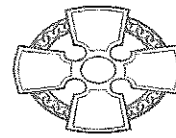


YR EGLWYS  
YNG NGHYMURU



THE CHURCH  
IN WALES

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ESGOB TYDDEWI, Y GWIR BARCHEDIG DORRIEN DAVIES  
BISHOP OF ST DAVIDS, THE RIGHT REVEREND DORRIEN DAVIES

iii/vi/mmxiv

Dear Kirsty,

Following our conversation on my recent visit to St Davids, I was very saddened to share with you the news regarding the planned closure of St Davids Medical Centre (The Surgery). I was very dismayed to learn that this vital service to the community is going to close. I was immediately reminded of the events that threatened the closure of the Secondary School a few years ago and the awful consequences that this would have had on St Davids; a terrible sense of déjà vu dawned upon me to think that something similar could happen again.

In a community that is growing due to new build, with an ever-increasing ageing population, a centre for tourism, and miles from the nearest hospital (again, whose future is uncertain) this would be a disastrous move, and devastating effect on the morale and wellbeing of the community.

As Bishop of St Davids I appeal to the local City Council, and the community as a whole to resist this planned closure. I offer my full support in the endeavours you will hopefully undertake. Please accept my full support and share my concerns with the meeting of the Council to be held this evening. If anyone can turn this decision around it is the people of St Davids.

In His Service,

+Dorrien Tyddewi

The Rt. Revd. Dorrien Davies  
Lord Bishop of St Davids.

Date · Dyddiad 19 June 2024

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Your ref · Eich cyfeirnod

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My ref · Fy nghyfeirnod

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Telephone · Ffôn 07832 093181

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Email · Epost [cllr.neil.prior@pembrokeshire.gov.uk](mailto:cllr.neil.prior@pembrokeshire.gov.uk)

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**Pembrokeshire County Council**  
**Cyngor Sir Penfro**

COUNCILLOR/CYNGHORYDD

NEIL PRIOR

*(Independent / Annibynnol)*  
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**To: Board Members**  
**Hywel Dda University Health Board**

**By Email only**

Dear Board Members,

**Re: St Davids Surgery**

I'm writing to you as the County Councillor for the Llanrhian Ward, which includes a number of current patients of St Davids Surgery. I've attended the public engagement session at City Hall St Davids, and received a high volume of correspondence from my constituents extremely concerned about the preferred option identified by the Vacant Practice Panel to close the surgery with patients being dispersed to either Solva, Fishguard or Haverfordwest practices.

I share these concerns and would urge the board to retain the St Davids site as a managed practice for the following reasons:

- Lack of public transport to get to the alternative practices. Working as a Councillor in Pembrokeshire County Council I know that public transport is under huge financial pressures and so bus services that exist today may not be financially sustainable in the longer-term.
- Appointment availability at the alternative practices.
- The long term future of Solva surgery.
- Treating St Davids practice in isolation and not as part of the longer term plan for the area.
- Impact on the elderly, as access to services locally for these patients is paramount.
- Cynicism that the decision has already been made.
- Concerns that the current practice has not been adequately supported by the Health Board.
- Concerns over what happens to existing staff.
- Recognition that St Davids is a growing city with new houses being built.
- With high volumes of tourists in the area it must be critical to have a surgery within St Davids.
- The political impact of St Davids becoming the only city in the UK without General Medical Services should not be underestimated.
- Access to a pharmacy in Solva as there currently isn't one.
- The suggestion to treat St Davids and Solva as one organisation in terms of payroll, insurance, etc. but leave the sites and staff structure as they are.

**A different option?**

I strongly urge the Board to consider a different option; the merger of St Davids and Solva surgeries to create a new "St Davids Surgery and Solva Health Centre".

