

## **Solva Surgery, community engagement event, 12 January 2023.**

The event was opened by Ifor Thomas, Chair of Solva Community Council who welcomed an audience of 119 people from Solva and the surrounding villages. He said that the event had been arranged by the Community Council in response to the letter that had been sent to all those who were registered to the Solva Surgery which informed patients that the current GP, Dr (Sujan) Dhaduvai, was retiring at the end of March 2023. The meeting had been called to canvass the views of the respective communities as to how the GP service should be configured in the future. The Health Board was duty bound to carry out its own consultation and this would take place on 24 January. This would take the form of a drop in day at the Memorial Hall. If anyone had detailed questions to raise with the HB, on an individual basis, then that was the place to do it.

He said that a small working group had been created to progress the issue and Sue Denman was the interim Chair for that group. He handed over to Sue Denman.

Sue expressed her thanks to everyone who had come to the meeting, the large attendance was testament to how invested the community was in the surgery. Sue also welcomed Doctor Anthony Dew North Pembrokeshire GP Cluster lead and Dr Minier Jones Transformation Lead HDUHB. Dr Dew said that the process now was for the Vacant Practice Panel to consider the Solva situation and make recommendations to the Hywel Dda Health Board. The advice of the Panel was not necessarily final, at Neyland the recommendation was for disposal but the strong views of the community there had ensured survival of the GP practice. Sue emphasised that the closure of the surgery was not inevitable, indeed this could be a good opportunity to ensure a better service going forward.

Dr Jones said that she was attending in an unofficial capacity and was keen to understand the community's views on the future of the surgery.

Sue said that the meeting would break into groups to discuss the two questions:

1. What do you think of the current GP services locally
2. Could the services better meet the needs of the community and if so, how?

After the groups had conducted their discussions they were asked to report on two key issues that they had discussed, but preferably not repeating the points made by previous reports. The following reports back were received:

### Group 1

The group thought that the current service was good but needed to develop, Out of hours needs were a challenge. The polyclinic model was favoured so that the surgery became a health hub. There was an ongoing work about the poor state of the ambulance service. The Health Board needed to take into account the huge increase in population during the holiday periods,

### Group 2

This group had made the same points but was also concerned that the surgery did not give any routine health assessments so there was no focus on prevention.

### Group 3

This group identified the lack of joined up thinking regarding social care and clinical care. There should be much more emphasis on preventative care, eating better etc.

### Group 4

This group's discussion on the Surgery was summarised in three words — kind, understanding and available. This group reiterated the need for better social care, polyclinics, post hospital care — physio, rehab, OT.

### Group 5

This group talked about dispensing and how important this was, perhaps there was an opportunity for a mobile dispensing service. It was understood that there were regulatory restrictions imposed on GPs dispensing, this needs to be questioned.

Dr Prem reiterated the need to keep dispensing. Without dispensing, staff would be lost. He also said that during his time he performed minor surgical procedures in a small theatre. It was regrettable that this is not currently used.

There was also the question of a lack of available GPs.

Sue Denman said that many GPs now chose a portfolio career which was good for them to develop their skill base and experience but reduces the workforce available at a local level.

#### Group 6

This group thought that the process to see a doctor had become opaque and unwieldy. You had to make a call, perhaps send a picture and then have another phone call before getting a face to face appointment. Her group also thought that there was little pediatric provision and this should be improved.

#### Group 7

This group thought that the surgery had performed admirably through the recent pandemic. There should be health MOTs, Palliative care, visible district nurses.

#### Group 8

In addition to the points already made, this group wondered about the ownership of the building. Could not the community acquire the building as an asset transfer? It was agreed that more work should be done around this issue. No young GP could afford to take on mortgage for the surgery and a mortgage for his or her home.

#### Group 9

This group thought it important to have a permanent GP located in the community. It was important to keep the pharmacy.

#### Group 10

This group had raised all the previously identified issues. There had been an emphasis on the need to have a proper district nurse service. Mental health care had also been identified.

#### Group 11

This group wished to add the possibility of the surgery being a location for alternative therapies and preventative health.

#### Group 12

This group thought that there could be a link into mobile service, — dispensing, X-ray, women's health etc.

#### Group 13

This group had noted the age profile of the meeting, where were the younger people/parents. No doubt there would be a greater emphasis on sexual health, mental health.

Sue thanked everyone for coming and contributing so wholeheartedly to the consultation exercise. Ifor drew the meeting to a close. He said that a report of the engagement event would be posted on the Solva Community Council website. He took on board the point about arranging another meeting more convenient for working people.

If anyone wished to join the working group then they should approach him.

The following people asked to join the working group:

Ian and Pearl Kaill

Rhian Bennett

Peter Walker

Maggie Mckenzie

A record of the attendees and their postcodes were collected at the end of the meeting.

The notes from each group were typed up (see annex 1 )and thematically analysed ( see annex 2 ) by Rachel Kelway – Lewis. These will form the basis of future discussions by the Working Group and inform the preferred model of primary care and service integration in the community.

#### Contacts:

Ifor Thomas , Chair of Solva Community Council

Sue Denman, Solva resident

