

St David's Surgery Questionnaire

Question 5- Affect of Transfer to Solva Surgery

I endorse the comments of Dr Riley who points out that it will be bad for patients in a number of ways. Many will have to travel further for appointments, and drive or be driven as there is an infrequent bus service. Whilst I am currently able to drive myself the shortest route for me would be through narrow winding country roads which are not pleasant to drive on particularly during bad weather and when there is large agricultural machinery also travelling on these roads.

There will be a lack of capacity at Solva with a doubling of list size plus the significant number of temporary residents which I understand resulted in a total of 1950 appointments at St David's in 2023. Access times to see a GP will inevitably rise and as there is no pharmacy in Solva I would also have to travel to St David's for my prescription. If the excellent current team was not transferred to Solva this would also result in a lack of continuity of care which is particularly important for the elderly and those with complex healthcare needs.

Question 8- Other Comments and Feedback

In addition to the issues covered above I also believe that the following should be considered:

- There are a large number of temporary residents in the area as a result of the tourist industry and these need to be included in calculating the number of patients which will need to be treated in each surgery.
- Plans for the development of housing and jobs in the catchment area which will increase the population in the future also need to be considered. These include new housing, the potential sale of second homes to permanent residents following rate rises and the possible creation of a Space Radar Installation at Brawdy to name but a few
- Plans for downgrading the Hospital facilities in the area should be another key factor which will inevitably put more strain on GP and local community services
- Have the views of existing Solva patients been sought? Any mass dispersal to Solva will obviously have a major impact on the accessibility and quality of future services available to them

Possible Alternatives:

I endorse the views of Eluned Morgan in her letter to the Health Board dated 13th June. Surely there must be an option to merge St David's and Solva Practices to obtain some economies of scale whilst preserving access to services in both locations. Has consideration been given to the purchase of the St David's Surgery by either the Health Board or the local community with the Health Board running a merged practice with salaried staff whilst they try to recruit new Practice Partners. I understand that Dr Riley does not wish to retire at this stage and I would be very keen to see him retained as a salaried GP for as long as possible to provide continuity of care.

Preferred Solution:

In conclusion my preference would be for the Health Board to take over the lease and running of St David's Surgery at least in the short term whilst a longer term solution is sought following careful consideration of the issues raised above. The excellent quality of the service provided by the current team at the St David's Surgery should not be dismantled to bring it down to the lowest common denominator. Instead it should be used as an example of good practise for rural areas such as ours.

To whom it may concern

Re: St Davids Surgery

My husband and I feel very strongly about the suggestion that you would consider dispersing St Davids patients to Solva and beyond.

St Davids has a population which spans the age ranges, all of whom need easily accessible GP services, which are available at St Davids surgery. Many of these people are elderly and infirm, many have mobility issues, and many are families with young children. The lives of these people would be much more difficult and worrying if their surgery were to be taken away from their doorsteps. We chose to live in St Davids 20 years ago because of the facilities available to us here – a shop, a post office, a bank, a dentist, a pharmacy, a vibrant community and, primarily, a doctor's surgery – the things that the older generation needs to continue to live a healthy, independent and fulfilling life. My husband is [REDACTED] and has multiple health problems. I am [REDACTED] with my own health issues, and his full-time carer. Without the support of Dr Riley and his entire team, and our proximity to the surgery, our situation would be very much worse.

We understand entirely why Dr Riley has made his decision to resign his contract with the health board and we fully support him and his endeavours to maintain the highest standards of care, which he has always achieved. It is not his fault, or the fault of his patients, that he finds himself in this situation. It is the responsibility of Hywel Dda University Health Board to encourage GPs to move to this part of the country by providing greater incentives to work and live here.

During the time we have lived in St Davids, the staff at the surgery have consistently given us excellent care. For example, throughout the pandemic we felt completely supported by them and we were also able to have all our vaccinations at the surgery. [REDACTED]

[REDACTED]

At all times, without exception, whether on the phone or in person, we have been made to feel that our health is being cared for and we are always assured that nothing is too much trouble. The reception staff are always cheerful, friendly and professional and every nurse, health care practitioner or doctor that we see shows patience, care and understanding.

These people work together as a team to support and help the community and any of the thousands of visitors that descend on St Davids throughout the year. **It is a team we know we can rely on.** St Davids cannot afford to lose its surgery. We cannot afford to lose all the amazing staff and we cannot afford to lose Dr Riley.