There are some local parallels to this in the Neyland Health centre and Johnston surgery, and the recent Hywel Dda Health Board support for the planned Merger of Llanilar Health Centre and Ystwyth Medical Group (later called off). The Neyland and Johnston practice runs effectively from two sites, at both Neyland and Johnston. A proposal in 2022 to close Johnston and Neyland surgery and disperse all patients to Milford and Haverfordwest were eventually discarded, demonstrating that the Board is open to alternative options.

There were then considerations to consolidate services into Neyland health centre and close the Johnston branch, with the dispersal of some patients to Haverfordwest and Milford Haven. GP recruitment was the main driver for the suggestion of closing Johnston branch. There were local campaigns and petitions within the Johnston area and subsequently the decision was made to retain the Johnston branch within the combined practice.

I, and others, would suggest a similar St Davids and Solva surgery running on two sites. Patients would be transferred to a merged surgery rather than dispersal with one premise becoming a branch. This would be a minimal change option where GP Practices are involved in the merger, there are no practice closures and the practices form a mix of the main surgery and branch sites under a single GP Practice Code.

Patient Lists do not change from their current Registered GP's, however system transfer to the new GP Practice Code/Local Code is required to be actioned by Shared Services. The indication is that the current GP contract holder would be able to support in providing some GP cover at St Davids for the next few years, so recruitment of GP to maintain a branch may be less of a problem than that in the Neyland and Johnston practice. There appears to be no option but for the Health Board running initially, but the merged surgery could be returned to independent contractor practitioner control in future. There would be no need to rush into any decision to operate away from St Davids in short/medium term. A merger would be likely to be far more acceptable to patients than a dispersal to other surgeries and complete closure of St Davids surgery, with jobs in both St Davids and Solva surgeries protected in the short/medium term.

In the longer term a new location of a combined new build "super-surgery" for the peninsula could be properly planned and would improve the potential for gaining expression of interest from an independent contractor for the provision of either the General Medical Services (GMS) or Alternative Provider of Medical Services (APMS) Contract for St Davids and Solva surgery when tendered.

In closing, I recognise the challenges the Health Board faces but urge you to consider the alternative suggestion and retain a practice at St Davids.

Yours sincerely



Cllr Neil Prior



EGLWYS GADEIRIOL TYDDEWI  
ST DAVIDS CATHEDRAL

*Croesawu ymwelwyr fel pererinion – Welcoming visitors as pilgrims*

Rhian Bond  
Assistant Director of Primary Care  
Hywel Dda Health Board  
[ask.hdd@wales.nhs.uk](mailto:ask.hdd@wales.nhs.uk)

18 June 2024

Dear Ms Bond

**Consultation on the Future of Saint David's Surgery**

I am writing in response to your letter to patients of Saint David's Surgery, in my capacity as Dean of St Davids Cathedral. The Cathedral plays a significant role within the catchment area of the surgery, including as a major employer, and magnet for the tourism sector on which so much of the economy depends. We also provide pastoral care across much of the community, thus often engaging with people at their most vulnerable and needy, and so also want to advocate on their behalf in this matter. As our concerns around the possibility of the surgery's closure extend beyond healthcare matters to wider societal implications, I am also copying this to the Members of Senedd who represent us.

(I have additionally responded in a personal capacity to the questionnaire, and attended the 'public engagement drop in event' on 14 June, where the extent and breadth of the communities was evident.)

In a nutshell, we consider that proposals for closure of Saint David's Surgery, and the transfer of patients to Solva, Fishguard or elsewhere, can only have a significant negative effect both directly on health outcomes, and would tangibly undermine the wider well-being and flourishing (including socially and economically) of the local community.

Our strong desire is that in the short term, the Health Board takeover running the surgery (whether or not in some relationship to the management of the surgery in Solva). Importantly, Dr Riley is **not** intending to retire, having resigned the GMS contract because of the administrative/ managerial unsustainability of holding this alone. The current team's excellent provision of health services must surely be sustained - the proposed alternatives will provide worse health outcomes.

