



**Vacant Practice Panel
IN CONFIDENCE**

Dyddiad y Cyfarfod: DATE OF MEETING:	31 October 2025
Eitem ar yr Agenda: TITLE OF REPORT:	Meddygfa'r Sarn Managed Practice
Arweinydd Cyfarwyddwr EXECUTIVE LEAD:	Jill Paterson, Director of Primary, Community and Long Term Care
Swyddog Adrodd: REPORTING OFFICER:	Anna Swinfield, Head of GMS Sustainability

Pwrpas yr adroddiad / Purpose of the Report (dilewch fel yn addas / delete as appropriate)

<i>I'w Gymeradwyo</i> For Approval	<i>Ar Gyfer Cefnogaeth</i> For Endorsement	<i>Ar Gyfer Penderfyniad</i> For Decision	<i>Ar Gyfer Trafodaeth</i> For Discussion
			✓

ADRODDIAD SCAA / SBAR REPORT

Sefyllfa / Situation

Meddygfa'r Sarn became a Health Board Managed Practice on 1 October 2017, following the resignation of the GMS Contract by the Partners in March 2017. At the time, Sarn became the third Health Board Managed Practice, alongside Meddygfa Minafon and Goodwick Surgery. This decision to manage the Practice was made in the context of GMS instability in the Amman Gwendraeth Cluster following the resignation of the GMS Contract at neighbouring Meddygfa Minafon in 2015 and other sustainability concerns at the time.

The Practice has remained Health Board managed since 2017 and has continued to operate from the same premises in Pontyates. Closer links have been established with neighbouring Meddygfa Minafon, including some joint roles and flexibility with staffing. However more recently it has been recognised that there may be other opportunities and options available to the Health Board to continue to provide General Medical Services to the registered population.

Members are asked to note that at the time of the Vacant Practice Panel the options for consideration have not been shared or discussed with staff and therefore a process of careful staff engagement will need to be undertaken following the conclusion of the panel.

