

COFNODION HEB EU CYMERADWYO O GYFARFOD EITHRIADOL BWRDD IECHYD Y BRIFYSGOL/ UNAPPROVED MINUTES OF THE EXTRAORDINARY UNIVERSITY HEALTH BOARD MEETING

Date of Meeting:	2.00PM, THURSDAY 23 FEBRUARY 2023
Venue:	VIRTUAL VIA ZOOM

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board (VC) Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board Mr Maynard Davies, Independent Member (Information Technology) (VC) Cllr. Rhodri Evans, Independent Member (Local Authority) (VC) Ms Anna Lewis, Independent Member (Community) (VC) Mr Paul Newman, Independent Member (Community) (VC) Mrs Chantal Patel, Independent Member (University) (VC) Ms Delyth Raynsford, Independent Member (Community) (VC) Mr Iwan Thomas, Independent Member (Third Sector) (VC) Mr Winston Weir, Independent Member (Finance) (VC) Ms Ann Murphy, Independent Member (Trade Union) (VC) Mr Steve Moore, Chief Executive Mr Mark Henwood, Deputy Medical Director, deputising for Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive (VC) Mr Andrew Carruthers, Executive Director of Operations (VC) Mr Lee Davies, Executive Director of Planning (VC) Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development (VC) Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (VC) Ms Alison Shakeshaft, Executive Director of Therapies & Health Science (VC) Mr Huw Thomas, Executive Director of Finance (VC)</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community & Long-Term Care Ms Rhian Bond, Assistant Director of Primary Care (VC) Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Ms Alwena Hughes-Moakes, Communications and Engagement Director (VC) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

Agenda Item	Item	Action
PM(23)42	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
	<p>The Chair, Miss Maria Battle, welcomed everyone to the Extraordinary Public Board meeting, particularly those members of the public who were joining and Ms Rhian Bond, Assistant Director of Primary Care. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive • Dr Joanne McCarthy, Deputy Director of Public Health 	
PM(23)43	DECLARATION OF INTERESTS	
	No declarations of interest were made.	

PRIMARY CARE CONTRACTUAL APPLICATIONS - SOLVA SURGERY (VACANT PRACTICE PANEL RECOMMENDATIONS)

Ms Jill Paterson introduced the Solva Surgery report, advising Members that the purpose of this meeting is to consider the findings and recommendations from the Vacant Practice Panel. To provide additional context, Ms Paterson reminded Members that on 8 December 2022, Solva Surgery terminated its General Medical Services (GMS) Contract, giving the required three calendar months' notice to the Health Board as a single-handed Practice. The Practice will therefore cease providing services to its patients on 31 March 2023.

Ms Paterson wished to thank the current GP, Dr Sujan Dhaduvai, for her service, emphasising that the Solva Surgery patients greatly value the service provided by Dr Dhaduvai and the entire Practice team. The patients and stakeholders who had engaged with the Health Board were also thanked for their contribution. More than 1,000 questionnaire responses had been received, and there had been 274 attendees at the public engagement event. People had also taken other opportunities to provide feedback, including via email, letter and telephone. Members were reminded that, as reported at the January 2023 Public Board meeting, the Health Board's Vacant Practice Panel met on 9 January 2023 and had agreed that the public be engaged on two options:

- A managed dispersal of the patient list (whereby patients would be allocated to another GP Practice closest to their home address)
- That the Practice become a Health Board Managed Practice

Ms Paterson explained that both of these options have associated risks and benefits. Members were then provided with information regarding the public engagement process which had been undertaken. The main themes to have emerged from this were:

- Concern about the impact of closure of the Surgery, due to its importance to the community
- Concern about travel to another GP practice in the event of a managed patient dispersal and ability to park
- Concerns regarding continuity of care, with many patients highlighting the friendly and professional staff at Solva Surgery
- Concern around the future of dispensing services. Patients valued the convenience of collecting medication from the Practice
- Concern that if the Practice is dispersed, the neighbouring Practices did not have the capacity to absorb the influx of patients, and would struggle to offer the same level of service as Solva Surgery

Internal and external stakeholder events had also taken place, with neighbouring practices, community pharmacies, politicians, community councillors, Council and Community Council representatives and the wider Solva community.