In the longer term, if challenges arise in relation to the current building's availability, we would urge that consideration be given to creating a single, integrated, 'one stop health centre' for the whole of the peninsula (Solva included), along the lines of that at Cardigan, located in or close to St Davids.

Below I have listed some of the reasons why this is so. I trust you will give them full consideration.

The Very Reverend Dr Sarah Rowland Jones, Dean of St Davids

cc: Paul Davies MS, Paul.Davies@senedd.wales, Eluned Morgan MS, Eluned.Morgan@senedd.wales  
Cefin Campbell MS, Cefin.Campbell@Senedd.Wales, Jane Dodds MS, Jane.Dodds@senedd.wales  
Joyce Watson, Joyce.Watson@senedd.wales

*Oddi wrth Y Deon: Y Tra Pharchedig Dr Sarah Rowland Jones LVO OBE*

*From The Dean: The Very Revd Dr Sarah Rowland Jones LVO OBE*

Y Deondy, Y Clôs, Tyddewi, Hwlfordd, Sir Benfro, SA62 6RD

The Deanery, St Davids, Haverfordwest, Pembrokeshire, SA62 6RD

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Mae Corff Cynrychiolwyr yr Eglwys yng Nghymru yn cymryd Diogelu Data o ddifrif. Gellir dod o hyd i wybodaeth am sut y cedwireich data a sut y caiff ei brosesu yn: [www.churchinwales.org.uk/privacy-notice](http://www.churchinwales.org.uk/privacy-notice). Os oes gennych unrhyw ymholiadau neu os oes angen gwybodaeth ychwanegol arnoch, cysylltwch â'r Adran Gyfreithiol [legal@churchinwales.org.uk](mailto:legal@churchinwales.org.uk) neu dros y ffôn ar 02920348200.

1. While we grasp the unsustainability of Dr Riley holding the Health Board contract, with all this entails, on his own, in all other respects the surgery and its team provides excellent care:  
Patients know well, and are well known by, the team, with good continuity of care, which can deal flexibly and knowledgeably with any complexities.  
There is no indication that the other members of this staff team (medical and administrative) would be transferred to Solva to be able to continue this.  
Even if this did happen, some patients would be transferred to Fishguard without appeal, and lose all such benefits.  
Further, in a larger team, such knowledge would inevitably become diluted; and continuity of care would be diminished or lost.  
Such knowledge allows for urgent cases to be seen swiftly, with others efficiently managed alongside. Personal circumstances can be taken into account, if appropriate.  
The whole person is cared for, rather than merely a symptom or illness being addressed.  
It is now easy to drop in, to drop off prescription requests, and for other interactions that many still find easier, more human, face to face than on the phone or online.  
All this is particularly important for the elderly and frail, and for anyone with multiple health issues or in need of ongoing close care.  
The current very personal care of the surgery often enables the staff to ensure a necessary safety net, that would be lost with weakened personal relationships.  
**If, in practice, 'it ain't broke', why change it to something inevitably worse?**
2. The majority of the Saint David's surgery patients live in St Davids, or work here, attend school here, or find St David's their natural hub:  
Access to the surgery for these is relatively easy.  
It is reasonable to assume that those who have chosen Saint David's surgery in preference to Solva or Fishguard, have done so as a deliberate decision - the reasons why Solva / Fishguard is less preferred would remain.  
St. Davids anyway has a larger population than Solva ...  
... and a larger patient list. Why makes so many travel?  
Public transport between St Davids and Solva (or Fishguard) is infrequent, does not cover all rural areas, and can be subject to cancellation without warning.  
Taxi capacity is expensive and finite, and can involve long waits.  
The Flecsi bus can only be booked online: those most likely to need it are least likely to have such capacity.  
Asking family or friends to provide transport – which may mean taking time off work – isn't easy or always possible, especially for those requiring frequent appointments, through having chronic needs.  
When people cannot readily access the surgery, they are likely to delay making necessary appointments, with adverse consequences.  
We already suffer from the long distances required to travel to specialist treatment at Withybush (Haverfordwest), Glangwili (Carmarthen), and Morrision or Singleton (Swansea).  
This is to say nothing of 5, 8, 12hr or longer waits for ambulances even in cases of dire need.
3. It is unclear that the Solva surgery truly has adequate, accessible, capacity:  
Reconfiguring of the building is required  
New staff will need to be found  
Even then, it seems it will have limited capacity, only able to serve a smaller area than the current Saint David's surgery catchment area

