



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 July 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	St David's Surgery
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community and Long-Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhian Bond, Assistant Director of Primary Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

On 18 April 2024, St David's Surgery resigned their General Medical Services (GMS) Contract with the Health Board, providing the required six calendar months' notice. The Practice will therefore cease to provide General Medical Services within the North Pembrokeshire Cluster on 31 October 2024.

Local Health Boards have a statutory duty to ensure the sustained delivery of Primary Medical Services to their resident population. This paper outlines the feasible options identified by the Vacant Practice Panel meetings for the sustainable delivery of services to this population from 1 November 2024, and details the feedback received as part of the patient and stakeholder engagement.

In line with the Health Board's governance process, the Vacant Practice Panel (VPP) has met to consider the options, firstly on 7 May 2024 and again on 1 July 2024 when the meeting was held following a period of public engagement. Both Panel meetings gave detailed and careful consideration to the limited range of feasible options and supported a recommendation for a managed dispersal of the practice list whereby patients would be allocated to another GP practice closest to their home address. For the vast majority of patients this would mean transferring to the neighbouring Solva Surgery (Health Board Managed Practice), with those patients living closer to Fishguard and Haverfordwest being allocated to practices at those locations. The Panel of 1 July 2024 recognised the strength of feeling reflected throughout the engagement period and the value which the community attach to retaining services as locally as possible.

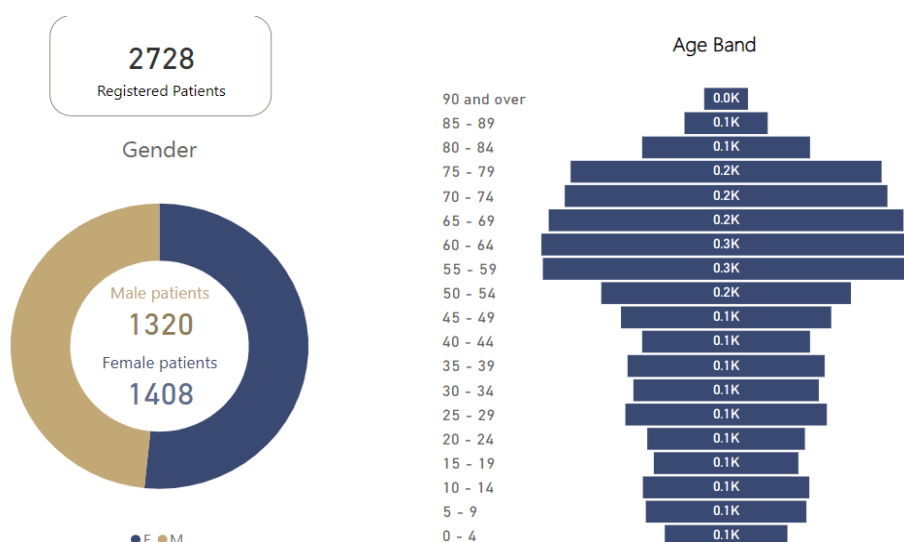
The Board is asked to consider the engagement feedback and the recommendation of the Vacant Practice Panel of 1 July 2024 and to decide how General Medical Services should be provided to the Practice population of St David's Surgery from 1 November 2024.

## Cefndir / Background

### Practice Demographics

St David's Surgery is the second smallest Independent Contractor list size in Hywel Dda at approximately 2728 patients and serves a rural population across north-west Pembrokeshire and the St David's Peninsula. The average list size of other larger Practices in the Cluster is 10600. The list size has increased by 5.5% due to proactive attempts recently by the Practice to increase capitation-based income. Approximately 20 of the registered population reside outside of the Practice boundary (0.7% of the total list size). 32% of the registered population is over 65 years of age. Tourism is a major employer locally and the Practice sees a number of Temporary Residents, especially during the tourist season. In common with Solva, a large proportion of the housing is that of second homes or holiday rentals. Public Health Wales (PHW data) estimates that approximately 20% of the residents of north-west Pembrokeshire have a disability under the Equality Act, against a county figure of 22%.

**Figure 1, St David's Surgery – age and gender demographics** (Power Bi data, May 2024)



There are no nursing Care Homes served by the Practice. St David's Surgery has a unit for adults with learning disabilities set over four registered homes in St David's from supported living to high dependency (approximately 28 residents). The needs of this group have been included in an Equality Impact Assessment of the options identified as viable, and the Engagement team supported bespoke arrangements for engaging with this group of local residents during the engagement process in order to gain their views.

St David's Surgery is not a training Practice, though it has hosted some teaching placements for medical students.