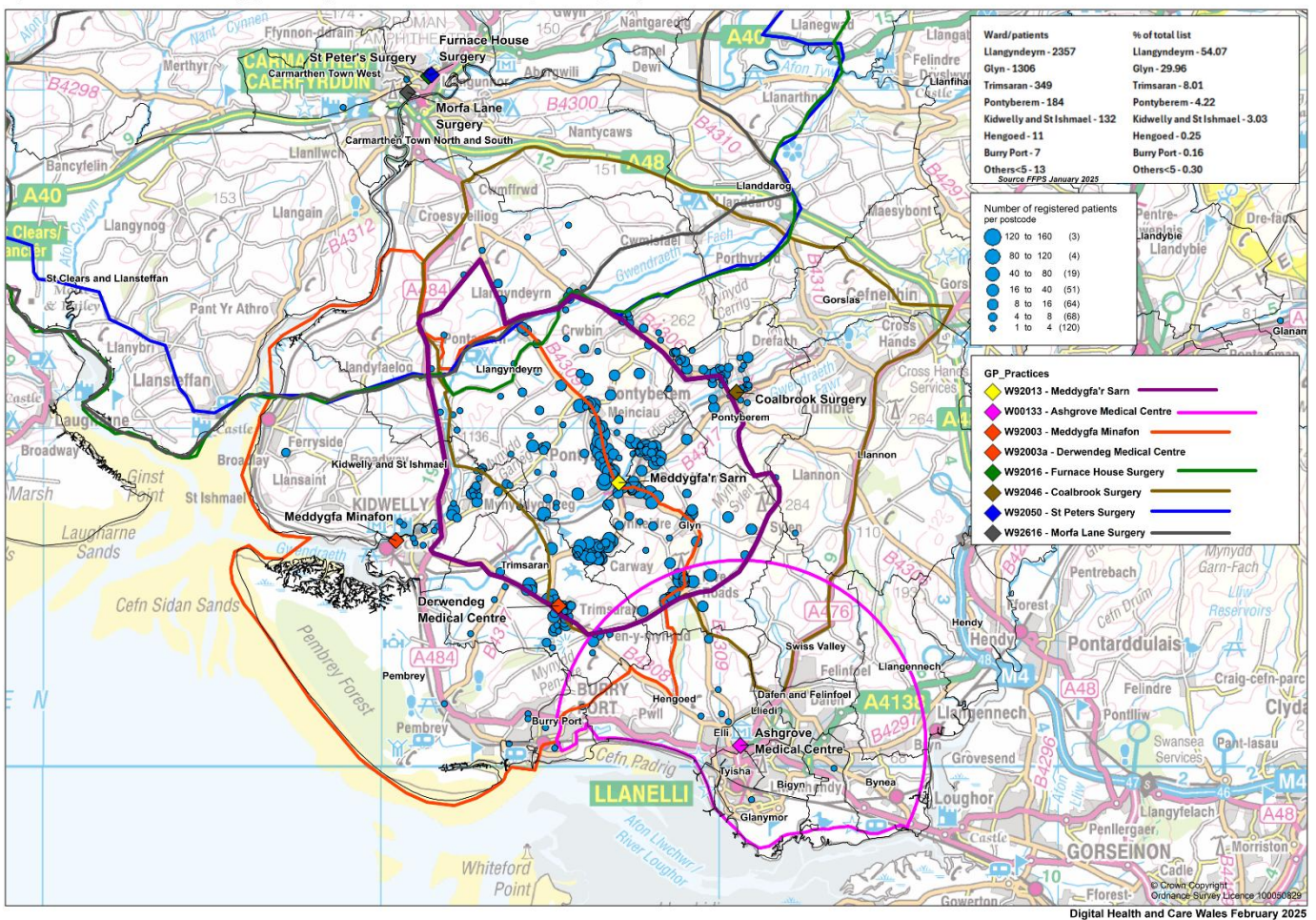
Cefndir / Background

Demographics

Meddygfa'r Sarn sits within the Amman Gwendraeth Cluster and is one of eight Practices over fourteen sites in the Cluster, including branch surgeries and operates from a single premises in the village of Pontyates, which is owned by the previous Partners.

Figure 1 Map of Meddygfa'r Sarn practice area and patient distribution

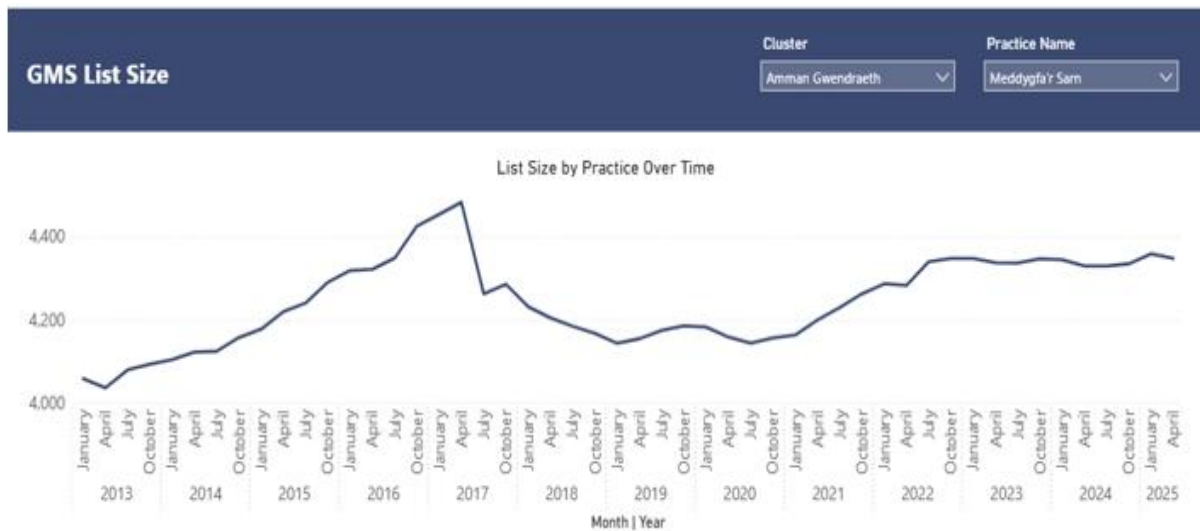
Hywel Dda UHB - W92013 Meddygfa'r Sarn patient distribution and neighbouring GP practice boundaries



Meddygfa'r Sarn is the smallest practice in the Cluster and the smallest of the six Health Board Managed Practices with a list size of 4,353 patients (July 2025); the Practice list remains stable following an initial decline in patient numbers in 2017. The average (mean) list size in the Amman Gwendraeth Cluster is 6.3k and the average list size in Hywel Dda is 8.5k patients.