Some people will thus be forced to go to e.g. Fishguard, regardless of how workable this is for them in practice

Parking in Solva is already inadequate; with far less capacity for additional parking on nearby streets than in St Davids, which even in summer's busy times usually has space in the CK Supermarket carpark.

4. Provision for children and families is another particular concern – felt keenly by the Cathedral community as our local 3-16 school, Ysgol Penrhyn Dewi, is a Church in Wales voluntary aided school linked to us. It has a small campus for the youngest children in Solva, but junior and senior provision in St Davids.

The school catchment area, particularly at secondary level, has much the same footprint as the Saint David's surgery, way wider than the Solva surgery area.

This has important implications for any child at school requiring medical attention - If necessary, children can be taken during school hours to the nearby surgery; but what if they had to go to Fishguard? Or does a car journey to Worthybush become the default option even for minor issues - bad for A&E capacity there too?

Current arrangements also allow for easy access for after-school medical appointments, within walking distance of both junior and senior campuses.

5. St Davids – the natural hub of the peninsula – now has both a surgery and a pharmacy, but Solva has no pharmacy:

If our surgery closed, anyone requiring both a doctor's appointment and a prescription will have to travel back and forth.

To do this on public transport will take multiple hours, given time-tabling.

Without a surgery, the likelihood of St Davids losing its pharmacy increases.

6. The impact of the huge influx of visitors to St. Davids and the peninsula, particularly during summer holidays, whether staying overnight or coming for the day, cannot be overlooked: Solva's surgery cannot be expected to deal with the whole influx of these tens, even hundreds, of thousands, on its own.

This too would add needless pressure to A&E at Worthybush

7. We were told on 14 June that the BMJ recommends multidisciplinary teams focused on populations of around 8000 or so.

Is this number correct? Others have been told the number is about 6000.

We question whether this analysis is practically viable, not least in terms of transport availability / times / costs, in more rural areas, though it may be fine in urban areas.

8. The removal of provision of a doctor's surgery in St David's has far wider ramifications for and potential negative impact on the community.

As noted above, the risk of losing the pharmacy increases. Our dentist too.

Losing all banks has already undermined the cohesion of the community, and made living here harder for many.

We and others already find it hard to recruit skilled staff, to work here, 'West of Carmarthen' - closing the surgery would just make it worse.

Having no surgery would make St Davids a less attractive place to live, not only for professionals but also for families with small children, and the elderly – it risks contributing to a downward spiral that hollows out the heart of this community.

As you can see, our current arrangements work very well indeed. Closing the surgery would bring a considerable range of negative impacts on the health of so many of its current patients, as well as more widely upon this community with potential dire consequences for the local economy. I trust you will work for a **long term sustainable solution for medical provision within St Davids** .



## Eluned Morgan

Aelod o'r Senedd dros Canolbarth a Gorllewin Cymru

Member of the Senedd for Mid and West Wales

Prof. Phil Kloer,  
Interim Chief Executive,  
Hywel Dda University Health Board

*Via Email*

Our Ref: EM4891

Pwnc | Subject: GP Services in St. Davids

Dear Phil,

I write in my capacity as a Regional Member for Mid and West Wales which covers the community of St Davids where I live. As you may be aware, the incumbent GP has recently served his notice to quit the management of the practice which has led to the health board initiating a consultation on the future of the St David's Surgery.

St Davids is a close-knit community whose population swells considerably during the summer months and whose population in winter is proportionately relatively elderly. Public transport issues would lead to real difficulties for those without access to cars if the surgery were to be moved from St Davids.