Ms Paterson advised that particular consideration had been given to one of the chief concerns outlined above: the risk to the dispensing service posed by the Contract termination. It was emphasised that the dispensing rights are named rights, which sit with an individual (ie the GP) and which cannot be transferred. The dispensing service provided

by Solva Surgery will, therefore, cease on 31 March 2023. Ms Paterson outlined arrangements under the Pharmaceutical Needs Assessment (PNA), which provides a process to evaluate the 'gap' in service which this termination will create. The process will involve further patient and public engagement. In addition, Members heard that the Community Health Council (CHC) has agreed to work with the Solva population to explore alternative dispensing options. As part of the due diligence which the Health Board is obliged to conduct, a number of concerns around governance issues relating to the dispensing service have been identified. Actions are being put in place to ensure that the required standards are met for the remaining period until 31 March 2023.

In terms of engagement with neighbouring GMS practices, those identified as having Practice boundaries that overlap with the current Solva Surgery patient areas include St. David's Surgery, Fishguard Health Centre, Winch Lane Surgery and St Thomas's Surgery. Solva Surgery patient postcodes had been mapped to these practices, to generate a potential model for managed dispersal, with the largest number of patients mapped to St. David's Surgery. Following individual meetings with all of the neighbouring practices, the greatest concern was expressed by St. David's Surgery, who noted that they would be expected to take over 70% of the patients. Concerns focused on the potential impact on their own service, and ability to absorb this increase in list size and provide appropriate quality of care; to the point where it may prompt a decision to terminate their own GMS contract.

All of the above information and feedback was presented to a second Vacant Practice Panel, held on 13 February 2023. This meeting had been attended by representatives from the Local Medical Committee (LMC) and CHC. A robust discussion had taken place, during which it had been recognised that neither of the two options offered a long-term, sustainable solution. The Health Board already has five Managed Practices, which face staffing challenges, often necessitating reliance on locum staff. However, it was unanimously agreed/recommended by the Vacant Practice Panel that the Health Board should take over Solva as a Managed Practice. This would be for a period of 12 months in the first instance, with further work to be undertaken, in particular detailed and ongoing discussions with the local community. As part of the Vacant Practice Panel process, it had also been recognised that there are currently 295 patients registered with Solva Surgery who live outside of the Practice boundary, who should be removed from the Solva Surgery list and registered with a Practice which is geographically closer to their home address. Ms Paterson concluded by commending to the Board for consideration, the findings and recommendations of the Vacant Practice Panel.

Miss Battle thanked Ms Paterson and her team for the intense listening and engagement exercise they had undertaken and opened the floor to questions. Mrs Judith Hardisty echoed the above, commending the detailed report and papers presented to the Board, particularly the Solva Surgery Patient Engagement Summary. In terms of the immediate future, Mrs Hardisty enquired whether consideration had been given to the availability of medical/clinical and management resource within the Primary Care team and locality to operate another Managed Practice.

Members were reminded that it was only recently that the Health Board had taken on Neyland & Johnston Surgery; all Managed Practices require significant work with the local community. Ms Paterson welcomed this query, highlighting that there is limited capacity within the Primary Care team and that the organisation would benefit from additional medical leadership, which has been challenging to secure. There are two other posts from which the team would benefit; one in relation to the ongoing management of Managed Practices, to ensure sustainability; and one to work in conjunction with the Planning team on transformation issues. Ms Paterson emphasised the need to take a more strategic approach, which requires a growth in Primary Care and Community Care capacity. Members were assured that these requirements had been signalled to the wider Executive Team.

Miss Battle noted the statement on page 8 around developing a 'strategy for the Peninsula' and the related recommendation 'to explore a solution for the ongoing provision of sustainable services for Solva and the North Pembrokeshire Peninsula.....to report back to the Board by December 2023'. As has been mentioned, Solva Surgery would be the sixth Managed Practice within the Health Board, coming soon after the fifth. Many new GPs are seeking a mixed portfolio and do not necessarily wish to take on the financial responsibility of a Practice, and the Managed Practice/hybrid model is becoming more common in other areas such as Scotland. Miss Battle enquired whether it is feasible to develop a Primary Care Strategy, to include recommendations around Managed Practices, by December 2023. Whilst emphasising that an entire strategic model may not be possible by that date, Ms Paterson felt that it will be possible to bring to Board in December the beginnings of a Strategy/Plan and that this will include feedback from engagement with local communities. In terms of the wider context and potential for use of a hybrid model, Ms Paterson explained that national discussions around this are starting, and that this model is likely to be introduced across Wales. It is recognised that today's doctors have different priorities to previous generations. More wide-ranging discussions are required, including among the Hywel Dda population around the shape of services going forward.