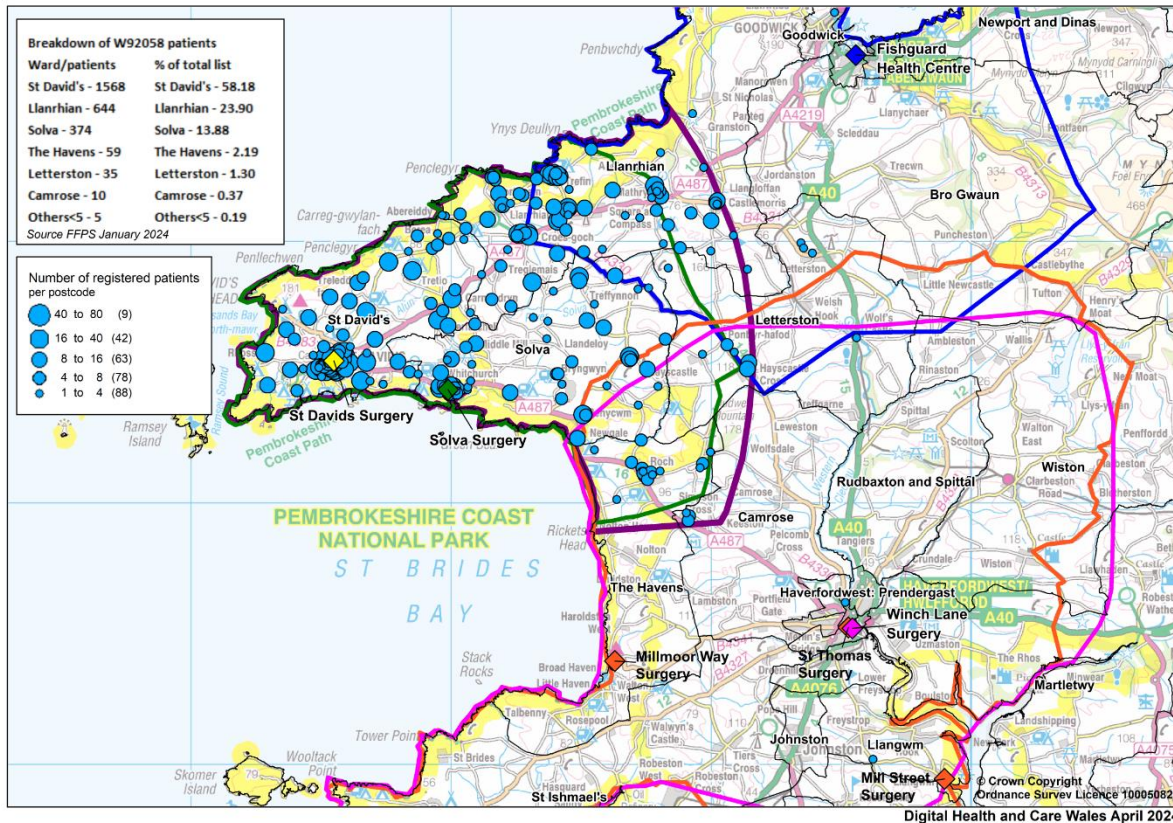
New homes are being built in St David's including private housing, affordable housing and Ateb.

The St David's Practice area sits on top of that of neighbouring Solva Surgery, based 3.5 miles away on the A487 (see map at Figure 2). Other local Practices with a boundary which crosses the St David's Practice area are Fishguard Surgery, Winch Lane Surgery and St Thomas's Surgery in Haverfordwest (all Independent Contractors).

St David's Surgery lies within the North Pembrokeshire Coastal Integrated Care Network (ICN) area. No Community staff are based at the Practice, nor in Solva Surgery. The Community Nursing teams which support this population are based in Fishguard and Haverfordwest. Other local services aside from GMS include a busy Community Pharmacy and small NHS Dental Practice. St David's Community Pharmacy (Well) has successfully absorbed the dispensing patients from Solva Surgery on the closing of the dispensary in March 2023.

**Figure 2: St David's Surgery boundary and patient distribution, and boundaries of neighbouring Practices**

Hywel Dda UHB - W92058 St Davids Surgery patient distribution and neighbouring GP Practice boundaries



St David's Surgery has been a single-handed Practice under Dr Stephen Riley since May 2023 following the planned retirement of his GP Partner. Two recently qualified part-time salaried GPs were successfully recruited in 2023 and the Practice has operated with Dr Riley and the two salaried GPs. The Health Board has been informed that neither salaried GP has any interest in becoming a Partner in the Practice; one has left the practice, and one is taking a period of extended leave. The Practice has started to require locum support as Dr Riley is the only regular GP providing services on a day-to-day basis.

At a national level, there has been a growing recognition of the sustainability concerns which relate to smaller rural Practices linked to factors such as GP recruitment, the lack of economies of scale, and financial viability. Historically, St David's Surgery has been supported by the Health Board to address its increasing risk of becoming unsustainable, including proactive efforts by the Health Board to develop federated working between the Practices across the north coast of the County (Solva, St David's, Goodwick, Fishguard and Preseli) in 2015, a Sustainability Panel funding award, and proactive Health Board support for merger discussions with Solva Surgery in 2017 and 2022, both of which were unsuccessful.

### **Vacant Practice Panel 1: 7 May 2024**

The Vacant Practice Panel first met on 7 May 2024 to consider an options appraisal for the future provision of General Medical Services for this population from 31 October 2024.

The Panel considered all the options available in the event of a Contract termination, including a formal tender process for another GMS provider, procurement for an Alternative Provider of Medical Services (APMS) provider, Health Board managed practice and dispersal of the practice list. The Panel was informed there had not been any responses to an invitation to express an interest in bidding for the Contract from other GMS Contractors in Hywel Dda, and that APMS appeared a very unlikely route to a secure a sustainable solution, given the narrow timeframe and lack of any known local community organisations with any experience of delivering GMS.