I am aware that several options have been put to the local population in terms of what the future of the practice might look like. I believe that the local community would be extremely concerned at one of the proposals which is to disperse the patient list and ask many to move to the surgery in Solva.

The local community, I believe, would be far more interested if the health board could explore the option of effectively merging the St Davids practice with the Solva practice which could be directly managed by the health board, in this way a surgery footprint could be maintained both in Solva and St Davids. The issue of the lease of the surgery building in St Davids would clearly need to be explored by the health board. My understanding is that the current building contract is held by the incumbent GP and in theory was in place until 2028.

As this contract will now end, I wondered if the health board could propose to take over this contract either for the long term or for a short while if necessary, whilst alternative accommodation in St Davids could be explored if the property owners were determined to sell.

Yours sincerely,

**Eluned Morgan MS/AS**

*Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.*

### Senedd Cymru

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Dyddiad | Date: 13 June 2024



**Welsh Labour** **Llafur Cymru**

Dr Anthony Dew MStJ

Cluster Lead North Pembrokeshire

13 Jun 24

The hand-back of the GMS contract in St David's is regrettable, as you know we have worked hard to develop a long term solution to primary care services on the St David's peninsula but events have overtaken us and Dr Riley faces the insurmountable challenge of a fragile workforce and the loss of the building hosting his practice. The practice has served the small population extremely well and Dr Riley's service to the community in St David's has been exemplary.

The hand-back of contracts at St David's and Solva surgeries demonstrates the fragility of GMS services generally and specifically that of small surgeries in rural locations. It is notable that the combined population of Solva and St David's if registered at a single practice would still make that practice the smallest in Hywel Dda. Smaller practices have challenges recruiting and retaining staff and are vulnerable to staff sickness whilst not having the critical mass necessary to develop staff in extended roles such as specialist nurses or advanced practitioners. It is very difficult to attract GPs to become single handed partners within a system that makes them responsible for all the business and clinical risk of the surgery. However the managed practice in Solva has proved stable and the recent appointment of a second GP as clinical lead is very welcome, it was fortunate that the health board were able to continue GMS services from the existing building.

It is difficult to see how GMS services can be provided from a building in St Davids given the very short timelines facing us to secure a building and a new contractor. It is fortunate that Solva surgery can absorb the additional patients albeit with an uplift of staff although patients will then face increased travel times and challenges accessing care in Solva. Inevitably this will lead to a dispersal of patients at the periphery of the surgery boundaries to other practices.

The impact of any dispersal of patients will be felt in the surrounding practices in Haverfordwest and Fishguard. For most the numbers are equivalent to monthly patient population movements but the concern expressed by the surgeries reflect their concern about sustainability and pressures even in medium sized surgeries. The small additional payment to those surgeries for taking on those patients does not adequately compensate them for the additional workload of taking on new patients.

Any solution to GMS provision on the peninsula must consider the role of other primary care services including community nursing, dental, pharmacy and optometry services. Enhancement and support to these will help alleviate pressure on GMS and provide good alternatives to patients not able to travel to Solva. The Pembrokeshire Peninsula Working Group will continue to work to develop solutions to the healthcare of all patients on the peninsula.

Dr A Dew MStJ



Wednesday 12<sup>th</sup> June 2024

Our ref: REF: PD/G/JR/783

Professor Philip Kloer  
Interim Chief Executive of Hywel Dda University Health Board  
Ystwyth Building  
St Davids Park  
Jobswell Road  
Carmarthen  
SA31 3BB

Dear Phil,

I'm writing to you regarding the future of General Practice (GP) services in St Davids, Pembrokeshire. Hywel Dda University Health Board is currently undertaking a public engagement process that will determine the future of services for patients and I appreciate that the Health Board has provided many different ways for local residents to feedback their views.

