

Solva Surgery
Community meeting
12.01.2023

	What do you think of the current GP services locally?	Could the services better meet the needs of the community and if so, how?
Group 1	Good current service - appointments available, receptionists are good, do phone back, dispensary, online services, nurse appointments, kind & understanding BUT some services disappeared eg physio.	1. Improve care in home eg frail elderly 2. Support in community 3. supprt & advice for carers 4. Wellness community 5. Minor surgery/dermatology 6. xrays /minor accident service 6. physio 7. Home based rehab 8. Councillor/mental health 9. Bridging the gap.
Group 2	Satisfactory	1. Mental Health 2. Drug addiction 3. Work with other practices to provide cluster schemes & physio services 4.Social Care 5. Children's 6. Social prescribing group 7. Transport 8. Local pharmacy 9. Preventative care - keeping fit.
Group 3	1. To be able to see someone quicker 2. more support for young children-immediate response 3. used to have home visits as well as being able to turn up eg drop in times 4. Used to have physio 5. The nurse & pharmacy were fantastic during covid 6.Can there be better referral so you can see a physio or other services 7.The system seems less clear now as social services are often the reference point 8. There are personal connections as it is a community service 9. Would like to have more nurses and doctors available 10. People's job are at stake now which will affect us all.	1. Streamlined bookings that are more face to face 2. More flexible employment to use people 3.All the things on Lena's list 4.Use the small operations room 5.Alternative therapy like reflexology 6.Retinology 7.How do we know what the health board strategy is 8. Better follow up of individuals who are vulnerable, home care which is health need not social services 9. Concerns about repeat prescriptions which has been a great service 10. we want to keep the dispensary 11. renationalise surgeries, there shouldnt be a 'paying' model 12. Make working in rural areas compulsory for training and new doctor4s 13. can it be a community resource for coffee/tea and a warm hub 14.women and mens clinics eg menopause 15.More health focused information there 16. the surgery more embedded in the community 17. Revive idea of district nurses to do visits to the vulnerable after services 18. return to cottage hospitals 19.Have a pediatrician available 20. Priority for some late opening for people who work 21. Alternative to weekly conditions of doctors and nurses - it's not sustainable 22.Take some of the pressure off GPS and give it to nurses and other experts 23. More paramedics, more practitioners 24. Counselling services 25. Baseline assessment of everyone 26. Awareness of visitors in peak times - demand.
Group 4	Only one GP - Limited appointments need another GP to serve population. Nurses - one specialist nurse approaching retirement, one part time. Is there an asthma nurse? One person not invited to asthma appointment service before covid. New hospital on the cards if WGH is closed/decreased service we need to vamp up local services. Awful - one person not had an appointment for 3 months, having to take photos rather than see someone. 4. Worried about how they recruit here/anywhere 5.Staff are good & excellent, do as much as they can in the bad conditions they work in. 6. Back up options arent available not enough staff.	1. Access to physio & chiroprast 2. Need a well person clinic - screening appointments for one to one discussion with a clinician 3. Access to mental health services, young people 4. support for people with dementia 5.Get to see a doctor when you need it 6. Wellbeing checks for people who cant leave the house 7. Health Support & info for people who arent online 8. In Norway, newly trained GPs have student debt knocked down more quickly if they move to certain areas where theres a need - could we do something similar? 8.Attract GPs with housing transport - incentives 9. Sell our environment as an attraction! and education, community & local people, SOLva care etc 10.Access hours need to be broadened slightly 11.Emergency slots available on the day - would stop some people going to A&E 12. Previous GPs have moved to WGH as consultants, how do we keep them working in the community 13. Bring in support services such as CAB etc - carers clinics 14. Could space be let out to generate income for the surgery 14. Centre that would avoid problems developing eg wellbeing centre and 1st port of call - then sent to minor injuries/A&E if necessary 15. Roch shop was local collection point now closed need a new local collection point closer to Roch as very long journey 16. Support for people to get to the surgery and support sometime cant rely on others 17.Some operations only offered at a very long distance need to be closer to Pembs 18. Remove drop in surgeries, there used to be one in Roch.
Group 5	1. Generally, approved of service. Reduced performance since covid 2.There are issues with referral process/improve access to services like chiropitist etc 3.Excellent nursing care at the surgery 4.Nice staff/great receptionists/pastoral services 4. Small practices are more personal 5.Issues with out of hours surgery 6. Records are a problem.	1. Want a polyclinic approach 2. Better out of hours service 3. First aid training 4. Intergrated care 5.Appreciate fully the staffing issues.
Group 6	1. Fine before covid - hasn't gone back to precovid not proactive - no leadership 2.No MOT/health checks 3. NO new patients check 4.GPs job role has changed? 5. Lack of GPs 6.Dispensary is only for solva residents, not qualified dispensers, pharmacy in st.davids to dispense 7.Lose dispensary=Lose staff 8.Dispensing brings positives but a Dr should be doing this 9.St.davids doesnt want to combine with solva 10.Solva is a good place to reitre but young GPs dont want to live here 11. National shortage of GPs 12. not proactive, no leadership.	1. Benefits to sharing the practice. Wellness centre with blood pressure testing etc 2. sharing with a larrger practice? They send a GP to solva = keep dispensary. 3.Nom palliative care so whats happened to "care in the community" which HDUHB promoted for the last 4/5 years? Care in the community is GP surgery and good care = less bed blocking in hospitals 4.Could we offer a "bribe" or rural incentive? maybe offer to pay off their student loan?
Group 7	1. Main concern ia having a GP that is a part of the community locally. 2. The services at the moment seem adequate but, concerns about loosing the dispensing pharmacy.	