Regarding the possibility of Hywel Dda going ahead with List Dispersal, I have several points to make about the transfer of patients to Solva surgery, apart from the obvious difficulties patients would have with travel to Solva, a fact which Hywel Dda seem to have completely overlooked.

- We regularly need to make appointments at the surgery and on all occasions we have had a response within a couple of hours, sometimes less than that, and then a face to face appointment on the same day. Occasionally a telephone call has sufficed. I suspect this would not be the case if we were transferred to Solva.
- What services could be offered in Solva that are not already provided in St Davids?
- If a patient is in a life-threatening situation, we know that an ambulance will take at least an hour to arrive, where would help come from? At the moment, a call to the surgery will bring help almost immediately.
- How would this “larger” practice be “more stable and resilient” if you cannot attract GPs anyway?

Having access to General Medical Services is more than ticking boxes.

Dr Riley is a ‘proper’ family doctor whose priority is always the care of his patients. Many GPs (and hospital doctors) could learn a great deal from him, as could many administrators in the NHS.

Those administrators must not allow St Davids to lose the GP practice from within the city.

Hywel Dda UHB must take over the running of our surgery.

Finally, I would like a direct response to this letter and not just a generic reply. I have taken the time to set out my views, as I am sure, have many others, and would expect the courtesy of a personal response.

I have emailed a copy of this letter to HDUHB, The Minister for Health, Paul Davies our Member of The Senedd, prospective parliamentary candidates and St Davids City Council.

Yours sincerely,

15th June 2024

To Hywel Dda Health Board

With relation to ST. DAVIDS SURGERY

Following your consultation regarding the possible closure of St Davids Surgery I write to thank your representatives at St. Davids City Hall yesterday. The event was well organised, the group leaders listened, gave feedback and were helpful. I would like to mention, in particular, Matt who engaged with us so well.

A few issues have arisen from these discussions and, although I have already completed your questionnaire, I feel it important to raise them now.

Should the only practice be at Solva, we spoke of the risk of groups of patients arriving and leaving at the same time as buses run fairly infrequently, causing problems with booking appointments. There is nowhere in Upper Solva for people to wait for buses, not even a café! The surgery would, therefore, need to provide shelter until a bus arrives. Many, of course, could find this too arduous a journey and fail to bother to see a doctor, resulting in increased need for hospitalisation in the future!

The uncertainty for the future of Withybush Hospital, the reduction in services there and the likelihood of a new hospital much further away, naturally causes concern for those of us living here. St. Davids is, I believe, one of the furthest places from a proposed site at St Clears! The distance we already have to travel and the paucity of ambulance cover highlights the need for local medical care.

This would be the ideal opportunity for Hywel Dda Health Board, supported by the Welsh Government, to be bold and invest in the future by providing such outlying areas with more comprehensive medical care so that smaller injuries and certain treatments do not involve the need to travel such a distance. This would reduce the need for hospital transport to and from the St. Davids Peninsular and provide timely treatment, possibly avoiding hospital involvement completely. At the same time the exciting challenges and opportunities of such forward looking medical practice with the certainty of a permanent base is more likely to encourage GPs to the area. Perhaps it would be sensible to continue the status quo for now, with a purpose built centre provided in the future?

I am aware that in Crymych, for example, there is a link with a property owned by a Housing Association, is this a way forward?

I do hope that the Board considers the wider implications for the long term when making their decision and is willing and able to look beyond the immediate situation.

I look forward, with hope, to learning of your plans

Reasons why being transferred to Solva surgery is not practical

I cannot walk to the surgery as I do now. If I cannot drive, there is only public transport and that is infrequent and probably inappropriate if I am not healthy enough to drive. Even if I could drive, it may well be congested as it would considerably add to the volume of traffic which is already very heavy in the tourist seasons.

Solva surgery could probably not cope with the influx of at least twice as many patients as they have now. The surgery space is unlikely to be adequate and the car park not large enough. Also it is accessed through a housing estate with narrow roads and the increase in traffic would probably affect them badly.

It would adversely affect the time we have to wait for appointments. At present we have an excellent service here with the existing GP and staff.

Because I and others would not be able to get to the surgery if we weren't feeling well, you would undoubtedly end up with many more requests for house calls or worse still, we would not go to the surgery when we really needed to.

We need our surgery in St Davids.

