

# **The Future of Health and Social Care in Solva and the St David's Peninsula**

## **A Health and Care Hub**

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**Drafted by: Dr IRS Robertson-Steel, member of the Solva Surgery Working Group .**

**Status of paper: Agreed by the Solva Surgery Working Group, convened by Solva Community Council.**

**Purpose of paper: to inform the urgent development and delivery of a health and care hub that meets the expressed needed of the communities.**

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### **Introduction**

The NHS and Social Care services in Pembrokeshire are under significant pressure in all areas. Ambulance response times are prolonged, the local District General Hospital, at Withybush, Haverfordwest, is under severe pressure and delayed discharges of medically optimised patients due to lack of social care packages contribute to A&E pressures. There is a shortage of doctors, nurses, social carers and other health professionals in the area.

Solva is 13 miles from the local District General Hospital and 13 miles from the nearest Ambulance station.

General Practices in St Davids and Solva serve the local population. The nearest practices to the Peninsula are in Fishguard and Haverfordwest, both 13 miles away.

The St Davids medical practice has a closed list and cannot take on more patients.

Solva's single handed GP will retire on 31<sup>st</sup> March 2023. The practice also employs two locum doctors. Solva is a prescribing practice.

Solva's current GP owns the Surgery premises and car park, which is based in a central location in Solva.

Solva has an increasingly elderly population and a large number of transient holiday makers.

Local initiatives such as Solva Care have made a significant contribution to quality of life in Solva. Solva Care is a volunteer Charity, whose main funding from the Lottery will run out in 2024.

Public transport in Solva is very poor, with a limited and infrequent bus service.

A village meeting was organised by the Solva Community Council on 12<sup>th</sup> January 2022. 119 local people attended from the village and the surrounding rural area served by Solva Surgery. The majority of those attending were over 55, indicating the level of concern.

**Feedback from the Village Meeting: 13 small groups were tasked with answering two questions. The first question asked, ‘what people felt about the existing local GP service’? The second question asked, ‘Could the services better meet the needs of the Community and if so how’?**

In answer to the first question the general view was that the existing service was broadly ‘satisfactory’, but services could be developed further and improved. The practice was regarded as ‘friendly and helpful’ and delivering an acceptable service which could be expanded to include routine health assessments and more focus on prevention and health maintenance. Many people strongly supported the fact that Solva Surgery had a Dispensary, meaning that people did not have to travel to drop off and collect prescriptions. GP access was in need of improvement and continuity of care could be better with locums frequently in place. Concern was expressed about the lack of various support services including mental health, paediatrics, physiotherapy. Out of hours services were noted to be poor with long delays.

The answers to question 2 were in favour of an expansion of support and social services, peripatetic visiting clinics and improved nursing support.

## **Conclusion**

The consensus view was that the loss of Solva Surgery would be very damaging to the health of the local population in a rural area, seriously impacting the care of the population and the elderly, imposing long and difficult journeys to distant surgeries. An increase in the number of GPs was regarded as necessary as demand increased and the population aged.

The majority of attenders were strongly in favour of the ‘Polyclinic / Health Hub approach.

Concern was expressed that with the proposed changes to the nearest A&E at Withybush Hospital that rural patients and the people in the Peninsula in general would have poor quality care. Concern was also expressed about the serious delays in Ambulance response times.

The people of Solva regard the provision of the surgery as critical, if it were to close it would never be re-provided. Without a Surgery building GPs could not be based in Solva. An expanded Solva facility would benefit other areas of the Peninsula and towards Fishguard.

The detailed findings of the meeting have been recorded and are available as supporting documents.

**The purpose of this short paper is to address deliverable and practical solutions to:**

- 1) Address the continued provision of GP Services in Solva and the surrounding area.**
- 2) To devise and deliver solutions for improving the Health of the wider Community in the Peninsula and enhancing services and making them more responsive to the needs of the population.**
- 3) To enable and support the wider prevention agenda in order to improve the physical, mental and social Wellbeing of the Community and the aspirations laid out in the Future Generations Act (Wales 2014).**

### **Impact of Closure of Solva Surgery**

Solva Surgery serves part of the population of Solva and many in the surrounding communities in the Peninsula. The number of patients served is approximately 2,500. A population of this size and rurality would support two full time GPs when the demographics and tourist population are considered.