Ms Anna Lewis also commended the Primary Care team for the clear documentation provided and the pace at which the engagement had been conducted. The community of Solva was also thanked for their active and constructive engagement, which had been most welcome. Noting the proviso within the recommendations around clinical rota fragility, Ms Lewis enquired whether there had been any evaluation of the likely risk in this regard and the plans in such a scenario. Whilst hoping that it is a situation which will never occur, Ms Paterson advised that there have been instances within existing Managed Practices where the Primary Care team is required to manage a potential 'no doctor day'. It is obviously not possible in such cases to declare a Practice closed; therefore, proactive steps are taken to contact locum staff, consider internal, external or remote cover. It was emphasised that the Health Board has a duty to provide safe services and, should it become necessary, such instances would be escalated to the Medical Director or Assistant Medical Director to assess the associated risks. However, prior to that, the team would take all possible steps to secure alternative

clinical capacity. If there were regular occurrences of rota fragility, this would (as indicated) require further review by the Board. Ms Paterson felt that it should be highlighted that even Managed Practices are not without risk. Should this route be taken, the Health Board intend to scope out the existing locum staff working within the practice, together with other individuals who might be interested.

Reiterating previous comments regarding the contribution of the Primary Care team and Solva community, Mr Moore revisited the wider issue of the future of GMS. He agreed that a debate is required at Hywel Dda level, due to the demography and geography of the region. Whilst the Health Board has experience of models which work well, such as the Integrated Care Centres, these are only suitable in certain locations, with a given critical mass. Other options for more rural communities require exploration and consideration. In addition, there needs to be a specific debate around Solva, which offers an opportunity to develop a model suitable for that particular community. Miss Battle indicated that both she and the Board would welcome such debates. Whilst these should be in parallel with national discussions, they are both more timely and more crucial in the Hywel Dda region.

Emphasising the need to 'future-proof' any plans/models, Ms Delyth Raynsford highlighted the importance of early intervention and prevention. Ms Raynsford noted that the majority of respondents to the engagement had been in the older age groups, and that fewer younger adults and children and young people had commented. These voices need to be heard and it was suggested that Solva Care might be able to assist in this regard. Regarding the proposed 'Solva and District Community Health and Care Hub', Ms Raynsford observed that this does not seem to reference maternity or post-natal care. In response to the final comment, Ms Paterson suggested that there are limitations in terms of the services a Hub or similar model might be able to provide; Integrated Care Centres offer wider opportunities in this regard. Any service provision decisions would need to be based on a Population Needs Assessment. Ms Paterson agreed, however, that feedback from the younger population of Solva is required.

Mrs Chantal Patel highlighted concerns around the potentially most vulnerable elderly category and how the new arrangements will be communicated to them, to ensure they are aware of both interim and future plans. Also, after the 12 month period proposed, whether it is intended that an update be presented to the Board, to ensure that the organisation is meeting the needs of the service and population. In response to the first query, Ms Paterson advised that the Health Board is in close contact with every patient in the practice, by letter. Ms Rhian Bond welcomed the comments and questions, emphasising that communications for both patients and stakeholders will be prepared. There will also be external communications and media statements. The Health Board will work jointly with the CHC to inform patients around the services available, and there is ongoing work with Solva Surgery itself, to support practice staff.

Whilst welcoming the input from the community, Mr Iwan Thomas emphasised that the model implemented within Solva will not

necessarily be suitable for application across Hywel Dda. For example, east Carmarthenshire has a very different population and demographic. Accepting that there is an aging population, Mr Iwan Thomas emphasised that population profiles change, and the voice of future generations – the Health Board’s future service users – needs to be heard. Whilst it is vital to deal with the immediate issues facing Solva, it will not necessarily be appropriate to deploy the same model across the region. Mr Iwan Thomas suggested that a ‘baseline’ approach to engagement could be applied; however, each community should be considered on an individual basis. Miss Battle agreed, suggesting that this reinforces the need for a strategic approach. Mr Moore also concurred, acknowledging that a universal model would be inappropriate. It is recognised that people access care in different ways; with, for example, an increase in the use of digital applications. The intention would be to develop a hybrid model of various approaches which are known to be effective.

It is likely that a Board Seminar discussion will take place in the first instance, to consider:

- What needs to be addressed
- Existing learning from Managed Practices/Integrated Care Centres
- Potential Framework for long-term Strategy

The Solva community will be in a position to assist in terms of communicating what works in practice. Following on from comments around population profiles, Mr Moore outlined the ambition to include representatives from Pembrokeshire County Council, who have wider responsibilities around provision of accommodation for residents, on the proposed working group.