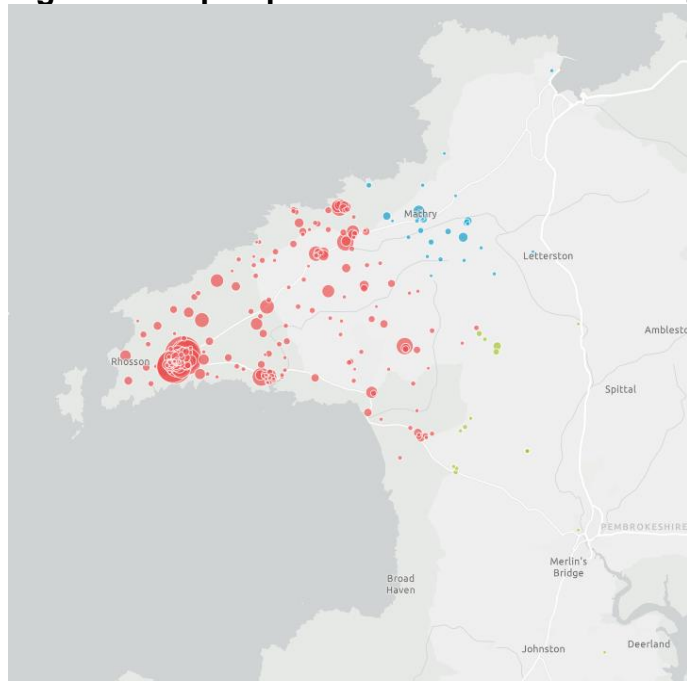
The Panel gave careful consideration to the option of a standalone Health Board managed practice; however, felt that this would lead to a duplication of limited resources on the Peninsula due to the close proximity to Solva. Furthermore, this option would preserve much of the inflexibility with workforce and Contract delivery which had hampered previous attempts by the Independent Contractor practices to combine resources. Based on information shared by the Practice, it appeared very uncertain that the current premises on New Street would be available to lease by the Health Board.

The Panel's primary role was to identify a solution that would be achievable in the timeframe and that would allow for a safe, sustainable and secure model to be established for the future. After a detailed discussion, the Panel agreed a recommendation that the only viable option identified was the managed dispersal of the Practice's list to neighbouring Practices (Solva Surgery, Fishguard Surgery, Winch Lane Surgery and St Thomas's Surgery). The Panel also requested that work be undertaken to explore the possibility of operating a Branch Surgery from St David's, and that contact be made with the landlords of St David's Surgery to understand their future plans for the building.

### **Managed Dispersal modelling**

A software modelling exercise was undertaken to inform the VPP of 7 May 2024 using the postcodes of all patients registered with St David's Surgery and based on the shortest drive time to the next GP Practice. Four local GP Practices would be affected by a managed dispersal, namely Solva Surgery, Fishguard Surgery and St Thomas's Surgery and Winch Lane Surgery (both in Haverfordwest).

**Figure 3: Map of patient distribution modelling based on postcode (shortest drive time).**



Based on the principle of minimum drivetime, the numbers for the proposed managed dispersal are set out in the table below. The vast majority of patients would be allocated to Solva Surgery which is a Health Board Managed Practice situated 3.5 miles from St David's:

**Table 1 Patient numbers for dispersal and increase in list sizes at the affected Practices**

Practice	Current list size (May 2024)	Number of St David's patients to be dispersed	New list size	% increase in list size
Solva Surgery	2146	2517 (in red)	4663	117%
Fishguard Surgery	9156	161 (in blue)	9317	1.8%
St Thomas's Surgery	13327	26 (in green)	13353	0.2%
Winch Lane Surgery	15463	26 (in green)	15489	0.17%

Targeted and constructive meetings have taken place with the four Practices that would be affected by a dispersal. All recognised the reality of the current challenges for GP Practices and were mindful of the situation of Dr Riley and his team at the St David's Practice. The three Independent Contractor Practices welcomed the offer of transitional support funding to ensure a smooth transfer into their model of care. None of the Practices fed back that they felt the number of patients to be dispersed would destabilise their services for existing or additional patients. However, a letter from St Thomas's Surgery is at [Appendix 1](#) outlining the broader sustainability issues they are experiencing (GP workforce) and registering their objection to the proposal, with an additional request for pharmacy support.

#### **Patient Engagement, 13 May – 19 June 2024**

Following the VPP meeting of 7 May 2024, a public engagement plan was devised in conjunction with Llais and the Engagement team, the engagement period running from 13 May to 19 June 2024 ([Appendix 2](#)). A questionnaire was devised to seek the views of patients on the VPP recommendation that the patient list be dispersed across four neighbouring Practices with the majority of patients transferring to neighbouring Solva Surgery. The bilingual letter to all registered patients is at [Appendix 3](#).

On 22 May 2024, and part way into the public engagement period, a General Election was called for 4 July 2024, meaning there was an overlap between the public engagement period and the pre-election period. Guidance was sought and it was agreed that the process and engagement should continue as planned, on the basis that the Health Board has a statutory duty to provide General Medical Services to the registered population and that to defer this contractual process could lead to a gap in provision which would be unsafe. The primary engagement was with patients of the Practice and, as such social media, and press releases were confined to essential information in line with guidance received by the Health Board.