The entirety of the Practice area is also covered by Coalbrook Surgery in Pontyberem (3 miles by car), Meddygfa Minafon (5.5 miles by car) to the west and south, and Ash Grove Surgery in Llanelli to the east (6.6 miles by car).

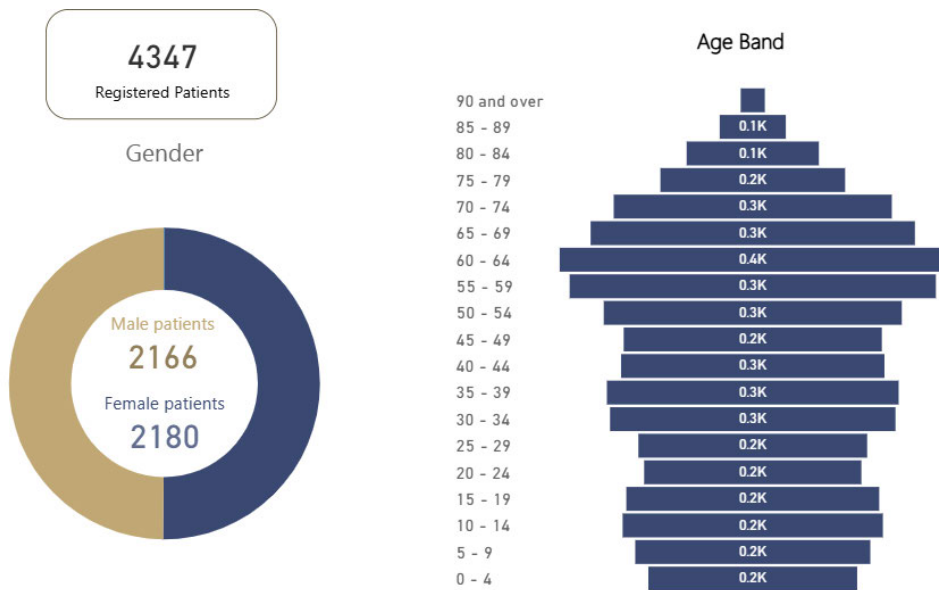
Figure 2: Meddygfa'r Sarn list size, 2013 – 2025



It remains the case that over 10% of current patient registrations lie outside of the Practice boundary, which was an issue that was recognised in 2017; however, no action was ever taken to remove these patients.

The patient demographic age and sex profile for the Practice is typical of the wider Cluster.

Figure 3: Meddygfa'r Sarn age and sex demographics



There are no Care Homes served by the Practice and there are no community staff based in the Practice. Other local services include a Community Pharmacy in Pontyates (Harlow & Knowles) and a Community Pharmacy in Pontyberem (Well).

Public transport locally is limited. A public bus service operates between Llanelli and Carmarthen

(number 197) from Pontyates, and the number 195 bus operates between Pontyates and Pontyberem (nine-minute journey, eight buses per day) and eight buses per day to Trimsaran, which is a branch site of Meddygfa Minafon (16-minute journey).

Workforce

The current workforce is set out below. A large number of staff work across both Meddygfa'r Sarn and Meddygfa Minafon. The Service Delivery Manager has applied to retire and return.