If Solva Surgery closed the Regional Health Board , Hywel Dda University Health Board (HDUHB) would have to make arrangements for the care of 2,500 plus patients. The nearest GP service is in St Davids, a small practice with limited facilities, which provides an excellent service but currently has a closed list. Fishguard and Haverfordwest are both 13 miles away and public transport is poor. Dispersing a large number of patients would put pressure on other GP surgeries and create unacceptable travel and access problems for the increasingly elderly population with very poor public transport.

The loss of the GP service in Solva would have a significant impact on Ambulance services and the local A&E department which are already under pressure.

Out of Hours care is provided by the HDUHB run service, which also has a shortage of doctors.

Solva Surgery building is the property of the retiring doctor. It is a purpose built facility in good condition in the heart of the village with good parking facilities. It is a high earning practice as it currently dispenses and provides medication for its own patients. The nearest Pharmacy is three miles away in St Davids.

The surgery also provides invaluable facilities for other peripatetic NHS and Social Care services and a weekly facility for Solva Care to provide advice. If the surgery was closed these services could not be provided locally and patients would have to travel. Demand for support from Solva Care would increase as patients required transport to distant facilities and for prescription delivery.

In the past in the 'traditional GP model', a new doctor would become a partner and 'buy in' to the business and premises. This model is now outdated, and younger doctors no longer want a large business loan on top of their student loans and other commitments including their personal mortgages. Younger doctors generally do not want to run a small business and employ staff. Many want to work portfolio careers to avoid burnout. Three part time doctors employed on a salaried basis with portfolio careers would be resilient and professionally satisfying and sustainable.

As it is unlikely that a new doctor (s) will wish to buy the practice premises. The departing GP will have to consider selling the surgery and site which has a high value and could be a future housing development site. The facility would be lost in the future and difficult and expensive to re-provide with a long time scale.

The Community has made it clear that they want local GP and NHS services based in Solva and expect the HDUHB to work to retain services.

An opportunity exists for HDUHB to develop innovative new services both for Primary Care and Social and outreach care and to build **healthy living and preventative initiatives**. The existing surgery and facilities are therefore critical to the retention and development of integrated services and future development. HDUHB would incur significant costs if the Surgery were lost, and the patients would have very poor access to services.

Increased travel by patients would have an adverse impact on Global Warming.

## **Proposal**

**The Surgery site and facilities are essential and critical for future provision.** HDUHB (and partners) should consider the purchase of Solva Surgery . It is a high value asset that will continue to increase in value. It is an excellent base for an innovative Health and Care Hub, including a salaried GP Practice. As an alternative a ‘Community Consortium’ or a commercial organisation could consider buying the practice and renting it back at market rates to HDUHB and other users. The option of renting the surgery from the retiring GP must also be considered. There are no other buildings in Solva suitable for health and social care use.

**The preferred option would be for the appropriate bodies to purchase the Surgery. The facility would be the base for a two doctor (whole time equivalent) GP practice staffed with salaried GPs and practice staff employed and supported through HDUHB. Every effort should be made to keep the existing staff as this would maintain care continuity, patient wellbeing and confidence in the community.**

The premises would become a ‘Solva and District Community Health and Care Hub’ or a N. Pembs Peninsula Health and Care Hub serving the wider area. Alternative names can be considered and adopted in due course.

**Health and Care Hub Proposal -The Health and Care Hub would have the following functions and services:**

- 1) GP surgeries and clinics** maintaining existing services. **(highest priority and based on continuity of existing essential services as a baseline).**
- 2) Community based clinical services** for example: Mental Health Services and reviews, health promotion, health education and preventative services.
- 3) Physiotherapy, chiropody, ophthalmology and audiometry, psychological support** as examples. The service might include a dental service.
- 4) A base for Social Care and Community Carers** providing Care Assistants in the community.
- 5) Personal Advice on life management, similar to Citizen’s Advice.** An education centre for the Community.