Patients were able to feedback through a number of methods (all bilingually):

- By questionnaire (online and paper copies): via the 'Have Your Say' site, or through collection boxes at St David's Surgery and Well Community Pharmacy (large print copies available)
- By telephone - to the Communication Hub. Calls were logged in Sharepoint for the Primary Care team to access.
- By email - [ask.hdd@wales.nhs.uk](mailto:ask.hdd@wales.nhs.uk) Emails were logged in Sharepoint for the Primary Care team to access
- In-Person at the public engagement drop-in event on 14 June 2024 at St David's City Hall
- In writing to Hywel Dda Freepost address
- Feedback to Llais

An anonymised summary of patient feedback was shared with Llais at the midpoint through the engagement period. A summary of the feedback received directly by Llais is appended ([Appendix 4](#)).

### **Feedback from Patients**

1119 responses were received from patients by the date the engagement period closed on 19 June 2024. Some patients told the Health Board that they had responded more than once and/or by more than one method so the number of responses is higher than the number of individuals who responded. All responses are attached as Appendices to this paper. Feedback from patients by letter, email or telephone is anonymised. Where feedback includes information that could make the patient identifiable, this has been redacted to protect anonymity.

Patients who completed the questionnaire (by post, online or at the drop-in event) were also asked to complete an equalities monitoring survey which was optional. A minority of patients chose not to complete some or all of the questions in the equalities survey, and therefore the profile data is based on those responses received:

- 31% of respondents were aged over 55 years of age
- 53% of respondents were women
- 55% of respondents said they had been to the Surgery in the last month. Feedback suggests this includes patients calling-in to collect a prescription or to speak to a Receptionist, and not all to attend appointments
- 48% of respondents said they travelled to the Surgery on foot

Questions 4, 5 and 8 were open questions to allow patients to share their individual perspectives and views on the proposed managed dispersal. This allowed patients to describe the potential impact on themselves of needing to travel to Solva Surgery for appointments.

In addition to the above, it should be noted that an online petition was established by a member of the community at *change.org* with 776 signatures as of 19 June and included signatures from patients who are not registered at the Surgery ([Appendix 5](#)).

Feedback received from patients by the 19 June 2024 deadline is appended to the report:

- 'Have Your Say' full report (verbatim responses to online and paper questionnaires): English and Welsh responses – 1068 received ([Appendix 6.1 – 6.2](#))
- Emails and telephone feedback received – 39 received ([Appendix 7](#))
- Letters received – 9 letters ([Appendix 8.1-8.9](#))
- Feedback received by Llais – 3 received ([Appendix 9](#))

A summary of all the engagement responses received and analysis is at [Appendix 10](#).

St David's Surgery provides General Medical Services for adult patients with learning disabilities set over four registered homes in St David's (approximately 28 residents). A tailored engagement visits with some of the residents and staff took place on 10 June 2024, and a report of the feedback received is at [Appendix 11](#). Residents and staff engaged constructively in the discussions with the Health Board, who were supported by the Engagement team.

## Feedback from Stakeholders

Other stakeholders were written to and invited to feedback their views on the managed dispersal proposal by the deadline of 19 June 2024 ([Appendix 12.1-12.11](#)). Feedback was received from (listed alphabetically):

- Bishop of St David's
- Councillor Neil Prior, Llanrhian
- Dean of St David's
- Eluned Morgan, MS AS
- North Pembrokeshire Cluster Lead
- Paul Davies, MS AS
- Save St David's Surgery Working Group
- St David's City Council
- St David's First Responders
- Stephen Crabb, Parliamentary candidate
- Ysgol Penrhyn Dewi VA

In addition, an email was received from Dr Riley, and a handout circulated by Dr Riley at the drop-in event on 14 June 2024; both are attached at [Appendix 13](#).

## Premises

### St David's: premises options

The Vacant Practice Panel of 7 May 2024 identified the issue of premises as key to what options might be available for the provision of General Medical Services beyond 31 October 2024. The Panel asked that contact be made with the landlords of the current St David's Surgery premises to enquire about their plans, as well as undertaking a scoping exercise to identify other possible premises to operate as a Branch Surgery.

The Vacant Practice Panel of 1 July received an update on the discussion with the landlords and work to explore alternative locations within St David's.

**St David's Surgery, New Street:** The Surgery premises are owned by two of the former GP Partners and currently attracts a notional rent reimbursement of approximately £22k per annum plus reimbursements for utility costs. The premises are on the ground floor of a converted house with the remainder of the building in associated but separate ownership. The Practice has informed the Health Board that there is a Tenant Internal Repairing (TIR) lease with no breaks in place between the two owners and Dr Riley and another former partner. In a meeting of the Pembrokeshire Peninsula Working Group on 16 January 2024, Dr Riley informed the Group that the lease on the building runs until September 2028 and that there would be no opportunity to renew the arrangement beyond this point in time, because the landlords had informed the Practice of their intention to sell the building. On 16 April 2024, Dr Riley informed the Health Board that a meeting had taken place with the landlords, and it was reported that they were amenable to ending the lease early, should he wish to terminate his Contract sooner. Dr Riley advised the Health Board that this information was prominent in his decision to terminate his Contract with the Health Board.