Figure 4 Meddygfa'r Sarn Workforce, October 2025

Role/Title	Band	Headcount	FTE in Sarn	Base	Notes
GP Clinical Lead	n/a	0	0	N/A	
Salaried GP	n/a	0	0	N/A	
Pharmacist	8a	1	1	Sarn	
Pharmacy Tech	6	1	1	Sarn	Works across Sarn & Minafon
Script Clerks	3	1	1	Sarn	
Nurse Manager	7	1	1	Minafon	Works across Sarn & Minafon
Practice Nurse	6	1	1	Sarn	Works across Sarn & Minafon
Practice Nurse	6	1	1	Minafon	Works across Sarn & Minafon
Practice Nurse	5	1	1	Sarn	Works across Sarn & Minafon
HCSW	3	1	1	Sarn	Works across Sarn & Minafon
HCSW	3	1	1	Minafon	Works across Sarn & Minafon
Physiotherapist	8a	1	1	PPH	Works across Sarn & Minafon (from Physio)
ANP	8a	1	1	Hafan Derwen	Works across Sarn & Minafon
PA	8a	1	1	Hafan Derwen	Works across Sarn & Minafon
PA	7	1	1	Minafon	Works across Sarn & Minafon
Service Delivery Manager	7	1	1	Sarn	
Deputy Practice Manager	5	1	1	Minafon	Shared role - Minafon
Senior Admin	3	1	1	Sarn	Reception Supervisor & Med. Sec.
Receptionist	2	7	4.24	Sarn	
Cleaner	1 (TUPE)	1	1	Sarn	Additional hours supplied by Hotel Services

The GP Clinical Lead left the Practice in February 2025 however since this time the Practice has had oversight from the Clinical Director, Primary and Community Services. The Practice actively engages with the joint weekly clinical team meeting with Meddygfa Minafon. The Practice is entirely locum dependant.

Premises

The practice operates from a small single-storey premises on Heol Y Meinciau at the bottom of the valley in Pontyates, about 100 metres from the Community Pharmacy. A summary report from Avison Young in 2022 is at Figure 6. Since 2022 several improvements have been made to the building to comply with Infection Prevention and Control (IP&C) standards including new flooring, new seating in the waiting area, redecoration and upgrades to the rooms. The premises is small for the list size (206.45m²) and clinical and non-clinical rooms are fully utilised.

Figure 5 Meddygfa'r Sarn, exterior (frontage)



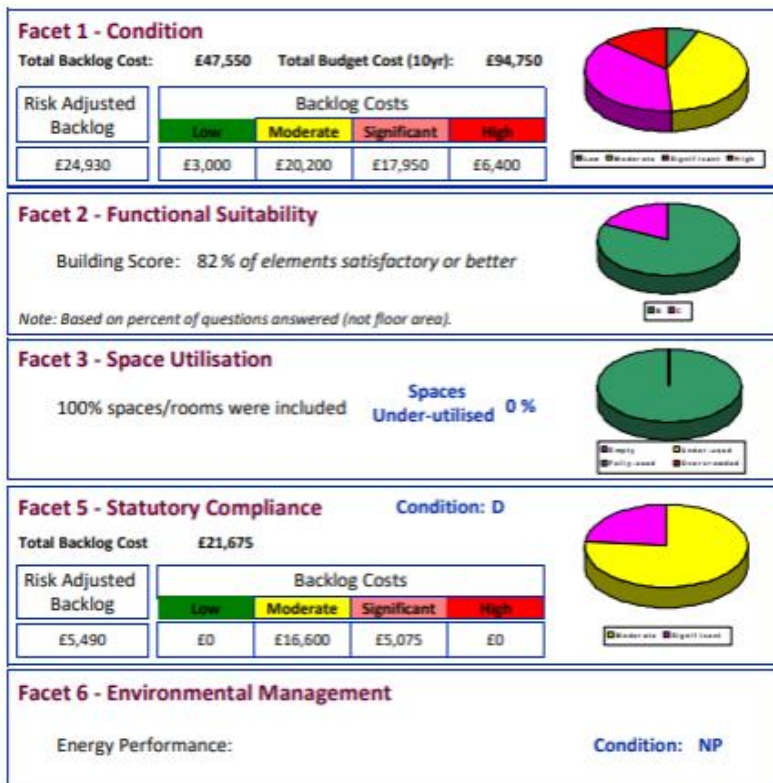
The Practice is situated at the bottom of a steep valley in an area prone to flooding (the premises are built on a raised platform, and the car parks and surrounding land have flooded previously, leaving the building cut-off with drains flooded and no ingress into the building). The site is within an area identified as a Natural Resources Wales flood zone.

