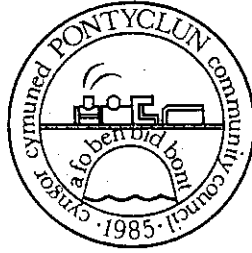


CYNGOR CYMUNED PONTYCLUN COMMUNITY COUNCIL

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Minutes of the meeting of the sub committee of the Pontyclun Community Council held in the Pontyclun Community Centre, Pontyclun, at 8.00 p.m. on Wednesday, 5 August, 1992. (The sub committee had been given plenary powers by the Community Council to formulate comments on the application of the Ogwr Health Unit to become the Bridgend & District Health Trust)

PRESENT: Community Councillors T J Burton (Chairman), J R Dilworth and G M Moir

1. Apology for absence

An apology for absence was received on behalf of Community Councillor Vivian P James.

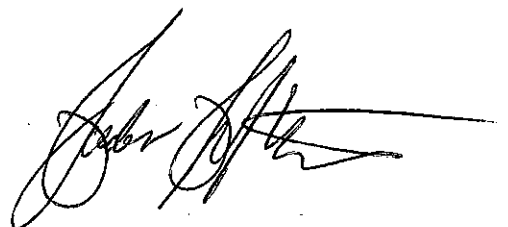
2. Application by the Ogwr Health Unit to become the Bridgend and District Health Trust

The sub committee held a short discussion on the government's stated aims of setting higher health care standards by encouraging the creation of N.H.S. Health Trusts. In particular, the sub committee considered the document and statements made by the Ogwr Health Unit in its application to the Secretary of State for Wales to become the Bridgend and District Health Trust. Comments on the document were required by the Secretary of State.

RESOLVED: That the Council comment to the Secretary of State for Wales that it is unconvinced that higher standards of health care would result if Trust status were granted. The reasons for the Council's views are:

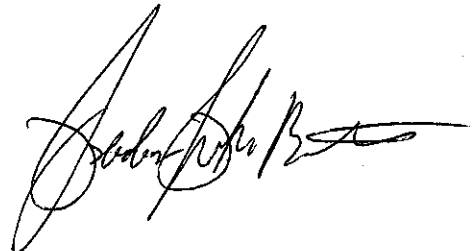
- (a) The proposals are money centred and not patient centred. It was likely that this would result in:
 - (i) Peripheral facilities of the existing Ogwr Health Unit being closed in the event of insufficient cash being generated.
 - (ii) Patients living locally being forced to seek treatment in other parts of the country if the cost of health care is high within the proposed trust.

- (iii) Asset stripping of facilities donated to the Ogwr Health Unit and its predecessor body over many years by the public and other benefactors.
 - (iv) Lower standards of support services following the introduction of local wage negotiation.
 - (v) Lower standards of services bought in from outside bodies as a result of ineffective policing of contract compliance.
 - (vi) Savings being effected at the lower end of the pay scales to fund the appointment of highly paid posts elsewhere in the trust structure.
- (b) The proposals would lead to a loss of control and accountability. It is envisaged that:
- (i) All elements of public control and accountability would be lost.
 - (ii) With the exception of heads of particular facilities, there would be no representation of staff on the trust board.
- (c) The document makes no mention of the proposed trust's plans for internal training of staff. This will inevitably lead to a situation where trained staff will be "poached".
- (d) There are no clear indications that a 24 hour casualty service will be maintained.
- (e) There is a strong likelihood that the proposed trust will favour the treatment of patients from fund holding practices to the detriment of patients from non-fund holding practices.
- (f) Given the cash orientated approach of trusts it is unclear how they would cope in an epidemic situation.

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- (g) The proposed replacement hospital for East Glamorgan General Hospital at Ynysmaerdy could be placed in jeopardy if fund holding practices in Taff Ely buy health care from the proposed trust.
- (h) Success in health care should be measured by the quality of health care provided rather than the attainment of production targets.
- (i) Total quality management is based on zero defects. British Standards No. 5750 cannot be guaranteed. Consequently there is a contradiction in the application.
- (j) Participation by the Ogwr Health Unit in the Kings Fund Accreditation Programme, and the subsequent award of "accredited" status should not be used as a ground to support the application. "Accredited" status was awarded while the Unit was under the control of the Mid Glamorgan Health Authority.
- (k) There should be a guarantee of continuous health care - irrespective of cash considerations.

3. The meeting ended at 8.50 p.m.

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