

Reference:	FOI.19537.26
Subject:	Meddygfa'r Sarn
Date of Request:	5 February 2026

Requested:

1. Staffing and Recruitment

The Health Board has stated that staffing challenges are a major factor in the proposed changes. In order to understand this position more fully, the following information is requested:

- a. A full record of GP recruitment attempts since the practice became Health Board–managed, including dates, recruitment methods, and contract types offered.
- b. Details of why salaried GP posts were not successfully filled, including any feedback received from applicants and exit feedback from locum GPs where available.
- c. Comparative data demonstrating how other Health Board–managed practices have successfully recruited GPs in similar circumstances.
- d. Evidence that alternative staffing models were fully explored, including (but not limited to) job-share arrangements, portfolio roles, training practice status, and recruitment or retention incentives.
- e. The business case for the proposed shared GP Clinical Lead role, including how this model was expected to address recruitment and sustainability challenges.

2. Use of Locums and Associated Costs

Where cost pressures are cited as a key consideration, the following information is reasonably requested:

- a. A detailed breakdown of locum expenditure over the past five years, including sessional rates, agencies used, and overall cost trends.
- b. Evidence that the Health Board sought to negotiate locum rates or explored more cost-effective long-term arrangements.
- c. Comparative data showing cost per patient at this practice in relation to other Health Board–managed practices.
- d. An explanation for the level of administrative staffing relative to the size of the patient list.
- e. Clarification of what specific combination of patient numbers, staffing model, and premises condition the Health Board considers necessary to define a practice as “viable”.

3. Premises and Buildings

The condition of the premises has been cited as a significant barrier. To allow proper understanding, the following information is requested:

- a. Copies of the most recent Health and Safety Risk Assessment and Fire Risk Assessment reports, including any identified risks and timelines for remediation.

- b. Fully costed options for bringing the premises up to the required standard, including:
 - Fire safety works
 - Staff rest and welfare facilities
 - Storage and space improvements
- c. Evidence that alternative local buildings or relocation options within Pontyates were actively explored.
- d. Clarification of the nature and frequency of flood risk, its impact on service delivery, and whether mitigation measures were assessed and costed.
- e. Details of discussions with the building owners regarding maintenance, lease extension, purchase, or potential redevelopment.

4. **Clinical Governance Concerns**

Where clinical governance risks have been referenced, the following clarification is requested:

- a. The final report from the November 2025 Contract Assurance Framework visit.
- b. A clear distinction between:
 - Issues arising from temporary or locum staffing arrangements, and
 - Any issues that indicate unsafe or substandard patient care.
- c. Evidence that appropriate support measures or improvement plans were offered prior to concluding that the practice was not viable.
- d. Comparative information on governance issues identified at other Health Board–managed practices and how those issues were addressed.

5. **Patient Access, Capacity, and Experience**

Given generally positive patient feedback and the proposed dispersal of patients, the following information is reasonably requested:

- a. The full results of the National Patient Experience Survey, rather than headline findings alone.
- b. An explanation of how patient feedback was weighted within the decision-making process.
- c. Evidence that a travel and access impact assessment was undertaken for patients who may be required to register with alternative practices.
- d. Analysis of public transport availability and accessibility to neighbouring surgeries, particularly for elderly, disabled, or low-income patients.
- e. It has been indicated that Pontyberem Surgery may require expansion works in order to accommodate an anticipated increase of approximately 60% in patient numbers. The Health Board is therefore requested to confirm whether both Kidwelly Surgery and Coalbrook Surgery are currently in a position to accept additional patients without delay, and whether both practices are fully prepared to manage patient demand in the event of the proposed closure in June.

- f. The Health Board is requested to provide details of the registered patient numbers at Pontyates Surgery prior to the Health Board assuming responsibility for the provision of services.
- g. The Health Board is further requested to provide a comparison of the physical size, capacity, and facilities of Kidwelly Surgery and Coalbrook Surgery in relation to those of Pontyates Surgery.