The premises is in the ownership of two of the former and retired Partners, Dr Owen and Dr Edmunds, and is occupied by the Health Board under a TIR lease which expired in 2020 but has been extended to 1 October 2026. The rent is £23,100 per annum.

Figure 6 Avison Young Five Facet Survey summary, 2022

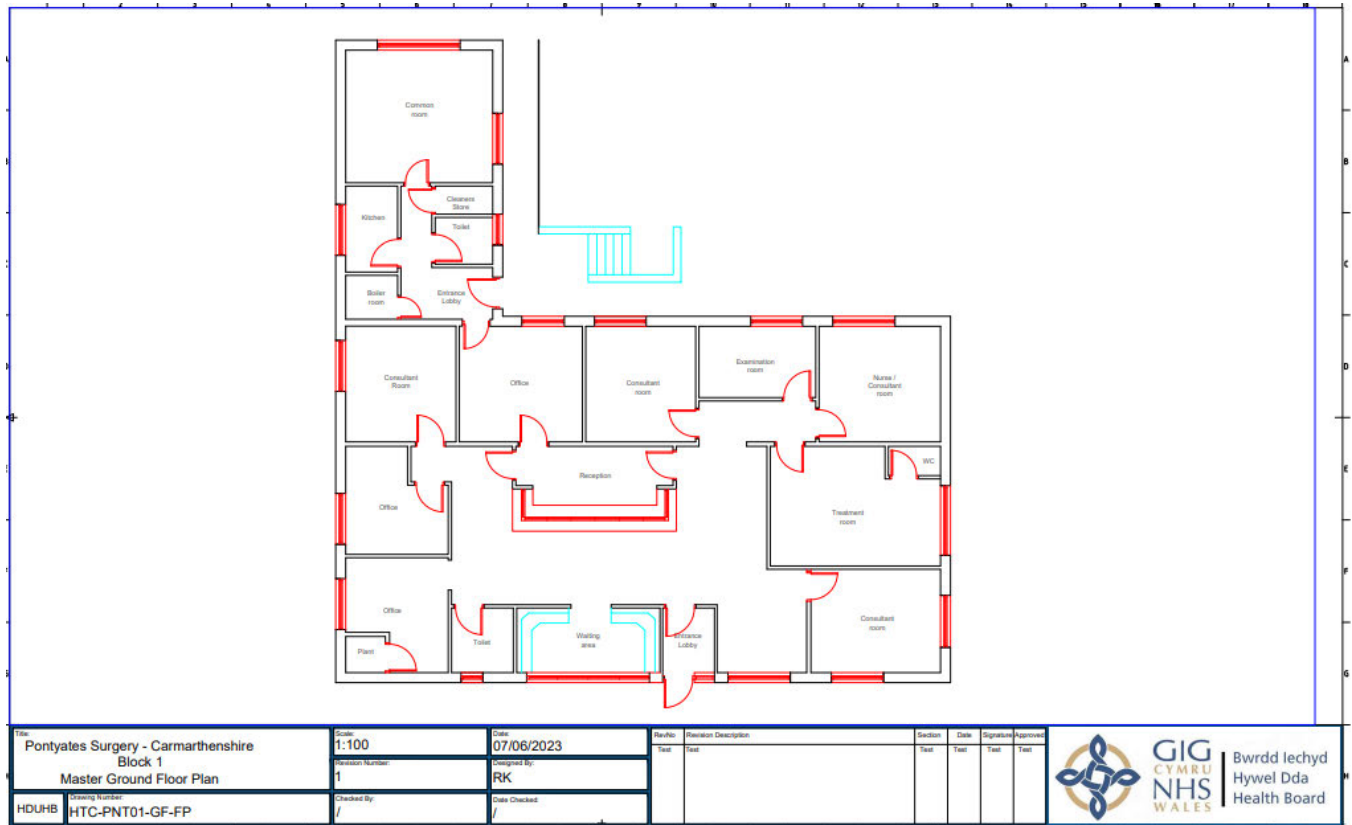
FIVE FACET SURVEY

PROPERTY SUMMARY BUILDING REMAINING LIFE: 40 YRS
MEDDYGFA'R SARN



There are 3 GP consulting rooms which typically operate with 2 GPs and one Physicians Associate/Advanced Nurse Practitioner/Physiotherapist. There is one nurse treatment room, two smaller clinical rooms, an office for the Pharmacy team, the Managers' office, Reception area, two back offices and a waiting area. There is one patient WC, one staff WC, a boiler room and a small kitchenette. Space is a constant challenge and limits the services the Practice can host and deliver e.g. Cluster services.