Mr Maynard Davies noted that the Practice premises belong to the current GP, who has indicated that they may be willing to lease them to the Health Board. It was suggested that a lease would be the more sensible option in the short-term, with a potential to purchase in the long-term, and Mr Maynard Davies enquired with regard to information on likely costs. In response, Ms Paterson understood that the Health Board may have the option to lease the premises in the short-term; a longer-term arrangement would require further consideration. The NHS Wales Shared Services Partnership (NWSSP) would need to negotiate any lease on the Health Board’s behalf, and due diligence would need to be conducted, to ensure the premises meet the required standards. Progress in this regard has been limited by the need not to ‘pre-empt’ the Board’s decision. Therefore, information around costs is awaited. Ms Bond assured Members that the Primary Care team would work with the Health Board’s Estates Department and NWSSP for specialist advice as required, including Fire Safety. All such information will feed into the wider Strategy discussions. Highlighting digital requirements and the need to transfer data ownership, Mr Maynard Davies requested assurance that discussions have taken place around this. Ms Paterson confirmed that the data transfer will need to take place and that this will require the agreement of the existing data owner. Ms Bond added that the Health Board will be working with Digital Health and Care Wales (DHCW) to ensure the effective transfer of data. As similar processes

have taken place on a number of occasions, parameters and timelines are well rehearsed, and no adverse impacts for patients are envisaged.

Returning to concerns around the loss of dispensing service, Miss Battle suggested that Community Pharmacies offer other beneficial services and requested examples of these. Ms Paterson confirmed that Community Pharmacies within Hywel Dda already provide a range of enhanced services, to varying degrees. Contract reforms have changed how Community Pharmacies are funded/operate, enabling a range of services and advice to be offered. There are 14/15 Enhanced Services. Whilst there is no Community Pharmacy in Solva, it is not necessary for patients to register to access these services; they can visit pharmacies wherever is convenient to them. The Health Board has also in the past promoted access to services other than Community Pharmacies. Ms Bond advised that the Health Board is fortunate in that it has an extremely proactive relationship with its Community Pharmacies, who are able to provide many valuable services; examples include the sore throat test and treat scheme and urinary tract infection (UTI) service. There is ongoing work to explore further improvements/developments.

Cllr. Rhodri Evans praised the level of engagement and work undertaken. Noting that loss of the dispensing service was a major concern, Cllr. Evans enquired with regard to the timescale if, following the PNA, it is determined that dispensing rights should be reinstated. Ms Paterson explained that the PNA process would require further engagement with the public, including mapping of Community Pharmacies to the population, before it could be determined whether or not a 'gap' exists. A minimum of 4-6 weeks engagement would be anticipated; however, Ms Paterson would need to check the mandated period. The timescale for reinstatement of dispensing rights would then depend on the outcome of the PNA and whether these rights can be awarded to a Managed Practice. Miss Battle requested that this process be conducted promptly, whilst thoroughly, and that the local community be kept informed regarding progress.

JP

Mr Moore clarified timelines for discussion of the GMS/Primary Care/Community Care Strategy, explaining that this would be presented in the first instance to Board Seminar in December 2023, followed by the Public Board in January 2024.

JP

Miss Battle thanked members of the public in Solva, the CHC, politicians and all other stakeholders who have contributed, assuring them that their views have been central to discussions. It was noted that feedback from other Managed Practices within the Health Board has been extremely positive. Miss Battle stated that the organisation will try to make the process of transition to Managed Practice as smooth as possible, and concluded by thanking Ms Paterson, Ms Bond and the Primary Care team for their work.

The Board:

- **NOTED** the work undertaken as part of the Vacant Practice Process and the associated patient and stakeholder feedback.
- **SUPPORTED** the recommendation from the Vacant Practice Panel on 13 February 2023 that the ongoing provision of General Medical Services for patients currently registered with Solva Surgery should

be transferred to a Health Board Managed Practice from 1 April 2023 and that the Health Board will review the arrangements in 12 months.

- **AGREED** that a working group with members of Solva Community and Partner Agencies, Primary Care Contractors and the Health Board, is established, with clear terms of reference to explore a solution for the ongoing provision of sustainable services for Solva and the North Pembrokeshire Peninsula in line with the Health Board's strategic direction; to report back to the Board by January 2024.
- **AGREED** that, in the event that there are repeated instances of the clinical rota failing to provide safe and adequate levels of cover, the Board will be asked to review its decision; as with any other Health Board Managed Practice, but particularly pertinent when considering a smaller Practice that may only have a single GP rota.
- **AGREED** that the patients who have been identified as living outside the current Practice boundary are advised in writing that they will be removed from the Practice list, with an allocation to a Practice that is geographically closer to their home address. In doing so, an appeals process will be established to consider any exceptional cases

PM(23)45	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 30 March 2023	