



Health Board Managed Practices

July 2025

Why Health Board Managed Practices?

- On termination of a General Medical Service (GMS) contract the process allows for consideration of the following options:
 - Re-commissioning of a contract via GMS or Alternative Provider Medical Services (APMS)
 - Dispersal of the Practice list
 - Health Board Managed Practice
- Hywel Dda University Health Board currently has 6 Health Board Managed Practices providing General Medical Services to circa 38.8k patients
- Each Practice has a clinical quota that forms the basis of the rota requirements
- Locum rate card introduced in Autumn 2024
- Increased interest in salaried General Practitioner (GP) posts with Tenby Surgery and Ash Grove Surgery almost being fully salaried

Premises

- The Managed Practices all occupy the same premises as pre contract termination. A spectrum of arrangements support this, from leases or terms held over (Sarn, Ash Grove, Minafon, Penrhyn) to licence to occupy.
- The condition of the premises varies from large modern purpose-built premises (Ash Grove) to cramped, dated conversions (Neyland). The size and condition of estate can restrict what Practices are able to offer. Concerns about the state of the repair and compliance with fire and safety requirements are a feature of some buildings.
- 3 of the 6 Managed Practices operate a branch surgery as well as their main site:
 - Minafon – Trimsaran
 - Neyland – Johnston
 - Penrhyn – St Davids

Opportunities

- Develop and support new roles, trial new models of working away from traditional roles eg. Practice-based Pharmacist, Senior Clinical Pharmacist, Advanced Practitioners (working with the Academy). Health Boards represent secure employment which can be attractive
- Test beds for new services or systems, pilot sites, early adopters eg. Covid vaccination initial rollout, Electronic Prescribing System (Neyland)
- Rich source of data for learning about GMS where parallel data from Independent Contractors is not available eg. chronic disease monitoring
- Stability in areas of concern over the viability of neighbouring GMS Contracts. Opportunity to shape service provision within a Cluster
- Opportunity to develop and build protocols and processes which can be shared with Independent Contractors eg. Repeat Prescribing, locum pack, clinical system templates

Challenges

- Recruitment and retention into key clinical roles
- Reputational challenges involving neighbouring Practices and patients
- Held to both contractual and Health Board standards/governance mechanisms
- Buildings not fit for purpose
- Resistance to cross cover/working arrangements due to combination of Transfer of Undertakings Protection of Employment (TUPE) and Agenda for Change (A4C) staff
- Operational service delivery Monday to Friday 8am – 6.30pm

Tenby Surgery

- Tenby Surgery became a Health Board Managed Practice in 2018
- The Practice List size is 7366
- Clinical Lead in post alongside salaried GPs and an established Multi-Disciplinary Team (MDT) in line with the Primary Care Model for Wales
- Work ongoing to develop an MDT approach to patients with chronic diseases
- Premises-related concerns are currently being discussed with the landlords

Neyland and Johnston Surgery

- Neyland and Johnston Surgery became a Health Board Managed Practice in 2022
- The Practice List size is 5980
- Neyland Surgery is the main site with Johnston operating as the branch
- Recently appointed salaried Clinical Lead
- One salaried GP appointed; another vacancy being taken to advert

Meddygfa Penrhyn

- Solva Surgery became a Health Board Managed Practice in 2023
- Former dispensing rights ceased
- Following the contract termination in St Davids and the agreement for a list dispersal in 2024: Meddygfa Penrhyn was established
- Practice list size 4628
- Branch site established in St Davids for nurse led care
- Clinical Lead and salaried GP appointments made, GP vacancy due to go out to advert; Pharmacist input being reviewed
- Majority of administrative staff are on TUPE terms and conditions

Ash Grove Surgery

- Became a Health Board Managed Practice in 2018
- Practice List size of 8033
- Salaried Clinical Lead in post and recruitment into salaried GP posts has seen the Practice become almost non GP locum reliant
- GP Fellow
- Clinical Pharmacist (with view to becoming first Consultant Pharmacist in Primary Care)
- First Managed Practice to engage in a Research & Development (R&D) project (Antler 75)
- Joint reviews of patients with Chronic Kidney Disease (CKD)/Hypertension started with proposal to roll out model across the Managed Practices

Meddygfa Minafon

- Meddygfa Minafon became a Health Board Managed Practice in 2015
- The Practice List size is 8537
- One salaried GP but no clinical lead in post
- Physician Associate (x2) in post working across Meddygfa Minafon and Meddygfa'r Sarn
- Branch Surgery in Trimsaran

Meddygfa'r Sarn

- Meddygfa'r Sarn became a Health Board Managed Practice in 2017
- The Practice list size is 4347
- Wholly reliant on Locum GPs
- No clinical lead in post
- Shares Personal Assistants (PAs) with Meddygfa Minafon

- Managed Practice do not have to be a permanent status. The Health Board can revisit historic decisions. A Managed Practice could be put out to tender or dispersed, subject to Board approval. In 2023 and again in 2024 a Provider for the APMS Contract for Neyland and Johnston was sought, however bids failed on both occasions, previous advert to return Tenby Surgery to Independent Contractor status also failed.
- Consideration needs to be given to the stability and financial viability of the practice as an independent contractor as well as the impact on staff in testing the market.