Group 8	1. Appointments fairly prompt 2. Access to pharmacy important 3. phlebotomy services very important 4. Vaccine services very good 5. Staff continuity helps build patient support and confidence 6. One permanent GP insufficient for case load 7. Local district nurse would be supportive for GPs, patients and practice nurses 8. Practice is vital given local demographic & difficulty of transport, especially for patients who do not drive.	1. More permanent GP practice 2. District nurse based at surgery 3. Optician clinic fortnightly/monthly/possible home visits 4. More trained phlebotomists 5. Chiropractor/physio/chiropractor services again health visitors attached to surgery 6. Counselling services/wellbeing clinics 7. stronger links with Solva Care, and support for nursing and therapy needs.
Group 9 J	1. Premium service can no longer be supported 2. Generally good but as elsewhere GP overworked and sometimes a challenge to get a suitable appointments etc. 3. Excellent team 4. Need to keep it 5. How to build a good practice for the future.	1. Services are at times stretched with just the one GP. Perhaps future provisions could include a variety of specialist services to take the pressure off the GP 2. Perhaps evolve into a community health centre with GP services just a part of provision of wider services 3. If prescriptions are done at surgery can alternatives easily be arranged? Community pharmacy? Solva Care has a role to play here. How can modern technology enable an improved service? 4. Does the service require remodelling to take pressure off GP? 5. Why has it been so difficult to get a new GP? 6. A lot of discussion around activities/renting of the surgery building to make practice attractive to a new GP.
Group 10	1. Seeing a doctor is difficult 2. Transfer of info, records not very good 3. Not enough effort on prevention 4. Two few counselling services 5. Limited rooms 6. Building not used to its activity log 7. Keep the surgery and pharmacy 8. Contract of care, seeing a doctor 9. Transfer of information - good records 10. Technology not used effectively 11. Not enough prevention 12. No on call services 13. Hours of access 14. Too little use of the building.	1. Ability to see a doctor, continuity of care 2. Good use of technology to make records up to date and available to all concerns waiting for systems. 3. Full use of building with an alternative session (physio, chiropractor, district nurses, midwives, paramedics, small injuries). 4. Medical services (chest x rays, cataracts, dentist) Eye tests, wax removal 5. Links to solva care, first response 6. Out of hours service, link to centre and have local doctor available on call 7. Attention to prevention (well women's clinic, sexual advice clinic, solva care social prescribing). 8. Better contract of care/ability to see doctor 9. Access to records - transfer of info 10. Free use of clinical technology needs available to all 11. More attention to prevention well women's clinic, checks on over 60s 12. More services x-rays, cataracts, eye test, dentist. 13. Nurse, dentist nurse, midwives, pharmacist 14. Out of hours service, phone call to clinic, have local doctor come out or visit surgery. doctor on call.
Group 11	1. Lack of communication 2. Keep the pharmacy in solva (distance of travel) 3. Too big of a catchment area 4. Greater wellness facilities and more available services (take pressure off hospital) 5. Out of Hours service 5. Wait list 6. Great having gp service on door step need to continue with gp at solva prime point.	1. Dispensing pharmacist 2. Out of hours service from local surgery 3. Minor operations 4. Work with local services 5. District nurses and health visitors 6. Alternative therapies 7. Preventative health care in the form of alternative therapies.
Group 12	1. Difficult to get face to face appointments with gp/nurses 2. Lack of performance in staff dealing with patients 3. Never sure who you will see, need a permanent GP.	1. Need greater diversity of services provided eg, chiropractic, physio etc 2. Pharmacy - essential 3. Up skilling of reception staff so they can direct patients to the appropriate service (reduce pressure on GPs) 4. Need permanent GP 5. Wellness clinics to monitor patients more closely to head off future problems 6. More emphasis on proactive not reactive services 7. Restoration of some treatments eg, ear surring that used to be standard practice.
Group 13	1. Dispensary - extremely important to keep 2. Generally up until covid the surgery was adequate but services have deteriorated since.	1. Full time GPs 2. Different clinics (chiropractic, audiology, midwifery/support) 3. Secure the building, investigate financial options to purchase it (community asset) 4. Lots of preventative practices - wellbeing advice/activities 5. Keep the chemist dispensary 6. Do not close it under any circumstances 7. Good link to Solva Care.
Additional comments		1. Environmental impact as a result of people having to drive further to another surgery. It was important to keep services as local as possible.