6. **Options Appraisal and Decision-Making**

To understand how conclusions were reached, the following information is requested:

- a. The full options appraisal considered by the Vacant Practice Panel, including any scoring, weighting, or evaluation criteria applied.
- b. An explanation of why continued operation with investment was ruled out in favour of dispersal.
- c. Minutes or formal summaries of Vacant Practice Panel meetings at which these decisions were discussed.
- d. Confirmation of who was involved in the decision-making process and whether any conflicts of interest were declared.

7. **Equality and Impact Assessments**

Given the potential impact on vulnerable groups, the following information is reasonably requested:

- a. A completed Equality Impact Assessment (EqIA) specific to Meddygfa'r Sarn.
- b. Detailed assessment of impacts on:
 - Elderly patients
 - People with disabilities
 - Carers
 - Welsh-speaking patients
- c. Proposed mitigation measures for any identified negative impacts.

8. **Engagement and Consultation**

In light of concerns raised by Llais and the community, clarification is requested on:

- a. Evidence of early and meaningful engagement with the community prior to a preferred option being identified.
- b. Clear distinction between decisions that are already fixed and those that remain open to influence.
- c. How community feedback will directly inform or alter the final decision, rather than simply being noted.

9. Long-Term Strategy for the Area

Finally, to understand the wider context, the following information is requested:

- a. The Health Board's long-term primary care strategy for Pontyates and the wider cluster.
- b. Assessment of whether closure and dispersal are expected to increase or reduce pressure on neighbouring practices.
- c. Any assurances or safeguards in place to prevent further service reductions in the area in the future.

Response:

Hywel Dda University Health Board (UHB) operates in accordance with the Freedom of Information Act 2000 (FoIA) and reserves the right to apply appropriate exemptions to the information being disclosed. Upon reviewing your request in accordance with the FoIA, the UHB has applied the following exemptions to parts of your request.

Section 12 - Cost of compliance exceeds appropriate limit

The UHB is unable to provide you with the information requested for question 2a, as it is estimated that the cost of answering your request would exceed the "appropriate limit" as stated in the Freedom of Information Act 2000 (Appropriate Limit and Fees) Regulations 2004. The "appropriate limit" represents the estimated cost of one person spending 18 hours (or 2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

As the costs requested for the UHB's Managed Practices have historically been misaligned and have not been allocated to the correct cost code, a manual trawl of all locum costs recorded would be required to identify the specific locum costs for Meddygfa'r Sarn, as the costs are not easily accessible.

Additionally, the information requested in response to question 3a is unable to be provided as the UHB has reached the ceiling of the 18 hour "appropriate limit" to provide the information for the remainder of your request.

The UHB is therefore applying an exemption under Section 12 of the FoIA, which provides an exemption from a public authority's obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, we are required as a public authority to provide advice and assistance so far as it is reasonable to individuals who have made a request under the FoIA, which can include assisting a requestor to further refine their request.

Unfortunately, the UHB is unable to provide advice on how you can refine your request further due to the reasons provided above.

Section 38(1) (a) and (b) – Health and Safety

"38(1) Information is exempt information if its disclosure under this Act would, or would belikely to-

*(a) endanger the physical or mental health of any individual, or
(b) endanger the safety of any individual.”*

The UHB has considered the application of an exemption under Section 38(1) (a) and (b) of the FoIA to some of the information identified as part of our response to your request.

This exemption allows Public Authorities to exempt information that it believes would endanger an individual's physical or mental health upon disclosure. Due to the sensitivity of the information contained within some of the documents, the UHB believes that disclosure of the information could negatively impact the mental or physical health of staff members and the public alike.

The information requested for question 4b and some information contained within attachment 5 for question 3b captures personal and professional opinion, along with details on the vulnerability and the management of services. Disclosure of the information without full detail or context could cause the reader to form an opinion and raise concern regarding the stability of services and service delivery, which could in turn result in adverse effects on an individual. The UHB considers that the disclosure of all the information would be likely to prejudice the UHB, as disclosure could negatively impact the mental or physical health of some individuals and cause unnecessary concern and alarm within communities and our workforce.

This exemption is qualified; therefore, even if information falls within Section 38, public authorities must apply the public interest test set out in Section 2(2)(b).