Figure 7 Floorplan, Meddygfa'r Sarn



A Health and Safety assessment undertaken by a Health Board Health and Safety Advisor in March 2025 identified several issues including exposed pipework, a lack of storage, inadequate electrical points leading to reliance on extension leads and missing downpipes and lack of emergency lighting to the exterior. Importantly this assessment echoed previous reports in identifying the lack of a staff room or break area. Using space in the nearby miners' hall for staff at breaks has been explored, however the staff have not been keen to pursue this. Currently the Service Deliver Manager vacates [redacted] office for an hour at lunchtime to allow staff to use this space, whilst they work in the open plan area.

There is parking to the front (patients) and rear (staff).

A Fire Risk Assessment from November 2024 identified the need for a new exterior storage compound, upgrades in the fire doors, lack of signage, and non-compliant locks at one exit.

Meddygfa'r Sarn underwent the clinical system migration from Vision to EMIS in October 2024, and is scheduled to go-live with EPS in February 2026. All six of the Managed Practices are now operating EMIS and the degree of sharing of templates and guidelines has increased.

Finance

Meddygfa'r Sarn runs at a total cost of £1.013m (2024-25 data). Projections for 2025-26 are at £1.078m.

A detailed breakdown of the costs is outlined below.

The total projected pay-related expenditure stands at £1.011m, with £492.8k (49%) projected in Locum GP sessions and no expenditure is forecasted for salaried GP costs.

Additional pay costs include £312k (31%) for Admin & Clerical staff, £83k (8%) for Pharmacy, and £73k (7%) for Registered Nurses.

	<u>2025-26</u>	<u>%</u>
G.P.Sessions / Staff Fund	£ 492,820	49%
Salaried GPs	£ -	0%
Admin & Clerical	£ 312,519	31%
Pharmacy	£ 83,834	8%
Registered Nurse	£ 73,370	7%
Physician	£ 32,351	3%
Physiotherapist	£ 16,171	2%
Total Pay	£ 1,011,066	

Additionally, the breakdown of non-pay costs is outlined as follows:

Premise related expenses including rent, rates, and utilities account for the majority, totalling £51.5k and representing 77% of the overall non-pay expenditure.

Office-related costs, covering items such as computers, telephones, and stationery, amount to £6,284, comprising 9% of the total.

	<u>2025-26</u>	<u>%</u>
Premise Costs (Rent / Rates / Utilities)	£ 51,546	77%
Office Costs (Computers/ Telephone / Stationary)	£ 6,284	9%
Medical Costs (Drugs / Lab Cost)	£ 4,530	7%
Staff Costs (Uniforms / Recruitment / Travel)	£ 4,386	7%
Other Costs	£ 3,248	5%
Search Fees Income	-£ 2,879	-4%
Total Non Pay	£ 67,115	

Costings for the options where TUPE would apply are identified are included in *Appendix 1*.

Services and Performance

Meddygfa'r Sarn provides GMS core services to mirror the Unified Contract, plus a range of Supplementary Services to its population (Figure 8)