It's my view that there needs to be a GP practice in the St Davids community and I'm very concerned that there's even talk about moving those services further afield to Solva or elsewhere. The St Davids Surgery Patient Questionnaire discusses the dispersal of patients to their next nearest surgery, and for the vast majority of patients that would be Solva Surgery and the Health Board claims that this would create a single GP Practice that would be larger, more stable and more resilient for the future. I don't believe that taking GP services away from a local community makes them more stable and resilient and the Health Board must accept that there will be huge logistical challenges for residents who are elderly, vulnerable and who cannot drive.

Instead, the Health Board should be focussing all its efforts on recruiting a GP partner for the practice in St Davids. The only sustainable solution is for the Health Board to take on the practice and save it from closure.

Therefore, I'd be grateful if you could take all necessary action to prevent the surgery's closure. I look forward to hearing more from the Health Board on this matter, as it progresses.

  
Paul Davies MS/AS  
Preseli Pembrokeshire / Preseli Penfro

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## St Davids Surgery – response to Health Board letters

To: Hywel Dda University Health Board

From: Save St Davids Surgery working group

There is considerable concern amongst the patients currently registered with the St Davids surgery. The information in the letters sent to all the patients is both confusing and in parts not accurate.

1. The first letter dated 22 April 2024 states that 'Dr Stephen Riley .....resign the General Medical Services contract.....'. This is misleading to most patients who assumed that this means that Dr Riley wants to retire and this is NOT the case. He is a GP who is providing an outstanding quality of care for his patients and does not wish retire in the immediate future.
2. This same letter goes on to say that views from 'patients, the local community and other stakeholders will be sought prior to any decision about the long-term provision .....'. This appears to have deliberately avoided the fact there have been no discussions about a short term solution which would in turn have a significant effect on any long term plan.
3. The second letter dated 10 May 2024 introduces a questionnaire and on the reverse side goes on to describe that the 'Panel that is considering the contract termination has recommended that a managed dispersal of the patient list take place at the end of October'. This proposed dispersal would cause considerable upset and inevitably have a direct detrimental effect on long term decisions.
4. The 10 May letter also suggests to the patients that the lease on the building in St Davids is about to expire - this is not correct.
5. The only short term solution is for the St Davids surgery to be managed by the Health Board - if this would be more manageable as one practice (with Solva) it must be over the two sites.
6. A group then needs to come together as soon as possible to discuss the longer term options for what is already being called 'The Peninsular Surgery' and plans made accordingly. This group must include representatives from all those who will be affected by the outcomes of these discussions.

The next 5 weeks leading up to the Board meeting on the 25 July should be used to have the necessary meetings so that the most appropriate advice can be given to the Board to enable the right decisions for the patients living in this part of Pembrokeshire to be made.

Contact: jrichardhayward@gmail.com

19 June 2024

18<sup>th</sup> June 2024

Hywel Dda University Health Board  
Ystwyth Building  
St Davids Park  
Jobswell Road  
Carmarthen  
SA31 3BB

CYNGOR DINAS  
TYDDEWI



ST. DAVIDS  
CITY COUNCIL

*Cywir i'n Duw a'n Gwlad*

Dear Sir/Madam,

St Davids City Council and residents are as shocked as The Health Board at the resignation of the contract for St Davids Surgery. St Davids City Council is disappointed that the knee jerk reaction of The Health Board is to allow the surgery to close and to disperse the patients to three other practices.

The Pembrokeshire Peninsula Stakeholder Group, a Health Board Committee, is strongly in favour of a Peninsular Surgery as the future for GP services and wider care for St Davids, Solva and Llanrhian. This vision is shared by St Davids City Council, the Residents of St Davids and the patients of St Davids Surgery as evidenced by the large number of returned questionnaires and large attendance at the Community Engagement Event. Patient numbers control the income for surgeries. Currently this income is derived from 2750 patients in St Davids Surgery plus 2200 in Solva Surgery.

A combined Peninsula Surgery would thus have an income from nearly 5000 patients and be more viable for attracting investment in buildings and attracting medical staff.