- 6) A base for the Solva Care team and their future Community Carers perhaps operating as a forward operating base for Ambulance Responders.
- 7) A collection point for Pharmacy Requests and a dispersal point for prescriptions. Possibly hosting an external Pharmacy provider.
- 8) As part of Healthy Living and Wellbeing, a facility for annual health checks, advice and monitoring. (Well-Being Assessment) and Well-Being Personal Action Plan. (PaP).
- 9) Base for GP OOH services and weekend emergency GP surgery services.

The concept of a Health and Care Hub is fully compatible with the Well Being of Future Generations Act( Wales Act 2014) and with the Pembrokeshire Well-being Plan, published by the Public Services Board of Pembrokeshire County Council (PCC). A Health and Care Hub devoted to Health Delivery and promotion of education for healthy living will reduce demand for the future and promote improved quality of life. A Health and Care Hub will ensure equality of access to health and social care for the rural and coastal population of N. Pembrokeshire who are disadvantaged in health care access and social support by geography and transport. The Health and Care Hub should not be seen as a simple replacement for a GP surgery, but as an exciting opportunity to deliver an integrated service model for a rural and coastal population. The Project can be seen as a solution improving services and as a prototype for a new model of service. A research team will evaluate the project and participate in developing future models for care for Wales.

## **Action Plan**

### **Time is of the essence to avoid loss of services in Solva and the North Pembrokeshire Peninsula.**

- 1) Agree that a small delivery team be put in place to deliver a Health and Care Hub.
- 2) Engage and sign up the Community, HDUHB , Social Services and PCC to fund and deliver a five year model. CEOs will be required to commit to the project.
- 3) Establish the retiring GP's position on the sale of the Surgery and agree the way ahead: Purchase or rental?

- 4) Obtain financial commitment from PCC and HDUHB and put in place costings and funding for five years. This may require reallocation and reprioritising of existing resources and commitments. Explore commercial opportunities for funding to retain ownership of the Solva Surgery (commercial providers, Banks, Grants, Venture Capital).
- 5) Establish a Delivery and Management Team to meet the time scales and action plan.
- 6) Enable service continuity by retaining existing GP locums, as an interim measure, and recruiting two salaried GPs to provide the GP service. Ideally these doctors should be multiskilled. A rural population of 2,500 plus needs two whole time equivalent doctors.
- 7) Establish partnership Memoranda of Understanding (MoUs) with key partners and set rigorous delivery standards.

## **CONCLUSION:**

**The Health and Care Hub will provide an effective and innovative solution to the future development of Well Being and integrated care in the community. The model is compatible with improving the health of the nation by promoting wellbeing and healthy lifestyles.**

**An interim solution MUST be in place from 31 March 2023 until effective services are in place.**

**A new approach is required to ensure the requirements of the Future Generations Act are translated into definitive actions.**

**Building a research team into the project will guide future development.**

**Existing surgery staff can be retained for the project and all partners should be prepared to 'second' staff in over the first five years.**

**Traditional staff roles will have to evolve and adapt to attract practitioners.**

**The Solva Integrated Health and Social Care Hub project must be flexible and agile in order to deliver results. It should be seen as a Community initiative and a possible model for wider adoption across Wales.**

**Retaining services in Solva will support the existing GP practice in St Davids and support services across the Peninsula including services in the Fishguard area.**

**RECOMMENDATION:**

**It is the recommendation of this paper that plans be urgently developed to deliver a Health and Care Hub in order to maintain and improve the current services and to develop new solutions to meet the needs of the people, tailored to local need, compatible with new models for the future NHS.**

**The new service will be compatible with wider Health Service changes and will enhance social care.**

**Time is critical and rapid decision making is critical. An interim solution should be considered.**

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