An online meeting took place with one of the landlords on 13 May 2024 where Health Board representatives were advised that the landlords did not want to continue as landlords or establish a lease with the Health Board and were planning to sell the property. On 10 June 2024, one of the landlords contacted the Health Board and it was confirmed that their

reluctance to continue as landlords remained unchanged.

The lack of clarity at the time around the availability or otherwise of the St David's Surgery premises to act as a Branch Surgery was reflected in the second letter and questionnaire to patients. It was felt that offering options which had no likelihood of being delivered would not be good practice and could raise unrealistic expectations.

### ***St David's: other possible premises***

The Health Board Estates department were asked to scope alternative premises to the current St David's Surgery site which could be considered as suitable to deliver General Medical Services from, this has included engaging with the Local Authority. None were identified in the early scoping work.

Providing clinical space within non-clinical buildings in the community is becoming increasingly challenging. This is due primarily to the need to adequately safeguard patients, ensuring that all minimum standards are met, including Infection Prevention and Control measures, Health and Safety compliance, Fire Safety, maintenance measures (including electrical testing and water safety risk assessment) and patient accessibility. There are very limited premises options within St David's itself which could adequately provide suitable accommodation, given the required standards.

Further urgent work to explore other potential venues suggested by local stakeholders and patients during engagement has been underway, including commercial and private venues, this is alongside the consideration of a mobile unit (demountable or van/lorry). There have been constructive initial discussions with a Party regarding the lease of a portion of their facilities in St David's which, pending the Board decision, would be available and operational by 1 November 2024.

### **Solva Surgery: premises**

Solva Surgery is significantly larger than St David's Surgery and has a number of underused rooms including an office and meeting/staff room on the upper floor, rooms on the ground floor and the former dispensary rooms.

Through working with Specialist Estates Services and the Health Board's Estates department, it has been established that relocating some of the administrative staff to the first floor and reconfiguring some of the ground floor layout to repurpose some of the rooms would create sufficient capacity to accommodate providing General Medical Services for the increased population and associated staffing. An estimate for this work was supplied by the Estates department to inform the Vacant Practice Panel of 7 July 2024 at £117k net. However, the costings for a revised specification have since been shared at £48k inclusive of VAT. This includes converting the former dispensary into a clinical room and sub-dividing an existing larger room, all of which would require capital investment. Whether works could be started or completed ahead of 1 November 2024 is subject to further discussion. The building would, however, need to remain operational throughout the works.

### **Vacant Practice Panel 2: 1 July 2024**

Following a period of patient and stakeholder engagement, the Vacant Practice Panel met for a second time on 1 July 2024 to consider the patient and stakeholder feedback, to note an options appraisal in the light of this, and to make a recommendation for consideration by the Health Board for the future provision of General Medical Services for the registered population.



The Panel recognised the very high number of patients who had fed back through the engagement period and the strength of feeling shared by many in the community for retaining services in St David's with minimal change.

In line with the Panel recommendation of 7 May 2024, the second panel of 1 July 2024 voted unanimously in favour of the managed dispersal of the list to neighbouring Practices, namely Solva Surgery, Fishguard Surgery, Winch Lane Surgery and St Thomas's Surgery. However, there were differences amongst the voting Members over whether services for those patients dispersed to Solva Surgery should be delivered solely from Solva Surgery or whether this should include the establishment of a Branch Surgery of Solva Surgery at a location yet to be identified in St David's. At a vote and on balance, the Panel's majority preferred option was that all services should be delivered solely from Solva Surgery on the basis that no branch surgery alternative had been positively identified at the time of the meeting. The Panel requested that further work be undertaken to explore the feasibility of operating a Branch Surgery from a location yet to be identified in St David's. If a possible Branch Surgery location was identified prior to the Board meeting, the Panel wished to be informed of this in order to review and update the recommendation.

## **Asesiad / Assessment**

### **Patient Engagement**

The number of responses from patients to the engagement process is high, even taking into account some patients responding multiple times and by multiple means. It is fully recognised that the strength of feeling in the community of St David's itself has been clearly articulated. Views range from those who would like as little change as possible to the current service model, to those who recognise a need for a more joined-up plan for the future to serve the wider community.

Patient responses focussed on practical issues (such as travel and transport) as well as the potential effect on the community and older patients who rely on the service in particular. Approximately 63% of respondents talked negatively about challenges with travel and transport – challenges with public transport, driving into later years, additional time off work for appointments, costs of travel and the environmental impact. Many patients shared their personal perspectives on the support they have received from the existing Practice team and their concern that this would no longer be available. There are numerous examples in the various forms of feedback from patients who wanted to share their positive experience of the care provided.

Travel and transport concerns featured prominently, and these were expressed particularly strongly by those living closer to the Surgery. Public transport links on the Peninsula comprise public bus services running from Fishguard to St David's and Haverfordwest via Solva, the Strumble Shuttle (seasonal) serving the outlying villages between Fishguard and St David's, the Puffin Shuttle (seasonal) running from St David's through Solva to Newgale and the Fflecsi bus (prebookable, free with a bus pass) and Bws Y Bobl (via Pembrokeshire Voluntary Transport). It is a 10-minute bus journey between Solva Surgery and St David's Surgery, and there are eight service buses per weekday between the two settlements in the winter (from 08.20 to 17.56) and more in the summer season. Approximately 10% of respondents, those for whom a car or bus journey is the current reality, were more ambivalent or neutral about the prospect of journey to Solva instead of St David's. Data showing the increase in average distance to be travelled to Solva Surgery for all registered patients is at [Appendix 14](#), showing an average increase (mode: most frequent) of 3.11 miles.