Dear Hywel Dda,

I hope this letter finds you well. I am writing to express my deep concern and disappointment regarding the recent debate of closure of my local doctor's surgery. As a long-time resident of this community, I have relied heavily on the services provided by the doctors and staff at this clinic, and its closure would have a profound impact on my well-being.

The doctor's surgery has been a true lifeline for me, providing essential medical care and support. The proximity and accessibility of the clinic made it incredibly convenient for me to seek medical attention whenever needed. The doctors and staff were not only highly skilled and knowledgeable but also displayed a genuine level of care and empathy towards their patients. Their dedication to the community is truly commendable, and their absence would be sorely felt.

The closure of the clinic will leave me and many others in a state of uncertainty and vulnerability. Finding an alternative healthcare provider in the area has proven to be a significant challenge, especially considering the limited availability of medical services in our community. This situation will result in increased travel times, longer waiting periods for appointments, and a general sense of anxiety about our health.

Moreover, the closure of the doctor's surgery will disrupted the continuity of care that many patients, including myself, have established over the years. The trust and rapport built with our healthcare providers are crucial in ensuring effective and personalised treatment. Losing this connection will leave us feeling disconnected and abandoned, without the essential support system that we have come to rely on.

I understand that the debate on whether to close the clinic may have been driven by various factors, such as financial constraints or staffing issues. However, I urge you to consider the immense impact this closure will have on the health and well-being of the residents in our community. It is vital that steps are taken to address this issue promptly and ensure that adequate medical services are reinstated in our area if the closure is to happen.

I kindly request that you explore all possible avenues to either keep the doctor's surgery open or find alternative solutions to provide accessible and quality healthcare to the community. Our health should be a priority, and it is crucial that we have reliable and local medical services available to us.

Thank you for your attention to this matter. I trust that you will take the necessary steps to address our concerns and work towards a resolution that benefits the entire community.

The only city in the UK without a doctor's surgery?

It appears to be generally accepted that there is no option but for the Health Board to manage all General Medical Services on the St Davids Peninsula, at least initially, following the resignation of the GMS contract at St Davids Surgery.

The longer-term plan would be to seek expressions of interest for the provision of the GMS or APMS contract in the area by an Independent Contractor.

However, the circumstances arising following the resignation should not be regarded by the Health Board as an opportunity to cut costs at the expense of patient care and contrary to the overwhelming opinion of the local population.

Any proposal to close a local surgery with dispersal of the patient list is likely to cause much anxiety and provoke an emotive response.

This is further exacerbated in rural locations like St Davids where dispersal could be to Solva, Fishguard or Haverfordwest surgeries.

The remote location of St Davids means that many patients will have difficulty in accessing services elsewhere. The large tourist population in St Davids at times presents further issues.

The patient questionnaire is likely to reveal many of these genuine difficulties, and campaigning and petitioning to "Save St Davids Surgery" has already begun.

The political impact of St Davids becoming the only city in the UK without General Medical Services should not be underestimated.

As the community pharmacist for St Davids between 2006 and 2022 I am well aware of the existing challenges in accessing health services in the area, and of the exacerbation of these issues that would result if General Medical services were to be withdrawn from the city of St Davids.

I know of many patients whose health care provision would be negatively impacted; this includes elderly members of my own family whose declining health already means that they cannot drive nor even access what very limited public transport options exist in the area. Access to services locally for these patients is paramount.

It has been suggested in some quarters that there are just two options on the table:

1. Health Board Vacant Practice Panel Recommendation to close St Davids Surgery with the dispersal of all patients to either Solva, Fishguard or Haverfordwest surgeries. Leaves a single practice at Solva surgery operated by Health Board providing services for whole of locality. Potential for delivering some services from St Davids "is being considered".
2. Retain all services at St Davids with Health Board control, at very least until expiry of lease at Nun St Surgery in 2028.

Presented with just these two options, it was inevitable that the "Save St Davids Surgery" campaign would be launched.

Merger opportunity?

I wanted to clarify whether there may be a third option; the merger of St Davids and Solva surgeries. Creating 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 - Hywel Dda University Health Board (nhs.wales) (later called off).

The Neyland and Johnston practice runs effectively from 2 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.

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.

Suggest a similar St Davids and Solva surgery running on 2 sites. Patients would be transferred to a merged surgery rather than dispersal. One premise would become a branch.

