambulance and heart treatment (drugs / electrical) at hospital.

Scenario 5

Overdose of alcohol and collapse. Friends called ambulance. Rehydrated with saline drip at hospital until ok for discharge.

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Scenario 7

Hearing test.

Scenario 8

Clearing burst eardrum and sucking out growths within ear, usually required on regular basis.

Scenario 9

Scalded leg with jug of hot water with babies milk falling over. Needed A&E and dressings.

Tony