The responses to Question 2 ('When was the last time you attended St David's Surgery?') showed that 55% of respondents or 589 people had attended the Surgery in the last month. Responses to some of the free text questions suggests that some of these attendances were to collect prescriptions or speak to a receptionist rather than for an appointment, and that the social aspect of contact with the Practice team is valued.

The drop-in event on Friday 14 June 2024 in City Hall was very well-supported, with 520 people attending (over 19% of the Practice population). This event was an opportunity for people to discuss their concerns with members of the Primary Care team (and other teams supporting) and share their views. A report of the event is at [Appendix 15](#). The concerns expressed by people at the event mirror those reflected through the questionnaire responses.

The main themes from the broader patient engagement were clear, however the degree to which they were felt appeared to depend on the perspective:

- Concern about the impact on the community of St David's if the Surgery closes, and a strong feeling that a surgery should remain in St David's if possible. This was particularly apparent among patients living in St David's itself. Many patients expressed a preference for the Health Board to 'take over' the Practice and wanted as little change as possible from the status quo. Other patients recognised the benefits of combining some practice functions and services with Solva Surgery, and a number of conversations were initiated by patients and stakeholders at the drop-in event along these lines.
- Concern about travel to another GP Practice and public transport to and from Solva in particular, especially for those who do not drive and would need to rely on family or friends or public transport. Conversely approximately 10% of patients were more neutral or ambivalent about travel to Solva Surgery.
- Concern about continuity of care. Some patients said they have been registered with St David's Surgery all their lives.
- Concern about the capacity for other neighbouring Practices to take-on extra patients and provide a quality service, especially Solva Surgery. This extended to concern about being able to get an appointment in another Practice as the perception was that access was very good in St David's Surgery and patients felt supported. Other patients said they would be satisfied with the proposed changes so long as they could get appointments in their new Practice.

A letter from Llais is at [Appendix 16](#) setting out their response and reflections on the engagement.

### **Equality Impact Assessment**

An Equality Impact Assessment (EqIA) was undertaken on the basis of all services being delivered from Solva Surgery in line with the recommendation of the Panel of 7 May 2024. An EqIA is a tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010. All public authorities in Wales are legally required under the Public Sector Equality Duty 2011 to demonstrate that due regard has been given in accordance with the Equality Act 2010.

Negative impacts were identified for the protected characteristic of age, disability, pregnancy and maternity and socio-economic deprivation ([Appendix 17](#)). These negative impacts relate to travel to Solva Surgery to access services.

## **Quality Impact Assessment**

A full Quality Impact Assessment is at [Appendix 18](#). For the majority of the Health & Care Standards the impacts were estimated to be neutral because the Practices affected by the dispersal would be delivering services against the same national framework, namely the General Medical Services Contract.

However potential impacts on patients relating to age, disability and socio-economic deprivation (as per the EqIA) were highlighted. An increase in Efficiency from the status quo of two separate Practices to a combined solution was identified as the proposed managed dispersal would provide a more efficient foundation for the sustainable provision of services to the population of the Peninsula area due greater stability, sustainability and opportunities relating to scale, such as a more diverse workforce and multi-disciplinary team working. The larger Solva Surgery covering the area would allow for the more effective use of available staffing resources in the longer term for the larger population and provide a basis for specialisms such as practice-based Pharmacy Technician support. This would further enhance the sustainability of services for this wider population.

## **Data transfers**

The recommendation by the Vacant Practice Panel of 7 May 2024 for a managed list dispersal necessitates the electronic transfer of patient records from the St David's Surgery clinical system to the receiving Practices for their allocated patients by 1 November 2024. St David's Surgery and Solva Surgery currently operate the same clinical system (InPS Vision) which allows for a smoother transfer process.

An outline plan has been discussed with NHS Wales Shared Services Partnership (SSP) and Digital Health and Care Wales (DHCW) for the bulk transfer of electronic records to Solva Surgery through the system supplier, and by GP2GP for St Thomas's Surgery, Winch Lane Surgery and Fishguard Health Centre.

## **Transitional support funding**

An offer of discretionary transitional support is available to eligible Practices receiving new patients through a managed dispersal, to provide additional resources to assist in this process:

- the ongoing assimilation of the new patients
- the assessment of their health needs; and
- integration into the receiving Practices' model of care

This is set at £30 per patient and is in addition to GMS income associated with each patient. Fishguard Surgery, St Thomas's Surgery and Winch Lane Surgery have all indicated they will claim this in the event of an allocation and estimated total costs are £6,450.

## **Options for the future provision of General Medical Services**

**1. Managed Dispersal of the patient list to Solva Surgery, Fishguard Surgery, St Thomas's Surgery and Winch Lane Surgery based on shortest travel time from home to GP Practice (two scenarios):**

**1a. all services operating from Solva Surgery,**

**1b. some branch services operating from a location, to be confirmed, in St David's.**

The option of a Managed Dispersal was considered to be the most viable option to secure the ongoing provision of General Medical Services by the Vacant Practice Panel on 7 May 2024 and still remains an option that enables patients to receive timely care via a Health Board Managed Practice. Over the course of the last 2 years, work has been undertaken at the Solva Surgery to develop a sustainable multi-professional team and the appointment of the GP Clinical Lead and Salaried GP, along with a review of the current staffing to ensure that the Primary Care Model for Wales can be implemented at a smaller Practice has created a stronger and more viable team.