This would be a "minimal change" 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 (Dr Riley) 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.

There would be no need to disperse any of the outlying patients to Fishguard/Haverfordwest.

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.

Staff jobs in both St Davids and Solva surgery would be protected in the short/medium term.

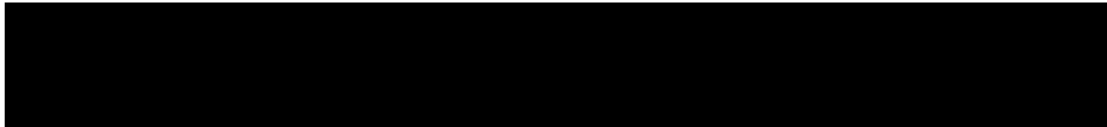
In the longer term a new location of a combined new build "super-surgery" for the peninsula could be properly planned over next few years. This could coincide with the New Street lease expiry/Dr Riley retirement.

This would give the Health Board adequate time to create robust plans for a super-surgery in future, 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.

- Consideration and understanding of the potential barriers to achieving the 'vision' – a successful merger is only likely where there are perceived benefits for all participant practices/individuals. This will avoid any risk of participants perceiving the 'vision as a 'take-over'.
- Producing and agreeing a robust business case in order to establish benchmarks for measuring successful outcomes, document perceived benefits and risks and document the outcomes of benefit:cost analysis.
- Focus on the short-medium term – bringing practices together as a single business. Longer-term views, hopes or objectives can be referenced and documented for further consideration at a later date.

Could you advise whether this proposal of a merger rather than a "takeover" dispersal is viable?

I have always had excellent care from Dr Riley and the whole surgery.



I know nothing about Solva surgery, but I do know that Fishguard surgery since it amalgamated with Goodwick, is chaos. It is very difficult to get an appointment, and not mentioning any names, the doctors are not as attentive as they should be, no doubt due to the volume of work.

Our nearest surgery would be a bus ride away, and they only run every two hours. So we will have to book appointments, if we can get one, to fit in with the bus timetable. Imagine leaving the surgery and finding we have a two hour wait for a bus!!

Please could Hywel Dda take over the surgery.

I have given my point of view, but I know I am not alone.

From:

Sent: Saturday, June 8, 2024 10:44 AM

To: Neil Wooding (Hywel Dda UHB - HDdUHB Chair) [REDACTED]@wales.nhs.uk>

Subject: Save St Davids Surgery

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Dear Neil

The City of St Davids is in crisis! Our GP Practice, which has served us so well, is under threat. It is in desperate need of saving, as the community is expanding, with at least three new housing developments including a large number of social housing.

There is a real threat that there could be patient dispersal to surgeries in other towns which would cause major problems, for many in this community, which has a high number of retired people that require easy access to their GP.

At present the GP surgery is almost in the centre of St Davids, making access convenient for the 1,850 residents and over 300,000 visitors in the summer period. To have no GP practice in a City which has such need, would be unforgivable and neglectful of our current Welsh Labour Government, that promises health is one of their priorities.

Please, save our surgery, we implore the Health Board to take it on and enable the continuation of this exceptional GP practice, that has both the support and admiration of the community. Help us keep our elderly well and our youth safe. Help us keep our GP Surgery in St Davids, in this prestigious City on the edge of Wales, alive!

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Dear members of the Health Board

Cc Ben Lake, former MP and candidate for Ceredigion Preseli in the 2024 election (covering Fishguard) and Llais

I am writing to urge the Health Board to re-consider the proposal to allow the St David's surgery to close with the 'list dispersal'. I believe the right action is for the Health Board to take on responsibility for the surgery and continue to provide a doctor's surgery in St David's. This action might be a temporary step whilst other long term options are explored, but is essential for the community (including the extended community that would otherwise take the strain) in the short-term

My reasons are:

Negative impact on

- individuals directly affected – travel times for permanent residents, including people with children to get to the doctors and without the means to do an on-line consultation due to lack of technical support
- individuals indirectly affected (Solva and Fishguard residents) – the other surgeries have insufficient capacity and demands on A&E when there is no available doctor, will all mean health conditions can worsen and outcomes worsen
- temporary visitors – holiday makers and those on pilgrimage, including those on cruise ships
- employment and businesses in the area
- education of our locally schooled children

My personal position is that I have moved into the area a few years ago. I live near Mathry pending a move to St David's planned for this year. At the time of moving, my husband and I sought to become patients of the St David's surgery given our long term plan, but at that point they were at capacity and taking on no new patients. We are now patients of

As patients of Ropewalk we know how close to capacity the practice is and to absorb more patients would stretch those doctors and staff unfairly – and might culminate in what we have seen happen to Dr Riley. This would impact many more people and place even more strain on the wider NHS. People already go to Withybush for treatment that historically would be a matter for a GP, because the doctors are not offering appointments. This is putting undue pressure on scant A&E resource.