The information can only be withheld if the public interest in maintaining the exemption outweighs the public interest in disclosure. The UHB has therefore considered the following:

In favour of disclosure: There is a legitimate public interest in the UHB's openness and transparency of information and in the decision-making processes. The UHB has a duty to inform the public of any circumstances, including the fragility of services, that may affect people's access to healthcare and contribute to the public's understanding of matters that affect people's lives. Disclosure may enhance the public's understanding of the UHB's challenges and how they are managed, thus building trust between the public and the UHB.

Against Disclosure: Disclosure of all the information requested may cause harm to the health and safety of individuals. If the UHB did disclose all of the information requested without appropriate context or explanation, this could lead to misinterpretation and/or misunderstanding, which could result in panic, alarm and distress for staff, patients and members of the wider public.

If the UHB disclosed all elements of the information requested, this could undermine any internal process and would likely impede the public's confidence in the UHB's ability to manage health matters effectively.

Decision: The UHB has determined that the public interest in withholding some of the information requested is greater than the interest in disclosing it. The UHB acknowledges that while transparency is important, it believes that releasing some of the information without full and appropriate context could lead to significant misunderstanding, which in turn could potentially cause unnecessary alarm and distress among its staff and the wider public. Furthermore, this may also lead to the spread of misinformation or speculation, which could have harmful consequences both internally within the UHB and externally with patients and members of the wider public. Therefore, the potential harm associated with disclosure of all the information outweighs the public interest in releasing it.

Section 43(2) - Commercial interests

The UHB has considered the application of an exemption under Section 43 of the FoIA to question 3e and some of the information within attachment 8a for question 6, as they relate to a third party and disclosure would be prejudicial to their commercial interests. Section 43(2) exempts information, where disclosure would or would be likely to prejudice the commercial interests of any company.

Commercial interests may be prejudiced where disclosure would, or would be likely to:

- Weaken a company's position in a competitive environment by revealing market sensitive information or information of potential usefulness to its competitors
- Damage a company's business reputation or the confidence that customers/users, suppliers or investors may have in it.

This exemption is qualified; therefore, even if information falls within Section 43, public authorities must then apply the public interest test set out in Section 2(2)(b).

The information can only be withheld if the public interest in maintaining the exemption outweighs the public interest in disclosure.

The UHB has therefore considered the following:

In favour of disclosure: There is a public interest in transparency and in the accountability of public funds. Furthermore, it is in the public's interest that public funds be used effectively and that public sector bodies obtain the best value for money when contracting for the provision of services. Private sector bodies engaging in commercial activities with the public sector must expect some information about those activities to be disclosed.

Against Disclosure: Disclosure of this information would have a direct impact on and cause substantial harm to UHB's relationship with the current landlord, as it would disclose details of the contractual terms between them and UHB. There is an expectation that this would be likely to damage their ability to work within a highly competitive sector. The information being requested is likely to be used by competitors to gain a competitive advantage or could impede the UHB's ability to negotiate further terms should this be required in the future.

Decision: - The UHB has considered that releasing the information under the FoIA, to which the UHB is subject, would undermine and potentially impact the UHB's relationship with the property landlord. The UHB believes that there is a wider established public interest in companies not being prejudiced merely because they have contracted with a public sector body, and that there is a public interest in ensuring that there is competition for public sector contracts.

Section 21(1) - Information accessible by other means

"21(1) Information which is reasonably accessible to the applicant otherwise than under section 1 is exempt information."

The UHB is withholding some of the requested information for questions 1a and 4c as the information is already in the public domain and is accessible by another means.

the applicants i.e. qualifications, professional registration, right to work in the UK etc. In addition, no applications were received from locum doctors.

1b. GP positions in Meddygfa'r Sarn were not successfully recruited to due to the minimum requirements not being met by applicants, or discussions with interested locums did not progress.

The UHB does not hold feedback information as exit interviews are not conducted for locum GPs. Exit interviews are only undertaken for substantive employees terminating their contract.