This option would also mean that in all likelihood the current salaried staff at St David's Surgery would have TUPE (Transfer of Undertakings Protection of Employment) rights to transfer to Health Board employment. With the recent completion of compliance work at Solva Surgery, there has been the opportunity to consider reconfiguration of the building to allow for a growing Practice; whilst this could be delivered within the current Practice footprint, with the consent of the landlord, there would need to be capital investment. The current rent and reimbursement at St David's Surgery is circa £30k per annum (inclusive of business rates, water, clinical waste costs) and would no longer be payable on termination of the Contract. The current Global Sum payable to St David's Surgery would transfer with the patients.

This approach would be in keeping with the previous aspiration of the Health Board for a merged Practice with this being the same aspiration of the Peninsula Stakeholders Group to secure a single model for the Peninsula. This recognises that secure and sustainable General Medical Services are fundamental to meeting the needs of the population of the Peninsula.

The benefits of a managed dispersal include:

- The creation of a single combined patient list allowing flexibility
- GP Clinical Lead and Salaried GP already in place in Solva, providing a solid foundation for further recruitment
- Premises available, however, capital investment will be required to accommodate the transferring patients and employees
- Flexible staffing: Transfer of Undertakings Protection of Employment (TUPE) of salaried staff
- Reduced financial impact in comparison to standalone Managed Practice (less duplication in comparison to standalone Managed Practice, more scope to absorb natural wastage among both the Solva and the St David's staff groups)
- Supports aspiration of Peninsula Working Group to develop a combined entity and echoes the thinking of some of those who engaged who favoured a combined solution in the longer-term
- A single practice at a greater scale would be more likely to be commercially attractive at a future procurement and to return to Independent Contractor status

The disadvantages of a managed dispersal include:

- Some Patients will need to travel to site (3.11 miles mean average) with limited public transport provision
- Capital investment required to update Solva Surgery
- Additional clinical time (GP recruitment or locum)
- Requires careful transition planning to ensure a smooth transfer of patients into a positive environment

## 2. Standalone Managed Practice

St David's Surgery becoming a standalone Health Board Managed Practice has been expressed as the preferred option by many of those patients and stakeholders whom have provided comments as part of the engagement process, as this would represent the option closest to the status quo which has served the community for many years. Patients who fed back this was the model they wanted retained by the Health Board also talked about retaining the existing premises on New Street and the same Practice team, including Dr Riley.

Whilst salaried staff would TUPE across to the Health Board's employment, there would be no ability to direct Solva Surgery TUPE'd staff and St David's Surgery TUPE'd staff to work across both standalone Managed Practices if there were any staffing challenges in either. This lack of flexibility with crosscover can contribute to significant operational issues with providing services.

Whilst Dr Riley has had two salaried GPs working with him, one has recently left the Practice and the other is due to have an extended period of leave starting this summer, resulting in no immediate GP resource to transfer to Health Board employment. It is important to note that, as an Independent Contractor, Dr Riley would not transfer to Health Board employment on termination of the Contract, but could be engaged either as a salaried GP (Health Board preference due to the financial impact), or as a GP locum if he chose to apply.

The initial costings have indicated that a new standalone Managed Practice could add an additional cost pressure of 45% of the current Contract value. Presently, the reported overspend on Managed Practices is managed within the ringfenced GMS budget, however it is important to note that the budgetary increase on Managed Practices is reducing the Health Board's ability to commission a wider range of Enhanced Services and other services for the wider population.

Initial discussions with the landlords of St David's Surgery have indicated that they do not wish to continue as landlords and therefore a lease with the Health Board would not be feasible. The Health Board Estates team have been asked to undertake a feasibility study of available premises in St David's in order to explore suitable alternative options.

The benefits of a standalone Managed Practice include:

- Satisfies public perception that the Practice needs to remain within St David's as there is a clear preference for minimal change from the status quo.
- No change to the base for employed administrative and nursing staff (TUPE measures).

The disadvantages of a standalone Managed Practice include:

- Forecast 45% increase in cost impacting on GMS budget limiting service provision (fewer economies of scale with staffing)
- Risk of unfilled clinical rota (salaried GP resignation and extended period of leave, geographical challenge with attracting clinicians including locums)
- Inability to flex staff to work across more than one site where cover may be an issue due to leave/sickness leading to exacerbated operational challenges.
- Would contractually require both Contracts in close proximity to operate fully (service provided 8am – 6.30pm weekdays)

- Lack of availability of a premises from which to operate: even had the St David's Surgery building been available, there are a number of compliance issues which may need to be addressed, as indicated by the Five Facet Survey
- Standalone Managed Practice preserves the status quo and provides no momentum to modernise services to better meet the needs of the population. A starting point of two standalone Managed Practices would require a more complex process to reach the favoured longer-term solution of a combined entity
- Sets a precedent for future Contract terminations for smaller Practices (some known to be fragile), which could be a financial and governance risk for the Health Board

### **Costings and financial impact**

The Finance department has analysed the projected costs of the options being explored.

