



## Welsh Liberal Democrats Rhondda Cynon Taff

Karen Roberts  
Pwll Yr Hebog, Wern Street,  
Clydach Vale, Rhondda Cynon Taff  
CF40 2DH  
Tel: 01443 433648 / 07990 573591  
e-mail: karen.roberts@rctlibdems.org.uk

Cllr Mike Powell  
8 The Parade  
Trallwn, Pontypridd  
CF37 4PU  
Tel: 07779 337839  
e-mail: mike.powell@rctlibdems.org.uk

Regional Co-ordinator  
South East Wales Regional Plan  
c/o Merthyr Tydfil Local Health Board  
The Business Centre Triangle Business Park  
Merthyr Tydfil  
CF48 4TQ

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### **Response to 'Reshaping Your Local Health Services'**

Overall there is much in this document that we agree with and that needs to be implemented in order to provide the necessary shake up of the Health Service. We certainly do not dispute that change in the Health Service is necessary – the needs of the people of Rhondda Cynon Taff and indeed Wales are not being met at present, despite all the good intentions and the dedication of NHS staff.

As outlined in the Wanless report and in the National Assembly's 'Designed for Life' strategy we must guard against the danger of spreading our clinical expertise too thinly, fragmenting services and offering a second class service to those who are in need of highly specialised care. This will require changes, not of all which will be easily recognised by the public.

To quote the consultation document we cannot have a situation where we have facilities which are *'unsuitable and may not meet future clinical standards'* – however, we must guard against throwing the baby out with the bathwater and being so keen on solving problems in some areas that we ignore the needs of others.

We keep hearing of the need to provide *'the right services to patients, in the right place, at the right time'* something which no-one could disagree with. Where possible as many services as can reasonable be provided at home or in the community has to be the goal, and greater co-operation with Social Services and voluntary organisations is essential.

With regard to Primary Care services in Rhondda Cynon Taff there is still a long way to go before the service is equitable, and before it begins to meet the needs of patients. Waiting times in many surgeries are unacceptable, and the issue of attracting more GPs has to be further addressed. Wanless recognised that investment

in the health service should be focused on improving the capacity of the Primary Care sector, and this is a view that we echo. Any strategies to increase the services provided locally at Primary Care level, and also provide more preventative measures are to be welcomed – providing that is they are actually put into action and not just add to the growing list of reports, strategies, and good intentions!

We have no argument with the suggestion that throughout Wales there needs to be concentration of highly specialized services. Whilst these should be located so as to be as accessible as possible for the majority of patients and their families, the overwhelming consideration must be clinical need. Second rate services are not good enough, and we recognize it is not possible to provide expert clinicians and facilities in every hospital. Residents of Rhondda Cynon Taff and Merthyr are well used to having to travel to access such services, and providing the standards of care they receive are of high quality then whilst it is not easy for patients or their families then the benefits make it worthwhile.

The main difficulty would seem to be in the provision of Intermediate Care / Major Acute services. Those services in the main currently provided by the Local General Hospital.

The document states that *'there is a view that there is a need to rationalise duplication of services across the area as there is insufficient trained manpower to deliver services safely if they are diluted'*. Surely this should be referred back to the Minister for Health and the Assembly Government as something which should be addressed as a matter of urgency, not used as a reason for the delocalisation of services?

*'Where necessary patient flows will be identified that may necessitate alternative networks other than within Merthyr Tydfil and Rhondda Cynon Taff'* - as already stated, in terms of very specialised services this is already the case and we would expect that to continue. However, there would be resistance to any plans which resulted in services which are currently available at the Royal Glamorgan being moved out of the area (no doubt this would apply to Prince Charles as well, although our comments are concerned primarily with RCT). This would seem to be in direct contradiction to the idea of providing *'the right services to patients, in the right place, at the right time'*.

As the report recognises there are substantial geographical problems which have to be taken into consideration when considering the provision of services. Merthyr and the Cynon Valley are geographically isolated from the Rhondda and Pontypridd constituencies. Transport links are so poor as to be virtually no existent in some instances – public transport is appalling, and road links and traffic problems mean there is considerable difficulty in travelling from one area to another in many cases.

Talk then of services currently provided by Prince Charles and the Royal Glamorgan being more integrated is difficult to imagine. There have been 'rumours' of a downgrading of services at the Royal Glamorgan. This is the newest major hospital in Wales, and as the report states *'is a consistent high performer within the region'*. There will be strong opposition from the public and politicians throughout Pontypridd and the Rhondda to any downgrading which results in services being taken out of the area.

There has even been mention in the press – albeit unsubstantiated by anything specific in this document – of closure of the Royal Glamorgan and Prince Charles accident and emergency departments in favour of providing a new A&E service in the Abercynon area. This would not only be seen as a tremendous waste of public money, but would be unacceptable to the vast majority of residents in the Rhondda and Pontypridd, who would have to travel further and negotiate the traffic nightmare that is Pontypridd town centre in order to reach Abercynon.

Prince Charles hospital undoubtedly requires major investment – it is certainly not fit for the purpose of providing for the healthcare needs of patients in the 21<sup>st</sup> century. However, in ensuring that the needs of people in the Merthyr and Cynon area are met we should not sacrifice services elsewhere. If the aim is to provide an equitable service then surely we should be looking to bring existing services up to an acceptable standard everywhere rather than downgrading two halves to try and make one whole.

Yours sincerely

**K Roberts.**

**M Powell.**

**Karen Roberts - Welsh Liberal Democrats Assembly Candidate Rhondda**  
**Mike Powell - Welsh Liberal Democrats Assembly Candidate Pontypridd**