1c. The UHB provides within the table below, the number and Full Time Equivalent (FTE) of recruited salaried GPs, and the locum reliance percentage, across all its Managed Practices, as at 31 March 2025.

Managed Practice	Number	FTE	Reliance
Meddygfa Minafon	1	0.73	83%
Meddygfa'r Sarn	0	0	100%
Ash Grove Surgery	5	2.68	48%
Tenby Surgery	4	2.36	46%
Neyland and Johnston Surgery	3	2.4	29%
Meddygfa Penrhyn	2	0.93	77%

1d. The UHB does not offer additional recruitment financial incentives beyond the salary. However, the UHB actively supports portfolio careers, where salaried GPs employed in the Managed Practices can hold other roles, including as a GP across the UHB, Healthcare Education and Improvement Wales (HEIW), Secondary Care, and partnership and salaried GP employment through an Independent Contractor practice.

Additionally, training practice status is under consideration by a Managed Practice in Pembrokeshire, where the team, clinical environment, space and facilities could support this.

1e. The UHB provides a copy of its Managed Practices Staffing Business Case for the proposed shared GP Clinical Lead role across Meddygfa'r Sarn and Meddygfa Minafon, at Attachment 1. An exemption under Section 40 of the FoIA has been applied to some of the information.

2a. An exemption under Section 12 of the FoIA has been applied.

2b. The UHB's Primary Care and Workforce Teams implemented a series of measures to control locum costs, including capping the rate at £115.00 per hour. However, in November 2024, the rate was reduced to £90.00 per hour for a Duty Doctor and £80.00 per hour for other medical cover, due to the UHB being under Welsh Government (WG) Targeted Intervention.

Other cost-effective long-term arrangements have included the adoption of a quota in 2023, for the number of hours of medical cover per day and diversifying into multi-disciplinary team roles to strengthen teams including at Meddygfa'r Sarn.

2c. The UHB provides within the table below, the list size, patient costs and average cost per patient, for its Managed Practices, as at 31 January 2026.

Managed Practice	List size	Patient costs	Average cost per patient
Meddygfa Minafon	8,607	£964,234.74	£112.03
Meddygfa'r Sarn	4,414	£456,076.18	£103.32
Ash Grove Surgery	8,094	£740,736.44	£91.52
Tenby Surgery	7,594	£651,734.18	£85.82
Neyland and Johnston Surgery	6,122	£488,132.76	£79.73
Meddygfa Penrhyn	4,657	£532,048.11	£114.25

2d. The UHB does not hold the information requested as administrative staffing is dependent on the needs of the individual Managed Practices.

2e. The UHB does not hold the information requested. Staffing models are dependent on the needs of the individual Managed Practices. However, a viable staffing model will depend on context including list size, demographics and prevalence, the ability to recruit and retain staff and any opportunities available via the Cluster or other UHB Managed Practices. As a standalone Managed Practice Meddygfa'r Sarn offers GP services daily.

3a. An exemption under Section 12 of the FoIA has been applied

3b. Exemptions under Section 38 and 40 of the FoIA have been applied.

The UHB has provided a copy of the most recent costings to bring Meddygfa'r Sarn up to standard at Attachments 2, 3 and 4.

3c. The UHB does not hold the information requested as no alternative options have been explored.

3d. As per the Carmarthenshire County Council (CCC) Flood Risk Management Plan, Meddygfa'r Sarn sits within the Llangyndeyrn area which has been identified as being at risk of flooding. Pages 180 to 183 of the plan contain the CCCs Llangyndeyrn - Delivery Plan, a link to which has been provided below.

[CCC Flood Risk Management Plan](#)

The UHB can confirm that flood risk is recorded on the practice's risk register due to the risk to service disruption; there is no record of flood water inundating the building.

However, in October 2023, January 2024 and November 2025, flooding of the immediate environs of the surgery building (car parks) were reported. The reports were for flooding of the staff car park to the rear of the building, with staff having to move their vehicles. There was also surface water flooding to the front of the building at Heol Y Meinciau and the drains in the surgery flooding, with handwashing facilities in the clinical rooms unable to be used as well as the patient and staff WCs backing-up. As a result of this the practice was not operational.