Could the services better meet the needs of the community and if so, how?	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8	Group 9	Group 10	Group 11	Group 12	Group 13	Additional info
Diversification of services offered	Minor surgery/dermatology 6. xrays /minor accident service 6. physio	1. Mental Health 2. Drug addiction 3. Work with other practices to provide cluster schemes & physio services 4.Social Care 5. Children's	.women and mens clinics eg menopause 2.Have a pediatrician available 3.Counselling services	1. Access to physio & chiroprapist 2. Need a well person clinic - screening appointments for one to one discussion with a clinician 3. Access to mental health services, young people 4. support for people with dementia	3.Optician clinic fortnightly/monthly/possible home visits 4.More trained phlebotomists 5.Chiroprapist/physio/ chiropractor services again health visitors attached to surgery 6.Counselling services/wellbeing clinics 7.stronger links with Solva Care, and support for nursing and therapy needs					full use of building with a alterntive session (physio, chiroprator, district nurses, midwives, paramedics, small injuries. 4. medical services (chest x rays, cataracts, dentist) Eye tests, wax removal	.work with local services 5.district nurses and health visitors 6.Alternative therapies	1.Need greater diversity of services provided eg, chiropractice, physio etc Wellness clinics to monitor patients more closely to head off future problems 7. Restoration of some treatments eg, ear suringing that used to be standard practice	different clinics (chiroprac, audiology, midwifery/support	
Hollistic services/wellbeing	Wellness community							Alternative therapies 7. preventative health care in the form of alternative therapies			preventative health care in the form of alternative therapies			
Social prescribing		Social Prescribing												
Community owned surgery						A lot of discussion around activities/renting of the surgery building to make practice attractive to a new GP							Secure the building, ivestigate financial options to purchase it (community asset)	
More flexible hours			Priority for some late opening for people who work	Access hours need to be broadened slightly 11.Emergency slots available on the day - would stop same people going to A&E				out of hours service from local surgery			out of hours service from local surgery			
More face to face appointments			Streamlined bookings that are more face to face							Ability to see a doctor, continuity of care				
Preventative care		preventartive care							More emphasis on proactive not reactive services	Attention to prevention (well womens clinic, sexual advice clinic, solva care social prescribing)			Lots of preventative practices - wellbeing advice/activities	

Dispensary			we want to keep the dispensary					dispensing pharmacist			dispensing pharmacist	pharmacy - essential	Keep the chemist dispensary	
Increase staff esp GP					More permanent GP practice	Services are at times stretched with just the one GP. Perhaps future provisions could include a variety of specialist services to take the pressure off the GP						Need permanent GP	Full time GPs	
Environment														Environmental impact as a result of people having to drive further to another surgery. It was important to keep services as local as possible