The dispersal of some 1500 patients (numbers suggested at the Community Engagement Day) would reduce this to a figure that would effectively make the creation of a Peninsula Surgery non-viable except in name only and would not attract any investment.

The main reason Solva Surgery was saved last year was that St Davids Surgery declined to take on their patients as they wouldn't be able to cope.

The Health Board, as Managers of Solva Surgery, can insist that Solva take on a large proportion of St Davids Surgery patients whether the practitioners in Solva agree or not and whether this would result in the same level of care or not. The many practical reasons

against this proposal, including the lease position of Solva Surgery, public transport, waiting in the cold, time out of school, lack of consulting space, etc. are described in the returned questionnaires, letters and oral responses given by the community, but this is not the best answer.

The Health Board have budgeted for St Davids Surgery to be funded 2024/25 and forwards to the expected closure in 2028.

The lease for the St Davids Surgery building does not finish with the contract resignation, but rests with the Doctor (and his predecessor) until 2028, and could even be purchased as a Community asset.

If the Health Board takes over the management of St Davids Surgery at the end of October without dispersal of patients, and employs the current Doctor, there would then be time to plan The Peninsular Surgery without the short timescale of the current “process” and without losing the funding of the full 5000 patients.

St Davids City Council urges the change of recommendation from dispersal to Health Board Management so that a considered future care strategy for The Peninsula can be actioned utilising the funding of all the current patients.

Yours Sincerely,



Simon Mann

Clerk to St Davids City Council

City Hall  
High Street  
St Davids  
Haverfordwest  
Pembrokeshire  
SA626SD

Council Office  
Tel: 01437721137  
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Clerc i'r Cyngor  
Mr Simon Mann  
Clerk to the Council  
  
Swyddog Cyllid  
Mr Will Mann  
Finance Officer

**Statement to Hywel Dda University Health Board  
regarding St David's Surgery.**

My name is Les Owen and I have served with the local Fire & Rescue service for over 50 years. In addition to emergency calls for the fire service, the team have also acted as first responders providing rapid medical assistance to both residents and visitors to our city. During the best part of ten years we have been called to medical emergencies of all types and have been supported by St David's surgery to provide advice, on occasion using the surgery as a safe holding point when an ambulance is delayed and, in extreme situations, have requested medical staff at the surgery to attend incidents.

The surgery must be retained as an essential element of emergency healthcare provision.

cc: St David's City Council

**From:** Stephen Crabb <[stephen@workingforpembrokeshire.com](mailto:stephen@workingforpembrokeshire.com)>

**Sent:** Monday, June 17, 2024 4:52 PM

**To:** Political Correspondence (Hywel Dda UHB - Generic Account)  
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**Cc:** Sian-Marie James (Hywel Dda UHB -Assistant Director of Corporate Legal Services and Public Affairs) <[Sian-Marie.James@wales.nhs.uk](mailto:Sian-Marie.James@wales.nhs.uk)>

**Subject:** St Davids Surgery

Some people who received this message don't often get email from [stephen@workingforpembrokeshire.com](mailto:stephen@workingforpembrokeshire.com). [Learn why this is important](#)

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**FOA: Chief Executive Dr Philip Kloer,**

Dear Phil,

In my previous capacity as Member of Parliament for Preseli Pembrokeshire I received a considerable amount of correspondence from those living in St Davids about the proposed closure of the local GP surgery. I also attended the recent drop-in meeting which the Health Board arranged to engage with the residents.

You will be aware of the deep concern in the community about the impact of the closure. I share these concerns. St Davids is one of the most peripheral communities in West Wales. With the large school, older demographic and a high number of visitors throughout the year, the St Davids Surgery provides a vital service.

By way of background, I would be grateful if you could provide further information about what efforts have been made to recruit new GP capacity for the surgery and whether these efforts are ongoing. It would also be useful to know what assessment has been made of the capacity at Solva Surgery to absorb additional demand if the St Davids Surgery closes, and whether additional GP capacity may be required there.

