

Mark Drakeford AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref OAQ(4)0485(HSS)

Andrew RT Davies AM  
National Assembly for Wales

*Dear Andrew,*

30 October 2014

### **Investment in the primary care service in Cwm Taf University Health Board**

I am writing in response to your follow-up question in plenary on 1<sup>st</sup> October about investment in the primary care service in the Cwm Taf University Health Board area.:

In July, I announced an additional a £3.5m package of investment in primary care across Wales in 2014-15 and invited health boards to submit spending proposals. I am pleased to tell you that as a result of this, a total of £1,182,883 is being invested in primary care in the Cwm Taf University Health Board area.

- **Tackling Inverse Care**

£300,000 to fund the development and delivery of the health board's plan in 2014-15 to tackle the inverse care law and strengthen the way primary care systematically identifies and agrees action with people at risk of cardiovascular disease.

- **Developing the Primary & Community Care Workforce**

£686,263 to reinvigorate its Primary Care Support Team as a flexible resource capable of being targeted at areas facing particular pressures.

£103,510 to fund training and integrating community pharmacists as prescribers into the primary care team and help relieve pressures on GPs.

- **Delivering More Care Closer to Home**

£93,110 to fund a number of schemes designed to tackle a backlog in ophthalmology and delays in follow-up appointments by using primary care optometrists to deliver more services. This includes post-op cataract follow-ups and the establishment of an ophthalmic diagnostic treatment centre.

I expect this funding will help make a real difference to those services most under pressure in Cwm Taf University Health Board area. The health board will need to demonstrate through its next three year integrated medium term plan how it will build further on this investment to drive wide scale development and improvement in primary care services and reduce inequalities in health outcomes for its population.

Best wishes.

Mark

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