

Appendix 1

OPTION	ANALYSIS & BENEFITS	ANALYSIS & RSK	ESTIMATED COSTS
<p>1 Standalone managed practice</p>	<p>This is the 'do nothing' option - maintain Sarn as a standalone managed practice with its own registered list, operating from the current premises with some joint roles working across Minafon. Further cross working with Minafon and other Managed Practices may be possible.</p> <p>This option maintains the status quo and would be continuity for staff and patients. Avoids potential negative publicity which often accompanies service change. Recruitment of salaried GPs under a GP Clinical Lead would be indicated.</p>	<p>Fails to recognise the opportunity for a different model which may be more sustainable for patients and more rewarding for staff. Lacks the vision that we can do better for these patients.</p> <p>Commits the Health Board to continuing funding challenges with limited opportunities for service improvement due to small scale and premises.</p> <p>The lease expired in 2023, and the Health Board is holding over on the same terms. If the Health Board chose to renegotiate the lease to secure occupation for the longer-term this would commit to a premises with known issues.</p>	<p>The practice cost the Health Board £1.013m in 2024/25 and is currently estimated to cost £1.065m in 2025/26</p>
<p>2. Merger with Minafon</p>	<p>Merger by dispersal of the entire patient list to Minafon (possibly some outliers to Ash Grove and other practices)</p> <p>This option drives change through the merger of the registered patient list and standardisation of care across a larger population; this would bring efficiencies in time. All the staff would transfer cost centre to Minafon. In theory over time and natural wastage, that staffing may reduce with economies of scale through these may be modest. This would create a much larger practice at circa 13k patients. (Hywel Dda average 8k).</p> <p>Opportunity to engage a community on what could be better.</p>	<p>Considerable work would be necessary to address both the premises and workforce issues. Consideration of this option should include as assessment of the premises costs for Minafon, Trimsaran and Sarn. In the short or medium term, the closure of any of these sites may or may not be feasible due to the capacity needed to continue to provide services to the total sum population.</p> <p>Work to redevelop Minafon site to anchor services on a modernised premises may be indicated - early discussions via SES with new landlords have suggested that a long lease with increased costs would be necessary.</p> <p>Need for engagement plan. Patients may not support a merger, and travel is likely to be raised as an issue.</p>	<p>No cost estimates for redevelopment of Minafon by landlords and corresponding increase in rent (recurring). May outweigh combined costs of Option 1. Sarn rent is £23k pa</p> <p>Trimsaran rent is [REDACTED] pa (inclusive of services)</p>

	<p>2a. Minafon, Trimsaran and Sarn remain open - this may be necessary/essential to accommodate the patient list and staffing. There may be no option to reduce the number of sites until or unless Minafon is significantly redeveloped.</p> <p>2b. Minafon and Trimsaran remains open, close Sarn - a careful assessment would be necessary to establish if this is possible</p> <p>2c. Minafon and Sarn remain open, close Trimsaran</p>	<p>a Need to reassess buildings and consider redevelopment of Minafon Impact on patients from Pontyates having to travel to Kidwelly or Trimsaran to access F2F GMS.</p> <p>b Potential impact on Pontyates CP of additional reliance on their services Impact on patients from Trimsaran having to travel to Kidwelly or Pontyates to access F2F GMS.</p> <p>c Potential impact on Trimsaran CP of additional reliance on their services</p>	
3. Managed List Dispersal	<p>Dispersal of the practice list based on established principle of nearest practice to each individual patient's home address by travel time.</p> <p>Based on modelling of the Sarn patient distribution, a managed allocation of patients would be (approximate patient numbers):</p> <ul style="list-style-type: none"> <li>· Coalbrook Surgery, Pontyberem 2962 patients (increase of 60%)</li> <li>· Meddygfa Minafon, Kidwelly - 960 patients (increase of 11%)</li> <li>· Ash Grove Surgery, Llanelli - 317 patients (increase of 4%)</li> <li>· Other practices across 2Ts and Llanelli for outliers - 81 patients</li> </ul> <p>There is scope for the HB to negotiate on numbers if the geographical/demographic principle was made flexible and Minafon was able to absorb more or fewer patients.</p> <p>A managed dispersal based on the nearest practice to</p>	<p>The risks associated with a dispersal are proportionate to the scale of the patient numbers and the ability of the receiving Practices to respond. As Health Board managed practices, it would be for the Health Board to manage, support and resource the increase in list sizes in Minafon and Ash Grove. See below regarding Coalbrook.</p> <p>Could be perceived as an imposed solution by patients, the affected practices and other stakeholders. Could be unpopular solution with associated reputational risks for the HB. Careful negotiations with Coalbrook could avoid or minimise this, support with future premises development could be necessary. A transitional support payment of £30 per patient has been paid to receiving Practices historically.</p> <p>The main challenge of dispersing Sarn would be the risk of a negative response from Coalbrook as this is where the greatest impact would be felt and support required. A meeting took place with the Partners of Coalbrook in June 2024 after Coalbrook submitted</p>	<p>Dispersal cost £131k (non-recurring)</p> <p>DHCW electronic transfer of records estimated £10k</p>