#### 1. Dispersal (Options 1a and 1b)

In the event of a dispersal of the practice list, the cost of the transitional support for the Independent Contractor Practices being allocated patients (Fishguard Surgery, Winch Lane Surgery and St Thomas's Surgery) would be £6,450. If Health Board managed Solva Surgery were to receive this same transitional support funding, this would be a one-off cost of £75k.

It is assumed that with the transfer of the employees of St David's Surgery under TUPE to Solva Surgery there would be a period of Solva Surgery being overstaffed in administrative roles and nursing for the needs of the combined population. A costed and phased workforce plan would be necessary to ensure the staffing could move towards a sustainable model. This overstaffing is estimated to be a minimum of £150k pa. This is a one-off cost which is dependent on the staff turnover period, and is likely to be less, as turnover increases during Contract hand-back process.

If a branch surgery was established in St David's (option 1b) to provide nurse-led services then there could be additional premises costs including capital costs in making the building compliant as a healthcare premises.

#### 2. Managed Practice (Option 2)

The Health Board currently has 6 managed practices. The average premium of the Health Board managing a practice is known to lie between 31-78% above the GMS Contract value of Independent Contractor practices mainly due to GP locum costs and Agenda for Change payment terms.

The GMS Contract value of St David' in 2023-24 is £586k. Based on the average premium percentage of 45%, the additional cost would be £264k pa on a recurring basis. This is higher than the figure below as Managed Practices tend to expand their staffing over time to provide more services and employ more diverse staff groups. That is not assumed in this calculation, which is based on like for like services.

This costing does not include any revenue or capital spend needed if the premises needed building/maintenance work.

A summary of the estimated costs is at Table 2 below:

**Table 2 summary of estimated recurrent costs of Options 1a, 1b and 2**

Option	Current spend	Rent	Premium Locum Costs	Non-clinical staff	Total Revenue Cost	Cost difference	% Revenue increase	Total Capital cost
	£000s	£000s	£000s	£000s	£000s	£000s	%	£000s
1 a Dispersal	586	- 29	110	- 50	617	31	5%	150
1 b Dispersal with branch in St Davids	586	-	110	- 50	646	60	10%	unknown
2 Managed Practice	586	-	214	-	800	214	37%	unknown

### Summary

The second Vacant Practice Panel of 1 July 2024 considered at length the feedback from patients and stakeholders and the views, many articulated passionately, in favour of retaining services as per the status quo. These views are entirely respected and speak for themselves as a tribute to the practice team headed by Dr Riley.

However, the Panel supported the managed dispersal of patients on the basis that the prospect of two standalone Managed Practices did not offer the potential to develop services for two artificially separate populations residing across the same geographical area of the Peninsula and facing the same challenges. The Panel felt that the needs of the patients would be best served through the consolidation of services, and that mitigations to address some of the issues identified should be explored.

Through the process it has been identified that a number of mitigations could be explored to address some of the concerns raised by those who engaged and to make the transition for patients and staff as smooth as possible. This could include an introductory visit to Solva Surgery for the residents of Care in the Community to familiarise them with the facilities and services, and work to ensure that appointments for those using public transport are scheduled around bus timetables. Llais have suggested that a welcome letter is sent to all patients transferring with signposting to information on how to use services in Solva Surgery.

While there have been constructive initial discussions with a Party regarding the lease of a portion of their facilities in St David's which pending the Board decision, would be available and operational by 1 November 2024, work to progress this is still required to reach an agreed conclusion.

### Argymhelliad / Recommendation

The Board is asked to:

- **CONSIDER** the work undertaken as part of the Vacant Practice Process and the associated patient and stakeholder feedback
- **CONSIDER** the ongoing work to proactively explore locations within St David's to establish a Branch Surgery providing nurse-led services for 20 hours per week
- **APPROVE** the recommendation from the Vacant Practice Panel on 1 July 2024 that a managed dispersal of the patient list be implemented at the end of the Contractor's notice period on 31 October 2024

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1451 Risk of increasing unsustainability of GMS Practices 1109 – No doctor days in Managed Practices due to challenges in securing GP cover 933 – Non-compliance with national premises guidance in Managed Practices
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 7 Primary and community strategic plan 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Census 2021, ONS PowerBi data Public engagement feedback
Rhestr Termiau: Glossary of Terms:	GMS – General Medical Services VPP – Vacant Practice Panel APMS – Alternative Provider of Medical Services TIR – Tenant Internal Repairing SSP – Shared Services Partnership DHCW – Digital Health and Care Wales TUPE – Transfer of Undertakings Protection of Employment
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Vacant Practice Panel, 7 May 2024 Vacant Practice Panel, 1 July 2024



<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Please see section in report
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Quality Impact Assessment appended
<b>Gweithlu:</b> <b>Workforce:</b>	Please see section in report
<b>Risg:</b> <b>Risk:</b>	Please see section in report
<b>Cyfreithiol:</b> <b>Legal:</b>	Please see section in report
<b>Enw Da:</b> <b>Reputational:</b>	Please see section in report
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Please see section in report
<b>Cydraddoldeb:</b> <b>Equality:</b>	Equality Impact Assessment appended