

## Montgomery Medical Practice

# ***Patients' Association***

Chair: Cllr. Gwyneth Jones  
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Well Street  
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Powys

### **Response to the Draft NDF from the Montgomery Medical Practice Patients' Association as agreed at MMPPA meeting 17/10/19**

*Background: The Patients' Association was formed over 40 years ago with the aim of:*

- *supporting the Practice by providing a positive, proactive link between patient and doctor;*
- *raising funds and donations to be best used to the benefit of practice and patients;*
- *supporting and speaking for patients who need our assistance;*
- *providing an informal channel for suggestions and general complaints, and*
- *facilitating meetings with external bodies and elected Members where appropriate and cascading information to our communities.*

*MMPPA consists of local representatives from communities, Town and Community Councils served by the Practice, the Practice Manager and Medical Practitioners.*

MMPPA wishes to comment on two specific aspects and the general approach of the National Development Framework (NDF).

The outcomes proposed as flowing from the NDF are commendable but, with the exception of proposals to industrialise much of rural Wales, the policies are extremely broad-brush and lack the robust evidence or coherent strategies to deliver the outcomes. The NDF appears to be at an early formative stage requiring considerable discussion and detailed consultation with all stakeholders. It then needs to be extensively revised to formulate a Development Framework that recognises the different strategies required to deliver the outcomes equitably in urban and rural areas.

MMPPA is particularly concerned at the omission of policies for a strategic approach to health service infrastructure. We find this perplexing given the stated aim of the NDF to promote the

ethos of health and well being enshrined in the Well Being of Future Generations Act (WBFGA)

Two thirds of Wales consists of very dispersed rural communities making a strategic approach to health care infrastructure indispensable if there is to be equality of access to primary and secondary care provision. It is imperative that an overview of health care infrastructure is undertaken nationally and also takes account of the fact that many communities in Eastern Wales are accessing services in England. The opportunity is being sadly missed to develop a national policy for both infrastructure improvements to meet 21<sup>st</sup> century requirements and a programme of new build to strengthen provision and permit development of centres of specialism excellence for physical and mental health.

Such a framework would ensure that sufficient resources can be committed for capital spend and that development proceeds appropriately in line with planned urban and rural housing growth.

Secondly, but not unrelated, we are completely unconvinced that a three Region administrative model will best serve the needs of Powys given the lack of essential interconnectivity and convergent, or even similar, socio-economic characteristics in the proposed Mid and South West Region. Quite apart from this lack of cohesiveness the area is far too large and topographically separated. Even published health data shows a marked discrepancy between the urban and rural areas of the proposed region. We also note the inherent difference where in the South West cities health care is all, apart from exceptional circumstances, accessed locally whereas in much of Powys health care provision is predominantly out of County and out of Wales. Such fundamental differences make conjoining this vast and disparate region as an administrative whole entirely unworkable.

Whilst appreciating the potential benefits of a Regional administrative model where the intention is the devolution of services and budgets, it is imperative that each Region is cohesive and, where there are cities, the whole of the Region should relate to them socially and economically. This is patently not the case with the proposed Mid and South West Region and MMPPA would strongly support the adoption of the model preferred by Cardiff University of four regions with a discrete Central Eastern region of Powys. There is a particular danger with a Mid and South West model that available funding, and the focus of an overarching Strategic Development Plan will, inevitably, gravitate to the centres of greatest population density and social and economic need (in this case

Swansea, Llanelli, Neath and the Haven ports) leaving an impoverished rural Mid Wales where services are more costly to deliver due to the dispersed nature of the population.

Even if a four Region model is adopted there still needs to be flexibility for partnerships between different areas and counties of Wales and England appropriate to a responsive and viable delivery model. MMPPA considers a prime example of this to be the Ambulance Service where rural response times are of paramount importance.

We would be opposed to the creation of a disproportionately large and disparate Mid and South West Wales Region. The proposal contravenes the 'distinctive regions' approach' as laid out in Chapter 3 of the NDF and conflicts with the aspirations set out in both the NDF and the WBFGA.

Thank you for taking the time to consider our comments. We look forward to the issue of a robust and fully evidenced and consulted document in due course and one that recognises the different, but equally important, imperatives of rural as well as urban communities.