Managers have also reported that staff feel concerned about the deteriorating conditions of the practice and the struggle to find anywhere free of floodwater to move their cars to.

The most recent flood in the immediate area of the surgery was in November 2025, estates staff from Prince Philip Hospital (PPH) attended overnight to check the building and delivered sandbags for the staff entrance.

No mitigation measures have been considered beyond business continuity plans. However, in the event that the Meddygfa'r Sarn building was not operational, the practice business continuity plan would be for services to be diverted to Meddygfa Minafon and the branch service at Trimsaran Surgery.

Natural Resources Wales class the surgery location as at 'High risk of flooding from rivers' (greater than 3.3% chance each year) and as the surgery was built in 1989 and constructed on a concrete raft to avoid flooding, the landlords have shared that it would be challenging to extend or develop the existing building because of the concrete raft. Additionally, there are no flood defences at this location.

3e. An exemption under Section 43 of the FoIA has been applied.

4a. The UHB does not hold the information requested as the report has not been provided to Meddygfa'r Sarn. As the report has been prepared by Welsh Government (WG), we recommend that you redirect this part of your request to the Freedom of Information Team in WG, who may be able to help you further. Contact details are as follows:-

Freedom.ofinformation@gov.wales or alternatively, you can contact: Freedom of Information Officer, Information Rights Unit, Welsh Government, Cathays Park, Cardiff, CF10 3NQ.

4b. An exemption under Section 38 of the FoIA has been applied.

The UHB has provided a screenshot of the summary of the risks recorded on the Datix risk register where Meddygfa'r Sarn is included in the location of the risk as at 18 February 2026, at Attachment 5.

4c. An exemption under Section 21 of the FoIA has been applied.

The viability of Meddygfa'r Sarn was discussed at the Practice Panel (VPP) meeting held on 31 October 2025, with the details being provided in response to question 6. Following the VPP meeting, a paper was presented to the Public Board meeting held on 29 January 2026, which is available on the UHB's website. A link to the Board meeting webpage has been provided below.

[Your health board - Hywel Dda University Health Board](#)

4d. The UHB does not hold the requested information. Any governance issues are addressed on an individual basis.

5a. The UHB provides a copy of its Access Standards 2024/25 – Reflective Report Template which was produced following the most recent National Patient Experience Survey during December 2024 and March 2025, at Attachment 6.

5b. The UHB does not hold the information requested as patient feedback to disperse the practice list is being sought as part of the public engagement period which is running from 9 February to 6 April 2026 and is not yet complete. The UHB issued a press release on 9 February 2026 regarding the eight (8) week engagement period for the proposed changes to GP services provided by Meddygfa'r Sarn which is available on the UHB's news webpage. For ease, a link to the webpage has been provided below.

[Views sought on proposed changes to GP services provided by Meddygfa'r Sarn - Hywel Dda University Health Board](#)

5c. The UHB does not hold the information requested. However, it is anticipated that travel and transport challenges will be a theme in the feedback received from the public engagement and the potential impact on particular groups.

An Equality Impact Assessment (EqIA) will form part of the submission to the Board on 28 May 2026, to aid their decision making on the future of services at Meddygfa'r Sarn. The papers to be presented at the May Board meeting will be published on the UHB's website seven (7) days prior to the meeting. A link to the UHB's Board meetings webpage has been provided in response to question 4c.

5d. Please see response to question 5c.

5e. Any bulk transfer of patients would require careful planning and co-ordination to maintain the stability of the practices involved. However, discussions have taken place with Coalbrook Surgery about how to support their future sustainability, including expanding the premises into an adjoining property which they are in the process of acquiring.

Additionally, the UHB is in discussions with the landlords of Meddygfa Minafon regarding plans to expand and develop the premises.

5f. Meddygfa'r Sarn became a UHB Managed Practice on 1 October 2017, at which point the list size stood at 4,285 patients.

