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Winch Lane Surgery

Haverfordwest

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Head GMS Sustainability

Hywel Dda Health Board

3 Feb 2023

Future of GMS services at Solva Surgery

The single-handed GP and holder of the GMS contract at Solva surgery has resigned and as Cluster Lead I have been involved in discussions with the local community and colleagues in the Health Board about the future of the Primary Care Services in Solva and ask that the following be considered by the Vacant Practice Panel and Hywel Dda Health board. The practice in Solva has provided GMS services with a single-handed GP although it has been supported by a base of locums. The incumbent has decided to retire and discussions to date have not found a solution such as a replacement GP or a merger with a local practice. The list size is small (circa 2,500) and the practice has a dispersed rural population from Roch to St Davids. Uniquely for Pembrokeshire the practice provides dispensing services. The closest practice to Solva is in St Davids and has a similar size population with an overlapping boundary with Solva surgery. The GPs there are nearing retirement and whilst there is no immediate concern there is not an obvious succession plan for the two partners. Both buildings are small and limit the expansion of services. Community pharmacy services are provided in St Davids and the nearest Opticians and Dentists are in Fishguard or Haverfordwest. Occupational Therapy and First Contact Physiotherapy are provided by County and Cluster initiatives and the surgeries in North Pembrokeshire take part in multi-disciplinary working facilitated by a Care Coordinator. District Nursing services are provided by teams based in Haverfordwest and Fishguard. Mental Health services are provided by Bro Cerwyn in Haverfordwest, and there are several charities that provide support for low level mental health problems, mostly based in Haverfordwest. The community in Solva are concerned about the future of services. The feedback for the current GMS service is overwhelmingly positive and the community values access to a GP based in Solva. Feedback at community engagement events has demonstrated a strong desire for a wider range of services provided within Solva although some of these are already provided as detailed above but were not widely known. An organisation called Solva Care already provides support for people to live independently at home and the leadership of this group have taken an active role in discussions and would provide a focus for community leadership as options are developed. The development of a broad range of services provided within communities is in keeping with the Health Board Vision for Transforming Clinical Services. The contractual options for the future of the surgery include a new GMS provider, a merger with a nearby practice, a practice managed by the Health Board or a dispersal of patients to neighbouring practices. To date no new provider has come forward and neighbouring practices have investigated but not agreed to merge. A dispersal of the patients to local practices will have an enormous impact on the practice in St Davids. It will nearly double their

list size and immediately threaten the sustainability of GMS services from that practice with strain on the small workforce there and insufficient room to expand services from the building. It may lead to the hand back of the contract from the GP partners in St Davids. There is a smaller impact on practices in Haverfordwest and Fishguard and I expect those practices will write separately to detail this. A practice managed by the Health Board is likely to be viable, it will have the support of the locums already employed by the practice and will provide a basis for a partnership with the local community. It also allows the practice to explore the use of non-GP primary care providers such as nurse practitioners, pharmacists and paramedics and to recruit GPs who might otherwise be put off by the nature of single-handed partnership. A successful managed practice is likely to lend support to the St Davids practice and allow the North Pembrokeshire Cluster to explore novel ideas for support to rural populations such as the use of Physician Associates and Acute Home Visiting Services as well as provide a base for developments such as virtual wards. The partnership with the local community provides a unique opportunity to develop services alongside a community that is actively interested in those services as well as developing ideas such as support from third sector providers. The loss of the dispensing service will lead to patients travelling to collect prescriptions but provides a gap that could be filled by broader Community Pharmacy services. The cluster is keen to explore models such as a mobile or pop-up pharmacy and dental services for rural communities. The vacant practice panel and Hywel Dda Health board are requested to consider the future of GMS services in Solva as an opportunity to manage a practice in partnership with the local community and to develop services in keeping with the Transforming Clinical Services vision.

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Cluster Lead North Pembrokeshire