

Hywel Dda CHC role in Solva Vacant Practice Process December 2022 to March 2023

Background

The Health Board informed us that the GMS contract had formally been returned on December 14th 2022 with the practice giving a statutory notice period of 3 months. Work began immediately with the Health Board to understand the emerging position and how public engagement should be designed and structured. A Vacant Practice Panel was held by the Health Board on January 9th 2023. A further Vacant Practice Panel will be held on February 13th to reflect on engagement responses and a final decision will be taken by the Health Board in an Extraordinary Public Board meeting on 23rd February.

Role of the CHC in Service Change

Community Health Councils have a particular role regarding NHS planning or service change which is set out in Welsh Government Regulations (2015). This specific role has been subject to more detailed Welsh Government guidance which addresses the roles of NHS organisations and CHCs in relation to the processes of service change and public consultation.

Our role in planning the public engagement process

Through discussions with the Health Board we worked together to agree a public engagement plan. The approach was agreed virtually by the CHC Executive Committee in January.

- The short notice period meant that the public engagement period had to be compressed to fit the challenging governance timescales involved.
- The engagement period ran from Monday 6th January to Friday 4th September with late online responses still captured up to Friday 10th January.
- The engagement process used standard media, social media, poster and paper/virtual survey approaches. The Health Board's dedicated Communications Hub was used to field telephone calls.
- At time of writing 1213 people have responded although it is recognised that a few people may have completed the survey more than once and thus the number of survey responses won't necessarily reflect the exact number of people who responded.
- An engagement event was held in Solva on 24th of January. 249 people attended during the course of 5 hours.
- The Health Board engaged with the Community Council as part of their approach.
- Due to the concerns relating to potentially major changes to the local communities' GP services, the public were given the option to respond directly to the CHC. A relatively small number of people (7 with one letter received) chose to do this.

What we thought about the engagement process

We felt that the engagement process excellent given the short timescales. The Health Board worked with us in the early stages and communicated effectively with the CHC throughout, this included weekly engagement "catch-up" meetings. The CHC attended the initial Vacant Practice Panel meeting and will be present for the final meeting and the Health Board's extraordinary Public Board meeting.

The process was aided by the active and helpful Community Council but the Health Board's own commitment to the process was evident. For example, the engagement event was well attended and members of the Primary Care team as well as more senior management were present to speak with the public. Although we heard of frustrations from a few people as they waited to speak with Health Board staff it was hard to fault the approach.

Overall, the engagement yielded a substantial response. This was partly due to the substantial impact that issues like this have on communities and the consequent reaction. However, it also showed how accessible the process was. More broadly we would reflect that the Health Board's approach to this situation (which has evolved over recent years and vacant practice episodes) is now the benchmark for local reactive engagement.

What people said during the engagement

A number of broad themes arose during the engagement period:

- **Accessibility:** many people valued the accessibility of the Practice at Solva and worried how they would access a GP should the surgery close and they were dispersed to another practice list. There were clear worries about accessing GP care at a new practice, the related upheaval and uncertainty.
- Many noted that parking would be particularly difficult in St. Davids given the lack of parking spaces by St Davids surgery and lack of public car parking nearby, particularly during busy summer months.
- The vast majority of responses indicated that people wanted to continue receiving care from their current practice.
- Many people valued the dispensing status of Solva surgery for its convenience when people were prescribed medicines and the role it played in continuity of care.
- A common concern related to the perceived impact on Solva as a village and community.

Data collected and notable findings during the engagement

The substantial public involvement and subsequent data gathered provides some interesting insights alongside some issues that are specific to the area.

Solva Care and Strategic Fit with public bodies' aims

A number of people who took part in the engagement process were involved in or were users of Solva Care. This is an established (2015) charity whose stated aim is;

"to maintain and improve the health and wellbeing of our community by enabling our residents to stay in their own homes and remain part of their community".

It has gained recognition through funding bids and is considered a successful and replicable community model.

It was clear that many people felt the existence of a GP practice was an important service alongside Solva Care and is a relationship that creates complimentary benefit, ultimately helping the community. From a CHC viewpoint, the Health Board's long term strategic aim of developing a "social model" of care would be undermined if supporting structures such as GP practices became sparser and more distant from some rural communities.

GP provision on St. Davids peninsula

It has become clear that the decision on the future of Solva Surgery cannot be made in isolation from the wider issue of General Medical Services (GMS) on the St. Davids peninsula. The GP practice at St. Davids is also fragile and we understand that any dispersal of patients from Solva to the practice could destabilise it further and lead to another GMS contract returned and short-notice closure.

The lack of GP provision on the peninsula would be a significant problem for many people who live there, particularly those most vulnerable and those who rely on public transport. Bus journeys from the St Davids area to Fishguard or Haverfordwest for those well enough to use public transport would currently entail a 2 hour return journey.