	<p>the patient represents an opportunity to consolidate and foster more sustainable services in the area with less fragmentation. Neighbouring Coalbrook Surgery is of a similar size to Sarn and a carefully planned dispersal with support could offer the practice longevity.</p> <p>The most recent WG sustainability matrix for Coalbrook is from July 2024 and scores 40 points, so classed as at low risk of becoming unsustainable. The main areas highlighted were demographics (WIMD) and premises capacity.</p> <p>In the event of a managed dispersal, legal advice would be essential for the Health Board to fully understand its position as an employer with reference to TUPE and if and what staff would transfer to Coalbrook. Similarly, Coalbrook as an independent contractor would need to understand its responsibilities and the benefits/risks associated.</p>	<p>an EoI for the Tumble contract and again in September 2025. The Partners are keen to grow their list and believe GP recruitment would be possible. There may be an option to operate the practice over two sites using Sarn as a branch site until another solution was found. In the event of a managed dispersal of the list, specialist advice from SES should be sought to understand the feasibility of terminating the lease or assigning the lease to another provider.</p> <p>In the event of a managed dispersal, legal advice would be essential for the Health Board to fully understand its position as an employer with reference to TUPE and if and how staff would transfer out of the organisation. Similarly affected Independent Contractor would need to understand their responsibilities and the benefits/risks associated.</p> <p>There are costs to the Health Board associated with the bulk migration of the electronic patient records.</p> <p>Engagement plan necessary.</p>	
4. Procurement	<p>Allows any interested parties to express an interest and enter into an open and transparent bidding process for the GMS/APMS contract for Sarn - level playing field for any proactive interest.</p> <p>Avoids the 'imposed solution' of a dispersal, and the transitional support costs. Reduces the Health Board's bill for Managed Practice running costs.</p> <p>More likely to be supported by patients and stakeholders if the premises remained open, even if as a branch site.</p>	<p>New procurement rules known as the PSR have come into place indicating that this would be a Competitive Process. The public nature of procurement means likely public scrutiny and media interest, accompanied by staff and patient insecurity. Support for staff who may be affected by TUPE is important. Risk of some staff choosing to leave ahead of transfer date due to job insecurity.</p> <p>In the event of a successful award, legal advice would be essential for the Health Board to fully understand its position as an employer with reference to how TUPE would apply.</p>	<p>Scale of saving not quantified by Finance. Contract value will be at GMS value.</p> <p>Depending on circumstances DHCW electronic data transfer costs £10k estimate</p>

	<p>Possible under new procurement rules, this option was used successfully in 2024 with Tumble contract. Known interest expressed informally, could be an opportunity to boost the sustainability of another small practice that needs list growth to remain viable.</p>	<p>Engagement plan necessary</p> <p>There is always the risk of a successful contract award and later termination if the new Provider was not able to make it work.</p> <p>Potential closure of Sarn for new provider to operate from other location (if allowable by the HB).</p>	
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