Figure 8 Table of Supplementary Services, Sarn

Services provided by Meddygfa'r Sarn	
Core services	Care for those who are or believe themselves to be unwell
	Health Promotion
	Chronic Disease Management
	Cervical screening
	Maternity services
	Contraceptive services
	Child health services (vaccinations and screening)
	Minor surgery (cryo, cautery, curettage)
	Quality Improvement Framework - Access and 3 x QI projects
	Chronic Kidney Disease Cardiovascular Disease outcomes Continuity of Care
Enhanced and Supplementary Services (Care Closer to Home)	Monitoring
	Administering
	Other
	Immunisations for eligible groups
	Cluster
	Other
	NHS work
	Anti-coagulation medications
	NOAC/NOAR/DOAC/DOAR
	Near Patient Testing
Gonadorelins (hormone therapy for prostate disease)	
Long Acting Reversible Contraception	
Osteoporosis treatment	
Treatment Room - wound care, minor injuries, BI2s etc	
Minor Surgery (injections)	
Learning Disabilities annual reviews	
Phlebotomy (includes secondary care ie. for hospital appointments)	
Spirometry (lung function test)	
Asylum seekers/refugees	
Flu	
Pneumococcal	
Covid boosters (spring and autumn)	
Pertussis	
HPV (Human Papillomavirus)	
Measles, Meningitis	
Shingles	
RSV (Respiratory Syncytial Virus)	
Rotavirus	
Hepatitis A, Hepatitis B	
Generic OT / Physio Tech	
Jac Lewis Foundation	
Persistent Pain	
Social Prescriber	
First Contact Physio service	
MindCAB self-referral	
National screening programmes - breast, bowel, AAA, DRSSW	
Medicals and reports (some mandatory)	

Under the Contract Assurance Framework (CAF) for 2024-25 Meddygfa'r Sarn was assessed as requiring a full visit, chiefly based on Clinical Governance Practice Self-Assessment Tool response regarding deterioration in assessed scores, HRT prescribing, Methotrexate monitoring, Gabapentin/Pregabalin prescribing, antimicrobial stewardship and a lack of key roles in governance system.

Data from the Managed Practices dashboard shared at the Managed Practices Quality, Health and Safety meeting in September 2025 showed the following:

- PADR compliance - 100% (target compliance 85%)
- Compliance with core skills framework - 95.3%

Assessment

The process for the consideration of options by the Vacant Practice Panel (VPP) is laid out in Welsh Government guidance *WHC 2006 063 GMS Practice vacancies (Appendix 2)*. The options available to the Health Board are as follows:

1. **Standalone Managed Practice** – maintain Meddygfa'r Sarn as a standalone Managed Practice and develop further joint working with Meddygfa Minafon. This option would obviously provide patients with continued stability of service provision but longer term the issues with both the premises and the workforce would need to be addressed as neither Practice is operating at an optimum level to provide an assurance around longer-term stability.
2. **Merger with Minafon** through a managed dispersal of the entire patient list to create a single, larger Practice with all staff retained. As above, the premises and workforce issues to enable this proposal to be supported to deliver sustainable services to patients would need considerable work. A subset of options around the configuration of a larger Managed Practice operating across a number of sites would also need consideration:
 - 2a. Minafon, Trimsaran and Sarn remain open
 - 2b. Minafon and Trimsaran remain open, close Meddygfa'r Sarn
 - 2c. Minafon and Sarn remain open, close Trimsaran
3. **Managed dispersal** of the patient list over neighbouring Practices on the established basis of geographical distance between individual patient postcodes and the next nearest Practice (Independent Contractor or Managed Practice). There have been some indications that neighbouring Practices would be interested in growing their list sizes to future-proof their own sustainability. Whilst this option would mean considering TUPE of existing staff, it would reduce the current risk around workforce and premises. Patients however would be required to travel to another Practice.
4. **Procurement** for either a new or existing Provider to take a new GMS or APMS contract (in accordance with Provider Selection Regime (PSR) Regulations 2025). Premises are likely to continue to be an issue if this is the preferred option and the financial viability of the model would need careful assessment.

The ambition is that an agreed way forward for the patients of Meddygfa'r Sarn is agreed for implementation from 1 April 2026, and therefore all necessary actions to support that timescale will need to be agreed and undertaken with the relevant stakeholders.

Appendix 1



SarnOptionsAnalysis.
docx

Argymhelliad / Recommendation

The Panel are asked to:

- **CONSIDER** the options set out within this paper and make a **RECOMMENDATION** on the way forward to continue to provide sustainable General Medical Services for the registered population of Meddygfa'r Sarn.
- **AGREE** that Primary Care Contract Review Group (PCCRG) will be the oversight group for the implementation and management of the preferred option, subject to consideration and agreement by the Board.