The data from the engagement exercise highlighted some interesting themes. Amongst the findings it was noticeable that:

- (a) The age profile of survey respondents showed nearly 50% were over the age of 65 and nearly a quarter were aged over 75.
- (b) 410 survey respondents said they had a disability, long-term illness or health condition. 187 of these were categorised as a long-term illness and 80 people highlighted some level of mental health difficulty.
- (c) Nearly 13% of respondents were unpaid carers

- (d) When asked how they travelled to Solva surgery, 75% drove by car and 19% walked

Accepting that there is some self-selection bias in a survey like this one, Solva has relatively high levels of health need and an ageing population.

Given that the average age that people begin to consider giving up driving is 82¹, a growing number in the community might find transport a barrier to accessing their GP now or in coming years. Making their GP more geographically distant would exacerbate this problem. Additionally, representatives of Solva Care worried that their current model might not be able to maintain transport help to people if travel distances and demand increased.

Least Worst vs Best Option

One of the benefits of good quality public engagement (as observed in this process) is the opportunity to discuss and explain the “behind the scenes” realities and complexities that Health Boards and GP practices face week-to-week. Many people valued the clarity this brought to their conversations and how it generated a more pragmatic (if downbeat) understanding of the local situation.

Given that the vast majority felt that they’d prefer to access a GP in Solva surgery we asked people what they felt about the prospect of potential “no GP” days and patchier coverage if the Health Board opted to step-in and make the surgery a managed practice. It was clear that people were making realistic and measured judgements about what they would prefer and typically they wanted to retain “something rather than nothing”. Whilst they rightly expected high quality services they also understood that a managed practice might not be able to deliver the exact level of service that they were used to.

Our Conclusions

In presenting the CHC’s conclusions, it is important to highlight the respective roles of the Health Board and CHC within this process. The Health Board holds a contract with GP practices. If it receives a

¹ https://www.iamroadsmart.com/docs/default-source/research-reports/report_keeping-older-drivers-safe-v3.pdf?sfvrsn=e260e750_4

contract resignation it will seek to ensure that affected people remain registered with a GP. It must also give due consideration to the needs of the community it serves.

As set out at the start of this document, the CHC has a statutory role in NHS service change, ensuring that the Health Board engages effectively with the public. The CHC will also develop its own balanced view based on what the public have said.

CHCs are not in a position to take an expert stance on the complex and challenging logistics of GP provision or generate solutions for an area. Our focus is on ensuring that our conclusions are based on the real-world impacts of service change proposals on people, ensuring these impacts are understood and incorporated into decision-making. We have taken the opportunity to absorb the responses made by the public.

Having considered information available and public feedback during the engagement period the CHC made the following points to the final Vacant Practice Panel meeting:

The “least worst” option

The threat of Solva’s Surgery’s closure was deeply unsettling for the community. The quality of public engagement organised by the Health Board led to a high response rate and a good cross section of local views. People we spoke to understood the difficult realities within each of the options. From the survey results, 90% of people had a clear preference for the Health Board managed-practice option on the basis that they felt it was the “least worst”.

The CHC agreed with this view. Whilst we know that the Health Board struggles to staff its managed practices given the limited number of GPs to call on, we would be worried that Solva’s closure and consequent dispersal of patients could precipitate a total loss of GMS services on St Davids peninsula. Although the availability of GPs is a primary determinant of GMS provision, buildings are also important and were Solva to become a managed practice, the Health Board would be better placed to maintain a physical foothold as it looked to secure GMS services in the area.

Loss of Dispensing Status

Many people recognised that regardless of which option the Health Board chose for the future of Solva Surgery, it would cease to be a dispensing practice. Although few people listed this as their primary concern, it was a valued and convenient service. The community pharmacy in St. Davids does not currently provide a delivery service but during the engagement event it was suggested that the loss of dispensing in Solva might be eased by the pharmacy offering delivery. We felt this possibility needs to be explored and we understand the Health Board is apparently in contact with the pharmacy.

Solva Surgery's Place in the Community

Solva is a relatively unique community given that it is home to an innovative charity in Solva Care. We felt that maintaining Solva Surgery as a managed practice would allow for a mutually beneficial relationship with Solva Care. This would be in line with the Health Board's strategic vision which we broadly welcomed following the "Transforming Clinical Services" public consultation and the current "Realising a Healthier Mid and West Wales" transformation programme.

Communication

Given the level of concern in the community, the CHC expects that communication of the outcome and related changes to the services offered needed to be clearly communicated. Given the active Community Council, Solva Care etc. thought needs to be given to how the outcomes of this process are passed on to people so that they are clear on what they can expect.

Outcome

On 23rd February Hywel Dda Health Board agreed to run Solva Surgery as a managed practice for an interim period. We welcome this development but have asked the Health Board to survey patient experiences and satisfaction as arrangements become established. We will continue to monitor patients experiences that we hear for Solva and other managed practices.