Additionally, it would be helpful to understand the wider strategy on the part of the Health Board about improving access to GP appointments.

Kind regards,

Stephen Crabb

Welsh Conservative Candidate - Mid & South Pembrokeshire

Stephen Crabb

Working for Pembrokeshire



# YSGOL PENRHYN DEWI VA

14th June 2024

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To Whom it Concerns:

Dear Sir/Madam,

I am writing on behalf of the pupils, staff and governing body of our Church in Wales 3-16 School. We are very much a community school serving St.Davids, Solva and the surrounding catchment area. We currently have approximately 630 pupils on role across the three campuses: 2 in St.Davids and 1 in Solva. Our concerns about the potential loss of the St.Davids Surgery are considerable, both in relation to safeguarding our school community and in terms of the impact that removing, or dispersing the surgery, would have upon the health, wellbeing of our staff and pupils, but also the impact that it will have upon their learning and the effective and efficient running of our school.

At present attendance is a Welsh Government priority. In Pembrokeshire schools, it is probably the number 1 priority underpinning all that we do. Striving to get attendance levels to the pre-pandemic figures is a huge challenge for all headteachers. Pupils can currently attend the St.Davids surgery with a minimal loss of learning time, maybe half an hour. Travelling to Haverfordwest and/or Fishguard, realistically would take a minimum of 2.5 hours (and that is if parents/carers have a car). If not, you can effectively call it an entire day. Older pupils may go to the doctors independently when it is in St.Davids, however, travelling into Haverfordwest/Fishguard on public transport during the school day has safeguarding concerns as well as loss of teaching and learning time. Staff living in St.Davids can currently access the doctor pre-school and, if necessary, have an appointment at lunch time or immediately at the end of school. Having to travel to get to a surgery elsewhere means loss of working hours, again, having an impact on safeguarding, teaching, learning and the efficient running of the school.

Headteacher  
Pennaeth  
**Rachael Thomas**  
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Assistant Headteacher  
Pennaeth Cynorthwyol  
**Cilla Bramley**  
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Prifysgol  
Abertawe

Partneriaeth Ysgolion Prifysgol Abertawe  
Ysgol Arweiniol



ESGOBAETH TYDDEW  
DIOCESE OF ST DAVIDS



Methrin Cymorth

During my 35 years of teaching in St.Davids, I can not count the times that I, or my staff have been able to, or needed to take pupils to the surgery for medical concerns in the school day. This, again, would mean travelling to A and E or Haverfordwest/Fishguard. We have also been fortunate enough to have the doctor come to the school to attend medical emergencies when there has been no first responder available and long ambulance waiting times. This could be a matter of life or death, hence putting our school family at high risk. Pupils in St.Davids already have to travel long distances for orthodontist appointments, often losing an entire days learning. Is this fair and is it what we want for our children? Surely, we want parity for all of our young people? Which other cities in the UK do not have a doctors surgery? We have a high percentage of children with significant medical needs. Maybe their parents would feel it necessary to relocate if there is no surgery in St.Davids.

I believe it is reasonable to assume that the closure of the surgery would inevitably lead to closure of the pharmacy. Again, I can not count the times in the past, and already this year, that I or my staff, have gone to the pharmacy for advice for pupils and/or staff members and collected medication. Once again, this would lead to significant travel time and impact upon the efficient running of our school as well as having a safeguarding implication.

We are all struggling in public services with the current fiscal constraints that we are experiencing. I beg you not to make our childrens' lives even more challenging than they are in a 360 degree post-pandemic world. The principles that Nye Bevan founded the NHS on remain today, and every child and every community has a right to equitable health care.

I do hope that you will consider this request sympathetically.

Be joyful, keep the faith and do the little things.

Yours faithfully,

*R-Thomas*

Mrs Rachael Thomas

Headteacher