I am sure there would be an even greater impact on the people currently using the Solva practice, assuming if your proposal goes as planned the majority of people would be dispersed to Solva, given its proximity. The journey between St Davids and Fishguard is 30 minutes in a private vehicle – and much longer by public transport. A journey to Solva should be shorter. However, this can also be extended to a similar length in the holiday season when traffic levels increase exponentially.

Neither location is acceptable to the community where the public transport is very limited and private taxi provision very haphazard.

Knowing what it is like to be a parent with young children, the challenge of needing to see a doctor with one sick child, whilst having to manage other children is hard. Add to that distance and a practice that is over-subscribed would be extremely difficult – and balancing what is best for the child will become much harder: 'getting to the doctor regardless?' Or 'leaving it in case they get better?' – it is simple when the doctor is accessible, and ability to have treatment/reassurance without struggling to access that. There will be cases when 'waiting' might result in significantly different health outcomes.

Whilst thinking about the people currently using the practice, my own position (using Fishguard currently) focuses on the numbers of people who will be impacted – and might not be aware this is proposed to happen in October – of stretching limited capacity beyond what it can surely manage (staff, admin, space, equipment) in the other practices – affecting their access to health care.

The influx of visitors to the area is massive – both over the summer and for events hosted in the City and by the cathedral. As one of those visitors in the past, the surgery has been excellent to diagnose health issues for my children – including a resulting admission to hospital. This was a key part of our decision to holiday in this area – we knew the standard of care was good. If there is no surgery, fewer people might visit and this would impact on the businesses (and most importantly jobs) relying on holiday makers.

There is a more explicit impact on businesses/charities locally. For example Lower Treginnis / Farms for City Children provides an experience of c 1,000 children each year (in groups) and 7 – 14 staff who live locally and would be using the surgery. There are group bookings at attractions like the Bug Farm. Clearly, having a surgery close by is really valuable for those children who are taken ill during their visit. Responsibility for these children rests with the resident staff and those leading the groups, and deciding if a child needs to travel further afield to see a doctor versus the travel involved will make the decision process even harder.

There is an additional consideration for such an organisation hosting groups in this way. The groups visiting (schools, for example) will undertake a risk assessment. That risk assessment will consider availability of A&E and doctors/nurse support. I am aware at least one group has lost a booking when the A&E services became more limited. If St Davids no longer has the surgery, I would guess there will be fewer groups coming to the area with the impact on those charities/businesses – let alone the fact that those children/others will not have the opportunities those groups are ready to provide.

My final comment relates to the benefits of a local surgery for children attending the local schools. They are able to minimise time spent out of school if they need to visit the doctor

for a condition/treatment/vaccination that is not stopping them from going to school. The addition of travel will impact their education.

One observation – knowing nothing about how the Health Board manages property costs between a GP and themselves – and what role or influence the City or County Council have in these decisions – but I would expect there should be a role for the community/local council. For example, the Council operate a lease on a café in the carpark at Whitesands and manage to provide this facility. If they can do this – it must surely be an option for the Council to provide a building to become the surgery which would make the financial commitment for a future GP less risky for them? If ownership/lease of the current property that the surgery operates from is part of the issue – this should be capable of being solved and the community would like, I am sure, the opportunity to discuss the art of the possible.

St Davids has had private property developments in recent years plus the Premier Inn development. Affordable housing was intended to be part of that. Is there an opportunity to ensure that any future developments make plans for a local doctor to have affordable premises? Or even re-visit the current developments to this end. Where there is a will to do the right thing – there should be a way.

Finally, I object to the timescales of this process. The 19 June deadline was set when the process started. However, the window of time between the public session and the 19 June has been much too tight for those of us who wanted to gather further data to feed into the decision process has not existed.

Please can the health board postpone any decision until they have had the opportunity to consider more facts and other options.

Thank you