5g. The UHB does not hold the information for Coalbrook Surgery as it is not a UHB Managed Practice, it is managed independently and they hold their own information. Therefore, this information would need to be requested directly from the practice. Contact details have been provided below:

Coalbrook Surgery, 18 Coalbrook Road, Pontyberem, Llanelli, Carmarthenshire, SA15 5HU.

However, the UHB provides within the table below, the list size and the metres squared (M²) per 1,000 patients, for Meddygfa'r Sarn and Meddygfa Minafon.

Managed Practice	List size	M² per 1,000 patients
Meddygfa'r Sarn	4,414	46.8
Meddygfa Minafon	8,607	42.4

Additionally, the UHB provides within the table below, the number and type of rooms within both Meddygfa'r Sarn and Meddygfa Minafon.

Room type	Meddygfa'r Sarn	Meddygfa Minafon
Consulting room (GP, MDT)	3	4
Treatment Room (nurse)	2	1
Other clinical	0	1
Physio room	0	1
Phlebotomy	1	1
Physicians Associate office	0	1

Pharmacists' office	1	1
Managers' office	1	1
Back office – Medical Secretary	1	1
Back office - scanning	1	2
Reception front desk	1	1
Staff WC	1	3
Shower room	0	1
Patient WC	1	1
Staff kitchenette	1	1
Cleaners' storage	1	1
Waiting area, foyer	1	1

6. Exemptions under Section 40 and 43 of the FoIA have been applied to some information. However, the UHB provides copies of the documents from the Meddygfa'r Sarn Vacant Practice Panel (VPP) meeting held on 31 October 2025, at the attachments detailed below:

- Attachment 7 – Meddygfa'r Sarn VPP Situation, Background, Assessment, Recommendation (SBAR) report
- Attachment 7a – Appendix 1 – Meddygfa'r Sarn VPP SBAR report Appendix 1
- Attachment 8 – Minutes of Meddygfa'r Sarn VPP meeting

7a. & b. All public authorities in Wales are legally required under the Public Sector Equality Duty 2011 to demonstrate that due regard has been given in accordance with the Equality Act 2010. Please see response to question 5c regarding the EqIA.

7c. The UHB does not hold the information requested. However, the UHB will consider any mitigations, including those suggested by patients and stakeholders, at the Board meeting on 28 May 2026. Please see link provided in response to question 5c.

8a. The UHB does not hold the information requested as no engagement with the community was undertaken prior to a preferred option being identified. However, following discussion at the Board meeting on 19 January 2026 it was decided to run an eight (8) week engagement period to gather views from patients and the local community on the proposed changes to GP services for people registered with Meddygfa'r Sarn in Pontyates. Links to the Board meetings and news webpages been provided in response to questions 5b and 5c.

8b. Please see response to questions 6 and 5c.

8c. Please see response to question 5c.

9a. The UHB confirms that its Managed Practice Strategy for its GP Clusters is currently being drafted as part of the Primary Care Strategic Plan. Copies of the current draft documents have been provided at the following attachments:

- Attachment 9 – Amman Gwendraeth Cluster 2025/26 draft
- Attachment 10 – Amman Gwendraeth Cluster 2026/27 draft

9b. The UHB does not hold the requested information. The long-term sustainability of services for patients across the Cluster is of primary importance. The Board will be required to carefully

weigh the existing and future risks for Meddygfa'r Sarn against those of the recommendation to disperse the practice list whilst considering the feedback from the public engagement.

9c. The UHB is working to support the sustainability of primary care services across the Amman Gwendraeth Cluster. All General Medical Services (GMS) across the Carmarthenshire Cluster are delivered by Independent Contractor practices, except for Meddygfa'r Sarn and Meddygfa Minafon as they are Managed Practices. The UHB works with these practices on how they can individually and collectively support their sustainability.

Additionally, the UHB is working with the contractors at Pontyates Community Pharmacy and Well Pharmacy in Pontyberem through this period of potential change to support their sustainability. This spring will see rollout of the Electronic Prescribing System (EPS) at Meddygfa'r Sarn and patients will be able to nominate a preferred Community Pharmacy for electronic (paperless) prescriptions which will support footfall for these Pharmacies.